

OREGON BOARD OF NURSING SENTINEL

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***CAMP NURSING:
WHAT YOU NEED
TO KNOW IN 2019.***

**2019 Legislative
Session Update**

Official Publication of the **Oregon State Board of Nursing**



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[VO.39 ▪ NO.2 ▪ MAY 2019]



table of CONTENTS

- 22** Board Disciplinary Actions
- 26** 2019 Board Meeting Dates
- 27** 2019 Board Members



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EDITION 42

Camp Nursing: What You
Need to Know in 2019. **4**

2019 Legislative Session
Update. **6**

LIFELONG LEARNING:
Who needs it? **8**

Notices of Proposed
Disciplinary Action
Explained. **12**

Disciplinary Case Studies:
Patient Abandonment **15**

APRN: What to
Consider When Expanding
Scope of Practice **18**

Meet the Team. **20**

Volunteer to Review the NA
Training Curriculums **26**

Stakeholder Input, Public
Comment, and Testimony
– What's the Difference? **28**

Innovation in Licensing
for New Oregon Graduates **30**

CAMP NURSING: WHAT YOU NEED TO KNOW IN 2019

The arrival of summer brings an increase in both the average daily temperature and in the droves of campers heading off to private camps, faith-based camps, special-needs camps, sports camps, and not-for-profit camps. The arrival of summer also brings an increase in the number of questions received by OSBN staff regarding the nurse scope of practice in a camp setting. Frequently asked questions include: “*Can I give shots at camp?*” and “*What are nursing documentation requirements in the camp setting?*”

Although Oregon’s Nurse Practice Act (NPA) doesn’t specifically address camp nursing, this article will address some key considerations for the nurse who is considering a camp nursing position. While the individual nurse is always responsible to adhere to the legal scope of practice standards in any practice role, it is the multiple factors beyond the NPA which ultimately inform each individual camp nurse’s scope of practice, practice role, and responsibilities.

OREGON’S NURSE PRACTICE ACT

Oregon Licensure

With rare exception, you must be licensed as an Oregon nurse to practice nursing with a client located in the state of Oregon. This same legal requirement applies to the nurse who practices in the camp setting.

What are the rare exceptions that may be applicable to the camp nurse? The two exceptions are directly tied to the context of care of the nurse’s practice. Otherwise stated, the first exception would be for the nurse who is licensed and good standing in another state and the camp is run/administered by an institution or agency of the federal government. The second exception applies for the nurse who is licensed and good standing in another state, is affiliated with an out-of-state school that is running the camp event in Oregon, and the campers are students of the school.

These licensure requirements and exceptions apply to both paid and volunteer practice and are found in Oregon Revised Statute (ORS) 678.021 and 678.031.

Licensure Level

The role of the camp nurse requires independent nursing assessment and planning. As such, the practice

role warrants registered nurse (RN) licensure.

The licensed practical nurse (LPN) may practice in the camp setting but may only do so when clinically directed and supervised by an RN or by a licensed independent practitioner, such as a physician (MD) or nurse practitioner (NP). This means the LPN may engage in camp nursing as a health care team member whose practice consists of: 1) implementation of components of the camp RN’s or camp NP’s established plan of care for a camper, or 2) implementation of components of the camp MD’s established treatment plan for a client. There is no independent practice at the LPN level of licensure in any practice setting.

Nursing Practice

Nursing practice is about placing the client in the best position to return to their optimal state of health. In any practice role, this happens via the RN’s singular and concurrent actions of client assessment, identification of client problems or risks, identification of expected outcomes, planning, implementation, and evaluation. The LPN contributes to this process.

This means the camp RN must document client assessment, identification of client problems or risks, identification of expected outcomes, the plan of care, implementation of the plan, and evaluation of client outcomes and efficacy of the plan. The clinically directed and supervised camp LPN must document focused assessment, contributions to the established plan of care, implementation of the plan, and responses to nursing interventions.

Another requirement of nursing practice is that nurses only accept those assignments for which they possess the current knowledge, skills, and ability to perform with skill and safety. This decision requires the individual nurse to engage in self-reflection and self-evaluation to determine whether accepting or declining a camp nursing role is the prudent course of action.

As the NPA does not contain camp nursing specific practice standards, camp nursing competencies, or identify camp nursing job duties, it is here where the nurse looks beyond the NPA to locate the information needed to complete the self-reflection and evaluation process.

BEYOND THE NURSE PRACTICE ACT

Position Description

The camp nurse position description is a sound place to start this reflective process. The position description should describe the major duties, responsibilities, and supervisory relationships of the camp nurse position.

Typically, responsibilities of the camp RN include preventative, routine, and emergency care for both campers and staff; the administration of medications to campers; and, providing education for campers and staff on preventive health issues, communicable diseases, heat-related illness, and/or emergency response preparedness at the camp location.

The position description for a camp LPN should identify the position of camp RN, NP, or MD in a supervisory role to the LPN. This is because without a camp RN, NP, or MD holding a supervisory relationship to the LPN, clinical direction and supervision does not exist and there is no authority for the LPN to practice.

Camp Nursing Practice Standards and Competencies

With the major responsibilities of the camp nurse position known, the next step in the nurse's self-reflection and evaluation process is to identify camp nursing-specific practice standards and practice competencies necessary to safely meet to responsibilities of the camp nurse position.

Information on specialty nursing practice standards and practice competencies may be found with a professional nursing organization that specialize in camp nursing. Broadly speaking, professional nursing organizations serve their membership (and the public) through activities such as defining their specialty nursing practice area; setting specialty nursing scope of practice standards based on the collective knowledge of their membership and on current science and literature; and, serving as a credentialing body to validate nursing practice competency in the specialty area of practice.

The nurse who is considering a position as a camp nurse should look to a specialty nursing practice organization such as the Association of Camp Nurses (ACN). The ACN has published *Scope and Standards of Camp Nursing Practice* (2017); maintains an online journal covering topics pertinent to camp nursing; provides on-line continuing education; and, is currently developing camp nursing credentialing processes.

