



Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012

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

Nursing Education History

Please type or print clearly using blue or black ink

- Please provide the requested information below for all Nursing education programs completed.
Please do not attach resume and do not list individual courses taken or continuing education.
Sealed Nursing transcripts should be delivered directly to the Oregon State Board of Nursing (OSBN) from your school(s).
Begin with most recently completed Nursing program and work backwards in time.

Last Name First Name Social Security Number

School Name City & State (Country)
Degree/Certificate Earned:
Date Enrolled (mm/dd/yyyy) Date Graduated (mm/dd/yyyy)
Major Specialty / Type (if applicable)
Name Listed on Transcript (Your legal name when you attended this school)

School Name City & State (Country)
Degree/Certificate Earned:
Date Enrolled (mm/dd/yyyy) Date Graduated (mm/dd/yyyy)
Major Specialty / Type (if applicable)
Name Listed on Transcript (Your legal name when you attended this school)

School Name	City & State (Country)
Degree/Certificate Earned:	
<input type="checkbox"/> LPN/LVN Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Associate Degree in Nursing	<input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Bachelor's Degree in Nursing <input type="checkbox"/> Master's Degree <input type="checkbox"/> Master's Degree in Nursing
<input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Doctorate Degree in Nursing <input type="checkbox"/> Post-master's Certificate <input type="checkbox"/> Other: _____	
Date Enrolled (mm/dd/yyyy)	Date Graduated (mm/dd/yyyy)
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<input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Doctorate Degree in Nursing <input type="checkbox"/> Post-master's Certificate <input type="checkbox"/> Other: _____	
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