

OREGON BOARD OF NURSING SENTINEL

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***RETIREMENT:
TO PRACTICE OR
NOT TO PRACTICE***

**OSBN, ONA, AND OCN:
What each does
for public safety and
the nursing profession**

Official Publication of the Oregon State Board of Nursing



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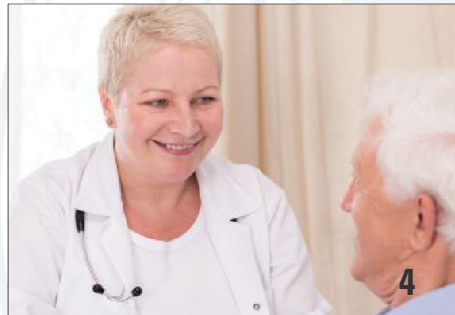


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RETIREMENT: TO PRACTICE OR NOT TO PRACTICE

For those who are enjoying retirement or preparing to begin the retirement journey, a decision related to one's future engagement in nursing must be made: To practice or not to practice.

Whether one ceases nursing practice in retirement, or chooses to actively continue in practice, there are licensure considerations for both. The following addresses title status and licensure options for the retired nurse in Oregon.

Option 1: Non-Renewal of License

Not renewing one's nursing license is an option for the licensee who knows that, once retired, they will no longer be practicing nursing. Plainly stated: no nursing license equals no nursing practice.

It is important to note that this nursing practice prohibition is all encompassing. Without ownership of a valid and current Oregon nursing license, it is considered unlawful to refer to oneself as a nurse; represent one's self as a nurse; use the title nurse; engage in nursing practice; or make an offer of nursing services. This holds true regardless of how many years one has devoted to the profession.

If one is not quite ready for nursing practice prohibition, Oregon's Nurse Practice Act holds a few legal options for consideration.

Option 2: Retired Nurse Status

Retired Nurse status is an option for the nurse who wishes to identify with the nursing profession in title only—there is no nursing practice authority with Retired Nurse status.

To obtain Retired Nurse status, the applicant must hold a current unencumbered Oregon nursing license, or have previously held an Oregon nursing license in good standing. Application for Retired Nurse status requires active license-holders to surrender their nursing license and cease all practice. The applicant must also sign a disclaimer acknowledging that Retired Nurse status does not authorize engagement in nursing practice.

The benefit of Retired Nurse Status is that the holder may legally identify themselves as "Retired"

in conjunction with their former licensure type: RN, Retired; LPN, Retired; NP, Retired; CNS, Retired; or CRNA, Retired.

It bears repeating that those who hold Retired Nurse status cannot practice nursing in any way. If one is not ready for life as a layperson, two additional options are found: 1) renewal of licensure and 2) Nurse Emeritus licensure.

Option 3: Renewal of License

Plain and simple, this is a regular renewal of one's Oregon nursing license. Regular licensure renewal is an option for the nurse who has accrued 960 hours of nursing practice at the level of licensure sought within five years immediately preceding one's application. The newly retired nurse will frequently chooses this full scope-of-practice authority option due to their accrual of pre-retirement nursing practice hours.

Option 4: Nurse Emeritus Licensure

Nurse Emeritus licensure is an option for the RN or LPN who is retiring from nursing, has accrued 960 hours of nursing practice at the level of licensure sought within five years immediately preceding one's initial Nurse Emeritus application, and whose nursing practice will continue in a volunteer capacity only. Nurse Emeritus licensure grants full scope of practice authority and is valid for a period of two years. There is no Emeritus licensure for the advanced practice registered nurse (APRN). This means that the advanced practice RN would apply for RN Emeritus licensure and engage in volunteer practice at the RN level of licensure.

The initial application for Nurse Emeritus licensure requires the applicant to retire their nursing license. The applicant must attest to a minimum of 10,000 lifetime nursing practice hours—960 of which have occurred within the five years preceding the initial application for Emeritus licensure.

the applicant to access professional practice resources such as specialty practice scope and standards of practice pertinent to the nursing practice role; current evidence-based literature related to competent and safe practice within the identified role; and professional practice organizations' publications, guidelines, and standards



As there is no minimum requirement for practice hours once licensed as an RN Emeritus or LPN Emeritus, the applicant is required to submit a Volunteer Nurse Emeritus Professional Practice Competency Plan during the application process. The competency plan must identify:

- The applicant's volunteer practice role,
- Nursing practice activities within the role,
- The applicant's plan for ongoing education and self-directed learning related to safe nursing practice in the volunteer role.
- Planned frequency of practice,
- How one plans to document their nursing practice.
- For the LPN Emeritus applicant, the competency plan must identify the RN or the licensed independent practitioner who will be providing clinical direction and clinical supervision of the LPN's practice.

Important points regarding the Volunteer Nurse Emeritus Professional Practice Competency Plan: Authorship of a complete competency plan will require

related to the practice role. Specialty practice scope and practice standards are generated by professional nursing and other health-related organizations. Primary literature sources containing peer-reviewed research articles may be accessed via a full text database such as ProQuest, EBSCOhost, and Nursing@Ovid®. These primary literature sources are available through subscription and may be available through one's employer or alma mater.

These professional practice resources will allow the applicant to identify the specific competencies necessary for safe practice within her/his volunteer role. Access of professional practice resources will also help facilitate the applicant's authorship of their plan for acquisition and maintenance of said competencies.

Specific details regarding Retired Nurse status, renewal of licensure, and Nurse Emeritus licensure may be found in Chapter 678 Oregon revised statutes and Chapter 851 Division 31 Oregon Administrative rules. Additional information may be accessed on the **OSBN RN/LPN Licensure Information** webpage at www.oregon.gov/OSBN/pages/rn-lpnlicensure.aspx.

YOU ASK, WE ANSWER

QUESTION: *I am an RN who practices at a community-based facility that provides residential services to persons with intellectual and developmental disabilities. It was brought to my attention during a recent licensing survey that the assessment form used by our RNs is not specific enough. Are there specific forms that we should be using to document a more thorough assessment?*

ANSWER:

This question begs two responses. First, the Board of Nursing does not endorse, publish, or distribute any nursing assessment forms. Second, and most important, content is much more important than format.

RN assessment is a practice competency attained in one's undergraduate RN education program and continually developed throughout one's lifetime of RN practice. A RN's comprehensive assessment content will demonstrate and communicate the RN's:

- Collection of client data;
- In-depth analysis and synthesis of data collected;
- Identification of reasoned conclusions (problems and/or risks) drawn from the in-depth analysis and synthesis of the data collected; and
- Prioritization of the reasoned conclusions.

These are the processes and content for an RN's assessment deliverable in any practice role and in any practice setting. This is required by law [Oregon Administrative Rule 851-045-0035 (7); 851-045-0060 (3) (a) through (f)].

The data the RN collects, analyses, and synthesizes will be informed by the *context of care*. Context of care means the variables that guide the RN's nurse services delivery such as the setting where practice occurs; the rules governing the setting and/or services provided therein; the RN's practice role within the setting;

the policies/procedures of the setting; specialty nursing practice standards applicable to the nursing activity; the ability of the client to engage in their own care; etc.

