LPN or RN by Endorsement Application Guide

Eligibility

Applicants must:

- Hold an active LPN/RN in another state, and have 400 work hours in the last two years or
- Hold an active LPN/RN in another state, and have graduated in the last two years.
- See NPA Division 31 for all eligibility requirements.
 - o https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3927

Step 1: Create A Login for the Online Portal, if You Do Not Already Have a Login

Visit <u>https://www.oregon.gov/osbn</u> Use a computer, the website does not display on phones/tablets.

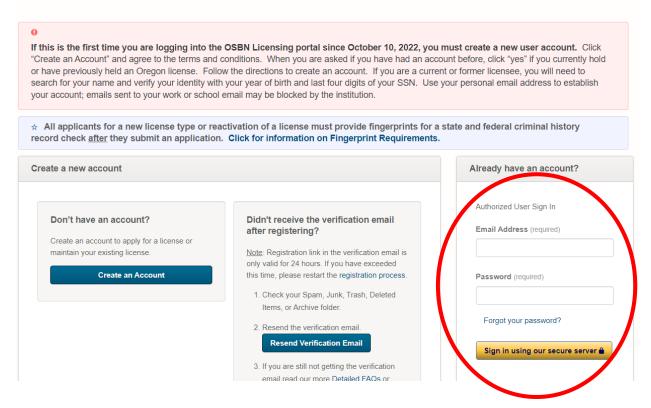
An official website of the State of Oregon <u>How you know »</u>	License Verification FAQs - Online Licensing Board Informatic	on + Meetings Contact Us + C
Oregon State Board of I practice, and promoting nurs	Nursing protects the public through regulatory	excellence of education, licensure, and
Scam Alert: he OSBN has received reports of phone scammers impersonating Board inve all, hang up immediately.	estigators. No OSBN staff member will ever contact licensees by telephon to demand	d money or any other form of payment. If you receive a suspicious phone
	Click	here to start
	OSBN Nurse Portal	
or have previously held an Oregon license. Follor search for your name and verify your identity with your account; emails sent to your work or school or All applicants for a new license type or read	conditions. When you are asked if you have had an acc w the directions to create an account. If you are a curre your year of birth and last four digits of your SSN. Use email may be blocked by the institution. ctivation of a license must provide fingerprints for a Click for information on Fingerprint Requirements.	ent or former licensee, you will need to your personal email address to establish state and federal criminal history
Create a new account		Already have an account?
Dui't have an account? Create an account to apply for a license or maintain your existing license. Create an Account	Didn't receive the verification email after registering? Note: Registration link in the verification email is only valid for 24 hours. If you have exceeded this time, please restart the registration process.	Authorized User Sign In Email Address (required) Password (required)
	1. Check your Spam, Junk, Trash, Deleted	
Enter your full legal name	e as shown on your government issu	ued ID.

- Make sure your Social Security number and date of birth are correct.
- Before you can log in for the first time, <u>you must validate your email address!</u>
- You will receive a validation email at the address you registered with.
- Please be sure to check your inbox and spam folders to ensure you see the verification email.
- Click on the link in the message to validate your email address.

Oregon State Board of Nursing

Step 2: Log Into the OSBN Online Portal

OSBN Nurse Portal



Step 3: Select and Submit Application

Associated cost: \$195

 \star All applicants for a new license type or reactivation of a license must provide fingerprints for a state and federal criminal history record check <u>after</u> they submit an application. Click for information on Fingerprint Requirements.

Welcome to the Oregon State Board of Nursing Nurse Portal Dashboard. You may use this portal to submit an application, check the status of an application, renew a license, update your name or address, and use the Message Center to communicate with Board staff.

License	License	License	License	License
Number	Туре	Granted Date	Expiration Date	Status

Oregon State Board of Nursing

LPN Endorsement - International Nursing Education

LPN Endorsement - U.S. Nursing Education

RN Endorsement - International Nursing Education

RN Endorsement - U.S. Nursing Education

Be sure to select the correct license level and education source.

