



Oregon Application for LPN/RN Licensure by Endorsement

NOTE: This application is also available online for graduates of US nursing programs that have passed the US SBTPE or NCLEX examination, AND have been licensed in another state or US jurisdiction. You may apply online by going to the OSBN website at www.oregon.gov/OSBN

Section 1: Application Instructions

- Per Oregon Revised Statute (ORS) 678.050(3)(b) **all LPN/RN application fees must be paid for by the applicant themselves. Third party payments submitted with an application will be returned to the payee,** fees will remain outstanding and application processing will be delayed.
- Allow approximately 10 business days from the date the application and full payment are received by OSBN to review application requirements. An endorsement application is **valid for one year from the date full payment is received** and will become null and void upon expiration.
- A national fingerprint-based criminal background check conducted by OSBN is required in order to apply for and obtain licensure/certification in Oregon. Applicants will be charged a separate fee of \$64.50 by Fieldprint Inc., an independent organization contracted by the State of Oregon to provide electronic fingerprinting services. **This fee is payable only to Fieldprint Inc. while registering on their website to schedule an electronic fingerprinting appointment.**
- Once your application and full payment are received, we will send you instructions via email or postal mail (if you do not provide an email address) on how to register with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.
- **If you have been issued a different type of OSBN license/certificate within six (6) months from the date of this application, you do not need to complete a new fingerprint-based background check at this time.** Criminal background checks completed by employers, other agencies, or other state and US jurisdictions cannot be used for OSBN licensure/certification purposes.

Section 2: Application Fee Table- Please see below for fees required in order to process your application.

Application Type	Fee	Description
Oregon LPN/RN Licensure by Endorsement (form LIC-102)	\$204	Surcharge included: Application fees include a \$9 surcharge to fund the Oregon Nursing Advancement Fund created by Oregon Senate Bill 72 in 2015. This surcharge is remitted to the Oregon Center for Nursing (OCN) to fund advancement of the profession of nursing.

Section 3: Application Checklist

Please review the following checklist items to ensure that you are submitting a completed application for processing.

- All sections of the application are complete, and the authorization section has been signed and dated. **Submit original applications to OSBN-** copies are not accepted and will delay processing.
- Submit payment by check or money order made payable to the Oregon State Board of Nursing. Failure to submit the correct amount may delay processing. **All fees are non-refundable.**
- Go to <http://www.nursys.com> or the individual board of nursing for verification of your LPN/RN licensure.
- US nursing school graduates:** Contact your school to request official sealed final transcripts, or if your school subscribes to a national document transfer network, you may request the service to send official electronic transcripts to OSBN at: osbn.transcripts@state.or.us
- If you graduated from a nursing program outside of the US:** Contact the credential evaluation agency to request an official sealed copy be sent directly to the OSBN mailing address (listed below) or to the OSBN email address osbn.transcripts@state.or.us.
- If your legal name listed on this application is different than what is listed on your official transcript or credential evaluation, include form OSBN-601 [Name Change and/or Address Request Form](#) and proof of legal name change documentation with your application.

For questions regarding the application process, please call OSBN at 971-673-0685, or you may send an email message to the general OSBN address at: oregon.bn.info@state.or.us

Mail all application materials and form of payment to:

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland OR 97224



Application Information For LPN/RN Licensure by Endorsement

Section 4: Eligibility Requirements

a. Education Requirement

Per OAR 851-031-0006(1)(a) an applicant for LPN/RN licensure by Endorsement must show proof of graduation from an OSBN-approved qualifying LPN/RN nursing program documented by an official transcript or credential equivalency evaluation.

Graduates from nursing programs outside of the United States:

Foreign nursing graduates must show evidence of completion of a qualifying nursing program through a credentials equivalency evaluation. **Transcripts received directly from a foreign nursing program or licensing board are NOT acceptable in place of a credential evaluation.**

OSBN accepts credential evaluations sent directly from the evaluation service via electronic or postal mail. If an applicant has previously had a credential evaluation completed by an OSBN-approved evaluation agency, it may be acceptable for proof of education equivalency. For additional information regarding OSBN-approved credential evaluation agencies, see form LIC-616 [Approved Independent Services for Credential Evaluations and Language Proficiency Examinations](#).

b. Practice Requirement

Per OAR 851-031-0006(3)(e)(A-C) an applicant for LPN/RN Licensure by Endorsement must meet the nursing practice requirement in one of three following ways:

1. Completion of the qualifying LPN/RN nurse program within five years from date of application; **OR**
2. Completion of at least 960 practice hours in the five years from the date of application within the scope of practice for the level of licensure sought; **OR**
3. Graduation from an OSBN-approved nurse re-entry program within the last two years from date of application.
NOTE: Review and approval of completed re-entry program by the Board LPN/RN Nursing Education Policy Analyst is required prior to receipt of Oregon licensure. Additional program documentation and proof of completion may be requested from the applicant during the review period by the Board.