Integration of evidence and research findings into practice will promote authorship of a more robust RN assessment deliverable. This, in turn, will promote safe and appropriate client-centered care. For your context of care it will behoove the RNs to access current peer-reviewed literature related to: RN practice with persons living in congregate community settings; RN practice with persons with intellectual disabilities; assessment of the client with intellectual disabilities in the home setting; etiology (ies) of the disability and/or chronic health issues experienced by the client(s). The latter may also be found in *Smith's Recognizable Patterns of Human Malformation* 7th ed. (Jones, K. L., Jones, M. C., and Campo, 2013). This text is an established authoritative consult resource on multiple malformation syndromes of environmental and genetic etiology as well as recognizable disorders of unknown cause. It addresses diagnosis, prognoses and management. As a former Certified Development Disabilities Nurse, I believe it to be a library essential for the RN who practices with persons experiencing intellectual and development disabilities.

It will also be of benefit for the RNs to access professional practice standards - specifically *Nursing: Scope and standards of practice* 3rd ed. (American Nurses Association, 2015), and *Intellectual and Developmental Disabilities Nursing: Scope and Standards of Practice* (American Nurses Association, 2004). These publications respectively contain professional nursing practice standards and professional specialty nursing practice standards (both of which include assessment-specific standards) to be applied in conjunction with the legal nursing practice standards in Oregon's Nurse Practice Act.



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OSBN, ONA, AND OCN: WHAT EACH DOES FOR PUBLIC SAFETY AND THE NURSING PROFESSION

It is not uncommon for nurses and the public to confuse the purposes of the Oregon State Board of Nursing (OSBN), the Oregon Nurses Association (ONA), and the Oregon Center for Nursing (OCN). Because of the close physical locations of the OSBN and ONA offices (just down the road from each other), visitors occasionally end up at the wrong building. The OSBN also receives requests for data regarding faculty shortages, workforce distribution, etc., which fall in the Oregon Center for Nursing’s purview. Hopefully, the following will help clarify some of the confusion.

<p>Oregon Board of Nursing (OSBN)</p> <p>17938 SW Upper Boones Ferry Rd Portland, Oregon 97224-7012</p> <p>Customer Service Center: 971-673-0685 Phone lines open: 9am-3pm M-F Office hours: 7:30am-4:30pm M-F</p> <p>Website: www.oregon.gov/osbn</p> <p>General E-mail: Oregon.bn.info@state.or.us</p>	<p>Oregon Nurses Association (ONA)</p> <p>18765 SW Boones Ferry Rd Tualatin, Oregon 97202-8496</p> <p>Phone: 503-293-0011 Inside Oregon only: 800-634-3552 Office hours: 8am-5pm M-F</p> <p>Website: www.oregonrn.org</p> <p>E-mail: ona@oregonrn.org</p>	<p>Oregon Center for Nursing (OCN)</p> <p>5000 N. Willamette Blvd Portland, Oregon 97203</p> <p>Phone: 503-342-4048 Office Hours: 8am-5pm M-F</p> <p>Website: www.oregoncenterfornursing.org</p> <p>E-mail: ocnadmin@up.edu</p>
<p>Mission: <i>The Oregon State Board of Nursing safeguards the public’s health and well-being by providing guidance for, and regulation of, entry into the profession, nursing education, and continuing safe practice.</i></p>	<p>Mission: <i>The Oregon Nurses Association is a professional organization and labor union representing registered nurses. ONA’s mission is to advocate for nursing, quality health care and healthy communities.</i></p>	<p>Mission: <i>Facilitates research and collaboration for Oregon’s Nursing workforce to support informed, well prepared, diverse and exceptional nursing professionals.</i></p>
<p>Primary Focus: Legislatively authorized to supervise the practice of nursing to assure public safety. Responsible for the Nurse Practice Act (NPA) to assure safe standards of practice.</p>	<p>Primary Focus: Advocacy for the nursing profession as a professional organization. Labor representation for the nurses within an ONA Collective Bargaining Agreement.</p>	<p>Primary Focus: Researches and distributes information regarding the nursing workforce; subject matter expert state wide regarding trends in nursing related to workforce distribution, faculty shortages, and future trends.</p>

Description	Description	Description
<p>State government regulatory body established by Oregon Revised Statute 678. Part of the Executive Branch of state government.</p> <p><i>Established in 1911.</i></p>	<p>501(c) 5 non-profit Affiliated with the American Nurses Association, American Federation of Teachers, and AFL-CIO</p> <p><i>Founded in 1904.</i></p>	<p>501(c) 3 non-profit Affiliated and sponsored by over 40 statewide organizations. Support from the State of Oregon comes from a \$9 surcharge fee for each RN/ LPN renewal and licensure endorsement.</p> <p><i>Founded in 2002.</i></p>
<p>Carries out its mission by:</p> <ol style="list-style-type: none"> 1. Issuing licenses to qualified applicants for RN, LPN, NP, CRNA, and CNS. Issues certificates to CNA and CMAs. 2. Has legal jurisdiction over individual licenses and certificates. 3. Investigates complaints of unsafe practice. 4. Utilizes the laws governing safe practice (the NPA) to determine if a license or certificate should be disciplined. 5. Writes NPA administrative rule to ensure public safety, and address changing contexts of care and evolution of practice. 6. Establishes Scope and Standards of Practice for nurses in Oregon to ensure public safety. 7. Establishes Authorized Duties for CNA/CMA to ensure public safety. 8. Establishes interpretive Statements for nursing practice within the context of the NPA. 9. Approves all pre-licensure RN/ LPN educational programs and post-graduate programs (for preparation of advanced practice nurses) located in Oregon. 10. Approves all CNA1, CNA2, and CMA training programs in Oregon. 	<p>Carries out its mission by:</p> <ol style="list-style-type: none"> 1. Supports nursing practice through sponsoring education, conferences and events for the advancement of nursing practice. 2. Influences legislation on health care policies and health issues and the role of nursing at all levels in the health care delivery system. 3. Provides expertise and consultation to members, PNCCs and Bargaining Units about a wide variety of occupational, health and safety issues. Also represent members' issues on state coalitions related to issues such as safe patient handling and emergency preparedness. 4. Publishes reports and documents focusing on data gathered about practice problems, practice roles or practice innovation. 5. Collective Bargaining through negotiations with healthcare entities. 6. Representation of members with regard to assuring the agreements in the Collective Bargaining Agreement are maintained. 	<p>Carries out its mission by:</p> <ol style="list-style-type: none"> 1. Conducts research studies on the nursing workforce in Oregon including projected supply and demand of nurses and workforce shortages in nursing education and practice. 2. Distributes information free of charge about nursing workforce to residents of Oregon and interested parties. 3. Convenes nursing organizations to address issues and recommendations identified through nursing workforce research. 4. Developed a Toolkit for nurses who are considering volunteering to be on boards to enhance the presence of nursing at the highest organizational level. 5. Library of Podcasts, articles and other resources for nurses at all levels of practice. 6. Sponsors conferences and events of interest to the public and to nurses.

