



Oregon CNA/CMA Application For Certification by Renewal/Reactivation

NOTE: This application is available online for **renewals**. You may apply online by going to the OSBN website at www.oregon.gov/OSBN.

Section 1: Application Instructions

- **ATTENTION:** If you are applying for reactivation of an expired Oregon certificate: see page two, Section 3 of this application to verify that you are using the correct form to reactivate your certification. **If you are reactivating your certification by examination**, you must use form *LIC-703 Oregon Certified Nursing Assistant Application for Certification by Examination*, available on the OSBN website at: www.oregon.gov/OSBN
- Sign and date the application. Use legal name on all application documents. Submit the original application to OSBN via postal mail- copies are not accepted. **If your legal name has changed since your last renewal or expiration, you must submit proof of legal name change documentation.** See form OSBN-601 [Name Change and/or Address Change Request Form](#)
- Include check or money order payable to the Oregon State Board of Nursing (OSBN) with your application, based on the application type (see Application Fee table below). **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 a minimum of 10 business days to process a paper application received with full payment.** Incomplete applications will delay processing.
- A national fingerprint-based criminal background check conducted by OSBN is required **to reactivate an Oregon license/certificate expired for more than 60 days**. Criminal background checks completed by employers, other agencies, or other state and US jurisdictions are not accepted in place of completing our national fingerprint-based background check.
- **Reactivation** applicants: You 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.**
- **Reactivation** applicants: Once your application and full payment are received by OSBN, we will send you notification via email or postal mail (if you do not provide an email address) regarding how to register with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.

Section 2: Application Fee Table

Timely Receipt of Application: Applications received at the OSBN office by the close of business or via the online application system by midnight) on the date of expiration of their license(s) are deemed received in a timely manner.

Late Fee Accruals: All application(s) received after the above stated timeframe will incur a \$5 delinquent fee automatically applied to the application per OAR 851-002-0040(8).

Certificate Type	On-time Renewal	Late Renewal	Reactivation
	Renewal application is received at OSBN office before or on the expiration date.	Application is received at OSBN office within 60 days AFTER the expiration date.	Application is received at OSBN office 61 days or more AFTER the expiration date.
CNA Certification	\$64	\$69	\$69
CNA and CMA	\$64 + \$15 = \$79	\$69 + \$15 = \$84	\$84

Surcharge: CNA application fees include a \$4 biennial surcharge per application for the operation and maintenance of the Oregon Healthcare Workforce Database established by Oregon House Bill 3650 in 2009.

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 CNA/CMA Certification by Renewal/Reactivation

Section 3: General Requirements

You are eligible to renew/reactivate an Oregon nursing assistant certification in one of the following ways:

1. Completion of at least 400 hours of paid employment as a CNA within the scope of CNA/CMA authorized duties, and under the supervision or monitoring of a registered nurse, in the two years preceding the date of the expired Oregon certificate per *Oregon Administrative Rule (OAR) 851-062-0070(4)(c)*; **OR** if you are renewing your certificate less than two years from the date of completion from your training program per *OAR 851-062-0070(3)(c)(B)* the practice hour requirement is waived.
2. You have been previously certified in Oregon as a CNA and have been working under an active certificate in another state; **AND** have completed at least 400 hours of paid employment in CNA/CMA duties (that meet the practice requirements listed above) in the two years from the date of the application that you may *endorse* in order to reactivate your Oregon certification; **OR**
3. If you are a currently enrolled student in a nursing program per *OAR 851-062-0070(8)*, you may provide with your application a sealed official transcript from your school as proof of active enrollment in the nursing program in lieu of the 400 documented CNA paid employment hours; **OR**
4. If you hold an active Licensed Practice Nurse (LPN) or Registered Nurse (RN) license per *OAR 851-062-0070(7)*, you may use your nursing practice hours within the two years from the date of the application, in lieu of the 400 documented CNA paid employment hours.

NOTE: If none of these apply to you, you will need to reactivate your nursing assistant certification by re-taking the examination. To apply, please use form *LIC-703 Oregon Certified Nursing Assistant Application for Certification by Examination*. This application form is available on the OSBN website at: <http://www.oregon.gov/OSBN/Pages/forms.aspx>

Section 4: CMA Continuing Education

Per OAR 851-062-0110(1), CMA certificate holders are required to complete eight hours of continuing education (CE) in medication-related content completed within two years from their certification expiration date. For renewal applicants who have held a certificate for less than two years, CE hours are prorated. See the table below for prorated amounts based on period of certification.

NOTE: For your convenience, the *CMA Continuing Education Document* form is available on the OSBN website at: http://www.oregon.gov/OSBN/pdfs/form/CMA_continuing_ed.pdf. This form can be used to document training that you complete, and retain as proof of completion for your records.

