



Oregon

John A. Kitzhaber, MD, Governor

State Board of Licensed Social Workers
3218 Pringle Road SE, Suite 240
Salem, OR 97302-6310
503-378-5735
1-866-355-7050
FAX: 503-373-1427
Oregon.blsw@state.or.us
http://oregon.gov/blsw

CUSTODIAN OF RECORD ~ DESIGNATION FORM

(Documentation of Compliance with OAR 877-030-0100)

NAME: **LICENSE OR CERTIFICATE #:**

Last Name, First Name Middle Initial

1) I CURRENTLY HAVE A PRIVATE PRACTICE OR HAVE HAD A PRIVATE PRACTICE WITHIN THE LAST SEVEN (7) YEARS.

YES (If yes, then you must complete question #2)

NO (If no, then please sign and return to the Board office)

2) I HAVE A PRIVATE PRACTICE OR HAVE HAD A PRIVATE PRACTICE IN THE LAST SEVEN (7) YEARS & I HAVE NAMED A QUALIFIED PERSON OR RECORDS MANAGEMENT COMPANY TO INTERCEDE FOR MY CLIENT'S WELFARE, & TO MAKE NECESSARY REFERRALS IN CASE OF MY DEATH OR INCAPACITY TO PROVIDE SERVICES TO THESE CLIENTS. THE NAME OF THE LICENSED CLINICAL SOCIAL WORKER, OR OTHER LICENSED MENTAL HEALTH PROFESSIONAL, OR A PROFESSIONAL RECORDS MANAGEMENT COMPANY AS MY CUSTODIAN OF RECORD, IN CASE OF MY DEATH OR INCAPACITY TO PRACTICE IS:

Name of Designated Custodian, Licensee # and Credential or Record Management Company

Address

City

State

Zip Code

Email Address

Telephone #

Print Name of Custodian of Record

Signature of Custodian of Record

Date

FURTHER, I UNDERSTAND THAT I MUST PROMPTLY INFORM THE BOARD OF ANY CHANGE TO THIS CUSTODIAN OF RECORD. I SWEAR & AFFIRM THAT THE INFORMATION PROVIDED ABOVE, IS ACCURATE.

Print Name of Licensee

Signature of Licensee

Date

FOR OFFICE USE ONLY ~ RECEIVED ON:

Mail this form to:
OREGON STATE BOARD OF LICENSED SOCIAL WORKERS
ATTN: CUSTODIAN OF RECORD DESIGNATION FORM ENCLOSED
3218 PRINGLE ROAD S.E., SUITE #240
SALEM, OR 97302-6310

QUESTIONS? ☎: 503.378.5735
✉: Oregon.BLSW@state.or.us

APPROVED BY: _____ DATE: _____

DATABASE UPDATED BY: _____ DATE: _____

Custodian of Record Designation Form Updated: 01/10/2014