Description	Description	Description
<p>Organizational Structure: All Board members are appointed by the Governor and confirmed by the Senate:</p> <ul style="list-style-type: none"> • 2 direct care RNs • 1 nurse practitioner representing all advanced practice nurses. • 1 RN representing nursing education faculty. • 1 RN representing nurses practicing in the area of administration. • 1 LPN • 1 CNA • 2 public members <p><i>Terms are for 3 years, with one renewal appointment for a maximum of 6 years.</i></p>	<p>Organizational Structure: 11 member Board of Directors structured into an Executive Committee and Directors. Elected to serve in staggered, two-year terms, with one additional two-year term possible.</p> <p><i>Governing Body is the House of Delegates consisting of:</i></p> <ul style="list-style-type: none"> • Credentialed delegates selected by the members in good standing of the constituent associations; • The ONA Board of Directors; and • OSNA delegates (Oregon Student Nurses Association). 	<p>Organizational Structure: 14 member Board of Directors selected as per organizational By-Laws.</p> <ul style="list-style-type: none"> • Board of Nursing represented by an Ex-Officio (non-voting) member from Board staff appointed by the OSBN Executive Director. • Other Board members represent ONA and various healthcare organizations, nursing employers, education programs, and individuals interested in the work done by the OCN.
<p>OSBN Staff: Executive Director: Hired by the Board, reports directly to the Governor. Administrator over the work of the agency and liaison between the Board and stakeholders.</p> <p>Board Staff Departments:</p> <ul style="list-style-type: none"> • Licensing • Investigations • Policy Analysts for: • Pre-licensure education, RN/LPN practice, CNA programs, and advanced practice • Communications/IT • Administration <p><i>Please see the OSBN website or the Sentinel for names of current Board members. Staff directory found on the Department of Administrative Services State Agency Directory.</i></p>	<p>ONA Staff:</p> <ul style="list-style-type: none"> • Organization Executive Director • Executive Director for Labor Relations • Director of Government Relations • Executive Director of Professional Services <p><i>Please see ONA website for current listing of Board members and staff.</i></p>	<p>OCN staff:</p> <ul style="list-style-type: none"> • Executive Director • Operations Manager • Research Director <p><i>Please see OCN website for current listing of Board members and staff.</i></p>

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Requirements

- Bachelor's degree from an accredited institution in Nursing and current enrollment in an MS in Nursing (MS must be complete within 3 years)
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- Nursing experience in medical/surgical or equivalent within the past five years



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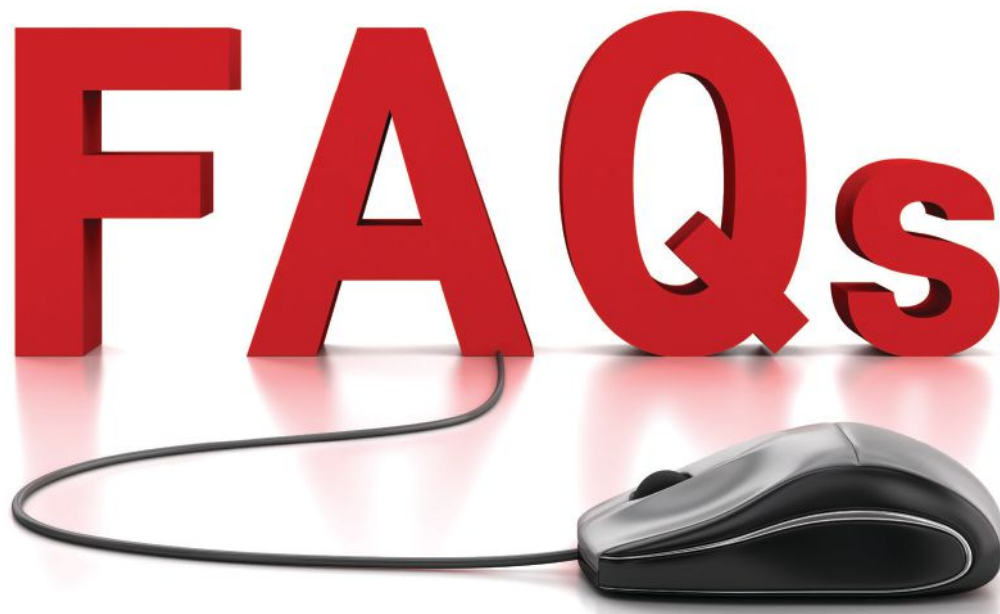


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HOW TO OBTAIN A NURSING LICENSE/CERTIFICATE IN OREGON

How long does it take to be approved for licensure?

There is no set timeframe for approval of an application. Oregon State Board of Nursing (OSBN) processes applications in the order they are received by date. Applications are processed as quickly as possible, but timeframes vary based on the number of applications received and on the length of time it takes to receive all necessary documentation.

What do I need to do to start the licensing process?

The OSBN licensing process starts when we receive a valid OSBN license application and payment of applicable non-refundable processing fees. If OSBN does not receive either proper payment and/or the proper application, then the process will not start until both are obtained. OSBN will send the applicant an email if payment or additional items are needed. Please visit our webpage for more information on the license process at www.oregon.gov/osbn (Click on RN/LPN Licensure or CNA/CMA Certification). You can find information about the licensing process for each license type as well as new grad and criminal history information.

What arrests, convictions, or license discipline must be reported on the license application?

All arrests and convictions (misdemeanors and felonies) must be reported, except for minor traffic

violations. "Driving Under the Influence" must be reported. Because the Board uses national fingerprint data from the FBI, you should report any arrest (except for minor traffic violations) even if the arrest was "expunged." Expungement is usually state-based but may show up on a national database check. If it is not disclosed and shows up, this will significantly delay completion of your application. All prior or current disciplinary action against a healthcare-related license must be reported, whether it occurred in Oregon or in another state or territory. For more information about how criminal history can affect the licensure process please go to our webpage http://www.oregon.gov/OSBN/Pages/criminal_history.aspx.

Must I have a current valid license to practice as an RN/LPN in the state of Oregon?

Oregon requires a license to practice nursing and considers that practice to begin as soon as you begin orientation to a nursing position. (In other words, you must have a license in hand before you begin orientation). There is no temporary licensure in Oregon. You must have an active license to practice nursing in Oregon, even for positions that do not require direct patient care. You should apply for a license and submit criminal background check documents well in advance of accepting employment in Oregon, as securing the required documents

during processing may take several weeks. As of Jan. 1, 2010, the Oregon State Board of Nursing (OSBN) ceased issuing plastic license cards. Employers should verify licenses through our online license verification system, or the national NURSYS system.

How do I get my fingerprints taken?

Once the application has been received by the OSBN, an e-mail will be sent to the applicant with specific instructions on how to pay for and set up an appointment to have fingerprints taken. Fingerprinting is the first step in the criminal background check process and must be completed through an accepted vendor from Fieldprint. Fieldprint vendors are located in all 50 states. For a detailed explanation of the entire fingerprinting process, please go to our webpage <http://www.oregon.gov/OSBN/Pages/fingerprintingFAQs.aspx>.

Does Oregon issue temporary licenses?

No, OSBN does not issue temporary licenses for work. You must complete the full licensing process in order to have a current valid nursing license in Oregon before working. We do not expedite applications due to job offers, all applications will be processed in the order that they are received.

How can I check the status of my current license application?

Current license applicants can go to the OSBN website (www.oregon.gov/osbn) and select the Application Status Wizard to look up the real time status of their application.

How do I change my legal name and/or address with OSBN?

Please complete the OSBN Name and/or Address Change Request Form and submit to OSBN. Legal name changes will need to be accompanied by legal name change documentation. Types of acceptable proof for legal name change documents are listed on the form. You may either fax or mail in your request.

How do I renew my Oregon license?

You may renew your license up to 90 days prior to your license expiration date. Go to the OSBN website to complete the renewal application online or mail in the paper OSBN renewal application form with payment. OSBN will email license renewal reminders to the email address on file 90 days, 60 days, & 30 days prior to your license expiration date. OSBN will only send out email reminders; we no longer send out renewal postcard reminders through the mail. These reminders are a courtesy only. It is the licensee or certificate-holder's responsibility to renew on time. If a courtesy reminder is not received for whatever reason, it is still the licensee's responsibility to renew on time.

How do I retire or inactivate my Oregon license?

An Oregon licensee or previously licensed nurse may request to inactivate or retire their current license by filling out the OSBN Request for Inactive or Retired Licensure Status form and submitting the form to OSBN. An Oregon licensee may request inactive or retired status if:

- a) They currently hold an Oregon unencumbered license/certificate, or it was at the time it expired; AND
- b) They are not currently under investigation for any pending disciplinary action against their Oregon license/certificate.

REMINDER:

SOCIAL SECURITY NUMBERS NOW REQUIRED

To decrease the chance of fraud in obtaining licenses from individuals who live overseas and do not intend to work in the US or Oregon, Social Security Numbers (or evidence of a United States visa authorizing applicants to work in the US) are now required (per Oregon Revised Statute 25.785) for all new exam or endorsement and renewal applications for licensure or certification.

Renewal and U.S. endorsement applications are accepted via the online application system only (unless you must send us evidence of a US Visa). A licensee's renewal window opens 90 days before her/his license

or certificate's expiration date. Licensees needing assistance are welcome to come to the OSBN office at 17938 SW Upper Boones Ferry Road, Portland, OR 97224 to complete their renewal using our lobby kiosk.

Applications received in the OSBN office without the required information will be deemed incomplete and will not be processed. If no SSN (or visa documentation) is received within one month of submitting an application, the application and payment will be returned to the applicant.

For more information, contact the OSBN office via email: oregon.bn.info@state.or.us.

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Oregon Center for
NURSING

STUDY SHOWS A YOUNGER OREGON NURSE WORKFORCE

Oregon's nurse workforce is becoming younger according to "Aging Trends in Oregon's Nursing Workforce," a new report from the Oregon Center for Nursing (OCN). The report is a follow up to OCN's 2017 report on the demographic characteristics of the nursing workforce.

"For many years reports on the nursing workforce have focused on the number of nurses nearing retirement age," says OCN Executive Director, Jana R. Bitton, MPA. "As the workforce grows younger, we see interesting implications for workforce planning."

To conduct the study, OCN examined data obtained from nurse licensees in 2012, 2014 and 2016. Results showed the number of nurses in their

20s and 30s has increased by almost 20 percent since 2012. OCN was also able to show the trend toward a younger workforce is being seen across the state, in both urban and rural areas, and in a variety of work settings.

"We still have a large percentage of nurses nearing retirement age," says Bitton. "If nurses start retiring in large waves, facilities may be hard pressed to find new nurses quickly or have enough experienced staff to train their new workforce."

To view or download "Aging Trends in Oregon's Nursing Workforce," or other reports from the Oregon Center for Nursing, visit www.oregoncenterfornursing.org.



THE ROLE OF THE CNA IN THE HEALTHCARE TEAM

Certified nursing assistants (CNAs) are an irreplaceable asset to the healthcare team. Licensed nurses frequently refer to the CNA as their eyes and ears. CNAs spend more time at the bedside than any other healthcare professional. The CNA is often the first healthcare professional to notice subtle changes in the client, patient, or resident's status as they assist with personal hygiene, meals, mobility, etc. It is common for the client, patient, or resident to become comfortable with their CNA, often sharing concerns and information that they have not shared with other healthcare professionals. CNAs are trained to relay this information to the licensed nurse.

The Oregon legislature defined a nursing assistant in Oregon Revised Statute 678.440 as an individual who assists licensed nursing personnel in the provision of nursing care. Thus, the CNA always works at the direction of, and under the monitoring or supervision of, a licensed nurse. CNAs are assigned to the client, patient, or resident, not to geographic locations.

When a CNA is working in a setting where the nurse is down the hall, as in a hospital or nursing home, the CNA is working under nurse supervision. Supervision means the nurse is available to intervene if necessary and periodically observes and evaluates the skills and abilities of the CNA. In these settings, the nurse can only assign tasks to the CNA that are within the CNA's authorized duties. Oregon has two levels of nursing assistants, CNA 1 and CNA 2. The CNA 1 authorized duties are found at Oregon Administrative Rule (OAR) 851-063-0030 in the Oregon Nurse Practice Act (NPA) located at <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3942>. The CNA 2 authorized duties expand on the level one duties. CNA 2 authorized duties are located at OAR 851-063-0035 in the NPA. Prior to making an assignment to a CNA, the licensed nurse is responsible to know the duties, activities, or procedures the CNA is authorized to perform within the setting and the policies of their particular facility.

In a community-based care setting, a CNA works under nurse monitoring. Monitoring means that the

RN assesses and plans for the care of the client, assigns or delegates duties to the CNA, and monitors client outcomes as an indicator of the CNA's competency. Whether or not a particular procedure or task of nursing is assigned or delegated to a UAP is the sole responsibility of the RN based on professional judgment for that specific client, caregiver, and situation.

CNAs are trained in activities of daily living, collaboration with the healthcare team, communication/interpersonal skills, documentation, end-of-life care, infection control and standard- or transmission-based precautions, observation and reporting, person-centered care, and safety and emergency procedures. The training program curriculums are available at http://www.oregon.gov/OSBN/Pages/CNA_InformationPage.aspx.

CNA 1s have successfully passed a state competency exam and received state certification. The competency exam consists of a knowledge test and skill demonstrations. Basic nursing skills, communication, client rights, data collection, disease process, growth and development across the age span, impaired care, infection control, mental health, personal care, role and responsibility, and safety are subjects covered on the knowledge portion of the competency exam. The skill portion of the competency exam includes demonstrations of personal care skills, mobility skills, and vital sign skills.

CNA AND CMA COMPETENCY EXAM

Changes Effective July 1

During its February 2018 meeting, the Oregon Board of Nursing approved the December 2017 CNA and CMA Test Advisory Panel (TAP) recommendations. Changes to the Certified Nursing Assistant and Certified Medication Aide competency exams go into effect July 1, 2018. Both the current candidate handbooks and the new candidate handbooks for testing after July 1, 2018, are available at http://hdmaster.com/testing/cnatesting/oregon/OR_CNA_Home.htm and http://hdmaster.com/testing/othertesting/oregon_cma/OR_CMA_Home.htm. Testing before July 1, 2018, will be according to the current candidate handbooks, and all testing occurring after July 1, 2018, will be done according to the new candidate handbooks.

The CNA knowledge competency exam will continue to have 80 questions. However, after July 1, 2018, the CNA knowledge competency exam changes include:

- Basic Nursing Skills to decrease from 11 to 10 questions;
- Communications to decrease from six to four questions;
- Disease Process to increase from three to six questions;
- Personal Care to decrease from 11 to 10 questions; and
- Mental Health to increase from three to four questions.

A new skill, *Taking & Recording an Oral Temperature, Pulse Oximetry, and Electronic Blood Pressure*, will be added as one of the mandatory skills that a

candidate may get on the skills portion of the CNA competency exam.

The CMA competency exam will continue to be 75 questions. CMA competency exam changes, after July 1, 2018, include:

- Authorized Duties to increase from seven to eight questions;
- Error Reporting to increase from two to three questions;
- Medication Administration/Client Rights to decrease from 20 to 18 questions;
- Medication Effects to decrease from 26 to 25 questions;
- Regulation to increase from two to four questions; and
- Terminology to decrease from four to three questions.

