

OREGON OCCUPATIONAL THERAPY LICENSING BOARD

800 NE Oregon Street, Suite 407, Portland, Oregon 97232

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Director: Nancy.Schuberg@state.or.us

Licensing Specialist: Rachel.Cillo@state.or.us

REQUEST FOR LICENSEE LIST

DATE _____

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

Contact Name and Phone _____

Company name: _____

E-mail Address _____

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

Please provide the following:

Both OTs and OTAs (about 2300)*
 OTs Only (about 1850)
 OTAs Only (about 450)
 * as of 5/2016

List in: Alphabetical Order Zip Code Order

We are not longer providing self-adhesive mailing address labels.

Make your \$25 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 _____