



# Oregon Application for CNA Certification By Competency Examination

Standards for Certification of the Nursing Assistant and Medication Aide

## Section 1: Application Instructions

- **Valid for two years from the date the qualifying training program was completed OR three attempts at passing the competency examination.**
- **This fee is payable only to Fieldprint Inc. while registering on their website to schedule an electronic fingerprinting appointment.**
- **If you have been 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 new fingerprint-based background check at this time.**

## Section 2: Application Fee Table

Application Type	Fee	Description
Initial Application	\$106	Initial application fee
Renewal Application (within 6 months)	\$106	Renewal application fee if issued within 6 months of previous expiration date
Renewal Application (more than 6 months)	\$106	Renewal application fee if issued more than 6 months after previous expiration date
Background Check	Y: \$10, T: \$10	NOTE: Background check fee
Fieldprint Fee	\$35	Fieldprint fee for fingerprinting

## Section 3: Application Checklist

- **Submit original applications to OSBN.**
- **All application fees are non-refundable.**
- [Oregon State Board of Nursing Request for Testing Accommodations](#)
- [Name Change and/or Address Request Form](#)

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



# Application Information for CNA Certification by Examination

Application information for CNA certification by examination. This document provides details on the requirements and process for becoming a Certified Nursing Assistant in Oregon.

## Section 4: Nursing Assistant Training Program

Applicants must complete a nursing assistant training program. The program must include a minimum of 100 hours of instruction, including classroom and clinical experience. The program must be approved by the Oregon State Board of Nursing.

### Applicants are required to submit proof of completion of their training program in one of the following ways:

Applicants must provide proof of completion of their training program in one of the following ways:

- A certificate of completion from the training program.
- A letter from the training program director or instructor.
- A letter from the employer.
- A letter from the community college.
- A letter from the state board of nursing.

Applicants must also provide proof of completion of their training program in one of the following ways:

## Section 5: Testing Accommodations & Eligibility Timeframe

Applicants who require testing accommodations must submit a request for testing accommodations. The request must be submitted at least 30 days before the exam date. The request must include a letter from a healthcare provider or a qualified professional.

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## Section 6: Reactivation of CNA Certification by Examination

Applicants who have their CNA certification expire must reactivate their certification by examination. The applicant must pass the CNA exam to reactivate their certification.

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**Notice to Applicants with Disabilities:** Applicants with disabilities who require testing accommodations must submit a request for testing accommodations. The request must be submitted at least 30 days before the exam date. The request must include a letter from a healthcare provider or a qualified professional.



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 Certification By Competency Examination

**NOTE** Please read the attached information page before completing this application. You may fill out the form electronically, then print it out to sign and mail in.

## Section 1: Application Type

New	Reactivation	Reactivation	Update Requested
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## Section 2: Name and Address Information

First Name	Last Name	
First Initial	Last Initial	
Street		
City		
US Residents: City:	State	Zip
Non-US Residents		
City	State	Zip

## Section 3: Personal Identifiers

SSN	DOB
Check here if you do not have an SSN.	

## Section 4: NA Training Program Information

Program Name	Address
City	State

FOR OSBN USE ONLY			
Test Date	Manual Exam	Written Exam	No Show
FA			
GA			
HA			

OSBN USE ONLY

OSBN USE ONLY

OSBN USE ONLY



## Section 5b: 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 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?	YES	NO
	b) In the last five years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	Explain	
	c) In the last five years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES	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</b>. If you are a <b>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 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	NO
		Explain	
3	Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense?	YES	NO
	<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>		
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.	YES	NO
	<p><b>ATTENTION:</b> You must answer <b>YES</b> to this question even if the allegation was not substantiated.</p>		
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	NO
	b) Have you ever been found in violation of any state or federal law, rule, or practice standard regulating a health care profession?	Explain	
	<p><b>ATTENTION:</b> Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p>		
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction?	YES	NO
	<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>		
	b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES	NO
	<p>Explain</p>		
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	NO
	<p>Explain</p>		
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	NO
	<p>Explain</p>		

## 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>	
Applicant Signature	Date (mm/dd/yy):