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CHANGES TO CNA AND CMA CERTIFICATION RULES COMING IN JUNE

The Board will conduct an administrative rule hearing regarding proposed Division 62 (Standards for CNA and CMA Certification) revisions during its June 14 meeting. The CNA/CMA Advisory Group and board staff have reviewed Division 62 in its entirety to ensure that the rules are still current and relevant. The draft rules and information on how to provide testimony can be found on the OSBN website at http://www.oregon.gov/OSBN/pages/draft_policies_rules.asp.

Proposed changes include:

- Clarification on when an individual can be hired to perform nursing assistant duties in a licensed nursing facility;
- Interpretation on paid employment requirements for certified nursing assistants;
- Addition of a competency examination requirement for CNAs who are endorsing into Oregon;
- Provision for individuals who have graduated from an approved nursing program in the United States (U.S.) to obtain their Oregon CNA 2;
- Option for an individual who previously held Oregon CNA to reactivate their Oregon certification if they have been certified and working in another state;
- Change in process for an individual enrolled in an approved nursing program in the U.S. to obtain an Oregon CMA;
- Increase in the period of eligibility for CMA examination from one year to two years after completion of medication aide training program; and
- Other minor changes recommended add clarity and organization for ease of reading.



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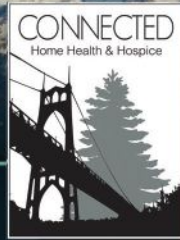
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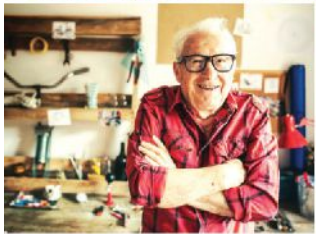


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PDMP REGISTRATION TO BE MANDATORY FOR Advanced Practice Nurses with Prescriptive Authority

During the 2018 legislative session, House Bill 4143 was passed, which requires all prescribing healthcare practitioners who hold DEA numbers to register with the Prescription Drug Monitoring Program (PDMP) by July 1, 2018. This registration is mandatory.

Per the Oregon Opioid Prescribing Guidelines endorsed by both the Oregon Medical Board and the Oregon State Board of Nursing, published by the Oregon Department of Health in 2016, and can be found on the OSBN website:

Clinicians should review the patient's history of controlled substance prescriptions using state Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every three months.

Utilization of the PDMP has been sporadic among all prescribing practitioners. HB 4143 was intended to make the tool available to every prescribing practitioner, and that those clinicians should utilize the tool when prescribing controlled substances. There is no mandatory requirement to utilize the PDMP prior to prescribing controlled substances. Practitioners licensed by the OSBN should be aware that a prescriber's PDMP can be reviewed during a complaint investigation to assure that the clinician's prescribing patterns adhere to the guidelines. If those guidelines are not used during the prescribing process, documentation

must exist as to why the prescriber, utilizing their clinical judgement, determined that the prescription was correct for the assessment and plan of care.

How to register: **Registration is paperless.**

- To register, please visit the PDMP website at <https://oregon.pmpaware.net> and select the 'Create an Account' option.
- In registering for the Oregon PDMP, all registrants must upload a copy of their current and valid government-issued photo identification. This can be done using a scanner or by taking a photo of the ID.
- Each new registrant will receive an email during the registration process to verify their email address. It is critical that each user promptly opens that email and clicks on the verification link.

For additional help with the registration process:

- PDMP help desk at 866-205-1222
- PDMP Email: pdmp.health@state.or.us

The PDMP registration process and the PDMP program is supported through a levy on each prescribing practitioner's license of \$25 per year (charged as \$50 per renewal cycle). The PDMP program is not a program administered by the OSBN. Any questions, concerns, or issues with the PDMP should be addressed to the PDMP helpdesk.

YOUR BOARD IN ACTION

Highlights from the February and April 2018 Board Meetings

EDUCATION

In February, the Board accepted NCLEX-RN improvement plans from Columbia Gorge Community College, Mt. Hood Community College, Treasure Valley Community College, Umpqua Community College, and the University of Portland.

In April, the Board accepted NCLEX-PN improvement plans from Concorde Career College, Lane Community College, Mt. Hood Community College, and Sumner College. It also accepted a NCLEX-RN improvement plan from Sumner College.

ADMINISTRATION

The Board approved in February five legislative concepts to submit for the 2019 legislative session:

1. Change several sections of Oregon Revised Statute 678 to reflect that the OSBN licenses Change several sections of the nursing statute (found in ORS chapter 678) to reflect that the OSBN licenses nurse practitioners and clinical nurse specialists, rather than certifies them, and approves nursing education programs, instead of accrediting them. The change will help differentiate between state licensure and national certification for advanced practice nurses. The term “accredited” is reserved for those organizations approved by the state to accredit institutions of higher education. The Board is authorized only to measure a school’s nursing education program’s ability to meet the standards developed in Board rule, not to certify the quality of the school itself.
2. Separate nurse midwives from the nurse practitioner license type and create a new stand-alone license for certified nurse midwives.
3. Change statute to allow applicants who have graduated from certain military training programs to take the NCLEX-PN and be eligible for licensure as licensed practical nurses.

4. Remove the unnecessary definition for ambulatory surgical centers from nursing statute and change the terms “conscious sedation” to “moderate sedation,” and “anesthesia” to “general anesthesia” to better reflect modern medical practice.
5. Remove the prohibition against third-party payers for initial license applications. The ban against third-party payers creates a barrier to licensure for those nurses wishing to come to Oregon, as well as those who are performing case management across state lines. It slows the licensure process for applicants and creates a burden to agency staff who are forced to return multiple third-party payments daily. It’s also problematic for parents who want to pay for a child’s nursing license or spouses who sign checks for their partners. There is no risk of this change affecting any current or future nursing labor disputes since it does not change the steps required for licensure; no licensure applications will be expedited and no “special treatment” given as a result of this change in statute.

In April, the Board upheld its decision stating that, according to the OSBN Scope of Practice Decision Tree, it is outside the scope of practice for advanced practice nursing to administer intravenous Ketamine in an outpatient setting for psychiatric disorders and pain therapy. However, the Board directed staff to form a task force to examine the issue and bring information back at a future meeting.

For complete meeting minutes or a list of scheduled stakeholder events, please visit the OSBN website at www.oregon.gov/OSBN/meetings. Board meeting agendas, administrative rule hearing notices, and proposed rule language are posted on the OSBN website (www.oregon.gov/OSBN/draft_policies_rules.shtml) at least 15 days prior to each meeting.

MEET THE TEAM

The Oregon State Board of Nursing is much more than just, “that place where you get your license renewed every two years.” To achieve our mission of public protection, our team is hard at work approving educational and training programs, providing outreach presentations to employers and licensees, answering scope-of-practice questions, investigating possible violations of the Nurse Practice Act, maintaining our online systems, and, yes, issuing licenses. In each issue of the Sentinel, we’ll introduce you to two of the team members who make everything work.



JOHN GOODINE

Since moving to Oregon about a year ago, John Goodine says that one of the best things about the area is the traffic. “Everyone is chill. They use their blinkers and let people merge. Trying to get home after work in Oklahoma was like a death race.”

Now an Administrative Assistant for the OSBN, Goodine was born in Tulsa and grew up in various Midwest states before returning to Oklahoma for college. He received his bachelor’s degree from St. Gregory’s University in Shawnee, and two master’s degrees in English at the University of Central Oklahoma (UCO) in Edmond.

He taught courses in English composition and speech at UCO for 13 years while he worked on his master’s degrees. “I started as a teaching assistant,

which is more than it sounds like. I was the instructor.” He also worked briefly writing zoning compliance reports and taught at a high school and a few private schools in and around Edmond.