Months of Active Certification	CE Hours Required	Months of Active Certification	CE Hours Required
0-2	0	12-14	4
3-5	1	15-17	5
6-8	2	18-20	6
9-11	3	21-24	7



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 CNA/CMA Certification by Renewal/Reactivation

NOTE: Please read the attached information page before completing this application. Use only blue or black ink and print legibly. You may fill out the form electronically, then print it out to sign and mail in. Faxed/emailed applications are not accepted.

Section 1: Application Type- Check the box for how you are eligible to apply. See page two, Section 3.

Completion of at least 400 hours of paid CNA/CMA employment in the last two years; OR it has been less than 2 years from completion of my training program.	Completion of at least 400 hours of paid CNA/CMA employment working in another state with <u>active</u> certification.
Currently enrolled nursing student- Use of equivalent education credits in lieu of 400 hours of paid CNA/CMA employment.	Completion of at least 400 hours of nursing practice in the last two years under an <u>active</u> LPN/RN license in another state.

Section 2: Applicant Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Gender:	Female	Male	Date of Birth:
Street Address:		Country:	
US Residents:	City:	State/US Jurisdiction:	Zip Code:
(select from each box)			
Non-US Residents: (list your city, state/province, and postal code here)			
Primary Phone:	Secondary Phone:	Email:	
<small>Unlisted</small>		<small>Unlisted</small>	
I prefer to be contacted by: telephone email postal mail			

Section 3: Work History- Include **only** supervised/monitored CNA/CMA work history, or LPN/RN hours.

Check this box **only if:** 1) You completed your training program within two years from the date of application; AND 2) You do NOT have 400 hours paid CNA/CMA employment.

Last date worked (mm/dd/yy):

Company Name:		Telephone:	
Street Address:		City:	State:
Still Employed:	Yes	No	Start Date: (mm/dd/yy)
Paid Practice:	Yes	No	End Date: (mm/dd/yy)
RN Supervision or Monitoring:	Yes	No	Number of total practice hours: (required)

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

OSBN USE ONLY- Certificate Number & Expiration Date

OSBN USE ONLY- Additional Information
 400 Hours or Equivalent
 CMA CE Application Exp Date: _____
 CBC Complete

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

Section 4a: 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 4b: Disclosure

Before answering the questions below, please review the disclosure instructions for information to 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	a) Since the date of your last renewal, 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?	YES Explain	NO
	b) Since the date of your last renewal, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES Explain	NO
	c) Since the date of your last renewal, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES Explain	NO
ATTENTION: You must answer YES if you are enrolled in an impaired nurse program in any state or jurisdiction including Oregon. If you are a self-referral to the Oregon Health Professionals Services Program (HPSP) , please review the disclosure instructions for Question 1 that include the definition of "self-referral", before answering any of these questions.			
2	Other than any information you may have provided in Question 1, since the date of your last renewal, 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?	YES Explain	NO
3	Other than a traffic ticket, since the date of your last renewal, have you been arrested, cited, or charged with an offense? ATTENTION: This includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, even if you were not convicted of any charge (for example- no charges were filed, case was dismissed, or you entered a diversion program). Driving under the influence must be reported here.	YES Explain	NO
4	Since the date of your last renewal, have you been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations. ATTENTION: You must answer YES to this question even if the allegation was not substantiated.	YES Explain	NO
5	a) Since the date of your last renewal, have you 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.	YES Explain	NO
	b) Since the date of your last renewal, have you been found in violation of any state or federal law, rule, or practice standard regulating a health care profession? ATTENTION: Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.	YES Explain	NO
6	a) Since the date of your last renewal, has an agency taken action against any healthcare license or certificate you have held in any other state or jurisdiction? ATTENTION: Question 6a) includes the disclosure of a denial, revocation, suspension, restriction, reprimand, censure, probation, loss of privileges, or any other formal or informal action.	YES Explain	NO
	b) Since the date of your last renewal, have you withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES Explain	NO
7	Since the date of your last renewal, have you 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?	YES Explain	NO
8	Since the date of your last renewal, have you 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?	YES Explain	NO

Applicant Last Name

First Name

Work History continued (if needed)

Company Name:		Telephone:	
Street Address:		City:	State:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)	
Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No			
RN Supervision or Monitoring:	Yes No	Number of total practice hours: (required)	

Company Name:		Telephone:	
Street Address:		City:	State:
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)	
Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No			
RN Supervision or Monitoring:	Yes No	Number of total practice hours: (required)	

Section 5: CMA Continuing Education- Complete this section only if you are renewing/reactivating a CMA.

All attestations made below to meet renewal/reactivation requirements are subject to random audit for proof of validity.

I attest to meeting the CE requirement for CMA certification in one of the following ways.

It has been less than two years since I have been certified. I have completed the prorated total amount of hours of medication-related CE's.

I have completed eight or more hours of medication-related CE's in the two years from the date of this application.

Section 6: Authorization

<p>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).</p> <p>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.</p>	
Printed First and Last Name	
Applicant Signature	Date (mm/dd/yy):