

## Request for Public Records Individual Licensee

Revised 11/2023

The Oregon Medical Board has licensing records for MD/DO/DPM physicians, physician assistants (PA), and acupuncturists. The OMB is not the custodian of records for other health care providers. Please contact the appropriate <u>board</u> for records. To request aggregate data and records not specific to a licensee, use the <u>data request form</u>.

Requestor Information				
Last Name	First Name			
Company Name (if applicable)	Preferred Phone			
Mailing Address	City, State, Zip Code			
Primary Contact E-Mail				
Send Requested Records to:				
E-Mail or Mailing Address				
Individual Licensee Information Reque	ested:			
Licensee Full Name * To request verification of licensure or malpra	License Number ctice reports for multiple licensees, please use multiple licensee form.			
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☐ Verification of Licensure Report, \$10				
Includes <u>License Verification Details</u> plus all pub	lic actions and orders issued by the OMB (where applicable).			
☐ Malpractice Search Report, \$10				
Includes malpractice information received per $\underline{\underline{C}}$	PRS 742.400(5)(b).			
☐ Licensing and Renewal Applications,	fee calculated based on request			
Includes retained initial and renewal licensing at *OMB licensees requesting their own records, p.	•			
☐ Physician Assistant (PA) Supervision	Records, fee calculated based on request			
Practice agreements were required for PAs until supervising physician for PAs. Staff will provide a	l phased out July 15, 2022. You may also request records for physicians who served as a fee estimate.			
$\Box$ Other Individual Licensee Records, for	ee calculated based on request			
Describe request. Be as specific as possible. Atta	ach extra pages if needed. Staff will provide a fee estimate			

This page may be emailed to: <u>info@omb.oregon.gov</u> to request an estimate of fees by Board staff.

To provide payment information, see the next page. Do not email credit card information.



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#### **Charges for Public Records**

All charges associated with public records requests must be paid in advance. Charges are as follows:

- 1. Verification of Licensure Reports and Malpractice Search Reports are \$10 each.
- 2. The first 30 minutes of calculated charges for staff time are waived.
- 3. Beyond 30 minutes, staff time, including time spent for research, collection of records, review of exemptions, redactions, photocopying, and supervision of any record inspection are charged as follows:

Staff	Cost
Clerical	\$25/hour
Administrative and Managerial Staff	\$40/hour
Professional Staff and Medical Director	\$75/hour

4. Additional charges may be added for time spent by the Board's attorney to review, redact, and segregate records, if necessary.

The Board's fee schedule is located in <u>OAR 847-005-0008</u> .
Please note that public records may be available on the <b>Board's website</b> without charge.
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### **Credit Card Payment**

Note: All payment information is confidential, Oregon Medical Board use only.

### DO NOT E-MAIL CREDIT CARD PAYMENT FORM

Company Name	\$ Amount	
Printed Name as it Appears on Card		
Signature	Phone Number with Area Code	
Mailing Address	City, State, Zip Code	
Credit Card Number – VISA, MASTERCARD, OR DISCOVER		Expiration Date

Forms with credit card information may be faxed to 971-673-2670 or mailed to the address below.

Also, credit card information may be provided by calling 971-673-2700 and emailing the first page to: <a href="mailto:info@omb.oregon.gov">info@omb.oregon.gov</a>.

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Licensees requesting their own OMB records may complete this form to receive records that otherwise may be exempt from public disclosure, records the licensee directly provided the Oregon Medical Board.

I,							
	First Name	Middle Name	Last Name				
	am a current or past licensee or applicant of the Oregon Medical Board.						
Lice	ense or Applicant Numbe	r					
l re	quest a copy of my licens	se file, including personal information th	nat otherwise may be exempt from public disclosure.				
Sig	gnature						
Sub	scribed and sworn to be	fore me this day	of 20				
	alas Cissalas						
NC	otary Signature						
No	otary Public for						
140	ocary rabile for						
Cc	ommission Expires						