

# RENEWAL FORM

## Oregon Volunteer EMS Provider 2011-2014 Tax Credit Certification

This form is electronic. If possible, please fill out as much on the computer as one can before printing and signing.

### EMS Provider

Name: \_\_\_\_\_

(First, M.I., Last - please print legibly.)

Signature: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Please print legibly--this is how we send confirmations.)

Last four numbers of S.S.: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

New mailing address as of 2014:

Street Address

City

State

ZIP

### Status

My Primary Station/Agency location (city) **has not changed** during 2014.

My Total Volunteer Hours **have changed**:  
Paid Hours: \_\_\_\_\_ Volunteer Hours: \_\_\_\_\_

I **retired** as a volunteer EMS Provider on:  
\_\_\_\_\_, 2014.  
(Mo./Day)

I **moved to a different state** on \_\_\_\_\_,  
(Mo./Day)  
2014 and no longer volunteer as an EMS Provider in Oregon.

I **moved back to Oregon** from a different state on \_\_\_\_\_, 2014 and now volunteer. \*  
(Mo./Day)

As of \_\_\_\_\_, 2014, I now **volunteer in a different city in Oregon**. \*

\* New Station/Agency information on the right is required for these fields only.

### Station/Agency

(Complete only if applicable. Please print legibly.)

#### New Primary Station/Agency

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: OR Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMS Provider Supervisor Printed Name:

EMS Provider Supervisor Signature:

#### New Secondary Station/Agency

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: OR Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### New Tertiary Station/Agency

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: OR Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Either fax completed form to (503) 494-4798 or mail to:**

**Oregon Office of Rural Health | 3181 SW Sam Jackson Park Rd., L-593 | Portland, OR 97239**