



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

Oregon CNA/CMA Application For Re-Examination

ATTENTION: Use only black or blue pen to fill out this form, and print all information legibly. Complete all requested fields to ensure submission of a complete application.

Section 1: Re-Examination Eligibility

This form is to be submitted by an applicant for Oregon CNA/CMA Certification by Examination who was unsuccessful at attempting to pass the competency examination, and is applying to be made eligible to re-exam by the Oregon State Board of Nursing (OSBN).

Section 2: Exam Type and Re-take Fee- Check the box for each type of competency exam you are applying to re-take. **All fees are non-refundable.**

<input type="checkbox"/> CNA Manual Skills Test- \$45	<input type="checkbox"/> CNA Written Test- \$25	<input type="checkbox"/> CMA Written Test- \$73
<input type="checkbox"/> Oral Exam- \$35 This option is available only to CNA applicants. The \$35 fee is in addition to the testing fee above.		

Section 3: Testing Information

You will be released to re-test by OSBN once your application and fees have been received and processed. After you have been released you will then be able to schedule your next testing date with Headmaster.

How to Schedule an Exam Date:

1. Go to <http://www.hdmaster.com> and click on the “Oregon CNA” or “Oregon CMA” button (depending on what type of certification you are testing for) below the US map displayed on the webpage.
2. Click on the “Schedule/Re-schedule” button.
3. Complete the information to login using your test ID# and Pin#. Click the “Login” button.
4. Select your preferred exam site location and date from the drop-down window. Click on the “Submit” button.
5. A printable Exam Date Confirmation page will appear with your testing date details.
6. If you do not see a test date online that will work for you, or you would like to schedule your testing site/date by telephone, you may call Headmaster at 1-800-393-8664.

Section 4: Applicant Information and Authorization

Last Name(Print):	First Name (Print):	
Mailing Address	City:	Zip:
Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	State:
Primary Telephone: <input type="checkbox"/> Unlisted	Email Address:	
I understand I have a continuing 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. 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 discipline of license/certification.		
Applicant Signature:	Date (mm/dd/yyyy):	

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 application and form of payment to:

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