

LIST ORDER FORM

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (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/Custom List fee: \$80 x ____ = \$____

Requestor: _____
Address: _____

Email list to: _____

Contact Person: _____
Contact Phone: _____
Contact Email: _____

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 via email as an Excel file.

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

Basic list will only include active licensees - fields provided: *name, address, and the public email of the licensee.*

- Oregon licensed Pharmacists *Located in Oregon only*
- 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 active licensees – fields provided: *license number, issue / expiration date, name, address, and public email address.* Telephone numbers for individuals are not available.

Individuals:

- Oregon licensed Pharmacists *Located in Oregon only*
- Pharmacy Interns
- Pharmacy Technicians Certified Oregon Pharmacy Technicians

Facilities:

- Oregon Licensed Pharmacies *Include phone numbers* *Located in Oregon only*
- Wholesalers Manufacturers Drug Distribution Agents

Other License Categories (List each additional category requested): _____

Custom Report Fields (license status text, license type text, license statuses, etc.)

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