

# REQUEST FOR ROSTER ORDER FORM

The requested information will be sent via email in a CSV or Excel format.

The data file will include: Lic\_No, Last\_name, Generation, Public Address, City, State, Zipcode, Foreign\_Country, How\_Licensed, Specialty, Renew\_Year, Status, Date\_Orig\_Lic, Expiration\_Date

**NOTES:**

**How Licensed** indicates the type of exam: F=Flex, N=National Board  
(This field is not used for Allied Health professionals)

**Renew\_Year** is the last year of renewal. All licensees and registrations are valid for two years.

**Phy\_Lic\_Stat** is the current license status: **A** = active, **P** = probation, **E** = expired, **I** = inactive status, **S** = suspended, **R** = revoked, **U** = surrendered

Price for rosters = 0.05 per record contained in the roster.

Lic_Type ( select profession)	Status	Addresses
Medical Doctors (M.D.)	<input type="radio"/> Active	<input type="radio"/> Maryland Only
Doctor of Osteopath (D.O.)	<input type="radio"/> All	<input type="radio"/> Out of State
Physician Assistants		<input type="radio"/> All
Athletic Trainers		
Perfusionists		
Radiation Therapists		
Radiographers		
Radiation Assistants		
Nuclear Medicine Technologists		
Respiratory Care Practitioners		

Roster Requested By: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Name of Contact : \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Email address

**PLEASE SPECIFY ADDITIONAL INFORMATION FOR ROSTER REQUEST**

Notes: \_\_\_\_\_

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