Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012
Phone: 971-673-0685 • **Fax:** 971-673-0684 • **Website / Verification:** www.oregon.gov/OSBN

Verification of Current Licensure

☐ **RN** ☐ **LPN** ☐ **CNS** ☐ **CRNA** ☐ **NP**

Use this form only if the state you are licensed in (or were most recently licensed in) is Alabama, California, Hawaii, Kansas, Louisiana-LPN, Oklahoma, Pennsylvania, or West Virginia-RN. Use a separate form for each license type being verified. For all other states, use NURSYS (https://www.nursys.com/).

SECTION 1 **Applicant: Complete this section and send to the state where you currently hold or last held a license used to practice nursing. If your original state of licensure is the same state where you are currently practicing, disregard this form. Confirm fee amount with each state.**

Last Name *(Please print)* First Name Middle Name

All former names and aliases *(If none, indicate NONE)* Area Code ( ) Home Telephone ☐ *Unlisted*

Current State License Number Date of Birth **Social Security Number** -- --

Mailing Address City State Zip Code

I hereby authorize the state where I currently hold (or last held) a nursing license to furnish the information requested below. The state is: _____
(Current State)

I also authorize my contact information to be updated. ☐ YES ☐ NO

Signature of Applicant Date of Signature (mm/dd/yyyy)

SECTION 2 **To be completed by State Board Officials. Please mail the completed verification in a secure envelope directly to the Oregon State Board of Nursing.**

License Number: _____ License Original Issue Date: _____

Applicant licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Equivalency

Status of license: ☐ Current ☐ Expired Expiration Date: _____

Is license encumbered in any way? ☐ **YES** ☐ **NO** *(If YES, please explain on back of form.)*

☐ Revoked ☐ Suspended ☐ Surrendered ☐ Restricted ☐ Probation

Board Seal

I hereby certify that the above is true and correct as recorded in the files of this office.

Signature: _____

Title: _____

_____
State **Date**