



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 APRN Prescriptive Authority

Section 1: Application Information

- **Oregon APRN:** To submit an application for advanced practice prescriptive authority, you must also be currently applying for an initial Oregon NP, CRNA, or CNS at the same time, OR you already have an existing Oregon NP/CRNA/CNS, and are applying to *ADD* prescriptive authority to that license.
- **APRN & PP Applications:** Submit the original applications – copies are not accepted. Applications for initial NP, CRNA, or CNS licensure, AND the application for APRN Prescriptive Authority, including all applicable fees, must be submitted together.
- **OSBN Mailing Address:** Mail application documents and check or money order to OSBN at: 17938 SW Upper Boones Ferry Rd, Portland OR 97224.
- **Application Status:** You may track the progress of your application using the Application Status Wizard, available on the OSBN website at <https://osbn.oregon.gov/OSBNAppStatus/Search.aspx>

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

Application Type	Fee
APRN Prescriptive Authority for NP, CRNA, or CNS	\$75

Section 3: Education Requirement

You must have completed graduate-level *stand-alone* (content was not combined with other topics into one course) nursing courses in **physical assessment, pathophysiology and pharmacology**, within your qualifying advanced practice nursing education program, or via continuing education (CE) credits completed.

NOTE: Course content for any one of the above components listed that was combined with other various topics into one class/course, is not acceptable to meet this requirement. The qualifying graduate-level pharmacology course must be equal to at least 45 contact hours of course content. Courses are verified as acceptable upon receipt of your official transcripts or CE certificates of completion.

Section 4: Practice Requirement

You must meet the requirement for completion of clinical education in patient management in one of the following ways:

1. Completion of a 150-clock hour supervised academic clinical practicum that included differential diagnosis and applied pharmacological management of patients, congruent with my specialty role. **OR**
2. Current prescriptive authority in another U.S. state or jurisdiction AND 150 hours or more in the last 2 years of utilizing applied pharmacological management of patients, congruent with my specialty role. **OR**
3. 150 hours of clinical expertise in current practice that included differential diagnosis and applied pharmacological management of patients, and is congruent with my specialty role. **NOTE:** The practice hours must have been validated by a licensed independent prescribing practitioner, whom then completed and signed the OSBN form [APRN Pharmacological Management Evaluation Form Part B](#) LIC-204B as authorization. The signed form must be submitted with this application process. **OR**
4. None of the above. However, you completed 45 contact hours of APRN-level pharmacological continuing education within the last 2 years prior to application to satisfy the requirement. Include copies of your certificates of completion with your application.

Section 5: OSBN Handbook

Before submitting your application, read the **Prescriptive and Dispensing Authority in Oregon for Advanced Practice Registered Nurses** handbook that is available on the OSBN website at https://www.oregon.gov/OSBN/Documents/Booklet_prescriptive_authority.pdf

The booklet reviews laws and regulations regarding prescribing and dispensing authority in Oregon. **You must confirm in this application that you have read the handbook and understand the information included.**



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NOTE: Faxed or emailed applications are not accepted. You may fill out the form electronically, print it out to sign and mail in with payment to OSBN. This application is valid for one year from the date of payment and will be null and void upon expiration.

Section 1: Application Type- Check the appropriate box for the type of advanced practice license you are applying for, OR if you are an active Oregon APRN applying to *add prescriptive authority to your existing license*, check the box below the drop-down selection.

I am an Oregon APRN applying to add prescriptive authority to my existing license.

Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
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: Personal Identifiers

Gender: Female Male Other/Non-Binary	Date of Birth:
Required: US 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: Practice Requirement

I meet the requirement of completion of clinical education in patient management through (select one):

Completion of a 150-clock hour supervised academic clinical practicum that included differential diagnosis and applied pharmacological management of patients, congruent with my specialty role.

Current prescriptive authority in another U.S. state or jurisdiction AND 150 hours or more in the last 2 years of utilizing applied pharmacological management of patients, congruent with my specialty role.

150 hours of clinical expertise in current practice that included differential diagnosis and applied pharmacological management of patients, and is congruent with my specialty role.

I do not meet the requirement through any of these options. I have completed 45 contact hours of APRN-level pharmacological continuing education within the last 2 years. I have included copies of my certificates of completion with my application.

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

OSBN USE ONLY- Application Expiration Date

OSBN USE ONLY- Additional Information

- 3 Ps
- PP Practice Requirement Met
- State License 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

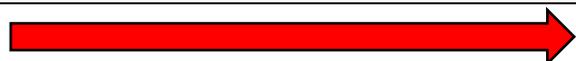
If you answered YES, provide a detailed written explanation. Describe the incidents that led to the action for notice or civil judgement against you. Provide documentation of the final determination.

Section 5b: Disclosure

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.

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
	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.	YES Explain	NO
	b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?		
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: Oregon Handbook on Prescriptive and Dispensing

Indicate below the primary location you will be utilizing your prescriptive authority in Oregon.

Check here if you are currently seeking employment in Oregon, or for none at this time.

Business Name:		Telephone:	
Site Address:	City:	State:	Zip:

Section 7: Oregon Handbook on Prescriptive and Dispensing

I have read the handbook *Prescriptive and Dispensing Authority in Oregon for Advanced Practice Registered Nurses* that is available on the OSBN website at <http://www.oregon.gov/OSBN> and will comply with regulations regarding advanced practice registered nurses who prescribe and dispense prescription drugs in Oregon.

Section 8: Authorization

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).

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.

Applicant Signature	Date: (mm/dd/yy)
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