



Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, OR 97224-7012
971-673-0685
www.oregon.gov/OSBN

Application for Oregon CNA-RN-LPN Reactivation

For applicants who meet the practice hour requirement and have an unencumbered CNA certificate or LPN/RN license that expired prior to 01/01/2020

Mail application to: 17938 SW Upper Boones Ferry Rd, Portland, OR 97224.
OR email to: oregon.bn.info@state.or.us
OR fax to: 971-673-0652

Application Status: You may track the progress of your application using the Application Status Wizard available on the OSBN website at: www.oregon.gov/OSBN.

Section 1: License Information - check the matching box and include your license number

RN	LPN	CNA	<small>CNA's: You must have either 400 hours of paid CNA employment, OR completed your training program, within the last two years. If do not qualify by either option, you must use form LIC-701 Application for CNA Reactivation or Re-Entry, available on the OSBN website at www.oregon.gov/OSBN.</small>
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Section 2: Applicant Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Gender:	Female	Male	Other/Non-Binary
Date of Birth:			
Address:		Country:	
City:		State:	Zip:
Primary Phone:		Email: (required)	
NOTE: OSBN uses the email address on file for all application and licensing renewal notifications. It is your responsibility to keep information on file current with OSBN to ensure receipt.			

Section 3: For RN/LPN Only - Pain Management CE's

I have completed the mandatory one-time requirement of 7 hours in pain management CE's.

Section 4: Work History - Section is Required. You must meet the practice requirement to qualify.

RN/LPN: You must have at least 960 hours of practice at the level at which you are licensed, within the last 5 years.

CNA: You must have at least 400 hours of paid CNA employment in the last 2 years.

Date that you last worked as an RN/LPN/CNA in Oregon:

CNA's: Check here if you completed training less than 2 years ago. Leave section blank.

Company Name:		Phone:	
Site Address:	City:	State:	Zip:
Position Title:	License Number:	Licensing State:	
Still Employed: Yes No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)	
Paid Practice: Yes No			
Total number of hours worked (required):		Required for CNA's: Did you work under RN supervision or monitoring? Yes No	
Company Name:		Phone:	
Site Address:	City:	State:	Zip:
Position Title:	License Number:	Licensing State:	
Still Employed: Yes No	Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)	
Paid Practice: Yes No			
Total number of hours worked (required):		Required for CNA's: Did you work under RN supervision or monitoring? Yes No	

OSBN USE ONLY - Applicant Name (last name, first name)

OSBN USE ONLY - Application Expiration Date

OSBN USE ONLY - Additional Information

- NURSYS/FITS
- Pain Management

NOTE: This page is for your information only. Please remove from your completed application before submitting to OSBN.

Section 5a: Instructions for Disclosure Section

The following instructions provide you with specific information for what is required to continue processing your application. You are responsible for contacting the appropriate agencies to obtain the required documents to submit with your application. **Please read the following instructions carefully. Your application will not be considered complete until all documents are received.**

Question 1(a) & (b) & (c): Use of Alcohol or Drugs

If you answered YES to one or more of these questions, provide a detailed written explanation. Describe your alcohol/drug use history and details of any treatment with relevant dates. Provide any available documentation of your sobriety (e.g. letters, program records, or certificates of completion), if applicable.

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**.

Question 2: Ability to Practice Nursing Safely

If you answered YES, provide a detailed written explanation of your condition, its effects, and how you manage your condition.

Question 3: Criminal History

If you answered YES, provide a detailed written explanation. Describe the incidents that led to each arrest/charge, and the surrounding circumstances. Include relevant dates, the city and state where the incidents occurred, and the outcome of any criminal charges. Provide a copy of the court judgment and sentencing order or court order of dismissal, and documents providing evidence that you have completed or are in compliance with any court-ordered activities.

Question 4: Investigations for Abuse or Mistreatment

If you answered YES, provide a detailed written explanation. Provide the name of the agency that conducted the investigation. Provide documentation of the outcome of the investigation and any investigative reports.

