



Oregon Application for CNA/CMA by Active LPN/RN License

Section 1: Application Information

- **ATTENTION:** If you were issued an Oregon CNA certificate that is now expired, you will need to **reactivate** it using a different application. See form *LIC-701 Application for CNA Reactivation or Re-Entry*, available on the OSBN website at: www.oregon.gov/OSBN.
- **Name Change:** If the name on your LPN or RN license is different from the name you listed on your application, include form OSBN-613 [Name Change and/or Address Request Form](#) and proof of legal name change documentation with your application.
- **OSBN Mailing Address:** Submit the 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.
- **Background Check:** OSBN requires a national fingerprint-based criminal background check in order to apply for and be issued a CNA/CMA in Oregon. Criminal background checks completed by employers, other agencies, or other state/US jurisdictions are not accepted for this requirement. Electronic fingerprinting services are provided by Fieldprint Inc., an independent contractor with the State of Oregon.
- **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 to register online with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.
- **Fingerprinting Fee:** In order to schedule a fingerprinting appointment, Fieldprint Inc charges a separate \$64.50 service fee. **This fee is collected during Fieldprint’s online registration process.**
- **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.

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

| Application Type | Fee | Description |
|------------------------------|-------------|--|
| CNA by Active LPN/RN | \$60 | Use this application if you have never held an Oregon CNA certificate, but do hold an active LPN or RN in Oregon or any state/US jurisdiction. |
| CMA Certification by LPN/RN | \$20 | Must have an active <u>Oregon</u> LPN or RN license, and apply for, or have an active CNA 1 certificate. |
| CNA 2 Education Registration | \$0 | The CNA 2 is a listing of your name and certificate number on the Oregon CNA 2 Registry. This registration shows that you completed training at a higher skill level beyond the CNA 1 curriculum, or you have completed equivalent nursing coursework. A CNA 2 is not a separate license in Oregon. |

Section 3: Active LPN/RN Licensure - If you are an Oregon LPN or RN please disregard this section.

If your qualifying nursing licensure is from a U.S. state or jurisdiction other than Oregon, you must arrange for primary source verification of that license through NURSYS, the national licensing and regulatory database. Go to www.nursys.com to register and complete the request. QuickConfirm printouts are not accepted in place of a NURSYS verification.

If the state does not participate in NURSYS, request license verification directly from the regulatory agency to be sent directly to the OSBN mailing address.



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 CNA/CMA by Active LPN/RN License

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

Section 1: Application Type- Check all that apply

| | |
|------------------------|------------------------------|
| CNA 1 by LPN/RN | CNA 2 Registration |
| CMA by LPN/RN | |

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: LPN/RN License Information

Arrange for primary source verification of your license if it is not an Oregon-issued LPN or RN.

| | | |
|-----------------|--------------------------------|---------------------|
| License Type: | LPN RN | State/Jurisdiction: |
| License Number: | Expiration Date: (mm/dd/yy) | |

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.

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

OSBN USE ONLY- Application Expiration Date

OSBN USE ONLY- Additional Information
 Active Full Licensure Verified
 CBC Complete

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

| | | | |
|--|--|---------|----|
| <p>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.</p> | | | |
| 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 | NO |
| | b) In the last two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions? | YES | NO |
| | c) In the last two years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed? | YES | 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> | | Explain | |
| 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 | NO |
| | | Explain | |
| 3 | Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense? | YES | NO |
| <p>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.</p> | | Explain | |
| 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. | YES | NO |
| <p>ATTENTION: You must answer YES to this question even if the allegation was not substantiated.</p> | | Explain | |
| 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 | 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 | NO |
| <p>ATTENTION: Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p> | | Explain | |
| 6 | a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction? | YES | NO |
| | b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above? | YES | NO |
| <p>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.</p> | | Explain | |
| 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 | NO |
| | | Explain | |
| 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 | NO |
| | | Explain | |

Section 6: 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):