

Teacher Standards and Practices Commission



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Salem, OR 97301

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Contact: tspc@state.or.us
www.oregon.gov/tspc

Application For License Authorizing Service As A School Nurse Form N-1

Read instructions carefully to ensure your application is complete before mailing. The evaluation fee is assessed for processing an application and is **not refundable**.

Name				
	(Last)	(First)	(Middle)	(Previous)
Address				
	(Street or Box No.)	(City)	(Zip Code)	
SSN:		Phone No: Home ()		
Date of Birth:		Work ()		

E-Mail Address:

Sex:	Ethnic Status: (Optional-for statistical purposes only)
<input type="checkbox"/> Male	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other
<input type="checkbox"/> Female	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

I am applying for:

First License <input type="checkbox"/>	Professional School Nurse License <input type="checkbox"/>
Renewal <input type="checkbox"/>	Emergency School Nurse License <input type="checkbox"/>
Reinstatement <input type="checkbox"/>	

Experience

I have the following school nurse experience. If this is an initial application, list all experience. If this is a renewal, list only the experience gained since the last Oregon School Nurse License was issued. If you have no experience, indicate "none". If necessary, attach a separate page for additional experience.

Name of School	City & State	Dates	No. of Months

Education

I have attended the following colleges or universities. If this is a renewal, list only those institutions attended since the last Oregon License was issued. If you have no preparation during this time, indicate "none". If necessary, attach a separate sheet for additional education.

Name of School	Dates Attended

School Nurse Experience And Professional Upgrading Report

Superintendent:

Please supply the following information and **return the completed form to the applicant**. This information is essential to this applicant's licensure in Oregon. I certify that the above referenced applicant successfully served _____ clock hours as a school nurse during the following time frame _____ and completed three quarter hours or 60 clock hours of professional upgrading which has been approved by the district as part of the applicant's professional improvement program.

Superintendent's Signature	School District	City & State	Date

THIS FORM MUST BE RETURNED TO APPLICANT IN A SEALED SCHOOL DISTRICT ENVELOPE

Character Questions:

You *must* answer either "yes" or "no" to each of the following character questions; any other response will result in your application being considered incomplete. All "yes" answers must be *fully* explained in writing and the explanations must be dated and signed by you.

1. Have you ever left any educational or school-related employment, voluntarily or involuntarily, while the subject of an inquiry, review or investigation of alleged misconduct? Have you ever left educational or school-related employment when you had reason to believe an investigation for misconduct was underway or imminent?	1.
2. Are you currently the subject of an inquiry, review or investigation for alleged misconduct or alleged violation of professional standards of conduct by either an employer or a licensure agency?	2.
3. Have you ever been placed on leave by your employer for any alleged misconduct?	3.
4. Have you ever had any adverse action taken on a <i>professional</i> certificate, license or charter school registration? Have you ever been placed on probationary status for alleged misconduct while holding a professional license, certificate, registration, or credential?	4.
5. Have you ever been denied a professional license for which you applied or granted a professional license on a conditional or probationary basis for any alleged misconduct?	5.
6. Have you ever surrendered a professional license of any kind before its expiration?	6.
7. Have you ever been disciplined by any public agency responsible for licensure of any kind, including but not limited to educational licensure?	7.
8. Have you ever been convicted or been granted a diversion or conditional discharge by any court for any: (a) Felony; or (b) Misdemeanor; or (c) Major traffic violation including or not limited to: driving under the influence of intoxicants or drugs; reckless driving; fleeing from or attempting to elude a police officer; driving while your license was suspended, revoked or used in violation of any license restriction; or failure to perform the duties of a driver or witness at an accident?	8.
9. Have you ever been arrested or cited for any offense listed in section (8) above which is still pending in the courts? This includes any diversion, conditional discharge or postponed adjudication that has not been dismissed by the courts at the time this application is signed.	9.
10. Have you ever had any civil judgment or other court order, including but not limited to a restraining order, entered against you resulting from allegations of abuse, assault, battery, harassment, intimidation, neglect, stalking, or other threatening behavior toward other persons?	10.

Notes: If "yes" is answered to question 8, a certified true copy of the court's final disposition, if available, must accompany *the first application on which the events are being reported* in order for the application to be considered complete. If a court record is unavailable, a full explanation of the applicant's attempt to obtain the record must be provided. An application that does not include an appropriate and thorough explanation and documentation will be considered incomplete.

☐ Check here if you provided an explanation for any "yes" answer with a prior application.

If you answer "no" to questions 8 through 10, based upon an arrest or conviction that was subsequently dismissed, conditionally discharged or expunged, you must personally verify with the court directly involved that the corresponding judgment was properly entered by the court. An erroneous statement, even upon advice of an attorney, that a conviction has been dismissed, expunged, set aside or sealed, may be deemed a false statement and could be grounds for denial of the licensure application.

Your Signature and the Date

I hereby certify that the information submitted on or relating to this form is true and correct and grant the Commission permission to check civil or criminal records to verify any statement made on this application. The Commission may revoke any license upon evidence that the holder knowingly made any false statements in the application for the license.

 Signature of the Applicant*

 Date*

***This application must be signed and dated within 60 days prior to the date the application is received by TSPC.**