

**Oregon Physical Therapist Licensing Board**  
 800 NE Oregon Street, Suite 407  
 Portland, OR 97232-2187  
[www.ptboard.state.or.us](http://www.ptboard.state.or.us) – Phone 971.673.0200  
**PUBLIC RECORDS MAILING LIST REQUEST FORM**

**INSTRUCTIONS:** Check the boxes below for the data you would like on your mailing list report. The fee is \$100 per request and must be paid by check made out to the **Oregon Physical Therapist Licensing Board, or OPTLB**. Your request will be returned by e-mail in an Excel spreadsheet. Mail this completed form with the check to the address at the top of this form. Your e-mail address is required.

**I AM REQUESTING THE FOLLOWING INFORMATION – PLEASE CHECK THE FIELDS BELOW FOR THE INFORMATION YOU WANT ON YOUR MAILING LIST**

Active Status	<input type="checkbox"/>	Choose 1 of these 3 fields
Inactive Status ( no current address may be on file)	<input type="checkbox"/>	Choose 1 of these 3 fields
Both Active and Inactive Status	<input type="checkbox"/>	Choose 1 of these 3 fields
List of both PT's and PTA's	<input type="checkbox"/>	Choose 1 of these 3 fields
List of PT's only	<input type="checkbox"/>	Choose 1 of these 3 fields
List of PTA's only	<input type="checkbox"/>	Choose 1 of these 3 fields
Living In Oregon	<input type="checkbox"/>	Choose 1 of these 3 fields
Living in U.S.	<input type="checkbox"/>	Choose 1 of these 3 fields
All Licenses (includes foreign addresses)	<input type="checkbox"/>	Choose 1 of these 3 fields
Full Name	<input type="checkbox"/>	
Last Name	<input type="checkbox"/>	
First Name	<input type="checkbox"/>	
Middle Name	<input type="checkbox"/>	
Mailing Address	<input type="checkbox"/>	Choose 1,2 or all fields
Public e-mail address	<input type="checkbox"/>	Choose 1,2 or all fields
Work Address	<input type="checkbox"/>	Choose 1,2 or all fields

**LICENSING INFORMATION – SELECT AS MANY FIELDS YOU WANT FROM BELOW**

Initial Oregon License Date	<input type="checkbox"/>	
Oregon Lapse Date	<input type="checkbox"/>	
Oregon Licensing Method (Exam or Endorsement)	<input type="checkbox"/>	
License Number	<input type="checkbox"/>	
License Type (PT or PTA)	<input type="checkbox"/>	
License Status	<input type="checkbox"/>	

**PLEASE SORT MAILING LIST BY ONE OF THE FOLLOWING**

Sort by Alpha	<input type="checkbox"/>	Choose 1 of these 3 fields
Sort by Zip Code	<input type="checkbox"/>	Choose 1 of these 3 fields
Sort by PT then PTA	<input type="checkbox"/>	Choose 1 of these 3 fields

<b>Signature</b>	<b>Phone Number</b>
<b>E-Mail address ( Required)</b>	