If an applicant does not meet the LPN/RN practice requirement through one of the three ways listed above, they are not eligible for Oregon licensure by Endorsement at this time. Contact OSBN at 971-673-0685 for more information regarding the approved Oregon nurse re-entry program and requirements for re-entry into nursing practice.

c. Verification of License to Practice Nursing

Applicants for LPN/RN Licensure by Endorsement must provide proof of valid state or US jurisdictional licensure to practice nursing by requesting verification for their **original state** of licensure where they passed the LPN/RN SBTPE or NCLEX examination, and the **most current or recent state** of licensure. This may be one and the same, wherein verification of only the original state license would be applicable.

Most states and US jurisdictions participate in NURSYS, the national database for LPN/RN/APRN licensure and disciplinary data. NURSYS provides primary source verification of licensure for participating member boards. Go to: www.nursys.com to register and request verification of licensure report be made available to Oregon. If the state or US jurisdiction is not a participating member of NURSYS *for license verification purposes*, contact the state board of nursing directly to request verification be sent to OSBN via electronic or postal mail.

Notice to Applicants with Disabilities: If you have a disability and require special materials or assistance to complete this application, please contact OSBN at 971-673-0685. If you are hearing impaired, you may contact OSBN through the Oregon Relay Service at 1-800-735-2900.



Oregon State Board of Nursing
 17938 SW Upper Boones Ferry Rd.
 Portland, OR 97224-7012
 971-673-0685
 www.oregon.gov/OSBN

Oregon Application for LPN/RN Licensure by Endorsement

OSBN USE ONLY-Applicant Name (last name, first name)

IMPORTANT: Use only blue or black ink and print legibly. Faxed/emailed applications are not accepted. You may fill out the form electronically, then print it out to sign and mail in. **All LPN/RN application fees must be paid for by the applicant. Third party payments submitted with an application will be returned to the payee, fees will remain outstanding, and processing will be delayed.**

Section 1: License Type- Check the box for the license type you are applying for. Also check the shaded box if you completed your qualifying nurse education outside of the United States.

Registered Nurse (RN)	Licensed Practical Nurse (LPN)	I completed my qualifying nursing program outside the United States.
------------------------------	---------------------------------------	--

Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Street Address:		Country:	
US Residents: City: <small>(select from each box)</small>		State/US Jurisdiction:	Zip Code:
Non-US Residents: <small>(list your city, state/province, and postal code here)</small>			
Primary <small>Unlisted</small> Phone:	Secondary <small>Unlisted</small> Phone:	Email:	
I prefer to be contacted by: telephone email postal mail			

OSBN USE ONLY - License Number & Expiration Date

Section 3: Personal Identifiers

Gender: Female Male	Date of Birth:
Social Security Number: Check here if you do not have an SSN.	
NOTE: Your SSN is required by the state for child support enforcement, tax administration purposes (including identification), and criminal background checks ONLY. Refusal to provide your SSN may result in denial of issue of a license/certificate and your SSN would be reported to the federal Health Care Integrity and Protection Data Bank, as authorized by ORS 305.385 USC Section 666(a)(13).	

Section 4: Education History

List below the nursing education program you have completed **that qualified you to sit for the SBTPE or NCLEX** examination in another state/US jurisdiction and become licensed to practice nursing.

Name of School		City
If a US School: Select the State/Jurisdiction		Country
Degree/Certificate Earned:		
Date Enrolled: <small>(mm/dd/yy)</small>	Graduation Date: <small>(mm/dd/yy)</small>	
Name on Transcript:		

OSBN USE ONLY - Additional Information

License Verification _____ App. Exp. _____ CBC _____
 Transcript or Cred. Eval. _____

NOTE: This page is for your information only. Please remove from your completed application before submitting to OSBN.

Section 5a: Instructions for Disclosure Section

The following instructions provide you with specific information for what is required to continue processing your application. You are responsible for contacting the appropriate agencies to obtain the required documents to submit with your application. **Please read the following instructions carefully. Your application will not be considered complete until all documents are received.**

Question 1(a) & (b) & (c): Use of Alcohol or Drugs

If you answered YES to one or more of these questions, provide a detailed written explanation. Describe your alcohol/drug use history and details of any treatment with relevant dates. Provide any available documentation of your sobriety (e.g. letters, program records, or certificates of completion), if applicable.

You may answer NO if: You are currently enrolled in Oregon's Health Professionals Services Program (HPSP) as a **Self-Referral**. "Self-referral" means that you have independently and voluntarily enrolled in HPSP, and are being monitored. If you have had a Board investigation that resulted in your enrollment, **you must answer YES**.

