



Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Promissor, an independent testing service, manages & administers the CNA 1 examination for the Oregon State Board of Nursing. The Nursing Assistant Candidate Handbook for those seeking CNA 1 certification is available at www.promissor.com.

CNA 1 Reactivation Examination Application

Attach appropriate non-refundable fee with application

Please type or print clearly using black ink

- Reactivation Examination \$106 fee
Oral Exam Additional \$35 fee (\$106 + \$35 = \$141) An "oral" examination is given using a tape recorder. The exam is presented orally but the exam taker responds in writing, not orally.

Last Name First Name Middle Name
Female Male

All other names and aliases (If none indicate NONE) Gender Optional

Social Security Number Date of Birth (MM/DD/YYYY) Place of Birth

Mailing Address City State Zip Code

Area Code Home Telephone Unlisted Email Address

Previous Oregon CNA certificate Number Previous Oregon CNA Expiration Date

Most Recent CNA Employer Name (If none indicate none) Area Code Telephone Number

Employer Address City State Zip Code
YES NO YES NO

Start Date (MM/DD/YYYY) Still Employed? End Date (MM/DD/YYYY) Under Nurse Supervision?

Position Held Brief CNA Duties Employment Setting

Previous CNA Employer Name (If none indicate none) Area Code Telephone Number

Employer Address City State Zip Code
YES NO

Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY) Brief CNA Duties Under Nurse Supervision?

Optional: Asian Black Hispanic Native American White Other

For official use ONLY:
Site MP WP MF WF Date No Show
LEDS Date Issue Date

Certificate #

1	Do you have a physical, mental or emotional condition that in any way impairs your ability to perform CNA duties with reasonable skill and safety?	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
2	Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state? (The fact that a conviction has been pardoned, expunged (excluding juvenile record expungement), dismissed or that your civil rights have been restored does not mean that you answer this question "NO"; you would answer "YES" and give details on the charge).	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
3	Have you ever been investigated for any type of abuse in any state?	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
4	Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
5	Are any disciplinary actions <u>pending</u> against your CNA certificate or nursing license in any state or US jurisdiction?	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
6	Have any disciplinary <u>actions been taken</u> against your CNA certificate or nursing license in any state or US jurisdiction?	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
8	Do you use, or have you used in the last five years, chemical substance(s) in any way, which impairs or limits your ability to perform as a nursing assistant with reasonable skill and safety? "Chemical Substance" includes alcohol and drugs.	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
9	Are you currently engaged in the illegal use of controlled substances? (Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider).	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO
10	Have you ever been found in any civil, administrative or criminal proceeding to have: a) Possessed, used, prescribed for use or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself? b) Committed any act involving dishonesty or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession?	a) <input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> No
		b) <input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> No
		c) <input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> No
11	Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with action by such authority?	<input type="checkbox"/> YES <b>Explain</b>	<input type="checkbox"/> NO

**If you answered YES to any of the above questions, "Explain" on a separate sheet.**

Refusal to provide a Social Security Number (SSN) will result in denial of license/Certification issuance or renewal. This record of your SSN will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other use. If any disciplinary action is taken against your license/Certification, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, USC § 666(a)(13).

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct a criminal records check through the Law Enforcement Data System (LEDS).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Signature



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## CNA 1 Preferred Examination Dates

Please type or print clearly using black ink

Last Name First Name Middle Name

### Social Security Number

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### Complete Examination Date Preferences

Please provide two exam date preferences. Allow one week for application to reach the OSBN office. The exam preference dates must be at least three weeks from the date you mail this form. Regional test schedules are available at www.promissor.com ("hover" your mouse over State Regulatory Exams, and click on Nurse Aide Exams from the drop down menu that appears. Then select Oregon from the list of states). Please review the instructions on the next page for information on how to pick exam dates. If the dates you request are not available, you will be assigned the next test date with available seating. Refer to your candidate handbook for information on rescheduling your assigned test date.



See date scheduling example on the back of this form before selecting date preferences.

#### 1st Exam Date Preference

#### 2nd Exam Date Preference

Exam Date: \_\_\_\_\_

Exam Date: \_\_\_\_\_

Test Site Code: \_\_\_\_\_  
From Exam Schedule

Test Site Code: \_\_\_\_\_  
From Exam Schedule

Promissor/NACES will send you confirmation of the date you are scheduled to take the Exam.

