Oregon State Board of Nursing:

Application Process for License By NCLEX



Updated April 2025

Presentation content is based upon Oregon Revised Statutes (ORS) 678.010 to 678.410, Chapter 851 Oregon Administrative Rules (OAR), and OSBN Interpretive Statements. The information that is shared today, is intended for general knowledge only, is not to be used as a substitute for accessing and reading the ORS 678.010 to 678.410 or Chapter 851 OARs directly and is not legal advice on Oregon Nursing Law

Licensing and Fees

Eligibility: Applicants for examination are permitted to test up to four attempts.



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NCLEX Resources

NCLEX – Home page

NCLEX – Prepare with sample case study

NCLEX – Test plans with content area breakdowns

NCSBN – Exam publications



OSBN Resources





Pain Management Continuing Education





https://osbn.boardsofnursing.org/orbn



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Applying for a License in the Nurse Portal

https://osbn.boardsofnursing.org/orbn

- Apply for a license 1.
- Manage Profile 2.
- **Message Center** 3.
- **NCLEX** Resources 4.

	Oregon State Board of Nursi Nurse Portal	<u>-</u>	<mark>☆Home</mark> ♀ Inbox ⑦ Help ⊗ My	Account ∨
	NURSING STUDENT NCSBN ID: test777@test.com (503) 815-8099	Your Licenses with OSBN © Expired CNA 201310746CNA	Inactivate your License App Apply for Reactivation/R	l y for License einstatement
2)	7650 S Prairie Rd, TILLAMOOK, OR 97111 Manage Profile	Original Issuance Date Expiration Date 04/16/2013 03/22/2017 License data provided by the OSBN State Board of Nursing		
	Payments Nurse Portal Dashboard Overdue Payments \$0.00 Upcoming Payments \$0.00 Total payments \$0.00	Your License Applications in Proce RN Initial - Exam	255	Continue
3	Manage Payments Message Center Inbox (0) O New	Submitted License Applications	لي. Download	View Status
4	Next Generation NCLEX Learn more about available NCLEX resources.	Application Type Submission Date Applica Combined Renewal Dec 21, 2016 297386	tion ID	

Applying for a License

- On the Dashboard, click on button Apply for License
- Scroll down through application types
- Click on "RN/LPN By Exam U.S. Nursing Education"
- Then click the link for the license type- LPN or RNthat you are applying for by exam



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Instructions Page

TIP: Read over carefully when applying. Take a screenshot or download a copy of your application after you submit it – these instructions are on it.

Instructions

DO NOT USE THIS APPLICATION IF YOU COMPLETED YOUR PRE-LICENSURE NURSING PROGRAM OUTSIDE THE UNITED STATES, WITH EXCEPTION OF GRADUATES FROM AN RN CANADIAN NURSING PROGRAM THAT HAS AN ACTIVE NCLEX PROGRAM CODE.

This application is for graduates and expecting graduates of LPN and RN United States (US) and RN Canadian (CA) nursing programs that have an active US or CA NCLEX program code, and who are applying to take the NCLEX in Oregon for initial nurse licensure. This application is valid for one year from the date submitted.

To qualify you will need:

- Oregon Program Graduates: Make sure to select your correct Oregon nursing program with NCLEX code on the Education page of your application. This is what adds your name to the Dean's
 program list in the Affidavit Graduation Portal in order to verify completion of your program and provide your graduation date. You will not need to submit official transcripts unless requested to from
 the Board.
- Out of State and Canadian RN Graduates: Request official final transcripts be sent electronically to the Board at <u>OSBN.Transcripts@osbn.oregon.gov</u> or by mail to: Oregon State Board of Nursing 17938 SW Upper Boones Ferry Rd. Portland, OR 97224.
- To have completed two hours of cultural competency education within the last two years from application. Do not send copies of certificate(s) to the Board. For more information on this requirement, visit our website.
- To have completed the one-hour pain management education course through the Oregon Pain Management Commission. Do not send a copy of your certificate to the Board. For more information
 on the requirement, <u>OHA Oregon Pain Management Commission</u>.
- After you submit this application, register with PearsonVUE for the NCLEX at: <u>https://www.nclex.com/register.htm</u>
- After you submit this application, schedule an appointment with Fieldprint, the state's contracted vendor for electronic fingerprint collection, to have your fingerprints taken for the national background check.



