

Oregon State Board of Nursing

Application Process to License By NCLEX

Revised April 2024

OSBN Application Process

 Eligibility: Applicants for initial licensure by examination (those not previously licensed in another state or country) shall be permitted to test up to two years following graduation.



NCLEX Resources

- Home | NCLEX
- Prepare | NCLEX
 - You can preview what the NCLEX looks like, and see a sample case study
- <u>Test Plans | NCLEX</u>
 - This is the breakdown of the different content areas on the exam!
- Exam Publications | NCSBN

OSBN Resources

- Oregon State Board of Nursing
- Pain Management Continuing Education (CE) : State of Oregon
- <u>Cultural Competency Continuing Education (CE) : State of Oregon</u>

Overview of the Process



IMPORTANT! You should apply with OSBN before you register with Pearson Vue or your registration status may not sync with OSBN.

Nurse Portal Login

• https://osbn.boardsofnursing.org/orbn

| Don't have an account? Create an account to apply for a license or maintain your existing license. Create an Account | Didn't receive the verification email after registering? Note: Registration link in the verification email is only valid for 24 hours. If you have exceeded this time, please restart the registration process. 1. Check your Spam, Junk, Trash, Deleted Items, or Archive folder | Authorized User Sign In Email Address (required) Password (required) |
|---|---|--|
| Make sure to use your legal name when creating account | Resend the verification email. Resend Verification Email If you are still not getting the verification email read our more Detailed FAQs or contact us | Forgot your password? |

- New to Register? Click on "Create an Account".
 - Or log in with your email address and password if you already have created an account.
 - Once you log in, the system will route you to your account Dashboard.

OSBN Resources

- 1.Update your contact information
- 2.Submit a legal name change
- 3.Check the status of a submitted application

4. Download a copy of your application
5. Search the NCLEX Resources section
6. Submit a license application



Finding the correct license application...



Don't see the application you're looking for? Select (Other Applications button)

Other

Updated 4/22/2024



Fingerprint Information (on the Application)

and the second second

IMPORTANT:

Fingerprinting is required for this application: If the instructions below are not followed correctly, board staff cannot review your background check information, and you will need to have your fingerprints taken again.

The state of Oregon contracts with Fieldprint Inc. to collect digital fingerprint images from applicants for the background check process.

Fieldprint Inc has collection sites in every state. If you are within 75 miles of a collection site, you must visit a Fieldprint Inc location to submit your fingerprints. If you are over 75 miles away from a Fieldprint Inc collection site, please contact us for an alternative process.

Applicants may have their fingerprints imaged by appointment only at any Fieldprint collection site across the country. Use this link <u>http://www.fieldprintoregon.com</u> to register (do not use other Fieldprint sub-sites), and then enter the code **FPORBoardNursingDAS** when prompted, and schedule an appointment on Fieldprint's website. Please submit your prints promptly; the timeline for results to be generated, returned to, and reviewed by board staff is unpredictable and can, in some cases, exceed 12 weeks.

Again, the code FPORBoardNursingDAS must be used when you schedule your fingerprinting appointment to ensure the background check reaches the board for review.

Next

Cancel

- Fingerprint Takeaways:
 - Website: <u>www.fieldprintoregon.com</u>
 - Code: FPORBoardNursingDAS

<u>DO NOT</u> complete fingerprints prior to submitting your application! If you do, we will not be able to match the results to your application and you will need to pay to have them taken again.

License Application Type

RN/LPN By Exam - U.S. Nursing Education (RN)



Enter Your Information

| RN/LPN By Exam - U.S. Nursing Education (RN) | | | | | | | |
|--|---|--|---|------------------|---|-------------------|--|
| License Application | • | 2 Preview & Submission | 3 Fee Payment | • | Confirmation Receipt | • | |
| View Instructions | 0 | General Information | | | | | |
| General Information | • | A U.S. SSN is required if applicant has been ass | igned one. If you have not been assig | ned an SSN, yo | u must select one of the following identi | fication options. | |
| Eligibility Questions | • | (a) A current passport and US Visa showing the authorizing the individual to work in the US. | entitlement to work in the United State | es such as an H1 | IB Visa, I-766 or other current federal g | overnment form | |
| Education History | • | (b) If the applicant is attending school on an F1 v authority. (c) Tay identification number. | isa, they must provide a copy of a val | id 194 and 120 w | hich has been signed by the designated | 1 school | |
| NCLEX Information | • | (d) Other federally issued identification number | | | | | |

Note: If your SSN is currently on file with the Board or if you have provided your SSN at the time of creating your Nurse Portal account, you will not be prompted to provide your SSN in the Identifying Information section below.