Applicant's Signature

Date of Signature

## Example for Choosing Two Exam Dates

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
				1 <b>You mail Application.</b> <b>Allow 7 full working days to arrive at OSBN office.</b>	2 (One business day.)	3
4	5 (Two business days.)	6 (Three business days.)	7 (Four business days.)	8 (Five business days.)	9 (Six business days.)	10
11	12 (Seven business days.) <b>Application arrives at OSBN office.</b>	13	14	15	16	17
18	19	20	21	22 <b>You can request exam dates that occur <u>after</u> this day.</b>	23	24
25	26	27	28	29	30	31



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# CNA 1 Reactivation Checklist

- Read the Oregon Nursing Assistant Candidate Handbook**, available at the Promissor website: [www.promissor.com](http://www.promissor.com) ("hover" your mouse over State Regulatory Exams, and click on Nurse Aide Exams from the drop down menu that appears. Then select Oregon from the list of states).
- Complete the application**
- Sign the application**
- Mail this information to the Oregon State Board of Nursing**
  - Completed and signed Application.
  - Completed CNA1 Preferred Examination Dates form.
  - \$106 non-refundable fee by a check or money order payable to the Oregon State Board of Nursing.
  - Additional \$35 non-refundable fee for Oral Examination, if applicable.





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# Licensure / Certification General Information

## **PLEASE NOTE**

If you held an Oregon nursing license / certificate in the past, call the Oregon State Board of Nursing (OSBN) office and ask for a reactivation packet.

## **APPLICATION**

- Apply for licensure/certification well in advance of employment in Oregon. In some cases, it can take several weeks for information from schools and other agencies to arrive for processing. If you meet the requirements for licensure/certification, your license will be issued approximately five business days after we have reviewed all of the required information and have determined eligibility.
- The OSBN may deny licensure/certification to an applicant convicted of certain crimes. If you have a criminal history, you will need to report it on your application and attach explanatory information on a separate sheet of paper. Falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of licensure/certification. A positive criminal record check will require investigation and may delay processing. Practicing before you are licensed/certified may result in a civil penalty.
- Your license/certification will be issued using the name on the initial application. If you change your name before issue, submit legal documentation of your name change and changes will be made before mailing your license/certification. If your name has changed after issue, please contact the Board and request a duplicate license/certificate application.
- Your mailing address must be complete and current in order for your license/certification to reach you promptly.

## **FEES**

- Fees are non-refundable and processed on receipt. Even if you do not complete the application process or do not qualify for licensure/certification, the fee is not refundable. The fee pays for processing the application and, if you are eligible, issuing the license/certification.
- **The RN / LPN must pay her or his own endorsement fee.** "For the purpose of the licensing procedure, the OSBN shall not accept monetary assistance from anyone except the nurse applying for licensure by endorsement." ORS 678.050(3)(b).
- A canceled check is your receipt and notification that the OSBN has received the application.

## **RENEWAL**

- Oregon uses a biennial birth date renewal system. When you receive your license/certificate, please note the expiration date. The expiration date is the midnight before your birthday in an odd year if you were born in an odd year or in an even year if you were born in an even year. Because of this, your first license/certificate may be valid anywhere from 60 days to two years and 59 days depending upon when you were born and when your application is complete. After that, if renewed on schedule, your license/certificate is good for two years.
- Your license is valid until the expiration date printed on it. There is no grace period permitting practice beyond this expiration date.
- You will renew all licenses/certificates simultaneously.
- Notify the OSBN in writing when you change your address to prevent delays in receiving your renewal application. The post office does not routinely forward the Oregon State Board of Nursing mail.

## **ADDITIONAL INFORMATION**

- Refusal to provide Social Security Number (SSN) will result in denial of license issuance. This record of your SSN will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other use. If any disciplinary action is taken against your license, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, 42 USC 405(c)(2)(C)(I) and USC 666(a)(13).
- For information on how to apply for, replace, correct or change your name on a SSN card, visit the Social Security Association web site at **[www.ssa.gov](http://www.ssa.gov)**.
- If you have a disability that requires special materials or assistance, please contact the OSBN office at 971-673-0685. If you are hearing impaired, you may reach the OSBN through Oregon Relay Service, at 1-800-735-2900.
- Information about nursing practice in Oregon can be found at the OSBN web site at **[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)**.
- Call the OSBN office 971-673-0685 if you need additional information.
- You may call the automated line, 971-673-0679, to see if your license/certificate has been issued.
- Sorry, we cannot accept facsimiles (fax) of documents required for a license/certificate application.