Oregon Health Authority

HEALTH LICENSING OFFICE

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov
Web: www.oregon.gov/oha/ph/hlo

Print Form

For Office Use Only		
Applicant #:	Authorization #:	Staff Initials:

Authorization Holder Information Update

IMPORTANT: For all transactions listed below, you must provide one acceptable form of photographic identification, which includes applicant's current legal name. Front and back of legible (clear) photocopies if submitted by mail. Acceptable photographic identification options can be found in Oregon Administrative Rule, Chapter 331, Division 30.

Name changes also require you to submit approved documentation filed in a court with appropriate jurisdiction (i.e., marriage certificate, legal name change document, divorce decree, etc.). Pursuant to Oregon Administrative Rules, the holder of a facility license must be a natural person (list the natural person who will be the responsible facility license holder below).

☐ **Name Change** ☐ **Change Of Home Address** ☐ **Change Of Employment**

Print the name or facility owner currently listed on the license _____
(list the current name above and list the new name below)

There is no fee charged for changing your name, address, or employment; however, if you would like to receive a new authorization that reflects the name change, there is a replacement fee (see below). If you are requesting a replacement, you must also return your current authorization(s) to the Health Licensing Office along with this form.

☐ **Renewal (*fees apply)** ☐ **Late Fee (*fees apply)**

***Fees apply** – For cosmetology fees, visit https://www.oregon.gov/oha/PH/HLO/Pages/Board-Cosmetology-Fees.aspx. For all other professions call (503) 378-8667 to inquire.

☐ **Replacement Request (*fees apply)** ☐ **Duplicate Request (not available to Cosmetologists)**

☐ I have not received my license, certificate or registration* ☐ My license, certificate or registration was lost, stolen or destroyed*

***Replacement fees apply –** Cosmetology = $35 per certification. All other professions = $25 per license, certificate or registration. Copy of photo identification, which includes applicant's current and legal name is required. Acceptable photographic identification options can be found in Oregon Administrative Rule, Chapter 331, Division 30.

Authorization Holder Information

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
BIRTHDATE:	**GENDER:**	☐ FEMALE	☐ MALE	☐ NONBINARY / OTHER
RESIDENTIAL PHYSICAL ADDRESS (**REQUIRED**):				
CITY:		STATE:		ZIP:
MAILING ADDRESS or FACILITY MAILING ADDRESS:				
CITY:		STATE:		ZIP:
PHONE #:		EMAIL (**REQUIRED**): (No Hotmail or Yahoo email addresses allowed)		

Requested Authorizations to be Updated

LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? ☐ YES (fee applies) ☐ NO
LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? ☐ YES (fee applies) ☐ NO
LICENSE / CERTIFICATION / REGISTRATION #:	EXPIRATION DATE (MM/DD/YYYY):	REQUEST REPLACEMENT? ☐ YES (fee applies) ☐ NO

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Current Employer Information

PLEASE INDICATE:	☐ EMPLOYEE	☐ INDEPENDENT CONTRACTOR	☐ NOT CURRENTLY EMPLOYED
NAME OF FACILITY/COMPANY:			
FACILITY LICENSE NUMBER (if licensed by HLO):			
INDEPENDENT CONTRACTOR REGISTRATION NUMBER (if applicable):			
ADDRESS OF FACILITY/COMPANY:			
CITY:	STATE:	ZIP:	

Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.
   ☐ **Yes** ☐ **No** If yes, attach an additional page(s) and provide an explanation.

2. Have you ever been convicted of a misdemeanor or felony? ☐ **Yes** ☐ **No** If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).

	Year Convicted

3. As of today, are you on probation or parole? ☐ **Yes** ☐ **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

CPR / First Aid / Bloodborne Pathogens Training – Self Attestation (if applicable)

As a condition of license renewal, I hereby attest that I hold a current certification, and that adequate proof of this certification is available for potential audit or investigation by the Health Licensing Office in:

☐ Cardiopulmonary Resuscitation (CPR) Training
(Required for: Athletic Trainers, Certified Advanced Estheticians, Direct Entry Midwives, Body Piercers, and Tattoo Artists)

☐ First Aid Training
(Required for: Certified Advanced Estheticians, Body Piercers, and Tattoo Artists)

☐ Bloodborne Pathogens Training (BBP)
(Required for: All Cosmetology Certification Holders, Certified Advanced Estheticians, Body Piercers, and Tattoo Artists)

☐ Neonatal Resuscitation
(Required for: Direct Entry Midwives)

Continuing Education (CE) – Self Attestation (if applicable)

☐ I hereby attest that I have obtained the required CE contact/credit hours as a condition of my license renewal, and that adequate documentation is available for potential audit or investigation by the Health Licensing Office.

