



Verification of Health Related Employment AC Licensure

Revised 2/2024

INSTRUCTIONS TO APPLICANT: Complete UPPER portion of form and send directly to the employer. Employer is to complete LOWER portion of the form, complete second page, and return **DIRECTLY** to the Oregon Medical Board.

Last Name _____ First Name _____ Middle Name _____

Other Names you have been known by _____ DOB (mm/dd/yy) _____ Last 4 SSN _____

Employer Name _____ Employer Address _____

Supervisor's Name and Title _____ Dates of Association: From (mm/dd/yy) _____ To (mm/dd/yy) _____

I authorize the release of all pertinent information, favorable or otherwise, to the Oregon Medical Board. By signing this document, I release the employer and its representatives of liability for providing information to the Board.

Signature _____ Date _____

INSTRUCTIONS TO EMPLOYER: Please complete this form, sign, and return it to the Board, at the address below, in an envelope with your return address printed on it. **Faxed responses will NOT be accepted.**

Employee's Job Title _____ From (mm/dd/yy) _____ To (mm/dd/yy) _____

Is the employee eligible for rehire? YES No

Signature _____

Print Name _____ Date _____

Title _____

Facility Name _____

Mailing Street _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

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Verification of Practice, Employment, Staff Membership AC Licensure

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Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's employment. Please check the appropriate response. **If you answer "Yes," to questions 1 – 4 or if the applicant is not eligible for rehire, please provide an explanation and attach copies of any documentation.**

I understand I am not required to provide the following information, and I ask that the following responses be kept confidential. If requested here, the Board will grant confidentiality for the below information.

1. Were any limitations imposed on the privileges approved for the applicant? YES NO

2. Was the applicant ever revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined? YES NO

3. Was the applicant requested to voluntarily resign? YES NO

4. Were there any concerns regarding the applicant's judgment, medical knowledge, performance or emotional stability? YES NO

5. If the employee is not eligible for rehire, please provide an explanation: