



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 Examination For International Nursing Graduates

- **U.S nursing school graduates:** You must apply online through the OSBN website at www.oregon.gov/OSBN for initial state nursing licensure. Paper applications received will be returned to sender without processing.
- **Canadian nursing school graduates:** If you completed your Canadian nursing program after January 1 2015 and passed the NCLEX in Canada or another U.S. state or jurisdiction, you must use the application form LIC-102 *Application for LPN/RN Endorsement for International Nursing Graduates*. This application is available on the OSBN website at: www.oregon.gov/OSBN.
- **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.

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

Application Type	Fee	Description
New LPN/RN Licensure by NCLEX Examination for International Nursing Graduates	\$169	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. **Legal Name Change:** If the name on your credential evaluation or Canadian transcripts 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.
2. **Canadian Transcripts:** If you graduated from an English language Canadian RN nursing program after January 1 2015, but did not pass the NCLEX in Canada or any other U.S. state, and are applying for licensure by exam in Oregon, you may request official final transcripts from your nursing school to be sent directly to OSBN at the mailing address below, or electronically to the OSBN email address at: osbn.transcripts@state.or.us This satisfies the requirement of providing proof of completion of an acceptable nursing program in place of the credential evaluation.
3. **Credential Evaluation:** **If #2 does not apply to you**, contact the agency you selected to complete your education equivalency credential 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
4. **OSBN Mailing Address:** Submit the original application as copies are not accepted. Mail application documents and your personal check drawn on U.S. funds, or money order to OSBN at: 17938 SW Upper Boones Ferry Rd. Portland, OR 97224.
5. **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.
6. **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.
7. **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.**
8. **Application Status:** You may track the progress of your application using the **Application Status Tool** available on the OSBN website at: www.oregon.gov/OSBN. The status of a required item is updated online as it is processed by staff.



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LPN/RN Exam Application For International Nursing Graduates

International Nursing Education

Per OAR 851-031-0006(1)(a) an applicant for LPN or RN licensure by examination must show proof of completion of their qualifying nursing program that would make them eligible to take the NCLEX .

If you completed an English language Canadian RN nursing program after January 1, 2015 but did not pass the NCLEX in Canada, or any other U.S. state or jurisdiction, contact your nursing school and request official final transcripts be sent directly to OSBN as proof of completion of your education. Canadian nursing graduates after January 1 2015 that passed the NCLEX in Canada or another U.S. state or jurisdiction use a different application to apply for Oregon licensure *by endorsement* (see page 1).

All other international nursing graduates must show evidence of completion of a nursing education program that is equivalent to U.S. standards through an acceptable credentials evaluation. Transcripts received directly from a nursing program, the applicant, or an international licensing regulatory agency are NOT acceptable in place of the credential evaluation. For additional information, see form LIC-616 *Approved Independent Services for Credential Evaluations and Language Proficiency Examinations* available in the Forms section of the OSBN website at www.oregon.gov/OSBN.

NCLEX Eligibility Timeframe

The amount of time you have to pass the NCLEX for Oregon licensure is based on any international nursing licensure or practice you may have had after graduation from the initial nursing program you completed in another country.

1. If you were never licensed as a nurse, and did not practice as a nurse internationally: You have **3 years from the date you graduated** from your nursing program to pass the NCLEX; OR
2. If you practiced nursing internationally: You have **3 years from the date your application and full payment are received** by OSBN in order to pass the NCLEX. Also see the next section regarding proof of international nursing practice. NOTE: An international nurse applicant that has exhausted their 3-year application deadline without successfully passing the NCLEX, may reapply with a new application and fee.

Verification of International Nursing Practice

If you practiced nursing internationally after graduation from your program, you will need to request verification of employment from each employer that you list on your application. The documentation must be sent directly to OSBN from the employer. If it has been more than 5 years since you graduated, you must have at least 960 nursing practice hours within the last 5 years since the date of your application. If you practiced nursing in another country and graduated more than 5 years ago, but do not have 960 practice hours within the last 5 years, you will need to complete a nurse re-entry program before you can attempt to pass the NCLEX exam.

NCLEX Registration & Testing Accommodations

NCLEX exam registration and test scheduling is managed by PearsonVUE at www.pearsonvue.com/nclex. For more information on the registration process, review the NCLEX Examination Candidate Bulletin available on their website. **IMPORTANT:** You must register with PearsonVUE before OSBN is able to make you eligible to test. Once you register, PearsonVUE will notify us. After we make you eligible, PearsonVUE will contact you by email with your Authorization to Test (ATT). You will then work with them to schedule a test date.

Testing accommodations may be provided to candidates with documented disabilities who demonstrate need, in accordance with the federal Americans with Disabilities Act (ADA). You must receive approval of your request from the Board prior to being released to test. Submit form LIC-614 *Oregon State Board of Nursing Request for Testing Accommodations* and the required documentation with your application. This form is available in the Forms section on the OSBN website at: www.oregon.gov/OSBN.



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IMPORTANT: Faxed or emailed applications are not accepted. You may fill the form out electronically print it out, sign, and mail to OSBN. **OSBN uses the email address you provide for all application and licensing renewal notifications.** It is your responsibility to keep information on file current with OSBN to ensure that you receive those notifications.

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

Section 2: Name and Address Information

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)	

Section 3: Personal Identifiers

Gender: Female Male Other/Non-Binary	Date of Birth:
REQUIRED: United States-issued Social Security Number	ATTENTION: 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 the nursing program you completed that makes you eligible to sit for the NCLEX exam in Oregon.

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

OSBN USE ONLY: NCLEX Test Results
 Test Date Pass (P)/Fail (F)

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

OSBN USE ONLY- APPLICATION EXPIRATION DATE

OSBN USE ONLY- Additional Information
 Credential Eval or Transcripts Received
 International Practice Verified

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>ATTENTION: You must answer YES if you are enrolled in an impaired nurse program in any state or jurisdiction including Oregon. If you are a self-referral to the Oregon Health Professionals Services Program (HPSP), 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? ATTENTION: This includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, even if you were not convicted of any charge (for example- no charges were filed, case was dismissed, or you entered a diversion program). Driving under the influence must be reported here.	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. ATTENTION: You must answer YES 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?	YES Explain	NO
<p>ATTENTION: Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p>			
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction?	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
<p>ATTENTION: Question 6a) includes the disclosure of a denial, revocation, suspension, restriction, reprimand, censure, probation, loss of privileges, or any other formal or informal action.</p>			
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: International Nursing Practice

If you practiced internationally as a nurse after you completed your program, list your employers here starting with the most recent. If you have not practiced nursing in the last 5 years, list the last position you held.

Company Name:				Country:			
Street Address:			City:			State or Province:	
Still Employed:	Yes	No	Position/Title:			License Number Used:	
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:	
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:	
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.