# 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
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| ***Official Use Only*** |
| Date Received : |  | Approved: |  [ ]  Yes [ ]  No | Date of Approval : |  |
| Comments: |  |
| Signature: |  |