

Oregon State Board of Nursing

---

# Prescriptive and Dispensing Authority in Oregon

*For Advanced Practice Registered  
Nurses*



*Welcome to the State of Oregon!*

*This booklet reviews laws and  
regulations regarding prescriptive and  
dispensing privileges for  
Advanced Practice Registered Nurses  
in Oregon.*

---

# Table of Contents

Authority and Definitions .....	1
Federal and State Law Authority.....	1
Common Definitions from Oregon Nursing or Pharmacy Law.....	1
Controlled Substances .....	2
Prescription Drug Monitoring Program .....	3
Drug Schedules.....	3
Schedule 1 Substances.....	3
Schedule 2/2-N Substances .....	3
Schedule 3/3-N Substances .....	4
Schedule 4 Substances.....	4
Schedule 5 Substances.....	4
General Information.....	5
Civil Penalties .....	5
Conduct Derogatory.....	5
Death with Dignity.....	5
Needles and Syringes.....	5
Scope Dictates Limits of Authority .....	5
Samples and Dispensing .....	6
Traditional Dispensing .....	6
Non-Traditional Dispensing .....	6
Drug Acquisition, Storage, Labeling, and Recordkeeping .....	6
Product Identification Labeling.....	7
Prescribing for Family, Friends, Peers or Self.....	7
Guidelines for Writing Prescriptions .....	8
Required Elements .....	8
Desired Elements .....	9
Electronic and Tamper-Resistant Prescriptions.....	9
Sample Elements of a Prescription .....	10
Child Resistant Packaging .....	10
Medical Appliances and Devices with a Federal Caution Designation .....	10
Non-Prescription Items .....	11
Telephoned and Faxed Prescriptions .....	11
Off-Label Use and FDA Approval .....	11
Documentation.....	11
How to Avoid Prescription Errors.....	12
Common Errors .....	12
Advised Method to Avoid Errors.....	12
Helpful Phone Numbers/Websites .....	13

---

# Authority and Definitions

## Federal and State Law Authority

Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Registered Nurse Anesthetists (CRNAs), are known collectively as Advanced Practice Registered Nurses (APRNs) in Oregon. NPs and CNSs may hold prescriptive authority that includes dispensing authority through the Oregon State Board of Nursing (Oregon Revised Statute 678.390). CRNAs may only prescribe and do not have the authority to dispense (Oregon Revised Statute 678.282). The manner in which APRNs prescribe, dispense, and distribute legend and controlled drugs also must conform to Oregon Board of Pharmacy (OSBP) rules and regulations.

APRNs who have the appropriate authority and certification from OSBN may prescribe, dispense or procure Schedule 2-5 controlled substances only if they register to do so through the Drug Enforcement Administration (DEA), which issues DEA numbers for this use. Oregon Administrative Rules further defines requirements prescriptive authority scope of practice, applications requirements, and pharmacology course requirements (OAR 851-056).

APRNs are independent providers and prescribers in Oregon. Co-signature by a physician is not required.

## Common Definitions from Oregon Nursing or Pharmacy Law

**Administer:** The direct application of a drug or device, whether by injection, inhalation, ingestion, or any other means to the body of a patient or research subject (OAR 851-056-0000(2)) also ORS 689.005(1)).

**Assessment:** A process of collecting information regarding a client's health status including, but not limited to, illness; response to illness; health risks of individuals, families and groups; resources; strengths and weaknesses, coping behaviors; and the environment. The skills employed during the assessment process may include, but are not limited to: obtaining client histories, conducting physical examinations, ordering, interpreting and conducting a broad range of diagnostic procedures (e.g. laboratory studies, EKGs and x-rays) (OAR 851-056-0000(4)).

**Client or Patient:** A family, group, or individual who has been assessed by and has a client/patient record established by the CNS or NP (OAR 851-056-0000(5)).

**Compounded Drug:** A combination preparation, the active ingredients of which are components of an FDA approved drug, or a drug that is still in common usage and predates the FDA approval process (OAR 851-056-0000(7)).

**Dispense:** The preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug (OAR 689. 005(8)).

**Distribute:** The delivery of a drug other than by administering or dispensing such as prepackaged samples (OAR 851-056-0000(13)).

