Addictions and Mental Health Division
500 Summer Street E-86
Salem, OR 97301

Licensed Psychologist Supplement—Attach additional sheets if necessary

Please describe your experience as a psychologist and clinical experience in a forensic setting.

Facility	Address	Dates From	To

Please give a brief description of the services provided at your current place of employment and what attorney requested evaluations you are expected to do in that setting.

Please describe any previous forensic experience. Have you conducted attorney requested evaluations in Oregon for competency or criminal responsibility? What kind and approximately how many? When and where?

Signature of Applicant:	Date: