

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.

EMS Provider		
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, L593 | Portland, OR 97239
or email to ruralweb@ohsu.edu.