

LIST ORDER FORM

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
(971) 673-0001
www.oregon.gov/pharmacy



FOR BOARD USE ONLY [0324] \$80.00
[0324] \$25.00

RECEIPT # _____

CHECK # _____

ENTERED BY _____

Basic List Fee: \$25 x ____ = \$____
Standard List fee: \$80 x ____ = \$____

ALL FEES ARE NON-REFUNDABLE

Name/Company: _____

Address: _____

Email list to: _____

Return this completed form along with your check or money order to the address listed above. Each category is considered a separate list request and requires an additional payment. All lists are provided in Excel.

1. Please select from the following basic list categories (\$25.00 per category):

Basic list will only include *name, address, and the public email of the licensee*. Telephone numbers for individuals are not available.

- Pharmacists licensed with the Oregon Board of Pharmacy.
(This category includes pharmacists residing in-state and out-of-state)
- Licensed Pharmacists with addresses **IN** Oregon.
- Pharmacy Interns
- Pharmacy Technicians Certified Oregon Pharmacy Technicians

2. Please select from the following standard list categories (\$80.00 per category):

Standard list will only include *license number, name, address, public email address, and the Issue/Expiration dates of the licensee*. Telephone numbers for individuals are not available.

- Pharmacists licensed with the Oregon Board of Pharmacy
(This category includes pharmacists residing in-state and out-of-state)
- Licensed Pharmacists with addresses **IN** Oregon
- Pharmacy Interns
- Pharmacy Technicians Certified Oregon Pharmacy Technicians
- Pharmacies licensed with the Oregon Board of Pharmacy - Include phone numbers
(This category includes those pharmacies located in-state and out-of-state)
- Pharmacies located **IN** Oregon - Include phone numbers
- Wholesalers Manufacturers
- Other - List each license category requested: _____

ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK
FEE PURSUANT TO ORS 30.701(5)