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.

OREGON STATE BOARD OF NURSING

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

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Step 3: Select Request Name Change

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. ✕

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

Please Select

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
Fax: (971) 673-0684

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

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.   ✕

Demographics
Work History
Continuing Education
Account Management
Manage Payments

✓ You have successfully updated your profile.   ✕

∧ **Demographic Information**

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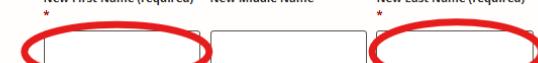
First Name (required) *   **Middle Name**   **Last Name (required) ***

[██████]   [   ]   [███]

Maiden Name   **Suffix**

[   ]   [███ ▾]

[██████]

Name Change Request submitted - pending board approval.