



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

Mailing List Information

GENERAL INFORMATION

- Accuracy of information is based on voluntary disclosure.
- License numbers, telephone numbers and Social Security numbers are not available public information.
- Data is active licensee's name, home address, county, license type and license/certificate expiration date.
- Manipulation of the mail list is up to your organization. The mail list is standard text in a tab-delimited format to allow a variety of programs to benefit the use of the mail list.
- Please verify that someone in your organization is knowledgeable about importing and manipulating data and that you have a computer with software and hardware to perform the task.
- **OSBN staff cannot provide support for any issues you may have with your computer, software applications or network after you receive the file.**
- Our database is updated daily. We do not offer "upgrades" for previous mailing lists.

TO PREVENT DELAYS

- Provide a clear return address and credit card number information.
- Print or type clearly your contact information so that we may reach you if we have questions about your request. E-mail address, credit card account numbers and information must be clearly readable for processing.

OPTIONS

- Try to use a database or spreadsheet to sort data to meet your needs or to determine number of records.
- **Retail copy centers are available to create adhesive mailing labels or printouts.**
- Statistical information is available on the OSBN website at www.oregon.gov/OSBN on the "Publications" webpage.

ATTENTION

- **Allow three weeks for processing and mailing.** Check the desired license type(s) and total the amount of your application.
- **Pre-payment required. Fees are not refundable.** Fees are the cost of processing the mailing list. Make payment by Visa, MasterCard, Check or Money Order. State agencies on SFMS can make an internal transfer (Agency # 851 and PCA # 21301 AOBJ # 0880). Send Mailing List Application via mail, e-mail or by fax with fee or credit card information to the Board.
- **Do not pre-fax, pre-email, or pre-post Mailing List Application without fee.** Applications received without a fee or credit card number will be destroyed to prevent misunderstanding.
- **If there is a problem with the list you received, report it within 30 days.** Replacement requests for lists that are more than 30 days old require resubmission of application and fee.



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Mailing List Request

Attach appropriate non-refundable fee with application

Please type or print clearly in black ink

CONTACT INFORMATION

Person Requesting Information: _____
 Name of Organization: _____
 Telephone number: () _____
 Fax number: () _____
 E-Mail address: _____
 Mailing address: _____
 City and State: _____ Zip Code: _____

EXPLANATION

- 1) All addresses are "Home of Record", not employer. Only active licensees are included in the mailing list to prevent returned mail, because expired licensees are not required to maintain a current address with the Board.
- 2) Nurse Practitioners (NPs), CRNAs and CNSs are required to have an active RN license.
- 3) CMAs are required to have an active CNA.

	SELECT LICENSE TYPE	RECORDS	FEE	PAYMENT
<input type="checkbox"/>	Certified Medication Aide (CMA)	~ 1,299	\$ 35	
<input type="checkbox"/>	Certified Nursing Assistant (CNA)	~ 17,646	\$ 50	
<input type="checkbox"/>	Licensed Practical Nurse (LPN)	~ 3,909	\$ 40	
<input type="checkbox"/>	Registered Nurse (RN)	~ 42,273	\$ 70	
<input type="checkbox"/>	Nurse Practitioner (NP)	~ 2,198	\$ 35	
<input type="checkbox"/>	Nurse Practitioner with Dispensing Privileges (DP)	~ 184	\$ 35	
<input type="checkbox"/>	Certified Registered Nurse Anesthetist (CRNA)	~ 452	\$ 35	
<input type="checkbox"/>	Clinical Nurse Specialist (CNS)	~ 189	\$ 35	
			Total Cost >>>	

If you wish to pay by credit card (VISA or MASTERCARD only)

Credit Card number: _____ Exp date: _____
 Name on Credit Card: _____
 Credit card billing zip code: _____

I wish to receive this list by:

- E-mail text file.
 Pick up diskette from OSBN office (because I cannot supply an e-mail address.)
 Diskette through U.S. Postal mail.

For other search criteria or additional data fields, please contact the OSBN office in advance.