He and his wife decided to make the move to Oregon in November 2016 and he started with the Board in August 2017. As an assistant for the Nursing Policy team, he takes workgroup minutes, creates PowerPoint presentations, and assists with license questions. “I enjoy it because it’s a little different each day,” he explains. “I’ve had jobs where I did the exact same thing every day, and it’s demoralizing. Here, I have variety.”

Goodine also enjoys the public service aspect of being a government employee. “It’s nice to be at a place where you’re not just making someone else money. We have a mission to protect the public, not make someone else a profit.”

Off the clock, his passion is writing. He has two completed manuscripts he’s shopping to agents, one western and one drama, and one more in the works. “My dream is to publish one or two things, and then get a post as a creative writing professor at a university.” In addition to his literary interests, he writes and records his own music, which he posts to a website where people can download it at no cost.

His family is still settling into the area, but they are excited for the outdoor opportunities Oregon offers, once the weather warms up a little. “The climate in Oklahoma was such that you could only go outside for two days a year without melting or freezing, so a nice, temperate rain is a welcome change.”



TRACY GERHARDT

OSBN Licensing Manager Tracy Gerhardt is definitely a Portland native. “I’m one of three generations not only born in Portland, but also in the same hospital—all of us at Legacy Good Sam.”

After high school, she worked a variety of jobs, including serving five years as a park ranger for the City of Portland. “A friend suggested it to me, and it was fun. We handled off-leash dogs and permitted events, and mediated disputes. I enjoyed staffing National Night Out where we got to give kids popsicles.”

Gerhardt took health science classes at Portland Community College and became a Medical Assistant and X-ray Tech at Legacy Medical Group-Foot and Ankle. “I wasn’t sure if I wanted to be a nurse or a social worker, and I thought being a MA would give me a taste of both. Turns out that I decided on neither nursing nor social work!”

She joined the OSBN Licensing department in December 2016, became Lead Licensing Tech in August 2017, and department manager in April 2018. “I take pride in that we have such high standards in Oregon, and that we’re helping protect our citizens by ensuring licensees meet those standards.” As the Licensing Lead, she was responsible for advanced practice nurse applications, all license/certificate renewals, and applications for reactivation and nurse emeritus. As she transitions to the role of manager, she will be responsible for the overall functions of the Licensing Department.

“One of the best parts of my job is assisting people with their applications and helping them navigate the process,” she says. “I love it when people call and say we’re the nicest board of nursing they’ve dealt with. It’s an honor to serve them.”

Gerhardt’s developed a “long-term association” with PCC over the years, during which she’s taken a variety of classes. “Microbiology, the geography of Oregon, the history of rock ‘n roll and jazz, anthropology, and physiology to name a few,” she explains with a laugh. “I have a lot of interests and I’m a life-long learner. I plan on finally getting my associate degree next year, about 20 years after I started.”

Much of her spare time is spent outside. She and her husband recently welcomed their second child and look forward to introducing him to the outdoors. “We belong to a fly-fishing group, and we camp and kayak. We have the official Oregon essentials of gore-tex, fleece, and a Subaru. We could be on a poster. Even the dog has a life jacket.”

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DISCIPLINARY ACTIONS

Actions taken in January, February, and March 2018. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'Look Up a Nurse or Nursing Assistant').

Name	License Number	Discipline	Effective Date	Violations
Rhonda L. Ackley	RN Applicant	Application Denied	2-14-18	Violating the terms and conditions of a Board Order
Amy L. Amiotte	201504043CNA	Reprimand	1-10-18	Demonstrated incidents of dishonesty, the unauthorized removal of property from any person or setting, and failing to report to the Board her arrest and conviction within 10 days.
Peggy L. Barber	200540366RN	Probation	2-14-18	24-month probation. Entering falsified documentation into a health record and the unauthorized removal of drugs from the workplace.
Jacqueline Beckwith	200650004NP	Voluntary Surrender	1-10-18	Incomplete recordkeeping, failing to maintain client records in a timely manner, and failing to follow through with the plan of care.
Alona M. Berez	201503381CNA	Suspension	3-14-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Raymond R. Blue	200630062LPN	Reprimand	3-14-18	Failing to respect client dignity and rights, and failing to maintain professional boundaries with a client.
Mark Bodnar	201608270RN	Voluntary Surrender	2-14-18	Willful misrepresentation in applying for licensure, failing to answer questions truthfully, and the unauthorized removal of drugs from the workplace.
Molly M. Brady	201010428CNA/ 201220017CMA	Voluntary Surrender	3-14-18	Failing to administer medications as ordered, failing to document medications, and failing to conform to the essential standards of acceptable and prevailing CNA performance.
Lisa M. Briggs	200941824RN	Reprimand	2-14-18	Failing to maintain professional boundaries with a client and furnishing unauthorized drugs.
Sean M. Butler	200742447RN	Suspension	1-10-18	14-day suspension. Abusing a client.
Kirk R. Cazee	200442326RN	Revocation	3-14-18	Convictions of crimes that bear demonstrable relationship to the practice of nursing, and failing to report incidents of child abuse to the appropriate state agencies.
Lamin Ceesay	CNA Applicant	Voluntary Withdrawal	1-10-18	Failing to answer questions truthfully and misrepresentation during the certification process.
Janessa M. Clark	201242580RN	Civil Penalty	3-13-18	\$800 civil penalty. Practicing nursing without a current license.
Kelcey L. Cochrane	200941507RN	Voluntary Surrender	1-10-18	Violating the terms and conditions of a Board Order.
Pamela R. Darden	201701270RN	Voluntary Surrender	2-14-18	Practicing nursing while impaired.
Victoria Dietz	201242990RN	Civil Penalty	1-10-18	\$1,250 civil penalty. Practicing nursing without a current license.
Lynda E. Drumm	000009894CNA	Reprimand	3-14-18	Failing to implement the plan of care developed by the RN, and failing to conform to the essential standards of acceptable and prevailing CNA duties.
Jandyra M. Dubofsky	201041857RN	Voluntary Surrender	3-14-18	Violating the terms and conditions of a Board Order.
Amber J. Eldridge	201603069LPN	Revocation	3-14-18	Fraud during the licensure process, and failing to answer questions truthfully.
Daniel E. Eslinger	081001194N6	Reprimand	1-10-18	Performing acts beyond the authorized scope for which he is licensed, and prescribing drugs to an individual not within his licensed scope of practice or client population.
Traci L. Farabee	201392215LPN	Voluntary Surrender	1-10-18	Inaccurate and incomplete recordkeeping, failing to provide documents requested by the Board, and failing to conform to the essential standards of acceptable nursing practice.
Tori E. Farrrens	200140785RN	Probation	3-14-18	24-month probation. Possessing unauthorized drugs, and failing to conform to the essential standards of acceptable nursing practice.
Jennifer M. Fisher	200743537RN	Civil Penalty	2-8-18	\$2,500 civil penalty. Practicing nursing without a current Oregon license.
Milton M. Garcia	000042290CNA	Revocation	3-14-18	Using intoxicants to the extent or in a manner injurious to himself or others, and failing to report to the Board his conviction for a felony within 10 days.
Charles Hansen	201241514RN	Reprimand	2-14-18	Documenting the provision of services that were not provided, and failing to conform to the essential standards of acceptable nursing practice.
Govinda R. Heartsong	200642283RN	Revocation	1-10-18	Incomplete recordkeeping, failing to administer medications in a manner consistent with state or federal law, performing acts beyond her authorized scope, and failing to conform to the essential standards of acceptable nursing practice.
Melody L. Helenius	200430280LPN	Voluntary Surrender	2-14-18	Incomplete and inaccurate recordkeeping, failing to maintain client records in a timely manner, and administering unauthorized drugs.

