



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

# Oregon APRN Application For Initial Nurse Practitioner Certification

Before submitting an application and fees for Advanced Practice Registered Nurse (APRN)- Initial Nurse Practitioner certification, please review the Oregon Nurse Practice Act, Division 50: *Nurse Practitioners*, and Division 56: *Advanced Practice Registered Nurse Authority to Prescribe and Dispense*, available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN).

## Section 1: Application Instructions

- **Per Oregon Administrative Rule (OAR) 851-056-0006 all applicants for NP licensure in Oregon must apply for and meet qualifications for prescriptive authority. Both applications (LIC-203 and LIC-204) are included in this packet.**
- Allow approximately 3-6 weeks from the date the application and full payment are received to review application requirements. A Nurse Practitioner (NP) application is valid for one year from the received paid date and will become null and void upon expiration.
- A national fingerprint-based criminal background check conducted by OSBN is required to apply for and obtain licensure/certification in Oregon. Applicants 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.**
- **If you are simultaneously applying for Oregon RN licensure by Endorsement or Reactivation, OR were issued a different type of OSBN license/certificate within six (6) months from the date of this application**, you do not need to complete a separate fingerprint-based background check for this application. Criminal background checks completed by employers, other agencies, or other state and US jurisdictions cannot be used for OSBN licensure/certification purposes.
- 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(s).

Application Type	Fee
APRN Initial Nurse Practitioner Certification (form LIC-203)	<b>\$150</b>
APRN Prescriptive Authority (form LIC-204)- Required for NP	<b>\$75</b>

## Section 3: Application Checklist

Please review the following checklist items to ensure that you are submitting a completed application for processing.

- Complete all sections and sign and date the applications. Submit original applications to OSBN- copies are not accepted.
- Submit payment by check or money order made payable to the Oregon State Board of Nursing with your application materials. Failure to submit the correct amount may delay processing. **All application fees are non-refundable.**
- Contact your school to request official sealed final transcripts that indicate the degree/diploma/certificate awarded and the graduation date of your qualifying NP program, be sent directly to OSBN in a sealed school envelope. Or if your school subscribes to a national document transfer network, you may request the service to send official electronic transcripts to OSBN at: [osbn.transcripts@state.or.us](mailto:osbn.transcripts@state.or.us)
- Submit with your application a copy of your valid unencumbered NP national certification that includes the identification number and expiration date.

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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# Application Information For Initial Nurse Practitioner Certification

## **Section 4: Education Requirement**

Per OAR 851-050-0001 and 0002, all applicants for APRN Nurse Practitioner certification in Oregon must show proof of qualifying education that made them eligible for licensure. All nursing program graduates after January 1, 1986 must hold a **minimum of a Master’s Degree in Nursing** from an accredited graduate-level nursing program recognized by the US Department of Education. The nurse practitioner program must be specific to the role and population focus of practice that the application is submitted for.

Your program must include graduate level stand-alone nursing courses in physical assessment, pathophysiology, and pharmacological content, as verified upon receipt of your official transcript. Per OAR 851-056-0006(6) integrated courses in pathophysiology and physical assessment completed prior to January 1, 1996 may be acceptable if content otherwise is equivalent.

Nurse practitioners who have been certified in another state or US jurisdiction and graduated from their nursing program prior to January 1, 1986, may meet education requirements if their program meets the standards of OAR 851-050-0001 and was completed within with the timeframes listed in the table below.

Graduation Date	Education Requirement
Prior to January 1 1981	<ul style="list-style-type: none"> <li>• Proof of completion of a nursing education program leading to licensure as an RN; <b>AND</b></li> <li>• Subsequent completion of an NP program that meets all educational requirements per OAR 851-050-0001.</li> </ul>
January 1, 1981 through January 1, 1986	<ul style="list-style-type: none"> <li>• Proof of completion of a minimum of a Bachelor’s Degree in Nursing; <b>AND</b></li> <li>• Subsequent completion of a separate NP program in the population foci that meets all educational requirements per OAR 851-050-0001.</li> </ul>

## **Proof of Completion of Qualifying APRN NP Nursing Program**

Official sealed final transcripts that indicate the degree/diploma/certificate awarded and the graduation date from the qualifying APRN nursing program are required to process your application. OSBN accepts sealed official transcripts via postal mail, or electronic transcripts sent directly from the national document transfer network that your school subscribes to.

## **Section 5: Practice Requirement**

All applicants must meet the practice requirement in one of the following ways:

- Completion of the qualifying NP program within two years from date of application; **OR**
- Practice as an NP in the population focus for at least 192 hours within the past two years from date of application; **OR**
- 960 hours of NP practice in population focus within the last five years from the date of application.

