OREGON BOARD OF MEDICAL EXAMINERS
1500 S.W. 1st Avenue #620, Portland, OR 97201-5847
(971) 673-2700

PA/AC LICENSURE **– FAXED RESPONSES NOT ACCEPTED**

VERIFICATION OF HEALTH RELATED LICENSE

INSTRUCTIONS: **1.** Applicant to complete UPPER portion of form and forward to jurisdiction from which you are requesting verification. **2.** The jurisdiction is to complete LOWER portion of form and submit it DIRECTLY to the Board in an envelope with jurisdiction's return address printed on it. THIS FORM WILL NOT BE ACCEPTED IF RETURNED BY THE APPLICANT OR IF IT APPEARS THAT THE APPLICANT HAS WRITTEN IN THE LOWER PORTION OF THE FORM.

Last Name | First Name | Middle Name | Social Security Number

Name You Were Licensed Under, If Different Than Current Name | Date of Birth

Street Address | City | State | Zip Code

Type of License Granted | License # | Date License Granted

I authorize the release of all pertinent information, favorable or otherwise, to the Oregon Board of Medical Examiners.

☞ **Signature of Applicant**_____

TO JURISDICTION FROM WHICH VERIFICATION IS BEING REQUESTED: Please complete and sign section below. Official self-generated verification forms with the same information as below will also be accepted. Return the verification to the Board at the above address in an envelope with your return address printed on it. **Please do not fax.**

Name of Licensee:_____ **Current Status:**_____

License #:_____ **Type of License:**_____

Date Issued: Month:_____ Day:_____ Year:_____ **Expiration Date**: Month:_____ Day:_____ Year:_____

PLEASE CHECK THE BOX THAT APPLIES:

I certify that the above license issued in this state or jurisdiction has never been suspended or revoked and that there has never been any disciplinary action taken against the holder of this license.	☐
The following action has been taken against this licensee: *(Please explain)*	☐
Attach additional sheets if needed and include any pertinent legal documents	

(Affix agency seal here)

Jurisdiction Official's Signature Date Signed / /
Printed Name of Jurisdiction Official
Jurisdiction Official's Title
Name of Jurisdiction/Licensing Agency
Mailing Address
City State Zip Phone # ( )

Revised 07/2005