

# EMS & TRAUMA SYSTEMS

Portland State Office Building | 800 NE Oregon Street, Suite 465 | Portland, OR 97232-2162



## Endorsement Form / Authorization to Release Information

I hereby authorize \_\_\_\_\_ EMS Agency to furnish information to Oregon.

Name: \_\_\_\_\_  
(First) (M.I.) (Last)

Other Names Used: \_\_\_\_\_  
(Home/ Cell Phone) (E-mail address)

\_\_\_\_\_  
(License Number) (Level) (Social Security Number) (Date of Birth)

\_\_\_\_\_  
(Signature) (Date)

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### THIS SECTION TO BE COMPLETED BY STATE (NOT OREGON) EMS AGENCY ONLY

Please supply the following information, and return in a sealed envelope, *marked with a state seal across the flap to the address listed below.*

1. Applicant received certification/license by: Exam \_\_\_\_\_ Reciprocity \_\_\_\_\_  
If reciprocity, from what state \_\_\_\_\_
2. Certification/license is: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Expiration Date \_\_\_\_\_
3. Has this person within the past 10 years been disciplined by your agency. (If yes please provide supplemental information)  
Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby certify that the above is true and correct as recorded in the files of this office.

\_\_\_\_\_  
(Signature) (Date) Name (print)

\_\_\_\_\_  
(Phone) (Title)

Return this document in a sealed envelope to: \_\_\_\_\_ (State Seal)  
OHA-EMS/Reciprocity, PO Box 14450, Portland, OR 97293-0450