



Oregon

Board of Medical Examiners

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LICENSING DEPARTMENT

Information Request Form

Please Note: [Application packets and licensure requirements](#) for all professions are available on the Boards' website.

(Check One)

MD DO DPM PA LAc

Name: _____

Address: _____

Phone: _____

Request for:

Application Packet
Reactivation Packet
Licensure Requirements

Please mail or Fax this form to the Board using the address and Fax number above.