



Request for Public Records Multiple Licensee Reports

Revised 11/2023

Use this form to request verification of licensure and malpractice reports for multiple licensees.

To request records related to a specific OMB licensee use the [individual license request form](#). 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

Licensees Information Requested

Licensee Full Name:

License Number:

☐ **Verification of Licensure Report, \$10 per licensee, 5 or more \$7.50 per licensee**

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

☐ **Malpractice Search Report, \$10 per licensee, no bulk discount**

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



Request for Public Records Multiple Licensee Reports

Revised 11/2023

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 are \$10 per licensee. If requesting 5 or more reports the cost is \$7.50 per licensee.
2. Malpractice Search Reports are \$10 per licensee. There is no bulk discount for Malpractice Search Reports.

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.