The ACN website (www.campnurse.org/) also provides links to other camp-related resources and to organizations such as the American Camp Association

(ACA). The ACA also publishes resources for camp staff and publishes camp standards. While not all camps are members of or certified by the ACA, the organization's published camp standards serve as a measure of quality to which camp services may be evaluated and measured. A large number of the published camp standards are directly related to the health and safety of campers/staff and can inform camp nursing services delivery and policy development.

Camper Demographics

The prudent camp nurse possesses knowledge, skills, and practice competencies pertinent to the demographics of the camp participants. For example, in a camp for children with developmental or intellectual disabilities (I/DD), the camp nurse should possess current knowledge about the developmental stage of the campers, their presenting conditions, and possess competencies with I/DD nursing practice.

Anyone considering a camp nursing position must first evaluate her/his currently documented competencies against the competencies identified for camp nursing and the demographics of campers.

SAFE PRACTICE CONSIDERATIONS

Before starting a position, the camp nurse should have a clear understanding of policies that are related to the responsibilities of the camp nurse position. This may include preventative, routine, and emergency care of camp participants; the administration of medications; teaching and health promotion activities; and, emergency response preparedness.

If no such policies, procedures, or even systems exist and the position is accepted, the first responsibility of the camp nurse will be to develop them. If such policies, procedures and systems exist, but are not consistent with the NPA, current evidence-based practice, or with Oregon Health Authority organizational camp administrative rules (that might apply to the camp), the camp nurse should be prepared to amend them.

In closing, be mindful that beyond Oregon's legal scope of practice standards exists those factors that inform the specific of the role of the camp nurse. The nurse who accepts a camp nursing position holds the responsibility to self-regulate her/his actions in a manner that is consistent with the requirements of the NPA, consistent with current professional practice standards, protects the health and safety of camp participants.

2019 LEGISLATIVE SESSION UPDATE

Since the 2019 Legislative Session began January 22, 2,719 bills have been introduced.

Several of those bills could affect nurses, the Board of Nursing, or health care practitioners in general.

The following is a brief description of these bills as of press time:

- HB 2011—Requires specific healthcare professionals to complete cultural competency continuing education.
- HB 2230A—Limits the amount of overtime nursing staff who work in correctional facilities may be required to work.
- HB 2303—Deletes the requirement that pseudoephedrine be classified as a Schedule III controlled substance.
- HB 2722—Includes nurse practitioners, physician assistants, and naturopathic physicians in the definition of “attending provider” who has primary responsibility for treatment of person diagnosed with a debilitating medical condition.
- HB 3030 & SB 688—Allows licensing boards to issue temporary licenses to the spouses of Armed forces members stationed in Oregon and who holds a license in another state.
- SB 64A—Changes several sections of the Nurse Practice Act (found in ORS chapter 678) to reflect that the Oregon State Board of Nursing (OSBN) licenses nurse practitioners and clinical nurse specialists, rather than certifies them. The change will help differentiate between state licensure and national certification for advanced practice nurses. The bill also changes several sections of ORS 678 to reflect that the Board approves nursing education programs, rather than accredits them. 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.
- SB 66—Removes barriers to LPN licensure by allowing applicants who have graduated from the US Air Force Licensed Vocational Nurse program (and are so designated on the DD214 form) to take the NCLEX-PN exam. The change will also apply to endorsement applicants who were licensed in other states based on recognition of military education.
- SB 67—Since ambulatory surgical centers are defined elsewhere in statute, the bill removes it as a definition from the Nurse Practice Act. It also changes the term ‘conscious sedation’ to ‘moderate sedation’ and ‘anesthesia’ to ‘general anesthesia.’ The language changes were developed in collaboration with the Oregon Health Authority, the OSBN, and various stakeholders.
- SB 127A—The intent of this bill to remedy the discrepancy between the legal license type “nurse midwife nurse practitioner” used in the Nurse Practice Act, and the broadly accepted and used moniker “certified nurse midwife.” The bill changes the term “nurse midwife nurse practitioner” to “nurse practitioners who specialize in nurse midwifery.” (Replaces SB 65)
- SB 128A—Allows the Board of Medical Imaging to issue a permit to supervise fluoroscopy to qualified advanced practice registered nurses.
- SB 130A—Authorizes school nurses associated with school-based health center to engage in the practice of telehealth.
- SB 136—Removes the 10-day supply limitation on prescriptions for certain controlled substances issued by CRNAs.
- SB 754—Creates an income tax credit for rural nurse faculty members.
- SB 808—Requires specified healthcare professionals to complete between three and six hours of continuing education related to suicide risk assessment, treatment, and management every six years.

- SB 1023—Establishes a personal tax credit for nursing clinical preceptors.
- SB 5523A—This bill appropriates the Board of Nursing's budget for the 2019-21 biennium. Although the Board is an Other Funded agency (funded through licensing fees and not the state's General Fund), it needs Legislative approval on how to spend its funds.

The session is scheduled to end by June 21, 2019, although that date could be extended. To learn more about the above bills or bills that have been introduced since press time, visit the Oregon State Legislature's website (www.leg.state.or.us/bills_laws) or contact your district legislators.



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LIFELONG LEARNING: WHO NEEDS IT?

Nurses in Oregon are expected to participate in lifelong learning. Is that a surprise? It shouldn't be. Although a nurse is not required by the Oregon State Board of Nursing (OSBN) rules to take formal lifelong nursing education classes, it is expected that each Oregon nurse will "base RN practice on current and evolving nursing science, other sciences, and the humanities" [OAR 851-045-0060 (2)(a)].

In the 21st century, we all need to be lifelong learners. Medicine and technology are changing around us at such a frantic pace that if we don't make the effort to grow and develop,

we will soon be left behind. It takes continuous learning to keep our skills sharp and up-to-date so we provide the best care for our patients and ultimately for ourselves.

Lifelong learning is the process of acquiring and expanding our knowledge, skills, and responses throughout our lives in order to foster well-being. It could include becoming nationally certified, writing and submitting manuscripts to nursing journals, joining a journal club at work, accessing information on unusual diagnoses to share with your colleagues in the care of a patient, volunteering in medical

outreach programs nationally or internationally, or earning a higher degree. This requirement of lifelong learning is actually a blessing in disguise. Let's explore the options, personal benefits, and psychology behind lifelong learning.