**NOTE:** Applicants that are new graduates from their qualifying NP program must include proof of a minimum of 384 practice hours within an RN scope on their NP application. These hours cannot be part of a continuing education program or completed for an academic clinical requirement, per OAR 851-050-0004(2)(a).

## **Section 6: National Certification**

Applicants for Oregon NP certification must hold valid unencumbered national certification from a national accrediting body. The certification must be congruent with the NP population focus that you are applying for per OAR 851-050-0002(1)(d). **Submit with your application a copy of your active national certification that lists your identification number and expiration date.**



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# Oregon APRN Application For Initial Nurse Practitioner Certification

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

**Section 1: NP Application Type-** If you are applying for more than one NP specialty, you must submit a separate application and fee for each type.

<input type="checkbox"/> Acute Care (ACNP)	<input type="checkbox"/> Family (FNP)	<input type="checkbox"/> Pediatric-Acute Care (PNP-AC)	<input type="checkbox"/> Women's Health Care (WHCNP)
<input type="checkbox"/> Adult-Gerontology Acute Care (AGACNP)	<input type="checkbox"/> Geriatric (GNP)	<input type="checkbox"/> Pediatric-Primary Care (PNP-PC)	
<input type="checkbox"/> Adult-Gerontology Primary Care (AGPCNP)	<input type="checkbox"/> Neonatal (NNP)	<input type="checkbox"/> Pediatric (PNP)	
<input type="checkbox"/> Adult (ANP)	<input type="checkbox"/> Nurse Midwife (NMNP)	<input type="checkbox"/> Psychiatric/Mental Health (PMHNP)	

## Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s) Used:	
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: Personal Identifiers

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):        /        /
Social Security Number (SSN):	
NOTE: Your SSN is required by the state for child support enforcement, tax administration purposes (including identification), and criminal background checks ONLY. Refusal to provide your SSN may result in denial of issue of a license/certificate and your SSN would be reported to the federal Health Care Integrity and Protection Data Bank, as authorized by ORS 305.385 USC Section 666(a)(13).	

## Section 4: Oregon RN and Current State NP Licensure

List below your Oregon RN license number, and current NP state license where you most recently practiced as an NP in the population/focus you are applying for.

I have submitted an application for RN Licensure by Endorsement that is in process (leave RN blank).

Oregon RN License Number: \_\_\_\_\_

Current NP State & License Number: \_\_\_\_\_

OSBN USE ONLY-Applicant Name (last name, first name)

OSBN USE ONLY- License Number & Expiration Date

OSBN USE ONLY- Policy Analyst Review  
 Staff Signature: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_

**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 6: National Certification

Include verification of your active NP national certification with your application to meet requirements.

National Certifying Body: \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

## Section 7: Nursing Education

List below each program you have completed that **qualifies you for the NP specialty you are applying for certification**. Resumes or individual coursework are not accepted in lieu of completing this section.

Name of School		
City	State/Jurisdiction	Country
Degree/Certificate Earned:		
<input type="checkbox"/> Nursing Diploma	<input type="checkbox"/> Bachelor's Degree in Nursing	<input type="checkbox"/> Post-Masters Certificate
<input type="checkbox"/> Associate's Degree in Nursing	<input type="checkbox"/> NP Program Certificate	<input type="checkbox"/> Doctorate Degree in Nursing
	<input type="checkbox"/> Master's Degree in Nursing	<input type="checkbox"/> Other: specify
Date Enrolled: (mm/dd/yyyy)	Date of Graduation: (mm/dd/yyyy)	
Major:	NP Specialty/Population:	
Name on Transcript:		
Name of School		
City	State/Jurisdiction	Country
Degree/Certificate Earned:		
<input type="checkbox"/> Nursing Diploma	<input type="checkbox"/> Bachelor's Degree in Nursing	<input type="checkbox"/> Post-Masters Certificate
<input type="checkbox"/> Associate's Degree in Nursing	<input type="checkbox"/> NP Program Certificate	<input type="checkbox"/> Doctorate Degree in Nursing
	<input type="checkbox"/> Master's Degree in Nursing	<input type="checkbox"/> Other: specify
Date Enrolled: (mm/dd/yyyy)	Date of Graduation: (mm/dd/yyyy)	
Major:	NP Specialty/Population:	
Name on Transcript:		

## Section 8: Practice History

List practice history through the last five years from the date of your application. NP program graduates must include proof of at least 384 RN practice hours if lacking NP practice hours.

