



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 Applicants who studied Nursing outside the United States INTERNATIONAL NURSE

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.

* Contact the OSBN by sending an email to osbn.fingerprintinginfo@state.or.us or call 971-673-0685 for more information regarding obtaining a national criminal background packet.

Examination Eligibility

- If you *have not practiced* as a Nurse, you must have graduated at the level for which you are seeking license or above, within the last three years from an approved Nursing program as documented in an OSBN-approved credentials evaluation report. Your credentials evaluation report must show evidence of having completed a Nursing certificate, Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program in Nursing. Contact information for OSBN-approved credentials evaluation services is included with this packet for your convenience.
- If you *have practiced* as a Nurse, at the level for which you are seeking license or above, for at least 960 hours within the last five years, you must have graduated from an approved Nursing program as documented in an OSBN-approved credentials evaluation report **and** complete a Nursing Practice History form with your Licensure by Examination application. Contact information for OSBN-approved credentials evaluation services is included with this packet for your convenience. (If you have less than 960 practice hours within the last five years, contact the OSBN for information about Re-Entry.)

NOTE: You must *also* register with the testing service for each attempt to take the 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

For Applicants who studied Nursing outside the United States
INTERNATIONAL NURSE

Complete Licensure Examination application.

- Type or print the information clearly to minimize delays.
- Use your legal name on the application and all forms. If documents are received in a name other than what you are applying under, you may 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.
- Provide Credentials Evaluation of Nursing Education.** Submit an official academic credentials evaluation from an OSBN-approved service. A list of credential evaluation services is included with this application packet. Contact the evaluation service of your choice to learn more about the cost and the length of time required for this process. All credential evaluation reports or certificates must be sent directly from the agency to the OSBN for processing.

Mail the following to the Oregon State Board of Nursing:

- Completed Fingerprinting documents** in a separate envelope, sealed by the fingerprinting facility.
- Completed Licensure Examination Application.**
- Completed Examination Picture Identification form.**
- Nursing Practice History 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.

Arrange for the following to be delivered to the Oregon State Board of Nursing:

- Credentials evaluation report or verification from an OSBN-approved credentials evaluation service.



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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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If You Graduated from a School of Nursing Outside of the United States

Additional Instructions

All verification documents must be submitted in an official, sealed envelope provided by the verifying or certifying agency and must be sent directly from the agency to the Oregon State Board of Nursing (OSBN).

1. **Submit proof of Educational Equivalency and English Proficiency.** Submit one or more of the following, as appropriate.
 - a) **CGFNS Certification *or* VisaScreen™**, if available. If you have not obtained CGFNS Certification or VisaScreen™, you must submit proof of educational equivalency and English proficiency (see b and c below); *or*
 - b) **An official transcript** showing graduation from an accredited post-licensure nursing education program (RN-BS, Master's, Doctorate) in the United States; *or*
 - c) If you do not have a or b above, you must provide the following:
 - i. **Proof of Educational Equivalency.** Submit an official academic credentials evaluation by an OSBN-approved service (A list of OSBN-approved credential evaluation services is attached. Contact the evaluation service to learn more about the cost and the length of time required for this process.); *and*
 - ii. **Proof of English language proficiency.** Submit one of the following:
 1. Evidence that your nursing education, text books, and the *majority* of clinical experience were in English (A *Language of Instruction* form is included for your convenience. Ask your school to return it directly to the OSBN after the school completes Section 2.); *or*
 2. Documentation of nursing practice in English at the level of license sought, in the United States, for at least 960 hours within the past two years (use the *Nursing Practice History* form); *or*
 3. Demonstration of English proficiency by submitting an original report showing achievement of one of the following within the past two years:
 - a. A score of at least 560 for the written paper exam or 220 for the computer (CBT) exam or 83 for the internet (iBT) exam on the Test of English as a Foreign Language (TOEFL); *or*
 - b. A score of at least 780 on the Test of English for International Communication (TOEIC); *or*
 - c. An overall score of 6.5 with a minimum of 6.0 on all modules of the International English Language Testing System (IELTS) (Academic Module); *or*
 - d. Passing the NCLEX examination in another state.
2. **Submit proof of 960 hours of nursing practice** in the five years prior to application at the level of license you seek (use the *Nursing Practice History* form).