Livescan Electronic Fingerprinting

• **DO NOT** get your prints done before submitting your exam application.

IMPORTANT FINGERPRINTING INSTRUCTIONS

- Fieldprint Inc has collection sites throughout Oregon, and nationwide available in every state. This means if you are not in Oregon, you can schedule to have your prints taken at a site in the state you are currently located in.
- You must use the OSBN agency code FPORBoardNursingDAS to register for your appointment on Fieldprint's website. Using another code may result in OSBN not receiving your background results.
- Fieldprint collection sites are by appointment only. Walk-ins are not accepted.
- Go to the Fieldprint website at http://www.fieldprintoregon.com to register. Enter the OSBN agency code FPORBoardNursingDAS when requested on the site, then schedule your appointment.



Fieldprint Website: www.fieldprintoregon.com

OSBN Code: FPORBoardNursingDAS



Completing the Application

License Application Type

- You always know what page you are on – it's the blue box on the tracker.
- License Application
 Type Page: Verify
 you selected the
 right application
 type.
- If not, click on "More Options" link, and then Discard Application link if needed.



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Completing the Application

General Information Page

The general information page includes your personal identifier information and demographics.

Review all and fill out required items marked with an (*).

0	2	3	4
License Application	Preview & Submission	Fee Payment	Confirmation Receipt
View Instructions			
License Application Type	General Information		
General Information	A U.S. SSN is required if applicant ha following identification options. (a) A current passport and US Visa sl	s been assigned one. If you have not be nowing the entitlement to work in the U	een assigned an SSN, you must select one of the Jnited States such as an H1B Visa, I-766 or other
Eligibility Questions	(b) If the applicant is attending schoo	I on an F1 visa, they must provide a cop	, y of a valid 194 and 120 which has been signed by
Education History	 the designated school authority. (c) Tax identification number (d) Other federally issued identification 	on number	
NCLEX Information	Note: If your SSN is currently on file w account, you will not be prompted to	ith the Board or if you have provided yo provide your SSN in the Identifying Info	our SSN at the time of creating your Nurse Portal rmation section below.
	Demographic Information Full Legal Name Required	First Name (required) * NURSING Middle Name(required) *	
		Last Name (required) *	
	THE REAL PROPERTY OF	STUDENT	
		Request Name Change	



Completing the Application: Statutorily Required Education

	1 License Application	2 Preview & Submission	3 Fee Payment	4 Confirmation Receipt
	View Instructions			
	License Application Type	Read each question carefully and select a "no" o	r "yes" answer. If you answer "yes" to a que	stion, you are required to enter a
	General Information	detailed explanation in the box provided. Any application and is grounds for denial of your app	y false, misleading, or incomplete inform plication or discipline on your license/certific	ation is considered falsifying an tate. You must provide OSBN with
	Eligibility Questions	any updates to information required in this appli	ication while it is pending.	
	Education History			
	NCLEX Information	1) I have completed two hours of cultural c years.If you need assistance locating traini Inclusion Division. (required) *	ompetency education in the past two ing, contact the OHA Equity and	Please Select V
https://www.oregon.gov/osbn/Pa	ges/Cultural-Competency.aspx			
•Cultural Competency		2) I have completed the one hour Oregon P	ain Management Commission's nain	
https://www.oregon.gov/osbn/Pa	ges/pain-management.aspx	education course prior to submitting this a	ann management commission's pain application for licensure. For more	Please Select V
Pain Management		information on the requirement, contact t Commission (required) *	he OHA Oregon Pain Management	

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Completing the Application: Eligibility Questions

- If you answer "Yes" you must provide a brief explanation.
- Include relevant dates, city/state where occurred, etc.
- You may upload electronic court documentation directly with your application.