| Demographic Info | rmation | | | |
|-----------------------------|-------------------------------|------------------------|------------------------------|--|
| Full Legal Name Required | First Name (required) NURSING | Middle Name (required) | Last Name (required) STUDENT | |
| | Request Name Change | | | |
| | Maiden Name |) | | |

Eligibility Questions



If your program did not cover cultural competency & pain management requirements, there are modules linked on the OSBN homepage

1 Licen

License

General

Educatio

NCLEX

2) Please input the date (mm/dd/yyyy) you completed the Pain Management Education Course (more details available at https://www.oregon.gov/osbn/Pages/pain-management.aspx). (required)

mm/dd/yyyy

Eligibility Questions

Eligibility Questions Read each question carefully and select a "no" or "yes" answer. If you answer "yes" to a question, you are required to enter a detailed explanation in the box provided. Any false, misleading, or incomplete information is considered falsifying an application and is grounds for denial of your application or discipline on your license/certificate. You must provide OSBN with any updates to information required in this application while it is pending.

 In the last two years, have you been diagnosed with or treated for a substance use disorder? If yes, include your sobriety date in your explanation. (required)

Yes

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.

If you answered YES to this question, describe your alcohol/drug use history and details of any treatment you have undergone with relevant dates. Provide any available documentation of your sobriety (e.g. letters, program records, or certificates of completion) if applicable.

Describe your alcohol/drug use history and details of any treatment you have undergone with relevant dates. Provide any available documentation of your sobriety (e.g. letters, program records, or certificates of completion) if applicable.

Supporting Documents: (optional)

Upload

If you answer yes to any of these questions an explanation box will populate with an option to upload any supporting documentation.

Explanation (required)

Education History

Be very inten this page. If y any of the fie incorrectly yo populate to your schools list. This will licensure.

| | RN/LPN | By Exam - U | S. Nursing Education (RN) | | | |
|--------------------------|--|--|--|----------------------------------|--------------------------|------------------|
| 1 License Application | • Preview & Submission | • | 3 Fee Payment | • 4 Cor | nfirmation Receipt | • |
| View Instructions | | | | | | |
| License Application Type | Education History | | | | | |
| General Information | Provide information for tr have not yet graduated, I | ie nursing educa ist the anticipate | tion you completed that makes y d date. | ou eligible to sit for the l | NCLEX examination in | n Oregon. If you |
| Eligibility Questions | Nursing Education | | | | | Remove |
| | • | | | | | |
| NCLEX Information | • | | | | | |
| | | State (required) | | | | |
| | | Please Selec | t | ~ | | |
| ntional about | | Program Type | | | | |
| | | Please Selec | t 🗸 | | | |
| ou enter | | | | | | |
| elds | | Program Name (r | equired) | | | |
| ou will not | | Please Select | | | Ŧ | |
| | Education obtained | Education Statu | s (required) Degree Obtained | (required) | | |
| | | Please Selec | | | • | |
| approved | | 16. | | aduaatiar | | |
| delay your | +Add | - II Y | ou nave prior | education | i on me v | |
| | Education Pasis for | YOU | i may need to | +Add edu | ication to |) contin |
| | | | | | | |
| | Please select the educ | ational basis you m | eet for licensure. If your nursing progra | am is not in this list, please r | eturn to Education and e | nter your |
| | education information. | | | | | |
| | Diease indicate your l | -ducation Basis fo | r Liconsure (required) | | | |
| | Please Select | | | | | ~ |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Education History



Previous Save and Continue

Save and Return to Home

Cancel Discard Application

RN/LPN By Exam - U.S. Nursing Education (RN)

| 1 License Application | • | 2 Preview & Submission | 3 Fee Payment | | Confirmation Receipt | |
|--------------------------|---|--|---|-----------------------------------|--|-----------------------------------|
| | | | | | | |
| View Instructions | | | | | | |
| License Application Type | 0 | NCLEX Information | | | | |
| General Information | 0 | Complete all required fields. When you are finish | ned entering information, click "Save and | d Continue" to | proceed. | |
| Eligibility Questions | 0 | NCLEX INFORMATION CANDIDATE RESOURC registration form and fee to the Oregon State Bo | CES: available at https://www.ncsbn.org ard of Nursing. Materials must be sent of | /nclex.htm CA directly to Pear | NDIDATE REGISTRATION: Do not sen rson VUE. After you register for NCLEX, | d the NCLEX , you will receive |
| Education History | 0 | acknowledgment of your registration directly fron will receive an Authorization to Test (ATT) directly TEST (ATT); is valid for 90 days and can't be ext | n Pearson VUE. After the Oregon State y from Pearson VUE to the email addres tended | Board of Nurs ss that you pro | ing notifies Pearson VUE of your eligibil wide to them during registration. AUTH(| lity to test, you DRIZATION TO |
| NCLEX Information | • | | lonuou. | | | |

Have you ever taken the NCLEX©? (required)

If you need testing accommodations this is the place to upload your approval form.