Question 5(a) & (b): Investigations for Healthcare Violations

- a) If you answered YES, provide a detailed written explanation. Describe the alleged violation with relevant dates. Provide the name of the agency that conducted the investigation. Provide documentation of the outcome of the investigation and any investigative reports.
- b) If you answered YES, provide a detailed written explanation. Indicate the law or rule that was found to be violated with relevant dates. Provide documentation of the final determination.

Question 6(a) & (b): Discipline for Healthcare Violations

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the discipline and the surrounding circumstances with relevant dates. Provide documentation of the final determination.

Question 7: Credentialing Privileges

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the action against your privileges, and the surrounding circumstances with relevant dates. Provide documentation of the final determination.

Question 8: Malpractice

If you answered YES, provide a detailed written explanation. Describe the incidents that led to the action for notice or civil judgement against you. Provide documentation of the final determination.

Section 5b: Disclosure

<p>Before answering the questions below, please review the instructions for information to provide regarding any disclosure(s). Providing false, misleading, or incomplete information is considered falsifying an application and is grounds for denial of your application or discipline on your license/certification. I understand I must provide the Oregon State Board of Nursing (OSBN) with any updates to information required in this application while it is pending.</p>			
1	a) Since the date of your last renewal, have you used alcohol or any drugs in a way that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?	YES	NO
	b) Since the date of your last renewal, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES	NO
	c) Since the date of your last renewal, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES	NO
<p>ATTENTION: You must answer YES if you are enrolled in an impaired nurse program in any state or jurisdiction including Oregon. If you are a self-referral to the Oregon Health Professionals Services Program (HPSP), please review the disclosure instructions for Question 1 that include the definition of "self-referral", before answering any of these questions.</p>		Explain	
2	Other than any information you may have provided in Question 1, do you currently have a physical, mental or emotional condition that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?	YES	NO
3	Other than a traffic ticket, since the date of your last renewal, have you been arrested, cited, or charged with an offense?	YES	NO
<p>ATTENTION: This includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, even if you were not convicted of any charge (for example- no charges were filed, case was dismissed, or you entered a diversion program). Driving under the influence must be reported here.</p>		Explain	
4	Since the date of your last renewal, have you been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations.	YES	NO
<p>ATTENTION: You must answer YES to this question even if the allegation was not substantiated.</p>		Explain	
5	a) Since the date of your last renewal, have you been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include pending investigations.	YES	NO
	b) Since the date of your last renewal, have you been found in violation of any state or federal law, rule, or practice standard regulating a health care profession?	YES	NO
<p>ATTENTION: 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.</p>		Explain	
6	a) Since the date of your last renewal, has an agency taken action against any healthcare license or certificate you have held in any other state or jurisdiction?	YES	NO
	b) Since the date of your last renewal, have you withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES	NO
<p>ATTENTION: Question 6a) includes the disclosure of a denial, revocation, suspension, restriction, reprimand, censure, probation, loss of privileges, or any other formal or informal action.</p>		Explain	
7	Since the date of your last renewal, have you had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (e.g. Medicare or Medicaid) denied, restricted, suspended, revoked, or terminated for cause?	YES	NO
		Explain	
8	Since the date of your last renewal, have you had a notice filed or a civil judgment awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?	YES	NO
		Explain	

Section 6: Authorization

<p>I understand 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 and signed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or discipline of license/certification.</p> <p><i>RN/LPN's: I understand that per ORS 678.117 and OAR 851-045-0100, continuing to practice or work with an expired license/certificate is a violation that may impose a civil penalty of up to \$5,000.</i></p> <p>I do not want my name and address shared with non-state agencies or for non-public health planning purposes. I understand this does not apply to requests made to OSBN for public information as authorized by ORS 192.420.</p>		
Applicant Signature:	<p>ELECTRONIC SIGNATURE CAPABILITY: If you filled the form out in Adobe Acrobat Reader and have your own electronic signature, you may use it here. Otherwise use handwritten signature and date.</p>	Date (mm/dd/yy):