



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

Oregon Application for Initial LPN/RN Nurse Emeritus Licensure

Section 1: Application Instructions

- **IMPORTANT:** To be eligible for Nurse Emeritus, your Oregon LPN or RN license must be in **Retired** status. If your license is still active, or has expired, select the option on this application to have it retired when you are applying for the Nurse Emeritus.
- **Name Change:** If your legal name has changed since your last license renewal or expiration, include with your application form OSBN-613 [Name Change and/or Address Change Request Form](#) and your legal documentation of the change.
- **Competency Plan:** Include your completed competency plan with your application and fee. The form LIC-115A has been included with this application for your convenience. Your plan will be reviewed by Board staff for approval prior to issuance of Nurse Emeritus.
- **OSBN Mailing Address:** Submit the original application- copies are not accepted. Mail application documents and check or money order to OSBN at: 17938 SW Upper Boones Ferry Rd, Portland OR 97224.
- **Background Check:** If applicable. OSBN requires you to complete a national fingerprint-based criminal background check if you have let your license lapse 60 days or more, and are now applying for Nurse Emeritus. 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.
- **Check Your Email:** If you are required to complete fingerprinting, 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.
- **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.**
- **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. The status of a required item is updated online as it is processed by staff.

Section 2: Application Fees- ALL OSBN FEES ARE NON-REFUNDABLE.

Application Type	Fee	Description
LPN/RN Nurse Emeritus	\$50	You may apply for Nurse Emeritus if you are a retired Oregon LPN/RN that has at least 960 practice hours in the last five years, and more than 10,000 total lifetime practice hours.

Section 3: Nurse Emeritus

1. **Title:** A Nurse Emeritus licensee uses the title ‘RN, Emeritus’ or ‘LPN, Emeritus’ to identify themselves.
2. **License Cycle:** The initial license period will vary, based on your birth year. See [ORS 678.101\(1\)](#) for more information. All following consecutive license cycles are for a 2 year period.
3. **OSBN Notification:** OSBN will send you an email to the address on your application once your license is issued. 90 days before your license is due to expire, you will be sent another email notifying you that you now have the option to reapply for another cycle of licensure. If you want to reapply, submit a new paper application, fee, and an updated professional practice competency plan.

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.



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IMPORTANT: Use this application if this is your first time applying for Nurse Emeritus in Oregon. If you are reapplying for another two-year cycle, please use form LIC-117. Include your completed competency plan with this application. Faxed or emailed applications are not accepted. You may fill out the form electronically, then sign and mail to OSBN.

Section 1: Oregon LPN/RN License Number

I want to retire my active or expired Oregon license now so that I am eligible for Nurse Emeritus.

Section 2: Name and Address 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:	Secondary Phone:	Email:	
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: Eligibility Requirements

1. I have at least 960 hours of nursing practice in the last 5 years.
2. I have 10,000 or more lifetime hours of nursing practice.
3. I have included my professional practice competency plan on form LIC-115.

NOTE: If you do not have at least 960 hours of nursing practice within the last 5 years, you are not eligible for Nurse Emeritus at this time. You must complete a nurse re-entry program first to qualify.

NOTE: The form LIC-115A *Oregon Volunteer Nurse Emeritus Professional Practice Competency Plan* is included with this application for your convenience. Your submitted plan must be approved by Board staff prior to emeritus licensure and practice.



GO: Continue to the next page for instructions on how to complete Section 4 Disclosures and then sign and date your application in Section 5 Authorization.

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

OSBN USE ONLY- License Number & Expiration Date

OSBN USE ONLY- Additional Information
 CBC Complete
 Practice Competency Plan Received
 Plan Approval Date: _____ Policy Analyst: _____

NOTE: This page is for your information only. Please remove from your completed application before submitting to OSBN.

