



Oregon Application for LPN/RN Limited License for Nurse Re-Entry

Section 1: Application Information

- **IMPORTANT:** In addition to this application, you must submit or have on file currently, the application type for how you qualify for full LPN/RN licensure (Examination, Endorsement, or Reactivation) that includes a national fingerprint-based criminal background check. **This application is ONLY for the limited license that you will use while completing the nurse re-entry program.**
- **Program Enrollment:** Request from the approved re-entry program you have selected a confirmation of your enrollment to be sent directly to OSBN from the program director.
- **OSBN Mailing Address:** Submit the original application – copies are not accepted. Mail application documents and check or money order to OSBN at: 17938 SW Upper Boones Ferry Rd, Portland OR 97224.
- **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. The status of a required item is updated online as processed by staff.

Section 2: Application Fees- ALL OSBN FEES ARE NON-REFUNDABLE.

Application Type	Fee	Description
LPN/RN Limited License	\$95	Submit this application if you need to complete a nurse re-entry program before you can be issued full LPN/RN licensure. The limited license may only be used to complete the supervised clinical hours for re-entry requirements.

Section 3: Re-Entry Eligibility- Verify that you are eligible in one of the following ways:

- I have been a licensed or credentialed nurse in Oregon or another state/US jurisdiction, but don't meet the practice hour requirement for full licensure; OR
- I am an international nurse graduate that qualifies to take the NCLEX exam in Oregon, but I do not meet the practice hour requirement for full licensure.

Section 4: Re-Entry Options- There are two ways to complete nurse re-entry:

1. **Structured Re-Entry Program:** A structured re-entry program is designed to meet OSBN requirements for full licensure upon completion. Enrollees complete a minimum of 120 hours of classroom instruction on core components of nursing, and then a minimum of 160 hours of supervised clinical practice under limited licensure. For more information on OSBN-approved nurse re-entry programs, visit our website at: www.oregon.gov/OSBN.
2. **Individualized Re-Entry Plan:** This option allows a nurse to customize a plan with outcomes, timeline, preceptor approvals, etc. that is built upon the classroom and clinical hours stated in OSBN rule. A written proposed plan outline must be submitted with the limited license application. Before choosing this option and submitting an application, the nurse must first speak with the OSBN Education & Assessment Policy Analyst to discuss guidelines for the individualized plan. For more details, see the document [Individualized Re-Entry Plan Outline for RN or LPN](#) located on the OSBN website.

Section 5: Limited License

The limited license is used to complete the supervised clinical practice component of nurse re-entry. It is valid only for this purpose. It will expire upon successful program completion, withdrawal from the structured re-entry program or your individual plan, or one year after date of issue. If you need more time, you can request an extension by submitting a written request and a \$25 fee to OSBN before the limited license expires.



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

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IMPORTANT: Faxed/emailed applications are not accepted. You may fill out the form electronically then print it out to sign and mail to OSBN.

Section 1: Re-Entry & Application Type- Select one box per section.

License Type	Re-Entry Program Type	Applying for LPN/RN Licensure By:
<input type="checkbox"/> RN	<input type="checkbox"/> Structured Re-Entry Program	
<input type="checkbox"/> LPN	<input type="checkbox"/> Individualized Plan	

Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/Non-Binary		Date of Birth:	
Address:		Country:	
City:		State:	Zip:
Primary Phone:	Secondary Phone:	Email: (required)	
<p>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.</p>			

Section 3: Authorization

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 this application. 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 the Federal Bureau of Investigation (FBI). I understand that this application and any supporting documentation I provide are public documents subject to Oregon public records laws.

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.

Applicant Signature	Date (mm/dd/yy):
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Notice to Applicants with Disabilities: If you have a disability and require special materials or assistance to complete this application, please contact OSBN at 971-673-0685. If you are hearing impaired, you may contact OSBN through the Oregon Relay Service at 1-800-735-2900.

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

OSBN USE ONLY - License Number & Expiration Date

OSBN USE ONLY - Additional Information
 Base LPN/RN App Recd CBC Complete: _____
 Structured Program Enrollment Received OR _____
 Indv. Plan- Date Indv. Plan Approved _____