



**PLEASE PRINT or TYPE**

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COMMENTS:

- LABEL DATA**            **\$100** (CSV format) includes:  
 License Number, Licensee Name, Current Mailing Address
- STANDARD LIST DATA** **\$150** (CSV format) includes the above, plus:  
 Specialty, License Original Issue and Expiration Dates, License Status, License Limits, Medical School Type, Location, and Graduation Date, Practice Address and County, Dispensing Information, Birth Year and Location, Gender, and the existence of Board Orders
- CUSTOM LISTS**            **\$150 + \$40/hr**  
 Please submit your request for an estimate.

<b>TYPES TO INCLUDE:</b>	
<input type="radio"/> Physicians (MD, DO) <input type="radio"/> Podiatrist (DPM) <input type="radio"/> Physician Assistants (PA) <input type="radio"/> Acupuncturists (LAc)	<div style="text-align: center;"><b>or</b></div> <input type="radio"/> All License Types

<b>STATUSES TO INCLUDE:</b>	
<input type="radio"/> Practicing <sup>1</sup> <input type="radio"/> Non-Practicing <sup>2</sup>	<div style="text-align: center;"><b>or</b></div> <input type="radio"/> Both

**PAYMENT MUST BE MADE IN ADVANCE - CHECKS MADE PAYABLE TO: OREGON MEDICAL BOARD**

<sup>1</sup> Practicing Statuses include: Active, Active-One Year, Locum Tenens, Emeritus, Telemedicine Active, Telemonitoring Active, Teleradiology Active, Military/Public Health Active, and Administrative Medicine Active

<sup>2</sup> Non-Practicing Statuses include: Inactive, Inactive One-Year, Lapsed, Retired, Suspended, Surrendered and Revoked

**OREGON MEDICAL BOARD**

1500 SW 1st Avenue, Suite 620

Portland, OR 97201-5847

Phone (971) 673-2700

[www.oregon.gov/omb](http://www.oregon.gov/omb)

**Credit Card Payment**

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

**DO NOT EMAIL CREDIT CARD PAYMENT FORM**

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