



Equity & Inclusion Division  
 421 SW Oak, Suite 750  
 Portland, OR 97204  
<http://www.oregon.gov/OHA/oei/>

**Reciprocity Form**

**To Applicant:**

Please complete this side of the form and send it to the state (s) and or jurisdiction (s) where you are or have been certified or registered. Instruct them to return the form by email directly to this email address. [THW.program@dhsaha.state.or.us](mailto:THW.program@dhsaha.state.or.us)

**Out of State Certification Verification:**

<b>Name: Last</b>	<b>First</b>	<b>Middle</b>
<b>Mailing Address:</b>		
<b>City</b>	<b>OR</b>	<b>Zip Code</b>
<b>Certification Number:</b>	<b>Issue Date:</b>	<b>Expiration date:</b>

**Have the licensing /Certification Agency return this completed form to the email address listed above.**

**(To be completed by the Regulatory Agency)**

Please complete this form regarding the applicant listed above. Submit the completed form and any other requested material directly to this office at the address. We will not accept the form if submitted by the applicant. Thank you.

Name of Certification Holder:		
Authority Providing Verification: (State, Name and Title):		
Applicant was certified by meeting: <input type="checkbox"/> Oregon Training Standard:	Date:	
<input type="checkbox"/> Oregon Health Authority Certification:	Date:	
Is the Certification current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
Is the applicant considered to be in good standing in your state: <input type="checkbox"/> Yes <input type="checkbox"/> No If "no" please attach explanation:		
Has the applicant ever been Denied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surrendered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reinstated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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If "yes" please provide a copy of the final order or other documentation of action taken
If this Certification holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Prepared by:</b> _____
<b>Title:</b> _____
<b>Date:</b> _____