

## **Oregon State Board of Nursing**

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## Registration for Limitation of Liability for Practice without Compensation

Please type or print clearly.

Interes: Street No. City & State Zip Code  Interest Home Work E-mail (optional)  Intification Dermation: Social Security Number Current Oregon License Number  I hereby register with the Oregon State Board of Nursing for Limitation of Liability pursuant to ORS 676.340 and ORS 676.345 for health care services I provide without compensation. In registering for the Limitation of Liability I attest to the following:  Before providing health care services I will obtain a signed statement from the patient, or the person authorized by law to make health care decisions for the patient, that notifies them that the health care services provided by me are without compensation and that I may be held liable for injury, death or other loss arising out of providing these service only for my acts of gross negligence.  I will provide health care services without compensation except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses.  I will only provide health care services without compensation that are within the scope of my license to practice nursing.  I understand that this registration in only valid for one year and must be renewed annually. Additionally, I understand that there is no fee for this registration and, since the registration is bring provided at no cost, I will not receive notice to renew my registration. It is therefore my responsibility to renew this registration at the appropriate time.	ne:	Last	First	Middle	Former/Maiden
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**REGISTRATION DATE**