

OREGON OCCUPATIONAL THERAPY LICENSING BOARD
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Director: Felicia.M.Holgate@state.or.us
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REQUEST FOR LICENSEE LIST

DATE _____

E-MAIL TO _____

Contact Name and Phone _____

E-mail Address _____

OT REV. CODE 833 42001	
0215 Licensee List	
Date _____	Check # _____
Initials _____	_____

Please provide the following:

Mailing addresses of all current licensees by Excel computer print-out **\$25**

By E-mail:

By Diskette

Both OTs and OTAs (just over 1500) OTs Only (about 1270) OTAs Only (about 240) * as of 1/08

Format: XLS (Excel Worksheet)

List in: Alphabetical Order Zip Code Order

We are not longer providing self-adhesive mailing address labels

Make your check or money order payable to the OREGON OT LICENSING BOARD.
At the present time we cannot take credit cards, but we hope to soon.

OFFICE USE ONLY:
Completed by _____ Date _____ # of Entries _____