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## CERTIFIED FORENSIC EVALUATOR APPLICATION

INITIAL APPLICATION     RECERTIFICATION   
  LICENSED PSYCHOLOGIST     PSYCHIATRIST

**Contact Information** (To be posted on website for public use)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: choose state E-mail: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**EDUCATION**

College or University	Years Attended		Degree Date
	From	To	

License number# \_\_\_\_\_

**CURRENT EMPLOYMENT INFORMATION**

Name of Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**ATTACHED DOCUMENTS**

Complete Curriculum Vitae     Psychiatry Supplement OR  
 \$250 non-refundable application fee     Psychology Supplement  
 Redacted evaluations for review (3 for Initial Certification; 2 for Recertification)    (Supplements required for Initial Certification only)

**APPLICANT'S CERTIFICATION**

The information above is offered in support of my application for Certification as a Forensic Evaluator. I understand that if my qualifications are satisfactory pursuant to OAR 309-090, I will receive Full or Temporary Certification.

**SIGNATURE**

Date: \_\_\_\_\_

**METHOD OF PAYMENT**

Check made out to OSH     Money Order

OHA Process: \_\_\_\_\_ Documents Received  Yes  No

Date Received: \_\_\_\_\_ Notification Sent: \_\_\_\_\_