



The mission of the Oregon Medical Board is to protect the health, safety and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

What Can the Board Do for You?

Each week, the Oregon Medical Board handles hundreds of requests about the programs it offers and the individuals it licenses from licensees, other health care professionals, hospitals, health insurers, attorneys, and the general public.

Board staff respond to inquiries quickly and professionally. The following services are provided at no charge:

- Online and verbal verifications of licensure
- Monthly list of disciplinary actions taken by the Board
- Business address for current licensees
- List of Board and Committee members
- Referral address for patients' medical records when a physician has retired, moved out of state, or is deceased
- Request for duplicate Certificate of Registration
- Current statutes, administrative rules, and proposed rules changes
- Quarterly *OMB Report* newsletter
- Response to written and telephone inquiries

In addition, the Board will process the following requests for a fee:

- Copies of Board Orders
- Paper verification of licensure, letter of good standing
- Printed, detailed report on malpractice judgments
- Lists and/or mailing labels of licensees by name, location, and specialty

To assist you with fast and accurate information on the status of your application or questions about your license, you may contact the Board's Licensing Call Center from 9 a.m. to 12 p.m. and

1 p.m. to 3 p.m. (PST). +

INSIDE THIS ISSUE:

Call for Consultants	2
Licensees by County	3
From the Medical Director: Did You Know?	4
Patient Right to Access Medical Records	5
Board Actions	6
Oregon Administrative Rules	9
Are You Preparing to Leave, or Anticipating Going Back to, Clinical Practice?	10
Statement of Philosophy <i>Re-Entry to Clinical Practice</i>	11
Speaker's Bureau	11

Statement of Purpose: *The OMB report is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.*

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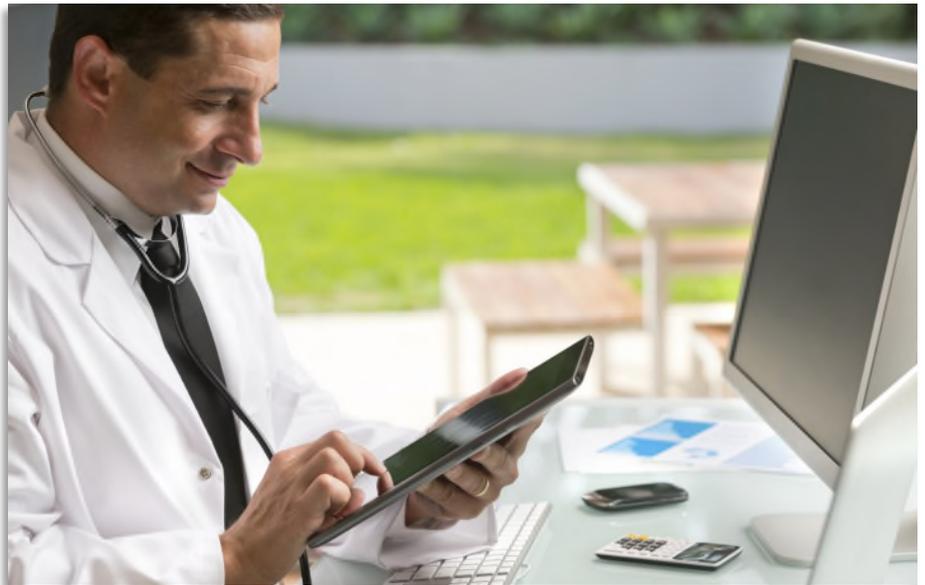
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www.oregon.gov/OMB

Call for Consultants

The Oregon Medical Board depends upon licensees in all fields of medicine to review cases. Consultants help determine if the community standard of care was met. Consultants should be familiar with the standard of care in their Oregon community and must be actively involved in the practice of medicine within the past two years.

The Board is now recruiting consultants for the 2015 - 2017 biennium. Consultants are compensated for the time they spend reviewing cases. They uniformly describe their reviews for the Board as being a learning experience and a service to the citizens of Oregon.



If you would like to learn more about being a consultant, please e-mail the Board's Medical Director, Joe Thaler, MD, at Joe.Thaler@state.or.us. Please include a brief statement of interest and an abbreviated curriculum vitae. +

Thank You!

Thank you to the consultants who give their time and attention to patient safety. Because of your service, Oregon's medical profession is stronger. We could not fairly and accurately assess many of the unique specialties and situations without your thoughtful expertise.

