



Verification of Education PA/AC Licensure

Revised 07/2021

INSTRUCTIONS TO APPLICANT: Complete UPPER portion of form and send directly to the Dean of the educational institution. School 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 _____

I authorize the release of any information, favorable or otherwise regarding myself to the Oregon Medical Board. By signing this document, I release the program and its representatives of liability for providing information to the Board.

Signature _____ Date _____

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

Dates of Attendance: FROM (mm/dd/yy) _____ TO (mm/dd/yy) _____ DIPLOMA ISSUE DATE (mm/dd/yy) _____

Unusual Circumstances: The following apply to unusual circumstances that occurred during any part of the applicant's education. Please check the appropriate response. **If you answer "Yes" to any of these questions, 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. Was the student ever restricted, suspended, terminated, requested to voluntarily resign, placed on probation, received a warning, or been subject to any remedial or disciplinary action? YES NO
2. Were there any concerns regarding the student's judgment, knowledge base, and/or emotional stability? YES NO
3. Were there any concerns regarding abuse of alcohol, narcotics, barbiturates, amphetamines, and/or other drugs? YES NO
4. Were there any concerns regarding the student's moral and ethical character? YES NO

Signature of Official _____

Affix School Seal Here

Print Name _____ Date: _____

Title _____

School Name _____

Mailing Street _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

