

**AFFIDAVIT OF LICENSURE REQUEST**

**Both options below require the submission of two forms of ID with this request.**

- I am (or was previously) licensed in Oregon; please send verification of my authorization to another state.
- I am moving to Oregon; please verify my authorization from another state.

**Requestors Information**

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
BIRTHDATE:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NONBINARY / OTHER	
RESIDENTIAL PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	PERSONAL PHONE:	
SOCIAL SECURITY #:	EMAIL:	

Have you ever been known under any other legal name?  No  Yes

If yes, list all previous full (legal) names:

**Profession**

<input type="checkbox"/> ART THERAPIST <input type="checkbox"/> ATHLETIC TRAINER <input type="checkbox"/> BEHAVIOR ANALYSIS: <input type="checkbox"/> BEHAVIOR ANALYST <input type="checkbox"/> ASSISTANT ANALYST <input type="checkbox"/> INTERVENTIONIST <input type="checkbox"/> BODY ART PRACTITIONER: <input type="checkbox"/> BODY PIERCER <input type="checkbox"/> ELECTROLOGIST <input type="checkbox"/> TATTOOIST <input type="checkbox"/> CERTIFIED ADVANCED ESTHETICIAN	<input type="checkbox"/> COSMETOLOGY: <input type="checkbox"/> BARBER <input type="checkbox"/> ESTHETICIAN <input type="checkbox"/> HAIRDRESSER <input type="checkbox"/> NAIL TECHNICIAN <input type="checkbox"/> DENTURIST <input type="checkbox"/> DIETITIAN (NO FEE) <input type="checkbox"/> DIRECT ENTRY MIDWIFE <input type="checkbox"/> ENVIROMENTAL HEALTH: <input type="checkbox"/> ENVIRONMENTAL HEALTH SPECIALIST <input type="checkbox"/> WASTEWATER SPECIALIST <input type="checkbox"/> GENETIC COUNSELORS	<input type="checkbox"/> HEARING AID SPECIALIST <input type="checkbox"/> LACTATION CONSULTANT <input type="checkbox"/> MUSIC THERAPIST <input type="checkbox"/> LONG TERM CARE: <input type="checkbox"/> NURSING HOME ADMINISTRATOR <input type="checkbox"/> RESIDENTIAL CARE FACILITY ADMIN <input type="checkbox"/> POLYSOMNOGRAPHIC TECHNOLOGIST <input type="checkbox"/> RESPIRATORY THERAPIST <input type="checkbox"/> SEXUAL OFFENSE THERAPY: <input type="checkbox"/> CLINICAL THERAPIST <input type="checkbox"/> SECONDARY ASSOCIATE THERAPIST <input type="checkbox"/> ASSOCIATE THERAPIST
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**Licenses to be Verified - Oregon or other state(s)**

STATE:	LICENSE #:	ISSUING ENTITY (state, county, health dept.):
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To provide verification of your Oregon authorization to another state, please list the state's mailing information below:

STATE OR AGENCY NAME:	PHONE:
ADDRESS:	
CITY:	STATE:
ZIP:	
<b>SIGNATURE:</b>	DATE:

**Payment Information (complete this section only if submitting payment by mail)**

**Required Fees: \$50 per state requested (no fee for Licensed Dietitians)**

- The HLO will not accept personal or business checks for Affidavit of Licensure requests.
- Credit cardholder must be the applicant or be present at the time application is submitted.
- Do not fax or email credit card information, please send in by way of postal mail.
- **DO NOT MAIL CASH.**

**Please check one:**  
 Cashier's Check     Money Order     Purchase Order     Visa     MasterCard     Discover

NAME ON CARD (LAST):	FIRST:	MIDDLE INITIAL:
CARD NUMBER:	EXP:	AUTHORIZED AMOUNT \$
CARD HOLDER SIGNATURE:		DATE:

**AFFIDAVIT OF LICENSURE – REQUEST REQUIREMENTS**

**Requestor must:**

\_\_\_\_\_ Submit this completed application accompanied by payment of required fees:  
 \*Affidavit fee = **\$50 per state requested** (see payment section above). There is no fee for Licensed Dietitians.  
**DO NOT SEND CASH THROUGH THE MAIL.**

\_\_\_\_\_ Submit **two** forms of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.

**ID requirements are as follows:**

- The two forms of ID must be issued by a government agency.
- Both the ID's must include the applicant's current legal name.
- At least one form of ID provided must be photographic.
- We do not accept student ID cards, Costco cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify.
- If submitting photocopies of your ID by mail, legible (clear) front and back copies must be submitted. Submit the copies on a full-sized piece(s) of copy paper, do not cut the ID images out.

If you do not meet all of the ID requirements above, you run the risk of your request being delayed.

**Pursuant to OAR 331-030-0040 (1) (a-d), applicants requesting an affidavit from Oregon to another state, or verification from another state to Oregon, must submit two forms of acceptable identification (ID). Both IDs must include the applicant's current legal name, and one must be photographic. Please include clear/legible photocopies of the front and back if submitting this form through the mail. Submit on full pages (do not cut the images out). OAR 331-030-0000(6)(8).**