



Practice Agreement or Licensee File Request

Revised 2/2015

Requestor information:

Name	Date		
Company Name (if applicable)	Preferred Phone		
Mailing Address	City	State	Zip
E-mail			
		Fax	<i>No international faxes</i>
Method of delivery:	<input type="checkbox"/> Postal Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail <input type="checkbox"/> Will Call

Information Requested

As soon as practicable, Board staff will contact you with an estimate of costs based on the actual cost to the OMB to produce the records. Payment is required prior to production of records.

Practice Agreement

Physician Assistant Name(s)	PA License #	Supervisor Name	License #	OMB Cost:
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Licensee File

Requested Licensee Name(s) and Profession:	License Number:	OMB Cost:
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Details of request:

Total Amount Due



Fees for Public Records

All fees associated with public records requests must be paid in advance.

Charges are as follows:

1. Charges for copies: \$5/report + \$.20/page
2. Staff time, including time spent for research, collection of records, review of exemptions, redactions, separations, photocopying and supervision of any on-site record inspection is charged as follows:

Staff	Cost
Clerical	\$20/hour
Administrative	\$40/hour
Executive	\$50/hour
Medical Director	\$75/hour

3. 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 in Oregon Administrative Rule 847-005-0005.



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Credit Card Payment

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

DO NOT E-MAIL CREDIT CARD PAYMENT FORM

<hr/>		\$ Amount
Company Name		
<hr/>		
Printed Name as it Appears on Card		
<hr/>		<hr/>
Signature		Phone Number with Area Code
<hr/>		
Cardholder's Mailing Address		
<hr/>		<hr/>
Credit Card Number – VISA, MASTERCARD, OR DISCOVER		Expiration Date