



# Application for CNA Reactivation or Re-Entry

Use this application **if** your CNA **certificate** is expired 60 days or more.

Application Type	Fee	How You Qualify
CNA Reactivation by Hours	<b>\$69</b>	<u>Option 1:</u> You have <u>400 paid CNA work hours</u> in the last two years from: a) Working under active CNA certification in another U.S. state, <b>OR</b> b) Working under your Oregon CNA before it expired in the last two years. <u>Option 2:</u> It has been less than 2 years since you completed your training program. The practice hour requirement is waived.
CNA Reactivation by Exam Must be expired less than two years.	<b>\$106</b>	Your CNA has been expired for <u>less than 2 years</u> , but you do not have 400 hours of paid CNA work. You have one year from the application paid date, with unlimited attempts, to take and pass the competency exam to reactivate your certification.
CNA Re-Entry by Training & Exam Expired more than two years.	<b>\$106</b>	Your CNA has been expired for <u>more than 2 years</u> and you do not meet requirements for reactivation. You must re-enter through completion of an OBRA-approved CNA 1 training program and passing the competency exam.
CNA Reactivation by Nursing Program Enrollment	<b>\$69</b>	You are actively enrolled in a U.S. nursing program. Your education credits may be used in place of the 400 CNA hours. Request an official transcript from your school be sent to OSBN via postal mail, or if they subscribe to a document transfer network, official electronic transcripts can be sent to: <a href="mailto:osbn.transcripts@state.or.us">osbn.transcripts@state.or.us</a>
CNA Reactivation by Active RN or LPN License	<b>\$69</b>	You are an active RN or LPN and have 400 nurse practice hours from the last two years that you may use in place of CNA employment.
Oral Examination Fee (optional and by request)	<b>\$35</b>	The written portion of the exam is presented orally by tape recorder and the applicant responds in writing.
Re-Take Exam Fees	Written \$25	Re-take fee(s) are automatically applied to your application when OSBN receives results that you failed one or both portions of the exam and must be paid in full before you are able to schedule another test with Headmaster.
	Manual \$45	

What do I do after I fill out the application?

- 1. Mail us your application & fees** – All OSBN fees are non-refundable, even if you don't finish your application. Submit the original, as copies are not accepted. Mail application and your personal check or money order to OSBN at: 17938 SW Upper Boones Ferry Rd. Portland, OR 97224.
- 2. Complete your background check:** OSBN requires a national fingerprint-based criminal background check. 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., and 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 (check your inbox and junk mail) to the address you provided on your application. It gives you the 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.**
- 5. Check your 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](http://www.oregon.gov/OSBN). The status of a required item is updated online as it is processed by staff.
- 6. Testing Accommodations:** If you are taking the exam and you qualify for ADA exam accommodations, include form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) with the appropriate documentation.



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

# Application for CNA Reactivation or Re-Entry

**IMPORTANT:** Faxed or emailed applications are not accepted. You may fill the form out electronically print it out, sign, and mail to OSBN. **OSBN uses the email address you provide for all application and licensing renewal notifications.** It is your responsibility to keep information on file current with OSBN to ensure that you receive those notifications.

## Section 1: How Do I Qualify for Reactivation? (check the box that applies to you)

<b>Hours:</b> I have 400 paid CNA hours in last 2 years.	<b>Student Nurse:</b> I am currently enrolled in a US nursing program.
<b>Re-Exam:</b> I don't have 400 CNA hours and need to take the exam to reactivate.	<b>RN or LPN:</b> I am a currently licensed nurse and have 400 practice hours in last 2 years.
<b>Re-Entry by Training &amp; Exam:</b> My CNA is expired 2 years or more. I completed a new training program and need to pass the exam.	<b>Training Completion:</b> It has been less than 2 years since I completed my training program.

## Section 2: My Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Street Address:		Country:	
City:		State:	Zip:
Primary Phone:	Secondary Phone:	Email: (required)	

## Section 3: Personal Identifiers

Gender: Female Male Other/Non-Binary	Date of Birth:
<b>REQUIRED:</b> United States-issued Social Security Number	<b>ATTENTION: Per ORS 25.785, applicants must provide a US SSN, US Work Visa, US Taxpayer ID, or other current federal government form authorizing you to work in the US.</b> Information provided will be disclosed to entities and used for the purposes listed in OAR 851-001-0030 (2). Refusal to provide your SSN/Visa/work documents will result in denial of licensure/certification. This denial will be reported to the National Practitioner Databank, as authorized by 42USC Section 666(a) (13). If you are currently working on a US Visa (H1B, I-766 or other current federal government form authorizing you to work in the US), please submit copies of your passport and the Visa along with this application. If you are attending school on an F1 Visa, please provide a copy of the I-94 and I-20 signed by the designated school authority.

## Section 4: NA Training or Student Nurse

If you needed to re-train and re-test for re-entry, list the name of the NA training program you completed. If you a student nurse, list the name of the nursing program you are currently enrolled in.

Name of Program/School:	
Address of Program/School:	Date Completed: OR check here if you are currently enrolled in a nursing program.

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

OSBN USE ONLY - Application Expiration Date

OSBN USE ONLY - Additional Information

- 400 Hours or Equivalent
- Transcript Received (Student Nurse)
- CNA 1 Training Certificate or Confirmation Rec'd

**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 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 <b>self-referral to the Oregon Health Professionals Services Program (HPSP)</b>, 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 that has not been previously investigated by the Board? <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> For questions 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		Applicant First Name	

Application Continued on Next Page



## Section 6: Paid CNA or Nursing Practice Work History

Check this box **only** if: It has been less than two years since you completed your CNA 1 training program. You do not need to fill out the section below. Continue on to section 7.

If you qualify to reactivate by having 400 paid CNA work hours, or 400 LPN/RN practice hours, list your employment below.

Company Name:						Phone:					
Site Address:				City:				State:		Zip:	
Still Employed:	Yes	No	RN Supervision or Monitoring:		Yes	No	Licensing State:		CNA or LPN/RN License Number:		
Paid Practice:		Yes	No								
Start Date:			End Date:			Total number of hours worked: (required)					
Company Name:						Phone:					
Site Address:				City:				State:		Zip:	
Still Employed:	Yes	No	RN Supervision or Monitoring:		Yes	No	Licensing State:		CNA or LPN/RN License Number:		
Paid Practice:		Yes	No								
Start Date:			End Date:			Total number of hours worked: (required)					
Company Name:						Phone:					
Site Address:				City:				State:		Zip:	
Still Employed:	Yes	No	RN Supervision or Monitoring:		Yes	No	Licensing State:		CNA or LPN/RN License Number:		
Paid Practice:		Yes	No								
Start Date:			End Date:			Total number of hours worked: (required)					

## Section 7: 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 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).</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>	
Printed Name:	
Applicant Signature:	Date (mm/dd/yy):

**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.