



**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 Application for CMA Certification By Competency Examination

**NOTE:** Before submitting an application and fees for Oregon CMA certification in Oregon, review the Oregon Nurse Practice Act, Division 62: *Standards for Certification of the Nursing Assistant and Medication Aide*, available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN).

## Section 1: Application Instructions

- Allow approximately 3 weeks from the date the application and full payment are received by OSBN to review all application requirements.
- A Certified Medication Aide (CMA) examination application is valid for: 1) One year from the date the qualifying MA training program was completed; OR 2) One year from the date of receipt of application for individuals who are eligible by equivalent nursing education, or are applying to reactivate a previously issued Oregon CMA certification. **NOTE:** If you fail to successfully pass the examination within three attempts during the allotted timeframe, the application will become null and void at that time.
- A national fingerprint-based criminal background check conducted by OSBN is required in order 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.**
- 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.
- **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.** Criminal background checks completed by employers, other agencies, or other state and US jurisdictions cannot be used for OSBN licensure/certification purposes.

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

Application Type	Fee		Description
CMA New Certification by Examination (form LIC-704)	<b>\$73</b>		For individuals who meet the eligibility requirements per Oregon Administrative Rule (OAR) 851-062-0090 (see page two, Section 4 of the application) to sit for the competency examination, and have active unencumbered Oregon CNA certification.
CMA Reactivation of Certification by Examination (form LIC-704)	<b>\$73</b>		For individuals who have previously held an Oregon CMA certification and did not meet the practice hour or continuing education requirements to renew and now must successfully pass the competency examination to reactivate their CMA certification.
Re-Examination Fee	Written \$25	Manual \$45	<b>NOTE:</b> A re-examination fee will be applied to your original application upon results received from the testing company that you have not successfully passed the examination.

## Section 3: Application Checklist

- All sections of the application are complete, and the authorization section has been signed and dated. **Submit original applications to OSBN-** copies are not accepted and will delay processing.
- Submit payment by check or money order made payable to the Oregon State Board of Nursing with your application materials. Failure to submit correct payment amount may delay the processing of your application. **All application fees are non-refundable.**
- If you qualify for ADA exam accommodations, include form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) with the appropriate documentation.
- If you completed your training program or equivalent education under a different last name that what you have listed on this application, include form OSBN-601 [Name Change and/or Address Request Form](#) and proof of legal name change documentation with your application.

Mail all application materials and form of payment to:  
**Oregon State Board of Nursing**  
**17938 SW Upper Boones Ferry Rd**  
**Portland OR 97224**



# Application Information For CMA Certification by Examination

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)

## **Section 4: General Eligibility Requirements**

### **a. Completion of an Oregon MA Training Program**

- i. Hold active unencumbered Oregon CNA 1 Certification; and
- ii. Provide Certificate of Completion of a Board-approved medication aide training program, completed within one year from date of application; and
- iii. Documented paid full-time employment as a CNA for at least 6 months, OR the part-time equivalent.

### **b. Completion of a MA Training Program in another US State or Jurisdiction**

- i. Obtain Oregon CNA 1 Certification; and
- ii. Provide Certificate of Completion of medication aide training program equal in curriculum content to a Board-approved medication aide training program per OAR 851-061-0090 of the Nurse Practice Act.
- iii. Documented paid full-time employment as a CNA for at least 6 months, OR the part-time equivalent.

### **c. Enrollment in a Nursing Program within a US State or Jurisdiction**

- i. Obtain Oregon CNA 1 Certification; and
- ii. Completion of three terms of nursing school, each which must have included a clinical nursing component. The following must be included in the three terms: basic clinical skills, basic pharmacology, principles of medication administration, and math competency.
  - A. Acceptable proof of completion of equivalent nursing program courses may be either a sealed official transcript from the nursing school; OR a letter from the nursing school Dean/Director on official school letterhead verifying the completion of the required course content.

### **d. Graduation from a Nursing Program within a US State or Jurisdiction**

- i. Obtain Oregon CNA 1 Certification; and
- ii. Completion of a Board-approved nursing program in a US State or Jurisdiction.

### **e. Military Corpsman or Medic Training and Experience**

- i. Obtain Oregon CNA 1 Certification; and
- ii. Provide evidence of completion of training equivalent in curriculum content to a Board-approved medication aide training program per OAR 851-061-0090 of the Nurse Practice Act.
- iii. Documented paid full-time employment as a CNA for at least 6 months, OR the part-time equivalent.

### **f. Reactivation of a Previously Issued Oregon CMA Certification by Examination**

- i. For Oregon CMA certificate holders who do not meet the practice and CE requirements for renewal of their certificate AND must reactivate by successfully passing the competency examination within 2 years of their last CMA certificate expiration date. They must also hold active unencumbered Oregon CNA 1 Certification.

## **Section 5: Testing Accommodations & Eligibility Timeframe**

Upon completion of your training program, review the *Oregon Nursing Assistant Candidate Handbook* while preparing to apply for certification. It is a useful tool to help guide you through the examination process. This handbook is provided by Headmaster, an independent testing company that manages and administers the competency examination. You may view the handbook online through the Headmaster website at [www.hdmaster.com](http://www.hdmaster.com).

In accordance with the federal Americans with Disabilities Act (ADA), testing accommodations may be provided to candidates with documented disabilities who demonstrate need. You must receive approval of your request from the Board prior to being released to test. **Submit form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) and the required documentation with your application.**

**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 CMA Certification By Competency Examination

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

**Section 1:**  
**Application Type**      Select from the drop-down list how you are eligible to apply:

**Section 2: Name and Address Information**

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

**Section 3: Personal Identifiers**

Gender:      Female      Male	Date of Birth:
Social Security Number (SSN): Check here if you do <b>not</b> have an 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- Paid CNA Employment History**

Document below at least six months full-time (or part-time equivalent) of paid CNA work history, if applicable. See page two, Section 4 *General Eligibility Requirements*

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

FOR OSBN USE ONLY- to be completed by licensing technician			
Test Date	Manual Exam	Written Exam	No Show
1.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

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

OSBN USE ONLY - Certificate Number & Expiration Date

OSBN USE ONLY - Additional Information  
 Education Verified      App. Exp. \_\_\_\_\_ CBC  
 Training Certificate  
 6 Mo Paid CNA Work

**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

<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 Explain	NO
	b) In the last five years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES Explain	NO
	c) In the last five 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</b>. 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.</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 Explain	NO
3	Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense?	YES Explain	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 Explain	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 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?	YES Explain	NO
<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 Explain	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 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

## 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):