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| --- | --- | --- | --- | --- | --- |
| Notice of conditional Forensic Evaluator Certification | | | | | |
| Please complete and Email, fax, or mail  this notice to the above address | | | | | |
| An evaluator, who has not been certified by the Authority, may be granted conditional certification by a court in a particular criminal or delinquency case for exigent circumstances . . . The evaluator shall provide a copy of the court order granting them conditional certification to the Authority **within 14 calendar days of that order**. Conditional certification is limited to that specific criminal or delinquency matter and ends at the disposition of that particular case and the conditional certification.  OAR 309-090-0010(3) | | | | | |
| EVALUATOR INFORMATION | | | | | |
| Last name: First name: | | | | | |
| Licensed Psychologist  Psychiatrist | | | | | |
| Address: | | | | | |
| City: | State: | | | E-mail: | |
| Business Telephone: | | | | | |
| cOURT INFORMATION | | | | | |
| Appointing Court: | |  | | |  |
| Case: | |  | |  |  |
| Contact name: | |  | |  |  |
| Phone number: | |  | |  |  |
| COMMENTS | | | | | |
|  | | | | | |
| Signature | | | | | |
| Date: | | | | | |
| Date Received: | | |  | | |



Oregon State Hospital

Legal Affairs Department

Attn: Forensic Certification Program

2600 Center Street NE

Salem, OR 97301

Fax: 503-391-2728

Forensic.Certification@odhsoha.oregon.gov