

# RENEWAL FORM

## Oregon Volunteer EMS Provider 2020 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 2020** home mailing address (*update only if you moved in 2020*):

\_\_\_\_\_  
Street Address City State ZIP

### Status

- My Primary Station/Agency location (city) **has not changed** during 2020.
- My Total Volunteer Hours **have changed**: Paid Hours: \_\_\_\_\_ Volunteer Hours: \_\_\_\_\_
- I **retired** as a volunteer EMS Provider in 2020.
- I **moved to a different state** in 2020 and no longer volunteer as an EMS Provider in Oregon.
- As of \_\_\_\_\_, 2020, I now **volunteer in a different city in Oregon**. (If so, please complete the lower section).  
(Mo./Day)

### Oregon Station

*(Complete only if there were station changes in 2020. Please print legibly.)*

#### New Primary Station

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

#### New Secondary Station

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 ruralweb@ohsu.edu, or mail it to:  
Oregon Office of Rural Health | 3181 SW Sam Jackson Park Rd, L593 | Portland OR 97239**