

**OREGON MEDICAL BOARD**  
1500 SW 1<sup>st</sup> Ave, Suite 620 • Portland, OR 97201-5847  
(971) 673-2700 or (877) 254-6263 (toll free in Oregon)  
Web site address: [www.oregon.gov/omb](http://www.oregon.gov/omb)

**PA LICENSURE  
FAXED RESPONSES ARE  
NOT ACCEPTED**

<b>REQUEST FOR DISCIPLINARY INQUIRIES</b> <b>Federation of State Medical Boards</b>
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**INSTRUCTIONS:** All applicants who have or have had licensure as a physician assistant in any state MUST complete this form and forward it directly to the Federation at the address below.

**Disciplinary Inquiries  
Federation of State Medical Boards**

**Eules, TX 76039  
(817) 868-4020**

**FEDERATION:** Please mail a disciplinary search report for the following applicant for Oregon Physician Assistant Licensure to the:

**Oregon Medical Board  
PA Licensing Program  
1500 SW 1<sup>st</sup> Ave, Suite 620  
Portland, OR 97201-5826**

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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Other names known by:

\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**PA School of Graduation** Date of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_