Company Name:		Telephone:	
Address:	City:	State:	Zip:
Position Title:	License Number Used	Licensing State:	
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	
Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>	Number of practice hours in this position in last five years(required):		
Applicant Last Name		First Name	

## Section 8: Nursing Practice History (continued)

Company Name:		Telephone:	
Address:	City:	State:	Zip:
Position Title:	License Number Used		Licensing State:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)	
Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>	Number of practice hours in this position in last five years (required):		
Company Name:		Telephone:	
Address:	City:	State:	Zip:
Position Title:	License Number Used		Licensing State:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)	
Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>	Number of practice hours in this position in last five years (required):		
Company Name:		Telephone:	
Address:	City:	State:	Zip:
Position Title:	License Number Used		Licensing State:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)	
Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>	Number of practice hours in this position (required):		

## Section 9: 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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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)

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# Oregon Application for APRN Prescriptive Authority

Before submitting an application and fees for certification, please review the Oregon Nurse Practice Act, Division 56: *Advanced Practice Registered Nurse Authority to Prescribe and Dispense*, available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN). You will want to first **verify that you meet all eligibility requirements** to apply for Advanced Practice Registered Nurse (APRN) NP, CNS, or CRNA licensure in the state of Oregon.

## Section 1: Application Instructions

- **In order to be eligible for Oregon APRN prescriptive authority**, you must also apply for initial NP, CNS, or CRNA licensure at the same time. **Do not submit applications separately unless you are an active, unencumbered Oregon APRN licensee without prescriptive privileges** (CNS, CRNA), and are applying to ADD prescriptive authority to your active APRN licensure.
- Read the *Prescriptive and Dispensing Authority in Oregon for Advanced Practice Registered Nurses* handbook available on the OSBN website at: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) and check the box in the application attesting that you understand and will comply with stated regulations.
- All sections of the APRN Prescriptive Authority (LIC-204) application are complete, and the authorization section is signed and dated. Submit the original application to OSBN via postal mail- copies are not accepted and will delay processing.
- Include check or money order payable to the Oregon State Board of Nursing (OSBN) with your application. **All application fees are non-refundable.**
- Mail application materials and form of payment to: OSBN, 17938 SW Upper Boones Ferry Rd, Portland OR 97224.
- Allow approximately 3 weeks from the date the application and full payment are received to review application requirements. An APRN Prescriptive Authority application is valid for one year from the received paid date and will become null and void upon expiration.

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

Application Type	Fee	Description
APRN Prescriptive Authority for NP, CRNA, or CNS (form LIC-204)	<b>\$75</b>	Per Oregon Administrative Rule (OAR) 851-056-0006(7) all applicants for nurse practitioner certification in Oregon <b>must apply for and meet</b> the qualifications for issuance of prescriptive authority. Clinical nurse specialists (CNS) and Certified Registered Nurse Anesthetists (CRNA) may apply for, be issued, and renew certification without prescriptive authority.

## Section 3: Eligibility Requirements

### a. Practice Requirement

Per OAR 851-056-0006, you must qualify for APRN Prescriptive Authority in Oregon in one of the following ways:

1. Graduation from a qualifying APRN education program within two years prior to application (practice requirement is waived); **OR**
2. Attesting to completion of at least 150 practice hours of utilizing current prescriptive authority in another state, US jurisdiction, or US federal institution or facility in the two years prior to application date. **This is required for applicants who are more than two years post-graduation from their qualifying APRN program.**

**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.



# Application Information For APRN Prescriptive Authority

## **Section 3: Eligibility Requirements (continued)**

### **a. Practice Requirement (continued)**

If you do not meet the practice requirement for prescriptive authority in Oregon, you will need to **complete additional requirements before being issued full APRN certification.**

3. If you graduated from your APRN program more than two years from the date of application, **AND** hold current prescriptive authority in another state or US jurisdiction, but do **NOT** have at least 150 practice hours of utilizing that authority as defined, you will need to:
  - a. Complete an OSBN-approved APRN-level pharmacology course equal to a minimum of 45 contact hours of content in continuing education.
4. If you graduated from your APRN program more than two years from the date of application, **AND DO NOT** hold current prescriptive authority in another state or US jurisdiction, you will need to do one of the following:
  - a. Complete an approved precepted prescriptive authority clinical practicum using limited licensure (see form LIC-204A [APRN Pharmacological Management Evaluation Form Part A](#)); **OR**
  - b. Receive validation of prescribing competencies in current APRN practice verified by an OSBN-approved APRN or medical physician (see form LIC-204B [APRN Pharmacological Management Evaluation Form Part B](#)).

