

Individualized Plan for Re-Entry into Nursing

Purpose:

To establish criteria for the development and evaluation of individualized plans for re-entry into nursing practice.

Background:

The responsibility of Boards of Nursing is to protect the public through the regulation of individual licensed nurses and their entry into nursing practice (NCSBN, 2006). Recognizing that nursing is a dynamic, evolving practice profession that exists within an ever-changing healthcare environment, the Oregon State Board of Nursing believes that competence in nursing is best maintained through continuing practice as a nurse. To this end, the Oregon Nurse Practice Act requires "960 hours of nursing practice, at the level of license sought, within the five years immediately preceding application for licensure; or completion of an Oregon State Board of Nursing approved reentry program at the level of license sought, within the two years immediately preceding issuance of license" unless the applicant graduated from an approved program of nursing education within the previous 5 years [OAR 851-031-0006(3)(e)]

Nurses who do not meet the practice requirement may be eligible to obtain an Oregon nursing license by Re-entry. "Re-entry" is the process of licensing a nurse who does not meet the practice requirements at the time of application for licensure by examination, endorsement, reactivation, or reinstatement [OAR 851-031-0005 (23)].

For some applicants for re-entry into nursing, an alternative to currently approved nurse re-entry programs is appropriate and desirable. These applicants may use these guidelines to develop an individualized plan for re-entry into nursing.

Examples of applicants for whom an individualized plan for re-entry may be appropriate include nurses who were previously licensed and practiced in the United States and who:

- Have advanced nursing education (e.g., a master's or doctoral degree) and who intend to return to specialty nursing practice
- Plan to enroll in a nursing education program such as an RN-BS program, direct entry master's program, or graduate nursing education program
- Can demonstrate continued competence in nursing through successful completion of the licensing examination

Required Plan Components:

The nurse shall submit to the Board for approval:

1. Summary of nursing education and practice with justification/rationale for use of an individualized plan for re-entry into nursing practice.
2. The anticipated timeframe for completion of required educational components, demonstration of competence, and supervised clinical practice hours.
3. Written plan for obtaining/demonstrating knowledge/competence in nursing, inclusive of those components identified in 851-031-0080(2)(c)(C).
4. Provisions for verifying satisfactory completion of required knowledge/ competency development.
5. Written plan for obtaining required hours of supervised clinical practice. The plan shall identify:
 - (a) The name of the agency or agencies and contact person(s) where required supervised clinical experience will be obtained.
 - (b) The name and credentials of the registered nurse preceptor(s). Each nurse preceptor shall:
 - (A) Agree to directly supervise and evaluate the re-entry nurse;

- (B) Have no less than two years of registered nursing experience, of which at least six months shall be in the setting in which the clinical experience is to occur; and
 - (C) Be recommended by the nurse executive or immediate supervisor in that setting.
6. Mechanism for evaluation of competence in nursing practice on completion of the plan.

Evaluation/Approval:

The following criteria will be used to evaluate individualized plans for re-entry:

1. Educational preparation of the nurse, length and type of nursing practice prior to interruption, duration of lapse from nursing practice.
 2. Measurable components of the individualized plan for obtaining knowledge and clinical competence
 3. Relevance of the plan for supervised clinical experience to previous and intended area of specialized nursing practice
 4. Use of effective evaluative measures to determine achievement of learning objectives and clinical competence.
- ❖ For the purposes of this policy, the term “client” means individuals, families, groups, or communities of people with identified health care needs appropriate to be addressed by the nurse.

Adopted 2/07

The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education and practice in order to assure that the citizens of Oregon receive safe and effective care.

The OSBN further interprets statute and rule and issues opinions in the form of Board Policies, Policy Guidelines and Position Statements. Although they do not have the force and effect of law, these opinions are advisory in nature and issued as guidelines for safe nursing practice.