

RENEWAL FORM

Oregon Volunteer EMS Provider 2012 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 2012:

Street Address

City

State

ZIP

Status

My Primary Station/Agency location (city) **has not changed** during 2012.

My Total Volunteer Hours **have changed**:
Paid Hours: _____ Volunteer Hours: _____

I **retired** as a volunteer EMS Provider on:
_____, 2012.
(Mo./Day)

I **moved to a different state** on _____,
(Mo./Day)
2012 and no longer volunteer as an EMS Provider in Oregon.

I **moved back to Oregon** from a different state
on _____, 2012 and now volunteer. *
(Mo./Day)

As of _____, 2012, I now **volunteer in a**
(Mo./Day)
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