**Legend Drug (OAR 851-056-0000(15):** A drug that is required by federal law, prior to being dispensed or delivered, to be labeled with the following statement: “Caution: federal law prohibits dispensing without a prescription,” or a drug that is required by any applicable federal or state law or regulation to be dispensed by prescription only or restricted to use by practitioners only.

**Non-Traditional Dispensing:** NPs and CNSs using automation, such as vending machines, dispensing drugs for therapies > 72 hour supply and providing refills at the point of care. This level of dispensing requires registration with the OSBP. Practitioners registered with the BOP will be subject to annual fees, inspections, and compliance standards (OAR 851-056-0000(15)).

**Traditional Dispensing:** The labeling and distribution of a medication to the client which is prepackaged by a manufacturer registered with the OSBP or repackaged by a pharmacist licensed with the OSBP (OAR 851-056-0000(11)).

## **Controlled Substances: Regulation and Registration**

A “controlled substance” is a drug or substance regulated under the jurisdiction of the Drug Enforcement Administration’s Controlled Substances Act of 1970. The Oregon State Board of Pharmacy (OSBP) also maintains a list of controlled substances regulated on a state level.

The state may place additional restrictions on an otherwise uncontrolled substance that makes them controlled. You can find the OSBP list of controlled substances in OAR 855-080-021 through 855-080-026.

The OSBN expects Oregon APRNs to be familiar with federal law, as well as state law. Registration for a DEA number is not required to prescribe legend (non-controlled) drugs, but is necessary for persons with prescriptive authority who wish to prescribe Schedule 2, 3, 4, or 5 substances.

You must contact the DEA directly for registration information and application forms.

## **Prescription Drug Monitoring Program**

The Prescription Drug Monitoring Program (PDMP) is a data base to assist with the monitoring of the appropriate use of Scheduled 2-5 controlled substances prescribed in Oregon. The information available is health protected and only for prescriber's and pharmacists who are providing direct patient care. This database allows prescribers to have "delegates" (office staff that can assist providers). The OSBN recommends that all APRN prescribers be familiar with the PDMP and become registered users. As of July 2018, all APRNs with prescriptive authority and a DEA number are required to register with the PDMP (HB4124, 2016).

## **Drug Schedules**

### **Schedule I Substances**

Schedule 1 substances have no accepted medical use in the United States and have high potential for abuse. APRNs do not have the authority to prescribe or recommend any Schedule 1 substances. Examples include heroin, LSD, MDMA, mescaline, and methaqualone. In 2016, the OSBP removed marijuana as a schedule 1 substance in Oregon pursuant to ORS 475.059. However, the schedule reclassification does not authorize any APRN to write a prescription for marijuana. Please refer to the OSBP website for more information. Under Oregon law, only physicians (MDs and DOs) may recommend the use of marijuana for specific medical conditions and complete the Attending Physician Statement if the patient wishes to obtain a medical marijuana card.

### **Schedule 2/2-N Substances**

Schedule 2 substances have a high potential for abuse with severe dependence liability. They consist of selected opioid, stimulant, and depressant drugs. Examples of schedule 2 opioids include hydrocodone (Vicodin), oxycodone (OxyContin, Percocet,) hydromorphone (Dilaudid), and methadone.

Examples of schedule 2-N stimulants include amphetamine (Adderall), and methylphenidate (Ritalin).

Nurse Practitioners may prescribe methadone for pain management. To prescribe methadone for medication assisted treatment (MAT), Nurse Practitioners must meet the qualifications listed in Division 56 of the Nurse Practice Act (OAR 851-56-0026(5)).

### **Schedule 3/3-N Substances**

The potential for abuse with Schedule 3 substances is considered less than drugs in Schedules 1 and 2, and include compounds containing limited quantities of codeine. Examples include Tylenol with codeine (Tylenol 3), and buprenorphine (Suboxone).

Examples of 3-N medications include benzphetamine (Didrex), phendimethazine, ketamine, and anabolic steroids such as Depo-Testosterone.

Nurse Practitioners may prescribe buprenorphine for pain management. To prescribe buprenorphine for medication assisted treatment (MAT), Nurse Practitioners must meet the qualifications listed in Division 56 of the Nurse Practice Act (OAR 851-56-0026(5)).