5) Have you ever pled guilty, been convicted of, pled No Contest, or entered into an Alford plea for a felony or misdemeanor? (required) *

te

Yes

If you answer YES, describe the incidents and the surrounding circumstances. Include relevant dates, the city a where the incidents occurred, and the outcome of any criminal charges. Provide copies of court documentation to identify the charges and final adjudication.

ATTENTION: You may answer NO for juvenile convictions that were expunged or "set aside", or adult convictions that were "set aside". If you are currently enrolled in a diversion program for DUII, you may answer NO unless you pled guilty - then you must answer YES.

uilty - then you must answer YES.

ετε "set aside", Τί you are currently enrolled in a diversion program for DUH, you may answer NO unless you pleo

Describe the incidents and the surrounding circumstances. Include relevant dates, the city and state where the incidents occurred, and the outcome of any criminal charges. Provide copies of court documentation that identify the charges and final adjudication.

Supporting Documents: (optional)

Upload

Explanation (required) *

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Completing the Application: Education History

- If you have been previously licensed in Oregon, prior education on file may appear here.
- Program Name: Scroll or type to find your program name/type/code at the end of the program name.

Calcal Manage/Description		
Name	OREGON - OR	~
Nursing program information	Program Type	
	RN	~
	Program Name (required) *	
This field is text predictive. Start	Please Select	~
typing the name,	СО	Q
and matching	BLUE MOUNTAIN COMMUNITY COLLEGE - ADN - PENDLETON [US80408900]	
records will display.	CENTRAL OREGON COMMUNITY COLLEGE - ADN - BEND [US80408800]	
	CHEMEKETA COMMUNITY COLLEGE - ADN - SALEM [US80409700]	
	CLACKAMAS COMMUNITY COLLEGE - ADN - MILWAUKIE [US80409800]	
	CLATSOP COMMUNITY COLLEGE - ADN - ASTORIA [US80405800]	
	COLUMBIA CORCE COMMUNITY COLLEGE - ADN - THE DALLE: [US80409500]	▼

State (required) *

Completing the Application: Education Program Code

View Instructions	
License Application Type	Ø
General Information	Ø
Eligibility Questions	Ø
Education History	
NCLEX Information	

Each nursing program at an academic institution has a different NCLEX[®] code. This is important when your school offers multiple nursing programs.

KLAMATH COMMUNITY COLLEGE - ADN - KLAMATH FALLS [US80410100]

LANE COMMUNITY COLLEGE - ADN - EUGENE (US80409000)

LINFIELD UNIVERSITY - ACCELERATED BS - PORTLAND [US80510300] LINFIELD UNIVERSITY - PORTLAND - MSN - PORTLAND [US80510400] LINFIELD UNIVERSITY- BS - PORTLAND [US80509800]

LINN-BENTON COMMUNITY COLLEGE - ADN - LEBANON [US80409400] MT HOOD COMMUNITY COLLEGE - ADN - GRESHAM [US80409200]

- If you select the wrong program in your application:
 - Your name will not appear on your school's Affidavit of Graduation (AOG) Portal list.
 - This will delay your Program Director from being able to approve you in the AOG, and for OSBN to make you eligible to test.

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Completing the Application: Education Basis for Licensure

- Select your Education Basis for Licensure.
- What's this? You are telling us which of your education records on file qualifies you for the license you are applying for.
- Select the matching program from the drop-down list.

	Program Name (required) OREGON INSTITUTE O Program Address 3201 CAMPUS DR KLAMATH FALLS - OR - 9	FTECHNOLOGY - RN		
Education obtained	Degree Obtained (require Baccalaureate Degree	d) * -Nursing		
	Education Status (require	d) *		
	Graduated			
	Graduation Date Format	Graduation Date (required	d)+	
	MM/DD/YYYY	01/21/2025	Ċ	
	○ мм/үүүү			
Add Education History				
Next Section				
Education Basis for Licensure				
Please select the educational basis yo to Education and enter your educatio	ou meet for licensure. If yo n information.	our nursing program is no	ot i list, please return	
	Please indicate your Educ	ation Basis for Licensure (r	required)	
	OREGON INSTITUTE O	FTECHNOLOGY - RN - BS	S - KLAMATH FAL ↓	

