



License Verification and Malpractice Report Request

Revised 10/2017

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	

Ship to: Same as above

Name		Date	
Company Name (if applicable)		Preferred Phone	
Mailing Address	City	State	Zip
E-mail		Fax <i>No international faxes</i>	

Individual Data -

- Verification of Licensure Report**
(Includes Board Orders where applicable)
\$10.00 per Name
Orders of 5 or more are \$7.50 per name

- Individual Malpractice Search Report**
\$10.00 per Name
No bulk discounts

Requested Licensee Name(s) and Profession:

License Number:



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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/>		
Signature	Phone Number with Area Code	
<hr/>		
Cardholder's Mailing Address		
<hr/>		
Credit Card Number – VISA, MASTERCARD, OR DISCOVER	Expiration Date	