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

Application for Authorization to Practice in Oregon during a Declared Emergency

This application is for Board authorization to provide care as a nurse or nursing assistant by invitation from an Oregon employer. **This approved authorization is only valid during an emergency declared by the Governor of Oregon, for practice in Oregon or by telehealth services to an Oregon resident** per ORS 678.031(4).

Mail application to: 17938 SW Upper Boones Ferry Rd, Portland, OR 97724.
OR email to: oregon.bn.info@state.or.us
OR fax to: 971-673-0652

Section 1: Applicant Information

Last Name:	First Name:		
Mailing Address:	City:	State:	Zip:
Email:	Phone Number:	Gender: ☐ Female ☐ Male ☐ Other/Non-Binary	
U.S. SSN:	Date of Birth: (mm/dd/yy)		

REQUIRED: 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.

Section 2: State Licensure/Certification

Check applicable boxes below that identify the **active, unencumbered** nursing license or nurse assistant certificate issued to you by another state or jurisdiction that you will use to practice under this authorization. Licensure will be verified by the Board prior to authorization approval.

License Type:	☐ CNA ☐ CMA ☐ LPN ☐ RN	☐ Nurse Practitioner (NP)	☐ Certified Registered Nurse Anesthetist (CRNA)	☐ Clinical Nurse Specialist (CNS)
		☐ NP with Prescriptive Privileges (select type) ○ Independent Practice ○ Reduced or Restricted Practice	☐ CRNA with Prescriptive Privileges (select type) ○ Independent Practice ○ Reduced or Restricted Practice	☐ CNS with Prescriptive Privileges (select type) ○ Independent Practice ○ Reduced or Restricted Practice
		NP Specialty/Population Focus:		

Licensing State:	**License Number**:
List the name of the organization you will be working for:	Select the type(s) of practice you will be engaging in: ☐ Telehealth Services ☐ In-Person Care

Section 3: Important Information on Authorization

1. If you practice in Oregon before your authorization is approved, you subject yourself to being fined with a civil penalty up to $5,000 levied against you per ORS 678.021 and OAR 851-045-0100.
2. Under this authorization, you must adhere to the laws and rules outlined in the Oregon Nurse Practice Act that govern the practice of nursing at the level of licensure you hold. If you are found to be in violation of these standards, your authorization may be rescinded and further Board action may follow. OAR 851-045, OAR 851-050, OAR 851-052, OAR 851-054, OAR 851-056, and OAR 851-063.

Section 4: Statement of Understanding & Signature

I hereby certify that I have read and understand the information provided in this application regarding the guidelines for licensure and scope of practice under this authorization. I have filled out this application myself, and the information provided is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of the authorization.

☐ I understand that the Board will not disclose information regarding the application process to any third party prior to approval of the authorization.

Applicant Signature:	Date: (mm/dd/yy)