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Completing the Application: Testing Accommodations



1) Are you requesting Testing accomodations for the exam? (required)*
Yes ~
In compliance with the federal Americans with Disabilities Act (ADA), applicants who have a documented disability related to testing may be provided with reasonable accommodations to take licensing and/or certification examinations. You must be registered with PearsonVUE before accommodations can be approved. Upload your documentation with your application using the "Upload" link below. Documentation must be from a qualified healthcare provider on official letterhead that states the diagnostic studies/analysis that was completed, and the confirmed diagnosis (including the International Classification of Diseases code and/or the Diagnostic and Statistical Manual code). It must specify the type of disability diagnosed, and the accommodation(s) that are needed in association with the disability. The document must include the healthcare provider's original signature, title, and contact information. The Board will review the documentation for approval of your requested accommodations. Upon approval, and if all application requirements are complete, the Board will make you eligible to test.
Supporting Document: (optional)

1.1) Explain the nature and extent of your disability, and how it impairs your ability to take the exam. (required)*

Do you need testing accommodations?

- Read instructions carefully so you know what is needed, and when.
- Upload your supporting medical documentation here.





Submitting the Application: Preview Page - Review Your Info for Accuracy

Preview & Submit License Application V Instructions License Application Type [Edit] License Type: RN. Application Type: RN/LPN By Exam - U.S. Nursing Education General Information [Edit Check if information you entered is correct. If it's not, Demographic Information click on "Edit" link at top of that section to return to Salutation: the page and fix it. Full Legal Name Required: Malden Name: Identifying information Tax Identification Number: VISA Number: VISA Issue Date: VISA Expiration Date: What is your Gender?: Female What is your Race?: Are you of Hispanic or Latino origin? Contact Information (Also Mailing Address) 7650 S Preirie Rd TILLAMOOK OR 97141

UNITED STATES.

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Submitting the Application

Preview Page-Authorization & Payment

- Check the tiny blue box to the left confirming your understanding.
- 2. Review the <u>Fee Section</u> and the breakdown of fees for your total.
- To be sent to the payment vendor, click on "Make Payment".

$\widehat{1}$		ו		Application Confirmation	
シ	E	l agree that I have a duty to prov	ride the Oregon State Board of Nursing w	vith any updates to information required in this applica	tion while it is pending.
		I hereby certify that I have read	this application and that the information	n provided is true and correct.	
		l am aware that falsifying an app	olication, supplying misleading informati	ion, or withholding information is grounds for denial or	discipline of license/certification.
		I am aware that the Oregon Stat of Investigation (FBI).	e Board of Nursing will conduct criminal	records checks through the Oregon Law Enforcement	Data System (LEDS) and/or the Federal Bureau
		l agree that any fees I pay to the	OSBN are non-refundable.		
		I agree that I am responsible for	any fees paid and certify that I am subm	itting the correct application.	
		l understand that this applicatio	n and any supporting documentation I p	rovide are subject to Oregon's public records law.	
2)	Ар	plication Fee			
	Ap	plication:	RN/LPN By Exam - U.S. Nursir	ng Education	
	Ap	plication Fee Amount:	RN Exam		\$160.00
			OCN Fee		\$9.00
			Total:		\$169.00
3)	м	ake Payment			Save and Return to Home

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Paying Application Fees

Payment Alert

You are leaving the Nurse Portal. While on the payment site, DO NOT click the Back button, close or refresh the browser window. Any such action could result in issues processing your license application.

Visa and Mastercard are both accepted for payment of fees. We are not able to accept Discover or American Express at this time. No private customer information that you provide in order to pay fees is retained by the secure payment site.

ALL FEES PAID TO OSBN ARE NON-REFUNDABLE and NON-TRANSFERRABLE.



- To pay fees, you are sent to a third-party payment vendor to complete the transaction.
- To submit your application, you must make a payment on the vendor site.

