

Oregon Health Licensing Agency



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 Salem, Oregon 97301-1287
 (503)378-8667
 TTY: (503) 373-2114
 Fax: (503) 370-9004
 Web Site: <http://www.oregon.gov/OHLA>
 E-Mail: ohla.info@state.or.us

* Application Fee	(1269)	\$ 100
License Fee	(1430)	\$1500
TOTAL FEES:		\$1600
*Application fee is non-refundable. Submit fees and application together.		
AMOUNT REC'D	_____	INT _____
CSH/V/MC/CK/MO:	_____	
π OTC	_____	
License #:	_____	

Board of Direct Entry Midwifery

FEE \$1600

DIRECT ENTRY MIDWIFERY LICENSE APPLICATION

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK. If you have questions, please call the Health Licensing Agency. Incomplete applications will be returned. Use N/A to indicate information that is not applicable.

Name	First	Middle	Last
Date of Birth (month/day/year)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Social Security #
Residence Address			
City	State	Zip Code	
Mailing Address, if different from above.			
City	State	Zip Code	
Home Telephone ()	Business Telephone ()		
Place of Employment	Address:		

DISCIPLINARY ACTION QUESTION

Yes No Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a certificate, license, permit or registration imposed by any licensing or regulatory authority in this or any other state? (Disciplinary action includes, but is not limited to probation; civil penalties; limiting, in any way, of a license, certificate, registration or permit.)

If you answered yes to the question above you must enclose a complete explanation of the circumstances and provide any additional documentation that will clarify the matter. *(Please provide this on a separate sheet of paper)*

As part of your application for an initial or renewed occupational, professional or recreational license, certification, or registration issued by the Health Licensing Agency, you are required to provide your Social Security Number to the Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security Number will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by the Health Licensing Agency, your Social Security Number will remain on file with the Health Licensing Agency.

BY SIGNING THIS APPLICATION YOU ARE AFFIRMING THAT YOU HAVE RECEIVED AND READ A COPY OF:

- The Board of Direct Entry Midwifery Oregon Administrative Rules and Oregon Revised Statutes.

I have examined this application and attached documents, and certify that they are true, correct and complete. I understand that knowingly making a false statement in this application will be cause for denial, suspension, or revocation of this registration. I have enclosed the required fees and documentation. I understand my application may be subject to a criminal background check. I authorize the use of my Social Security number for that purpose. If registered to practice in Oregon, I will comply with the laws and rules adopted by the Agency.

Signature of Applicant

Date