

Traditional Health Worker Reciprocity Form

Instructions

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 to thw.program@odhsoha.oregon.gov.

Have the licensing/certification agency return this completed form to the email address listed above.

To be completed by applicant:

Out of state certification verification:

First name: _____ Middle name: _____

Last name: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Certification number: _____

Issue date: _____ Expiration date: _____

Certification name/type: _____

To be completed by the regulatory agency

Applicant certification verification:

Please complete this form regarding the applicant. Submit the completed form and any other requested material directly to this office. 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:

Oregon Training Standard Date: _____

Applicable training standard/curriculum type:

Oregon Health Authority Certification Date: _____

Applicable certificate type(s):

Is the applicant’s certification current? Yes No Exp. Date: _____

Is the applicant considered to be in good standing in your state? Yes No

If “no” please list why:

Has the applicant ever been:	Denied?	Yes	No
	Suspended?	Yes	No
	Revoked?	Yes	No
	Surrendered?	Yes	No
	Reinstated?	Yes	No

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? Yes No

Prepared by: _____

Title: _____ Date: _____

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Equity and Inclusion Division at languageaccess.info@odhsoha.oregon.gov or 1-844-882-7889. We accept all relay calls.

Equity and Inclusion Division
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<http://www.oregon.gov/OHA/oei/>



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