



Oregon State Board of Nursing

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Program Contract and Terms and Conditions for Participation in the Nurse Monitoring Program

I, _____, do hereby request admission to the Nurse Monitoring Program in the State of Oregon, as provided for in OAR 851-46-000 through 851-46-040.

I understand that my participation in the Nurse Monitoring Program is on a voluntary basis and that during my participation in the Nurse Monitoring Program I will be expected to comply with the terms and conditions of my contracts with the Nurse Monitoring Program.

I further understand that failure to comply with the terms and conditions of the Nurse Monitoring Program may be reported to the Oregon State Board of Nursing. Upon receiving a report of non-compliance, the Oregon State Board of Nursing will review the situation and determine if a violation of the Nurse Practice Act has occurred and if disciplinary sanctions will be placed on my license. Any violation of the Nurse Practice Act may be reason for dismissal from the program.

My participation in the Nurse Monitoring Program will remain in effect for a minimum of five years, three of which must be monitored nursing practice. Periodic review of the terms and conditions of participation will occur and modification made as agreed to by the Coordinator for the Nurse Monitoring Program and me.

I understand that my participation in the Nurse Monitoring Program will remain confidential except as provided in the Nurse Monitoring Program practice contracts.

I have been provided a copy of OAR 851-46-000 through 851-46-040, have read it, and discussed any questions or concerns I may have with the Nurse Monitoring Program Coordinator.

I agree to comply with the following terms and conditions of the Nurse Monitoring Program:

- I confirm that I have received an evaluation by a chemical dependency expert. I will comply with the recommendations for treatment. Such recommendations may include, but are not limited to, recommendations for inpatient treatment, outpatient treatment, continuing care, medication therapy, private counseling and attendance at support groups.
- I agree that I will maintain a current release of information with my treatment counselors to facilitate communication between them and the Nurse Monitoring Program.
- I shall report to the Nurse Monitoring Program monthly through personal and/or telephone interviews. Frequency of contact will be reviewed and may be revised periodically.
- I agree that I will notify the Nurse Monitoring Program of any changes in my treatment regimen.
- I will not resume nursing practice until approved by my counselor and the Nurse Monitoring Program. I further agree to enter into a nursing practice contract with my employer and the Nurse Monitoring Program.
- I will not look for, accept or begin a new nursing position without the approval of my Nurse Monitoring Program coordinator.
- I agree to cease nursing practice, if there are concerns about my ability to practice safely or at the request of the Nurse Monitoring Program coordinator.

- I will remain abstinent from intoxicating, mind-altering, or potentially addictive drugs, including both over-the-counter and prescription drugs, and alcohol unless I am taking medication for a documented medical condition. Such medication must be obtained by legal prescription written by a person authorized by law to write such a prescription. Also, I will notify the Nurse Monitoring Program within 24 hours of the use of prescription drugs.
- I will notify the Nurse Monitoring Program of the use of any intoxicating substance including alcohol use, illegal or prescribed medications within 24 hours, whether the use is a result of relapse or authorized medication.
- I will submit to random body fluid testing to detect the presence of unauthorized substances at the request of the Nurse Monitoring Program the same day as the request. I understand that I am financially responsible for the costs of this testing.
- I will notify any health care providers of the nature of my chemical dependency diagnosis to ensure that my health history is complete before receiving any treatments, including doctor and dental treatment. I further agree to provide the Nurse Monitoring Program with the names of my health care providers and to sign releases of information if requested.
- I will notify the Nurse Monitoring Program if I am hospitalized or undergo any surgical procedure.
- I will notify the Nurse Monitoring Program if I am arrested for any reason within seven days of occurrence.
- I will notify the Nurse Monitoring Program before applying for licensure in any other states.
- I will notify other State Boards of Nursing of my participation in the Nurse Monitoring Program should I seek licensure in their state.
- I will notify the Nurse Monitoring Program if I will be out of town for three or more days.
- I will notify the Nurse Monitoring Program of any change of address or telephone number within five days.
- I understand that this contract will be reviewed periodically and no changes will be made to this contract without prior approval of the Nurse Monitoring Program.
- I voluntarily agree to participate fully in the Nurse Monitoring Program until the program expires effective July 1, 2010. I understand that pursuant to Oregon House Bill 2345 (2009), the Nurse Monitoring Program will terminate on July 1, 2010. At that time, my Nurse Monitoring Program records and my enrollment shall transfer, with my written consent, into the impaired health professional program (IHPP) managed by the Department of Human Service (DHS). I agree to enroll in the IHPP, effective July 1, 2010, and will consent to the transfer of my entire file to the IHPP, for the purpose of continuing the terms of this agreement, to include my continued compliance monitoring. I agree to provide the Nurse Monitoring Program with written consent to transfer my file to the IHPP upon request.
- I understand that the IHPP will review and may modify the terms of this agreement, if required by Oregon House Bill 2345 (2009) and I agree to accept modifications required by House Bill 2345 (2009).

Participant

Date

Coordinator, Nurse Monitoring Program

Date

Please Sign and Return To the Nurse Monitoring Program