HEALTH LICENSING OFFICE
1430 Tandem Ave. NE, Suite 180, Salem, OR, 97301
Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@state.or.us

SUPPLEMENTAL APPLICATION FOR AUTHORIZATION TO PRACTICE FOR MILITARY SPOUSE OR DOMESTIC PARTNER

A military spouse or domestic partner applying for an authorization to practice a profession or occupation in a program administered under ORS 676.583 and ORS 676.800, must meet the qualifications for authorization as provided in the applicable statutes and rules of the program for which authorization is sought, but may expedite the authorization process by submitting this supplemental application in addition to the application required by the specific program.

1. Applicant Information

An application for authorization to practice, that is specific to the program for which you seek authorization, must be submitted prior to, or at the time of submitting this supplemental application. please indicate one of the following:

☐ PROGRAM APPLICATION IS ATTACHED ☐ PROGRAM APPLICATION WAS SUBMITTED ON THIS DATE:

PROFESSION FOR WHICH YOU MADE APPLICATION FOR AUTHORIZATION TO PRACTICE:

☐ ADVANCE ESTHETICIAN
☐ ATHLETIC TRAINER
☐ BODY ART PRACTITIONER
☐ BEHAVIOR ANALYST
☐ COSMETOLOGY
☐ DENTURE TECHNOLOGIST
☐ DIETITIAN
☐ DIRECT ENTRY MIDWIFE
☐ ENVIRONMENTAL HEALTH SPECIALIST
☐ HEARING AID DEALER
☐ MUSIC THERAPIST
☐ NURSING HOME ADMINISTRATOR
☐ RESPIRATORY THERAPIST/POLYSOMNOGRAPHIC TECHNOLOGIST
☐ SEX OFFENDER THERAPIST

APPLICANT NAME: LAST	FIRST	MIDDLE INTIAL

MAILING ADDRESS

CITY	STATE	ZIP

PHONE: ☐ HOME ☐ CELL	BUSINESS TELEPHONE	EMAIL

☐ **I have attached** a copy of my marriage certificate or domestic partnership registration with the name of myself and the name of my spouse or domestic partner who is an active member of the Armed Forces of the United States.

☐ **I have attached** a copy of an assignment to a duty station located in Oregon by official active duty military order for my spouse or domestic partner named in the marriage certificate or domestic partnership registration.

2. Attestation

By signing this application, I attest and affirm that I have requested evidence of authorization from the state or territory in which I am authorized to practice; and that I am not subject to discipline in that state or territory for a matter related to services regulated by the HLO or the board under which authorization is sought.

Applicant Signature: **Date:**

Do not write in this section – Official use only

Initials_____ ☐ OTC ☐ Military ID Verified ☐ Program Application Attached - COL: ☐ Submitted ☐ Pending

☐ Copy Of Marriage Certificate/Domestic Partnership Registration Attached - ☐ Duty Station Military Order Attached

Application continued on the next page →

REQUIREMENTS FOR SUPPLEMENTAL APPLICATION FOR AUTHORIZATION FOR MILITARY SPOUSE OR DOMESTIC PARTNER CHECKLIST

To qualify under this rule for authorization to practice a profession or occupation in a program administered under ORS 676.583 and ORS 676.800, a military spouse or domestic partner must:

- ☐ Meet the qualifications for authorization as provided in the applicable statutes and rules of the program for which authorization is sought;
- ☐ Provide documentation of marriage to, or in a domestic partnership with a member of the Armed forces of the United States who is assigned to a duty station located in Oregon by official active duty military order;
- ☐ Provide documentation of holding an active license, certificate or registration in good standing, in another state or territory of the United States, to practice the profession or occupation for which authorization is sought; and
- ☐ Provide documentation of having at least one year of active practice during the in the profession or occupation for which authorization is sought during the three years immediately preceding the application.

Upon submittal of both, a completed Supplemental Military Spouse/Domestic Partner form and a Program Application form prescribed by the HLO, payment of fees required under rules of the program for which you seek authorization, and copies of the following documents, applicants may immediately be granted temporary authorization, valid for three months, pending the HLO's receipt of any remaining documentation required above:

- ☐ Copy of a marriage certificate or domestic partnership registration with the name of applicant and the name of the active duty member of the Armed Forces of the United States;
- ☐ Copy of assignment to a duty station located in Oregon by official active duty military order for the spouse or domestic partner named in the marriage certificate or domestic partnership registration;
- ☐ Affirmation by signature on the completed Supplemental Military Spouse/Domestic Partner application form that the applicant has requested evidence of authorization from the state or territory in which the applicant is authorized; and
- ☐ Affirmation by signature on the completed Supplemental Military Spouse/Domestic Partner application form that the applicant is not subject to discipline in that state or territory for a matter related to services regulated by the HLO or the board under which authorization is sought.

OAR 331-010-0060

Application for Authorization by Military Spouse or Domestic Partner

(1) “Military spouse or domestic partner” means a spouse or domestic partner of an active member of the Armed Forces of the United States who is the subject of a military transfer to Oregon.

(2) To qualify under this rule for authorization to practice a profession or occupation in a program administered under ORS 676.583 and ORS 676.800, a military spouse or domestic partner must:

(a) Meet the qualifications for authorization as provided in the applicable statutes and rules of the program for which authorization is sought;

(b) Be married to, or in a domestic partnership with a member of the Armed forces of the United States who is assigned to a duty station located in Oregon by official active duty military order;

(c) Hold an active license, certificate or registration in good standing, in another state or territory of the United States, to practice the profession or occupation for which authorization is sought;

(d) Have at least one year of active practice during the in the profession or occupation for which authorization is sought during the three years immediately preceding the application; and

(e) Provide documentation of the requirements in this section, in a manner satisfactory to the HLO or applicable board or council.

(3) Upon submittal of a completed application form prescribed by the HLO, payment of fees required under subsection (6) of this rule, and copies of the following documents, applicants under this rule may immediately be granted temporary authorization, valid for three months, pending the HLO’s receipt of any remaining documentation required under subsection (2) of this rule:

(a)Copy of marriage certificate or domestic partnership registration with the name of the applicant and the name of the active duty member of the Armed Forces of the United States;

(b) Copy of assignment to a duty station located in Oregon by official active duty military order for the spouse or domestic partner named in the marriage certificate or domestic partnership registration; and

(c) Affirmation by applicant that:

(i) The applicant has requested evidence of authorization from the state or territory in which the applicant is authorized; and

(ii) The applicant is not subject to discipline in that state or territory for a matter related to services regulated by the HLO or the board under which authorization is sought.

(4) Processing of applications for authorization under this rule must be expedited, with review of such applications made before review of applications submitted by individuals who are not military spouses or domestic partners.

(5) Temporary authorization issued under this rule must become original active authorizations if, before expiration of the applicant’s temporary authorization, the applicant demonstrates to the satisfaction of the HLO that all required qualifications for authorization have been met.

(6) Notwithstanding any other rules administered by the HLO, an applicant for authorization under this rule must submit an application fee for an original authorization listed within the program rules administered under ORS 676.583 and ORS 676.800.