



**Oregon State Board of Nursing**  
 17938 SW Upper Boones Ferry Rd.  
 Portland, OR 97224-7012  
 971-673-0685  
 www.oregon.gov/OSBN

# Oregon Application for LPN/RN Nurse Emeritus Licensure

**NOTE:** Before submitting an application and fees for nurse emeritus licensure, please review the Oregon Nurse Practice Act, Division 31 *Standards for Licensure of Registered Nurses and Licensed Practical Nurses* in order to verify that you meet eligibility requirements. These rules are available on the Oregon State Board of Nursing's (OSBN) website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN).

## Section 1: Application Instructions

- **IMPORTANT:** In order to apply for Nurse Emeritus you must either: 1) Have an Oregon LPN/RN license in *Expired* or *Retired* status; OR 2) Intend to retire your *Active* license with your Nurse Emeritus application.
- Allow approximately 5-10 business days from the date the application and full payment are received by OSBN to process the application and review all application requirements for licensure.
- Include check or money order payable to OSBN with your application (see Application Fee table below). **All application fees are non-refundable.**
- **Complete all sections of this application (form LIC-115) and your competency plan (form LIC-115A)** and sign and date the application. Submit both original forms to OSBN- copies are not accepted and will delay processing.
- If your **Oregon LPN/RN license has been expired for more than 60 days** from the date of application for Nurse Emeritus, a national fingerprint-based criminal background check conducted by OSBN is required. Criminal background checks completed by employers, other agencies, or other state and US jurisdictions cannot be used for OSBN licensure/certification purposes.
- Applicants required to complete a background check will be charged a separate fee of \$64.50 by Fieldprint Inc., an independent organization contracted by the State of Oregon to provide electronic fingerprinting services. **This fee is payable only to Fieldprint Inc. while registering on their website to schedule an electronic fingerprinting appointment.**
- Once your application and full payment are received, we will send you instructions via email or postal mail (if you do not provide an email address) on how to register with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.

## Section 2: Application Fee Table- Please see below for all fees required in order to process your application.

Application Type	Fee	Description
LPN/RN Nurse Emeritus Licensure (form LIC-115)	<b>\$50</b>	For individuals who meet all eligibility requirements per Oregon Administrative Rule (OAR) 851-031-0086 to apply for Nurse Emeritus licensure.

## Section 3: General Nurse Emeritus License Information

1. Nurses granted Nurse Emeritus licensure will identify themselves by using the title '*RN, Emeritus*' or '*LPN, Emeritus.*'
2. A Nurse Emeritus license is valid for a two year period, with exception of the first cycle following issuance of the license, whereas the timeframe is dependent upon the licensee's birth year. See [ORS 678.101\(1\)](#) for more information.
3. OSBN will send an email to the address on file upon issuance of Nurse Emeritus licensure. At 90 days prior to the expiration date, a licensee may reapply for another Nurse Emeritus license period if they wish. A new paper application, fee, and current professional practice competency plan is required to reapply.

For questions regarding the application process, please call OSBN at 971-673-0685, or you may send an email message to the general OSBN address at: [oregon.bn.info@state.or.us](mailto:oregon.bn.info@state.or.us)

Mail all application materials and form of payment to:

**Oregon State Board of Nursing**  
**17938 SW Upper Boones Ferry Rd**  
**Portland OR 97224**

**Notice to Applicants with Disabilities:** If you have a disability and require special materials or assistance to complete this application, please contact OSBN at 971-673-0685. If you are hearing impaired, you may contact OSBN through the Oregon Relay Service at 1-800-735-2900.



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# Oregon Application for LPN/RN Nurse Emeritus Licensure

**NOTE:** Please read the attached information page before completing this application. Use only black or blue pen to fill out application and print all information legibly. Faxed or emailed applications will not be accepted- an original application with signature is required.

**Section 1: Nurse Emeritus Application Type and License Number-** Check the appropriate box for application type, and list your Oregon LPN or RN license number.

<b>Nurse Emeritus Application Type</b> <input type="checkbox"/> <b>NEW:</b> I have never applied for Oregon LPN/RN Nurse Emeritus before. <input type="checkbox"/> <b>REAPPLY:</b> I am reapplying for another 2 year license period. <input type="checkbox"/> I am requesting to retire my Oregon LPN/RN license with this application in order to be eligible for Nurse Emeritus licensure, per OAR 851-031-0086(5).	<b>Oregon LPN/RN License Number</b>
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## Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s) Used:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (mm/dd/yyyy):        /        /	
Address:			
City:		State:	Zip:
Country:		Email:	
Primary Telephone: <input type="checkbox"/> Unlisted		Secondary Telephone: <input type="checkbox"/> Unlisted	
I prefer to be contacted by: <input type="checkbox"/> telephone <input type="checkbox"/> email <input type="checkbox"/> postal mail			

## Section 3: Eligibility Requirements

- I can attest to the completion of 10,000 lifetime practice hours per OAR 851-031-0086(6)(a) that qualifies me for Nurse Emeritus licensure in Oregon.
- I have included with this application form LIC-115A that outlines my professional practice competency plan as required per OAR 851-031-0086(6)(b)(A-D).

