



Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012
Phone: 971-673-0685 • Fax: 971-673-0684 • Website/Verification: www.oregon.gov/OSBN

Licensure by Examination Information

For Graduates from Nursing programs within the United States

Non-United States Graduate: If you studied Nursing outside of the United States please call the Oregon State Board of Nursing (OSBN) for instructions.

License Required

- You must have a current valid Oregon license before practicing as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in Oregon.
- You may not sign your name as, or initial a device indicating you are a nurse unless you hold a current license from the Oregon State Board of Nursing.
- Practicing before you are licensed is a violation of Oregon law and may result in a civil penalty up to \$5,000 under ORS 678.117.

Fee

Application	Fee	Explanation
RN / LPN Examination (NCLEX)	\$160	For applicants to apply for eligibility to take the national Nursing examination in order to obtain Oregon Nursing licensure.
Re-Examination	\$25	Applicants who failed the national nursing examination and need to retake the examination.
Fingerprinting Process *	\$52	Required to obtain Oregon Nursing licensure / certification in order for the OSBN to conduct a national criminal history record check.

*** Call our office to obtain a fingerprint packet.**

Examination Eligibility

You must have graduated within the last three years from an approved nursing program in the United States as documented in an official transcript. *(If you studied nursing outside of the United States please call the OSBN for instructions.)*

- An applicant for the Practical Nurse (PN) examination shall show evidence of having completed a Board approved Practical Nursing certificate, Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program in Nursing.
- An applicant for the Registered Nurse (RN) examination shall show evidence of having completed a Board approved Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program in Nursing.

NOTE: You must **also** register with the testing service for each attempt to take the licensing examination. Review the Candidate Bulletin, which includes the form and full instructions for registration. To avoid delay of processing your application, you must use the same name on both your application for Licensure by Examination for Oregon and your registration with the testing service.



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Licensure by Examination Checklist

Complete Licensure Examination application.

- Type or print the information clearly to minimize delays.
- Use your legal name on the application and all other forms. If documents are received in a name other than what you are applying under, you will be required to provide proof of legal name change.
- Answer all questions. Provide written explanation of all "YES" responses on a separate sheet of paper and attach it to your application; include dates, locations, actions taken, resolutions, and findings of written explanations.
- Sign and date the application. An incomplete application will be returned.
- Attach a passport photograph of you taken within the last six months to the Examination Picture Identification form.**
 - If you have graduated within the last year, have the picture verified by the Dean/Director of your school of nursing. The Dean/Director of your school of nursing will sign form and mail it to the OSBN for processing.
 - If you graduated more than a year ago, have your recent passport photograph and signature on the Picture Identification notarized.
- Request official transcripts to be sent from your school of Nursing in the United States or U.S. jurisdiction.**
 - Request an official transcript from the Nursing education program that prepared you for the licensure level you are applying for, to be sent directly to the OSBN for processing.
 - The transcript must be imprinted with an official seal, bear the appropriate registrar's signature, show the degree awarded and degree awarded date. A Licensure Transcript Request form is included with this application packet for your convenience.

Mail the following to the Oregon State Board of Nursing:

- Completed Fingerprinting documents** in a separate envelope, sealed by the fingerprinting facility.
- Completed Licensure by Examination Application.**
- Completed Examination Picture Identification form.**
- Non-refundable fingerprint-based criminal background check processing fee and Licensure by Examination application fee**, made payable to the Oregon State Board of Nursing.



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Licensure / Certification General Information

Please Note

If you held an Oregon nursing license / certificate in the past, call the Oregon State Board of Nursing (OSBN) office and ask for information about Reactivation.

Application

- Apply for licensure/certification well in advance of employment in Oregon. In some cases, it can take several weeks for information from schools and other agencies to arrive for processing. If you meet the requirements for licensure/certification, your license will be issued approximately five business days after we have reviewed all of the required information and have determined eligibility.
- The OSBN may deny licensure/certification to an applicant convicted of certain crimes. If you have a criminal history, you will need to report it on your application and attach explanatory information on a separate sheet of paper. Falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of licensure/certification. A positive criminal record check will require investigation and may delay processing. Practicing before you are licensed/certified may result in a civil penalty.
- Your license/certification will be issued using the name on the initial application. If you change your name before or after issue, submit legal documentation of your name change.
- Your mailing address must be complete and current with the board at all times.

Fees

- Fees are non-refundable and processed on receipt. Even if you do not complete the application process or do not qualify for licensure/certification, the fee is not refundable. The fee pays for processing the application and, if you are eligible, issuing the license/certificate.
- A canceled check is your receipt and notification that the OSBN has received the application.

Renewal

- Oregon uses a biennial birth date renewal system. When you receive your license/certificate, please note the expiration date. The expiration date is the midnight before your birthday in an odd year if you were born in an odd year or in an even year if you were born in an even year. Because of this, your first license/certificate may be valid anywhere from 60 days to two years and 59 days depending upon when you were born and when your application is complete. After that, if renewed on schedule, your license/certificate is good for two years.
- Your license is valid until the expiration date noted on the OSBN License Verification system at <http://www.oregon.gov/OSBN>. There is no grace period permitting practice beyond this expiration date.
- You will renew all licenses/certificates simultaneously.
- Notify the OSBN in writing when you change your address to prevent delays in receiving your renewal notice. The post office does not routinely forward the Oregon State Board of Nursing mail.

