

RENEWAL FORM

Oregon Volunteer EMS Provider 2012-2014 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