



# Oregon Application for CNA by Endorsement

## Section 1: Application Information

- **ATTENTION:** If you were issued an Oregon CNA certificate in the past and are working under an active CNA certificate in another state, you will need to reactivate your expired Oregon CNA using a different application. See form LIC-701 Oregon Application for CNA/CMA Renewal/Reactivation available on the OSBN website at: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)
- **Name Change:** If the name on your training certificate is different from the name you listed on your application, include form OSBN-613 [Name Change and/or Address Request Form](#) and proof of legal name change documentation with your application.
- **OSBN Mailing Address:** Submit the original application – copies are not accepted. Mail application documents and check or money order to OSBN at: 17938 SW Upper Boones Ferry Rd, Portland OR 97224.
- **Background Check:** OSBN requires a national fingerprint-based criminal background check in order to apply for and be issued a CNA in Oregon. Criminal background checks completed by employers, other agencies, or other state/US jurisdictions are not accepted for this requirement. Electronic fingerprinting services are provided by Fieldprint Inc., an independent contractor with the State of Oregon.
- **Check Your Email:** Once your application and full payment are received, you will be sent an email to the address you provided on your application. It gives you the instructions you need in order to register online with Fieldprint Inc to schedule and pay for your fingerprinting appointment.
- **Fingerprinting Fee:** In order to schedule a fingerprinting appointment, Fieldprint Inc charges a separate \$64.50 service fee. **This fee is collected during Fieldprint’s online registration process.**
- **Application Status:** You may track the progress of your application using the Application Status Wizard available on the OSBN website at: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN). The status of a required item is updated online as processed by staff.

## Section 2: Application Fees- ALL OSBN FEES ARE NON-REFUNDABLE.

Application Type	Fee	Description
CNA by Endorsement	<b>\$60</b>	Use this application if you have NEVER held an Oregon CNA certificate AND meet the eligibility requirements per OAR 851-062-0050(h).

## Section 3: NA Training Program

Provide proof that you completed an approved nursing assistant level-one training program that meets standards set by the Omnibus Budget Reconciliation Act (OBRA). **Include a copy of your training certificate with the application.**

**If you do not have a certificate copy:** Request a signed letter from the training program on company letterhead that lists your training completion date and the total number of classroom and clinical hours. If you are unable to contact the program, you may request from the state regulatory body that issued you your CNA certificate a signed document on agency letterhead that verifies you completed an approved training program. **The original official document must be sent directly to OSBN from the program or state regulatory agency.**

## Section 4: CNA Work History- You must meet the practice requirement in one of the following ways:

1. **Training Completion Date:** It has been less than 2 years since the date you completed your training program. The practice requirement is waived.
2. **400 CNA Work Hours:** You have been working under active certification in another state for at least 400 hours in the last two years from application, doing CNA authorized duties that are monitored or supervised by an RN.

## Section 5: Verification of Active CNA Certification

Include a copy of your current state CNA certification with your application. A printout of information from the regulatory agency’s online licensing verification system is also acceptable. The document must include your certificate number, expiration date, your legal name, and if any disciplinary status.



**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 by Endorsement

**IMPORTANT:** Faxed or emailed applications are not accepted. You may fill out the form electronically, print it out, sign, and mail to OSBN.

## Section 1: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Address:		Country:	
City:		State:	Zip:
Primary Phone:	Secondary Phone:	Email: (required)	
<p><b>NOTE: OSBN uses the email address on file for all application and licensing renewal notifications. It is your responsibility to keep information on file current with OSBN to ensure receipt.</b></p>			

## Section 2: Personal Identifiers

Gender: Female    Male    Other	Date of Birth:
Social Security Number: (required)	<p><b>ATTENTION: Your SSN is required per ORS 25.785</b> and will be disclosed to entities and used for the purposes listed in OAR 851-001-0030 (2). Refusal to provide your SSN will result in denial of licensure/certification. This denial will be reported to the National Practitioner Databank, as authorized by 42USC Section 666(a) (13). If you are currently working on a US Visa (H1B, I-766 or other current federal government form authorizing you to work in the US), please submit copies of your passport and the Visa along with this application. If you are attending school on an F1 Visa, please provide a copy of the I-94 and I-20 signed by the designated school authority.</p>

## Section 3: NA Training Program- Include a copy of your training certificate with the application.

Name of Program:		
Site Address:		Phone:
State:	Zip:	Completion Date: (mm/dd/yy)

**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.

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

OSBN USE ONLY - License Number & Expiration Date

**OSBN USE ONLY - Additional Information**  
 State CNA Verify    App Expiration: \_\_\_\_\_  
 Training Certificate    CBC: \_\_\_\_\_  
 Paid 400Hrs CNA Work

**NOTE: This page is for your information only. Please remove 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

<p>Before answering the questions below, please review the 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.</p>			
1	a) In the last two 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?	YES Explain	NO
	b) In the last two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES Explain	NO
	c) In the last two years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES Explain	NO
<p><b>ATTENTION:</b> You must answer <b>YES</b> if you are enrolled in an impaired nurse program in any state or jurisdiction <b>including Oregon. If you are a self-referral to the Oregon Health Professionals Services Program (HPSP)</b>, please review the disclosure instructions for Question 1 that include the definition of "self-referral", before answering any of these questions.</p>			
2	Other than any information you may have provided in Question 1, do you currently 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, have you ever been arrested, cited, or charged with an offense? <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>	YES Explain	NO
4	Have you ever been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations. <b>ATTENTION:</b> You must answer <b>YES</b> to this question even if the allegation was not substantiated.	YES Explain	NO
5	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.	YES Explain	NO
	b) Have you ever been found in violation of any state or federal law, rule, or practice standard regulating a health care profession? <b>ATTENTION:</b> Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.	YES Explain	NO
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction? <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.	YES Explain	NO
	b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES Explain	NO
7	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?	YES Explain	NO
8	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?	YES Explain	NO
Applicant Last Name		First Name:	

### **Section 5: CNA Work History**

Only include paid CNA employment that was supervised or monitored by an RN. If it has been less than 2 years since you completed your training program, you do not need to fill out this section.

Last day you worked (mm/dd/yy):

Company Name:				Phone:			
Site Address:			City:				
Still Employed:	Yes	No	RN Supervision or Monitoring:	Yes	No	State:	Zip:
Paid Practice:	Yes	No					
Start Date: (mm/dd/yy)		End Date: (mm/dd/yy)			Total Work Hours: (required)		
Company Name:				Phone:			
Site Address:			City:				
Still Employed:	Yes	No	RN Supervision or Monitoring:	Yes	No	State:	Zip:
Paid Practice:	Yes	No					
Start Date: (mm/dd/yy)		End Date: (mm/dd/yy)			Total Work Hours: (required)		

### **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 Name:	
Applicant Signature:	Date: (mm/dd/yy)