

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

Written and Practical Examination Application

Type of Examinations(s) and Required Fees:

Body Piercing <input type="checkbox"/> Practical: \$100	Denture Technology (Universal Testing Service) <input type="checkbox"/> Practical: \$0.00 <input type="checkbox"/> Written: \$0.00 (No fees to the HLO)
Electrology <input type="checkbox"/> Practical: \$100 <input type="checkbox"/> Written: \$50 (NIC)	Hearing Aid Specialist <input type="checkbox"/> Practical: \$175 <input type="checkbox"/> Written: \$50 (Oregon Laws and Rules)

Applicant 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):	SOCIAL SECURITY # (REQUIRED):	

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

➤ 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.
 ➤ **DO NOT MAIL CASH**

Check one of the following payment options:	<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 this application is submitted.

Name on credit card:

Card number:	Exp date:	Authorized amount: \$
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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 _____		
Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> Approval code/CK#: _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> Approval code/CK#: _____	Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> PO AMOUNT: _____ INITIALS: _____ <input type="checkbox"/> Approval code/CK#: _____

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Application 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 .
—	<p>Submit this completed application, accompanied by payment of the required fee(s). See payment information on the first page of this application.</p> <p>DO NOT SEND CASH THROUGH THE MAIL.</p>
—	<p>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.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • 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. <p>If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.</p>
—	<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. 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 application. 2. Bring the application into the HLO. Bring the completed application, 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 application.