### **Schedule 4 Substances**

Substances in this schedule include many commonly prescribed medications for sedation, sleep, appetite control, seizure disorders, and pain. They do have the potential for abuse, but the risk is less than those of Schedule 1, 2, and 3. Examples of Schedule 4 medications include alprazolam (Xanax), carisoprodol (Soma), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan), midazolam (Versed), temazepam (Restoril), tramadol (Ultram), and triazolam (Halcion).

### **Schedule 5 Substances**

These medications have the least potential for abuse, and are primarily preparations with limited quantities of opioid or stimulant drugs for anti-tussive, antidiarrheal, and analgesic purposes. Examples of these drugs include Robitussin AC, Phenergan with Codeine, and ezogabine.

APRNs are required to stay up-to-date on changes to the schedules described above as revisions occur through the DEA and OSBP.



# General Information

## Civil Penalties

Prescribing, procuring, or dispensing a drug in violation of Division 56 regulations may result in a civil penalty of up to \$5000 and/or restriction or revocation of prescriptive and/or dispensing authority.

## Conduct Derogatory

The Board has defined standards for prescribing, dispensing, administering and procuring drugs that reflect state and federal law. These may be found in Division 56 of the Nurse Practice Act (NPA). APRNs are responsible for updating their knowledge through continuing education and practice application. In addition to the rules regarding advanced practice, APRNs are also accountable to Division 45 of the NPA, the Standards and Scope of Practice for Registered Nurses and Licensed Practical Nurses (OAR 851-045).

## Death with Dignity Act

More information on this Oregon law may be found at the Oregon Health Authority website. These are physician-only prescriptions. (<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/Death-withDignityAct/Pages/pasforms.aspx>).

## Needles and Syringes

Needles and syringes do not require a prescription in Oregon, unless the type is marked with a federal caution requiring prescription only. Insulin syringes are not marked with a federal caution label.

## Scope Dictates Limits of Authority

Scope-of-practice, and knowledge base within that scope-of-practice, limits APRN prescriptive authority. APRNs must use their role and population designation when signing a prescription. In Oregon, national certifications do not describe a provider's population designation. The OSBN issues a specific license for each population category. Therefore, if a nurse practitioner wants to care for patients in more than one category, she/he must hold a license for each category. APRNs may add any other national certification to their signature block, but these must come after their license designation.

Certified Registered Nurse Anesthetists (CRNAs) with prescriptive authority may prescribe a 10-day supply with no refills to an established patient.

### **Samples and Dispensing**

Per ORS 678 Nurse Practitioners (NPs) or Clinical Nurse Specialist (CNSs) may give samples to a patient, and may sign for samples. Giving samples that are pre-packaged and designated as such is distributing by Oregon State Board of Pharmacy definition. CRNAs are not authorized to dispense or receive samples.

Practitioners, who maintain controlled substance samples, are required by the DEA to retain biennial inventory as part of your traditional controlled substances records. Please see the following link for assistance:

[www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov).

### **Traditional Dispensing**

NPs and CNSs are able to dispense clients a less-than 72 hour supply of FDA approved legend drugs to start therapy. Medications are not permitted for dispensing for periods longer than 72 hours. With two exceptions:

- Medications in the manufacturer's original unit-of-use packaging such as inhalers or topical drugs (excludes oral solids); or
- Full courses of therapy, such as an antibiotic or steroid taper, may be dispensed if warranted in the professional judgment of the practitioner.

### **Non-Traditional Dispensing**

NPs and CNSs using automation, such as a vending machines, that dispense drugs for therapies > 72 hour supply and providing refills at the point of care. This level of dispensing requires registration with the OSBP. Practitioners registered with the BOP will be subject to annual fees, inspections, and compliance standards.

### **Drug Acquisition, Storage, Labeling, and Recordkeeping**

The OSBN requires that dispensing APRNs be aware of the licensed manufacturer's recommendations for appropriate storage, labeling, and recordkeeping of all medications to ensure patient safety.

Medications should only be purchased from legitimate sources to ensure quality and protection. Storage of medications should provide for security and accountability while meeting the specific manufacturer's guidelines.

Accurate recordkeeping of medication dispensing inventories and logs is vital. These records should be kept separate from medical “chart notes” at the point of delivery, where patients receive their medications. This provides for instant access and standardization.

