HEALTH LICENSING OFFICE
Respiratory Therapist
Polysomnographic Technologist Licensing Board
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

Polysomnography Temporary-IS License Work Experience History Verification And Certification

Applicant Name (please print):

Pursuant to OAR 331-710-0090, the information on this form must provide documentation of 30 sleep studies as a polysomnographic technologist Temporary-DS licensee.

Complete all parts of this form – Attach additional pages as needed.

Employer / Supervisor #1		
Employer:		
Employer Address:		
City:	State:	Zip:
Dates of Employment: From: TO:	Number Of Hours Worked Weekly:	
Supervisor Verification of Work Experience		
Name of Supervisor:		
Supervisor's License #:	Supervisor Phone Number:	
Email:	Date of Review:	
➲ **Supervisor Signature:**	**Date:**	
➲ **Temporary Licensee Signature:**	**Date:**	

Employer / Supervisor #2 (if applicable)		
Employer:		
Employer Address:		
City:	State:	Zip:
Dates of Employment: From: TO:	Number Of Hours Worked Weekly:	
Supervisor Verification of Work Experience		
Name of Supervisor:		
Supervisor's License #:	Phone Number:	
Email:	Date of Review:	
➲ **Supervisor Signature:**	**Date:**	
➲ **Temporary Licensee Signature:**	**Date:**	

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