Name	License Number	Discipline	Effective Date	Violations
Ilene M. Herget	076009072RN	Revocation	3-14-18	Inaccurate and incomplete recordkeeping, altering a client record, failing to answer questions truthfully, and failing to cooperate with the Board during an investigation.
Jasmine L. Hill	CNA Applicant	Application Denied	2-14-18	Convictions that bear demonstrable relationship to the duties of a CNA.
Tiffany Holmes	201600521RN	Voluntary Surrender	2-14-18	Inaccurate and incomplete recordkeeping, practicing nursing while impaired, and failing to conform to the essential standards of acceptable nursing practice.
Thomas R. Hornbeck	200842680RN	Suspension/ Probation	2-14-18	24-month suspension, followed by eight months of probation. Inaccurate and incomplete recordkeeping, failing to dispense medications in a manner consistent with state and federal law, and failing to conform to the essential standards of acceptable nursing practice.
Marguerite A. Hornof	098005161LPN	Voluntary Surrender	3-14-18	Violating the terms and conditions of a Board Order.
John M. Hurd	201404643RN	Civil Penalty	3-23-18	\$175 civil penalty. Practicing nursing without a current Oregon license.
Corey S. Iv	200711294CNA	Suspension	1-10-18	Minimum 14 day suspension. Failing to cooperate with the Board during the course of an investigation.
Gayla A. Jay	081047260RN	Suspension	1-10-18	Minimum 14 day suspension. Failing to cooperate with the Board during the course of an investigation.
Michelle J. Kane	CNA Applicant	Application Denied	3-14-18	Failing to provide requested documents, and failing to cooperate with the Board during the course of an investigation.
Mary M. Kilgannon-Schmidt	084055083RN	Civil Penalty	1-10-18	\$4,100 civil penalty. Practicing nursing without a current license.
Jane M. Kline	201400974CNA	Revocation	3-14-18	Violating the terms and conditions of a Board Order.
Laura M. Krick	CNA Applicant	Voluntary Withdrawal	1-10-18	Falsifying an application for certification.
Jonna L. Larson	201607077RN	Revocation	2-14-18	Discipline taken in North Carolina.
Louise U. Larvik	096000684RN	Civil Penalty	1-18-18	\$2,100 civil penalty. Practicing nursing without a current Oregon license.
Wai M. Mak	201030140LPN	Voluntary Surrender	2-14-18	Abusing and neglecting a client, inaccurate and incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Desiree N. Mandujano	200610955CNA	Revocation	1-10-18	Willful fraud in applying for renewal of a certificate.
John W. Masson	201503172LPN	Suspension	1-10-18	Minimum 14 day suspension. Failing to cooperate with the Board during the course of an investigation.
Jessica Y. Mckie	098000575RN	Civil Penalty	1-4-18	\$1,450 civil penalty. Practicing nursing without a current Oregon license.
Rebecca M. Meek	201394698NP-PP	Reprimand	2-14-18	Performing acts beyond her authorized scope, prescribing drugs to an individual not within her scope of practice, failing to properly assess and document client assessment when prescribing, and failing to conform to the essential standards of acceptable nursing practice
Jason C. Merryman	201010991CNA	Suspension	1-10-18	Minimum 14 day suspension. Failing to cooperate with the Board during the course of an investigation.
Peyton A.M. Mobley	201509072CNA	Suspension	3-14-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Sebastian J. Montgomery	201603475RN	Revocation	3-14-18	Using intoxicants to the extent or in a manner injurious to himself or others, and failing to answer questions truthfully.
Barbara A. Moore	000007915LPN	Civil Penalty	3-14-18	\$975 civil penalty. Practicing nursing without a current license
Andrea L. Morris	200341112RN	Civil Penalty	3-27-18	\$2,225 civil penalty. Practicing nursing without a current Oregon license.
Jennifer R. Muller	092007161RN	Reprimand	1-10-18	Performing acts beyond her authorized scope, and failing to administer medications in a manner consistent with state and federal law.
Alma A. Nanoski	000015251CNA/ 000015251CMA	Suspension	1-10-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Dauna J. Newman	201800193RN	Probation	1-10-18	12-month probation. Failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.
Juliane M. Nichols	201400295LPN	Civil Penalty	2-23-18	\$2,500 civil penalty. Practicing nursing without a current Oregon license.
Leslie L. Nodine	201609802CNA	Revocation	3-14-18	Engaging in threatening behavior toward a coworker, failing to maintain professional boundaries, and jeopardizing the safety of a person under her care
Eunide M. Noel	200611873CNA	Suspension	3-14-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Susanne Ohmes	200711238CNA	Reprimand	3-14-18	Failing to maintain professional boundaries, violating a person's right to privacy, and failing to respect the person's family and the person's relationship with their family.
Judi A. Osborn	094000316RN	Revocation	3-14-18	Incomplete recordkeeping, failing to answer questions truthfully, client neglect, and failing to cooperate with the Board during the course of an investigation.

Name	License Number	Discipline	Effective Date	Violations
Alicia C. Peacock	201243380RN	Probation	2-14-18	24-month probation. Using intoxicants to the extent injurious or in a manner dangerous to herself or others.
Katherine L. Peterson	201240158RN	Civil Penalty	2-14-18	\$750 civil penalty. Practicing nursing without a current Oregon license.
Rebecca E. Powers	201501492RN	Voluntary Surrender	2-14-18	Using intoxicants to the extent injurious or in a manner dangerous to herself or others and failing to report to the Board the licensee's conviction of a misdemeanor or a felony crime within 10 days of the conviction.
Carren R. Pratt	201505819RN	Probation	2-14-18	24-month probation. Using intoxicants to the extent injurious or in a manner dangerous to herself or others.
Kathleen Price	--	Civil Penalty	3-14-18	\$1,700 civil penalty. Practicing nursing without a current Oregon license.
Margaret C. Rielly	095000460RN	Voluntary Surrender	1-10-18	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Sarah L. Roberts	200541683RN	Civil Penalty	3-29-18	\$425 civil penalty. Practicing nursing without a current Oregon license
Christian R. Rodriquez	200112726CNA	Revocation	1-10-18	Using intoxicants to the extent or in a manner injurious to himself or others.
Deborah K. Rohrwasser	201406950RN	Suspension	3-14-18	30-day suspension. Demonstrated incidents of dishonesty and fraud.
Amy D. Rondot	200630441LPN	Application Denied	3-14-18	Failing to provide requested documents, and failing to cooperate with the Board during the course of an investigation.
Cathryn M. Rovang	085069966RN	Voluntary Surrender	1-10-18	Falsifying data, documenting nursing practice implementation that did not occur, and failing to conform to the essential standards of acceptable nursing practice.
Jennifer L. Rowland	200930514LPN	Revocation	2-14-18	Neglecting a client, inaccurate and incomplete recordkeeping, using intoxicants to the extent injurious or in a manner dangerous to herself or others, and violating the terms and conditions of a Board Order.
Jami Q. St. Germaine	RN Applicant	Application Denied	2-14-18	Using intoxicants to the extent injurious or in a manner dangerous to herself or others and conviction of a crime that bears demonstrable relationship to nursing practice.
Terra A. Schaller	201701812CNA	Revocation	2-14-18	Violating the terms and conditions of a Board Order.
Jackie D. Shults	CNA Applicant	Application Denied	2-14-18	Conviction of a crime that bears demonstrable relationship to CNA duties, demonstrated incidents of dishonest behavior, and failing to cooperate with the Board during the course of an investigation.
Marcia J. Sterling	080044840RN	Civil Penalty	3-22-18	\$525 civil penalty. Practicing nursing without a current Oregon license.
Jody J. Sumerlin	201043214RN	Probation	1-10-18	24-month probation. Using intoxicants to the extent injurious or in a manner dangerous to himself or others.
Andrea Sun	201243463RN	Suspension/ Probation	3-14-18	90-day suspension, followed by probation for 24 months. Inaccurate and incomplete recordkeeping, and implementing standards of nursing care that jeopardize patient safety.
Leeanne M. Sutton	200340150RN	Suspension	3-14-18	Minimum 14-day suspension. Failing to cooperate with the Board during the course of an investigation.
Diane H. Todd	200350035NP	Voluntary Surrender	3-14-18	Violating the terms and conditions of a Board Order.
Constance G. Turner	200442255RN	Civil Penalty	3-13-18	\$375 civil penalty. Practicing nursing without a current Oregon license
Courtney L. Ubiles	201143016RN	Voluntary Surrender	3-14-18	Using intoxicants to the extent or in a manner injurious to herself or others
Darlene R. Warga	201041255RN	Civil Penalty	3-28-18	\$225 civil penalty. Practicing nursing without a current Oregon license.
Linda K. Weber	088006721RN	Probation	2-14-18	24-month probation. Incomplete recordkeeping, failing to maintain client records in a timely manner, and obtaining unauthorized drugs.
Paula Wells	--	Civil Penalty	3-14-18	\$500 civil penalty. Practicing nursing without a current Oregon license.
Mary Lou Wescott	000007206LPN	Civil Penalty	3-16-18	\$825 civil penalty. Practicing nursing without a current Oregon license.
Amy M. Willoughby	201140354RN	Revocation	2-14-18	Inaccurate and incomplete recordkeeping, and obtaining unauthorized drugs
Henry A. Woolner	CNA Applicant	Application Denied	1-10-18	For abusing a person, jeopardizing the safety of a person under his care, and failing to conform to the essential standards of acceptable performance of CNA duties.

