



Oregon State Board of Nursing

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Phone: 971-673-0685 • Fax: 971-673-0684 • Website/Verification: www.oregon.aov/OSBN

Facility Credit Card Authorization

Please type or print clearly using blue or black ink.

Facility Information

Contact Person:
Name of Organization/Facility:
Facility mailing address:
City and State: Zip code:
Telephone number: () Email address:

Match ORIGINAL APPLICATION for each applicant listed below. Attach this authorization form to the stack of original applications before mailing the completed applications to the Board. If there is a problem with matching application and fee, the Board will contact you to verify information.

This credit card payment authorization is for the following applications.

Table with 4 columns: Number, Name of Applicant (Last name first), Type of Application, Application Fee. Rows 1-15.

TOTAL AMOUNT to be charged for all application fees listed above =

To pay by Visa or MasterCard ONLY, (Please do not put Credit Card Info in the form)

Please leave your name _____ and number _____ so that we can contact you for your Credit Card Info in order to process the application. OR

Please call our front desk at 971-673-0665 with Credit Card Info so that we can process the application.