

List your current certification numbers with each certifications expiration date.	
CERTIFICATION #	EXPIRATION DATE (MM/DD/YYYY)

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency, you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security number appears on the face of the licenses, certificates, or registrations issued by the Oregon Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of certification. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Oregon Health Licensing Agency.

ALL PARTS OF THIS FORM MUST BE COMPLETE BEFORE SIGNING. Call the Oregon Health Licensing Agency (OHLA) if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable. This information will be used by OHLA to conduct a criminal history check, a background investigation, and to document your qualifications.

Applicant Signature: _____ **Date:** _____

APPLICATION CHECK LIST

- Application fee - \$25
- Permit fee - \$50
- Would you like OHLA to verify you out of state License? - \$50
- Two forms of acceptable original identification issued by a federal, state or local government agency of the United States. One form of identification must be photographic:

Acceptable identification includes, but is not limited to:

- United States passport
- Driver's license
- Social Security Card
- Original or Certified Copy of Birth certificate

For a full list of acceptable identification click [here](#) or contact the agency

- Completed, signed, and dated application
- Application must provide an Affidavit of Licensure to OHLA as required in OAR 331-030-0040