Section 4a: 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 4b: 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	NO
	b) In the last two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES	NO
	c) In the last two years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES	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>		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
		Explain	
3	Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense?	YES	NO
<p>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.</p>		Explain	
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.	YES	NO
<p>ATTENTION: You must answer YES to this question even if the allegation was not substantiated.</p>		Explain	
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	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	NO
<p>ATTENTION: Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p>		Explain	
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction?	YES	NO
	b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES	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>		Explain	
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	NO
		Explain	
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	NO
		Explain	

Section 5: 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):



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Oregon Volunteer Nurse Emeritus Professional Practice Competency Plan

Overview: To apply for Oregon Nurse Emeritus licensure, you are required to compose a detailed *Volunteer Nurse Emeritus Professional Practice Competency Plan* per Oregon Administrative Rule (OAR) 851-031-0086 (6) (b). You will use this form to document your proposed plan, and submit it with your application and fee. The plan must identify the volunteer nursing practice role, and how acceptable levels of safe nursing practice will be met within that role. Your authorship of, and adherence to this plan occurs in lieu of nursing practice hour requirements for maintaining nursing licensure, and demonstrates to the Board that acceptable levels of safe nursing practice will be met.

Your *Volunteer Nurse Emeritus Professional Practice Competency Plan* must identify the nursing practice role and distinguish that role as *the practice of nursing*.

- For the RN-Emeritus Applicant: this means engagement in registered nursing practice as stated in OAR 851-045-0060(3) (a) through (f).
- For the LPN Emeritus Applicant: this means engagement in clinically directed and supervised licensed practical nursing practice as stated in OAR 851-045-0050(3) (a) through (e).

Your plan must address all following components:

1. Identify the planned frequency of nursing practice in the identified role.
2. List all nursing practice activities within the role.
3. Identify nursing practice competencies relevant to activities.
4. Identify the plan for acquisition and/or maintenance of competencies for identified nursing practice activities.
5. Identify how nursing practice will be documented, and the location of documentation.

IMPORTANT:

Authorship of a complete *Volunteer Nurse Emeritus Professional Practice Competency Plan* requires you to access professional practice resources such as, specialty practice scope and practice standards that are pertinent to the nursing practice role; current evidence-based literature related to competent and safe practice within the identified role; and professional practice organizations' publications, guidelines, and standards related to the practice role.

A submitted plan that does not contain all required content will not be approved. In this case, you will need to revise your plan with additional content to meet requirements. You will not be issued a Nurse Emeritus license until your practice competency plan is approved.



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Oregon Volunteer Nurse Emeritus Professional Practice Competency Plan

Legal Name of Record: _____ **Date Plan Submitted** _____

Oregon LPN or RN License Number: _____

(NOTE: If reapplying for Nurse Emeritus, please provide your LPN-E or RN-E license number.)

I have created this Volunteer Nurse Emeritus Professional Practice Competency Plan and will adhere to it throughout my licensure cycle as a Nurse Emeritus. I understand that each time I reapply for Nurse Emeritus, I will need to submit an updated competency plan at that time.

Signature: _____ Date Signed: _____

Include additional pages if necessary.

1. Planned nursing practice role and frequency of practice.	
2. Nursing practice activities within the nursing practice role.	
3. Nursing practice competencies relevant to nursing practice activities.	

(Continued on next page)

Oregon Volunteer Nurse Emeritus Professional Practice Competency Plan

4. Plan for acquisition/maintenance of competencies for the identified nursing practice activities.	
5. Identify how nursing practice will be documented, and location of documentation.	
<p>Complete Section if LPN-Emeritus Applicant: Identify the RN or licensed independent practitioner who will be providing clinical direction and supervision of your LPN practice. If you do not know this person's name at this time, provide a contact email or phone number for the organization/business/clinic where your volunteer LPN practice will occur.</p>	

Oregon Volunteer Nurse Emeritus Professional Practice Competency Plan

NOTE: Only include this page with your plan if needed for additional content. Remove if not needed.

1. Planned nursing practice role and frequency of practice.	
2. Nursing practice activities within the nursing practice role.	
3. Nursing practice competencies relevant to nursing practice activities.	
4. Plan for acquisition/maintenance of competencies for the identified nursing practice activities.	
5. Method for nursing practice documentation that will occur within the volunteer nursing practice role.	
<p>Complete Section if LPN-Emeritus Applicant: Identify the RN or licensed independent practitioner who will be providing clinical direction and supervision of your LPN practice. If you do not know this person's name at this time, provide a contact email or phone number for the organization/business/clinic where your volunteer LPN practice will occur.</p>	