

For Office Use Only		
Applicant #:	Authorization #:	Staff Initials:

Authorization Holder Information Update

IMPORTANT: For all transactions listed below, you must provide one acceptable form of photographic identification, which includes applicant's current legal name. Front and back of legible (clear) photocopies if submitted by mail. Acceptable photographic identification options can be found in Oregon Administrative Rule, Chapter 331, Division 30.

Name changes also require you to submit approved documentation filed in a court with appropriate jurisdiction (i.e., marriage certificate, legal name change document, divorce decree, etc.). Pursuant to Oregon Administrative Rules, the holder of a facility license must be a natural person (list the natural person who will be the responsible facility license holder below).

<input type="checkbox"/> Name Change	<input type="checkbox"/> Change Of Home Address	<input type="checkbox"/> Change Of Employment
--------------------------------------	---	---

Print the name or facility owner currently listed on the license _____
 (list the current name above and list the new name below)

There is no fee charged for changing your name, address, or employment; however, if you would like to receive a new authorization that reflects the name change, there is a replacement fee (see below). If you are requesting a replacement, you must also return your current authorization(s) to the Health Licensing Office along with this form.

<input type="checkbox"/> Renewal*	<input type="checkbox"/> Late Fee*
-----------------------------------	------------------------------------

*Fees apply – For cosmetology fees, visit <https://www.oregon.gov/oha/PH/HLO/Pages/Board-Cosmetology-Fees.aspx>. For all other professions call (503) 378-8667 to inquire.

Replacement Request (*fees apply)

<input type="checkbox"/> I have not received my license, certificate or registration*	<input type="checkbox"/> My license, certificate or registration was lost, stolen or destroyed*
---	---

***Replacement fees apply** – Cosmetology = \$35 per certification. All other professions = \$25 per license, certificate or registration. Copy of photo identification, which includes applicant's current and legal name is required. Acceptable photographic identification options can be found in Oregon Administrative Rule, Chapter 331, Division 30.

Authorization Holder 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:
PHONE #:	EMAIL (REQUIRED) :	

Requested Authorizations to be Updated

LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? <input type="checkbox"/> YES (fee applies) <input type="checkbox"/> NO
LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? <input type="checkbox"/> YES (fee applies) <input type="checkbox"/> NO
LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? <input type="checkbox"/> YES (fee applies) <input type="checkbox"/> NO

Current Employer Information		
PLEASE INDICATE:	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> NOT CURRENTLY EMPLOYED
NAME OF FACILITY/COMPANY:		
FACILITY LIC # (if licensed by HLO):		
INDEPENDENT CONTRACTOR REGISTRATION # (if applicable):		
ADDRESS OF FACILITY/COMPANY:		
CITY:	STATE:	ZIP:

Continuing Education (CE), Collaborative Agreement or Survey – Self Attestation
<input type="checkbox"/> I hereby attest that I have obtained the required CE contact/credit hours as a condition of my license renewal, and that adequate documentation is available for potential audit or investigation by the Health Licensing Office.
<input type="checkbox"/> I am a Licensed Certified Advanced Esthetician and attest that I have a current and updated collaborative agreement on file pursuant to Oregon Administrative Rule 819-030-0020
<input type="checkbox"/> I am a Licensed Dietitian and attest that I have completed the Oregon Health Policy and Research Survey online at: https://dhsosha.sjc1.qualtrics.com/jfe/form/SV_5jd1CV8hjbrByAJ .
<input type="checkbox"/> I am a Licensed Respiratory Therapist and attest that I have completed the Oregon Health Policy and Research Survey online at: https://dhsosha.sjc1.qualtrics.com/jfe/form/SV_4GRS6eXqkhklzDn .
<input type="checkbox"/> I am a Licensed Polysomnographic Technologist and attest that I have completed the Oregon Health Policy and Research Survey online at: https://dhsosha.sjc1.qualtrics.com/jfe/form/SV_e9i2wuAst3h6UKh .

