



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 Limited License for Re-Entry

NOTE: Before submitting an application and fees for an LPN/RN limited license, please review the Oregon Nurse Practice Act, Division 31 *Standards for Licensure of Registered Nurses and Licensed Practical Nurses* in order to verify that you meet eligibility requirements for re-entry into the nursing profession in Oregon. These rules are available on the Oregon State Board of Nursing's (OSBN) website at www.oregon.gov/OSBN.

Section 1: Application Instructions

- **IMPORTANT:** In addition to submitting this application for limited licensure, you must also apply for, or have on file currently, the type of LPN/RN application you are applying for full licensure by (Examination, Endorsement, Reactivation, or Renewal) that includes the national criminal background check. **This application is ONLY for the limited license that is issued to allow you to complete the nurse re-entry program.**
- Allow approximately 3-5 business days from the date application and full payment are received by OSBN to process the application and review all application requirements. A limited license application is **valid for one year from the date full payment is received** and will become null and void upon expiration.
- In order to complete an individualized re-entry program, you must first contact OSBN at osbn.practicequestion@state.or.us or 971-673-0685 prior to submitting this application to speak with the OSBN Education and Assessment Policy Analyst regarding your proposed individualized plan.

Section 2: Application Fee Table- Please see below for all fees required in order to process your application.

Application Type	Fee	Description
Oregon LPN/RN Limited License (form LIC-110)	\$95	The application is for nurses who are applying for Oregon licensure, but do not meet all requirements per OAR 851-031-0006(e) and must complete an OSBN-approved nurse re-entry program in order to be eligible for full licensure.

Section 3: Application Checklist

Please review the following checklist items to ensure that you are submitting a completed application for processing.

- All sections of the application are complete, and the authorization section has been signed and dated. **Submit original applications to OSBN-** copies are not accepted and will delay processing.
- Submit payment by check or money order made payable to the Oregon State Board of Nursing with your application materials. Failure to submit the correct amount may delay processing. **All application fees are non-refundable.**
- Application for full LPN/RN licensure with full payment has been submitted to OSBN.
- Ensure confirmation of your enrollment in a re-entry program has been received by OSBN; OR if you have selected to complete an individualized plan, you have included your proposed plan with your application.

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 all application materials and form of payment to: **Oregon State Board of Nursing
 17938 SW Upper Boones Ferry Rd
 Portland OR 97224**

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



Application Information for LPN/RN Limited Licensure for Re-Entry

Section 4: Eligibility for Limited Licensure

Per OAR 851-031-0070(1) an applicant for re-entry into nursing *has worked as a licensed or credentialed nurse previously in another US state or jurisdiction or as an international nurse in another country*. They must meet all standards of general eligibility outlined in OAR 851-031-0006(1-3), with the exception of OAR 851-031-0006(3)(d) and (e) that refer to passing the US LPN/RN nurse licensing examination and nurse practice history.

1. A limited license may be issued to the applicant who:

- a. Submits application for full licensure and meets all application requirements except for the completion of the re-entry requirement; and
- b. Provides verification of enrollment from an approved re-entry program; or
- c. Receives Board approval to complete an individualized re-entry plan

2. Standards of Limited Licensure:

- a. A limited license is valid only for use to complete the re-entry program and the supervised clinical practice.
- b. Limited license will expire upon successful completion of the program or individualized plan, OR
 - i. Withdrawal from the program or plan; OR
 - ii. One year from the date of issue. An applicant who fails to complete their program within this timeframe has the ability to request an extension of their licensure (prior to expiration) for up to one additional year with submission to the Board a written request and fee.
- c. The re-entry program or individualized plan must be completed by the applicant within a two year period preceding the issuance of full licensure per OAR 851-031-0070(1)(a).

Section 5: Re-Entry Program or Individualized Plan

The following is a brief summarization of each option for approved by OSBN for re-entry into nursing, and the licensing process that will follow.

1. Standards of an Approved Re-Entry Program

You will want to review the Nurse Practice Act, Division 31, OAR 851-031-0080 for all regulation regarding approved re-entry programs. A nurse re-entry program is comprised of 120 hours of didactic/classroom instruction of core components of nursing practice, and 160 hours of supervised clinical practice. Upon successful completion of your re-entry program, the Director of the program will send written confirmation to the Board, whereas you will then be issued full LPN/RN licensure.

2. Standards for Individualized Plan

You will want to review the Nurse Practice Act, Division 31, OAR 851-031-0070(4)(a)-(f) for all regulation regarding individualized plans for nurse re-entry. If choosing to complete the individualized plan, you must submit a proposed plan, a signed contract for your supervised clinical location and the registered nurse preceptor selected to oversee the 160 hours of supervised clinical practice. For more information on individualized plans see the document titled, [Individualized Re-Entry Plan Outline for RN or LPN](#).

NOTE: Your plan and contract documents must be submitted for approval to the Board Education and Assessment Policy Analyst for review and approval before beginning any portion of the program, or issuance of the limited license. Once you have successfully completed your individualized plan, and it has been evaluated by the Board, you will then be issued full LPN/RN licensure. You may contact the OSBN Education and Assessment Policy Analyst at osbn.practicequestion@state.or.us or 971-673-0685 for more information regarding individualized plans.



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NOTE: Please read the application information page before completing this application. Use only black or blue pen to fill out application and print all information legibly. Faxed or emailed applications will not be accepted- an original application with signature is required.

Section 1: License & Re-Entry- Check the applicable box according to what type of license you are applying for limited licensure for the type of nurse re-entry you are completing, and the type of application you have submitted for full LPN/RN licensure. Select one box per each section.

License Type	Nurse Re-Entry	Applying for Licensure by:	
<input type="checkbox"/> RN <input type="checkbox"/> LPN	<input type="checkbox"/> Enrolled in Re-Entry Program <input type="checkbox"/> Individualized Plan Attached	<input type="checkbox"/> Examination (LIC-103)	<input type="checkbox"/> Reactivation of an expired Oregon license (LIC-105)
		<input type="checkbox"/> Endorsement of US LPN/RN license (LIC-102)	<input type="checkbox"/> Renewal of an Oregon license (LIC-101)

Section 2: Name and Address Information

Last Name:		First Name:	
Middle Name:		Former Name(s) Used:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth: (mm/dd/yyyy)	
Address:			
City:		State:	Zip:
Country:		Email:	
Primary Telephone: <input type="checkbox"/> Unlisted		Secondary Telephone: <input type="checkbox"/> Unlisted	

Section 3: 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.

Printed First and Last Name

Applicant Signature

Date (mm/dd/yyyy):

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

OSBN USE ONLY- License Number & Expiration Date

OSBN USE ONLY- Additional Information
 Enrollment Confirmation OR Indv. Plan Approved
 Original App Received CBC Complete: _____