



# Application for LPN/RN Licensure by Endorsement For International Nursing Graduates

## APPLICATION FEES MUST BE PAID FOR BY THE APPLICANT

Per ORS 678.050(3)(b) application fees must be paid for by the applicant. Third party payments will be returned to the payee, and the application is not processed until the fee is fully paid for by the applicant.

### Section 1: Application Fee- ALL OSBN FEES ARE NON-REFUNDABLE

Application Type	Fee	Description
New LPN/RN Licensure by Endorsement for International Nursing Graduates	<b>\$204</b>	This application fee includes a \$9 surcharge remitted to the Oregon Center for Nursing (OCN) to fund the Oregon Nursing Advancement Fund created by Oregon Senate Bill 72 in 2015.

### Section 2: Application Information

1. **United States-Issued Social Security Number:** You are required to provide your US-issued SSN on this application, per ORS 25.785. See Section 3 Personal Identifiers on the application for details.
2. **Legal Name Change:** If the name on your credential evaluation is different than the name you listed on this application, include the form OSBN-613 [Request to Change Legal Name](#) and documentation with your application.
3. **Credential Evaluation:** Contact the agency you selected to complete your education equivalency evaluation and request an official sealed copy to be sent directly to the OSBN mailing address (listed below) or electronically to the OSBN email address: [osbn.transcripts@state.or.us](mailto:osbn.transcripts@state.or.us).  
**Exception:** If you graduated from an English speaking Canadian RN nursing program after January 1 2015, and passed the NCLEX in Canada or another U.S. state/jurisdiction, contact your school and request official transcripts to be sent directly to OSBN at the above email address, in place of the credential evaluation.
4. **License Verification:** Request verification of both your original and most recent (if different) state nursing licensure from NURSYS, the national licensing and regulatory database at [www.nursys.com](http://www.nursys.com). QuickConfirm printouts are not accepted in place of NURSYS verifications. If the state does not participate in NURSYS, request verification directly from the regulatory agency to be sent directly to OSBN. Canadian nursing program graduates after January 1, 2015 who passed the NCLEX in Canada must request verification of your exam results and provincial nursing registration from the appropriate Canadian nursing regulatory body.
5. **OSBN Mailing Address:** Submit the original application – copies are not accepted. Mail application documents and your personal check or money order to OSBN at: 17938 SW Upper Boones Ferry Rd. Portland, OR 97224.
6. **Background Check:** OSBN requires a national fingerprint-based criminal background check in order to apply for and be issued a nursing license. Criminal background checks completed by employers, other agencies, or other state/US jurisdictions are not accepted for this requirement. Electronic fingerprinting services are provided by Fieldprint Inc., and independent contractor with the State of Oregon.
7. **Check Your Email:** Once your application and full payment are received, you will be sent an email to the address you provided on your application. It gives you the instructions you need in order to register online with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.
8. **Fingerprinting Fee:** In order to schedule a fingerprinting appointment, Fieldprint Inc. charges a separate \$64.50 service fee. **This fee is collected during Fieldprint’s online registration process.**
9. **Application Status:** You may track the progress of your application using the **Application Status Wizard** available on the OSBN website at: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN). The status of a required item is updated online as it is processed by staff.



**Oregon State Board of Nursing**  
 17938 SW Upper Boones Ferry Rd.  
 Portland, OR 97224-7012  
 971-673-0685  
 www.oregon.gov/OSBN

# Application for LPN/RN Licensure by Endorsement For International Nursing Graduates

**APPLICATION FEES MUST BE PAID FOR BY THE APPLICANT.** Third party payments submitted with an application will be returned to the payee. The application will not be processed until the fee is fully paid for by the applicant. Faxed or emailed applications are not accepted. You may fill the form out electronically print it out, sign, and mail to OSBN.

**Section 1: License Type**                      Registered Nurse (RN)                      Licensed Practical Nurse (LPN)

**Section 2: Name and Address Information**                      **NURSYS ID:**

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Street Address:			Country:
U.S. Residents: (select from each box)	City:	State:	Zip:
International Residents: (list city, state/province, and postal code)			
Primary Phone:	Secondary Phone:	Email: (required)	
Provide your personal email address. OSBN uses this email address for all application and licensing renewal notifications sent to you. It is your responsibility to keep your information on file current to ensure receipt.			

**Section 3: Personal Identifiers**

Gender:    Female    Male    Other/Non-Binary	Date of Birth:
<b>REQUIRED:</b> United States-issued Social Security Number	<b>ATTENTION:</b> Per ORS 25.785, applicants must provide a US SSN, US Work Visa, US Taxpayer ID, or other current federal government form authorizing you to work in the US. Information provided will be disclosed to entities and used for the purposes listed in OAR 851-001-0030 (2). Refusal to provide your SSN/Visa/work documents will result in denial of licensure/certification. This denial will be reported to the National Practitioner Databank, as authorized by 42USC Section 666(a) (13). If you are currently working on a US Visa (H1B, I-766 or other current federal government form authorizing you to work in the US), please submit copies of your passport and the Visa along with this application. If you are attending school on an F1 Visa, please provide a copy of the I-94 and I-20 signed by the designated school authority.

**Section 4: Nursing Education**

List your initial nursing program completed outside of the U.S. that qualified you for the SBTPE or NCLEX exam.

Name of School:	Country:
City:	State/Province:
Degree Type:	Graduation Date: (mm/dd/yy)
Full Name on School Transcript:	

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

OSBN USE ONLY- APPLICATION EXPIRATION DATE

OSBN USE ONLY- Additional Information  
 Credential Evaluation or Canadian transcript  
 License Verification  
 Original: \_\_\_\_\_  
 Current: \_\_\_\_\_

**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 two 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 two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES Explain	NO
	c) In the last two 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>. <b>If you are a self-referral to the Oregon Health Professionals Services Program (HPSP)</b>, 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? <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>	YES Explain	NO
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. <b>ATTENTION:</b> You must answer <b>YES</b> to this question even if the allegation was not substantiated.	YES Explain	NO
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? <b>ATTENTION:</b> Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.	YES Explain	NO
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction? <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.	YES Explain	NO
	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
Applicant Last Name:		Applicant First Name:	

Application Continued on Next Page



## **Section 6: Nursing License Information**

List the U.S. state or jurisdiction (or Canadian province if you graduated from an English speaking Canadian nursing program after January 1, 2015 and took the NCLEX in Canada) that you were initially licensed in to practice nursing after passing the SBTPE or NCLEX exam, **AND** your most recent state of licensure (if different). If you are practicing in a compact state, list the state license you are using to practice.

Original State:

Current State:

## **Section 7: Nursing Practice**

Last day of nursing practice (mm/dd/yy):

**Start with your most recent practice.** If you have not practiced in the last 5 years, list the last position before leaving.

Company Name:				Country:			
Street Address:			City:			State or Province:	
Still Employed:	Yes	No	Position Title:	License Number Used:	Licensing State:		
Paid Practice:	Yes	No					
Start Date:		End Date:		Total number of hours worked: (required)			
Company Name:				Country:			
Street Address:			City:			State or Province:	
Still Employed:	Yes	No	Position Title:	License Number Used:	Licensing State:		
Paid Practice:	Yes	No					
Start Date:		End Date:		Total number of hours worked: (required)			

## **Section 7: 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>	
Printed First and Last Name:	
Applicant Signature:	Date (mm/dd/yy):

**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.