LICENSEES BY COUNTY - *As of May 1, 2015*

The mission of the Oregon Medical Board is to protect the health, safety and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care. To more closely reflect the current status of access to quality medical care in Oregon, this table is being reprinted. The revised data includes current practice addresses reported by licensees who have full licenses at practicing statuses. If a licensee provides practice addresses in more than one county, the licensee will be counted in each county. Therefore, the data does not represent full-time clinical practitioners in each county. +

County (Seat)	MDs	DOs	DPMs	PAs	LAcS	Total	Population
Baker (Baker City)	70	8	1	11	1	91	16,059
Benton (Corvallis)	306	77	4	53	25	465	86,316
Clackamas (Oregon City)	1,045	106	16	106	94	1,367	394,972
Clatsop (Astoria)	107	10	2	14	8	141	37,474
Columbia (St. Helens)	24	5	0	18	5	52	49,459
Coos (Coquille)	146	14	4	14	5	183	62,475
Crook (Prineville)	23	7	1	10	3	44	20,998
Curry (Gold Beach)	39	13	1	7	2	62	22,335
Deschutes (Bend)	546	52	12	124	60	794	170,388
Douglas (Roseburg)	218	40	6	33	5	302	106,972
Gilliam (Condon)	1	0	0	2	0	3	1,932
Grant (Canyon City)	11	1	0	0	2	14	7,180
Harney (Burns)	20	2	0	3	0	25	7,126
Hood River (Hood River)	96	6	1	18	16	137	22,885
Jackson (Medford)	645	73	12	76	50	856	210,287
Jefferson (Madras)	32	2	0	3	2	39	22,192
Josephine (Grants Pass)	168	21	4	30	17	240	83,599
Klamath (Klamath Falls)	159	11	2	16	4	192	65,455
Lake (Lakeview)	6	2	0	2	0	10	7,838
Lane (Eugene)	954	65	11	136	67	1,233	358,337
Lincoln (Newport)	74	17	2	26	10	129	46,406
Linn (Albany)	171	29	2	31	6	239	119,356
Malheur (Vale)	106	12	3	27	0	148	30,359
Marion (Salem)	817	67	11	107	39	1,041	326,110
Morrow (Heppner)	7	0	0	5	0	12	11,187
Multnomah (Portland)	4,382	256	46	454	690	5,828	776,712
Polk (Dallas)	70	22	1	17	2	112	77,916
Sherman (Moro)	0	1	0	1	0	2	1,710
Tillamook (Tillamook)	58	3	0	8	4	73	25,342
Umatilla (Pendleton)	184	16	4	24	1	229	76,705
Union (La Grande)	76	12	1	3	6	98	25,691
Wallowa (Enterprise)	16	0	0	1	3	20	6,820
Wasco (The Dalles)	101	7	1	15	6	130	25,515
Washington (Hillsboro)	1,677	76	24	271	127	2,175	562,998
Wheeler (Fossil)	2	0	0	2	0	4	1,375
Yamhill (McMinnville)	201	17	7	28	11	264	101,758

Grand Renewal Approaching!



Licenses should ensure their Continuing Medical Education (CME) requirements are being fulfilled before the year ends. Requirements can be found at

www.oregon.gov/OMB/Topics-of-Interest/Pages/Continuing-Education.aspx.

Biennial license renewals will be accepted online starting in October. All licenses who wish to renew must do so by the end of 2015. Renewal information will be sent to licenses in September. +

New E-mail Address or Phone Number?

You are required by law to notify the Board within 30 days of changing your practice address or mailing address. This includes your telephone number and e-mail address.



Log on to www.oregon.gov/OMB and click Applicant/Licensee Services in the middle of the page to update your practice and residence addresses along with your telephone numbers and e-mail addresses. Please be advised that your mailing address is public information and is available upon request. +

From the Medical Director *Did You Know?*

Recent studies¹ found that nearly 97% of online drug sellers are operating illegally, and one in two websites selling medication online peddle counterfeit drugs. Patients, lured by the cheap drugs promised on rogue websites, may end up paying a higher price than anticipated as medications may be counterfeit, ineffective, or adulterated with other ingredients, including potentially toxic chemicals.



The problem is significant. An estimated one in six Americans purchase drugs online without a valid prescription at some point. Experts agree that education is the key to effectively combating the problem.