Please note that all rules regarding the dispensing of medication, although listed in OAR 851-056 of the Nurse Practice Act, are under the jurisdiction of the OSBP, which is authorized to inspect facilities/practices where dispensing occurs to assure adherence to state and federal dispensing regulations. The OSBP may only review adherence to dispensing laws; the OSBN investigates any concerns reported to the Board about the practice of dispensing.

### **Product Identification Labeling**

Oregon pharmacies are required to print a physical description of the capsule or table, including the stamped or printed imprint code, on the prescription label. This gives the patient and prescriber a way to verify the accuracy of the dispensing. Because patients occasionally mix the contents of prescription vials, and dispensing errors can occur in the pharmacy, you may find this a helpful tool in reviewing your patient’s prescriptions for potential problems. Nurse Practitioners and Clinical Nurse Specialists who have dispensing authority are required to use drug labeling which meet this regulation.

For further information please see: [http://arcweb.sos.state.or.us/pages/rules/oars\\_800/oar\\_855/855\\_043.html](http://arcweb.sos.state.or.us/pages/rules/oars_800/oar_855/855_043.html).

### **Prescribing for Family, Friends, Peers or Self**

APRNs may not prescribe for themselves. A NP, CRNA, or CNS may prescribe for family, friends or peers, provided the client/provider relationship is established and documented. All prescribed drugs require establishment of the client/provider relationship, assessment, and documentation of such to produce upon request by the OSBN. See definitions for “client,” and “assessment” on page 1. The OSBN and DEA strongly discourage prescription of controlled substances to family, friends or co-workers. The CNS or NP practicing in mental health is ethically bound to avoid boundary conflicts by not treating or diagnosing friends and family.

# Guidelines for Writing Prescriptions

## Required Elements

Prescriptions written in Oregon contain the following elements (OAR 855-041-1105):

- Date prescription received by patient.
- Name of the patient (printed). Address is required for Schedule 2 controlled drugs, and should be included for any controlled substance.
- Full name, address, and DEA registration number of the prescriber (if a controlled substance).
- Name, strength, dosage form of the substance, the quantity prescribed and quantity to be dispensed. Calculate dose by weight for all children.
- Directions for use and the medical diagnosis associated with the medication in the sig, for example:
  - o 1 QD for blood pressure
  - o 1 q HS for insomnia.
  - o 2 q BID with meals for DM Type II.
- Total number of refills authorized by the prescriber.
  1. No refills are authorized for Schedule 2 medications.
  2. Schedules 3-5 are limited to five refills or six months from date of issue, whichever comes first.
  3. Legend drugs may be refilled for one year, and must be reauthorized by the provider at the end of that time. The use of “prn,” along with a defined period or number of refills, allows refills for up to one year.

If the prescriber intends to prohibit substitution of a generic equivalent, she/he must indicate so in writing. The following phrases are acceptable:

- No substitution.
- N.S.
- Brand medically necessary.
- Brand necessary.
- D.A.W. (dispense as written).
- Words with similar meaning to the above.

Do not capitalize generic drug names. Capitalize drug brand names. Prescriptions written in Oregon also must contain the following elements according to OAR 851-056-0010:

- Business address and telephone number.
- NP population title/category.

## Desired Elements

- Indicate if childproof container is not required or necessary. Pharmacies provide childproof containers by default.
- Patient age, birthdate, and weight, if patient is a child, or an adult on either extreme of their weight range.

## Electronic and Tamper-Resistant Prescriptions

Electronic prescriptions may be transmitted for non-controlled substances. In Oregon, electronic prescriptions for controlled substances (including Schedule 2) are permitted only when:

- The prescriber's software has been authenticated by a DEA-approved certifying organization
- The pharmacy's software has been authenticated by a DEA-approved certifying organization.

For more information please see: [http://www.oregon.gov/pharmacy/Imports/Memos/OBOP\\_OMBJointStatement\\_ElectronicPrescribing\\_CS.pdf](http://www.oregon.gov/pharmacy/Imports/Memos/OBOP_OMBJointStatement_ElectronicPrescribing_CS.pdf)

Such prescriptions must include the name and immediate contact information of the prescriber and be electronically encrypted or otherwise protected from unauthorized access, alteration or use.

