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| Certified Forensic Evaluator Application |
| [ ]  initial Application [ ]  ReCERTIFICATION  | [ ]  LICENSED PSYCHOLOGIST [ ]  PSYCHIATRIST |
| **Contact Information** (To be posted on website for public use)Last name: First name:  |
| Address:  |
| City:  | State: choose state | E-mail:  |
| Business Telephone:  |
| Education |
| College or University | Years Attended | Degree Date |
|   |  From  |  To  |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
|  |  |  |  |
| License number# |   |  |  |
| cURRENT EMPLOYment INFORMATION |
|  |
| Name of Employer:  |
| City:  | State:  | ZIP Code:  |
| Phone:  |  |
| ATTACHED DOCUMENTS |
| [ ] Complete Curriculum Vitae |  [ ] Psychiatry Supplement OR |
| [ ]  $250 non-refundable application fee |  [ ] Psychology Supplement |
| [ ] Redacted evaluations for review  (3 for Initial Certification; 2 for Recertification) | (Supplements required for Initial Certification only) |
| Applicant’s Certification |
| The information above is offered in support of my application for Certification as a Forensic Evaluator. I understand that if my qualifications are satisfactory pursuant to OAR 309-090, I will receive Full or Temporary Certification. |
| Signature |
| Date:  |
| METHOD OF PAYMENT |
| [ ]  Check made out to OSH [ ]  Money Order  |
| OHA Process: | Documents Received [ ]  Yes [ ]  No |
| Date Received:  | Notification Sent:  |



Oregon State Hospital

Legal Affairs Office

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Salem, OR 97301

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Email:Forensic.Certification@odhsoha.oregon.gov