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Approved Credentials Evaluation Services

Applications for Oregon licensure must include a credentials equivalency evaluation for those graduates of schools of nursing from outside the United States. The fees for the credentials evaluation are determined by the service and are the responsibility of the applicant. The amount of time to process a complete review of transcripts varies widely. For licensure in Oregon, one of the credentials evaluation services listed below must be utilized.

Commission on the Graduates of Foreign Nursing Schools (CGFNS)

3600 Market Street, Suite 400, Philadelphia, PA 19104-2651

Telephone: (215) 349-8767

Website: www.cgfns.org

Approved for evaluation of RN/LPN transcripts

- When using only the Credentials Evaluation Service (CES), request a Healthcare Profession & Science course-by-course report. If you have received a CES report from CGFNS in the past, contact CGFNS to request your CES report be re-issued for the Oregon State Board of Nursing.
- A CGFNS certificate or VisaScreen certificate meets the Oregon State Board of Nursing requirements for both a credentials evaluation and English language proficiency. If you currently hold a CGFNS certificate or VisaScreen certificate, contact CGFNS to request an official verification of your CGFNS certificate or VisaScreen certificate be sent directly to the Oregon State Board of Nursing.

Educational Records Evaluation Service (ERES)

601 University Avenue, Suite 127, Sacramento, CA 95825-6738

Telephone: (916) 921-0790 or toll free (866) 411-3737

Website: www.eres.com

Approved for evaluation of RN/LPN transcripts

- Request a nursing education evaluation report be sent directly from ERES to the Oregon State Board of Nursing.
- If you have received a nursing education evaluation from ERES in the past, contact ERES to request a duplicate copy of your report be sent directly to the Oregon State Board of Nursing.

International Education Research Foundation, Inc. (IERF)

P. O. Box 3665, Culver, CA 90231-3665

Physical address for deliveries: 6133 Bristol Parkway, Suite 300, Culver City, CA 90230

Telephone: (310) 258-9451

Website: www.ierf.org

Approved for evaluation of RN/LPN and for graduate level RN / Advanced Practice transcripts

- Request a nursing licensure evaluation report be sent directly from IERF to the Oregon State Board of Nursing.
- If you have received a nursing licensure evaluation from IERF in the past, contact IERF to request a duplicate copy of your report be sent directly to the Oregon State Board of Nursing

Approved Language Evaluation Services

International English Language Testing System (IELTS)

100 East Corson Street, Suite 200, Pasadena, CA 91103

Telephone: (626) 564-2954

Website: www.ielts.org

E-mail: ielts@ieltsintl.org

- IELTS (Academic Module) must be taken within the two years preceding application for licensure.

Test of English as a Foreign Language (TOEFL)

P.O. Box 6151, Princeton, NJ 08541-6151

Telephone: (609) 771-7100

Website: www.ets.org/toefl

E-mail: toefl@ets.org

- Use TOEFL code number 4564 to have the report sent to you in a secured envelope. Most TOEFL examinations are administered at local community colleges. A list of additional TOEFL offices is available on their website.
- TOEFL exam must be taken within the two years preceding application for licensure.

Test of English for International Communication (TOEIC)

Rosedale Road MS-49N, Princeton, NJ 08541

Telephone: (800) 241-5393

Website: www.ets.org/toEIC

E-mail: ell@ets.org

- TOEIC exam must be taken within the two years preceding application for licensure.
- Register for the Listening and Reading test not the Writing and Speaking test.



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Please use a black pen or pencil. Avoid "gel" pens, as they bleed through paper.