Tamper-resistant prescriptions are defined in OAR 855-006-0015 as a form which is handwritten or typed and includes one or several of the following features for security such as:

- A. The word "void" appears when photocopies are attempted.
- B. Background ink which reveals attempted alterations.
- C. Heat sensitive ink which changes colors.
- D. Penetrating ink to prevent chemical alterations.
- E. Watermark(s) which cannot be copied.
- F. Coin reactive ink reveals words when rubbed with a coin.
- G. Sequential numbering.

Oregon does not have a specific state approved template so prescription pads may be ordered from a vendor of your choice.

## Sample Elements of a Prescription

RC	<b>Jane Doe, WHCNP</b> Nurse Practitioner 1212 Birch Ave. • Bend, OR 97701 • 541-123-4567	
Name: <u>Sally Smith</u> —R	Age: <u>30</u>	
Address: <u>1122 Cherry Lane</u> <u>Bend, OR 97701</u> —RC	Date: <u>1-2-15</u> R	
<b>R<sub>x</sub></b>	R — <u>Suprax 400 mg.</u>	R if generic not desired.
	Disp: <u>One tablet</u> —R	
	Sig: <u>po stat</u> —R for <u>GC</u> n.s.	
Refill: <u>3</u> times	DEA# <u>                    </u> —RC	
Signature: <u>Jane Doe</u> —R WHCNP		

R = Required element.

RC = Required if drug is a controlled substance.

### Child Resistant Packaging

Federal law requires child resistant packaging for prescription drugs unless the prescription indicates otherwise. Either the patient or the prescriber can request non-child resistant containers. Consult the U.S. Consumer Product Safety Commission at [www.cpsc.gov](http://www.cpsc.gov) for more information on safety and safe packaging.

Products exempt from child resistant packaging law are:

- Nitroglycerin Sublingual Tablets.
- Isosorbide Dinitrate Sublingual.
- Pancrealipase.
- Steroid Dose Packs.

### Medical Appliances and Devices with a Federal Caution Designation

A federal caution designation is an indication on the manufacturer's label stating the item is by prescription only. The Federal Drug Administration (FDA) and the drug manufacturer determine this designation. A nebulizer machine is an example of a medical device requiring a prescription. Nurse Practitioners and Clinical Nurse Specialists may prescribe all appliances and devices.

## Non-Prescription Items

APRNs may write prescriptions for over-the-counter items. This is sometimes required for reimbursement under specific medical plans.

## Telephoned and Faxed Prescriptions

APRNs or their designated employee, may telephone prescriptions to pharmacies. Schedule 2 drugs require a written prescription. Prescribers do not use triplicate prescription pads in Oregon. Prescribers can call a pharmacy with a prescription for limited amounts of Schedule 2 drugs for emergency use, providing the patient presents a hard copy to the pharmacy within seven days. Many prescribers prefer to phone in all prescriptions for controlled substances themselves, to avoid possibility of error. Prescribers may not use stamped signatures on controlled substances, and their use is generally discouraged.

A faxed prescription stands for the original prescription for legend and most scheduled drugs. A fax cannot be considered original for Schedule 2 unless it is for a nursing home, hospice, or a parenteral medication for Home IV.

## Off-Label Use and FDA Approval

APRNs may prescribe any FDA- approved drug, including FDA-approved orphan drugs. (Federal law designates orphan drugs for rare diseases or conditions. The cost of their development and distribution exceeds their recovered revenue.) “Off-label” use, or prescription of a FDA-approved drug for a different use than that indicated by the FDA, also is permitted, with appropriate indication and documentation.

APRNs may not prescribe, procure or dispense non-FDA-approved drugs or substances unless enrolled in an IRB-approved limited-access program or clinical trial, or unless the drug falls under the following exception policy: [www.oregon.gov/OSBN/pdfs/policies/CompoundingPolicy.pdf](http://www.oregon.gov/OSBN/pdfs/policies/CompoundingPolicy.pdf).

