



# Oregon Application for LPN/RN Licensure by Examination

**NOTE:** Before submitting an application and fees for LPN/RN Licensure by Examination, review the Oregon Nurse Practice Act, Division 31: *Standards for Licensure of Registered Nurses and Licensed Practical Nurses*, available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN).

## Section 1: Application Instructions

- Allow approximately 10-15 business days from the date the application and full payment are received by OSBN to review all application requirements in order to make you eligible to sit for the NCLEX examination.
- Complete all sections and sign and date the application. Use your current legal name on all application documents. Submit the original application to OSBN- copies are not accepted and will delay processing.
- 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 all fees required in order to process your application.

Application Type	Fee	Description
Oregon LPN/RN Licensure by Examination (form LIC-103)	<b>\$169</b>	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 application fees are non-refundable.**
- Provide passport-size picture ID on form LIC-103A included in the application packet.
- 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](mailto: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 or to the OSBN email address [osbn.transcripts@state.or.us](mailto:osbn.transcripts@state.or.us).
- If you qualify for ADA exam accommodations, include form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) with the appropriate documentation.
- If your legal name listed on this application is different than what is listed on a candidate list or your official final transcript, include form OSBN-601 [Name Change and/or Address Request Form](#) and proof of legal name change documentation with your application.

**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: General Eligibility Requirements**

### **a. Education Requirement**

Per OAR 851-031-0006(1)(a) an applicant for LPN/RN Licensure by Examination must show proof of graduation from a 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. NCLEX Eligibility Timeframe in Oregon**

Per OAR 851-031-0010(2)(b), an applicant for Oregon LPN/RN licensure is eligible to attempt and pass the NCLEX examination in Oregon during the **three year period from the date of graduation** from their qualifying program. This is determined by the graduation date listed on the official final transcript or credential evaluation. If the applicant fails to pass the examination in three years, they are no longer eligible to test at that time.

The eligibility period is the same for applicants who: 1) Have graduated from a nursing program outside of the US within three years from date of application; AND 2) have not yet practiced at the level of licensure sought. Foreign nursing graduates who have practiced nursing internationally at the level they are applying for licensure in Oregon must successfully pass the NCLEX examination within **three years from the date that application and full payment are received by OSBN.**

### **c. Verification of International Nurse Practice History**

Per 851-031-0006(e)(A), graduates from a nursing program outside the US that have practiced as a nurse internationally, must provide proof of at least 960 hours of nursing practice completed in the five years preceding the date of application. An applicant who does not meet the practice hour requirement must complete a Board-approved nurse re-entry program before sitting for the NCLEX examination in Oregon. For more information regarding nurse re-entry in Oregon, please call OSBN at 971-673-0685.

### **d. Registration for the NCLEX Examination & Testing Accommodations**

The NCLEX examination registration and test scheduling is managed by PearsonVUE, an independent testing service, at [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex). Review the current *NCLEX Examination Candidate Bulletin* available on the PearsonVUE website to guide you through the registration process.

In accordance with the federal Americans with Disabilities Act (ADA), testing accommodations may be provided to candidates with documented disabilities who demonstrate need. 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.**

### **e. Picture Identification**

Picture identification must be submitted with the application per OAR 851-031-0006(3)(c)(A-C) prior to being released to test. Each of the following are required for acceptable picture identification:

1. Passport-size photograph taken within six months of the date of application; and
2. Photo is attached with tape (no staples) to LIC-103A (form included); 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.



**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

**NOTE:** Please read the attached information page before completing this application. Use only blue or black ink and print all information legibly. You may fill out the form electronically, then print it out to sign and mail in. Faxed or emailed applications are not accepted.

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

<b>Registered Nurse (RN)</b>	<b>Licensed Practical Nurse (LPN)</b>	I completed my qualifying nursing program outside the United States.
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## 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/US Jurisdiction:	Zip Code:
Non-US Residents: (list your city, state/province, and postal code here)			
Primary Phone: Unlisted	Secondary Phone: Unlisted	Email:	

## Section 3: Personal Identifiers

Gender: Female Male	Date of Birth:
Social Security Number: Check here if you do <b>not</b> 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: Nursing Program Information

Nursing Program: (Name of School)	
Select the country where your school is located:	
Date of Graduation: (mm/dd/yy)	Type of Program:

**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 or Cred. Eval.
- International Practice Hours Verified
- App. Exp \_\_\_\_\_ CBC Complete

**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?  <b>ATTENTION:</b> You must answer <b>YES</b> to this question if you are enrolled in an impaired nurse program in any state or jurisdiction <b>including Oregon</b> . 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.	YES Explain	NO
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?  <b>ATTENTION:</b> This includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, <b>even if you were not convicted of any charge</b> (for example- no charges were filed, case was dismissed, or you entered a diversion program). <b>Driving under the influence must be reported here.</b>	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.  <b>ATTENTION:</b> You must answer <b>YES</b> 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?  <b>ATTENTION:</b> 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?  <b>ATTENTION:</b> 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: Education History

List below the **nursing education program completed that makes you eligible to sit for the LPN/RN NCLEX examination in Oregon**. If you have not yet graduated, list the anticipated date of graduation. Resumes or individual coursework are not accepted in lieu of completing this section.

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

## Section 7: Nursing Practice History for Foreign Nursing Graduates

If you practiced in another country as an LPN/RN after completing your nursing program, list your practice history starting with the most recent employer. Only list practice within the last five years from the date of your application. If you have not practiced in the last 5 years from the date of application, list the last position you held prior to leaving nursing practice.

Company Name:	Telephone:	
Address:	City:	
Country:	Position Title:	License Number:
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>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):

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](mailto: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**



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# Photo Identification Verification For NCLEX Examination Eligibility

Per Oregon Administrative Rule (OAR) 851-031-0006(3)(c)(A-C) In order to be made eligible by the Oregon State Board of Nursing (OSBN) to sit for the LPN/RN NCLEX examination you must provide picture identification with your application for licensure.

## **Section 1: Requirements**

- Picture identification must be submitted on this form (LIC-103A);
- The form must be signed by the applicant;
- The photo submitted must be passport size, and **taken within six months of your application**;
- The form must be signed as verification of identity by either one of the following: the Dean/Director of your school of nursing, or a Notary Public.

**Place Photo Here**  
 Make sure all sides are  
 taped down- do not use  
 staples to attach.

## **Section 2: Applicant Name and Authorization**

**NOTE:** Use the same name as you listed on your exam application.

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

Printed First and Last Name

Date of Birth  
(mm/dd/yy)

Applicant Signature

Signature Date  
(mm/dd/yy)

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

I verify that the photograph attached is of the same person that signed the form.

Printed Name

Nursing Program (if applicable)

Signature

Signature Date  
(mm/dd/yy)

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