

# RENEWAL FORM

## Oregon Volunteer EMS Provider 2018 Tax Credit Certification

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

<b>EMS Provider</b>		
Name: _____ (First, M.I., Last - please print legibly.)		
Signature: _____		
E-mail: _____ (Please print legibly--this is how we send confirmations.)		
Please indicate your Oregon license: <input type="checkbox"/> EMR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-I <input type="checkbox"/> Paramedic		
Last four numbers of S.S.: _____		
Daytime Phone: (____) _____ - _____		
New home mailing address as of 2018:		
Street Address		
City	State	ZIP

## Station/Agency

(Complete only if there were changes in 2018. 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Status

My Primary Station/Agency location (city) **has not changed** during 2018.

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

I **retired** as a volunteer EMS Provider on:  
\_\_\_\_\_, 2018.  
(Mo./Day)

I **moved to a different state** on \_\_\_\_\_,  
(Mo./Day)  
2018 and no longer volunteer as an EMS Provider in Oregon.

I **moved back to Oregon** from a different state  
on \_\_\_\_\_, 2018 and now volunteer. \*  
(Mo./Day)

As of \_\_\_\_\_, 2018, I now **volunteer in a**  
(Mo./Day)  
**different city in Oregon.** \*

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

Either fax completed form to (503) 494-4798, mail to  
Oregon Office of Rural Health | 3181 SW Sam Jackson Park Rd., L-593 | Portland, OR 97239, or  
email to [jordane@ohsu.edu](mailto:jordane@ohsu.edu)