Question 2: Ability to Practice Nursing Safely

If you answered YES, provide a detailed written explanation of your condition, its effects, and how you manage your condition.

Question 3: Criminal History

If you answered YES, provide a detailed written explanation. Describe the incidents that led to each arrest/charge, and the surrounding circumstances. Include relevant dates, the city and state where the incidents occurred, and the outcome of any criminal charges. Provide a copy of the court judgment and sentencing order or court order of dismissal, and documents providing evidence that you have completed or are in compliance with any court-ordered activities.

Question 4: Investigations for Abuse or Mistreatment

If you answered YES, provide a detailed written explanation. Provide the name of the agency that conducted the investigation. Provide documentation of the outcome of the investigation and any investigative reports.

Question 5(a) & (b): Investigations for Healthcare Violations

- a) If you answered YES, provide a detailed written explanation. Describe the alleged violation with relevant dates. Provide the name of the agency that conducted the investigation. Provide documentation of the outcome of the investigation and any investigative reports.
- b) If you answered YES, provide a detailed written explanation. Indicate the law or rule that was found to be violated with relevant dates. Provide documentation of the final determination.

Question 6(a) & (b): Discipline for Healthcare Violations

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the discipline and the surrounding circumstances with relevant dates. Provide documentation of the final determination.

Question 7: Credentialing Privileges

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the action against your privileges, and the surrounding circumstances with relevant dates. Provide documentation of the final determination.

Question 8: Malpractice

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the action for notice or civil judgement against you. Provide documentation of the final determination.

Section 5b: Disclosure

Before answering the questions below, please review the instructions for information to provide regarding any disclosure(s). Providing false, misleading, or incomplete information is considered falsifying an application and is grounds for denial of your application or discipline on your license/certification.

I understand I must provide the Oregon State Board of Nursing (OSBN) with any updates to information required in this application while it is pending.

1	a) In the last five years, have you used alcohol or any drugs in a way that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?	YES Explain	NO
	b) In the last five years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES Explain	NO
	c) In the last five years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES Explain	NO
ATTENTION: You must answer YES if you are enrolled in an impaired nurse program in any state or jurisdiction including Oregon . If you are a self-referral to the Oregon Health Professionals Services Program (HPSP), please review the disclosure instructions for Question 1 that include the definition of "self-referral", before answering any of these questions.			
2	Other than any information you may have provided in Question 1, do you have a physical, mental or emotional condition that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?	YES Explain	NO
3	Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense? ATTENTION: This includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, even if you were not convicted of any charge (for example- no charges were filed, case was dismissed, or you entered a diversion program). Driving under the influence must be reported here.	YES Explain	NO
4	Have you ever been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations. ATTENTION: You must answer YES to this question even if the allegation was not substantiated.	YES Explain	NO
5	a) Have you ever been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include any pending investigations.	YES Explain	NO
	b) Have you ever been found in violation of any state or federal law, rule, or practice standard regulating a health care profession? ATTENTION: Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.	YES Explain	NO
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction? ATTENTION: Question 6a) includes the disclosure of a denial, revocation, suspension, restriction, reprimand, censure, probation, loss of privileges, or any other formal or informal action.	YES Explain	NO
	b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES Explain	NO
7	Have you ever had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (e.g. Medicare or Medicaid) denied, restricted, suspended, revoked, or terminated for cause?	YES Explain	NO
8	Have you ever had a notice filed or a civil judgement awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?	YES Explain	NO

Applicant Last Name

First Name:

Section 6: State Nursing License Information

Please indicate below the state where you were initially licensed to practice as an LPN/RN after passing the SBTPE or NCLEX examination. **Also indicate the state where you are currently, or most recently practiced as an LPN/RN** (if you are practicing in this state under a compact license, indicate the state where you hold the multi-state license).

Original State:

Current State:

Section 7: Work History

Date that you last practiced nursing:

List your practice history starting with the most recent. If you have not practiced in the 5 years from the date of application, list the last position you held prior to leaving practice.

Company Name:		Telephone:
Address:	City:	Country:
Position Title:	License Number:	Licensing State:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)
Number of practice hours in this position in last five years (required):		
Company Name:		Telephone:
Address:	City:	Country:
Position Title:	License Number:	Licensing State:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)
Number of practice hours in this position in last five years (required):		

Section 8: Authorization

<p>I understand I have a duty to provide the Oregon State Board of Nursing with any updates to information required in this application while it is pending. I hereby certify that I have read this application, and that the information provided is true and correct. I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or discipline 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).</p> <p><input type="checkbox"/> I do not want my name and address shared with non-state agencies or for non-public health planning purposes. I understand this does not apply to requests made to OSBN for public information as authorized by ORS 192.420.</p>	
Printed First and Last Name	
Applicant Signature	Date: (mm/dd/yy)