



# Chronology of Activities Form

Revised 7/2015

Applicant Name: \_\_\_\_\_ Application No. \_\_\_\_\_

If there are any gaps in your chronology longer than one month as provided on your application, please list activities for those gaps below. Verification is required for all health-related employment in the past five (5) years. Self-employment requires three (3) letters of reference from colleagues in the local treatment community who have known you for at least six months. Use additional pages as needed.

TYPE OF ACTIVITY (training, practice, employment, vacation)	SPECIALTY or JOB TITLE	INSTITUTION OR PLACE OF PRACTICE AND LOCATION (City, State, Country)	FROM MM/DD/YY	TO MM/DD/YY
<b>EXAMPLES</b>				
Residency	Internal Medicine	Yale Univ Sch Med, New Haven, CT, USA	7/1/98	6/30/00
Private Practice - Group	Family Practice	Maple Street Clinic, Stamford, CT, USA	7/1/00	11/15/06
Vacation / Traveling		Europe	12/10/08	2/1/09
Employment	Physician Assistant	Health First Med Ctr, San Francisco, CA, USA	4/25/07	Present

**Send Information to:**

Oregon Medical Board  
1500 SW 1st Ave Suite 620  
Portland, Oregon 97201

You may also send your documents to the Board using our [Secure Upload Portal](#).