



## 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](http://www.oregon.gov/OSBN)

**Headmaster**, an independent testing service, manages and administers the CNA1 competency examination for the Oregon State Board of Nursing. The Oregon Nursing Assistant Candidate Handbook for those seeking CNA1 certification is available at [www.hdmaster.com](http://www.hdmaster.com)

# CNA1 Certification by Examination Information

## Certification Required

- You may not practice, sign your name, 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
<b>CNA1 Examination</b>	<b>\$106</b>	For applicants to obtain Oregon CNA1 certification who have not been certified as a CNA in another state or jurisdiction, <i>and</i> who have completed an OSBN-approved and minimum OBRA standard Nursing Assistant training within the last two years.
<b>Fingerprint processing *</b>	<b>\$52</b>	Required to obtain licensure or certification in order for the OSBN to conduct a national criminal history record check.
* Contact the OSBN by sending an email to <a href="mailto:osbn.fingerprintinginfo@state.or.us">osbn.fingerprintinginfo@state.or.us</a> or call (971) 673-0685 for more information regarding obtaining a national criminal background packet.		

## Initial Oregon CNA1 Certification

The application processing fee includes the cost of the first attempt to pass the competency exam to obtain Oregon CNA1 certification. The CNA1 Examination application remains on file for up to two years from the completion date of OSBN-approved and minimum OBRA standard Nursing Assistant training. You are eligible for up to three attempts while the application is on file to pass the competency exam.

It is important for you to review the Oregon Nursing Assistant Candidate Handbook provided by the current CNA1 competency exam testing company. This handbook includes instructions of how to schedule an exam, acceptable identification to obtain entrance to the exam site, acceptable clothing to wear during the competency exam, test site expectations and when to expect exam results.

## Reactivation of CNA1 Certification

**If you have held an Oregon CNA certification in the past, please call the OSBN to confirm whether you are eligible to reactivate your Oregon CNA1 by taking the competency exam.** Oregon provides several ways to reactivate CNA1 certification and you may be eligible to reactivate your certification by a different process. Please call the OSBN at 971-673-0685 to clarify whether Reactivation by Exam is the appropriate process for you at this time.



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# CNA1 Certification by Examination Checklist

Follow this checklist when you prepare to submit your application to the Oregon State Board of Nursing (OSBN) for processing.

- Read the Oregon Nursing Assistant Candidate Handbook.** The Oregon Nursing Assistant Candidate Handbook is provided during your Oregon Nursing Assistant training. The Oregon Nursing Assistant Candidate Handbook is also available online on the Headmaster website at [www.hdmaster.com](http://www.hdmaster.com) (Click the "Oregon" button below the red "Nurse Aide" heading. On the next webpage, under the red "Candidates" heading on the left side of the page, click on the "Candidate Handbook" button.)

### Complete the CNA1 Examination application.

- Answer all questions. Incomplete applications will delay processing.
- 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.

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

- Completed Fingerprinting documents** in a separate envelope, sealed by the fingerprinting facility.
- Completed CNA1 Certification by Examination application.**
- Photocopy of your certificate of completion** from the Nursing Assistant training program.
- Non-refundable fingerprint-based criminal background check processing fee and CNA1 Certification by Examination application fee;** made payable to the Oregon State Board of Nursing.
- If an Oral Exam is desired instead of a Written Exam, please be sure to include the additional \$35 non-refundable fee. (An "oral exam" is the written portion of the exam presented orally by tape recorder and the exam taker responds in writing onto the answer sheet.)



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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) 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 or after issue, submit legal documentation of your name change.
- Your mailing address must be complete and current with the board at all times.

## 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 noted on the OSBN License Verification system at <http://www.oregon.gov/OSBN>. 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.
- License/certificate verification is available at <http://www.oregon.gov/OSBN>.



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## CNA1 Certification by Examination Application

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

- Initial Examination: \$106 non-refundable fee** includes a written exam and manual skills exam.
- Reactivation by Exam: \$106 non-refundable fee** includes a written exam and manual skills exam.
- Oral Exam: Additional \$35 fee (\$106 + \$35 = \$141)** An "oral exam" is the written portion of the exam presented orally by tape recorder and the exam taker responds in writing onto the answer sheet.

Last Name	First Name	Middle Name	
All former names and aliases, including maiden name <i>(If none, indicate NONE)</i>		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Social Security Number --      --	Date of Birth	Place of Birth	
Mailing Address	City	State	Zip Code
Area Code (      )	Home Telephone <input type="checkbox"/> Unlisted	Email Address	
Nursing Assistant Training Program Name <i>(Attach Copy of Training Certificate)</i>		Training Completion Date:	

If reactivating your Oregon CNA1 within two years of the last expiration date:			
Oregon certification number:		Last expiration date:	
Most Recent Employer Name <i>(If none, indicate NONE)</i>		Telephone Number (      )	
Employer Address		City	State      Zip Code
Start Date <i>(mm/dd/yyyy)</i>	Full time? <input type="checkbox"/> Yes <input type="checkbox"/> No	End Date <i>(mm/dd/yyyy)</i>	
	Still Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Paid Nursing Assistant Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Under Nurse supervision or monitoring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Held	Primary Duties <i>(Describe briefly)</i>		

Optional <i>(select):</i>	<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
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#### FOR OSBN USE ONLY:

CBC completed

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 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?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
3	Have you ever been investigated for any type of abuse in any state?	<input type="checkbox"/> YES 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 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 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 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 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 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 Explain	<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 Explain	<input type="checkbox"/> NO
		b) <input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
		c) <input type="checkbox"/> YES 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 Explain	<input type="checkbox"/> NO

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