OREGON BOARD OF PSYCHOLOGY
3218 Pringle Road, Ste. 130 | Salem, OR 97302
(503) 378-4154
Psychology.Board@MHRA.oregon.gov
Oregon.gov/Psychology

Verification of Health Care License / Registration

Instructions for Applicant: Please complete the upper portion of this form and send it to the agency that issued your license or registration. That agency should complete and return the form directly to our physical or email address listed above. Licensing agencies may charge a fee to verify a license. Please check in advance to help expedite this process.

Name: _____

Other Names Used: _____

Address: _____

City: _____ State: _____ Zip: _____

License Type: _____ License #: _____ Date Issued: _____

Instructions for the Agency Providing Verification: Please complete the lower section of this form regarding the applicant listed above. Official self-generated verification forms with the same information as below will also be accepted. Please submit the completed form and any other requested materials directly to this office at the physical or email address above. Forms submitted by the applicant will be rejected. Thank you.

Name of Licensee: _____

License Type: _____ Status: _____

License #: _____ Date Issued: _____ Expiration Date: _____

EPPP Score (Psychology Only): _____ Exam Date: _____ *We understand that some agencies cannot release exam scores.*

Has this license ever been: (*Please provide an explanation or documentation for any "Yes" answer.)*

Yes	No	
◯	◯	Denied
◯	◯	Suspended or Placed on Probation
◯	◯	Revoked or Surrendered
◯	◯	Disciplined
◯	◯	Reinstated

Agency Seal

Is this Licensee in good standing? ◯ Yes ◯ No

Jurisdiction Official's Signature: _____ Date: _____

Jurisdiction Official Name & Title: _____

Name of Agency: _____ Phone: _____