

## Pre-License Application Questions

### **These are the questions that will be on the online application.**

1. Have you ever been rejected for membership by or requested to appear before any medical or osteopathic society?  
**If Yes**, provide the name and address of the society, dates, and reasons on a separate page. Also, please furnish a separate letter addressed to each applicable society, which authorizes them to release whatever information this Board may require.
  
2. Have you ever been denied the privilege of taking an examination administered by any licensing board agency?  
**If Yes**, please provide the name of the examination and the agency's name on a separate sheet of paper.
  
3. Have you ever been denied a license to practice osteopathic medicine, withdrawn your application, or have had your application tabled?  
**If Yes**, please provide full details on a separate page. This must include the state(s), date(s), and reason(s).
  
4. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation from any medical school, training facility or program, medical practice, medical partnership, hospital, nursing home, clinic, professional association, corporation, health maintenance organization, other medical practice organization, or other hospital care facility, either public or private?  
**If Yes**, provide full details, including addresses, on a separate page. Also, please furnish a separate letter addressed to each applicable institution or organization authorizing them to release whatever information this Board may require.
  
5. Have you ever been requested to resign, withdraw, or otherwise separate your position with a medical school, training facility or program, medical practice, medical partnership, hospital, nursing home, clinic, professional association, corporation, health maintenance organization, other medical practice organization, or other hospital care facility, either public or private?  
**If Yes**, provide full details, including addresses, on a separate page. Also, please furnish a separate letter addressed to each applicable entity authorizing them to release whatever information this Board may require.
  
6. Have you ever, for any reason, lost Board Certification in any specialty or had your status suspended or tabled?  
**If Yes**, provide full details on a separate page. Also, please furnish a separate letter addressed to the specialty board authorizing them to release whatever information this Board may require.
  
7. Has any state or federal licensing authority or disciplinary agency, including but not limited to other state or federal licensure boards, limited, placed on probation or conditions, restricted, suspended, or revoked a license or permit you have held?

**If Yes**, give full details on a separate page. This should include the state(s), date(s), and reason(s).

8. Have you ever voluntarily surrendered a license to practice medicine, surrendered in lieu of an investigation or complaint, allowed it to expire or lapse, retired a license while under an investigation or complaint, lost hospital privileges, lost specialty board membership, or permit issued to you by any licensing agency or hospital?

**If Yes**, give full details on a separate page. This should include the states, dates, and reasons.

9. Have you ever been requested to appear before any licensing board or disciplinary agency?

**If Yes**, give full details on a separate page. This should include the state(s), date(s), and reason(s).

10. Have you ever been formally notified of any investigations, violations, or complaints against you with any licensing board or disciplinary agency?

**If Yes**, give full details on a separate page. This should include the state(s), date(s), and reason(s).

11. Have you ever been denied a Drug Enforcement Administration (DEA) certificate or a state bureau of narcotics controlled substances registration certificate, been called before, or warned by any such agency or other lawful authority concerned with controlled substances?

**If Yes**, provide full details in a separate notarized statement.

12. Has the Drug Enforcement Administration (DEA) or any state bureau of narcotics ever limited, placed on probation or conditions, restricted, suspended, or revoked a license or permit you have held?

**If Yes**, provide full details, including dates, in a separate notarized statement.

13. Have you ever surrendered or had disciplinary action taken against your federal or state controlled substances registration?

**If Yes**, provide full details, including dates, in a separate notarized statement.

14. Have you ever been arrested, fined, charged with, or convicted of a crime, received a deferred sentence, expungement, entered an Alford plea or nolo contendere, indicted, imprisoned, or placed on probation? All arrests, including all DUI/DWI arrests or convictions, shall be reported here.

**If Yes**, give full details of the arrest, dates, places, and disposition in a separate notarized statement, even if the case was expunged. You must also furnish a certified court copy (with seal affixed) of the charge, the judgment, the sentence, and/or dismissal order or other such documents attesting to the disposition. You do not need to include minor traffic and parking violations except those related to DUI, DWI, or a similar charge.

15. Have you ever forfeited collateral for breach or violation of any law, police regulation, or ordinance, been summoned into court as a defendant, or have any lawsuit (other than malpractice) been filed against you?

**If Yes**, give full details in a separate notarized statement. You need not include traffic violations

such as a speeding ticket where a bond was forfeited except those related to DUI, DWI, or some similar charge. If you have ever been the defendant in any legal action, furnish a certified court copy (with seal affixed) of the original complaint, answer, judgment, settlement, and/or disposition of the case. If it is pending, state and have your attorney provide a letter regarding the case and its current status.

16. Have you ever been denied provider participation in any state Medicaid, federal Medicare program, or third-party payor?  
**If Yes**, give full details, including dates and the names and addresses of the Medicaid, Medicare program, or any other payor in a separate notarized statement. Furnish a letter addressed to each, authorizing them to release whatever information the Board may require.
17. Have you ever been terminated, sanctioned, penalized, settled, or had to repay monies to any state Medicaid, federal Medicare program, or any third-party payor?  
**If Yes**, give full details, including dates and the names and addresses of the Medicaid or Medicare program, in a separate notarized statement. Furnish a separate letter, addressed to each, authorizing them to release whatever information this Board may require.
18. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid on your behalf or paid such a claim yourself?  
**If Yes**, provide all information required within the Malpractice Liability Claims section of the Uniform Application.
19. Have you ever been reported to the National Practitioner Data Bank (NPDB)?  
**If Yes**, provide the data bank report and any documents pertaining to the incident, and provide a letter stating what occurred in your own words.
20. Have you recently engaged in illegal use, misuse or unsupervised use of illicit drugs or prescription medications that may justify a reasonable belief that you are actively engaged in the use of the substance and it could have an ongoing impact on your ability to practice medicine? It should be noted that under Oklahoma Medical Marijuana law a safety sensitive position should not possess a medical marijuana card. Safety sensitive is defined in Title 63 O.S. 427.8(K) and includes direct patient care.  
**If Yes**, provide full details on a separate page.
21. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?  
**If Yes**, provide full details on a separate page.