Collaborative Agreement – Self Attestation (for Certified Advanced Estheticians only)

☐ I am a Licensed Certified Advanced Esthetician and attest that I have a current and updated collaborative agreement on file pursuant to Oregon Administrative Rule 819-030-0020.

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Online Survey – Self Attestation (if applicable)

☐ I am a Licensed Dietitian and attest that I have completed the Oregon Health Policy and Research Survey online at: https://dhsoha.sjc1.qualtrics.com/jfe/form/SV_5jd1CV8hjbrByAJ.

☐ I am a Licensed Respiratory Therapist and attest that I have completed the Oregon Health Policy and Research Survey online at: https://dhsoha.sjc1.qualtrics.com/jfe/form/SV_4GRS6eXqkhkIzDn.

☐ I am a Licensed Polysomnographic Technologist and attest that I have completed the Oregon Health Policy and Research Survey online at: https://dhsoha.sjc1.qualtrics.com/jfe/form/SV_e9i2wuAst3h6UKh.

Payment Information (if required for renewal, late fee or replacement – see fees at: www.oregon.gov/oha/ph/hlo)

Check one payment option:	☐ Check	☐ Credit Card (see below)	☐ Money Order	☐ Purchase Order
Type of credit card (American Express card is not accepted):		☐ Visa	☐ Mastercard	☐ Discover

Note: The credit card holder must either be the applicant or be present at the time form is submitted.

Name on credit card:		
Card number:	Exp date:	Authorized amount: $
Cardholder signature:		

Certification of Information Provided

I have examined this form and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:	Date:

Information Update Requirements

Mail this form in with the following:

_____	Submit **one** form of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule. **ID requirements are as follows:** • The ID must be issued by a government agency. • The ID must include the applicant's current legal name. • The ID provided must be photographic. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting a photocopy of your ID by mail, a legible (clear) front and back copy must be submitted. Submit the copy on a full-sized piece(s) of copy paper, do not cut the ID images out. If you do not meet all of the ID requirements above, you run the risk of your requested changes being delayed.
_____	**Name changes –** In addition to one form of acceptable photographic identification mentioned above, you must also provide approved court-filed documentation showing the name change (i.e., marriage certificate, legal name change document, divorce decree, etc.).
_____	**Current Employer Information** – Have you completed the Current Employer Information section on page 2 of this form?

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Information Update Requirements (continued)

Mail this form in with the following:

_____	**Individual Records Questions** – Have you answered questions 1 through 3 on page 2 of this form?
_____	**CPR / First Aid / Bloodborne Pathogens Training – Self Attestation** – If your profession requires CPR / First Aid / Bloodborne Pathogens training, have you checked the applicable box(es) on page 2 of this form?
_____	**Continuing Education (CE) Section – Self Attestation** – If CE is required for your license renewal, have you attested to completion of your required CE hours by checking the box on page 2 of this form?
_____	**Collaborative Agreement – Self Attestation** – If you are a Certified Advanced Esthetician, you are required to maintain a collaborative agreement pursuant to Oregon Administrative Rule 819-030-0020. Have you obtained and maintained the required collaborative agreement and checked the applicable box on page 2 of this form?
_____	**Online Survey – Self Attestation** – If your profession requires completion of an online survey, have you completed the survey and checked the applicable box on page 3 of this form?
_____	**Payment Information Section** - Payment of fees for renewal or late fees: For cosmetology fees visit https://www.oregon.gov/oha/PH/HLO/Pages/Board-Cosmetology-Fees.aspx. For all other professions call (503) 378-8667 to inquire. ➢ Do not send cash through the mail.
_____	**Payment Information Section** - Payment of fees for replacement license, certificate or registration: Cosmetology = $35 per certification; all other professions = $25 per license, certificate or registration. ➢ If you still have your current authorization(s), you must return to the HLO along with this form. ➢ Do not send cash through the mail.
_____	**Signature Certification** – Have you signed the Certification of Information Provided section on page 3 of this form? Unsigned forms will be returned and may delay processing of your renewal or requested change.
_____	**Submitting this form** – Keep a copy of this form and any supporting documents before submitting everything to the Health Licensing Office (HLO). You have two options to submit your update form (**submit your form only once**): 1. Mail the form. Enclose payment or provide credit card information, enclose copies of your identification, and enclose copies of your required supporting documents to the HLO. The address is listed at the top of this form. 2. Bring the form into the HLO. Bring the completed form, payment for fees, two forms of your original identification, and required supporting documents to the HLO. The address is listed at the top of this form.