



Request for Public Records Aggregate Data & Records Search

Revised 03/2026

Use this form to request aggregate data retained by the Oregon Medical Board or records searches. To request records related to a specific OMB licensee use the [individual license request form](#).

Requestor Information

Last Name	First Name
Company Name (if applicable)	Preferred Phone
Mailing Address	City, State, Zip Code
Primary Contact E-Mail (Data and records will be emailed to this address unless alternative arrangements are made with OMB staff)	

Records are provided via email in Comma Separated Value (CSV) format unless otherwise specified.

Aggregate Data Requests

☐ OMB Licensee Data List

Type of Licensee Data List: select one	☐ Address Label, \$50 Includes: Licensee name, License number, current mailing address, practice phone and, practice email	☐ Standard List, \$75 Includes: Licensee name, license number, mailing address, practice phone and practice email, license status and limitations, license original issue and expiration dates; specialty; medical school, location, and graduation date; practice address; county; phone and fax; dispensing information; gender; existence of Board Order; other Licenses
	Not all licensees provide a practice address, e-mail, or phone number. If available, the most recent will be included.	
Licensees: select all that apply	☐ Physicians (MD/DO) ☐ Podiatrists (DPM) ☐ Physician Associates (PA) ☐ Acupuncturists (LAc)	
Statuses: select all that apply	☐ Practicing/Active Active, Active-One Year, Locum Tenens, Emeritus, Telemedicine Active, Telemonitoring Active, Teleradiology Active, Military/Public Health Active, and Administrative Medicine Active	☐ Non-Practicing Expired, Inactive, Inactive-One Year, Lapsed, Retired, Suspended, Surrendered, and Revoked
Registrants: select to add to list	☐ Five-Needle Protocol (5NP) Technicians Status: Active	☐ Inactive Five-Needle Protocol (5NP) Technicians Status: Expired, Lapsed, Surrendered, and Revoked

☐ Malpractice Data Information, \$75

List of closed malpractice claims reported to OMB per [ORS 742.400\(5\)\(b\)](#). Includes: Licensee name; License number, issue date, status; specialty; practice address; number of closed claims closed reported to OMB; insurer, claim number, settlement code; reported date to insurer and closure dates; date reported to Board; allegation (if publicly available as outlined in ORS 742.400(5)); patient gender and age; institution and date of injury; disposition; economic, non-economic, punitive, and/or unspecified payments; indemnity paid by all parties; loss adjustment expense paid to defense counsel; all other loss paid.

☐ Custom Data or Records Search, fee calculated based on request

Describe request. Attach extra pages if needed. For records related to a specific OMB licensee, use [individual license form](#).

For custom data and records searches, email this page to: info@omb.oregon.gov for a fee estimate. Otherwise, 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. Specified data lists are outlined on page one, \$50-\$75 each list.
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 [OAR 847-005-0008](#).

Please note that public records may be available on the [Board's website](#) without charge.

DO NOT EMAIL CREDIT CARD PAYMENT

Card Payment

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

DO NOT EMAIL

Company Name

\$ _____
Amount

Printed Name as it Appears on Card

Signature

Phone Number with Area Code

Mailing Address

City, State, Zip Code

Print and fax credit card info to 971-673-2670 – DO NOT EMAIL

VISA, MASTERCARD, OR DISCOVER

Credit Card Number

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:

info@omb.oregon.gov.

Do not email credit card information.