



Oregon Application for Initial Clinical Nurse Specialist License

Section 1: Application Information

- **Education:** Contact your school to request official sealed transcripts be sent directly to OSBN, or if your school subscribes to a national document transfer network, you may request the service to send official electronic transcripts to OSBN at: osbn.transcripts@state.or.us.
- **Oregon RN License:** An applicant for CNS licensure must also hold an active unencumbered Oregon RN license. The RN application can be submitted for processing at the same time as the CNS.
- **APRN Prescriptive Authority:** If you choose to apply for APRN prescriptive authority with your CNS, you must submit a separation application and fee. See form LIC-204 available to download and print from the OSBN website at: www.oregon.gov/OSBN.
- **CNS Application:** Submit 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.
- **Fingerprinting:** OSBN requires a national fingerprint-based criminal background check to apply for and obtain licensure/certification in Oregon. Applicants will be charged a separate fee of \$64.50 by Fieldprint Inc an independent organization contracted by the State of Oregon to provide electronic fingerprinting services. **This fee is payable only to Fieldprint Inc** while registering on their website to schedule an electronic fingerprinting appointment.
- **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 register online with Fieldprint Inc to schedule and pay for your fingerprinting appointment.
- **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 OSBN staff.

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

Application Type	Fee
Clinical Nurse Specialist Application Valid for one year from date of receipt of application and full payment.	\$150

Section 3: CNS Education

Applicants for initial CNS licensure in Oregon must hold a minimum of a graduate degree in nursing from an accredited educational program. An acceptable official transcript (US grads) or a credential equivalency evaluation (non-US nursing grads) sent directly to OSBN meets this application requirement.

Section 4: CNS Practice History

The practice requirement must be met in one of the following ways:

- Completion of qualifying CNS program within the past one year; OR
- Completion of qualifying CNS program within the past two years and a minimum of 192 hours of CNS practice; OR
- 960 CNS practice hours completed in the last 5 years from the date of application.

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.



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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IMPORTANT: Faxed or emailed applications are not accepted. You may fill out the form electronically then print it out to sign and mail to OSBN.

Section 1: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Address:		Country	
City:	State:	Zip:	
Primary Phone:	Secondary 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 2: 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 3: CNS Education Program

List the program you completed that qualifies you for CNS licensure.

Name of School:	
City:	State:
Degree/Certificate:	Graduation Date: (mm/dd/yy)
Full Name On Transcript:	

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

OSBN USE ONLY- Application Expiration Date

OSBN USE ONLY- Additional Information
 CNS Transcript
 CNS Practice Hours _____ CBC

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

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
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.			
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 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? ATTENTION: Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.	YES Explain	NO
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction? 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?	YES Explain	NO
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

First Name:

Section 5: CNS Practice History

Leave section blank if you graduated less than a year ago and have not yet practiced as a CNS. Add separate sheet of paper if needed.

Company Name:			Phone:		Country:	
Site Address:			City:			Zip Code:
Position Title:			License Number:		Licensing State:	
Still Employed:	Yes	No	Start Date (mm/dd/yy):		End Date (mm/dd/yy):	
Paid Practice:	Yes	No				
Total number of practice hours in last five years: (required)						
Company Name:			Phone:		Country:	
Site Address:			City:			Zip Code:
Position Title:			License Number:		Licensing State:	
Still Employed:	Yes	No	Start Date (mm/dd/yy):		End Date (mm/dd/yy):	
Paid Practice:	Yes	No				
Total number of practice hours in last five years: (required)						

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):