Language of Instruction Verification

For office use only

SECTION 1: TO BE COMPLETED BY APPLICANT

Last Name: First Name: Middle Name:

All other Names and aliases (if none indicate NONE):

Address:

City: State: Zip Code:

School Name:

City: Country:

Degree/Certificate Awarded Date of Completion (mm/dd/yyyy)

SECTION 2: TO BE COMPLETED BY THE PROGRAM OR SCHOOL OFFICIALS

Please provide the information below and return this form in a secured envelope directly to :

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

- 1) At the time of the above candidate's enrollment, what was the language of instruction for the nursing courses? Any exceptions? Yes No If yes, please describe :
2) What was the language of the textbooks used in this program? Any exceptions? Yes No If yes, please describe :
3) What language did the applicant use for the clinical practice in this program? Any exceptions? Yes No If yes, please describe :

Printed Name of Individual who completed form

Printed Title of Individual who completed form

Signature Date (mm/dd/yyyy)

Please print school name

Please print school address







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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. <i>In all other circumstances, have your signature on this page notarized by a Notary Public.</i>	
Verification by School of Nursing	
Print Director's name	
Director's Signature	Date
Verification by Notary Public	
Print Notary's name	Notary Seal
Notary's Signature	

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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Nursing Practice History

Please type or print clearly using black ink on the front and back

- If you worked for a multi-state corporation or agency, list location of your assignment(s), not the state where the corporate headquarters is located.
- List your nursing practice history, for the most recent five years in which you practiced nursing.
- Complete a separate section for each nursing position in the last or most recent five years.
- If you volunteered or did private duty, give the name and address of the registry or individual.

Mark here if you are a recent Nursing graduate and do not have any Nursing practice history.

Last Name	First Name	Social Security Number -- --
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Indicate your practice hours **by calendar year for the most recent six years** you have practiced. (Do not include hours you were on vacation, sick leave or leave of absence.) For example, if you last practiced in 2009, complete the Practice Summary Table for years 2009, 2008, 2007, 2006, 2005 and 2004.

Practice Summary Table	Calendar Year Practiced	Total Hours Practiced Each Year	Nursing License(s) Used for Practice
1 st year (most recent)			
2 nd year			
3 rd year			
4 th year			
5 th year			
6 th year			

Most recent employer – Not agency (If none, indicate NONE)		Area Code ()	Telephone Number
Employer Address	City	State	Zip Code
Start Date (mm/dd/yyyy)	If no longer employed, End Date (mm/dd/yyyy)		
Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 hours a week)			
Position Held	Primary Duties as a Nurse (Describe briefly)		

Employer Name – Not agency (If none, indicate NONE)		Area Code ()	Telephone Number
Employer Address		City	State Zip Code
Start Date (mm/dd/yyyy)		If no longer employed, End Date (mm/dd/yyyy)	
Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 hours a week)			
Position Held		Primary Duties as a Nurse (Describe briefly)	

Employer Name – Not agency (If none, indicate NONE)		Area Code ()	Telephone Number
Employer Address		City	State Zip Code
Start Date (mm/dd/yyyy)		If no longer employed, End Date (mm/dd/yyyy)	
Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 hours a week)			
Position Held		Primary Duties as a Nurse (Describe briefly)	

Employer Name – Not agency (If none, indicate NONE)		Area Code ()	Telephone Number
Employer Address		City	State Zip Code
Start Date (mm/dd/yyyy)		If no longer employed, End Date (mm/dd/yyyy)	
Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 hours a week)			
Position Held		Primary Duties as a Nurse (Describe briefly)	

Employer Name – Not agency (If none, indicate NONE)		Area Code ()	Telephone Number
Employer Address		City	State Zip Code
Start Date (mm/dd/yyyy)		If no longer employed, End Date (mm/dd/yyyy)	
Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 hours a week)			
Position Held		Primary Duties as a Nurse (Describe briefly)	