## Section 4: Authorization

I understand I have a duty to provide the Oregon State Board of Nursing with any updates to information required in this application while it is pending. I hereby certify that I have read this application, and that the information provided is true and correct. I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or discipline 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).

- I do not want my name and address shared with non-state agencies or for non-public health planning purposes. I understand this does not apply to requests made to OSBN for public information as authorized by ORS 192.420.

Applicant Signature	Date (mm/dd/yyyy):
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OSBN USE ONLY-Applicant Name (last name, first name)

OSBN USE ONLY- License Number & Expiration Date

OSBN USE ONLY- Additional Information  
 CBC Complete  
 Practice Competency Plan Received  
 Plan Approval Date: Policy Analyst:

**NOTE: This page is for your information only. Please remove from your completed application before submitting to OSBN.**

**Section 5a: Instructions for Disclosure Section**

The following instructions provide you with specific information for what is required to continue processing your application. You are responsible for contacting the appropriate agencies to obtain the required documents to submit with your application. **Please read the following instructions carefully. Your application will not be considered complete until all documents are received.**

**Question 1(a) & (b) & (c): Use of Alcohol or Drugs**

If you answered YES to one or more of these questions, provide a detailed written explanation. Describe your alcohol/drug use history and details of any treatment with relevant dates. Provide any available documentation of your sobriety (e.g. letters, program records, or certificates of completion), if applicable.

You may answer NO if: You are currently enrolled in Oregon’s Health Professionals Services Program (HPSP) as a **Self-Referral**. “Self-referral” means that you have independently and voluntarily enrolled in HPSP, and are being monitored. If you have had a Board investigation that resulted in your enrollment, **you must answer YES**.

**Question 2: Ability to Practice Nursing Safely**

If you answered YES, provide a detailed written explanation of your condition, its effects, and how you manage your condition.

**Question 3: Criminal History**

If you answered YES, provide a detailed written explanation. Describe the incidents that led to each arrest/charge, and the surrounding circumstances. Include relevant dates, the city and state where the incidents occurred, and the outcome of any criminal charges. Provide a copy of the court judgment and sentencing order or court order of dismissal, and documents providing evidence that you have completed or are in compliance with any court-ordered activities.

**Question 4: Investigations for Abuse or Mistreatment**

If you answered YES, provide a detailed written explanation. Provide the name of the agency that conducted the investigation. Provide documentation of the outcome of the investigation and any investigative reports.

**Question 5(a) & (b): Investigations for Healthcare Violations**

- a) If you answered YES, provide a detailed written explanation. Describe the alleged violation with relevant dates. Provide the name of the agency that conducted the investigation. Provide documentation of the outcome of the investigation and any investigative reports.
- b) If you answered YES, provide a detailed written explanation. Indicate the law or rule that was found to be violated with relevant dates. Provide documentation of the final determination.

**Question 6(a) & (b): Discipline for Healthcare Violations**

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the discipline and the surrounding circumstances with relevant dates. Provide documentation of the final determination.

**Question 7: Credentialing Privileges**

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the action against your privileges, and the surrounding circumstances with relevant dates. Provide documentation of the final determination.

**Question 8: Malpractice**

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the action for notice or civil judgement against you. Provide documentation of the final determination.

## Section 5b: Disclosure

Before answering the questions below, please review the instructions for information you should provide regarding any disclosure(s). Providing false, misleading, or incomplete information is considered falsifying an application and is grounds for denial of your application or discipline on your license/certification.

I understand I must provide the Oregon State Board of Nursing (OSBN) with any updates to information required in this application while it is pending.

