



Oregon Application for CNA by Examination

Section 1: Application Information

- **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.
- **Background Check:** OSBN requires a **national fingerprint-based criminal background check in order to apply for and be issued a CNA certificate**. 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., an independent contractor with the State of Oregon.
- **Schedule Appointment:** Once OSBN has received your application and full payment, you will be sent an email to the address you provided on your application with instructions on how to register with Fieldprint Inc to schedule and pay for your fingerprinting appointment.
- **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
CNA 1 New Certificate by Examination	\$106		If you have never been issued an Oregon CNA Certificate before.
CNA 1 Reactivation by Examination (exam only)	\$106		Your Oregon CNA has been expired for less than 2 years , and you do not have 400 paid CNA work hours. You will need to re-test to reactivate your certificate.
CNA 1 Reactivation: Re-Train and Re-Test (training & exam)	\$106		Your Oregon CNA has been expired for more than 2 years . You will need to re-train and re-test before you can reactivate your certificate.
Re-Examination Fee	Written \$25	Manual \$45	Fee is applied to your application when OSBN receives results that you failed one or both portions of the competency exam.
Oral Examination Fee (optional by request)	\$35		An oral exam is the written portion of the competency exam presented orally by tape recorder where the applicant responds in writing.

Section 3: Application Checklist

- ☐ **Submit original application to OSBN-** copies are not accepted and will delay processing.
- ☐ **Training Certificate:** Submit a copy of your training certificate with your application. See page 2 Section 4 for info.
- ☐ **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.
- ☐ **Name Change:** If your training certificate shows a different name than what you have listed on your application, include form OSBN-613 [Name Change and/or Address Request Form](#) and proof of legal name change documentation 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



Application Information For CNA by Examination

Section 4: Nursing Assistant Training Program

Provide proof that you completed an approved nursing assistant level-one training program that meets standards set by the Omnibus Budget Reconciliation Act of 1987 (OBRA). The requirement is different based on whether you trained in Oregon or another state. See below. **Include a copy of the document with your application.**

1. **Oregon CNA 1 Training Program**: Copy of training certificate must include the following items:
 - Name of Individual
 - Board-approved unique identifier
 - Date of Birth
 - Name of Training Program
 - Number of classroom hours
 - Number of clinical hours
 - Signature of the program director or primary instructor
 - Date of Completion
2. **Out-of-State CNA 1 Training Program**: Include a copy of your training certificate with the application. **If you do not have a certificate copy**: Request a signed letter from the training program on company letterhead that lists your training completion date and the total number of classroom and clinical hours. The *original* official document must be sent directly to OSBN from the training program.

Section 5: Testing Accommodations & Eligibility Timeframe

Candidate Handbook: Review the *Oregon Nursing Assistant Candidate Handbook* as you prepare to apply for a CNA 1 certificate. The handbook provided by the testing company Headmaster can be a helpful tool for you during the exam process. It is available on the Headmaster website at www.hdmaster.com.

ADA Accommodations: In accordance with the federal Americans with Disabilities Act (ADA), testing accommodations may be provided to candidates with documented disabilities who demonstrate need. You must receive approval of your request from the Board before being released to test. **Submit form LIC-614 [Oregon State Board of Nursing Request for Testing Accommodations](#) and the required documentation with your application.**

Testing Timeframe: You have a two-year period from the date you completed your training program to pass the test. Within that 2 years, you are given three opportunities to pass the test. Your application is valid for the 2 years to either pass the test and be issued a CNA 1 certificate; or up until the point you have failed the test three times. If you fail the test three times, your application becomes null and void and you must re-train and re-test.

Section 6: CNA Reactivation by Examination

If your CNA has been expired for more than 60 days and you do not meet the practice requirement, you will need to reactivate your certificate in one of the following ways:

Exam Only- Your CNA has been expired for **less than 2 years**, and you do not have 400 hours of paid CNA employment. You will need to re-test to reactivate your certificate.

Re-train and Re-test- Your CNA has been expired for **more than 2 years**. You will need to complete a new CNA 1 training program and pass the competency exam to reactivate your certificate.

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

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IMPORTANT: Faxed or emailed applications are not accepted. You may fill the form out electronically, print it out, sign, and mail to OSBN.

Section 1: Application Type- Check the appropriate box for how you are eligible to apply.

<input type="checkbox"/> New CNA 1 by Exam	<input type="checkbox"/> CNA 1 Reactivation by Exam	<input type="checkbox"/> CNA 1 Reactivation by Training and Exam	<input type="checkbox"/> Oral Exam Requested
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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: Female Male Other	Date of Birth:
Social Security Number: (required)	ATTENTION: Your SSN is required per ORS 25.785 and will be disclosed to entities and used for the purposes listed in OAR 851-001-0030 (2). Refusal to provide your SSN 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: NA Training Program- Include a copy of your training certificate with the application.

Name of Program:	
Program Contact Person:	Completion Date:

FOR OSBN USE ONLY- to be completed by licensing technician

Test Date	Manual Exam	Written Exam	No Show
1.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

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

Section 5a: 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 5b: Disclosure

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.			
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?	YES	NO
	b) In the last two years, have you been diagnosed with or treated for an alcohol or any drug-related conditions?	YES	NO
	c) In the last two years, have you used any illegal drugs, or prescription drugs in a manner other than prescribed?	YES	NO
	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.		
2	Other than any information you may have provided in Question 1, 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	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.	YES	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.	YES	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.	YES	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.	YES	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.	YES	NO
	b) Have you ever withdrawn an application, or surrendered a license or certificate to avoid any of the actions listed above?	YES	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?	YES	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?	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.	
Printed Name:	
Applicant Signature:	Date (mm/dd/yy):