



# Application for NP-CRNA-CNS License Reactivation Expired over 60 days

## Section 1: Application Information

- **RN License:** An Oregon APRN must also have an active unencumbered Oregon RN license. If you need to reactivate your expired RN, you must complete this on a separate application form *Application for Oregon CNA-RN-LPN Certificate/ License Reactivation* LIC-105 available on the OSBN website at: [www.oregon.gov/osbn/Pages/forms.aspx](http://www.oregon.gov/osbn/Pages/forms.aspx)
- **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.osbn.oregon.gov/OSBNVerification/Default.aspx](http://www.osbn.oregon.gov/OSBNVerification/Default.aspx).

1. **Legal Name:** If your legal name has changed since your last renewal or license expiration, include form OSBN-613 [Request to Change Legal Name](#) and proof of legal name change documentation with your application.
2. **Background Check:** OSBN requires a national fingerprint-based criminal background check to reactivate an Oregon license expired more than 60 days. Criminal background checks completed by employers, other agencies, or other state/US jurisdictions are not accepted for this requirement. Electronic fingerprinting services are provided by Fieldprint Inc., an independent contractor with the State of Oregon.
3. **Check Your Email:** Once your application and full payment are received, you will be sent an email to the address you provided on your application. It gives you instructions you need in order to register online with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.
4. **Fingerprinting Fee:** In order to schedule a fingerprinting appointment, Fieldprint Inc charges a separate \$64.50 service fee. **This fee is collected during Fieldprint’s online registration process.**

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

License Type	Application Fee
CRNA without Prescriptive Authority	\$155
CNS without Prescriptive Authority	\$175
NP, CRNA, or CNS with Prescriptive Authority *NP's are required to obtain and maintain prescriptive authority with their license per OAR 851-056-0006(9).	\$255
If reactivating more than one NP-PP specialty:	Add <b>\$50</b> for each additional specialty.

## Section 3: Advanced Practice Work History

Include your nurse practice history for the last five years according to your license type (and prescriptive authority, if applicable), in order to meet practice hour requirements. **If you do not have enough hours to reactivate**, you will need to first complete an OSBN-approved nurse re-entry program before your full license will be issued. Contact OSBN at 971-673-0685 for information regarding this separate application process.

## Section 4: Continuing Education & Active National Certification

1. **Continuing Education:** If you attest on this application as having active national certification in order to meet the continuing education (CE) requirement, we must have record of your active national certification on file.
  - a. If we do not have a national certification record on file for you, OR the certification on file is expired, you must contact your national accrediting body and request verification of your recertification be sent directly to OSBN at: [osbn.licenseverifications@state.or.us](mailto:osbn.licenseverifications@state.or.us). The verification must be received and processed by OSBN before the requirement is met.
2. **Active National Certification:** All Oregon NP's and CRNA's are required to hold active national certification, and have a valid record of it on file with OSBN, regardless if it is being used towards the CE requirement.
3. **Check your OSBN Record:** To verify the status of your national certification on file with OSBN, view your licensure details through the Online Verification System at: <https://osbn.oregon.gov/OSBNVerification/Default.aspx>.

**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.



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

# Application for NP-CRNA-CNS License Reactivation Expired over 60 days

IMPORTANT: Faxed or emailed applications are not accepted. You may fill out the form electronically, print out, and sign and mail with your payment to OSBN at 17938 SW Upper Boones Ferry Rd Portland, OR 97224.

**Section 1: License Type-** check the appropriate box for the license type you want to reactivate, and include your corresponding license number.

<input type="checkbox"/> NP <input type="checkbox"/> CRNA <input type="checkbox"/> CNS	License Number(s):
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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)	
<b>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.</b>			

**Section 3: Nurse Practice History-** List your nursing practice below, starting with the most recent.  
 Per ORS 678.117 and OAR 851-045-0100, continuing to practice nursing with an expired license is a violation that may impose a civil penalty of up to \$5,000.

