

AUTHORIZATION HOLDER LEGAL NAME CHANGE UPDATE

IMPORTANT: For all legal name change transactions, you must also provide one acceptable form of photographic identification in addition to the required legal name change documentation. See HLO Oregon Administrative Rule (OAR) 331-030-0000(8) and (10), or OAR 824-010-0040(3). Legible (clear) photocopy of front and back if submitted by mail.

1. Authorization Holder Information

PRINT NAME CURRENTLY LISTED ON LICENSE _____ (List new name below)

In addition to one form of acceptable photographic identification for name change on a license, certificate, or registration, you must also provide approved documentation filed in a court with appropriate jurisdiction (see next page for examples of acceptable documentation). All documents presented must be original or certified copies from the issuing agency. HLO has the discretion to reject or require additional evidence to verify your current full legal name.

Requesting replacement authorization(s)? **(A \$25 fee applies for each replacement license on which the name will be changed).** There is no charge applied for changing your name on a license, certificate, or registration. However, if you would like to receive a new authorization that reflects the name change there is a replacement fee of \$25.00 (see method of payment section below). If you are requesting a replacement, you must also return your current authorization to the HLO along with this application.

LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE \$25.00
LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE \$25.00
LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE \$25.00
LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	FEE \$25.00

NEW NAME: LAST _____ FIRST _____ MIDDLE INITIAL _____

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):

CITY: _____ STATE: _____ ZIP: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #(REQUIRED) _____

MAILING ADDRESS (if different from physical address):

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME CELL BUSINESS TELEPHONE: _____ EMAIL: _____

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

Method of Payment for Authorization Replacement = \$25 for each requested replacement

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: _____

(DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY) INITIALS _____ OTC VERIFIED ID APPROVAL CODE/CK#: _____

3. Individual Records Questions: Please accurately answer all of the questions below. The Office 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.

● Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? 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, please explain (**attach additional pages if necessary**):

<p>● Have you ever been convicted of a misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all convictions, including the charges as stated in the court documents and year convicted (attach additional pages if necessary).</p>	Year Convicted

● 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.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:

ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the federal Health Care Integrity and Protection Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the Health Care Integrity and Protection Data Bank. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Applicant Signature:

Date:

4. Required Documentation

Your full legal name is your first name, middle name(s), and last or surname, without use of initials or nicknames.

Acceptable documents to prove your current full legal name include:

- An official government issued marriage certificate/license (signed by a government official and including a filed date, stamp, seal or other notation showing that the document has been filed with a government agency);
- A certificate of Registered Domestic Partnership issued by a city, county or state Vital Statistics agency;
- A U.S. city, county or state court-issued divorce decree, judgment of dissolution of marriage, annulment of marriage decree, judgment of dissolution of domestic partnership, or annulment of domestic partnership;
- A government-issued death certificate of spouse, that includes a connection to your current full legal name (signed by a government official and including a stamp to show that the document has been filed);
- A U.S. city, county or state court-issued adoption decree;
- A U.S. city, county or state court-issued legal name change decree;
- A U.S. city, county or state court-issued custody decree or guardianship decree; or
- USCIS Certificate of Naturalization showing new name; **and**
- You must also provide one acceptable form of photographic identification in addition to the required legal name change documentation. See Oregon Administrative Rule 331-030-0000(8) and (10), or 824-010-0040(3).