

# Oregon Health Licensing Agency



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## Customer Information Update

RENEWAL  LATE FEE  CHANGE OF EMPLOYMENT  CHANGE OF NAME  CHANGE OF HOME ADDRESS  
 OTHER:

### Authorization holder Information

NAME LAST FIRST MIDDLE INITIAL

PHYSICAL ADDRESS

CITY STATE ZIP

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

CITY STATE ZIP

HOME TELEPHONE BUSINESS TELEPHONE E-MAIL

### License / Certificate / Registration Number

- - - -

### Current Employer Information

PLEASE INDICATE:  EMPLOYEE  INDEPENDENT CONTRACTOR  NOT CURRENTLY EMPLOYED

NAME OF FACILITY: FACILITY LICENSE #:

- -

ADDRESS OF FACILITY: INDEPENDENT CONTRACTOR LIC #: (IF APPLICABLE):

- -

CITY STATE ZIP TELEPHONE #:

### Continuing Education – Self Attestation

I hereby certify that I have acquired \_\_\_\_\_ continuing education contact/credit hours required as a condition of license renewal and that adequate proof of attainment is available for audit or investigation by the agency.

### Replacement Request

I am requesting a replacement license/certificate or registration in accordance with Oregon Administrative Rule 331-030-0020.  
 I have not received my license/certificate or registration.  My license/certificate or registration was lost, stolen or destroyed.  
\*\*\*You must complete address section of this form in order to receive a replacement license.\*\*\*

Applicant Signature: Date:

### Do Not Fax Credit Card Information

Method of Payment:  Cash  Check  Money Order  Purchase Order

Payment by Credit Card:  Visa  MasterCard  Discover

NAME ON CARD LAST FIRST MIDDLE INITIAL

CREDIT CARD NUMBER: EXPIRATION DATE: AUTHORIZED AMT:  
\$

CARD HOLDER SIGNATURE:

### DO NOT WRITE IN THIS SECTION – OFFICIAL USE ONLY

#: \_\_\_\_\_ Method of Payment:  Visa  MasterCard  Discover  Cash  Check  M.O.  P.O.

INITIALS\_  OTC  VERIFIED ID  APPROVAL CODE/CK#: \_\_\_\_\_