



# Oregon Application for CRNA License Renewal with Removal of Prescriptive Privileges

## Section 1: Application Instructions

- **ATTENTION:** If your CRNA-PP license expired more than 60 days ago, you are unable to use this application as you are no longer eligible for renewal.

If you were previously licensed as a CRNA without prescriptive privileges, you may submit a "reactivation" application for that license. If you have never been licensed in Oregon as such, you will need to submit a "new" application type.

**Both applications are available online at:** <https://osbn.oregon.gov/OSBNLicense/Account?returnUrl=~/>

- **OSBN Mailing Address:** Submit original application- copies are not accepted. Mail application 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: [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN). The status of a required item is updated online as it is processed by OSBN staff.
- **License Number:** By removing your prescriptive authority, your previously issued CRNA license number will be reactivated, or if never previously licensed as such, you will be issued a new license number that indicates CRNA licensure without prescriptive privileges. You may want to notify credentialing organizations you are affiliated with of any license number changes once your application has been processed.

## Section 2: Application Fees ALL FEES ARE NON-REFUNDABLE

- Timely Receipt:** An application received at our office before close of business, or submitted online before 11:59pm on the date your license will expire is considered received in a "timely" manner.
- Late Fee Accrual:** If your application is received after the timeframe above, a \$100 late fee is automatically applied to the licensing fee per OAR 851-002-0000.

Application Type	Timely Renewal (a)	Late Renewal (b)
CRNA Renewal with Removal of Existing Prescriptive Authority	\$55	\$155

## Section 3: NBCRNA National Certification

Full national certification with the CRNA accrediting body, National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA), is required for Oregon licensure. During the application process, OSBN staff will verify your valid certification.

**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

# Oregon Application for CRNA License Renewal with Removal of Prescriptive Privileges

**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: Status of Oregon License

<input type="checkbox"/> <b>Timely Renewal:</b> My license is <b>Active</b> .	<b>CRNA-PP License Number:</b>
<input type="checkbox"/> <b>Late Renewal:</b> Expired less than 60 days.	

## Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Address:		Country:	
City:	State:	Zip:	
Primary Phone:	Secondary Phone:	Email: (required)	
<b>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.</b>			

## Section 2: Removal of PP from CRNA

By requesting to remove the authority to prescribe from my Oregon CRNA license, I understand and will comply with all Oregon regulations listed in the publication [Prescriptive and Dispensing Authority in Oregon for Advanced Practice Registered Nurses](#) handbook, in that I will no longer perform activities that were authorized only while holding an Oregon APRN license *with* prescriptive authority.

Licensee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 3: NBCRNA National Certification

Your national certification will be verified online while your application is being processed.

I attest to holding full NBCRNA national certification as required to renew my CRNA.

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

OSBN USE ONLY- License Number & Expiration Date

OSBN USE ONLY- Additional Information

- Active National Cert.
- RN Renewed

**NOTE: This page is for your information only. Please remove this page 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, review the instructions for information to provide for any disclosure(s). Providing false, misleading, or incomplete information is considered falsifying an application and is grounds for denial of your application or discipline of licensure. I understand I must provide the 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 Explain	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 Explain	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 Explain	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 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 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, since the date of your last renewal, have you been arrested, cited, or charged with an offense?	YES Explain	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>		
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 Explain	NO
<p><b>ATTENTION:</b> You must answer <b>YES</b> to this question even if the allegation was not substantiated.</p>			
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 any pending investigations.	YES Explain	NO
	b) Since the date or 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 Explain	NO
<p><b>ATTENTION:</b> Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p>			
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 Explain	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 Explain	NO
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 Explain	NO
8	Since the date of your last renewal, have you 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

## Section 5: 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 pending. I hereby certify that I have read this application, and 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 licensure. 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 understand that this application and any supporting documentation I provide are public documents subject to Oregon public records laws.

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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