STAND OUT IN THE CROWD

For our own benefit if nothing else, it's interesting to view our assets through the eyes of an employer. Consider this: an employer cannot know directly how well a potential employee will perform the job she's hired to do. For the employer, it's a bit like buying a lottery ticket. The employer looks for suggestions that this ticket is a winner. First thing she looks for is credentials. A feedback loop gets started in which an employer offers wages for a certain level of education. Individuals then invest in that education. As the employer sees how well that combination of attributes and education leads to productivity, that level of education becomes the standard and benefits are given to candidates with an even higher level of preparation, or some other attainable asset. Consider that in the early 1900s, a nursing student in Oregon had to have completed the 8th grade for nursing school entrance (Boufford, 1951). Now, the entrance requirements are much more demanding. And so, the spiral rises as new entrants come into the market. Each cycle generates a new one.

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ACADEMIC PROGRESSION OPTION

The nursing profession is currently in that growing cycle of education. A strong relationship between improved patient outcomes and post-operative care by nurses with a Bachelor of Science in Nursing (BSN) has been demonstrated (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). As a result of these findings and a growing body of evidence, the Institute of Medicine (IOM) made a recommendation in 2010 that hospitals should set a goal of increasing their percentage of BSN-prepared nurses from 50 percent to 80 percent by 2020 (IOM). In response, many hospitals changed their hiring guidelines to interview only BSN-prepared applicants. Some made it mandatory for currently employed nurses without a BSN to earn the degree within five years or risk dismissal. A nurse's response to these requirements could be one of apathy, resistance, or acceptance. That is certainly a personal choice, and often life events must take precedence. But, whether a person "plays" or "stays put," there are consequences.

Nobody knows for sure why a BSN makes a difference. Even more importantly, the study did not imply that a nurse with an Associate's Degree in Nursing (ADN) was not safe or was "less than" one with a BSN. The findings were simply that—for whatever reason—fewer patients suffered morbidities and mortalities after certain major surgeries when the hospital was staffed with a higher ratio of BSN-prepared nurses.

The basic nursing curriculum is the same for both associate degree programs and bachelor's degree

programs (see box). A Bachelor's program adds leadership, research, ethics, and humanities courses that may widen one's perspectives when problem solving.

PSYCHOLOGY OF HUMAN CAPITAL

Some researchers have suggested

that human capital theory could be the key to better outcomes with BSN-prepared staff (personal communication, L. Aiken, December 20, 2018). In labor economics, "human capital" is the stock of knowledge or personal characteristics a person has that contributes to her

continued on page 10>>

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continued from page 9>>

productivity and marketability. This capital may be innate or learned, and if you have a credential that confirms your capital, your stock goes up. In general, it is believed that a person who is successful in the pursuit of higher education has innate strength and problem-solving abilities and brings that success to the workplace.

Nobel laureate Theodore Schultz, who introduced the concept of human capital in the 1960's, considered education and the capacity to adapt in a changing environment to be a form of capital. Observable signs of human capital like education are essentially a signalling function. Human capital theory supports the opinion of an unknown source who has said, "University graduates know what to do next when they don't know what to do" (personal communication, L. Aiken, December 20, 2018). Apparently, if one doesn't have that

sense intrinsically, it can be learned in the process of a baccalaureate education. So far, we still don't know "why."

OPTIONS FOR ACADEMIC PROGRESSION

More important than looking for the mysterious reason that patient outcomes are better with BSN-prepared nurses, is finding ways to assist all interested nurses to earn a Bachelor's degree. While some hospitals have offered tuition assistance, flexible scheduling, and time off for classes, not everyone can afford more debt to return to school. Academic progression can be easy to say but cumbersome to do. We are fortunate that most Oregon community colleges offer a seamless progression from an ADN to a BSN with transfer agreements to four-year institutions. Some of these agreements offer on-line options at a full-time or part-time pace, or in-person

classes full-time (OCNE, n.d.).

PERSONAL BENEFITS

Beyond the demands of the workplace is the fundamental question, "What's in it for me?" Plenty! Whether continued learning is for academic progression or learning related to employment or personal interest, researchers have found that among a plethora of benefits, lifelong learning offers the following (Abukari, 2004; Eggelmeyer, 2010; Hildebrand, 2012):

- Helps us adapt to change.
- Sharpens the mind and reduces the risk of dementia.
- Sharpens the interpersonal skills.
- Sharpens the career opportunities.
- Leads us to new friends and networking opportunities.
- Sharpens communication.
- Makes us more interesting.
- Provides self-fulfillment.

Concepts for All Pre-Licensure Nursing Programs

OAR 851-021-0050, Standards for Approval: Curriculum

(4) Registered Nurse Program:

- a) Registered nurse curricula shall meet all institutional requirements for and culminate in the award of an associate, baccalaureate, masters, or doctoral degree.
- b) In registered nurse programs, the course content and clinical experience required shall be a minimum of 84 quarter units or 56 semester units including:
 - A. Creating and maintaining a safe environment of care;
 - B. Demonstrating professional, ethical and legal behavior in nursing practice
 - C. Using problem-solving skills, reflection, and clinical judgment in nursing practice;
 - D. Prescribing/directing, managing, delegating and supervising nursing care for individuals, families, or groups;
 - E. Providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness or for palliation across the lifespan and settings of care;
 - F. Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for individuals, families and groups;
 - G. Participating within and providing leadership for an interdisciplinary team;
 - H. Applying leadership skills to identify the need for and to promote change;
 - I. Using communication and information technology effectively and appropriately;
 - J. Applying and integrating principles of community health and community-based care into practice; and
 - K. Integrating concepts of resource utilization, quality improvement, and systems to enhance care delivery.

- Helps us find meaning in our lives.
- Increases our wisdom.

Learning is about reaching your full potential. Learning is the accomplishment of self-actualization, the cherry on top of Maslow's Hierarchy of Needs after all other needs have been met.

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Additions to BSN, Basic Master's, or Doctoral Programs

OAR 851-021-0050, Standards for Approval: Curriculum.

