



# Practice Agreement or Licensee File Request

Revised 7/2019

## Requestor Information:

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

<b>Method of delivery:</b>	<input type="checkbox"/> Postal Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email	<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**

**Note: Practice Agreements are now free online!** Query the individual physician assistant at <http://omb.oregon.gov/verify> and click the link to the practice agreement “details.”

Physician Assistant Name	PA License #	Supervisor Name	License #	OMB Cost

**Licensee File**

Requested Licensee Name(s) and Profession:	License #	OMB Cost
Details of Request:		

**Total Amount Due:**



# Practice Agreement or Licensee File Request

Revised 7/2019

## 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

Record	Cost
License Verification	\$10/each
Malpractice Report	\$10/each

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.



# Practice Agreement or Licensee File Request

Revised 7/2019

I, \_\_\_\_\_

Last Name

First Name

Middle Name

am a current or past licensee of the Oregon Medical Board.

License Number \_\_\_\_\_

**- OR -**

am a current or past applicant for licensure with the Oregon Medical Board.

Application Number \_\_\_\_\_

I request a copy of my license file, including personal information that otherwise may be exempt from public disclosure. Send to:

Signature \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Signature \_\_\_\_\_

Notary Public for: \_\_\_\_\_

My commission expires: \_\_\_\_\_



## Practice Agreement or Licensee File Request

Revised 7/2019

This page  
intentionally  
blank



# Practice Agreement or Licensee File Request

Revised 7/2019

## 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