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|  | | Oregon State Hospital Legal Affairs Department  2600 Center Street NE Salem, OR 97301 | | |
| Licensed Psychologist Supplement | | | | |
| Please describe your experience as a LCSW and your clinical experience in a forensic setting. | | | | |
| Facility | Address | | Dates  From To | |
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| Please give a brief description of the services provided at your current place of employment and what attorney requested evaluations you are expected to do in that setting.  Please describe any previous forensic experience, especially related to juveniles. Have you conducted attorney requested evaluations in Oregon for competency or criminal responsibility? What kind and approximately how many? When and where? | | | | |
| Signature of Applicant: | | | Date: Click  here to enter a date. | |