



# Verification of Health Related Employment PA/AC Licensure

Revised 07/2021

**INSTRUCTIONS TO APPLICANT:** Complete UPPER portion of form and send directly to the employer. Employer is to complete LOWER portion of the form 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 \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address of Employer \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Your Job Title \_\_\_\_\_ Employed From \_\_\_\_\_ Employed To \_\_\_\_\_

**I authorize the release of any information, favorable or otherwise regarding myself 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.**

Dates of Employment: FROM (mm/dd/yy) \_\_\_\_\_ TO (mm/dd/yy) \_\_\_\_\_ Employee's Job Title \_\_\_\_\_

**Unusual Circumstances:** The following apply to unusual circumstances that occurred during any part of the applicant's employment. Please check the appropriate response. **If you answer "No" to question 1 or "Yes" to questions 2 through 5, please provide an explanation on page 2 of this form 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. Is the employee eligible for rehire?  YES  NO
2. Was the employee ever requested to voluntarily resign from employment of subject to disciplinary action of any kind or ever had medical employment or hospital privileges denied, reduced, restricted, suspended, or terminated?  YES  NO
3. Were there any concerns regarding the employee's performance, medical knowledge, judgment, or work ethic?  YES  NO
4. Were there any concerns regarding abuse of alcohol, narcotics, barbiturates, amphetamines, and/or other drugs?  YES  NO
5. Were there any concerns regarding the employee's moral and ethical character?  YES  NO