1	<p>a) In the last five years, have you used alcohol or any drugs in a way that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?</p> <p>b) In the last five years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?</p> <p>c) In the last five years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?</p> <p><b>ATTENTION:</b> You must answer <b>YES</b> to this question if you are enrolled in an impaired nurse program in any state or jurisdiction <b>including Oregon</b>. If you are a self-referral to the Oregon Health Professionals Services Program (HPSP), please review the disclosure instructions for Question 1 before answering any of these questions.</p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
2	<p>Other than any information you may have provided in Question 1, do you have a physical, mental or emotional condition that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?</p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
3	<p>Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense?</p> <p><b>ATTENTION:</b> This includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, <b>even if you were not convicted of any charge</b> (for example- no charges were filed, case was dismissed, or you entered a diversion program). <b>Driving under the influence must be reported here.</b></p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
4	<p>Have you ever been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations.</p> <p><b>ATTENTION:</b> You must answer <b>YES</b> to this question even if the allegation was not substantiated.</p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
5	<p>a) Have you ever been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include any pending investigations.</p> <p>b) Have you ever been found in violation of any state or federal law, rule, or practice standard regulating a health care profession?</p> <p><b>ATTENTION:</b> Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
6	<p>a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction?</p> <p><b>ATTENTION:</b> Question 6a) includes the disclosure of a denial, revocation, suspension, restriction, reprimand, censure, probation, loss of privileges, or any other formal or informal action.</p> <p>b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?</p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
7	<p>Have you ever had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (e.g. Medicare or Medicaid) denied, restricted, suspended, revoked, or terminated for cause?</p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
8	<p>Have you ever had a notice filed or a civil judgement awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?</p>	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
Applicant Last Name		First Name:	



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# Oregon Nurse Emeritus Professional Practice Competency Plan

**Date of Submission:** (mm/dd/yy) \_\_\_\_\_

**Name of Licensee:** (first name, last name) \_\_\_\_\_

**Time Period Plan Covers:** (mm/dd/yy – mm/dd/yy) \_\_\_\_\_

## Section 1: Instructions

Each Nurse Emeritus is responsible for self-regulation and defining the anticipated venue(s) for the volunteer activities, as well as the typical duties/competencies that will be part of these activities. Based on the duties, each licensee will define how professional practice competencies for the role will be acquired or maintained. Those who function in the Nurse Emeritus role for very limited hours and in very limited ways would likely have a plan with just a few elements. Those who plan to volunteer for many hours in many different types of venues would have a more comprehensive plan. A plan must be submitted every time a licensee wishes to apply for Nurse Emeritus licensure. It may also be submitted/updated at any time the planned activities change.

Plans are reviewed by Board staff to ensure the licensee maintains the competency required to practice nursing, practical nursing, or registered nursing as defined in Oregon Revised Statute Chapter 678. The review is based on consideration of the defined volunteer activity and duties anticipated.

## Section 2: My Professional Practice Competency Plan (attach additional pages if needed)

Volunteer Activity Planned	Planned Frequency of Activity	Typical Duties	Past Experience with these Duties	Plan for acquisition or maintenance of competencies for these duties	Planned Date of Completion

# Please remove this page before submitting your application to OSBN.

## Sample Competency Plan Format

The sample plans provided below document two different types of volunteer nursing activities that licensees might engage in as a Nurse Emeritus. You may use these as a guide for when crafting your own professional practice plan.

### Sample #1

Volunteer Activity Planned	Planned Frequency of Activity	Typical Duties	Past Experience with these Duties	Plan for acquisition or maintenance of competencies for these duties	Planned Date of Completion
Triage walk-ins at a non-profit health clinic	Once a month for four hours	Intake assessment (health history)  Review of medications  System assessment pertinent to current condition or presenting complaint	Worked as the lead nurse at a primary care clinic for last six years.	Have conducted these intakes at this clinic for last four years. Continuing in the same role.  Review clinic policies and standing orders annually  Read peer-reviewed nursing journals each month addressing topics pertinent to clinic (Includes <i>American Journal of Nursing</i> and <i>Journal of Professional Nursing</i> ).  Complete no less than 5 hours of independent or formal learning each year related to the common health conditions seen at clinic (diabetes, heart failure, renal compromise, triage role).  Seek feedback from clinic manager on performance in triage role	2011-2015 (and continuing)  By October 31 of each year  By end of each month  By birthday each year  By October 31 of each year

### Sample #2

Volunteer Activity Planned	Planned Frequency of Activity	Typical Duties	Past Experience with these Duties	Plan for acquisition or maintenance of competencies for these duties	Planned Date of Completion
Conduct B/P screening at local senior center	Not more than once a month for two hours	Take B/P's  Conduct brief history review related to CV system and any pertinent medications  Provide health teaching tools to selected individuals based on findings	Worked on a med-surg unit for 10+ years  Have been providing these screenings for the last year	Review current American Heart Association guidelines related to B/P normals annually  Review the US Preventive Service B/P Screening Guidelines annually  Ensure all health teaching tools are evidence-based  Observations of B/P technique at least once each year by another nurse	By birthday each year  By birthday each year  Before each screening session  By birthday each year