



Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012
Phone: 971-673-0685 • Fax: 971-673-0684 • E-mail: oregon.bn.info@state.or.us
Website & License Verification: www.oregon.gov/OSBN

Request for OSBN Issue Review

Nurses and other concerned citizens of Oregon often have questions or concerns regarding nursing regulation which require a formal Board response. While Board *staff* responds to phone and e-mail queries in order to provide interpretation of existing policies and rules, this form is available to raise concerns or questions which will be evaluated and prioritized by OSBN Board *members* for potential action.

Issues may include:

- Scope of practice concerns not addressed in current administrative rule or policy.
- Proposed changes to nursing regulatory statute or administrative rules.
- Other concerns which you believe have nursing regulatory implications and for which you are requesting a formal Board response.

OSBN Board *members* will review completed written requests at each Board meeting and will prioritize based on urgency of public safety implications, relevance for large numbers of practicing nurses or client populations, and resources available to complete needed work. Other factors may be considered by the Board as needed. After this review, a letter of response will be sent to indicate the Board's response to the request. The request must be submitted by the filing date for interested parties in order for it to be considered at the next Board meeting.

1) Contact Information:

First: _____ MI: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number/s: Business: _____ Mobile: _____ Home: _____

E-mail: _____

Please mark one: I am a licensee of the Board: Yes: _____ No: _____

Organization you represent (if applicable): _____

2) Statement of the Issue and Requested Board action (Please thoroughly explain the issue and what action you are requesting from the Board. Please provide evidence supportive of any requested changes).

Issue Statement:

Evidence Supportive of Requested Change/s *(Please include pertinent existing literature/research, statements/opinions of professional associations or groups, applicable national or community standards, pertinent accreditation standards, etc. Please list strength of evidence as possible):*

Requested Board Action:

3) Please explain how public safety will be enhanced by any changes you are proposing.

7) Contact Information (as available) for Affected Parties

First: _____ MI: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number/s: _____

Organization Represented: _____

First: _____ MI: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number/s: _____

Organization Represented: _____

First: _____ MI: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number/s: _____

Organization Represented: _____

To submit this request to the Board of Nursing office:

- 1) Print and mail to: Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Rd.,
Portland, OR 97224. Attn: Executive Director; or,
- 2) Print and fax to: 971-673-0684, Attn: Executive Director

If you have a disability that requires any special materials, services, or assistance, please contact Becky Hedges at the Board office, 971-673-0641, so appropriate accommodations may be arranged.

Please keep a copy of the request for your own records.