



REQUIREMENTS FOR OBTAINING THE DOCTORS REGISTRATION LIST

1. Make a written request to the Puerto Rico Medical Discipline and Licensure Board (hereinafter referred to as “the Board”) indicating its purpose and the information being requested. Should information be missing, you will have to request a new one and accompany it with the corresponding payment.
2. Accompany the petition with a compact disc with the adequate storage capacity in accordance to your needs.
3. Include a sworn statement with the application, including the draft of the information it should contain. Please note the affidavit must express that the information that will be provided cannot be altered or modified.
4. The corresponding payment must be either by money order or by a certified check addressed to the “Secretary of Treasury”. The production of information’s cost is as follows:
 - a. List of a specific specialty: \$60.00
 - b. List of all specialties: \$500.00
5. The requested information is supplied by the Office of Information and Technological Advances (OIAT, for its acronym in Spanish), division of the Puerto Rico Health Department, which safely keeps the aforementioned information, causing the process to take up to three weeks or more. The list will be provided in PDF format. If you need the list in another format, you should make note of it in the application





**APPLICATION FOR THE PRODUCTION OF INFORMATION DOCTORS
REGISTERED IN THE
PUERTO RICO MEDICAL DISCIPLINE AND LICENSURE BOARD**

Name of the company: _____

Mailing address: _____

Person to contact: _____

Position: _____ Phone number: _____

The requested production must contain

_____ Name,	_____ Registration expiration date
_____ E-mail	_____ License Number
_____ Specialty or specialties, if any	_____ National Provider Identification (NPI)
_____ City and country of employment	

I CERTIFY THAT:

I was given orientation in regards to the requirements for obtaining this information, that I am aware that it can only be used for the purpose(s) declared in my sworn statement and it will be managed in a confidential manner.

Applicant's signature

Date

FOR OFFICIAL USE

Delivered by: _____ Received by: _____

Date: _____ Date: _____





Paid in: () ATH () Money Order () Certified Check: _____





DRAFT

Sworn Statement Doctors Registration Data Application

I, XXXXXXXXXXXXXXXXXX, with social security number xxx-xx-xxxx, of legal age, resident of XXXXXXXX, Puerto Rico, and employee of XXXXXXXXXX, solemnly declare that:

1. My name and personal circumstances are as aforementioned.
2. I am the (**position in company**) with offices in (**town, country**).
3. In representation of the company XXXXXXXXXX, I present an application for the doctors' registration data before the Puerto Rico Medical Discipline and Licensure Board.
4. The purpose for which this will be used is to share clinical information, research, analysis and/or statistics.
5. We will protect the confidentiality of the information provided to this company.
6. We will comply with the requirements stated in the Guide of Information Divulgement of the Health Department from September 11, 1980.
7. The confidential information will not be divulged without the Health Department's authorization
8. The information will not be used in a manner that affects the rights and benefits of the people included.
9. Under no circumstance will the name, address or any other information that identifies the person or organization that supplied the data or that are described in the aforementioned data be divulged to a third party.
10. There will be no production, neither partial nor total, of the Registration lists that are not provided.
11. There will be no alteration and/or substitution to the information provided in this data.
12. We recognize that we are legally liable of all damages caused by the negligent managing of the information divulged to the people described in the aforementioned information or to third parties.
13. The company is responsible for the payment of the reproduction costs and the management of the list, in accordance with the terms established by the Puerto Rico Medical Discipline and Licensure Board.

For the record, I swear and subscribe the present statement in XXXXXXXX, Puerto Rico, today XX of XXXXX of XXXX.

Applicant's Signature

AFIDAVIT NUM.XXXXXXXX

Sworn and subscribed before me by XXXXXXXXXXXXXXXXXX, of the aforementioned personal circumstances, and whom I attest to knowing through XXXXXXXXXXXXXXXXXX, in XXXXXXXXXXXXXXXXXX, Puerto Rico, today XX of XXXXX of XXXX.





Notary Seal

Notary Public