As a trusted health care provider, you can play a key role in educating patients regarding the risks associated with purchasing medications online from an unverified source. +

¹ <http://www.nabp.net/programs/consumer-protection/buying-medicine-online>

Submit Your Question

Do you have a question you would like answered in an *Oregon Medical Board Report*? Send it in for an upcoming Frequently Asked Questions column.

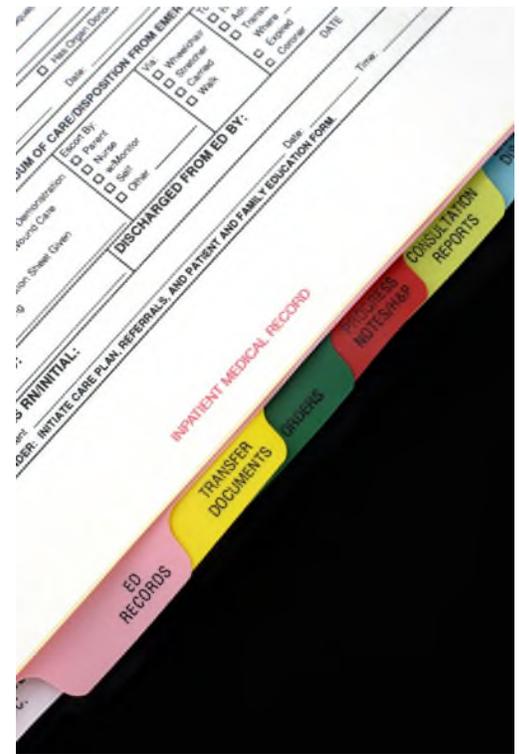
E-mail your question to OMBReport@state.or.us.

Patient Right to Access Medical Records

The HIPAA privacy rule provides patients with the right to access and obtain copies of health information maintained in health plan or provider records. Upon written request, you must make a copy of the medical record available to the patient. You may charge a patient reasonable costs for providing a copy or summary of the records; however, you may not deny the material because of inability to pay or an outstanding bill for services.

Senate Bill 710, would require state health plans, health insurers, health care providers, and health care clearinghouses to provide, upon request, one copy of individually identifiable health information **free of charge** to the patient, or to the patient's personal representative, when the patient is appealing denial of Social Security disability benefits. At the election of the patient or the patient's representative, this information is to be provided in paper or electronic format.

Licensees should comply with all records requests within a reasonable time, not to exceed 30 days. You are advised to keep patient records, including those of deceased patients, for a minimum of ten years after the patient's last contact with the licensee. If space permits, indefinitely retain records of all living patients. This is not a Board requirement, but this guideline will help you meet the Oregon Statute of Limitations.



Did You Know?

A patient may request their entire medical record even if it contains records from other physicians or facilities. Board rule defines a patient's medical record as including all records created and received by the physician, including records received from other health care entities. (OAR 847-012-0000)

Some information which may be withheld includes: information which was obtained from someone other than a healthcare provider under a promise of confidentiality and access to the information would likely reveal the source of the information; psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and other reasons specified by federal regulation. (OAR 847-012-0000(3))

Licensees who have retired, failed to renew their license, relocated their practice out of the area, had their license revoked, or had their license suspended for one year or more must notify each patient seen within the previous two years and the Board of the change in licensee's status and how patients may access or obtain their medical records. Notifications must be in writing and sent by regular mail to each patient's last known address within 45 days of the change in licensee's status. (OAR 847-012-0000(4))

More information regarding patient records can be found at www.oregon.gov/OMB/Topics-of-Interest/pages/Patient-Records.aspx. +

Board Actions

January 10, 2015 to April 3, 2015

Many licensees have similar names. When reviewing Board Action details, please review the record carefully to ensure that it is the intended licensee.

Interim Stipulated Orders

*These actions are not disciplinary because they are not final orders, but are reportable to the national data banks.**

BUCKLER, Robert E., MD; MD13443
Newberg, OR

On February 5, 2015, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from the practice of inpatient geriatric psychiatry and limit his prescribing to geriatric patients pending the completion of the Board's investigation into his ability to safely and competently practice in this specialty.