NİÖ	¥ ▶					
1 Payme	nt Type 🔹 🛛 Cu	ustomer Info	Payment Information	Submit Payment	Transaction Summ	ary
Fransac	tion Detail				RN Exam OCN Fee	
SKU	Description	Unit Price	Quantity	Amount	TOTAL	
10544	RN Exam	\$160.00	1	\$160.00		
10540	OCN Fee	\$9.00	1	\$9.00		
Total				\$169.00	Need Help?	
					Please complete the Customer In	formati
Paymer	nt					
Paymen	t Туре			×		
		Credit/Debit	Card			

 \times



Application Submission & Payment Confirmation

After paying, you are sent back to the OSBN Nurse Portal where your confirmation number and receipt of payment are displayed.

DN/LDN By Exam a LLS_N	Jurging Education Application Con	firmation Possint	🗇 Printer Friendly Versia
(W/LFN by Exam - 0.5. h	ursing Education Application con	initiation Receipt	
 You have completed and subr serves only as confirmation o 	mitted your RN/LPN By Exam - U.S. Nursing Education a f receipt of the application and payment.	pplication. Your application	has NOT yet been approved. This messag
 Fingerprint background check inst application. 	tructions can be found on the Application Copy PDF. Please ret	urn to the Nurse Portal Dashboa	ard and click on the Application Copy link for this
Application Id:	629790		
Application Id: ORBS Transaction Reference:	629790 105446297902		
Application ld: ORBS Transaction Reference: Payment Date & Time:	629790 105446297902 4/8/2025 04:46:50 PM PDT		
Application Id: ORBS Transaction Reference: Payment Date & Time: Payment Confirmation Code:	629790 105446297902 4/8/2025 04:46:50 PM PDT TEST123		
Application Id: ORBS Transaction Reference: Payment Date & Time: Payment Confirmation Code: Application Fee Amount:	629790 105446297902 4/8/2025 04:46:50 PM PDT TEST123 RN Exam		\$160.00

Return to the Nurse Portal Dashboard

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NCLEX Registration: https://www.nclex.com/register.page

Register only when you are ready.

The 90-day clock starts the moment you receive your ATT. You receive your ATT from Pearson VUE <u>after</u> OSBN makes you eligible.



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Authorization to Test

You will receive your ATT (Authorization to Test) by email from Pearson VUE. OSBN will make you eligible after your administrator verifies your program completion. Your ATT is good for 90 days - you can only schedule within your ATT validity period.

You can schedule your test at any national or international Pearson VUE test center.

Oregon allows you a total of <u>four</u> attempts to pass the NCLEX.

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Exam Day – Proof of Identity

- Legal Name Verification: If your first or last name on the ATT differs from the name on your ID, you must bring additional legal name-change documentation to the test center on your exam day.
- If your ID does not meet requirements:
 - Pearson VUE test administrators have the right to turn a candidate away.
 - May result in having to re-register and pay another examination fee.
- Rescheduling: If you get turned away at the testing center you will be charged \$200 to reschedule your exam.





Exam Day - Logistics

- Palm scan
- Photo
- Electronic signature
- Phone/electronic storage is mandatory – lockers provided
- Ear plugs or noise canceling headphones are available
- Mask and gloves are permitted, if desired



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NCLEX Results: PASS

WHAT NOW?

- OSBN receives results that you have passed the NCLEX.
- Staff will confirm you have met all licensure requirements.
- If complete, your license will be issued.
- OSBN sends a notification in the nurse portal that your license has been issued.
- You (and the public) can also view your license details on the <u>OSBN License</u> <u>Verification Portal</u>
- You can work as soon as you are issued a license!



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NCLEX Results: NO PASS

- OSBN will send you an exam result notice via the Message Center 3-5 days after your exam date which will include:
 - A 'Candidate Performance Report' that identifies your relative strengths and weaknesses related to each test area
 - Instructions for exam re-scheduling
 - Before you can test again:
 - Submit/pay for the RN/LPN Exam Retake Application (\$25 fee) in the Nurse Portal
 - Re-register with Pearson VUE and pay the registration fee.

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Questions?



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OSBN Email:

Oregon.BN.info@osbn.Oregon.gov

OSBN Contact Center:

971.673.0685

