



Request for Public Records Individual Licensee

Revised 06/2024

The Oregon Medical Board has licensing records for MD/DO/DPM physicians, physician associates (PA), and acupuncturists. The OMB is not the custodian of records for other health care providers. Please contact the appropriate [board](#) for records.

To request aggregate data and records not specific to a licensee, use the [data request form](#).

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 Requested:

Licensee Full Name

License Number

** To request verification of licensure or malpractice reports for multiple licensees, please use [multiple licensee form](#).*

☐ **Verification of Licensure Report, \$10**

Includes [License Verification Details](#) plus all public actions and orders issued by the OMB (where applicable).

☐ **Malpractice Search Report, \$10**

Includes malpractice information received per [ORS 742.400\(5\)\(b\)](#).

☐ **Licensing and Renewal Applications, fee calculated based on request**

Includes retained initial and renewal licensing applications. Staff will provide a fee estimate.

**OMB licensees requesting their own records, please complete page 3.*

☐ **Physician Associate (PA) Supervision Records, fee calculated based on request**

Practice agreements were required for PAs until phased out July 15, 2022. You may also request records for physicians who served as supervising physician for PAs. Staff will provide a fee estimate.

☐ **Other Individual Licensee Records, fee calculated based on request**

Describe request. Be as specific as possible. Attach extra pages if needed. Staff will provide a fee estimate.

This page may be emailed to: info@omb.oregon.gov 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 [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.

Oregon Medical Board | 1500 SW 1st Ave, Suite 620 | Portland, Oregon 97201
971.673.2700 or 877.254.6263 | www.Oregon.Gov/OMB



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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.

License or Applicant Number _____

I request a copy of my license file, including personal information that otherwise may be exempt from public disclosure.

Signature

Subscribed and sworn to before me this _____ day _____ of 20 _____

Notary Signature

Notary Public for

Commission Expires