



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

# Oregon State Board of Nursing LPN/RN Current State License Verification

**APPLICANT:** Use this form for verification of your current/most recent state of licensure if different than your original state, **AND** only if that state/US jurisdiction does not participate in NURSYS for license verification purposes. **If you are practicing in a compact state, request verification of the state license you are using to practice.** Fill out Section 1 of this form and sign and date it. Leave Section 2 blank. Send the form directly to the state nursing board to complete the requested information in Section 2.

## Section 1: Contact and Address Information - FILLED OUT BY APPLICANT.

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Mailing Address:		Date of Birth: (mm/dd/yy)	
City:	State:	Zip:	Email:
I authorize the release of information requested below to the Oregon State Board of Nursing.			
Signature:		Date:	

## Section 2: License Verification RN LPN

**NURSING BOARD STAFF:** Please provide the following information. Sign, affix seal/stamp, and mail directly to OSBN at the address listed at the top of the form.

State/US Jurisdiction:	Name of Licensing Agency:		
License Number:	Initial Issue Date:	License Expiration Date:	
<b>Licensure Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Encumbered <input type="checkbox"/> Expired <input type="checkbox"/> Lapsed		<b>License Discipline:</b> include documentation if applicable. <input type="checkbox"/> NONE <input type="checkbox"/> Revocation <input type="checkbox"/> Voluntary Surrender <input type="checkbox"/> Probation <input type="checkbox"/> Suspension	
<b>Board Seal</b>	I verify the above information is true and correct as recorded by our office.		
	Signature: _____		
	Printed Name: _____		
	Title: _____		
Date (mm/dd/yy): _____			