(L) Baccalaureate and basic masters or doctoral programs shall also include competencies related to:

- Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;
- Assuming leadership and effecting change through participation in teams and beginning application of management knowledge.
- Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;
- Using the principles and practice of research to validate and improve nursing care for individuals, families, and groups; and
- Using teaching-learning principles to assist colleagues and healthcare providers to improve nursing care quality.

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In the interests of public safety and transparency, the Oregon State Board of Nursing (OSBN) posts all final and proposed disciplinary documents to the OSBN online verification system. Although Final Orders of Disciplinary Action are well understood, there are more questions regarding the implications of a Notice of Proposed Disciplinary Action. Does a Notice mean the nurse or nursing assistant cannot work? Does it mean she/he has been disciplined?

Notices are an important element of the due process afforded to all licensees. When Board staff completes an investigation and presents an investigative report to the Board during a Board Meeting, the Board makes a decision regarding whether or not disciplinary action is appropriate. If the Board votes to issue discipline, a Notice of Proposed

The Board has several options regarding levels of proposed discipline. They can include Notices of Proposed Suspension, Notices of Proposed Revocation, Notices of Proposed Denial, or another type of discipline. The Notices of Proposed Disciplinary Action are just that; a Proposed Notice. A Notice is not a final action. The Notice will include:

- the allegations regarding the licensee's behavior,
- the relevant facts of the case,
- the elements of the Nurse Practice Act that the nurse/nursing assistant is accused of violating, and
- the proposed disciplinary action.



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Included with all Notices of Proposed Disciplinary Action is a Notice of Hearing Rights, which grant the nurse or nursing assistant the ability to request an administrative hearing. There are timelines associated with all Notices. For Notices of Proposed Denial of Licensure, the nurse or nursing assistant has 60 days in which to request a hearing; for all other Notices, a hearing must be requested within 20 days. If no hearing is requested, within the allotted timeline, the nurse or nursing assistant has defaulted on the Notice, and the Board may vote to issue a Final Order of Disciplinary Action. The Final Order is the actual imposition of the previously proposed disciplinary action.

If a hearing is requested within the allotted timeframe, a Final

Order is not issued and the Notice of Proposed Disciplinary Action remains on the OSBN verification page. Contested case hearings are handled by the Oregon Office of Administrative Hearings, and the wait can be lengthy; currently, hearings are being scheduled up to nine months from the date of the request for hearing. During that time, the nurse or nursing assistant is able to continue to practice nursing and no action is taken against their license or certificate, unless the nurse or nursing assistant signs an Interim Consent Order (ICO) or the Board issues an Emergency Suspension Order.

ICOS AND EMERGENCY SUSPENSIONS

Aside from the Notice process, a

nurse could be removed from practice in two instances. If the OSBN opens an investigation and the allegations are such that the Board believes the nurse or nursing assistant could be a danger to the public, the Board investigator may ask her or him to sign an Interim Order by Consent (ICO), voluntarily removing themselves from practice pending the completion of the investigation.

If the allegations are serious enough that the Board feels the nurse or nursing assistant is an imminent threat to the public, and the licensee refuses to sign an ICO, the Board has the authority to issue an Emergency Suspension, which immediately suspends the nurse or nursing assistant's license or certificate. This

continued on page 14>>



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INVESTIGATIONS

continued from page 13>>

action is taken rarely, because it is an interruption of the licensee's due process rights, and the Board must be ready to present its case to an Administrative Law Judge within 30 days of the Emergency Suspension. The threshold for the Board to issue an Emergency Suspension is very high, and again, only done in circumstances where the Board believes the nurse or nursing assistants are an immediate and imminent threat to the public, if they continue practicing.

For more information, please review the Board's complaint and investigation process on the OSBN website: <https://www.oregon.gov/osbn/pages/complaint.aspx>.



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Alaska Native People Shaping Health Care

By OSBN Investigations Manager *Jacy Gamble*, and
Investigators *Nakeita West and Maria Parish*

DISCIPLINARY CASE STUDIES: PATIENT ABANDONMENT

CASE STUDY #1

Certified Nursing Assistant (CNA) 1 was employed as a CNA in a transitional care facility. The Oregon State Board of Nursing received a complaint stating that CNA 1 had abandoned and neglected one of the residents assigned to her, which resulted in the resident being found several hours later with dried fecal material covering the resident's bottom, legs, arms, and hands. During the investigation, Board staff learned that CNA 1 was newly certified, had been working the 2 pm-10 pm shift, and had been assigned a total of nine residents located on two floors of the facility. According to the medical records received by the Board, the resident involved had limited mobility and was being tube-fed.

During the investigative interview, CNA 1 acknowledged that she had attended to the resident very early in her shift, and had not returned to the resident before taking a meal break at 7 pm. It was during CNA 1's meal break that CNA 2 discovered the resident covered in fecal material. CNA 1 immediately responded to clean the resident with the assistance of a Licensed Practical Nurse. CNA 1's employer counseled her and placed her on an employee action plan. CNA 1 acknowledged fault and stated that she now completes

rounds of all her residents every two hours per protocol. The Board determined the actions of the CNA did not warrant public discipline and dismissed the case, but did issue a letter of concern to CNA 1 regarding her conduct.

CASE STUDY #2

The Board received a complaint from an employer regarding a Registered Nurse, alleging that the RN abandoned residents by resigning her position at a memory care facility effective immediately, and had incorrectly rescinded her delegations for diabetic residents. During the Board's investigation, investigative staff found that:

- the RN submitted her resignation to be effective after her shift ended,
- she had followed correct procedures to rescind her delegations,
- she had appropriately notified medication aides that her delegations had been rescinded for insulin administration, and
- she had met the standards for documentation.

The Board determined that the RN's actions did not violate the Nurse Practice Act and dismissed the case against RN. The decision was consistent with the Board's interpretive statement on patient

abandonment that specifies, "a nurse who has completed his/her assigned shift and notifies the employer that she/he is ending the employment relationship with the employer without prior notice, including when the nurse doesn't provide sufficient time for the employer to obtain a replacement, does not commit patient abandonment." (https://www.oregon.gov/osbn/documents/IS_PatientAbandonment.pdf)

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APRN: WHAT TO CONSIDER WHEN EXPANDING SCOPE OF PRACTICE

The education and national certification for nurse practitioners (NP), clinical nurse specialists (CNS), and certified registered nurse anesthetists (CRNA), for the purposes of this article collectively referred to as APRNs, prepares the nurse to practice at an advanced level of nursing for specific patient populations. This advanced level includes diagnosis of health conditions, determining a course of treatment or intervention, ordering and prescribing of medication, and accountability for the health outcome of the client. The APRN practitioner is first and foremost a registered nurse (RN) and, therefore, is practicing nursing at an advanced level and is accountable to the entirety of the Nurse Practice Act at the RN and APRN levels of licensure.

