



Oregon Application for LPN/RN/APRN Licensure by Reactivation

Section 1: Application Instructions

- Complete this form if you are applying to reactivate an Oregon license that has been **expired for more than 60 days**.
- **If your legal name has changed since your last renewal or expiration, you must submit proof.** See OSBN-601 [Name Change and/or Address Change Request Form](#).
- Mail the original application materials and form of payment to: OSBN 17938 SW Upper Boones Ferry Rd, Portland OR 97224. All fees are non-refundable.
- A national fingerprint-based criminal background check conducted by OSBN is required **to reactivate an Oregon license/certificate expired for more than 60 days**. Criminal background checks completed by employers, other agencies, or other state and US jurisdictions are not accepted in place of completing our national fingerprint-based background check.
- You will be charged a separate fee of \$64.50 by Fieldprint Inc., an independent organization contracted by the State of Oregon to provide electronic fingerprinting services. **This fee is payable only to Fieldprint Inc. while registering on their website to schedule an electronic fingerprinting appointment.**
- Once your application and full payment are received by OSBN, we will send you notification via email or postal mail (if you do not provide an email address) regarding how to register with Fieldprint Inc. to schedule and pay for your fingerprinting appointment.

Section 2: Application Fee Table- Surcharge: Application fees include a \$4 biennial surcharge per application for the operation and maintenance of the Oregon Healthcare Workforce Database.

License Type	Application Fee
LPN or RN	\$264
RN and APRN without Prescriptive Authority (CRNA or CNS only)	\$419
RN and APRN with Prescriptive Authority (NP-PP, CRNA-PP, CNS-PP)	\$519
If reactivating more than one NP-PP specialty:	Add \$50 for EACH additional specialty.

Section 3: Pain Management Continuing Education

All Oregon nurses are mandated to complete a **one-time** requirement of seven hours of pain management continuing education (CE) within 24 months from the first license renewal. The Oregon Pain Management Commission offers a one hour training on their [website](#) that must be completed as one hour towards the total required.

Section 4: Reactivation Requirements

1. Complete an OSBN national fingerprint-based criminal background check.
2. Complete the seven hours of pain management if you have not done so previously.
3. List your nursing practice based in the type of license/certificate you are applying to reactivate. **NOTE:** If you do not have the required amount of practice hours, you must complete an OSBN-approved nurse re-entry program before your full licensure is reactivated. Contact OSBN at 971-673-0685 for more information regarding the separate application process.
4. Go to NURSYS at www.nursys.com to request verification of your LPN/RN licensure for the state where you are currently licensed and practicing, or the most recent. If the state/US jurisdiction does not participate in NURSYS, contact that board of nursing directly to request verification be sent to OSBN. **If you have NOT practiced in any other state since your Oregon license expired, this requirement is waived.**
5. **APRN with Prescriptive Authority:** Read the *Prescriptive and Dispensing Authority in Oregon for Advanced Practice Registered Nurses* handbook available on the OSBN website at: www.oregon.gov/OSBN and check the box in the application attesting that you understand and will maintain compliance with stated regulations.
6. **APRN with Prescriptive Authority:** If you are using your valid national certification to meet CE requirements, include a copy of your certification that lists your identification number and the expiration date.

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

Oregon Application for LPN/RN/APRN Licensure by Reactivation

NOTE: Please read the attached information page before completing this application. Use only blue or black ink and print all information legibly. Faxed or emailed applications are not accepted.

Section 1: License Type and Number

A. Select each *type* of license you are applying to reactivate:

B. List each license number for the license type(s) you selected.

Section 2: Applicant Information

Last Name:		First Name:	
Middle Name:		Former Name(s):	
Gender:	Female	Male	Date of Birth:
Street Address:		Country:	
US Residents: City: <small>(select from each box)</small>		State/US Jurisdiction:	Zip Code:
Non-US Residents: <small>(list your city, state/province, and postal code here)</small>			
Primary Phone: <small>Unlisted</small>		Secondary Phone: <small>Unlisted</small>	
Email:			

Section 3: Work History-

Start with most recent. If you have not practiced in the five years from the date of application, list your last position prior to leaving practice. **NOTE:** Per ORS 678.117 and OAR 851-045-0100 continuing to practice nursing with an expired license/certification is a violation that may impose a civil penalty of up to \$5,000.

Date that you last practiced nursing in Oregon:

I have completed the mandatory one-time requirement of seven hours of pain management.

Company Name:		Phone:	
Address:		Country:	
City:		State:	Zip Code:
Still Employed:	Yes	No	License
Paid Practice:	Yes	No	Number:
Licensing State:		Position Title:	
Start Date <small>(mm/dd/yy):</small>		End Date <small>(mm/dd/yy):</small>	
Practice hours in last five years (required):			
Company Name:		Phone:	
Address:		Country:	
City:		State:	Zip Code:
Still Employed:	Yes	No	License
Paid Practice:	Yes	No	Number:
Licensing State:		Position Title:	
Start Date <small>(mm/dd/yy):</small>		End Date <small>(mm/dd/yy):</small>	
Practice hours in last five years (required):			

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

OSBN USE ONLY - License Number & Expiration Date

OSBN USE ONLY - Additional Information

NURSYS/FITS
 CBC Complete
 App Expiration Date: _____
 National Cert /CEs: _____

NOTE: This page is for your information only. Please remove this page 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

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.

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>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, since the date of your last renewal, do you 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? 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.	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. ATTENTION: You must answer YES 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? ATTENTION: 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? 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.	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

SKIP SECTION 5 AND CONTINUE BELOW TO SECTION 6 IF YOU ARE NOT AN OREGON APRN.

Section 5a: APRN NP/CNS/CRNA Prescribing and Dispensing

1. Prescriptive Authority

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

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

I do not meet the practice hour requirement for reactivation. I have completed an OSBN-approved 45-hour pharmacology course within the past two years to satisfy the requirement. **NOTE: Include a copy of the certificate of completion.**

2. Dispensing Authority

I have an active dispensing license in Oregon by meeting requirements set forth in OAR 851-056-0020.

NOT APPLICABLE- I do not have a dispensing license in Oregon, only the authority to prescribe.

YES- however I am not renewing my current dispensing authority and understand it will lapse on the expiration date.

YES- I have a current dispensing license and want to renew it.

3. Federal DEA Registration

I have a valid federal DEA number

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

Section 5b: APRN National Certification and CE Requirements

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

APRN with Prescriptive Authority (NP-PP/CNS-PP/CRNA-PP)		
1. I meet the CE requirement by maintaining active unencumbered national certification for the type of APRN licensure I hold in Oregon. IF NO- see #2.	YES	NO
2. I have completed at least 45 structured contact hours of CE's in the two years from the date of application, with 15 of those hours being in APRN-level pharmacotherapeutic content.	YES	NO
CNS without Prescriptive Authority		
1. I have completed 40 contact hours of CE's in the two years from the date of this application. ATTENTION: CE's must be at least 50% structured accredited content. Proof of valid CNS national certification may be used for up to 50% structured of the total hours required.	YES	NO
2. If NO , 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
CRNA without Prescriptive Authority		
1. I have current unencumbered national certification from the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).	YES	NO

Section 6: 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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