You <u>must</u> upload with your application to be able to use on the NCLEX!

| 1 | esting Accomodations Indicate if you require testing accommodations (required) | € Yes | ⊖ No | |
|---|---|---|---------------------------------------|---|
| | Testing Accommodation | | | - |
| | In compliance with the federal Americans with Disabilities Act (ADA), provided with reasonable accommodations to take licensing and/or ce | applicants who have a c rtification examinations | locumented disal . Before submitti | bility related to testing may be ng your request, review the |

provided with reasonable accommodations to take licensing and/or certification examinations. Before submitting your request, review the Frequently Asked Questions (FAQ's) document on testing accomodations for the type of license/certificate you are applying for. This will help to ensure you are submitting a complete request. Both documents are available on the OSBN website under OSBN Frequently Asked Questions at: https://www.oregon.gov/OSBN/Pages/FAQs.aspx

If you are requesting that reasonable accommodations be provided to take the NCLEX-RN® and/or NCLEX-PN®, please download the "Oregon State Board of Nursing Request for Testing Accommodations" form by accessing: https://www.oregon.gov/osbn/documents/Form_LIC-614.pdf Please complete and submit the form as directed.

Registration with Pearson Vue must be in place before reasonable accommodations can be approved. Candidates requesting reasonable accommodations will not be approved to take the NCLEX-RN® or NCLEX-PN®, or receive an online authorization to test until the reasonable accommodations for testing have been approved by the Board of Nursing.

Upload Special Accomodation for NCLEX Request Form (required)



Preview and Submission

| | RN/LPN By Exam - U.S | Nursing Education (RN) | Confirmation Roc | aint |
|---|--|--|------------------|------------------------|
| Preview & Submit License Applicati | on If you clic | ck on instructions, you w | vill populate | e the |
| Preview | backgrou | nd/fingerprinting webs | ite and code | e the |
| Instructions | | | | |
| License Application Type [Edit] | | | | |
| License Type: | | RN | | |
| Application Type: | | RN/LPN By Exam - U.S. Nursing Education | | |
| General Information [Edit] | | | | |
| Demographic Information | | | | |
| Salutation: | | | | Encuro all your |
| Full Legal Name Required: | | NURSING A STUDENT | | Elisule all your |
| Maiden Name: | | | | information is 🍯 |
| Identifying information | | | | |
| Tax Identification Number: | | | | correct. If it's not 🛛 |
| VISA Number: | | | | |
| VISA Issue Date: | | | | click on "Edit" for |
| VISA Expiration Date: | | | | |
| What is your Gender?: | | Female | | that section e |
| What is your Race?: | | White/Caucasian | | and fix it |
| Are you of Hispanic or Latino origin? | | No | | |
| Contact Information | | | | |
| (Also Mailing Address) | | 555 Main street 555 Salem OR 97317 UNITED STATES | | |
| Phone Number(s) | | | | |
| Cell: | | (503) 555-6789 (Primary Phone) | | |
| Shared Information | | | | |
| I opt-in to share my name and address with r purposes: | non-state agencies or for non-public health planning | | | |
| Eligibility Questions [Edit] | | | | |

Read each question carefully and select a "no" or "yes" answer. If you answer "yes" to a question, you are required to enter a detailed, explanation in the box provided. Any false, misleading, or



Application Confirmation

I agree that 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 applic

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/or the Federal Bureau of Investigation (FBI).

I agree that any fees I pay to the OSBN are non-refundable.

I agree that I am responsible for any fees paid and certify that I am submitting the correct application.

I agree that this application and any supporting documentation I provide (including transcripts and training certificates) are public documen subject to Oregon public records laws.



