



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

Nursing Education History

Please type or print clearly using blue or black ink

- Please print the requested information for all Nursing education programs completed.
- Please do not attach resume and do not list individual courses taken or continuing education.
- Sealed Nursing transcripts should be delivered directly to the Oregon State Board of Nursing (OSBN) from your school(s). *If you completed Nursing education outside the United States, your credentials evaluation must be provided to the OSBN directly from the credentials evaluation service.*
- **Begin with most recently completed Nursing program and work backwards in time.**

Last Name	First Name	Social Security Number -- --
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School Name	City & State (Country)
Degree/Certificate Earned:	
<input type="checkbox"/> LPN/LVN Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Associate Degree in Nursing	<input type="checkbox"/> Associate Degree in Nursing <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Master's Degree in Nursing
<input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Doctorate Degree in Nursing <input type="checkbox"/> Post-master's Certificate <input type="checkbox"/> Other: _____	
Date Enrolled (mm/dd/yyyy)	Date Graduated (mm/dd/yyyy)
Major	Specialty / Type (if applicable)
Name Listed on Transcript (Your legal name when you attended this school)	

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