



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 Original Licensure

RN LPN

Use this form only if the state you were originally licensed in was Alabama, California, Hawaii, Kansas, Louisiana-LPN, Oklahoma, Pennsylvania, or West Virginia-RN. For all other states, use NURSYS (<https://www.nursys.com/>).

SECTION I Applicant: Complete this section and send to the state where you received your initial licensure by examination.

First Name	Middle Name	Last Name
		()
All other names and aliases (If none indicate NONE)		Area Code Home Telephone <input type="checkbox"/> Unlisted
License Number	Type of License	Social Security Number
Mailing Address	City	State Zip Code
I hereby authorize the state in which I took the licensing examination, which is _____ to furnish the information requested below. Original State		
I also authorize my contact information to be updated. <input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature of Applicant		Date Signed (MM/DD/YYYY)

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

Applicant licensed by: Exam Endorsement Waiver Equivalency

Status of license: Current Non-Practicing Lapsed Expiration Date: _____

License Original issue date: _____ License Number: _____

Is license encumbered in any way? Yes No If YES, please explain on the back

Revoked Suspended Surrendered Restricted Probation

Nursing School : _____ Location: _____

Year Graduated: _____ Length of Program: _____ Accredited by: _____

NCLEX date: _____ Series: _____ Passed Failed Combined Score: _____

SBTPE date: _____ Series: _____ Combined Score: _____

MED: _____ PSYCH: _____ OB: _____ SURG: _____ PEDS: _____

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

**Board
Seal**

Signature: _____

Title: _____

_____ **State**

_____ **Date**