The educational requirements for an APRN license includes a minimum of 500 clinical practicum focused on the specific population identified by the course of study, as stated in Oregon Administrative Rule (OAR) 851-050-0001 (5). This focus allows the APRN student to put into clinical practice the didactic content of advanced nursing preparation. A minimum of 500 hours of clinical content focused on a specific patient population and clinical setting is considered by the practice act adequate to prepare the APRN for safe practice in their specific focus.

How then does the APRN expand their practice beyond this specific focus to either adapt to new technology, change the focus of their practice, or add new patient populations to their existing practice? As examples:

- A Family Nurse Practitioner (FNP) deciding to leave primary care and focus on elective cosmetology or weight loss management;
- An Adult-Gerontology Primary Care Nurse Practitioner (AGACNP) deciding to add the medication management of mental health and behavioral disorders to their practice;
- An Adult Psychiatric Mental Health Nurse Practitioner (PMHNP) decides to incorporate pediatric mental and behavioral health into their practice;
- A Pediatric Primary Care Nurse Practitioner (PNP-PC) deciding to specialize only in the treatment of Autism; an FNP deciding to expand their practice to interventions performed by other practitioners not licensed by the Board of Nursing;
- A CRNA deciding to expand their practice to pain management or treatment of PTSD or Treatment Resistant Depression (TRD); or,
- A CNS deciding to expand their focus from organizational policies to providing diagnostic and prescriptive practice to individual clients.

The examples above are a small representation of the types of questions received by the Oregon State Board of Nursing (OSBN) when APRNs decide to expand their practice beyond their initial educational preparation and national certification.

OAR 851-050-0005 states:

"The role of the nurse practitioner will continue to expand in response to societal demand and new knowledge gained through research, education, and experience."

While expansion of practice from initial education and certification is authorized by the practice act, the APRN must always ask themselves: "How can I assure the public that, in my practice, they will receive safe and effective care?" This is always the most important question for the practice of nursing in any venue and at any level of licensure. This is especially true if there are practitioners licensed by other healthcare boards performing the same interventions and are licensed to do so only after completing a specific pathway of education prior to qualifying for licensure or certification. It is equally important to adhere to other existing non-nursing national safety standards for these procedures or patient populations (such as the diagnosis of Autism Spectrum Disorder).

For example: An Advanced Esthetician may only perform non-ablative laser procedures after 40 hours of laser safety, 15 hours of specific technology utilization, plus 190 of hours of practical instruction in addition to accomplishing a combined 110 procedures to qualify for

certification. None of these requirements are present in the educational preparation or national certification of an APRN. For this particular intervention, there is nothing in statute or rule that prohibits APRNs from providing these services. The question is not one of statute or rule, but of competency. If an advanced esthetician is required to have this level of preparation, what can the public expect from an APRN wishing to perform the same procedures? Nursing education at the registered nurse or advanced level does not provide the didactic nor the clinical instruction for non-ablative lasers. So how does the APRN prepare themselves for expanding their practice for this particular intervention?

The practice act does not have specific criteria on how to obtain the knowledge, skills, abilities, and competencies to incorporate new interventions into an existing practice. OAR 851-050-0005 (8) states:

“The nurse practitioner will only provide health care services within the nurse practitioner’s scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic coursework, workshops, or seminars, provided both theory and clinical experience are included.”

This rule applies not only for initial practice but also for the expansion of practice.

The Board also receives the question: “Can I perform these procedures if I am under the supervision of a physician?” While a physician can certainly help an APRN obtain the necessary preparation for these new interventions or patient population focused care, the APRN is a licensed independent practitioner (LIP) and is accountable to their license for the appropriate decision making and actions performed under their license.

The APRN must consider the following:

1. Is performing the intervention, procedure, or patient population under the jurisdiction of another health care licensing board, and would it be a violation of Oregon statute or rules? The jurisdiction of the OSBN does not extend to authorizing practice that is in violation of the statute and rules governing other licensing Boards. It is incumbent on APRNs to do their own research to determine if the expansion of practice violates any other state statute or rule. Calling the healthcare licensing board authorized by the legislature to oversee the specific intervention or practice should be a step that is taken to assure regulatory compliance. All

licensees of the OSBN must adhere to all state statutes and rules. It is up to the APRN to know and understand the legal limitations of their license.

2. What is required in terms of education, precepted practice, literature review in order to obtain the necessary knowledge, skills, abilities, and competency to provide safe care? For NPs, this may require returning to a post-master’s certificate program, obtaining another national certification and another type of NP license to allow for incorporation of another patient population into their practice. NPs are required to understand their scope of practice based upon OAR 851-050-0005 (9). There are educational programs that may provide base education in populations outside of the primary program focus; however, if those populations are not part of the scope as described in the above-cited rule, the NP shall not incorporate these populations into their practice.

3. How is the APRN documenting their education and competencies for the incorporation of new interventions? If a practice issue is brought to the concern of the Board, documentation of how competency was obtained and continued will be required. It is up to the Board to determine if this preparation is adequate. This is where there is an intersection between what the practitioner feels is adequate and what the Board determines to be adequate. Since the Board is legislatively authorized in Oregon Revised Statute 678.150 (7) to determine the scope of practice as delineated by the knowledge acquired through approved courses of education or experience the Board is the authority for determining adequate knowledge, skills, abilities, and competency.