Carefully fill in each of the required sections, errors will delay application processing.

Continuing Education

Prior to submitting your application, you will need to attest to the completion of three hours of continuing education. These three hours must be completed within two years of your application.

 One hour of Pain Management Continuing Education through Oregon Pain Management Commission's Module

https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/module.aspx

 Two hours of Cultural Competency Continuing Education can be completed through an organization of your choice. It can be free or completed through your employer. Oregon Health Authority maintains a list of suggested courses. <u>https://www.oregon.gov/oha/EI/Pages/CCCE.aspx</u>

Background Questions

- Answer disclosure questions truthfully.
- If you are not sure about disclosing something, please disclose OSBN will make a determination.
- If you answer yes to a disclosure question, provide a detailed explanation. This can reduce the need for follow-up questions from OSBN staff and speed up your application timeline.
- Use the tool at the bottom of the page to upload supporting documentation.

Nursing Education

Select the correct degree and school.

If you do not see your school in the drop down, scroll to the bottom and select "other". This will allow you to type in the school information.

Employment History

Click "+Add Employment history".

OSBN does not maintain a database of employers you will need to populate the employer fields to be able to choose a primary employer at the bottom of the Employment History page. Select "Other" in the Employer Name to begin entering your employer's information. Once you have entered an employer you will be able to select that employer from the drop-down menu to indicate your primary employer.

Oregon State Board of Nursing

LPN Endorsement - U.S. Nursing Education (LPN)

1 License Application	•	2 Preview & Submission	.0	3 Fee Payment	0	6 Confirmation Receipt	0
View Instructions							
License Application Type	0	Employment History				+ Add Emplo	oyment History
General Information	0	Creat a new record for each employ	er you worke	ed for as an LPN in the last 2 years for at I	least 400 h	ours of qualifying work history.	
Eligibility Questions	0	If you met the practice requirement t	/7/2 				
Education History	0	 Graduating from your qualifying Completion of a Board-approve 	2 23 E	n in the last two years; or try program in the last two years prior to a	application.		
Employment History	0	Employer					
Description your <u>p</u> Please primal Please corres Please Note: 1 provide		lentify the type of <u>setting</u> th <u>nary</u> nursing practice posit		영상 이상 가슴을 알고 있는 것이다. 또한 것이 이 이상 것이 있다. (~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	P	ease Select	,
		Please identify the <u>position title</u> that most closely corresponds to your <u>primary</u> nursing practice position (required)			P	ease Select	
		dentify the <u>employment spe</u> nds to your <u>primary</u> nursir	01819	3.	P	ease Select	```
	Please ir	Please indicate your primary employer (required)			P	ease Select	1
		Note: The employer selection is dependent upon the Employment details					
		provided above. If no details entered in the Employment History panel, there will be no selection options for this guestion					
	will be no	selection options for this que	SHOIL				

Step 4: Documents Required to Support Your Application

Proof of Education

Associated cost: Varies by school Have your pre-licensure program send transcripts to: <u>osbn.transcripts@osbn.oregon.gov</u>

License Verification

Associated cost: \$30 (Nursys) Send your exam state license verification to OSBN. Most U.S. states participate in NURSYS nurse license verification for Endorsement <u>https://www.nursys.com/NLV/NLVTerms.aspx</u> If you sat for the NCLEX in Canada, please contact the appropriate College of Nursing to have the license verification sent to <u>osbn.LicenseVerifications@osbn.oregon.gov</u>

Fingerprint Directions

Associated cost: \$70.50

The state of Oregon contracts with Fieldprint Inc. to collect digital fingerprint images from applicants for the background check. Fieldprint Inc has collection sites in every state. Applicants may have their fingerprints imaged by **appointment only** at any Fieldprint site across the country. Use this link http://www.fieldprintoregon.com to register, enter the code: **FPORBoardNursingDAS**

Please do not submit fingerprints before you submit your application.