FOUTZ, Steven R., MD; MD17523
Grants Pass, OR

On February 9, 2015, Licensee entered into an Interim Stipulated Order to voluntarily cease treating chronic pain with DEA scheduled medications pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

KEMPLE, Kip L., MD; MD10387
Portland, OR

On February 4, 2015, Licensee entered into an Interim Stipulated Order to voluntarily limit his treatment of and prescribing for chronic pain pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

MATZ, Paul D., MD; MD12660
Medford, OR

On March 18, 2015, Licensee entered into an

Interim Stipulated Order to voluntarily reduce the morphine equivalent doses and eliminate benzodiazepines and muscle relaxants for chronic pain patients pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

STRINGHAM, Charles H., MD; MD09749
Salem, OR

On February 5, 2015, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

YEAKEY, Patrick C., MD; MD23238
Phoenix, OR

On March 27, 2015, Licensee entered into an Interim Stipulated Order to voluntarily reduce the morphine equivalent doses and eliminate benzodiazepines and muscle relaxants for chronic pain patients pending the completion of the Board's investigation into his ability to safely and competently practice medicine.

Disciplinary Actions

*These actions are reportable to the national data banks.**

COLORITO, Anthony I., MD; MD22621
Portland, OR

On April 2, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order retires Licensee's medical license while under investigation.

GAMBEE, John E., MD; MD09526
Junction City, OR

On April 2, 2015, the Board issued a Final Order on Remand. This Order revokes Licensee's medical license and assesses the costs of the contested case hearing. On April 2, 2015, the Board issued an Addendum to Final Order on Remand - Bill of Costs, outlining the

costs of the contested case hearing.

KEMPLE, Kip L., MD; MD10387

Portland, OR

On April 2, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct. This Order retires Licensee's medical license while under investigation.

KORT, Daniel D., MD; MD18043

Salem, OR

On April 2, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; gross or repeated acts of negligence; willfully violating any provision of a board rule; and violation of the federal Controlled Substances Act. This Order reprimands Licensee; assesses a civil penalty of \$5,000; places Licensee on probation; prohibits Licensee from practicing aesthetic medicine; requires Board pre-approval of any practice setting; and requires that Licensee comply with Oregon Administrative Rules when offering weight loss treatment.

LAIRD, Sheri L., MD; MD21936

West Linn, OR

On April 2, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct, and gross or repeated acts of negligence. This Order reprimands Licensee; requires Board pre-approval of any practice setting; and prohibits Licensee from prescribing for chronic pain.

TYLER, Jeffrey R., MD; MD13966

Portland, OR

On April 2, 2015, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross or repeated acts of negligence. This Order reprimands Licensee; assesses a \$7,500

civil penalty; places Licensee on probation; requires Licensee to complete a pre-approved medical ethics course; requires Licensee to practice only in a group setting; prohibits Licensee from supervising physician assistants; and prohibits Licensee from treating substance use disorders or chronic pain.

Prior Orders and Agreements Modified or Terminated

BERNARDO, Peter A., MD; MD17631

Woodburn, OR

On April 2, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's April 3, 2014, Stipulated Order.

GALLANT, James D., MD; MD12529

Corvallis, OR

On April 2, 2015, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's October 2, 2014, Stipulated Order.

JACKSON, Larry A., MD; MD08513

Springfield, OR

On April 2, 2015, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's February 4, 2010, Stipulated Order.

KEMPLE, Kip L., MD; MD10387

Portland, OR

On April 2, 2015, the Board issued an Order Terminating Interim Stipulated Order. This Order terminates Licensee's February 4, 2015, Interim Stipulated Order effective April 30, 2015.

LEVANGER, Nathan B., DO; DO22827

Driggs, ID

On April 2, 2015, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's June 2, 2011, Stipulated Order.

(Continued on page 8)

(Continued from page 7)

**LINDBERG, John F., MD; MD12005
Portland, OR**

On April 2, 2015, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 10, 2013, Stipulated Order.

**SASICH, Randy L., MD; MD28977
Portland, OR**

On April 2, 2015, the Board issued an Order Modifying Consent Agreement. This Order modifies Licensee's October 3, 2013, Consent Agreement.

Non-Disciplinary Board Actions

January 10, 2015 to April 3, 2015

Corrective Action Agreements

*These agreements are **not disciplinary** orders and are not reportable to the national data banks* unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating problems in the Licensees' individual practices.*

**GOLDBERG, Uri Z., DO; DO159256
Toledo, OR**

On April 2, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to provide a copy of this Agreement to any employer in the healthcare field, and complete a Board-approved educational plan prior to her return to the practice of obstetrics.