Date that you last practiced nursing (mm/dd/yy):

Company Name:			Phone:		
Site Address:		City:		State or Province:	Zip:
Position Title:		License Number:		Licensing State:	
Still Employed:	Yes	No	Start Date:	(mm/dd/yy)	End Date:
Paid Practice:	Yes	No			(mm/dd/yy)
Number of practice hours in this position (required):					
Company Name:			Phone:		
Site Address:		City:		State or Province:	Zip:
Position Title:		License Number:		Licensing State:	
Still Employed:	Yes	No	Start Date:	(mm/dd/yy)	End Date:
Paid Practice:	Yes	No			(mm/dd/yy)
Number of practice hours in this position (required):					

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

OSBN USE ONLY - Application Expiration Date

OSBN USE ONLY - Additional Information  
 NURSYS  
 National Cert /CEs

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

#### **Section 4a: 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 4b: Disclosure

<p>Before answering the questions below, please review the disclosure 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 Explain	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 Explain	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 Explain	NO
<p><b>ATTENTION:</b> You must answer <b>YES</b> if you are enrolled in an impaired nurse program in any state or jurisdiction <b>including Oregon</b>. 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>			
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 Explain	NO
3	Other than a traffic ticket, since the date of your last renewal, have you been arrested, cited, or charged with an offense? <b>ATTENTION:</b> This includes outstanding restraining orders, all arrests, citations, or charges for felony or misdemeanor crimes, <b>even if you were not convicted of any charge</b> (for example- no charges were filed, case was dismissed, or you entered a diversion program). <b>Driving under the influence must be reported here.</b>	YES Explain	NO
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. <b>ATTENTION:</b> You must answer <b>YES</b> to this question even if the allegation was not substantiated.	YES Explain	NO
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 any pending investigations.	YES Explain	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? <b>ATTENTION:</b> Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.	YES Explain	NO
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? <b>ATTENTION:</b> Question 6a) includes the disclosure of a denial, revocation, suspension, restriction, reprimand, censure, probation, loss of privileges, or any other formal or informal action.	YES Explain	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 Explain	NO
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 Explain	NO
8	Since the date of your last renewal, have you had a notice filed or a civil judgement awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?	YES Explain	NO
Applicant Last Name		First Name	

Application Continued on Next Page



## Section 5a: Prescribing and Dispensing

1. **Prescriptive Authority-** Complete if you are reactivating an NP, CRNA, or CNS with prescriptive authority (NP-PP, CRNA-PP, or CNS-PP).

I have read the handbook [Prescriptive and Dispensing Authority in Oregon for Advanced Practice Registered Nurses](#), and have maintained compliance with regulations for APRN nurses who prescribe and dispense prescription drugs in Oregon; **AND**

I have at least 150 practice hours utilizing my prescriptive authority within the scope identified in OAR 851-056-0004(1-2), in the last two years from the date of this application; **OR**

I do not meet the practice hour requirement for reactivation. I have completed 45 hours of continuing education in pharmacology-related topics within the past two years to satisfy the requirement. I have included copies of my certificate(s) with this application as proof of completion.

2. **Dispensing Authority-** Complete only if you are reactivating your previously issued dispensing authority. This is a separate license from your APRN with prescriptive authority.

I am requesting to reactivate my expired Oregon dispensing license. I understand this is separate from my APRN license that includes the authority to *prescribe*. I have provided the license number below for reference.

My Oregon DP license is: \_\_\_\_\_

3. **Federal DEA Registration-** All applicants for reactivation of prescriptive authority must complete this section.

I have a valid federal DEA number.

I do not prescribe controlled substances in Oregon and therefore do not have a DEA number at this time.

## Section 6: APRN National Certification and CE Requirements

**Only complete the section that corresponds to your APRN license type.** All attestations made below to meet licensure requirements are subject to random audit for proof of validity.

<b>APRN with Prescriptive Authority (NP-PP/CNS-PP/CRNA-PP)</b>		
1. I meet the CE requirement by maintaining active unencumbered national certification for the type of APRN licensure I hold in Oregon and have ensured that proof of active certification is on file with OSBN. <b>IF NO- see #2.</b>	YES	NO
2. I have completed at least 45 structured contact hours of CE's in the last two years from the date of application, with 15 of those hours being in graduate level pharmacotherapeutic content.	YES	NO
<b>CNS without Prescriptive Authority</b>		
1. I have completed 40 contact hours of CE's in the two years from the date of this application. <b>ATTENTION:</b> Proof of valid CNS national certification may be used for up to 50% structured of the total required.	YES	NO
2. If <b>NO</b> , have you graduated from your CNS program within two years from the date of application? Graduation date (mm/dd/yy) : _____ Total Prorated CE Hours Completed: _____	YES	NO
<b>CRNA without Prescriptive Authority</b>		
1. I have valid full national certification from the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).	YES	NO

## Section 7: 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 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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