



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

ALL BOARDS WRITTEN AND PRACTICAL EXAMINATION APPLICATION

Type of Examination(s) and Required Fees:

<input type="checkbox"/> Body Piercing <input type="checkbox"/> Practical: \$100	<input type="checkbox"/> Denture Technology <input type="checkbox"/> Practical <input type="checkbox"/> Written (No fees to the Health Licensing Office)
<input type="checkbox"/> Electrology <input type="checkbox"/> Practical: \$100 <input type="checkbox"/> Written: \$50	<input type="checkbox"/> Hearing Aid Specialist <input type="checkbox"/> Practical: \$175

1. Applicant Information

APPLICANT NAME: LAST			FIRST			MIDDLE INITIAL		
RESIDENTIAL PHYSICAL ADDRESS (REQUIRED)								
CITY						STATE		ZIP
MAILING ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)								
CITY						STATE		ZIP
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL			BUSINESS PHONE			EMAIL		
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male			BIRTHDATE			SOCIAL SECURITY NUMBER (REQUIRED)		

➡ Applicant Signature:	Date
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Do not write in this section – Official use only

INITIALS _____ <input type="checkbox"/> OTC <input type="checkbox"/> ID VERIFIED - ID Type: _____		
Qualified exam: <input type="checkbox"/> Oregon Laws & Rules <input type="checkbox"/> Written <input type="checkbox"/> Practical <input type="checkbox"/> Re-exam		
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# _____

2. * (Complete This Section Only If Submitting Payment By Mail) *****

Method of Payment for Examination Fee = See Fee Amounts Listed on First Page

Please check one: Cash Check Money order Purchase order Credit card (see below)

Type of Credit Card: Visa MasterCard Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number: _____ Exp: _____ Authorized amount: \$ _____

Cardholder signature: _____

3. Application Requirements

Applicant must:

- Submit **two** forms of acceptable identification **both of which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **At least one form of identification provided to the HLO must be photographic**. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule;
- Submit examination fees (listed on first page).