

Executive Director

Oregon Medical Board

1500 S.W. First Ave., Suite 620 Portland, OR 97201 **Voice (971) 673-2700 FAX (971) 673-2670**

Web: www.oregon.gov/BME

FINGERPRINT IDENTIFICATION VERIFICATION

TO THE OFFICIAL TAKING FINGERPRINTS:

The State of Oregon charges the Oregon Medical Board with the licensing of doctors of medicine, doctors of osteopathy, doctors of podiatric medicine, physician assistants, and acupuncturists practicing in the state of Oregon. The Board has the authority to conduct personal background checks of all license applicants and licensed practitioners.

A critical facet of the background check is a criminal record check through the Oregon State Police, utilizing a set of legible fingerprints. Please confirm the identification of the individual you fingerprint by examining his/her current photo identification.

APPLICANT'S NAME:	
APPLICANT'S PHOTO ID TYPE:	
ID IDENTIFYING NUMBER:	
Please return the completed fingerprint Board in the self-addressed envelope.	card and this document to the Oregon Medical
NAME OF OFFICIAL (PRINT):	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:	(must be same official signing fingerprint card)
AGENCY OF OFFICIAL:	
PHONE NUMBER OF OFFICIAL:	
If you have any questions, please conta	ct the Oregon Medical Board (971-673-2700)
Thank you for your assistance.	
Kathleen Haley JD	