HEALTH LICENSING OFFICE
1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov
Web: www.oregon.gov/oha/ph/hlo

Print Form

Accommodation Request Form

The information requested below, and any documentation regarding your disability, will be considered strictly confidential and will not be shared with any outside source without your written permission.

Applicant Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: ☐ FEMALE ☐ MALE ☐ NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS (**REQUIRED**):		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	PERSONAL PHONE:	
EMAIL (**REQUIRED**):	SOCIAL SECURITY # (**REQUIRED**):	

Applicant Accommodation Request

I am applying for accommodations for a state-approved examination administered by the Health Licensing Office.

Examination Type: ☐ Written and/or ☐ Practical

Applicant Accommodation Checklist

Prior to submitting this form, you must ensure the following checklist is completed:

Answer the following question: Do you already have (in your possession) existing documentation from a healthcare professional (i.e., doctor, physician, ophthalmologist, optometrist, psychologist, psychiatrist, etc.) describing your specific accommodation needs? The documentation must indicate what your specific accommodation needs are.

- ☐ Yes, I do, and the documentation does indicate what my specific accommodation needs are. Submit the supporting documentation with this request form.
- ☐ Sign the form below and submit it along with all supporting documentation to the address listed at the top of this form.

- ☐ No, I do not.
- ☐ You must have the appropriate healthcare professional complete the next page of this form and submit any supporting documentation provided by them to support your accommodation request.
- ☐ Sign the form below and submit it with any supporting documentation you received from your healthcare professional.

Have you signed the form below and included all your supporting documentation with this form before sending it in?

☐ Yes

Requests for accommodation must be received prior to the Health Licensing Office (HLO) scheduling a date and time for you to sit for your examination(s). The HLO may contact you if additional information is needed, and this may cause a delay in scheduling.

I certify that the information provided on this accommodation request form is true and accurate, and I have provided the supporting healthcare professional documentation with this request. I understand that if additional information is needed it may cause a delay in scheduling my examination date and time with the Health Licensing Office.

APPLICANT SIGNATURE:	DATE:

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Documentation of Disability Related Needs

This page of the form is only to be completed by a healthcare professional (i.e., doctor, physician, ophthalmologist, optometrist, psychologist, psychiatrist, etc.). Requests for accommodation must be received prior to the Health Licensing Office scheduling a date and time for you to sit for your examination(s).

Healthcare Professional

The applicant and I have discussed the nature of the examination (test) to be administered by the Health Licensing Office in Salem, Oregon. It is my medical opinion that due to this applicant's disability, they may be accommodated with the following (check all that apply):

☐	A reader as accommodation for a visual impairment
☐	A scribe / amanuensis as accommodation for a visual or motor impairment
☐	A reader as accommodation for a learning disability
☐	A scribe / amanuensis as an accommodation for a learning disability
☐	A sign language interpreter
☐	Use of a computer or other adaptive equipment (please specify):
☐	A separate testing area
☐	Extended time
☐	Time and a half
☐	Double time
☐	More than double time (please justify):

Healthcare Professional Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
PROFESSIONAL TITLE:	LICENSE NUMBER:	
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	EMAIL:	
SIGNATURE:	DATE:	

This completed form and any supporting documentation should be returned to the Health Licensing Office (HLO) at the address listed at the top of the form. Keep a copy of this form for your records before submitting all pages to the HLO.