



Oregon

Tina Kotek, Governor

Board of Nursing
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Continuing Education Attestation Form

Applicants for licensure are required to complete continuing education as described in [OAR 851-031-0008](#). **Complete this form only when a certificate of completion is not available.** This form must be completed for **each activity** not documented with a certificate. Once completed, submit the form with your application or upload it to your nurse portal account.

Licensee Name: _____

License Number: _____ Type: LPN RN APRN

Current License Expiration Date: _____

Type of Educational Activity: (Select)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Academic coursework | <input type="checkbox"/> Research |
| <input type="checkbox"/> Employer-based training | <input type="checkbox"/> Self-Study |
| <input type="checkbox"/> Other, please describe: _____ | |

Date	Description of Activity and Relation to Practice	Hours

I attest that I completed the above continuing education related to my level of licensure and area of practice.

Name: _____

Signature: _____

Date: _____

Updated: January 2026