



Renewal Pro Hac Vice Admission Certificate of Compliance

Revised 01/2024

Regarding: _____
(Name of Out-of-State Attorney)

I, _____ (print name), am an attorney in the State of _____ and I intend to seek renewal of my *pro hac vice* admission in accordance with ORS 9.241 and UTCR 3.170 in the following Oregon action or proceeding:

Case Name: _____

Administrative Body: Oregon Medical Board Case Number (s): _____

I certify that all information I provided to the Oregon Medical Board in my initial Certificate of Compliance for Pro Hac Vice Admission, signed by me on _____, 20____, remains true and correct, and that I continue to be bound by all terms and conditions of *pro hac vice* admission as specified in ORS 9.241 and UTCR 3.170.

I certify that I continue to associate in the above-referenced action or proceeding with Oregon attorney, _____, OSB No. _____, an active member in good standing of the Oregon State Bar, who continues to participate meaningfully in the matter.

I acknowledge that this renewal is for a period of twelve months from the date of the Acknowledgment of Receipt issued below, and that I will be required submit an additional renewal in order for me to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Signed _____ Dated this _____ day of _____ 20____
(Applicant Signature)

Home Jurisdiction _____ Bar # _____
Mailing Street _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____

Submit Application and Materials to: complaintresource@omb.oregon.gov, attention: Investigations Coordinator

Acknowledgment of Receipt

As Executive Director of the Oregon Medical Board, I acknowledge receipt from the above-named out-of-state attorney of the Certificate of Compliance for Pro Hac Vice Admission for *pro hac vice* appearance in the above-referenced Oregon action or proceeding. For a period of twelve months from the date of this acknowledgment.

Signed _____ Dated this _____ day of _____ 20____
(OMB Executive Director)

Printed _____