



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 and CMA for RN/LPN Information

GENERAL INFORMATION

- A Registered Nurse (RN) or Licensed Practical Nurse (LPN) is required to have a current CNA I certification before assuming a CNA I position and identifying himself or herself as a CNA I.
- A RN or LPN is required to have a current CNA I & CMA certification before assuming a CMA position and identifying himself or herself as a CMA.
- RNs, LPNs or LVNs who hold current unencumbered licenses in any U.S. state or jurisdiction are eligible to obtain CNA I certification without completing the Oregon Nursing Assistant competency examination.
- RNs, LPNs or LVNs in any U.S. state or jurisdiction who have had disciplinary action taken against their licenses who desire CNA I certification in Oregon will be considered on an individual basis.

FEE

APPLICATION	FEE	EXPLANATION
CNAI for RN/LPN	\$60	For a currently licensed Oregon Nurse with an unencumbered license to obtain CNA I certification.
CNAI & CMA for RN/LPN	\$80	For a currently licensed Oregon Nurse with an unencumbered license to obtain CNA I and Medication Aide (CMA) certification.
CMA for RN/LPN <i>(Already have current Oregon CNAI)</i>	\$20	For a currently licensed Oregon Nurse with an unencumbered license that already has an active and unencumbered Oregon CNAI certification to obtain Medication Aide (CMA) certification.

CERTIFICATION FOR OREGON LICENSED NURSES

- RNs and LPNs who have current unencumbered licenses to practice nursing in Oregon may obtain Nursing Assistant (CNA) and/or Medication Aide (CMA) certification:
 - (a) By applying for and obtaining CNA I and/or CMA certification according to these rules.
 - (b) By submitting application and fee for certification(s) sought.
- The applicant shall provide verification of current, unencumbered Oregon Nurse licensure.



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CNA 1 and CMA for RN/LPN Checklist

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.

Mail the following to the Oregon State Board of Nursing:

- Completed and signed application.
- Copy of your current Oregon Nursing license.
- Non-refundable fee(s) payable to the Oregon State Board of Nursing.



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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 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**.
- 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.



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CNA 1 and CMA for RN/LPN Application

Attach non-refundable fee with application

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

Mark application type you are submitting:

- CNA1 only for RN/LPN **\$60**
- CMA only for RN/LPN **\$20** (You must hold a current, unencumbered Oregon CNA1 before becoming a CMA)
- CNA1 & CMA for RN/LPN **\$80**

Last Name	First Name	Middle Name
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All other names and aliases (If none, indicate NONE) Female Male

Social Security Number -- --	Date of Birth	Place of Birth
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Mailing Address	City	State	Zip Code
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Area Code ()	Home Telephone <input type="checkbox"/> Unlisted	Email Address
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Most Recent Employer Name (If none, indicate NONE)	Area Code ()	Telephone Number
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Employer Address	City	State	Zip Code
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Start Date (mm/dd/yyyy)	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	

Position Held	Primary Duties (Describe briefly)
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Employer Name	Area Code ()	Telephone Number
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Employer Address	City	State	Zip Code
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Start Date (mm/dd/yyyy)	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	

Position Held	Primary Duties (Describe briefly)
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For official use ONLY:

Current RN/LPN number _____

Certificate Number(s) 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? (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 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

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

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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