Preview and Submission



Payment Type

Customer Info

Fee Payment for Application

| Description | Unit Price | Quantity | Amount | 2115 | |
|-------------|-------------------------------|----------------|--|---|--|
| DN Evam | | | | RN Exam | \$160.0 |
| KIN EXam | \$160.00 | 1 | \$160.00 | OCN Fee | \$9.0 |
| OCN Fee | \$9.00 | 1 | \$9.00 | TOTAL | \$169.00 |
| | | | \$169.00 | | |
| e | | | × | Need Help? | |
| formation | Credit/Debit | Card | | Next. | third- |
| ates | ~ | | Complete all required fields [*] | party payer th no way for | nere is the |
| × | Last Na | ame * DENT | | You must pa | y on |
| lame | | | | this page | :. |
| | e formation ates ame | e Credit/Debit | e Credit/Debit Card ormation tes Last Name * student ame | OCN Fee \$9,00 1 \$9,00 s169,00 credit/Debit Card credit/Debit Card cormation complete all required fields [*] ates tes <pttes< p=""> tes tes tes <pttes< p=""> tes tes tes tes <pttes< p=""> tes tes <pttes< p=""> tes <pttes< p=""> tes <pttes< p=""> tes tes tes <pttes< p=""> tes tes tes <pttes< p=""> tes <pttes< p=""> tes <pttes< p=""> <pttes< p=""> tes <pttes< p=""> tes tes tes tes <pttes< p=""> tes tes tes <pttes< p=""> tes tes tes <pttes< p=""> <pttes< p=""> <pttes< p=""> <pttes< p=""> tes <pttes< p=""> <pttes< p=""> <ptt< td=""><td>OCN Fee \$3,00 1 \$3,00 IDAL e Credit/Debit Card ormation Complete all required fields [*] tes * Last Name * STUDENT ame IDAL ONAL STUDENT</td></ptt<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<></pttes<> | OCN Fee \$3,00 1 \$3,00 IDAL e Credit/Debit Card ormation Complete all required fields [*] tes * Last Name * STUDENT ame IDAL ONAL STUDENT |

Payment Information

Submit Payment

Overview of the Process



Registering for the NCLEX

<u>Register | NCLEX</u>

Next Generation

About v Prepare v Register v Exam Day v Results v FAQs Contact Q



REGISTRATION PROCESS

How to Register to Take the NCLEX



Ready to Take the NCLEX?

Registering for the NCLEX is a multistep process that includes the nursing regulatory body (NRB) and Pearson VUE. Before registering, candidates should make sure they meet the requirements determined by their NRB. <u>Contact the NRB</u> where seeking to practice for licensure/registration requirements. Make sure to complete all registration steps.

Register Now Schedule Now

ALREADY HAVE A PEARSON VUE ACCOUNT? SIGN IN >

Pearson VUE registration details

Register only when you are ready!

- The 90-day clock starts the moment you receive your ATT.
- Register with your full legal name as shown on your government issued ID.
- Use a personal email address not your school email.

IMPORTANT!

- Select the correct Nursing Program from which you graduated.
- Select the correct Nursing Regulatory Body from which you are seeking licensure.
 *Selecting the wrong NRB will delay your ability to exam!

Overview of the Process



Authorization to test

- You will receive your ATT (Authorization to Test) by email from Pearson Vue *pending* confirmation from your nursing program that you meet grad requirements.
- ATTs are good for <u>90 days</u>
 - You can only schedule within your ATT validity period.
 - Dates cannot be extended for any reason.
- Must have your ATT to view available exam dates.
- You can schedule at any national or international Pearson Vue test center.
- 46 day waiting period between exam attempts.



Exam Day Check In

- If the first or last name on the ATT differs from the name on the presented ID, candidates must bring legal name-change documentation to the test center on the day of the test. If the ID does not meet these requirements.
 - Pearson VUE test administrators have the right to turn the candidate away
 - May result in the candidate having to reregister and pay another examination fee.
- If you get turned away at the testing center you will be charged \$200 to reschedule your test

Exam Day Check-In



- Biometric identity confirmations are required
- Palm vein scan done
- Photo taken
- Must sign in electronically
- A locker is provided must bag phone/electronics
- Ear plugs or noise canceling headphones are available
- You may wear mask and gloves if desired

Updated 4/22/2024

NCLEX Results

PASS:

- If you meet <u>all</u> application requirements. Your license will be issued, and you will receive an email confirming license number and expiration date. (Within 3-5 business days of exam date)
- You can work as soon as you have a license number!



NCLEX Results

FAIL:

- You will receive a failure notice with your Candidate Performance Report and instructions for exam re-scheduling
 - Look in the Message Center in your Nurse Portal in 3-5 days
- The Report identifies your relative strengths and weakness related to each test areas. Review and study for your next examination!
- Before you can re-exam, you will need to
 - 1) Submit the RN/LPN Exam- Retake Application (\$25 fee), and
 - 2) Re-register with Pearson Vue and pay the \$200 registration fee.
- You have <u>unlimited attempts</u> within your **two year eligibly period**.
- You will need to wait a minimum of 46 days between each exam.



How long will it take to get my license?

It depends on you!

Steps:

- 1. Apply with OSBN
- 2. Fingerprints
- 3. Register with Pearson Vue
- 4. Pass the NCLEX
- 5. Complete all application requirements

The timeline is different for each person! Applications cannot be expedited.







Thank You and Good Luck!