

Oregon State Board of Nursing
RN Application for Membership Nursing Practice Committee

Complete and return a hard copy of this application, along with your current curriculum vitae (CV) or resume, to **Oregon State Board of Nursing 17938 SW Upper Boones Ferry Road, Portland OR 97224-7012, Attn: Gretchen Koch RN, MSN.**

Applicant Information:

First: _____ MI: _____ Last: _____

Address: _____ City: _____ State: _____

Zip: _____ County: _____

Business Phone #: _____ Mobile Phone #: _____

Home Phone #: _____ Fax: _____

E-mail: _____

Oregon Nursing License number: _____

Are you pursuing membership as an individual or as a representative of an organization?

Individual: Yes ___ No ___

Organization: Name of organization _____

What is your current area of practice and professional expertise?

Have you ever been investigated by OSBN? Yes ___ No ___

(A "Yes" response will not necessarily preclude you from participation.)

Approximate date/s of investigation/s: _____

Please provide a brief explanation of the investigation outcome/s:

Explain why participation on this committee is of interest you (200 words or less)?

Describe any committee or task force work (for any agency or facility) you have done in the past 5 years?

Do you have a computer? Yes___ No ___

Do you have high speed internet? Yes___ No ___

Do you have access to a peer-reviewed database such as CINAHL (Cumulative Index to Nursing and Allied Health Literature)? Yes___ No ___

Are you proficient with Microsoft Word? Yes___ No ___

Do you know how to share files as e-mail attachments? Yes___ No ___

Have you ever participated in web-based presentations or conferences? Yes___ No ___

Application completed

CV or Resume enclosed

Mai your completed application and current CV or resume to the address on page one. Incomplete applications will not be processed and cannot be returned.