**JENSEN, Robert M., MD; MD17220
Medford, OR**

On April 2, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved course on medical record keeping and report any complaints regarding Licensee's professionalism.

**REYES, Vincent P., MD; MD16883
Hillsboro, OR**

On April 2, 2015, Licensee entered into a Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to perform ten interventional cardiac cases under the mentorship of a Board-approved cardiologist.

Voluntary Limitations

*These actions are not disciplinary but are reportable to the national data banks.**

**LOEHDEN, Otto L., MD; MD05975
Hillsboro, OR**

On April 3, 2015, Licensee entered into a Voluntary Limitation in which he agreed to refrain from performing surgery or seeing patients in a clinical setting.

Consent Agreements

*These actions are not disciplinary and are not reportable to the national data banks.**

**AL-MUBARAK, Ghada A., MD; MD170379
Coquille, OR**

On February 5, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to have a Board-approved mentor present for the first 20 surgeries on patients under general anesthesia performed by Licensee.

**MOREHOUSE, Samuel H. PA; PA00881
Portland, OR**

On January 13, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to specific requirements regarding supervision and chart review from his supervising physician, that his supervising physician would submit reports to the Board regarding his progress in his return to the practice of medicine, and to practice only in settings pre-approved by the Board.

PURSLEY, Lance C., LAc; AC01170
Portland, OR

On March 19, 2015, Licensee entered into a Consent Agreement with the Board. In this Agreement, Licensee agreed to complete a 20-hour mentorship with a Board-approved clinical supervisor.

Current and past public Board Orders are available on the OMB website:

www.oregon.gov/omb/pages/bdactions.aspx. +

**National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB).*

Oregon Administrative Rules

Rules proposed and adopted by the Oregon Medical Board.

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules are effective after First Review, but they expire in 180 days unless permanently adopted after a Final Review. Official notice of rulemaking is provided in the Secretary of State *Bulletin*. The full text of the OARs under review and the procedure for submitting comments can be found at: www.oregon.gov/omb/pages/proposedrules.aspx.

Proposed Rules

First Review

The Board is not proposing any rule amendments this quarter.

Adopted Rules

Final Review

All Licensees

847-001-0020 – REPEAL: Discovery – The repeal removes the discovery rule for contested case hearings because the Oregon Medical Board has adopted the Attorney General's model rules on discovery in contested case hearings, specifically, OAR 137-003-0566 through 137-003-0569.

847-010-0073: Reporting Requirements – The rule amendments add clarity to the mandatory reporting requirements under Oregon Revised Statutes 676 and 677. The revised section (1) breaks the reporting requirements into categories for licensee self-reports, licensee obligations to report other professionals, and health care facility reports. The amendment adds a civil penalty for licensees who fail to report as required. The rule also updates the name of the state's monitoring program to the Health Professionals' Services Program and makes other housekeeping and general grammar updates.

Emergency Medical Services Providers (EMS)

847-035-0030: Scope of Practice – The rule amendment makes four changes. First, the amendment clarifies that the scope of practice is the maximum functions that may be assigned to EMS providers; it is not standing orders, protocols, or curriculum. Second, the amendment moves the provision allowing an EMT to perform other tasks under visual supervision as directed by the physician to the scope of practice for an Emergency Medical Responder. Third, the amendment corrects "Albuterol sulfate" to "albuterol." Fourth, the amendment expands the Paramedic's ability to initiate and maintain urinary catheters. +

Are You Preparing to Leave, or Anticipating Going Back to, Clinical Practice?

6 Reasons Why It's a Good Idea to Talk with Your State Medical Board

1. Everyone needs a starting point.

Talking with your board can help you prepare to leave and/or come back to clinical practice by pointing you in the right direction for understanding requirements for notification of leave of absence, change of address, change of practice, availability of limited licenses, management of patient records, and other guidelines and requirements related to medical practice in your state.

2. Knowing what to expect is a good thing.

It is important to find out ahead of time about the process your state has in place for those who leave clinical practice and wish to return. Your board is a starting point for finding out what prerequisites, statutes, etc., your state has in place related to returning to practice as requirements may vary from state to state. Knowing as much detail as possible about your state's expectations and process for returning to practice will help facilitate your return.

