

RENEWAL FORM

Oregon Volunteer EMS Provider 2019 Tax Credit Certification

This form is electronic. If possible, please fill out as much on the computer as you can.

EMS Provider

Name: _____ Signature: _____

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

Email: _____ Last four numbers of S.S.: _____

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

Please indicate your Oregon license: EMR EMT AEMT EMT-I Paramedic

Daytime Phone: _____

New 2019 home mailing address (*update only if you moved*):

Street Address City State ZIP

Status

- My Primary Station/Agency location (city) **has not changed** during 2019.
- My Total Volunteer Hours **have changed**: Paid Hours: _____ Volunteer Hours: _____
- I **retired** as a volunteer EMS Provider on: _____, 2019.
(Mo./Day)
- I **moved to a different state** on _____, 2019 and no longer volunteer as an EMS Provider in Oregon.
(Mo./Day)
- As of _____, 2019, I now **volunteer in a different city in Oregon**. (If so, please complete the lower section).
(Mo./Day)

Oregon Station/Agency

(Complete only if there were changes in 2019. Please print legibly.)

New Primary Station/Agency

Name: _____
Street: _____ City: _____
County: _____ Zip: _____
Phone: _____
Supervisor Name: _____ Supervisor Signature: _____

New Secondary Station/Agency

Name: _____
Street: _____ City: _____
County: _____ Zip: _____
Phone: _____

If you have more than two stations, please use an additional sheet, with the stations formatted in the same manner as is above.

**Either fax completed form to (503) 494-4798, email it to jordane@ohsu.edu, or mail it to:
Oregon Office of Rural Health | 3030 SW Moody Ave | Ste 200 | Portland OR 97201**