



Form HWRP-D1: Request for Public Use Health Care Workforce Data Files

The following pages contain the Application that must be submitted to request Health Care Workforce Reporting Program data sets. Complete Sections 1 and 2. All items are required. Complete and sign the Public Use Data Use Agreement (HWRP-D3). Once the licensing board(s) have consented to the release of data, you will be notified and sent an invoice.

Send forms and payment to:

Oregon Health Authority
Health Policy and Analytics
Attn: HWRP data request
421 SW Oak St., Suite 850
Portland, OR 97204

Please address questions to wkfc.admin@state.or.us

OHA will improve health and health care

Vision

A healthy Oregon

Mission

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention, and access to quality, affordable health care.

Aims

The Health Authority will transform the health care system in Oregon by:

- Improving the lifelong health of Oregonians
- Increasing the quality, reliability, and availability of care for all Oregonians
- Lowering or containing the cost of care so it's affordable to everyone

Health Analytics Staff Use Only

Application Number: _____

SECTION 1: CONTACT INFORMATION

(Please use this template to fill in your information)

Requestor Name: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Names and roles of those who will have access to the data:

PLANNED DATA USE

Briefly describe the intended use for the data:

SECTION 2: ORDER INFORMATION

Data Set	\$100 per dataset
Oregon Medical Board	
Oregon Board of Dentistry: Dentists	
Oregon Board of Dentistry: Hygienists	
Oregon State Board of Nursing	
Oregon Board of Pharmacy: Pharmacy Technicians	
Oregon Board of Pharmacy: Pharmacists	
Oregon Physical Therapist Licensing Board	
Oregon Occupational Therapy Licensing Board	
Oregon Board of Licensed Dieticians	
Total	\$