



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

Mailing List Request Information

General Information:

- Accuracy of information is based on voluntary disclosure.
- Social Security numbers are not available as public information.
- Manipulation of the mailing list is the responsibility of your organization. The mailing list is provided in a standard Excel spreadsheet.
- Please verify that someone in your organization is knowledgeable about importing and manipulating data and that you have a computer with software and hardware to perform the task.
- Our database is updated daily. We do not offer "upgrades" for previous mailing lists.
- Depending on the list requested, the file size could exceed 10MB. If your mail server cannot accept attachments over 10MB, please indicate that you would like the information on a CD.
- Please indicate on the form if you need a receipt.
- **Allow at least 7 - 10 business days from the date of receipt of your request for processing.**

To Prevent Processing Delays:

- Provide a clear return address and credit card number information.
- Print or type your contact information so that we may reach you if we have questions about your request.
- General statistical information is available on the OSBN website at www.oregon.gov/OSBN.

Attention

- **Pre-payment is required to process. Fees are non-refundable.** Fees collected are for the cost of processing the mailing list. Submit payment by credit card (Visa or MasterCard are accepted), check or money order. State agencies on SFMS can make an internal transfer (Agency # 851 and PCA # 21301 AOBJ # 0880). Submit this form with your payment information via postal mail, e-mail, or by fax. See contact information below.
- **If there is a problem with the list you received, report it to the Oregon State Board of Nursing (OSBN) within 30 days of receipt.** Replacement requests for lists that are more than 30 days old require resubmission of a new mailing list request form and processing fee.

Mail, fax, or e-mail your completed form and payment to the contact information listed below. The OSBN generally processes requests within 7 - 10 business days. You may call the OSBN at 971-673-0685 if you have any additional questions regarding this process.

Mail, fax, or e-mail request form and payment information to:

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland OR 97224
FAX: 971-673-0684
E-mail: oregon.bn.info@state.or.us



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Mailing List Request Form

ATTENTION: Attach/include appropriate non-refundable fee with application.
 Please type or print clearly in blue or black ink.

Contact Information of Requestor

Person Requesting Information: _____

Name of Organization: _____

Telephone Number: () _____

E-Mail Address: _____

Mailing Address: _____

City and State: _____ Zip Code: _____

Explanation of Information Included in Mailing List

- 1) **Only active licensees are included.** Expired licensees are not required to maintain a current address with OSBN.
- 2) **Unless otherwise requested below, lists include:** licensee first and last name, license type, license number, license expiration, license issue dates, U.S. mailing address, and email address.
- 3) NPs, CRNAs, and CNSs are required to have an active RN license.
- 4) CMAs are required to have an active CNA.

	Select License Type	Approx. Records	Fee	Payment
<input type="checkbox"/>	Certified Medication Aide (CMA)	1,000	\$ 35	
<input type="checkbox"/>	Certified Nursing Assistant (CNA)	20,000	\$ 50	
<input type="checkbox"/>	Licensed Practical Nurse (LPN)	4,500	\$ 40	
<input type="checkbox"/>	Registered Nurse (RN)	52,000	\$ 70	
<input type="checkbox"/>	Nurse Practitioner (NP)	3,000	\$ 35	
<input type="checkbox"/>	Nurse Practitioner with Dispensing Privileges (DP)	200	\$ 35	
<input type="checkbox"/>	Certified Registered Nurse Anesthetist (CRNA)	600	\$ 35	
<input type="checkbox"/>	Clinical Nurse Specialist (CNS)	200	\$ 35	
Total Amount >>>				

Credit Card Payment Information (VISA or MASTERCARD only)

Credit Card Number: _____ Exp Date: _____

Name on Credit Card: _____ V Code: _____

Credit Card Billing Zip Code: _____ Receipt requested:

Format of Mailing List Requested:

- E-mail text file. **Please note:** some files exceed 10MB; please ensure your mail server will accept large attachments.
- Pick up diskette from OSBN office (because I cannot provide an email address.)
- Diskette through U.S. Postal mail.

To request additional data fields to be added to list, please indicate all applicable types below:

Please indicate criteria such as license renewal dates, birthdate, license type, or records within a certain county or zip code: _____
