



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

## Oregon State Board of Nursing Registration for Limitation of Liability for Practice without Compensation

**ATTENTION:** There is no fee to submit this request. You may fill out this form electronically, then print it out to sign, and either mail, email, or fax to OSBN.

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Address:			
City:		State:	Zip:
Primary Phone:		Email:	
Oregon License Number:	License Type:	LPN RN	NP CNS

- Before providing health care services, you must obtain a signed statement from the patient, or designated person authorized by law to make health care decisions for the patient. The signed document must include the following information:
  - Notification that the health care services you provide to the patient are without compensation, and that you may be held liable for injury, death, or other loss that arises from gross negligence in the acts of service that you provide.
- The health care services that you may provide without compensation under this registration do not include:
  - Reimbursement for laboratory fees;
  - Testing services; or
  - Other out-of-pocket expenses.
- You will only provide health care services without compensation that are within the scope of practice of your Oregon nursing license that you listed on this form.
- **Your registration is valid for two years.** Upon expiration, if you wish to renew your registration for another two-year cycle, it is your responsibility to obtain, fill out, and submit a new form to OSBN. You will not receive courtesy reminders regarding the expiration of your registration.

Your signature on this request form is confirmation that you understand, and will comply with the regulation and responsibilities of this registration, in accordance with Oregon Revised Statute 676.340 and 676.345.

Printed Name:	
Licensee Signature:	Date: (mm/dd/yy)

**Mailing Address:** Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd, Portland OR 97224.

**Email Address:** oregon.bn.info@state.or.us

**Fax Number:** 971-673-0652 attn Licensing Department