

VERIFICATION OF HEALTH RELATED EMPLOYMENT

INSTRUCTIONS: 1. Applicant to complete UPPER portion of form and forward (via fax or mail) to employer. 2. The Employer is to complete LOWER portion of form and submit it to the Board in an envelope with employer's return address printed on it. THIS FORM WILL NOT BE ACCEPTED IF IT APPEARS TO HAVE BEEN RETURNED BY THE APPLICANT OR THAT THE APPLICANT HAS WRITTEN IN THE LOWER PORTION OF THE FORM.


 Last Name First Name Middle Name Social Security Number

 Name You Were Employed Under, If Different Than Current Name

 Name of Employer Address of Employer

 Supervisor's Name & Title Your Job Title Dates of Employment FROM: (M/D/Y) TO: (M/D/Y)

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

 **Signature of Applicant** _____

TO EMPLOYER: Please complete and sign section below. Return this form to the Board at the above address in an envelope with your return address printed on it. **Please DO NOT FAX.**

Dates of Employment FROM: Month:_____ Day:_____ Year:_____ **TO:** Month:_____ Day:_____ Year:_____

Employee's Job Title: _____

- 1. Is employee eligible for rehire? YES NO
- 2. Was the employee ever requested to voluntarily resign from employment or subjected to disciplinary action of any kind or ever had medical employment or hospital privileges denied, reduced, restricted, suspended, or terminated? **YES*** NO
- 3. Were there any concerns regarding the employee's performance, medical knowledge, judgment, or work ethic? **YES*** NO
- 4. Were there any concerns regarding abuse of alcohol, narcotics, barbiturates, amphetamines, and/or other drugs? **YES*** NO
- 5. Were there any concerns regarding the employee's moral and ethical character? **YES*** NO

***For a "yes" response to questions use page 2 for explanation.**

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

Use this page to provide an explanation to a “yes” response to questions on page 1 of this form. If there is any supporting documentation, please submit this with this form. If more space is needed, please submit a letter to the Board.

2. Was the employee ever requested to voluntarily resign from employment or subjected to disciplinary action of any kind or ever had medical employment or hospital privileges denied, reduced, restricted, suspended, or terminated?

3. Were there any concerns regarding the employee’s performance, medical knowledge, judgment, or work ethic?

4. Were there any concerns regarding abuse of alcohol, narcotics, barbiturates, amphetamines, and/or other drugs?

5. Were there any concerns regarding the employee’s moral and ethical character?