Additional Information

- Refusal to provide a Social Security Number (SSN) may result in denial of license/certification issuance or renewal. This record of your SSN will be used for child support enforcement, tax administration purposes (including identification) and criminal background checks only, unless you authorize other use. If any disciplinary action is taken against your license/certification, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, USC Section 666 (a)(13).
- If you have a disability that requires special materials or assistance, please contact the OSBN office at 971-673-0685. If you are hearing impaired, you may reach the OSBN through Oregon Relay Service, at 1-800-735-2900.
- Information about nursing practice in Oregon can be found at the OSBN web site at **www.oregon.gov/OSBN**.
- Call the OSBN office 971-673-0685 if you need additional information.
- License/certificate verification is available at <http://www.oregon.gov/OSBN>.



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Licensure Transcript Request

Section I : To be completed by applicant.

Make as many copies as needed to request transcripts from the schools attended. Most schools require a fee to prepare a transcript. To avoid delays, contact your school(s) and inquire about the fee.

Send this form with Section I completed and the fee to the school.

Applicant Name : _____

Mailing Address : _____

City, State, and Zip Code : _____

Contact Telephone Number : () _____

Name on transcript : _____

Date of Birth : _____

Social Security Number : _____

Year of Graduation : _____

Degree Attained : _____

Signature of Applicant

Date Signed

Section II : Instructions for the school registrar's office.

Please attach this Transcript Request to the transcript. The request may contain a current name that is different from the name on the transcript. **The transcript must show the school's official seal, bear the appropriate registrar's signature, degree awarded, and date the degree was awarded.**

Please send official transcripts directly to:

**Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road
Portland, OR 97224-7012**

Sorry, No Faxes

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Licensure by Examination Application

Attach appropriate non-refundable fee for this application

Please type or print clearly using blue or black ink

For which license are you applying? RN LPN

Applicant Information				
Last Name / Surname		First Name		Middle Name
All former names and aliases, including Maiden Name (If none, indicate NONE)				<input type="checkbox"/> Female <input type="checkbox"/> Male
Social Security Number -- --		Date of Birth (mm/dd/yyyy)		Place of Birth (City & State)
Mailing Address			City	State Zip Code
Area Code ()	Home Telephone	<input type="checkbox"/> Unlisted	Email Address	

Basic Nursing Education Program Information	
<input type="checkbox"/> United States or US jurisdiction	<input type="checkbox"/> Outside United States / International Nurse
Name of Nursing program (School) :	
City	State / Country
Date of Graduation (mm/dd/yyyy)	International Nurse only Credentials evaluation service you have chosen: <input type="checkbox"/> CGFNS <input type="checkbox"/> ERES <input type="checkbox"/> IERF
Degree Earned : <input type="checkbox"/> Certificate (LPN) <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma <input type="checkbox"/> Masters / Post-Masters certificate <input type="checkbox"/> Associate <input type="checkbox"/> Other: _____	

Have you registered with the testing company for the NCLEX exam? Yes No

Note: In compliance with the Americans with Disabilities Act (ADA), NCLEX test applicants with a documented qualifying disability are provided fair and reasonable accommodation to test.

Do you qualify for any ADA related testing accommodations? Yes No

If you answer YES to any of the questions below, provide a written explanation on a separate sheet.

1	Do you have a physical, mental or emotional condition that in any way impairs your ability to perform nursing duties with reasonable skill and safety?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
2	Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state? (The fact that a conviction has been pardoned, expunged, dismissed or that your civil rights have been restored does not mean that you answer this question "NO"; you would answer "YES" and give details on the charge).	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
3	Have you ever been investigated for any type of abuse in any state?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
4	Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
5	Are any disciplinary actions <u>pending</u> against your nursing license/certificate in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
6	Have any disciplinary <u>actions been taken</u> against your nursing license/certificate in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
8	Do you use, or have you used in the last five years, chemical substance(s) in any way, which impairs or limits your ability to perform as a nurse with reasonable skill and safety? "Chemical Substance" includes alcohol and drugs.	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
9	Are you currently engaged in the illegal use of controlled substances? (Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider).	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
10	Have you ever been found in any civil, administrative or criminal proceeding to have: a) Possessed, used, prescribed for use or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself? b) Committed any act involving dishonesty or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession?	a) <input type="checkbox"/> YES Explain	<input type="checkbox"/> No
		b) <input type="checkbox"/> YES Explain	<input type="checkbox"/> No
		c) <input type="checkbox"/> YES Explain	<input type="checkbox"/> No
11	Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with action by such authority?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO

If you answered YES to any of the questions, "Explain" on a separate sheet.

Refusal to provide a Social Security Number (SSN) may result in denial of license/certification issuance or renewal. This record of your SSN will be used for child support enforcement, tax administration purposes (including identification) and criminal background checks only, unless you authorize other use. If any disciplinary action is taken against your license/certification, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, USC Section 666 (a) (13).

I hereby certify that I have read this application. I also certify that the information provided on this application is true and correct and that I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct criminal records checks through the Oregon Law Enforcement Data System (LEDS) and the Federal Bureau of Investigation (FBI).

Signature of Applicant

Date of Signature (mm/dd/yyyy)



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Examination Picture Identification

Attach a passport picture taken within the last six months.

Print Name of Applicant _____

Social Security Number _____

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Above is a true and accurate photograph of me taken on: _____

(Date of Photograph)

Applicant's Signature _____

Date of Signature _____

Instructions: If you graduated from a school of Nursing in the United States within the last twelve months, you are required to obtain the signature of the Dean or Director of your School of Nursing. *In all other circumstances, have your signature on this page notarized by a Notary Public.*

Verification by School of Nursing		
Print Director's name		
Director's Signature	Date	Notary Seal
Verification by Notary Public		
Print Notary's name	County	
Notary's Signature	Date	

Refusal to provide a Social Security Number (SSN) may result in denial of license/certification issuance or renewal. This record of your SSN will be used for child support enforcement, tax administration purposes (including identification) and criminal background checks only, unless you authorize other use. If any disciplinary action is taken against your license/certification, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, USC Section 666 (a) (13).

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