Oregon Health Authority
HEALTH LICENSING OFFICE
1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo Email: hlo.info@state.or.us

Print Form

AFFIDAVIT OF LICENSURE REQUEST

☐ I am currently licensed in Oregon; please send verification of my license to another state. **(*Two forms of ID REQUIRED)**
☐ I am moving to Oregon; please verify my license from another state. **(*Two forms of ID REQUIRED)**

SOCIAL SECURITY NUMBER	DATE OF BIRTH

NAME: LAST FIRST MIDDLE INITIAL

RESIDENTIAL PHYSICAL ADDRESS **(Required)**

CITY	STATE	ZIP

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

CITY	STATE	ZIP

PHONE: ☐ HOME ☐ CELL	BUSINESS PHONE	EMAIL

PROFESSION:

- ☐ ATHLETIC TRAINER
- ☐ BEHAVIOR ANALYSIS:
  - ☐ BEHAVIOR ANALYST
  - ☐ ASSISTANT ANALYST
  - ☐ INTERVENTIONIST
- ☐ BODY ART PRACTITIONER:
  - ☐ BODY PIERCER
  - ☐ ELECTROLOGIST
  - ☐ TATTOOIST
- ☐ CERTIFIED ADVANCED ESTHETICIAN
- ☐ COSMETOLOGY:
  - ☐ BARBER
  - ☐ ESTHETICIAN
  - ☐ HAIRDRESSER
  - ☐ NAIL TECHNICIAN
- ☐ DENTURIST
- ☐ DIETITIAN (NO FEE)
- ☐ DIRECT ENTRY MIDWIFE
- ☐ ENVIRONMENTAL HEALTH:
  - ☐ EH SPECIALIST
  - ☐ WW SPECIALIST
- ☐ HEARING AID SPECIALIST
- ☐ LACTATION CONSULTANT
- ☐ MUSIC THERAPIST
- ☐ LONG TERM CARE
  - ☐ NURSING HOME ADMINISTRATOR
  - ☐ RESIDENTIAL CARE FACILITY ADMIN
- ☐ POLYSOMNOGRAPHIC TECHNOLOGIST
- ☐ RESPIRATORY THERAPIST
- ☐ SEX OFFENDER THERAPY:
  - ☐ CLINICAL THERAPIST
  - ☐ SECONDARY ASSOCIATE THERAPIST
  - ☐ ASSOCIATE THERAPIST

List licenses to be verified. (Oregon or other state(s))

ISSUING ENTITY (state, county, city, health dept., etc):_____	ISSUING ENTITY (state, county, city, health dept., etc):_____
STATE:_____ LICENSE# _____	STATE:_____ LICENSE# _____

To provide verification of your Oregon license to another state, please list the state's mailing information below.

STATE OR AGENCY NAME	PHONE

ADDRESS

CITY	STATE	ZIP

SIGNATURE:	Date:

***Pursuant to OAR 331-030-0040(1)(a-d),** applicants requesting an affidavit of licensure from Oregon to another state, or verification from another state to Oregon, must submit two forms of acceptable identification **both of which must include the applicant's current legal name**, at least one photographic; **clear/legible photocopies of front and back if by mail.** (See OAR 331-030-0000(6)(8)).

*******HLO will not accept Personal or Business Checks for Affidavit of Licensure*******

Method of Payment: ☐ Money order ☐ Cashier's check ☐ Purchase order
Payment by Credit card: ☐ Visa ☐ MasterCard ☐ Discover

FEE = $50.00 (per state)
(No Fee for Licensed Dietitians)

NAME ON CARD LAST FIRST MIDDLE INITIAL

CREDIT CARD NUMBER: **(Do Not Fax or Email Credit Card Information)**	EXPIRATION DATE:	AUTHORIZED AMOUNT: $

CARD HOLDER SIGNATURE:	Date: