



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

Verification of Supervised Practice in Oregon for CRNA Students of Out-of-State Programs

CRNA student applicant name: _____

In order to perform clinical practice as a CRNA student in Oregon, you must meet the following criteria. Please check each box and provide the requested information in the blanks:

- Current unencumbered Oregon RN license # _____
- Enrollment in a nurse anesthesia program accredited by a state-approved accrediting body (list accrediting body, generally AANA) _____
- Proof of program approval by the Office of Degree Authorization or Oregon Department of Education:
 - Letter attached, or
 - Copy of verification from website.
- A signed preceptor agreement between the student and the CRNA or physician anesthesiologist who has agreed to serve as a preceptor.
- Identification of the faculty advisor at the home university responsible for general supervision of the CRNA student and their program.

Preceptor Information

The signature below verifies to the Oregon State Board of Nursing that you agree to provide direct supervision to the student named in this application:

Preceptor's Signature and Title: _____

Preceptor - Print Name: _____

Preceptor Oregon License Number: MD _____ CRNA _____

Site Address: _____

Phone Number: _____

Dates of Clinical Practicum: _____

Home University or Program Faculty Advisor Information

The signature below verifies that you agree to provide general supervision to the student named in this application:

Advisor's Signature and Title: _____

Advisor- Print Name: _____

Advisor's Contact Number: (_____) _____

Name of University or Program: _____