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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 |  |
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| 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

2600 Center Street NE

Salem, OR 97301

Fax: 503-391-2728

Email:[Forensic.Certification@odhsoha.oregon.gov](mailto:Forensic.Certification@odhsoha.oregon.gov)