3. Licensure is a privilege.

Often it is hard to get a license back once it has expired or has not been renewed. The burden of proof is on the physician to demonstrate that he or she has met the appropriate requirements for license reinstatement in order to reenter practice. Similarly, you should be aware of what requirements you must meet for license renewal should you choose to maintain your license while you are out of practice. Talking with your board will help ensure that you understand what the specific requirements are for your state and will help in deciding which option is best for you.

4. There are financial costs.

Leaving clinical practice often means a change in income. Talking to your board about the costs associated with maintaining your license, or a limited license (if available), and fees that might be associated with reinstating a license will help you plan financially.

5. Things change.

When you are out of clinical practice your usual methods for keeping up-to-date on clinical practice issues may change. Your board can provide information and guidance on how to stay current on regulatory changes that may affect your return to practice.

6. Lifelong learning is continuous.

Medical license renewal or maintenance of licensure is based on continuing professional development even if you are taking a leave from clinical practice. Your board may be able to direct you to resources that can help you with your professional development, as well as provide guidance on other requirements related to your medical license. +

Contact information for the 70 State Medical and Osteopathic Boards in the U.S. is available at www.fsmb.org/policy/contacts.



Supported by the American Academy of Pediatrics

This resource guide was developed by The Physician Reentry into the Workforce Project and the Federation of State Medical Boards, which appreciates the input from the CMSS Workforce Leads Component Group.

Statement of Philosophy

Re-Entry to Clinical Practice

The Oregon Medical Board has the mission to protect the health, safety, and wellbeing of the citizens of Oregon and must protect the public from the practice of medicine by unqualified, incompetent or impaired physicians. Consistent with this directive, the Board has adopted a policy regarding provider re-entry to clinical practice following a period of clinical inactivity.

In general, the Board requires any licensed physician with more than a 24-month hiatus from practice to design a re-entry plan that includes an assessment and possible supplemental training or mentorship. Requirements for assessment and supplemental training vary depending on individual circumstances. Factors the Board uses in determining the appropriate plan include the number of years in practice before the physician's hiatus, the number of years out of practice, the type of licensure requested, and the physician's intended practice and specialty.

To read the entire Statement of Philosophy on Re-Entry to Clinical Practice, visit www.oregon.gov/omb/board/philosophy/Pages/Re-Entry-to-Clinical-Practice.aspx. +

Speaker's Bureau

The Oregon Medical Board's commitment to public education extends beyond informational materials, physician profiles and providing public records.

The Board offers in-person presentations to your group, which allows direct and open communication in an intimate setting about topics that affect you. The Board provides a number of standard presentations:

- **OMB Overview** – Summary of the Board, Committees, licensure process, investigation process and Board services
- **Re-Entry to Practice**
- **Health Professionals' Services Program**
- **Investigative Process and Complaints**



- **Legislative Updates** – Details specific changes pertaining to the Health Professionals' Services Program, health professionals'

credentialing, new cultural competency requirements and other bills of interest

- **Licensure Process**
- **Physician Assistants** – Details the application process, supervising physician requirements and abilities, physician assistant requirements and

abilities, practice agreements and supervising physician organizations

In addition, staff can create a specialized presentation to address your specific needs. To request a presentation from the Board, e-mail the Board at OMB.info@state.or.us, or call the Board at 971-673-2700. +

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OFFICE HOURS

The OMB Office is open to the public Monday - Friday, 8 a.m. - 12 p.m., and 1 p.m. - 5 p.m.

2015 Holidays

Memorial Day

Monday, May 25

Independence Day

Friday, July 3

Labor Day

Monday, September 7

Veterans Day

Wednesday, November 11

Thanksgiving

Thursday, November 26

Christmas

Friday, December 25

PUBLIC NOTICE SUBSCRIBER'S LIST

If you are interested in the Oregon Medical Board's meetings schedule, please join the Public Notice Subscriber's List. You can sign up by going to www.oregon.gov/OMB/board/Pages/Meeting-Notices.aspx and following the link to receive meeting notices.

CALENDAR OF MEETINGS

May 22, 9 a.m.

EMS Advisory Committee

June 4, 7:30 a.m.

Investigative Committee

June 5, 12 noon

Acupuncture Advisory Committee

June 10, 5 p.m.

Administrative Affairs Committee

June 11, 9:30 a.m.

Physician Assistant Committee

July 9 - 10, 8 a.m.

Board Meeting

August 6, 7:30 a.m.

Investigative Committee

August 21, 9 a.m.

EMS Advisory Committee

September 3, 2015

Investigative Committee