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| --- | --- | --- | --- | --- | --- | --- |
|  | | | Oregon State Hospital Legal Affairs Department  2600 Center Street NE  Salem, OR 97301 | | | |
| Psychiatrist Supplement | | | | | | |
| Accredited psychiatric residency training. | | | | | | |
| Name of residency | | Location | | | Dates From To | |
| PGY I | Click here to enter text | Click here to enter text | | | From | to |
| PGY II | Click here to enter text | Click here to enter text | | | From | to |
| PGY III | Click here to enter text | Click here to enter text | | | From | to |
| PGY IV | Click here to enter text | Click here to enter text | | | From | to |
| Other Post Graduate Training  Please describe. | |  | |  | |  |
| Name of program | | Location | | From | | To |
| Click here to enter text. | | Click here to enter text. | | From | | to |
| Click here to enter text. | | Click here to enter text. | | From | | to |
| Click here to enter text. | | Click here to enter text. | | From | | to |
| Click here to enter text. | | Click here to enter text. | | From | | to |
| Board Certification | | Yes  No | |  | |  |
| Briefly describe services provided at your current place of employment and what attorney requested evaluations you will be expected to do in that setting. | | | | | | |
| Click here to enter text. | | | | | | |
| Briefly describe any previous forensic experience. Have you conducted attorney requested evaluations in Oregon for competency or criminal responsibility? What kind, how many, where and when? | | | | | | |
| Click here to enter text. | | | | | | |
| Signature | | | | Date click here. | | |