



Oregon

Theodore R. Kulongoski, Governor

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/OMB

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 card and this document to the Oregon Medical Board in the self-addressed envelope.

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 contact the Oregon Medical Board (971-673-2700)

Thank you for your assistance.

Kathleen Haley, JD
Executive Director