



# New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

## Board of Osteopathic Medicine

2550 Cerrillos Road ▪ PO Box 25101 ▪ Santa Fe, New Mexico 87504

(505)476.4622 ▪ Fax (505)476.4645 ▪ [www.rld.state.nm.us/boards](http://www.rld.state.nm.us/boards)

### OSTEOPATHIC MEDICINE APPLICATION FOR LICENSURE

Attach a Passport Quality Photo Here

**I am applying for (check one):**

Application for Licensure by Credentials, Fee **\$400.00**

Military Expedited License, Fee **\$400.00**

(Military –Must have an active license in another state)

Please Write Name on Back of Photo

**\*\*ALL FEES ARE NON-REFUNDABLE \*\***

**\*\*ALL LICENSING INFORMATION IS PUBLIC INFORMATION\*\***

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID

1. PERSONAL INFORMATION					
LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
NAME AS YOU WOULD LIKE IT TO APPEAR ON OFFICIAL LICENSE OR CERTIFICATE					
MAILING ADDRESS					
CITY			STATE	ZIP CODE	
PERSONAL PHONE			BUSINESS PHONE		
EMAIL			<input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS		
DATE OF BIRTH		PLACE OF BIRTH		INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER	
Are you an AOA member <input type="checkbox"/> Yes <input type="checkbox"/> NO			DEA Number:		
2. BUSINESS INFORMATION:					
BUSINESS NAME (if applicable)					
BUSINESS ADDRESS (if applicable)					
CITY			STATE	ZIP CODE	
PREFERRED MAILING ADDRESS: <input type="checkbox"/> PERSONAL OR <input type="checkbox"/> BUSINESS					
3. LICENSURE INFORMATION: List all states (or countries) in which you are or have been licensed, regardless of status (attach additional pages if necessary):					
STATE/ COUNTRY	OBTAINED BY EXAM/CREDENTIALS/ RECIPROCITY	LICENSE NUMBER	FIRST INITIAL ISSUE DATE	LICENSE STATUS	EXPIRATION DATE
BCD USE ONLY:					
RECEIVED ON:		PROCESSED BY:		RECEIPT NO:	
AMOUNT:		CHECK/MO#			

Board of Osteopathic Medicine Application

<b>4. EXAMINATION INFORMATION:</b>			
<input type="checkbox"/> FLEX <input type="checkbox"/> National Board <input type="checkbox"/> USM <input type="checkbox"/> COMLEX <input type="checkbox"/> State Exam (state _____)			
Date Final Part Exam Passed:			
<b>5. MEDICAL EDUCATION:</b>			
Date entered into program:		Name of University:	State:
<b>6. POST GRADUATE MEDICAL EDUCATION:</b>			
		<b>Start Month/Year</b>	<b>End Month/Year</b>
Hospital/Institution			
Internship:			
Residency:			
<b>7. SPECIALTIES AND BOARD CERTIFICATIONS:</b>			
Specialty	Board Certified	Board Eligible	Date Certified
<b>8. HOSPITAL AFFILIATIONS: (List all hospital /clinical staffs on which you served in the past (5) years.</b>			
Dates	Hospital/Clinic Name	Location (address, City, State)	
<b>9. QUESTIONS: Read the following carefully, Circle Yes or No. (if you answer YES to any of the questions below, give a detailed explanation in a notarized affidavit attached to this application)</b>			
1.	Have you ever been charged with or convicted of a federal, state or local statute?	YES	NO
2.	Have you during the past five years, had personal or legal problems with alcohol, narcotics, stimulants or habit forming drugs?	YES	NO
3.	Have you during the past 5 years been treated or hospitalized for mental illness:	YES	NO
4.	Have you ever had any action taken against you for medicaid, medicare, or insurance fraud?	YES	NO
5.	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
6.	Have you ever had a medical license denied, revoked, suspended or limited by any state licensing board or province?	YES	NO
7.	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
8.	Have you ever resigned or withdrawn your application from a hospital staff or professional medical group?	YES	NO
9.	Have your hospital privileges ever been revoked or withdrawn for any reason?	YES	NO
10.	Have you surrendered hospital privileges, state licenses, controlled substances registration, or DEA registration after disciplinary cases or investigations were started?	YES	NO
11.	Have you ever or do you have any malpractice claims, settlements, or judgments or medically related lawsuits against you or pending	YES	NO
12.	Have you previously applied for a New Mexico Osteopathic Medicine license or permit?	YES	NO

**Board of Osteopathic Medicine Application**

13.	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
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**10. AFFIDAVIT:**

**I hereby certify that all statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith and are true in every respect.** By executing this application, the undersigned also acknowledges that he/she has read the Rules and Regulations for the Board of Osteopathic Medicine and, if issued a license, agrees to conform to the Rules and Regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

To assist you in completing your applications please use the enclosed check-off list:

**Licensure Requirements:**

- \_\_\_\_ 1. Complete the Application and Application fee \$400.00 (NON-REFUNDABLE);
- \_\_\_\_ 2. Current Color Photo; 2x2 in. (Passport Quality);
- \_\_\_\_ 3. Answer all questions to the best of your knowledge (if you answer yes to any questions, please give details on a separate sheet of paper include a certified copy of final judgment papers);
- \_\_\_\_ 4. Application must be signed;
- \_\_\_\_ 5. Notarized certification of osteopathic college diploma.
- \_\_\_\_ 6. Certification of two year of post-graduate training.
- \_\_\_\_ 7. Certified Medical Education Form.
- \_\_\_\_ 8. Federation of State Medical Boards Report.
- \_\_\_\_ 9. American Osteopathic Association Report.
- \_\_\_\_ 10. Copy of Exam Scores.
- \_\_\_\_ 11. Two Letters of Reference from two physicians who have known the applicant in a professional and personal capacity for at least one year.
- \_\_\_\_ 12. Verification of Licensure if licensed in another state.

**LICENSURE FOR MILITARY SERVICE MEMBERS, SPOUSES AND VETERANS**

- \_\_\_\_ 1. Complete the Application and Application fee \$400.00 (NON-REFUNDABLE);
- \_\_\_\_ 2. Satisfactory evidence that the applicant is currently licensed in another jurisdiction, including a branch of the United States armed forces, and holds a current license in good standing; the applicant further must provide satisfactory evidence that the applicant has met the minimal licensing requirements in that jurisdiction and that they are substantially equivalent to the licensing requirements for New Mexico; and
- \_\_\_\_ 3. Proof of honorable discharge (DD214) or military ID card or accepted proof of military spouse status