

Affidavit of Licensure Request

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

- ☐ I am currently, 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 (REQUIRED) :				
CITY:		STATE:	ZIP:	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):				
CITY:		STATE:	ZIP:	
BUSINESS PHONE:		PERSONAL PHONE:		
EMAIL (REQUIRED) :		DATE OF REQUEST:		

Have you ever been known under any other legal name? ☐ **No** ☐ **Yes** If yes, list all previous full (legal) names below:

Previous legal name(s):

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"/> TATTOO ARTIST <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 <input type="checkbox"/> SIGN LANGUAGE INTERPRETER
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Licensed to be Verified – Oregon or other state(s)

STATE:	LICENSE #:	ISSUING ENTITY NAME (state, city, county, health department, etc.):

To provide verification of your Oregon authorization to another state, list that state's contact information below:

STATE OR AGENCY NAME:		PHONE:
EMAIL ADDRESS (required) :		
ADDRESS:		
CITY:	STATE:	ZIP:

Affidavit of Licensure Request (continued)

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

Required Fees: \$50 per state requested (there is 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 this application is submitted.
- Do not fax or email credit card information, please send in by way of postal mail.
- The HLO does not accept American Express cards as a form of payment.
- **DO NOT MAIL CASH**

Check one of the following payment options:
(HLO does not accept cash or checks)

☐ Credit Card (see below)

☐ Money Order

☐ Purchase Order

Type of credit card (American Express card is not accepted):

☐ Visa

☐ Mastercard

☐ Discover

Note: The credit card holder must either be the applicant or be present at the time this application is submitted.

Name on credit card:

Card number:

Exp date:

Authorized amount: \$

Cardholder signature:

Form Requirements

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

——— Meet the requirements of Oregon Administrative Rule, [Chapter 331, Division 30](#).

——— Submit this completed application, accompanied by payment of the required fees.

Affidavit fee = **\$50 per state requested** (see payment section above).

There is no fee for Licensed Dietitians.

HLO does not accept personal checks, business checks, or cash.

——— 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, department store or warehouse 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).

Form Requirements (continued)

PLEASE NOTE: The requestor is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Requestor must:

_____	Have you completed the payment information section of this application and enclosed payment or provided credit card information?
_____	<p>Keep a copy of your application and supporting documents before submitting everything to the Health Licensing Office (HLO).</p> <p>You have two options to submit your application (submit your application only once):</p> <ol style="list-style-type: none"> 1. Mail the application to the HLO. Enclose payment or provide credit card information and enclose copies of your identification. The address is listed at the top of this application. 2. Bring the application into the HLO. Bring the completed application, payment for fees, and two forms of your original identification to the HLO. The address is listed at the top of this application.