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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