



# 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.

The screenshot shows the Oregon State Board of Nursing Nurse Portal Dashboard. At the top, there are three informational boxes:

- The first box contains a note about fingerprint requirements and provides a Fieldprint Code: FPORBoardNursingDAS.
- The second box is a welcome message for the Oregon State Board of Nursing Nurse Portal Dashboard.
- The third box is a reminder about enrolling in e-Notify.

The main content area is divided into sections:

- Your Licenses with OSBN:** Shows an LPN license with an original issuance date of 11/18/2025 and an expiration date of 11/17/2027. Buttons for "Inactivate your License" and "Apply for License" are present.
- My Profile:** Displays demographic information (redacted) and the address 17938 Southwest Upper Boones Ferry Road, Beaverton, OR 97005. A red arrow points to the "Manage Profile" link, which is circled.
- Message Center:** Shows an inbox with 4 new messages.
- Your License Applications in Process:** Shows a message: "No applications are in process."

## OREGON STATE BOARD OF NURSING

**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. X

**Demographics**

**Work History**

**Continuing Education**

**Account Management**

**Manage Payments**

**My Sign in and Contact information**

My email address: [REDACTED]  
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](mailto:oregon.bn.info@osbn.oregon.gov)  
Fax: (971) 673-0684

# OREGON STATE BOARD OF NURSING

## Step 3: Select Request Name Change

### Manage Profile

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

**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  
Email: [oregon.bn.info@osbn.oregon.gov](mailto:oregon.bn.info@osbn.oregon.gov)  
Fax: (971) 673-0684

## OREGON STATE BOARD OF NURSING

**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**

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

**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

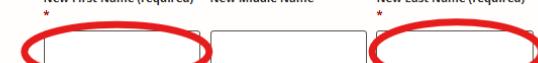
First Name (required)\*  Middle Name  Last Name (required)\*   
Maiden Name  Suffix   
[Remove Name Change Request](#)

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/mailing address. Information provided will be used by the Board of Nursing. X

✓ You have successfully updated your profile. X

^ **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.