OREGON HEALTH AUTHORITY

CAREGIVER REGISTRY

License Application & Change Form
Health Care Regulation and Quality Improvement

Phone: 971-673-0540 Fax: 971-673-0556

Type of Action

New Registry* ☐ License Renewal* ☐ License # _____ Name/Address Change ☐	Ownership Change* ☐ Effective Date of Change: _____ Other ☐ (Specify) _____
* Fee Payment Required (See back of this form for amount)	

Registry Information

Parent Registry ☐	Branch/Subunit ☐	Registry E-Mail:
Registry Legal Name:		
Registry DBA Name (if applicable):		
Registry Physical Address, City, State & ZIP:		
Phone:	Fax:	County:
Registry Mailing Address (if different from above):		
Fiscal Year Ending Date (MM/DD) :		
Days of Operation:	Hours of Operation:	
Describe geographic service area for this parent registry/branch/subunit :		
Name of Administrator & Phone:		
Administrator Email:		
Emergency Contact Person & Phone:		

Owner Information

*(If partnership or corporation, list each person having 5% or more interest on an additional page)

Corporation ☐	Partnership ☐	Individual ☐
Other (Specify):		
Ownership Type: For Profit ☐ Non Profit ☐		Tax ID#:
Name of Owner(s)*:		
Address, City, State & ZIP of Owner(s):		
Phone:	Fax:	County:

I declare, under penalties of perjury, that I have examined this application and all attachments and that to the best of my knowledge and belief, this information is true, correct and complete. I will notify the Health Care Regulation and Quality Improvement Section, in writing, of any changes in this information within 30-days of any such change.

Administrator's Signature	***Print Name***
Print Title	***Date (mm/dd/year)***

Fee Schedule

New Registry/Subunit	**$1500 for parent/$750 for each Subunit**
Yearly Renewal/Subunit*	**$750 for parent/$750 for each Subunit**
Change of Ownership/Subunit	**$350 for parent/$350 for each Subunit**

***If renewal is desired, the licensee shall make application at least 30 days prior to the expiration date per 33-536-0025.**

Make check payable to Oregon Health Authority and mail to:
Health Care Regulation and Quality Improvement
P.O. Box 14260
Portland, OR 97293-0260

HCRQI Office Use Only

Effective date of initial licensure: _____ Initials: _____ Date: _____

Renewal Licensure/Change: Approved: _____ Denied: _____ Withdrawn: _____

Initials: _____ Date: _____

CASH OFFICE: QC **621** initial/QC **622** renewal **50320 50470**