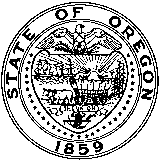
# Oregon State Board of Nursing

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| OREGON STATE BOARD OF NURSING (OSBN)  PETITION FOR NON-OREGON BASED PROGRAMS  OFFERING CLINICAL EXPERIENCE IN OREGON  **Pre-licensure Programs** | | | | | | | | | |
| **Instructions & Required Information – New Process (1/1/2021)**  **Precepted, Final Practicum Placement Requirements:**   * The petition is required to be submitted annually (fall term or before first placement in Oregon); Provide program information and required documentation. * Submit a list of students who will be completing clinicals in Oregon at least two weeks prior to the start of each term (Quarter or Semester). OSBN approval must be obtained before a * student begins clinical. * The student list\* must include the following information: * Student’s Name * Preceptor Name, OR License # and expiration date * Facility Name, Contact Name & Title * Name of Clinical Faculty providing meaningful presence, Credentials, Oregon License # and expiration date.   **Faculty-led Cohort Placement Requirements:**   * The petition is required to be submitted for each cohort placement. * A student list is not necessary. * A written application must be submitted to the Board representative a minimum of six months prior to student placements. OSBN approval must be obtained before a student begins clinical. * The following information must be provided for each cohort placement: * Anticipated number of students in a cohort: * Facility Name:       Contact Name & Title: * Clinical Faculty providing meaningful presence:   + - Name and Credentials:     - Oregon License #:     - Expiration date:   \* See sample of student list on the OSBN website - direct link: <https://www.oregon.gov/osbn/Pages/APRN-placements.aspx>. | | | | | | | | | |
| **Program / College / University Name:** | | | |  | | | | | **Program Type**  **RN  PN** |
| **Location (Street, City, State, Zip):** | | | |  | | | | | |
| **Mailing Address (if different):** | | | |  | | | | | |
| **Contact’s Name & Title:** | | | |  | | | | | |
| **Contact’s Phone Number:** | | | |  | | **Contact’s Email Address:** | |  | |
| **1. Status of**  **Nursing Program**  **in Home State:** | | **Fully approved by the Board of Nursing to**       (date: mm/dd/yyyy)  Attach copy of letter and/or other documentation  **Board of Nursing approval linked to national nursing program accreditation.** | | | | | | | |
| **2. Institutional**  **Accreditation:**  **(Example: Northwest Commission on Colleges and Universities)** | | **Fully accredited by**       **Not accredited**  **to**       (date: mm/dd/yyyy)  Attach copy of letter and/or other documentation  **Other accreditation status**  Attach copy of letter and/or other documentation | | | | | | | |
| **3. Program**  **Accreditation:**  **(National Nursing**  **Organization Recognized**  **by the US Dept. of Education)** | | **Fully accredited by**  **to**       (date: mm/dd/yyyy)  Attach copy of letter and/or other documentation for above  **Other accreditation status**  Attach copy of letter and/or other documentation  **Not accredited** | | | | | | | |
| **4. Oregon Office of**  **Degree Authorization**  **OR**  **SARA Authorization** | | **Attach a copy of approval from the:**  **Oregon Office of Degree Authorization (ODA)**  **or**  **State Authorization Reciprocity Agreements (SARA).**  ODA Website: [State of Oregon: Private Postsecondary - Office of Degree Authorization](https://www.oregon.gov/highered/institutions-programs/private/Pages/office-degree-authorization.aspx)  SARA Website**:** [Directory | NC-SARA (nc-sara.org)](https://nc-sara.org/directory) | | | | | | | |
| **5. Faculty**  **Appointments:** | | **Attach a Nursing Program Faculty Appointment form for each program clinical faculty member providing meaningful presence in Oregon.**  (Link to form on OSBN website: <https://www.oregon.gov/osbn/Pages/APRN-placements.aspx>.)  **NOTE:** Per OAR 851-021-0090(3) “All requests for final clinical practicum and student cohort placements must include evidence that the responsible faculty member is licensed in Oregon, meets standards as established in OAR 851-021-0045(2)(3)(4) and provides meaningful presence as established in OAR 851-021-0045(16)(g), (17)(E), (18)(b)(c), (19)(c)(d)” of the Oregon Nurse Practice Act. | | | | | | | |
| **6. Clinical Placement General Description:** | | **(a) Justification or rationale for use of Oregon facilities, including description of clinical sites and experiences planned:** | | | | | | | |
| **(b) Describe the measures that will be used to ensure client/student safety for the clinical experience:** | | | | | | | |
| (c) Number of students for whom program’s clinical faculty will provide meaningful presence:  **Precepted, Final Practicum Experience:**  An affiliation agreement with the clinical site is on file and available upon  OSBN request.  **Faculty-led Cohort:**  A written application is attached / has previously been submitted.  An affiliation agreement with the clinical site is on file and available upon  OSBN request. | | | | | | | |
| **7. NCLEX® Pass Rates:** | | **NCLEX first-time pass rates for the most recent two years\*\*:**  **%** **for last year ending December 31 (e.g. tested between 01/01 and 12/31 of the**  **previous calendar year)**  **%** **for preceding year ending December 31 (e.g. tested between 01/01 and 12/31**  **two years ago)**   * Retrieve data from the quarterly NCLEX® Administration reports provided to your state board) * \*\***NOTE:** Provide pass rates for the graduates from the type of program to which this petition applies | | | | | | | |
| ***Official Use Only*** | | | | | | | | | |
| Date Received : |  | | Approved: | | Yes  No | | Date of Approval : | |  |
| Comments: |  | | | | | | | | |
| Signature: |  | | | | | | | | |