



Updating Your Name with the OSBN

Step1: After logging into your Online Portal Account, Select Manage Profile which is found in the box with your name & demographic information within the box.

Informational Messages:

- All applicants for a new license type or reactivation of a license must provide fingerprints for a state and federal criminal history record check after an application is submitted. [Click for information on Fingerprint Requirements.](#)
Fieldprint Code: FPORBoardNursingDAS
Renewal applications do not require a Fieldprint background check.
- Welcome to the Oregon State Board of Nursing Nurse Portal Dashboard. You may use this portal to submit an application, check the status of an application, renew a license, update your name or address, and use the Message Center to communicate with Board staff.
- Our records indicate that you have not enrolled yourself in e-Notify at <https://www.nursys.com/EN/ENDefault.aspx>. You need to enroll yourself as a nurse in e-Notify before continuing. This will allow you to receive notification when your license is actually renewed. As an added benefit, you will also receive license renewal reminders and notification of any changes to your license or discipline status by enrolling yourself in this free service.

User Information (Left Sidebar):

NCSBN ID: [Redacted]
[Redacted]
[Redacted]
17938 Southwest Upper Boones Ferry Road, Beaverton, OR 97005
[Manage Profile](#) (circled in red with an arrow pointing to it)

Message Center:
Inbox (4) 4 New

Your Licenses with OSBN:

Inactivate your License Apply for License

Active
LPN [Redacted]
Original Issuance Date 11/18/2025 Expiration Date 11/17/2027
License data provided by the OSBN State Board of Nursing

Your License Applications in Process:
No applications are in process.

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Step 2: When you select Manage Profile, the system will automatically take you to Account Management. Select Demographics.

Manage Profile

Update or provide your current email address and your Nurse Portal password. Email address will be used by the Board of Nursing. The Board of Nursing does not keep records of your password.

Demographics

Work History

Continuing Education

Account Management

Manage Payments

My Sign in and Contact information

My email address:

Email address is used for notifications and sign in.

Change email address

Change password

[Return to Dashboard](#)

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd, Suite 100 Portland, OR 97224
Email: oregon.bn.info@osbn.oregon.gov
Fax: (971) 673-0684

OREGON STATE BOARD OF NURSING

Step 3: Select Request Name Change

Manage Profile

Update or provide your current contact information such as, residential address/mailling address. Information provided will be used by the Board of Nursing.

Demographics

Work History

Continuing Education

Account Management

Manage Payments

Demographic Information

For name change, select the Request Name Change link; you must attach supporting electronic documentation here. See below for a list of acceptable types of documentation. Marriage license or certificate Birth certificate Divorce decree (provide only the pages indicating the court jurisdiction, stated name restoration, and signature of the appointed judge in the proceedings) Copy of court records stating legal name or gender change that includes court jurisdiction, previous and new names/genders, and signature of authorizing court official Valid passport A federal or state government-issued photo identification card or driver's license

First Name (required) *

Middle Name

Last Name (required) *

Maiden Name

Suffix

Request Name Change

Next Section

Contact Information

Shared Information

Save

[Save and Return to Dashboard](#) [Cancel](#)

[Oregon State Board of Nursing](#)
17938 SW Upper Boones Ferry Rd, Suite 100 Portland, OR 97224
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Step 4: Enter in the fields for how you want your name to be displayed. Include supporting documentation, showing proof. Then at the bottom of the page hit 'Save'

Approved supporting documentation:

- State issued Driver's License/Identification
- Passport
- Social Security Card
- Legal documentation

Manage Profile

Update or provide your current contact information such as, residential address/mailling address. Information provided will be used by the Board of Nursing.

Demographics

Work History

Continuing Education

Account Management

Manage Payments

Demographic Information

For name change, select the Request Name Change link: you must attach supporting electronic documentation here. See below for a list of acceptable types of documentation. Marriage license or certificate Birth certificate Divorce decree (provide only the pages indicating the court jurisdiction, stated name restoration, and signature of the appointed judge in the proceedings) Copy of court records stating legal name or gender change that includes court jurisdiction, previous and new names/genders, and signature of authorizing court official Valid passport A federal or state government-issued photo identification card or driver's license

First Name (required) * Middle Name Last Name (required) *

Maiden Name Suffix

Remove Name Change Request

New First Name (required) * New Middle Name New Last Name (required) *

Supporting Documents: (required) * Upload

Next Section

OREGON STATE BOARD OF NURSING

After submitting your name change request, you will see the acknowledgement that your information was successfully submitted and OSBN staff will review in the order in which it was received.

Manage Profile

Update or provide your current contact information such as, residential address/mailling address. Information provided will be used by the Board of Nursing.

Demographics

Work History

Continuing Education

Account Management

Manage Payments

✓ You have successfully updated your profile.

Demographic Information

For name change, select the Request Name Change link; you must attach supporting electronic documentation here. See below for a list of acceptable types of documentation. Marriage license or certificate Birth certificate Divorce decree (provide only the pages indicating the court jurisdiction, stated name restoration, and signature of the appointed judge in the proceedings) Copy of court records stating legal name or gender change that includes court jurisdiction, previous and new names/genders, and signature of authorizing court official Valid passport A federal or state government-issued photo identification card or driver's license

First Name (required) *

Middle Name

Last Name (required) *

Maiden Name

Suffix

Name Change Request submitted - pending board approval.

As of 1-20-2026

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