



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

Oregon LPN/RN Application For Re-Examination

ATTENTION: Use only black or blue ink and print all information legibly. Faxed or emailed applications are not accepted.

Section 1: Re-Examination Eligibility

This form is to be submitted by an applicant for Oregon LPN/RN licensure who had an unsuccessful attempt at passing the NCLEX examination and is applying to be made eligible to re-exam by the Oregon State Board of Nursing (OSBN).

Section 2: Exam Type and Re-take Fee

Exam Type	Fee	Instructions
<input type="checkbox"/> Registered Nurse (RN)	\$25	Check the box that corresponds to the NCLEX examination you are applying to re-take and whether you have already registered with PearsonVUE for a new exam. Submit this form with a check or money order made payable to the Oregon State Board of Nursing (OSBN) at the contact information below in order to process your request.
<input type="checkbox"/> Licensed Practical Nurse (LPN)		
<input type="checkbox"/> I have already registered with the testing company for a new examination.		
<input type="checkbox"/> I had ADA accommodations with my previous exam attempt(s), and want to use them again on this re-test.		

Section 3: Testing Eligibility Information

If you have not yet done so, you will need to re-register with PearsonVUE, the testing company, for each attempt to pass the NCLEX examination. It is recommended that you review the *NCLEX Examination Candidate Bulletin* available on the PearsonVUE website at www.pearsonvue.com/nclex to guide you through additional testing registration and scheduling you will need to complete before becoming eligible again to sit for the NCLEX.

PLEASE NOTE: Per Oregon Administrative Rule (OAR) 851031-0010(4)(d)(C), an LPN/RN exam applicant must wait 46 days between unsuccessful attempts at passing the NCLEX examination. On the 46th day, OSBN will then make the registered applicant eligible again to test. **An applicant will only be able to schedule a re-examination date with PearsonVUE on or after the 46th day.**

Section 4: Applicant Information and Authorization

Last Name(Print):		First Name (Print):	
Mailing Address		City:	Zip:
Date of Birth (mm/dd/yyyy):		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	State:
Primary Telephone: <input type="checkbox"/> Unlisted		Email Address:	
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).			
Applicant Signature:		Date (mm/dd/yyyy):	

For questions regarding the application process, please call OSBN at 971-673-0685, or you may send an email message to the general OSBN address at: oregon.bn.info@state.or.us.

Mail application and form of payment to: **Oregon State Board of Nursing**
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