## Documentation

All medications prescribed, dispensed, or administered to a patient must be charted and documented in a timely manner. Per the National Transportation Safety Board (NTSB), when prescribing controlled substances health-care providers should discuss the affect that medication use may have on patients’ ability to safely operate a motor vehicle or heavy equipment. Samples and patient instructions regarding medications must be part of the patient record. Records should be retained for patients according to prevailing Oregon standards (currently seven-to-10 years, depending upon setting).

# How to Avoid Prescription Errors

## Common Errors

- Errors of omission: date, patient information, quantity to be dispensed, strength of dose, directions to the patient, number of refills.
- Inappropriate dose for age, weight, indication.
- Prescription, signature, credentials of practitioner are unreadable.
- Failure to meet the requirements of controlled substance regulations (DEA number not included, refill number inappropriate, etc.).
- Providing opportunity to alter prescription from intended subscription (prescription not written in ink, numbers not indicated in letters for dispensing or refill amount, unclear abbreviations for dosage or medication).

## Advised Method to Avoid Errors

- Use the appropriate prefix or suffix (SR for sustained release, DS for double-strength) to indicate correct dosage form.
- Use the appropriate abbreviation to indicate the correct administration form of the drug (gtt=drops, ung=ointment). See [www.ismp.org](http://www.ismp.org) for a list of error-prone abbreviations, symbols and dose designations. When in doubt spell out, don't abbreviate, your directions for administration ("at bedtime").
- Use the metric system to indicate amount of the drug to be dispensed (15 ml) or write out the number to dispense if a controlled substance or subject to alteration. Do not use a period after the metric abbreviation.
- If a percentage is less than one, always precede the decimal with a zero (0.5%, 0.05%). If the percentage is greater than one, do not use a zero (1% rather than 1.0%).
- Make directions as specific as possible. If the drug is a powder that needs to be dissolved in water and then consumed, indicate: the amount of water; if it needs to be stirred; if additional water needs to be consumed afterward, etc. This enables the pharmacist and your patient to have proper direction. Do not rely on the pharmacist to calculate dosage or determine directions for use.
- Include the concentration and preparation of the drug just to the right of the drug name, even if the drug currently only comes in one concentration or preparation.
- Consider limiting refill to a specific time frame – e.g. 'one refill per three weeks,' or 'do not fill before \_\_\_\_ (date).' (See CRNA regulations regarding 10-day limit with no refills.)



# Helpful Phone Numbers/Websites

Prescribing controlled substances is common role and practice standard for the APRN; however these medications are not without risk to patients to include drug misuse, abuse, and overdose. There are numerous established guidelines that provide assistance and guidance for prescribers.

## Useful Links

- Oregon Board of Pharmacy: 971-673-0001, [www.oregon.gov/Pharmacy](http://www.oregon.gov/Pharmacy).
- Drug Enforcement Administration, Portland office: 503-326-2447.  
Website: [www.usdoj.gov/dea](http://www.usdoj.gov/dea).
- Morphine Equivalent Dose Calculator:  
<http://agencymeddirectors.wa.gov/mobile.html>.
- Opioid Analgesic Converter: [www.globalrph.com/narcoticonv.html](http://www.globalrph.com/narcoticonv.html).
- Equivalent Opioid Calculator: <http://clincalc.com/Opioids>
- NTSB Safety Recommendations to the State of Oregon:  
<http://www.nts.gov/safety/safety-studies/Documents/SS1401.pdf>.
- Oregon Prescription Drug Monitoring Program: [www.orpdmp.com](http://www.orpdmp.com).
- Oregon Opioid Prescribing Guidelines: <https://www.oregon.gov/oha/ph/PreventionWellness/SubstanceUse/Opioids/Documents/taskforce/oregon-opioid-prescribing-guidelines.pdf>.

## For More Information

Please call us at 971-673-0685 between 7:30 a.m.–4:30 p.m.,  
Monday–Friday, or write us at:

Oregon State Board of Nursing  
17938 SW Upper Boones Ferry Rd.  
Portland, OR 97224-7012

FAX: 971-673-0684 • E-mail: [oregon.bn.info@state.or.us](mailto:oregon.bn.info@state.or.us)  
Online License Verification: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)



Oregon State Board of Nursing  
17938 SW Upper Boones Ferry Rd.  
Portland, Oregon 97224-7012  
[www.oregon.gov/OSBN](http://www.oregon.gov/OSBN)