

EMS & TRAUMA SYSTEMS

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



Endorsement Form / Authorization to Release Information

*****APPLICANT: Complete the top portion of this form and forward it to all current and previous state EMS licensing authorities where you held an EMS provider license. Type or print legibly.*****

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)

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

Please supply the following information and return to the Oregon EMS office. The address listed at the bottom of this form.

1. Applicant received certification/license by: Exam _____ Reciprocity _____
If reciprocity, from what state(s) _____
2. Certification/license is: Active _____ Inactive _____ Expiration Date _____
3. Has this person within the past 10 years been investigated, disciplined or had their license suspended or revoked by your agency? If yes, then 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:
OHA-EMS/Reciprocity, PO Box 14450, Portland, OR 97293-0450