



# Oregon

Theodore R. Kulongoski, Governor

## Board of Medical Examiners

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### PRACTICING UNDER A LOCUM TENENS LICENSE

- As a licensee with Locum Tenens status, you are eligible to practice medicine in Oregon when you have notified the Board of the location and duration of your planned Oregon practice. **You must provide the Board with timely notification of the location and duration of each Oregon practice prior to beginning such practice** (OAR 847-008-0020).
- Please use this form to notify the Board by mail or fax of your Oregon Locum Tenens assignments. Feel free to photocopy it as needed.
- Licensees who live outside of Oregon and do intermittent Locum Tenens (work) duty in Oregon are not eligible for Active status.
- A licensee with Locum Tenens status may practice in Oregon for 180 days consecutively or intermittently within the biennial period. A licensee with Locum Tenens status who wishes to practice in Oregon for longer than 180 days in the biennium will need to reactivate their license to Active status. Contact Board staff immediately to begin the reactivation process.
- If you hold Locum Tenens status as a Volunteer Camp Physician you may practice in Oregon for up to 14 days per year at a pre-approved camp operated by a nonprofit organization.
- A license with Locum Tenens status must be renewed biennially. If you do not practice in Oregon during each biennium, you are no longer eligible for Locum Tenens status. Your license will return to Inactive status at the time of registration renewal.
- Board staff is unable to acknowledge your Locum Tenens notification in writing.
- Please use specific dates for beginning and ending dates. Terms like 'on-going' or 'current' are not acceptable.
- Please include the location where you will be practicing medicine, rather than the business or billing office.
- \*\*\* In the *Number of Practice Days* box, please only indicate the number of days you will *actually work* within the beginning and ending dates you indicated. Do not include your days off in this number.**

Please type or print legibly.

Licensee Name (Last) (First) (Middle I.)			Oregon License Number
Beginning Date of Oregon Practice	Ending Date of Oregon Practice	*** Number of Practice Days	
Name of Oregon Practice (Clinic, Hospital, etc.)			
Oregon Locum Tenens Practice Location (Street address)			
(City)	(State)	(ZIP)	
Oregon Locum Tenens Practice Telephone Number (Area Code)		(Phone #)	
I hereby certify that I am the above named practitioner. The information submitted above is a true and accurate account of my plans to practice in Oregon under Locum Tenens status as of this date.			
Signature:			Date:

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