



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

Application for Certified Medication Aide by Examination

Section 1: Application Information

OSBN Mailing Address: Submit the original application – copies are not accepted. Mail application documents and your personal 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 it is processed by staff.

1. **Legal Name Change:** If the name on your training certificate, Joint Services military transcript, or nursing program transcript is different than the name you listed on this application, include a copy of the legal name change document with your application.
2. **Testing Accommodations:** If you qualify for ADA exam accommodations, include form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) with the appropriate documentation.
3. **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.
4. **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 the instructions you need in order to register online with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.
5. **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

Application Type	Fee	Description
New CMA by Exam	\$73	Use this application if you meet eligibility requirements per OAR 851-062-0090 (see page two, Section 4) to sit for the exam, and you have an active Oregon CNA certificate.
Reactivation by Exam	\$73	Use this application if your Oregon CMA is expired, and you do not meet the practice hour or CE hour requirement, or both, and must re-exam to reactivate your CMA.

Section 3: Testing Eligibility Timeframe

Review the *Oregon Nursing Assistant Candidate Handbook* provided by the testing company Headmaster. It is a helpful guide for the testing process and is available on their website at www.hdmaster.com. Upon verification that all application requirements are met, OSBN will release you to schedule an exam date with Headmaster.

Testing and application deadlines below are based on how you qualify for certification.

- a. **New CMA – Oregon MA Training:** Applicant has one year from the training completion date and unlimited attempts within that time, to pass the examination before their application becomes null and void.
- b. **New CMA – Out-of-State MA Training:** Applicant has one year from the application paid date and unlimited within that time, to pass the exam before the application is null and void.
- c. **New CMA – By Student Nurse:** Applicant has one year from the application paid date and unlimited within that time, to pass the exam before the application is null and void.
- d. **New CMA – Military Training:** Applicant has one year from the application paid date and unlimited within that time, to pass the exam before the application is null and void.
- e. **CMA by Reactivation** Applicant has one year from the training completion date and unlimited attempts within that time, to pass the examination before their application becomes null and void.



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Section 4: Ways to Qualify for Certification

1. Completion of a MA Training Program

- a. **Oregon MA Training:** You completed an Oregon MA training program within one year from application. You are an active Oregon CNA 1 or are currently applying for certification; **OR**
- b. **Outside Oregon:** You completed an out-of-state MA training that is equivalent to the Oregon MA training curriculum per OAR 851-061-0090; **AND**
 - A. You are an active Oregon CNA 1, or are currently applying for certification; **AND**
 - B. You have at least 832 hours of paid employment doing CNA 1 authorized duties within the last 2 years from application.

2. Enrollment in a US Nursing Program- You are enrolled in a U.S nursing program. You have completed either one year of your two-year program, or two years of your four-year program. You are an active Oregon CNA 1, or are currently applying for certification.

- a. Request **official sealed transcripts** from your school be mailed directly to OSBN, or if the school subscribes to an electronic document transfer network, have the service send the document to: osbn.transcripts@state.or.us; **OR**
- b. Request from the Dean/Director of your nursing program a **signed, written notification on school letterhead** confirming that you are currently enrolled and have completed the equivalent coursework.

3. Military Corpsman or Medic Training

- a. You completed military corpsman or medical training equivalent to Oregon MA training curriculum per OAR 851-061-0090; **AND**
- b. You are an active Oregon CNA 1, or are currently applying for certification; **AND**
- c. You have at least 832 hours of paid employment doing CNA 1 authorized duties within the last 2 years from application.

4. CMA Reactivation by Exam

- a. If you are unable to *renew* your active Oregon CMA because you do not meet the practice hour and/or the CE requirement, you must re-take the exam. You must have active CNA 1 certification to be eligible; **OR**
- b. Your CMA is expired for more than 60 days, but less than 2 years, and you do not meet the practice and/or CE requirements. You may *reactivate* your CMA by re-testing. You must have active CNA 1 certification to be eligible.

Section 5: Proof of Training or Nursing Education

Request documentation be sent to the OSBN mailing address, or by email to: osbn.cnacertificates@state.or.us

1. Out-of-State Medication Aide Training:

- a. Copy of your training program certificate of completion that lists the date you completed the training and the total number of classroom and clinical hours in your program. **OR**
- b. A letter from the training program on their company letterhead that includes your name, training completion date, and the total number of classroom and clinical hours.

2. Military Training: A Joint Services transcript that documents training equivalent to CMA curriculum.

3. Student Nurse:

- a. Request **official sealed transcripts** from your school be mailed directly to OSBN, or if the school subscribes to an electronic document transfer network, have the service send the document to the email above; **OR**
- b. Request from the Dean/Director of your nursing program a **signed, written notification on school letterhead** confirming that you are currently enrolled and have completed the equivalent coursework.



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IMPORTANT: Faxed or emailed applications are not accepted. Fill out the form and sign it, and mail to OSBN.

Section 1: Application Type- Check the appropriate box for how you qualify.

<input type="checkbox"/> Oregon MA Training Program	<input type="checkbox"/> Military Corpsman or Medic Training
<input type="checkbox"/> Out-of-State MA Training Program	<input type="checkbox"/> CMA Reactivation by Exam
<input type="checkbox"/> Student Nurse	If you fail the exam, a retake fee of \$25 is automatically added to your account and requires payment <u>before</u> you will be able to schedule another test.

Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Address:			Country:
City:		State:	Zip:
Primary Phone:	Secondary 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: Personal Identifiers

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other/Non-Binary	Date of Birth: (mm/dd/yy)
Required: US Social Security Number	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. 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: Qualifying Training or Nursing Education

Name of Program/School:		City:	
<input type="checkbox"/> CMA Training <input type="checkbox"/> Military Training <input type="checkbox"/> Nursing Program	Completion Date: <input type="checkbox"/> Check here if you are a student nurse	State:	Zip:

Section 5: Paid CNA 1 Work History (skip this section if you are student nurse)

Company Name:		Phone:	
Site Address:		City:	
Still Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	RN Supervision <input type="checkbox"/> Yes or Monitoring: <input type="checkbox"/> No	State:	Zip:
Paid Practice: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Start Date:	End Date:	Total # of Hours: (required)	

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

OSBN USE ONLY - Application Expiration Date

OSBN USE ONLY - Additional Information
 Proof of Training or Education
 CNA 1 Work History

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

Section 6a: 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 6b: 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) In the last two years, 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?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
	b) In the last two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
	c) In the last two years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> 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>		
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?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
3	Other than a traffic ticket, have you ever been arrested, cited, or charged with an offense? 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.	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
4	Have you ever been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations. ATTENTION: You must answer YES to this question even if the allegation was not substantiated.	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
5	a) Have you ever 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.	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
	b) Have you ever been found in violation of any state or federal law, rule, or practice standard regulating a health care profession? ATTENTION: Question 5a) and 5b) include disclosure of any civil, criminal, administrative, licensing, or credentialing proceedings.	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
6	a) Has an agency ever taken action against any healthcare license or certificate you have held in any other state or jurisdiction? 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.	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
	b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
7	Have you ever 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?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO
8	Have you ever 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?	<input type="checkbox"/> YES Explain	<input type="checkbox"/> NO

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><input type="checkbox"/> 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.