



New Mexico Regulation and Licensing Department

Board of Osteopathic Medical Examiners

Toney Anaya Building ▪ PO Box 25101 Santa Fe, New Mexico 87504
(505) 476-4622 ▪ Fax (505) 476-4665 ▪ www.rld.state.nm.us/boards

All persons seeking licensure to practice osteopathic medicine and surgery shall submit application on forms provided by the board. All application forms must be verified under oath and shall contain but shall not be limited to the following information and documents:

- ✓ **Full legal name**
- ✓ **Present mailing address**
- ✓ **Date and place of birth**
- ✓ **Date and location of all baccalaureate and post-baccalaureate training, professional training, medical training, degrees obtained, and field(s) of study**
- ✓ **Notarized certification of osteopathic school with school seal affixed**
- ✓ **Certification of one year of post-graduate training**
- ✓ **Two letters of reference from two physicians who have known the applicant in a professional and personal capacity for at least one year**
- ✓ **Passport photo**
- ✓ **Notarized copy of medical diploma**
- ✓ **Clearance from other state boards where licensed stating that license has not been subject to disciplinary action**
- ✓ **Clearance from the American Osteopathic Association, the Federation of State Medical Boards**
- ✓ **NBOE, COMLEX or USMLE scores sent directly to the board**
- ✓ **\$400.00 Application Fee (non-refundable)**

Applicants can find all listed forms on the website: <http://www.rld.state.nm.us/boards>

***Interview:** Any applicant for licensure with prior, current or pending disciplinary action must appear before the board at its next regular scheduled board meeting after the applicant has met all other application requirements.*

“**FLEX**” means federation licensing examination.

“**NBOE**” means national board osteopathic examination.

“**COMLEX**” means composite osteopathic medical licensing examination.

“**USMLE**” means United States medical licensing examination.

New Mexico Regulation and Licensing Department

Board of Osteopathic Medical Examiners

Toney Anaya Building ▪ PO Box 25101 ▪ Santa Fe, New Mexico 87504
(505) 476-4622 ▪ Fax (505) 476-4665 ▪ www.rld.state.nm.us/boards

Non-refundable \$400 Application Fee

All licensing information provided is public information.

APPLICATION FOR LICENSURE

THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT. IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID.

Full Name:	
Mailing address:	
City/State/Zip:	
Contact Phone:	
Email:	
Date of Birth:	Place of Birth:
Social Security Number:	
DEA Number:	

Are you an AOA member? Yes No AOA Member Number: _____

EXAMINATION INFORMATION

This application is for licensure by endorsement of:	
<input type="checkbox"/> FLEX <input type="checkbox"/> National Board <input type="checkbox"/> USMLE <input type="checkbox"/> COMLEX <input type="checkbox"/> State Exam (State _____)	
Date Final Part Exam Passed:	

MEDICAL EDUCATION

Date entered into program on _____ at the _____
(DATE MATRICULATED) (NAME OF UNIVERSITY)
located in _____
(CITY AND STATE)

POST GRADUATE MEDICAL EDUCATION

Hospital/Institution Location	Month/Year	to	Month/Year
Internship:			
Residency:			

SPECIALTIES AND BOARD CERTIFICATION

Specialty	Board Certified	Board Eligible	Date Certified

STATE LICENSES

STATE OR PROVINCE	LICENSE #	DATE ISSUED	DATE EXPIRED

OSTEOPATHIC PHYSICIAN APPLICATION

HOSPITAL AFFILIATIONS

List all hospital/clinical staffs on which you have served in the past five (5) years.

Dates	Hospital/Clinic Name	Location (Address, City, State)

GENERAL BACKGROUND INFORMATION

- HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FEDERAL, STATE, OR LOCAL STATUTE? Yes No
- HAVE YOU, DURING THE PAST FIVE YEARS, HAD PERSONAL OR LEGAL PROBLEMS WITH ALCOHOL, NARCOTICS, STIMULANTS OR HABIT FORMING DRUGS? Yes No
- HAVE YOU DURING THE PAST 5 YEARS BEEN TREATED OR HOSPITALIZED FOR MENTAL ILLNESS? Yes No
- HAVE YOU EVER HAD ANY ACTION TAKEN AGAINST YOU FOR MEDICAID, MEDICARE, OR INSURANCE FRAUD? Yes No
- HAVE YOU EVER SURRENDERED YOUR PROVIDER NUMBER OR THE STATUS OF A PROVIDER FOR THE MEDICARE OR MEDICAID PROGRAM BY ANY DIVISION OR AGENCY OF ANY STATE OR FEDERAL GOVERNMENT? Yes No
- HAVE YOU EVER HAD A MEDICAL LICENSE DENIED, REVOKED, SUSPENDED OR LIMITED BY ANY STATE LICENSING BOARD OR PROVINCE? Yes No
- HAVE YOU EVER FAILED TO PASS ANY EXAMINATION OR PART THEREOF, REQUIRED BY ANY STATE BOARD OR PROVINCE FOR LICENSURE? (FLEX, NATIONAL BOARD, STATE EXAM, COMLEX, USMLE) Yes No
- HAVE YOU EVER RESIGNED OR WITHDRAWN YOUR APPLICATION FROM A HOSPITAL STAFF OR PROFESSIONAL MEDICAL GROUP? Yes No
- HAVE YOUR HOSPITAL PRIVILEGES EVER BEEN REVOKED OR WITHDRAWN FOR ANY REASON? Yes No
- HAVE YOU SURRENDERED HOSPITAL PRIVILEGES, STATE LICENSES, CONTROLLED SUBSTANCES REGISTRATION, OR DEA REGISTRATION AFTER DISCIPLINARY CASES OR INVESTIGATIONS WERE STARTED? Yes No
- HAVE YOU EVER OR DO YOU HAVE ANY MALPRACTICE CLAIMS, SETTLEMENTS, JUDGMENTS OR MEDICALLY RELATED LAWSUITS AGAINST YOU OR PENDING? Yes No
- HAVE YOU PREVIOUSLY APPLIED FOR A NEW MEXICO OSTEOPATHIC MEDICAL LICENSE OR PERMIT? Yes No
- ARE YOU CURRENTLY MORE THAN THIRTY DAYS IN ARREARS IN PAYMENTS OF AMOUNTS REQUIRED TO BE PAID PURSUANT TO AN OUTSTANDING JUDGMENT AND ORDER FOR CHILD SUPPORT IN NEW MEXICO OR ANY OTHER STATE? Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, GIVE A DETAILED EXPLANATION IN A NOTARIZED AFFIDAVIT ATTACHED TO THIS APPLICATION.

Signature of Applicant

Date

BEFORE ME on this _____ day of _____, 2_____, personally appeared the above-named applicant who, being by my duly sworn upon oath, states that all statements and answers contained in this application are true and correct.

Notary Public

My Commission Expires: _____

SEAL