Licensees should use the OSBN Scope of Practice Decision Tree to determine if they have adequately prepared for an expansion of scope. There is an interactive tool found on our website to help licensees understand the steps required before scope is expanded: <https://osbn.oregon.gov/OSBNScopeTree/Default.aspx>

This research must be done by the licensee. Board staff cannot guide a licensee through this process since each situation is unique. It is the obligation of all licensees to understand their scope of practice, what is required to expand their scope as knowledge and experience grows and, above all and always, provide care that is safe, grounded in science and literature, and within the regulatory requirements of the level of licensure and of the state of Oregon.

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.



PATTI MILLS

OSBN Licensing Technician Patti Mills is definitely an Oregon native: her family helped settle the state in the 1800s. Among the various parcels of land her family has held over the years, her great-grandfather

used to own the hill where Oregon Health Science University now stands in Portland. “He decided years ago that it would be too difficult and costly to put roads up there, so he sold it on a hand shake for little to nothing,” Mills says. “I think my Mom told me it was a dollar, but I am not sure if that part’s true.”

In addition, the airport in Klamath Falls is named Kingsley Field after her uncle, David Kingsley, Oregon’s first Medal of Honor recipient for his actions in World War II. “I have some of his memorabilia that I received from my mother that I’m going to donate to the airfield.”

She grew up in Portland and attended the University of Portland. Her first job was as the “Demo Queen” in her father’s appliance store in

Sellwood. “Microwaves were fairly new back then, and I did all the demonstrations to show people how they worked,” she says. “They were high tech!”

Mills had more than 30 years of experience at Nationwide and SAIF, selling and servicing insurance policies before she joined the OSBN in 2018. She also provided phone support, assisted at employment fairs, and developed agent sales incentives for office across the country.

She now handles license renewals and reactivations for the OSBN. Mills says she enjoys the camaraderie amongst her co-workers and works especially closely with the technicians responsible for CNA and APRN applications to ensure all requirements have been met. “There are different elements I need to check. Advanced practice types need national certification, RNs and LPNs need pain continuing education, and CMAs have their own CEs.”

“The hardest part is when a licensee waits until the last minute to renew,” she explains. “We send courtesy email reminders at 90, 60, 30, and 15 days before their expiration date, but some people still wait too long.”

She shares her home with her son and two boisterous Golden Retrievers named Sophie and Cali. As part of a neighborhood group, she enjoys shell hunting on the beach at Pacific City and is thinking about joining a pickleball group. “I’m not entirely sure what pickleball is, but, hey—it sounds fun!”



KAREN RUSSELL

One of seven non-nurse Investigators for the Oregon State Board of Nursing, Karen Russell follows up on complaints of alleged violations of the Nurse Practice Act. Originally hired in November 2011 as a Case Coordinator,

she became an Investigator in

January 2013. Prior to joining the OSBN, she worked as a legal assistant and paralegal for attorneys and law firms in the Portland-metro area for more than 30 years.

She acknowledges that receiving a request for an interview from the Board can be daunting, which is why she strives to put respondents at ease. "I'm simply trying to gather as much information as fairly as I can," she says.

In her job, Russell reviews relevant documents and files, and conducts interviews of witnesses or others in addition to

the licensee. Regardless of where the information leads her, she says the Board's mission is her guide. "Public safety is foremost in my mind whenever I talk to someone," she says of the nurses or nursing assistants who are part of a complaint investigation. "My goal is to prepare a clear, concise, and unbiased report of the facts to allow Board members to make an informed decision when they consider a case."

Russell says the best part about working at the OSBN is the people. "Everyone is friendly. I like being able to ask questions. People are always willing to help," she explains. "I also like the flexible work hours; it's great to be able to avoid traffic."

Her daughter is a nurse, and Russell saw firsthand how much work it takes to achieve a nursing education. "I think one of the best things nurses can do for themselves—even after having just graduated—is to familiarize themselves with the Nurse Practice Act as it pertains to their jobs," she says. "It really has a lot of information and can help them avoid potential missteps."

In her free time, Russell enjoys a variety of outdoor activities, including camping, skiing, and boating, and she is currently attempting golf. "I'm not very good at it yet, but it's fun!"

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DISCIPLINARY ACTIONS

Actions taken in January and March 2019. 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
Scott D. Alexander	201350024NP	Probation	3-13-19	12-month probation. Failing to dispense medications in a manner consistent with state and federal law, and dispensing drugs in an unsafe or unlawful manner.
Hillary A. Allen	201030171LPN	Revocation	1-9-19	Failing to provide requested documents, and failing to cooperate with the Board during an investigation.
Billy R. Arkansas	RN Applicant	Voluntary Withdrawal	3-13-19	Due to discipline in Washington state.
Linda M. Behrens	084054343RN	Civil Penalty	3-22-19	\$1,550 civil penalty. Practicing nursing with an expired Oregon license.
Alona M. Berecz	201503381CNA	Revocation	1-9-19	Failing to provide requested documents, and failing to cooperate with the Board during an investigation.
Kristen K. Buckner	RN Applicant	Application Denied	1-9-19	Violating the terms and conditions of a Board Order, misrepresentation in applying for a license, and practicing nursing without a license.
Laura P. Castillo	000044637CNA 201604944CMA	Suspension/Probation	1-9-19	NA certificate on 24-month probation. MA certificatesuspended for 12 months, followed by 12 months' probation. Diverting drugs for personal use, altering medication administration records, obtaining unauthorized drugs, and documenting the provision of services not provided.
Laura P. Castillo	000044637CNA/ 201604944CMA	Voluntary Surrender	3-13-19	Using intoxicants to the extent or in a manner dangerous to herself or others, and failing to answer questions truthfully.
Natalie de Clare	201603531CNA	Voluntary Surrender	3-13-19	Performing acts beyond the authorized duties of a CNA, and failing to conform to the essential standards of acceptable and prevailing CNA duties.
Rebecca J. Dodds-Clark	200941220RN	Probation	3-13-19	12-month probation. Failing to conform to the essential standards of acceptable nursing practice.
Ashley D. Dodge	201702982CNA	Voluntary Surrender	3-13-19	Failing to maintain professional boundaries, and engaging in unacceptable behavior towards a client.
Michele S. Doran	200742533RN	Suspension	1-9-19	120-day suspension. Falsifying data, and demonstrated incidents of dishonesty.
Alieu Drammeh	RN Applicant	Voluntary Withdrawal	3-13-19	Due to previous discipline.
Natalie Dubose	RN Applicant	Voluntary Withdrawal	1-9-19	Willful misrepresentation during the licensure process.
Sabrina L. Enochs	099006889RN	Voluntary Surrender	3-13-19	Practicing nursing while impaired.
Denise A. Ewing	092007233RN	Voluntary Surrender	3-13-19	Failing to comply with the terms and conditions of the Health Professionals' Services program.
Suzanne C. Fairchild	201043176RN	Probation	1-9-19	24-month probation. Use of intoxicants to the extent injurious to herself or others.
Kaleena M. Fancher	201400975CNA	Reprimand	3-13-19	Failing to report her conviction for a misdemeanor crime within 10 days, and demonstrated incidents of violent, abusive, neglectful, or reckless behavior.
Tori E. Farrens	200140785RN	Voluntary Surrender	3-13-19	Violating the terms and conditions of a Board Order.
Mary M. Gross	CNA Applicant	Application Denied	3-13-19	Misrepresentation in applying for a license, and demonstrated incidents of dishonesty.

Name	License Number	Discipline	Effective Date	Violations
Deanna M. Hancock	094000386RN	Voluntary Surrender	3-13-19	Failing to supervise persons to whom nursing tasks have been assigned, incomplete recordkeeping, and failing to conform to the essential standards of acceptable nursing practice.
Eugenie K. Higgins	200441018RN	Probation	3-13-19	24-month probation. Use of intoxicants to the extent injurious to herself or others, and the unauthorized removal of drugs from the workplace.
Logan D. Homer	201505506LPN	Reprimand	1-9-19	Reprimand with conditions. Unauthorized removal of medications from the workplace.
Dylan W. Horner	201405817CNA	Revocation	1-9-19	Using intoxicants to the extent injurious to the CNA or others, failing to answer questions truthfully, and demonstrated incidents of dishonesty.
Karen G. Jackson	200041254RN	Voluntary Surrender	3-13-19	Using intoxicants to the extent injurious to herself or others, and failure to report to the Board her conviction for misdemeanor crimes within 10 days.
Susan M. Jones	096007246RN	Voluntary Surrender	1-9-19	Unauthorized removal of medications from the workplace.
Maria Rose B. Kashoro	201402541RN	Reprimand	3-13-19	Improperly delegating the performance of a nursing procedure to a UAP, inaccurate documentation, failing to supervise clinically persons to whom an assignment has been made, and failing to conform to the essential standards of acceptable nursing practice.
Karen M. Krewson	087000275RN	Reprimand	1-9-19	Violating a person's rights of privacy and confidentiality.
Genevieve M. Mack	201605634CNA	Suspension	3-13-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Shawn A. Marshman	201603297CNA	Application Denied	3-13-19	Conviction of crimes that bear demonstrable relationship to the duties of a CNA, and failing to cooperate during the course of an investigation.
Melanie M. Martinez-Ruiz	201806886CNA	Voluntary Surrender	3-13-19	Violating the terms and conditions of a Board Order.
Jennifer R. Marx	096000160RN	Reprimand	3-13-19	Conduct related to co-workers and health care team members.
Michele L. McMullen	201330210LPN	Voluntary Surrender	1-9-19	Violating the terms and conditions of a Board Order.
Evelyn P. Metoyer	CNA Applicant	Voluntary Withdrawal	3-13-19	Conviction of crimes that bear demonstrable relationship to the duties of a CNA, and willful misrepresentation during the licensure process.
Angelica Mojica-Benitez	CNA Applicant	Application Denied	3-13-19	Failing to conform to the essential standards of acceptable nursing practice.
Louise Montgomery	093000316RN	Reprimand	3-13-19	Failing to respect the dignity and rights of clients, and engaging in other unacceptable behavior towards clients.
Troy J. Norman	200243054RN	Reprimand	3-13-19	Failing to administer medications in a manner consistent with state and federal law, and failing to conform to the essential standards of acceptable nursing practice.
Amy M. O'Brien	200541155RN	Voluntary Surrender	3-13-19	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Michael D. O'Hearn	201011969CNA	Suspension	3-13-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Ibrahim S. Ramadan	200930315LPN	Reprimand	1-9-19	Failing to document accurately nursing interventions, failing to answer questions truthfully, and failing to conform to the essential standards of acceptable nursing practice.
Sharon R. Rice	090000386RN	Probation	3-13-19	24-month probation. Due to a physical condition that makes the licensee unable to practice safely.

