# **Verification of Licensure**

## **Oregon State Board of Nursing**

17938 SW Upper Boones Ferry Road Portland, Oregon 97224-7012 Telephone: 971-673-0685

Fax: 971-673-0684

E-Mail: oregon.bn.info@state.or.us



### **Subject to Terms and Conditions**

Information current as of: 02/18/2020

Query Time: 2/18/2020 10:22:59 AM

Return to Search

Print

This site is a primary source for verification credentials.

Licensee: Banks, Elizabeth Paula

Gender: Female

City: Lake Oswego

State: OR

#### **LICENSES**

License Number	Туре	License Issued	Current Status	Date Last Renewed	License Expiration Date
099007413RN	RN	11/04/1999	Active	05/28/2019	07/06/2021
099007413N1	NP-PP Family	02/02/2000	Active	05/28/2019	07/06/2021
201604878DP	DP	07/07/2016	Active	05/28/2019	07/06/2021

Click here for explanation of License Status

### **BOARD ORDERS**

No disciplinary actions on record.

Click here for explanation of Order Types

#### **NATIONAL CERTIFICATION**

Certifying Body	APRN Role	Certification Number	Certification Expires	Last Verified
ANCC	Family	0346819	05/31/2020	05/09/2017

### **Show License Abbreviation Key**

National Certifying Body

AACN - American Association of Critical Care Nurses

AANP - American Association of Nurse Practitioner Certification Program

AMCB - American Midwifery Certification Board ANCC - American Nurses Credentialing Center

NCC - National Certification Corporation

PNCB - Pediatric Nursing Certification Board

NBCRNA - National Board on Certification and Recertification of Nurse Anesthetist

**OSBN Discipline** - Copies of public documents associated with OSBN disciplinary actions taken against a specific licensee after August 2010 are available online. Copies of disciplinary actions prior to that date may be obtained by written request. You may e-mail your request to <a href="mailto:osbn.records@state.or.us">osbn.records@state.or.us</a>. Or, you may FAX your request, addressed to OSBN Record Requests to OSBN Records, to 971-673-0684. Please include the licensee's name and license number (if available), along with your name, company (if applicable), mailing address, phone number and FAX number or e-mail address.