

Oregon State Hospital Legal Affairs Office 2600 Center Street NE Salem, OR 97301 Fax: 503-391-2728

Forensic.Certification@odhsoha.oregon.gov

## NOTICE OF CONDITIONAL FORENSIC EVALUATOR CERTIFICATION

PLEASE COMPLETE AND EMAIL, FAX, OR MAIL THIS NOTICE TO THE ABOVE ADDRESS

An evaluator, who has not been certified by the Authority, may be granted conditional certification by a court in a particular criminal or delinquency case for exigent circumstances . . .. The evaluator shall provide a copy of the court order granting them conditional certification to the Authority within 14 calendar days of that order. Conditional certification is limited to that specific criminal or delinquency matter and ends at the disposition of that particular case and the conditional certification. OAR 309-090-0010(3)

EVALUATOR INFORMATION		
Last name:	First name:	
Licensed Psychologist □	Psychiatrist □	
Address:		
City:	State:	E-mail:
Business Telephone:		
COURT INFORMATION		
Appointing Court:		
Case:		
Contact name:		
Phone number:		
COMMENTS		
SIGNATURE		
		Date: