State of Oregon

BOARD OF PSYCHOLOGIST EXAMINERS

OBPE Office Address:
3218 Pringle Road SE, Suite 130
Salem, OR 97302-6309
(503) 378-4154 ▪ Oregon.gov/OBPE
REV : 1050 $40.00

BACKGROUND CHECK REQUEST

This form is used to request a background check for the purpose of applying for licensure as a psychologist or psychologist associate. Please type (this form is fillable) or print clearly. The background check fee is non-refundable.

Name: _____

Phone Number: _____

Select one of the following:

☐ I will be completing my fingerprinting via electronic capture (Fieldprint). Send my instructions to:

Email: _____

☐ I will be completing my fingerprinting outside of Oregon, and I am not located near a Fieldprint location. Send my fingerprint card and instructions for standard ink fingerprinting to:

Mailing Address: _____

_____

Please send this form and a check or money order for the background check fee of **$40.00** payable to OBPE:

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