OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS
5400 N Grand Blvd., Suite 130
Oklahoma City, OK 73112
Telephone: 405.528.8625

Special Volunteer Medical License Application

59 O.S. § Section 635.1 - Volunteer Medical License to Treat Indigent and Needy – Retired Physicians

A special volunteer medical license is for physicians who are retired from active practice and wish to donate their expertise for the medical care and treatment of indigent and needy persons of the state. The special volunteer medical license shall be:

1. Issued by the State Board of Osteopathic Examiners to eligible physicians;
2. Issued without a payment of an application fee, license fee or renewal fee;
3. Issued or renewed without any continuing education requirements;
4. Issued for a fiscal year or part thereof; and
5. Renewable annually upon approval of the Board.

FULL NAME OF APPLICANT:_____

(Name as it appears on your current license)

Osteopathic License #_____

Expected volunteer location:

_____

_____

_____

Home/Mailing Address:

_____

_____

Contact Telephone Numbers:

Cell: _____ Home: _____ Work:_____

Requirements:

A physician must meet the following requirements to be eligible for a special volunteer medical license:

1. Completion of a special volunteer medical license application;
2. Verification that the physician has been previously issued a full and unrestricted license to practice medicine in Oklahoma or in another state of the United States;
3. Verification that he or she has never been the subject of any medical disciplinary action in any jurisdiction;
4. Affidavit of Practice; see attached form

Affidavit of Practice under a Volunteer Medical License

Affidavit of

_____
(Applicant's printed name**)**

I, _____, attest and swear that my practice under the special volunteer medical license will be exclusively and totally devoted to providing medical care to needy and indigent persons in Oklahoma or to providing care under the Oklahoma Medical Reserve Corps.
I further attest and swear that I will not receive or have the expectation to receive any payment or compensation, either direct or indirect, for any medical services rendered under the special volunteer medical license.

Signature of Applicant_____

Notary Required for either Option:

STATE OF _____
COUNTY OF _____

Subscribed and sworn to, or affirmed, before me this _____ day of _____, 20____, by

_____.
(Applicant)

[Notary Public] My Commission Number: _____ expires:_____

(Seal)

Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license, or renewal of an existing license, with the Oklahoma State Board of Osteopathic Examiners are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing this Affidavit before a notary public or other officer authorized to notarize affidavits under State law.