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2018 OSBN BOARD MEMBERS



KATHLEEN CHINN, RN, FNP
PRESIDENT-ELECT

Term: 1/1/16 – 12/31/18

Ms. Chinn is a Family Nurse Practitioner with the PeaceHealth Senior Health and Wellness Center in Eugene, Ore. She received her Associate Degree in Nursing from Lane Community College in Eugene, Ore., and her Bachelor of Science in Nursing and Master's degrees from Oregon Health Sciences University in Portland, Ore. She resides in Eugene, Ore.



ANNETTE COLE, RN

Term: 1/1/18 – 12/31/20

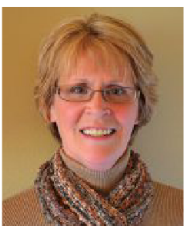
Ms. Cole is the Vice President of Patient Care Services and Chief Nursing Officer at Sky Lakes Medical Center in Klamath Falls and has 30 years of nursing experience. She received her Bachelors of Science in Nursing degree from the Oregon Institute of Technology in Klamath Falls, Ore., and her Masters of Science in Nursing and Health Care Administration degree from the University of Phoenix. Ms. Cole serves in the Nurse Administrator position on the Board. She resides in Klamath Falls.



ADRIENNE ENGHOUSE, RN

Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Enghouse is a Staff Nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore. She serves in one of two direct-care RN positions on the Board. She received her Associate Degree in Nursing from Mount Hood Community College in Gresham, Ore., and resides in Portland, Ore.



BARBARA GIBBS, LPN,

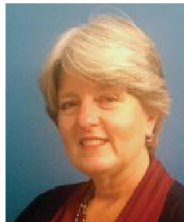
Terms: 5/1/13 – 12/31/15, 1/1/16 – 12/31/18

Ms. Gibbs is a staff nurse at Good Shepherd Medical Center in Hermiston, Ore., and received her degree from Blue Mountain Community College in Pendleton, Ore. She serves in the LPN position on the Board and has more than 30 years of nursing experience.



COLIN HUNTER, JD
PUBLIC MEMBER

Mr. Hunter is an attorney with the Angeli Law Group in Portland, Ore. He received his Bachelor's degree from Claremont McKenna College in Claremont, Calif., and his juris doctorate from the University of California, Berkeley, School of Law. Mr. Hunter resides in Portland, Ore.



SHERYL OAKES CADDY, JD, MSN, RN, CNE

Term: 1/1/18 – 12/31/20

Ms. Oakes Caddy is Director of the Nursing Department at Linn-Benton Community College in Albany and has more than 30 years of nursing experience. She received her Associate of Science in Nursing from Linn-Benton Community College in Albany, Ore., her Bachelor of Science in Nursing from Oregon Health Sciences University in Portland, Ore., her Master of Science in Nursing from Walden University, Baltimore, Md., and her Doctor of Jurisprudence from Willamette University School of Law in Salem, Ore. Ms. Oakes Caddy serves in the Nurse Educator position on the Board and resides in Lebanon, Ore.



BOBBIE TURNIPSEED, RN
BOARD PRESIDENT

Terms: 1/1/16 – 12/31/17, 1/1/18 – 12/31/20

Ms. Turnipseed is a staff nurse at St. Alphonsus Medical Center in Ontario and has more than 30 years of nursing experience. She received her Associate Degree in Nursing from Boise State University in Boise, Idaho. Ms. Turnipseed is one of two direct-patient care RNs on the Board. She resides in Ontario, Ore.



RYAN WAYMAN
PUBLIC MEMBER

Terms: 4/1/13 – 12/31/15, 1/1/16 – 12/31/18

Mr. Wayman is one of two public members on the Board. He is the West Region Vice President at AXA Advisors and resides in Portland.



WILLIAM YOUNGREN, CNA
BOARD SECRETARY

Term: 6/1/16 – 12/31/18

Mr. Youngren is a Unit Clerk at Legacy Emanuel Medical Center in Portland and has been a nursing assistant since 2012. He received his Bachelor's Degree in English from Portland State University and his nursing assistant training from Portland Community College. Mr. Youngren resides in Portland, Ore.

2018 OSBN BOARD MEETING DATES

5/9/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

6/12/2018 Tuesday **6:30 PM**
OSBN Board Meeting

6/13/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

6/14/2018 Thursday **8:30 AM**
OSBN Board Meeting

7/11/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

8/8/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

9/11/2018 Tuesday **6:30 PM**
OSBN Board Meeting

9/12/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

9/13/2018 Thursday **8:30 AM**
OSBN Board Meeting

9/14/2018 Friday **8:30 AM**
OSBN Board Work Session

10/10/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

11/13/2018 Tuesday **6:30 PM**
OSBN Board Meeting

11/14/2018 Wednesday **8:30 AM**
OSBN Board Meeting
(Mostly Executive Session)

11/15/2018 Thursday **8:30 AM**
OSBN Board Meeting

12/12/2018 Wednesday **4:30 PM**
OSBN Board Meeting via Teleconference
(Mostly Executive Session)

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Thu	Belize	8:00 AM	5:00 PM
Fri	Cozumel, Mexico	8:00 AM	4:00 PM
Sat	Fun Day At Sea		
Sun	Galveston, TX	8:00 AM	

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