CPR / First Aid / Bloodborne Pathogens Training – Self Attestation
As a condition of license renewal, I hereby attest that I hold a current certification, and that adequate proof of this certification is available for potential audit or investigation by the Health Licensing Office in:
<input type="checkbox"/> Cardiopulmonary Resuscitation (CPR) Training (Required for: Athletic Trainers, Certified Advanced Estheticians, Direct Entry Midwives, Body Piercers, and Tattoo Artists)
<input type="checkbox"/> First Aid Training and Bloodborne Pathogens (BBP) Training (Required for: Certified Advanced Estheticians, Body Piercers, and Tattoo Artists)
<input type="checkbox"/> Bloodborne Pathogens Training (BBP) (Required for: All Cosmetology Certification Holders (barbers, estheticians, hair design, nail technology, and natural hair care))
<input type="checkbox"/> Neonatal Resuscitation (Required for: Direct Entry Midwives)

Payment Information (if required for renewal, late fee or replacement – see fees at: www.oregon.gov/oha/ph/hlo)
Check one payment option: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (see below) <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order
Type of credit card (American Express card is not accepted): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Note: The credit card holder must either be the applicant or be present at the time form is submitted.
Name on credit card:
Card number: Exp date: Authorized amount: \$
Cardholder signature:
(Do not write in the following section – Office use only)
<input type="checkbox"/> OTC <input type="checkbox"/> Verified ID <input type="checkbox"/> Verified Out-of-state Licensure Type of ID: _____ Appr Code/CK # _____ Staff Initials _____

Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. **Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority?** Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.
☐ **Yes** ☐ **No** If yes, attach an additional page(s) and provide an explanation.
2. **Have you ever been convicted of a misdemeanor or felony?** ☐ **Yes** ☐ **No** If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).

	Year Convicted
3. **As of today, are you on probation or parole?** ☐ **Yes** ☐ **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

Information Update Requirements

Mail this form in with the following:

_____	<p>Submit one form of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The ID must be issued by a government agency. • The ID must include the applicant's current legal name. • The 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 a photocopy of your ID by mail, a legible (clear) front and back copy must be submitted. Submit the copy on a full-sized piece(s) of copy paper, do not cut the ID images out. <p>If you do not meet all of the ID requirements above, you run the risk of your requested changes being delayed.</p>
_____	<p>Name changes - In addition to one form of acceptable photographic identification mentioned above, you must also provide approved documentation filed in a court with appropriate jurisdiction showing name change (i.e., marriage certificate, legal name change document, divorce decree, etc.).</p>
_____	<p>Current Employer Information – Have you completed the current employer information section on this form?</p>
_____	<p>Continuing Education (CE) – Have you filled in the required hours of CE for your profession (if applicable) and signed and dated this section?</p> <p>Collaborative Agreement or Survey – Self Attestation – If you are working in a profession that requires you to have a collaborative agreement on file or requires you to take an online survey, have you completed, signed and dated this section?</p>
_____	<p>CPR / First Aid / Bloodborne Pathogens Training – Self Attestation – If you are working in a profession that requires you to take and maintain CPR / First Aid / Bloodborne Pathogens training, have you completed, signed and dated this section?</p>

Information Update Requirements (continued)

Mail this form in with the following:

_____	<p>Payment Information Section - Payment of fees for renewal or late fees:</p> <p>For cosmetology fees visit https://www.oregon.gov/oha/PH/HLO/Pages/Board-Cosmetology-Fees.aspx.</p> <p>For all other professions call (503) 378-8667 to inquire.</p> <p>➤ Do not send cash through the mail.</p>
_____	<p>Payment Information Section - Payment of fees for replacement license, certificate or registration:</p> <p>Cosmetology = \$35 per certification; all other professions = \$25 per license, certificate or registration.</p> <p>➤ If you still have your current authorization(s), you must return to the HLO along with this form.</p> <p>➤ Do not send cash through the mail.</p>
_____	<p>Individual Records Questions – Have you answered questions 1 through 3 in this section of the form?</p>
_____	<p>Submitting this form – Keep a copy of this form and any supporting documents before submitting everything to the Health Licensing Office (HLO).</p> <p>You have two options to submit your update form (submit your form only once):</p> <ol style="list-style-type: none"> 1. Mail the form. Enclose payment or provide credit card information, enclose copies of your identification, and enclose copies of your required supporting documents to the HLO. The address is listed at the top of this form. 2. Bring the form into the HLO. Bring the completed form, payment for fees, two forms of your original identification, and required supporting documents to the HLO. The address is listed at the top of this form.