



In re: _____
Name of Out-of-State Attorney

Certificate of Compliance For *Pro Hac Vice* Admission

I, _____ (print name), am an attorney in the State of _____
and I intend to seek *pro hac vice* admission in accordance with ORS 9.241 and UTCR 3.170 in the
following Oregon action or proceeding:

Case Name: _____

Administrative Body: Oregon Medical Board Case No.: _____

I certify that (check all that apply):

- I am an attorney in good standing in the State of _____, as evidenced by the attached good standing certificate issued by the licensing authority in that state.
 - I am not subject to any pending disciplinary proceedings in any jurisdiction; **or**
 - I am subject to pending disciplinary proceedings in another jurisdiction, the nature and status of which are described in an attachment to this certificate.
- I intend to associate in the above-referenced action or proceeding with _____, OSB No. _____, an active member in good standing of the Oregon State Bar, who will participate meaningfully in the matter.
- I will comply with applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with disciplinary rules of the Oregon State Bar; and submit to the jurisdiction of the Oregon courts and Oregon State Bar with respect to acts and omissions occurring during my *pro hac vice* admission.
- My private law practice activities in Oregon are covered by professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan, as evidenced by the attached certificate of insurance coverage.
- I agree, as a continuing obligation of *pro hac vice* admission, to notify the Oregon Medical Board promptly of any changes in my insurance coverage, or my admission or disciplinary status in any other jurisdiction.
- The local attorney will provide to the Oregon State Bar a copy of the order admitting me *pro hac vice* in the above-referenced matter when such an order is granted. In the event *pro hac vice* admission is revoked for any reason, I will promptly notify the Oregon State Bar.

Dated this _____ day of _____, 20 ____.

X _____ Bar No.: _____
(Applicant Signature) (Home Jurisdiction)

Mailing Address: _____ Phone: _____

FAX: _____

Email: _____

Submit Application and Materials to: Oregon Medical Board, Attn: Executive Director, 1500 SW 1st Ave., Suite 620, Portland, OR 97201-5847