



**CUSTODIAN OF RECORD – DESIGNATION FORM**

(Documentation of compliance with OAR 877-030-0100)

Name: \_\_\_\_\_ License/Certificate #: \_\_\_\_\_

1) I currently have a private practice or have had a private practice within the last seven (7) years.

Yes (If yes then you must complete question 2.)

No (If no then please sign and return to the Board office.)

2) I have a private practice or have had a private practice in the last seven (7) years and I have named a qualified person or records management company to intercede for my clients welfare, and to make necessary referrals in case of my death or incapacity to provide services to these clients. The name of the Licensed Clinical Social Worker, Other licensed mental health professional or a Professional Records Management Company as my custodian of record in case of my death or incapacity to practice is:

\_\_\_\_\_  
Name of Designated Custodian, License # and credential or Record Management Company

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Custodian of Record (Required if appropriate)

\_\_\_\_\_  
Date

Further I understand that I must promptly inform the Board of any change to this custodian of record. I swear/affirm that the information provided above is accurate.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date (required)

Please return the completed and signed form to the Board office. If you need to change your designation for the Custodian of Record the form can be downloaded from the Board's website at [oregon.gov/blsw](http://oregon.gov/blsw). You may send the form by mail, facsimile, or as an attachment to an email message.

Mail to: Board of Licensed Social Workers  
3218 Pringle Road SE, Suite 240  
Salem, OR 97302-6310

Fax: 503-373-1427  
Email: [oregon.blsw@state.or.us](mailto:oregon.blsw@state.or.us)