



## Oregon State Board of Nursing

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

# CNA 1 for Student Nurse Information

## CERTIFICATION REQUIRED

- You may not practice, sign your name as, or use a card, initials or device indicating you are a nursing assistant unless you hold a current certified nursing assistant card from the Oregon State Board of Nursing (OSBN).
- Practicing before you are certified is a violation of Oregon law and may result in a civil penalty up to \$5,000 under ORS 678.117.

## FEE

| APPLICATION              | FEE  | EXPLANATION   |
|--------------------------|------|---|
| CNAI for Student Nurse   | \$60 | A student nurse who meets the course requirements to apply for an Oregon CNAI certification without competency examination. |
| Fingerprinting process * | \$52 | Required to obtain licensure or certification in order for the OSBN to conduct a national criminal history record check.    |

\* If you have submitted fingerprints through the Oregon Department of Human Services (DHS) within the 180 days immediately preceding the date of application for licensure / certification, it is possible that the OSBN may be able to utilize your background check results through that agency. Contact the OSBN by sending an email to [osbn.fingerprintinginfo@state.or.us](mailto:osbn.fingerprintinginfo@state.or.us) or call 971-673-0685 for more information.

## STUDENT NURSE ELIGIBILITY

- **Initial certification for nursing students.** A nursing student applicant shall submit verification of current enrollment in an approved Nursing education program in the United States by either
  - An official transcript of the approved nursing program; **or**
  - A letter from the approved nursing program director or dean.
- You are eligible for CNAI certification if you have completed course work equivalent to a Board-approved Nursing Assistant training program. Your school of Nursing must provide this information to the OSBN by completing a Nursing Program Curriculum Content Checklist. Your official transcript will document course work you have completed and will be compared to the course list provided by your school on the completed Curriculum Content Checklist. *If you are currently enrolled in a Nursing program outside of Oregon, please contact the OSBN for further information.*



## Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road • Portland, Oregon 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

# CNA 1 for Student Nurse Checklist

Follow this checklist when you prepare to mail your application to the OSBN office.

### Complete application.

- Answer all questions. An incomplete application will be returned.
- Type or print the information clearly to minimize delays and errors.
- Use the same name on the application and all forms.
- Provide written explanation of all YES responses. Use a separate sheet of paper for your written explanation(s). Provide dates, locations, actions taken, resolutions, and findings of written explanations.
- Sign and date the application.

### Request documents from your school of Nursing to be sent directly to the OSBN for processing.

- Request current official transcripts to be sent to the OSBN; **or**
- Request your school of Nursing to provide a letter from the Director or Dean

### Mail the following to the Oregon State Board of Nursing:

- Completed Fingerprinting documents** in a separate envelope, sealed by the fingerprinting facility.  
*If you have submitted fingerprints through the Oregon Department of Human Services (DHS) within the 180 days immediately preceding the date of application for licensure / certification, it is possible that the OSBN may be able to utilize your background check results through that agency. Contact the OSBN by sending an email to [osbn.fingerprintinginfo@state.or.us](mailto:osbn.fingerprintinginfo@state.or.us) or call 971-673-0685 for more information.*
- Completed Student Nurse application.**
- Official transcript** or letter from the Director or Dean.
- Non-refundable fingerprinting process fee (if applicable) and Student Nurse application fee**, payable to the Oregon State Board of Nursing.



## 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

# 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 information about Reactivation.

## **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/certificate. 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/certificate 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/certificate.
- 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 notice. The post office does not routinely forward the Oregon State Board of Nursing mail.

## **ADDITIONAL INFORMATION**

- Refusal to provide a Social Security Number (SSN) may result in denial of license/certification issuance or renewal. This record of your SSN will be used for child support enforcement, tax administration purposes (including identification) and criminal background checks 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 Section 666 (a)(13).
- 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.



**Oregon State Board of Nursing**

17938 SW Upper Boones Ferry Road • Portland, Oregon 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

# CNA 1 for Student Nurse Application

**Attach \$60 non-refundable fee with application**

Please type or print clearly using black ink both front and back of application

|  |            |  |                                 |
|--|------------|--|---------------------------------|
| Last Name  | First Name | Middle Name  |                                 |
| All former names and aliases, including Maiden Name (If none, indicate NONE)   |            |  | <input type="checkbox"/> Female |
| Social Security Number<br>--      --   |            |  | Date of Birth                   |
| Mailing Address  |            |  | Place of Birth                  |
| Area Code Home Telephone<br>(        )   |            | <input type="checkbox"/> Unlisted  | Email Address                   |
| High School: <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Did not complete |            | Date Graduated: _____  |                                 |
| Nursing Program Name   |            | Area Code<br>(        )  | Telephone Number                |
| Nursing Program Mailing Address  |            | City   | State Zip Code                  |
| Date enrolled (mm/dd/yyyy)   |            | Course Study Program (Major)   |                                 |
| Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            | Most Recent Employer Name (If none, indicate NONE)   |                                 |
| Employer Address   |            | Area Code<br>(        )  | Telephone Number                |
| Start Date (mm/dd/yyyy)  |            | City   | State Zip Code                  |
| Full time? <input type="checkbox"/> Yes <input type="checkbox"/> No  |            | End Date (mm/dd/yyyy)  |                                 |
| Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            | <input type="checkbox"/> Paid Nursing Assistant Work   |                                 |
| Position Held  |            | Under Nurse supervision or monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |
| Primary Duties (Describe briefly)  |            | Optional: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other |                                 |

**For official use ONLY:**

Certificate Number Issued # \_\_\_\_\_

**If you answer YES to any of the questions below, provide a written explanation on a separate sheet.**

|    |   |  |                             |
|----|---|--|-----------------------------|
| 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<br>Explain    | <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<br>Explain    | <input type="checkbox"/> NO |
| 3  | Have you ever been investigated for any type of abuse in any state?   | <input type="checkbox"/> YES<br>Explain    | <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<br>Explain    | <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<br>Explain    | <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<br>Explain    | <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<br>Explain    | <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<br>Explain    | <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<br>Explain    | <input type="checkbox"/> NO |
| 10 | Have you ever been found in any civil, administrative or criminal proceeding to have:<br>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?<br>b) Committed any act involving dishonesty or corruption?<br>c) Violated any state or federal law or rule regulating the practice of a health care profession? | a) <input type="checkbox"/> YES<br>Explain | <input type="checkbox"/> NO |
|    |   | b) <input type="checkbox"/> YES<br>Explain | <input type="checkbox"/> NO |
|    |   | c) <input type="checkbox"/> YES<br>Explain | <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<br>Explain    | <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) may result in denial of license/certification issuance or renewal. This record of your SSN will be used for child support enforcement, tax administration purposes (including identification) and criminal background checks 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 Section 666 (a) (13).

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 revocation 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).

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

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