



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 Examination For US-Educated Nurses

AVAILABLE ONLINE: This application is available online for US nursing program graduates. Apply online by going to the OSBN website at www.oregon.gov/OSBN.

Section 1: Application Instructions

- **Application Status:** You may track the progress of your application using the **Application Status Wizard** available on the OSBN website at: www.oregon.gov/OSBN. The status of a required item is updated online as it is processed by staff.
- **Fingerprinting:** OSBN requires a national fingerprint-based criminal background check 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.
- **Schedule Appointment:** Once your application and full payment are received, you will be sent instructions to the email you provided on your application on how to register with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.
- If you were issued a different type of OSBN license/certificate within 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/US jurisdictions cannot be used for OSBN licensure.**

Section 2: Application Fees- ALL OSBN FEES ARE NON-REFUNDABLE

| Application Type | Fee | Description |
|---------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LPN/RN Licensure by Examination | \$169 | Surcharge included: Application fees include a \$9 surcharge remitted to the Oregon Center for Nursing (OCN) to fund the Oregon Nursing Advancement Fund created by Oregon Senate Bill 72 in 2015. |

Section 3: Application Checklist

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

- Submit original application to OSBN-** copies are not accepted and will delay processing.
- Picture ID:** Include a passport-size picture ID on form LIC-103A with your application.
- Official Final Transcripts:** 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
- Exam Accommodations:** If you qualify, include form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) with the appropriate documentation.
- Name Change:** If your legal name listed on this application is different than what on a candidate list or your final transcript, include form OSBN-613 [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

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.



Application Information For LPN/RN Licensure by Examination

Section 4: Eligibility Requirements

a. Nursing Education

Per OAR 851-031-0006(1)(a) an applicant for LPN/RN Licensure by Examination must show proof of completion from the qualifying nursing program that would make them eligible to take the NCLEX exam. A Candidate List that includes the applicant's information, or an official sealed final transcript with the degree awarded and graduation date, will allow OSBN to release an applicant to test. However graduates who were released by candidate list that have subsequently passed the exam must have acceptable official final transcripts on file with OSBN before a license will be issued to them.

b. NCLEX Eligibility Timeframe

US nursing graduates are eligible to attempt and pass the NCLEX in Oregon for a **three-year period from the date of graduation** from their program.

c. NCLEX Registration & Testing Accommodations

NCLEX exam registration and test scheduling is managed by PearsonVUE at www.pearsonvue.com/nclex. For additional information on the registration process, view the *NCLEX Examination Candidate Bulletin* available on their website. **IMPORTANT:** You must register with PearsonVUE before OSBN can make you eligible to test. PearsonVUE will notify us when you have registered. Once we have made you eligible to test, PearsonVUE will email you your Authorization to Test (ATT).

Testing accommodations may be provided to candidates with documented disabilities who demonstrate need, in accordance with the federal Americans with Disabilities Act (ADA). You must receive approval of your request from the Board prior to being released to test. **Submit form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) and the required documentation with your application.**

d. Picture Identification

Picture identification must be submitted with the application prior to being released to test. Each of the following are required for acceptable picture ID:

1. Passport-size photograph taken within six months of the date of application; and
2. Photo is attached with tape (no staples) to form LIC-103A; and
3. LIC-103A is signed by: 1) the applicant; and 2) by the Dean/Director of the nursing program, OR by a Certified Notary Public.



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IMPORTANT: Faxed or emailed applications are not accepted. You may fill out the form electronically then print it out to sign and mail to OSBN. **OSBN uses the email address on file for all application and licensing renewal notifications.** It is your responsibility to keep information on file current with OSBN to ensure receipt.

Section 1: License Type- Check the box for the type of license you are applying for.

| | |
|------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> Licensed Practical Nurse (LPN) |
|------------------------------------------------|---------------------------------------------------------|

Section 2: Name and Address Information

| | | | |
|-------------------------------------------------------------------|-------|------------------|----------------------|
| Last Name: | | First Name: | |
| Middle Name: | | Former Name(s): | |
| Street Address: | | | Country: |
| US Residents: (select from each box) | City: | State: | Zip: |
| Non-US Residents: (list city, state/province, and postal code) | | | |
| Primary Phone: | | Secondary Phone: | Email: (required) |

Section 3: Personal Identifiers

| | | | | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|----------------|
| Gender: | Female | Male | Other | Date of Birth: |
| Social Security Number (required): | ATTENTION: Your SSN is required per ORS 25.785 and will be disclosed to entities and used for the purposes listed in OAR 851-001-0030 (2). Refusal to provide your SSN will result in denial of licensure/certification. This denial will be reported to the National Practitioner Databank, as authorized by 42USC Section 666(a) (13). If you are currently working on a US Visa (H1B, I-766 or other current federal government form authorizing you to work in the US), please submit copies of your passport and the Visa along with this application. If you are attending school on an F1 Visa, please provide a copy of the I-94 and I-20 signed by the designated school authority. | | | |

Section 4: Nursing Education

List the nursing program completed that makes you eligible to sit for the NCLEX exam in Oregon. If you have not yet graduated, list the anticipated date.

| | | |
|-------------------------|--------|------------------|
| Name of Nursing School: | | |
| City: | State: | Zip Code: |
| Degree Type: | | Graduation Date: |
| Name on Transcript: | | |

OSBN USE ONLY: NCLEX Test Results
 Test Date(s) Pass (P)/ Fail (F)

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

OSBN USE ONLY- License Number & Expiration Date

OSBN USE ONLY- Additional Information
 Photo ID
 Transcript
 Candidate List
 App. Exp _____
 CBC Complete _____

NOTE: This page is for your information only. Please remove this page 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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <p>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.</p> | | | |
| 1 | a) In the last two 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 two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions? | YES Explain | NO |
| | c) In the last two years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed? | YES Explain | NO |
| <p>ATTENTION: You must answer YES to this question 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 before answering any of these questions.</p> | | | |
| 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 |

Section 6: 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>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> | |
| Applicant Signature | Date (mm/dd/yy): |



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Photo Identification Verification For NCLEX Examination Eligibility

Section 1: Applicant Photo ID

Photo identification is required for eligibility to sit for the NCLEX in Oregon. Include this signed form with your application materials to submit to OSBN.

- The photograph must be less than six months old from the date of application.
- Attach the passport-size photo to this form in the box below. **Please only use tape to attach the photo to the form.**

*Place
 Passport-Size Photo
 Here*

Section 2: Applicant Signature

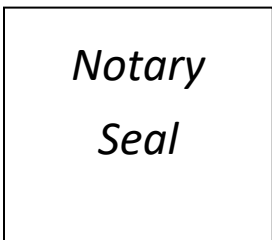
I verify that the picture provided is a true and accurate original photograph of myself, taken within the last six months.

| | |
|------------------------|-----------------------|
| Printed First Name | Printed Last Name: |
| Applicant Signature | Date (mm/dd/yy) |

Section 3: Verification of Identity by Dean/Director of Nursing or a Notary Public

I verify the identity of the person who has signed this form.

| | |
|-----------------|---------------------------------|
| Printed Name | Nursing Program (if applicable) |
| Signature | Date (mm/dd/yy) |



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