### **b. Education Requirement**

Per OAR 851-056-0006, you must show proof of qualifying education components and clinical practicum to meet requirements for certification. Academic courses will be verified upon receipt of your official sealed transcripts for your qualifying APRN education program.

1. **Evidence of completion of 45 contact hours of APRN-level pharmacological content:** This includes content related to your specialty scope of practice that meets standards per OAR 851-056-0008. This requirement can be met through one of the following ways:
  - a. Completion of a stand-alone 45 contact hour APRN-level pharmacology course within the qualifying APRN education program that includes content related to population/focus; **OR**
  - b. Completion of a stand-alone 30 contact hour APRN-level pharmacology course within the qualifying APRN education program that includes content related to specialty scope of practice; **AND**
    - i. Proof of completion of at least 15 additional continuing education hours at the APRN-level in pharmacological content related to specialty scope of practice, completed within two years from the date of application.
2. **Evidence of completion of APRN-level stand-alone nursing courses in physical assessment, pathophysiology, and clinical management.** Integrated courses completed prior to January 1<sup>st</sup>, 1996 may be considered if content otherwise meets all requirements for equivalency.



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# Oregon Application for APRN Prescriptive Authority

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

**Section 1: Application Type-** Check the box for the type of APRN certification that you are applying for. If you are an active Oregon APRN applying to add privileges to your certification, include your license type and number on the line provided.

<input type="checkbox"/> Nurse Practitioner <b>application</b> (form LIC-203)	<input type="checkbox"/> Clinical Nurse Specialist <b>application</b> (form LIC-206)
<input type="checkbox"/> Certified Registered Nurse Anesthetist <b>application</b> (form LIC-205)	<input type="checkbox"/> I am an active Oregon APRN (adding privileges) APRN Type & License Number: _____

## Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s) Used: (list all names in box below. Attach name change documentation if applicable)	
Former Name(s) Used:			
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: Personal Identifiers

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):        /        /
Social Security Number (SSN):	
NOTE: Your SSN is required by the state for child support enforcement, tax administration purposes (including identification), and criminal background checks ONLY. Refusal to provide your SSN may result in denial of issue of a license/certificate and your SSN would be reported to the federal Health Care Integrity and Protection Data Bank, as authorized by ORS 305.385 USC Section 666(a)(13).	

## Section 4: Federal Drug Registration

Check the applicable box below regarding registration with the Drug Enforcement Administration (DEA).

- I have a valid federal DEA number
- I am currently applying for a DEA number
- I do not have currently, or intend to apply for a DEA number at this time.

OSBN USE ONLY - Applicant Name (last name, first name)

OSBN USE ONLY - License Number & Expiration Date

OSBN USE ONLY - Policy Analyst Review

Staff Signature: \_\_\_\_\_  
 Approval Date: \_\_\_\_\_

## Section 5: Oregon APRN Practice Information

Indicate below the primary location you will be utilizing your prescriptive authority in Oregon.

- If currently seeking employment in Oregon, or none at this time, check here.

Practice Site Business Name:		Telephone:	
Address:	City:	State:	Zip:

## Section 6: Prescriptive Authority Requirements

### a. Current Privileges and Practice

You must hold current unencumbered prescriptive authority in another state or US jurisdiction (including a US federal institution or facility), **AND** attest to completing in the two years from the date of application at least 150 practice hours utilizing your prescriptive privileges in scope of practice.

- Check this box if you have graduated from your qualifying APRN education program in the last two years from the date of application and do not yet meet the 150 hour practice requirement (practice requirement is waived).

### **How you utilize your current prescriptive authority- check all that apply**

- Prescribing or ordering for individual patients
- Prescribing or ordering for populations
- Establishing and/or approving orders for drug therapy
- Active membership of a state, facility, or professional formulary committee which determines drug selection recommendations
- Investigator for drug studies
- Teaching APRN-level pharmacology graduate courses
- Conducting and publishing research with a primary focus on patient management through drug therapy
- Expert consultation regarding prescribing standards and practice
- Other (please specify): \_\_\_\_\_

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### b. Oregon Prescriptive & Dispensing Authority

- I have read the ***Prescriptive and Dispensing Authority in Oregon for Advanced Practice Registered Nurses*** handbook available on the OSBN website at <http://www.oregon.gov/OSBN> and will comply with regulations regarding APRN nurses who prescribe and dispense prescription drugs in Oregon.

## Section 7: 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):
---------------------	--------------------