



**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

# Application for Registered Nurse First Assist (RNFA) Registry

**Applicant Name:** \_\_\_\_\_ **Oregon RN License #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please Note:** Certification as a CNOR and completion of an approved RNFA program are the minimal qualifications for placement on the registry. If you hold CRNFA status, submit evidence of that certification, as well. Please complete a new application each time you renew your certification(s), and submit it along with copies (do not send originals) of your renewal certification(s) to: Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Road, Portland, Oregon, 97224.

**1. License Unencumbered:**

I affirm that my Oregon RN License is unencumbered as of the date of this application.

**2. Certification(s):**

Please attach evidence in the form a copy(s) of your certification(s).

a. I hold an active certification as a Certified Operating Room Nurse (CNOR).

Yes No Expiration Date: \_\_\_\_\_

b. I hold an active certification as a Certified Registered First Assistant (CRNFA) from a Board-approved national certifying body. (CRNFA certification is not required for placement on the registry.)

Yes No Expiration Date: \_\_\_\_\_

**3. Program Completion:**

a. Please attach evidence in the form a copy of your RNFA program completion certificate, and

b. Please list the name of your RNFA Program. This program must meet the Association of PeriOperative Registered Nurses "AORN Recommended Education Standards for RN First Assistant Programs" as stated in the 2005 AORN Standards, Recommended Practices, and Guidelines.

Program Name: \_\_\_\_\_

Completion Date: \_\_\_\_\_

I affirm that I have read OAR 851-031-0088 related to RNFA Status, and I understand that I must submit evidence of my current certification as a CNOR and evidence of successful completion of my RNFA program. If I am certified as a CRNFA, I may also submit current evidence of that certification from an OSBN-approved national certifying body.

I hereby certify that I have read this application, that I have personally completed this form, and that the information provided on this form is true, correct and complete to the best of my knowledge.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_