



# Application for Oregon LPN or RN Reactivation License Expired over 60 Days

*For applicants who do not meet the practice hour requirement  
and/or their nursing license is encumbered with disciplinary action*

## Use this application if one or more of these statements apply:

- You do not have at least 960 hours of nursing practice in the last five years. You will need to complete nurse re-entry before your license will be reactivated.
- Your Oregon license was revoked by the Board three years ago and you are now eligible to apply for reactivation.
- You voluntarily surrendered your Oregon license three years ago and you are now eligible to apply for reactivation.
- You voluntarily withdrew the last application you submitted while it was under Board investigation and want to reapply.
- The Board denied the last application you submitted and you want to reapply.

## Non-refundable application fee: \$264

## What to do after you fill out the application:

1. **Mail us your application & fees:** All OSBN fees are non-refundable, even if you don't finish your application. Submit the original application, as copies are not accepted. Mail application and your personal check or money order to OSBN at: 17938 SW Upper Boones Ferry Rd, Portland OR 97224.
2. **Complete your background check:** OSBN requires a national fingerprint-based criminal background check. 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., an independent contractor with the State of Oregon.
3. **Check your email:** Once your application and full payment are received, you will be sent an email (check your inbox and junk mail) 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.
4. **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.**
5. **Check your 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.

## Complete your pain management continuing education

This is a one-time requirement to complete 7 hours of pain management-related continuing education (CE) in the 24 months after your first license renewal. Six hours may be completed by trainings of your choice. The remaining hour is a mandatory one-hour course provided by the Oregon Pain Management Commission on their [website](#).

- ✓ If you completed this one-time requirement or have in the past, just check the box on the application.

## Do you have enough practice hours to reactivate?

If you do not have at least 960 hours of practice in the last five years, you will need to first complete an OSBN-approved nurse re-entry program. This program includes academic coursework, as well as precepted clinical practice completed while under a limited license issued to you by the Board that is valid only for this monitored practice.

If you have disciplinary action on your license, you will first need Board approval before enrolling in a re-entry program and beginning any portion of the coursework. Contact OSBN at 971-673-0685 for information regarding this separate application process.



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

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*For applicants who do not meet the practice hour requirement and/or their nursing license is encumbered with disciplinary action*

Mail original signed application and check or money order to: 17938 SW Upper Boones Ferry Rd, Portland, OR 97224.

## Section 1: Fee & License Information - check the matching box and include your license number

Fee: <b>\$264</b>	<input type="checkbox"/> RN: _____	<input type="checkbox"/> LPN: _____
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## Section 2: Applicant Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Gender:	Female    Male    Other/Non-Binary	Date Of Birth:	
Address:		Country:	
City:		State:	Zip:
Primary Phone:		Email: (required)	
NOTE: OSBN uses the email address on file for all application and licensing renewal notifications. It is your responsibility to keep information on file current with OSBN to ensure receipt.			

## Section 3: Pain Management CE's

I have completed the mandatory one-time requirement of 7 hours in pain management CE's.

**Section 4: Practice History-** Start with your most recent practice. If you have not practiced in the last five years, list your last position. Per ORS 678.117 and OAR 851-045-0100, continuing to practice nursing with an expired license is a violation that may impose a civil penalty of up to \$5,000.

Date that you last practiced nursing in Oregon (mm/dd/yy):

Company Name:		Phone:	
Site Address:	City:	State:	Zip:
Still Employed: Yes No	License Number:	Licensing State:	
Paid Practice: Yes No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)	
<b>Total number of hours worked: (required)</b>			
Company Name:		Phone:	
Site Address:	City:	State:	Zip:
Still Employed: Yes No	License Number:	Licensing State:	
Paid Practice: Yes No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)	
<b>Total number of hours worked: (required)</b>			

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

OSBN USE ONLY- Application Expiration Date

OSBN USE ONLY- Additional Information

- NURSYS/FITS
- CBC Complete

**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) Since the date of your last renewal, 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	NO
	b) Since the date of your last renewal, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES	NO
	c) Since the date of your last renewal, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES	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>. 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>		Explain	
2	Other than any information you may have provided in Question 1, do you currently 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	NO
3	Other than a traffic ticket, since the date of your last renewal, have you been arrested, cited, or charged with an offense?	YES	NO
<p><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></p>		Explain	
4	Since the date of your last renewal, have you been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations.	YES	NO
<p><b>ATTENTION:</b> You must answer <b>YES</b> to this question even if the allegation was not substantiated.</p>		Explain	
5	a) Since the date of your last renewal, have you been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include pending investigations.	YES	NO
	b) Since the date of your last renewal, have you been found in violation of any state or federal law, rule, or practice standard regulating a health care profession?	YES	NO
<p><b>ATTENTION:</b> 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p>		Explain	
6	a) Since the date of your last renewal, has an agency taken action against any healthcare license or certificate you have held in any other state or jurisdiction?	YES	NO
	b) Since the date of your last renewal, have you withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES	NO
<p><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.</p>		Explain	
7	Since the date of your last renewal, have you 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	NO
		Explain	
8	Since the date of your last renewal, have you had a notice filed or a civil judgment awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?	YES	NO
		Explain	

## Section 6: 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>	
Applicant Signature:	Date (mm/dd/yy):