



Request for Public Records

Revised 12/2019

Requestor Information:

Name	Date		
Company Name (if applicable)	Preferred Phone		
Mailing Address	City	State	Zip
E-mail Address			

Method of delivery:	<input type="checkbox"/> Email	<input type="checkbox"/> Postal Mail	<input type="checkbox"/> Personal Inspection
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Licensee Information Requests (provided only by e-mail)

All reports are Comma Separated Value (CSV) format.

Licensees to Include:	<input type="checkbox"/> Physicians (MD/DO)	<input type="checkbox"/> Podiatrists (DPM)	<input type="checkbox"/> Physician Assistants (PA)	<input type="checkbox"/> Acupuncturists (LAc)
Statuses to Include:	<input type="checkbox"/> Practicing/Active Active, Active-One Year, Locum Tenens, Emeritus, Telemedicine Active, Telemonitoring Active, Teleradiology Active, Military/Public Health Active, and Administrative Medicine Active		<input type="checkbox"/> Non-Practicing Expired, Inactive, Inactive-One Year, Lapsed, Retired, Suspended, Surrendered, and Revoked	
<input type="checkbox"/> Address Label Data \$50 Includes: Licensee name, License number, Current mailing address, Practice phone and e-mail ¹				
<input type="checkbox"/> Standard List Data (includes Label Data) \$75 Includes: License status and limitations, License original issue and expiration dates; Specialty; Medical school, location and graduation date; Practice address ¹ ; County ² ; Phone and fax; Dispensing information; Gender; Existence of Board Order; Other Licenses				
<input type="checkbox"/> Malpractice Information \$75 Includes: Licensee name; License number, issue date, and status; Specialty; Practice address ¹ ; Total number of claims closed ² ; Insurer, claim number and settlement code; Reported date to insurer and closure dates; Date reported to Board; Allegation ⁴ ; Patient gender and age; Institution and date of injury; Disposition; Economic, non-economic, punitive, and/or unspecified payments; Indemnity paid by all parties; Loss adjustment expense paid to defense counsel; All other loss paid				

Public Record Searches

As soon as practicable, OMB staff will contact you with an estimate of time based on the actual cost to produce the records. Payment is required prior to production of records. The charges for the first thirty minutes of all requests is waived.

<input type="checkbox"/> Meetings: Minutes or audio, provide meeting dates and description of requested materials.
<input type="checkbox"/> Custom Data: \$75 + \$40/hour (provided only by e-mail)
<input type="checkbox"/> Other Records: Provide description of requested records.
Describe request. Be as specific as possible. Attach additional pages if necessary.

¹ Not all licensees provide practice addresses, e-mail addresses, or phone numbers. If a licensee has more than one practice address on file, the most recently provided address will be included.

² Counties may be based on practice address zip code.

³ Count derived from publicly available malpractice claims as reported to the OMB by malpractice insurers.

⁴ If publicly available as outlined in ORS 742.400(5)(b).



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Charges for Public Record Searches

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

Charges are as follows:

1. First 30 minutes of staff time are waived.
2. Beyond 30 minutes, 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 Staff	\$25/hour
Administrative and Managerial Staff	\$40/hour
Professional Staff and 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 Public Records Charges schedule is in [OAR 847-005-0008](#). If a request for records can be fulfilled using less than 30 minutes of staff time, there will be no charge and the first 30 minutes for all other requests is waived.

Please note that public records may be available on the [Board's website](#) without charge.



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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/>		\$ <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