Name	License Number	Discipline	Effective Date	Violations
Nancy C. Rich	084060674RN/ 084060674N6	Reprimand	1-9-19	Reprimand with conditions. Failing to maintain professional boundaries with a client.
David A. Ritter	200541115RN	Reprimand	3-13-19	Failing to respect a client's dignity and rights, engaging in abusing behavior toward a coworker, and violating a client's rights of privacy and confidentiality.
Sulema N. Saenz	200810206CNA	Probation	3-13-19	24-month probation. Use of intoxicants to the extent injurious to herself or others.
Carol A. Scheans	079011520RN	Civil Penalty	2-27-19	\$900 civil penalty. Practicing nursing with an expired Oregon license.
Desiree R. Shubin	096000150RN	Civil Penalty	1-16-19	\$2,500 civil penalty. Practicing nursing with an expired Oregon license.
Laura M. Smith	RN Applicant	Application Denied	3-13-19	Unauthorized removal of drugs from the workplace, inaccurate recordkeeping, and practicing while impaired.
Laura J. Smythe	201508312LPN	Suspension/Probation	3-13-19	30-day suspension, followed by 24 months of probation. Falsifying data, and demonstrated incidents of dishonesty.
David A. Stephens	RN Applicant	Application Denied	3-13-19	Using intoxicants to the extent injurious to himself or others.
Ashleigh M. Taylor	201310730CNA	Suspension	3-13-19	Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.
Buffy M. Thomasson	200942086RN	Revocation	1-9-19	Failing to report the licensee's arrest for a felony crime within 10 days, demonstrated incidents of intimidating behavior, and failing to cooperate during an investigation.
Hope C. Thompson	201130411LPN	Revocation	1-9-19	Failing to take action to preserve client safety, client neglect, failing to accurately document nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Katrina M.Trosian	098007101RN	Revocation	3-13-19	Failing to comply with the terms and conditions of the Health Professionals' Services Program.
Christine M. Vonslowski	201113251CNA/ 201392713CMA	Voluntary Surrender	3-13-19	Diverting drugs for use by self or others, falsifying data, and demonstrated incidents of dishonesty.
Ryan Weimer	200842774RN	Civil Penalty	1-29-19	\$600 civil penalty. Practicing nursing with an expired Oregon license.
Paige M. Welburn	200640309RN	Reprimanded	1-9-19	Failing to document accurately nursing interventions, and failing to conform to the essential standards of acceptable nursing practice.
Crystal A. West	200730005LPN	Application Denied	3-13-19	Unauthorized removal of drugs from the workplace, inaccurate recordkeeping, and using intoxicants to the extent injurious to herself or others.
Pamela M. Whitehurst	093003409LPN	Reprimand	3-13-19	Failing to maintain professional boundaries with a client.
Ron Whitten-Bailey	096006725RN/ 200450156NP	Voluntary Surrender	1-9-19	Performing acts beyond his authorized scope, entering inaccurate information into a health record, signing someone else's name, and failing to answer questions truthfully.
Lynn A. Willis	200550083NP	Reprimand	1-9-19	Failing to conform to the essential standards of acceptable nursing practice.
Kelly J. Wilson	201392428CNA/ 201606257CMA	Suspension	3-13-19	30-day suspension. Failing to maintain professional boundaries.
Ingrid A. Zeckser	201405939RN	Suspension/Probation	3-13-19	30-day suspension, followed by 24 months of probation. Failing to document information related to the client's care, failing to answer questions truthfully, and failing to conform to the essential standards of acceptable nursing practice.




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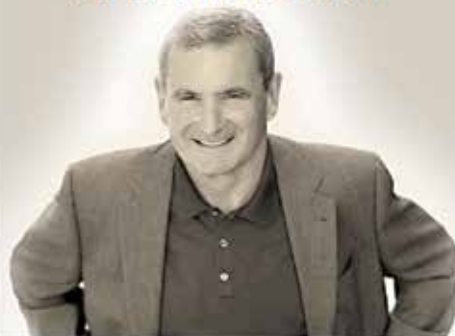
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VOLUNTEER TO REVIEW THE NA TRAINING CURRICULUMS



The CNA/CMA Advisory Group is seeking volunteers to help review the level-one and level-two nursing assistant training program curriculums. If you are interested in joining in the curriculum review process, please contact OSBN Administrative Assistant John Goodine at john.goodine@state.or.us and ask to be added to the interested party list for the curriculum reviews. You will receive meeting notices and drafts of work to review and provide feedback.

2019 OSBN BOARD MEETING DATES

May 8, 2019 **4:30 p.m.**
OSBN Board Meeting via Teleconference
(Primarily Executive Session)

June 11, 2019 **6:30 p.m.**
Board Meeting

June 12, 2019 **8:30 a.m.**
Board Meeting
(Primarily Executive Session)

June 13, 2019 **8:30 a.m.**
Board Meeting

July 10, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

August 14, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

September 10, 2019 **6:30 p.m.**
Board Meeting

September 11, 2019 **8:30 a.m.**
Board Meeting
(Primarily Executive Session)

September 12, 2019 **8:30 a.m.**
Board Meeting

September 13, 2019 **8:30 a.m.**
Board Work Session

October 9, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

November 12, 2019 **6:30 p.m.**
Board Meeting

November 13, 2019 **8:30 a.m.**
Board Meeting
(Primarily Executive Session)

December 18, 2019 **4:30 p.m.**
Board Meeting via Teleconference
(Primarily Executive Session)

*All Board Meetings, except Executive Sessions, are open to the public. All meetings are located at the OSBN Office
17938 SW Upper Boones Ferry Rd, Portland.*



Klamath Community College

Full-Time Nursing Faculty Position

DESCRIPTION:

This is a 9-month full-time faculty position (176 days/year) in the Nursing department at Klamath Community College in Klamath Falls, Oregon. The Nursing faculty develop, implement, and evaluates the nursing program on an ongoing basis. This position participates in selecting students, advising students, curriculum development, program revisions, program evaluations, textbook selection, teaching in the classroom and clinical setting, evaluation of student achievement, and other matters as assigned in accordance with the mission, core values, and purposes of the college.

DESIGN AND IMPLEMENT LEARNING STRATEGIES FOR STUDENTS

- Teach 15 credits (generally 3-4 courses) per term over three academic quarters, with approximately 8 students per class section.
- Teach assigned classes in accordance with current course content and learning outcomes and as outlined by the college.
- Evaluate, assess, and track student academic achievement.
- Post and maintain office hours, with a minimum of one conference hour per week, per course.

For qualifications and licensure, education, experience and a full job description and to apply please go to <https://www.governmentjobs.com/careers/klamathcc>

Klamath Community College is an Affirmative Action / Equal Opportunity / Veteran / ADA Institution embracing diversity. We encourage and welcome women, minority, veteran, and disabled candidates.

2019 OSBN BOARD MEMBERS



MICHELLE CHAU, LPN

Term: 1/1/19 – 12/31/21

Ms. Chau is a Panel Manager for the Multnomah County Health Department in Portland, Ore. She completed her practical nursing program at Mt. Hood Community College in Gresham, Ore., and has a BS degree in Advanced Chemistry, Biology, and General Science from Oregon State University in Corvallis, Ore. She has 10 years of nursing experience, and serves in the Licensed Practical Nurse position on the Board.



**KATHLEEN CHINN, RN, FNP
PRESIDENT-ELECT**

Terms: 1/1/16 – 12/31/18, 1/1/19 – 12/31/21

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.



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.



**WILLIAM YOUNGREN, CNA
BOARD SECRETARY**

Terms: 6/1/16 – 12/31/18, 1/1/19 – 12/31/21

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.

Public Members Needed: The Oregon State Board of Nursing is seeking two public board members for terms that begin immediately. To apply, visit the Governor's Boards and Commissions webpage (https://www.oregon.gov/gov/admin/Pages/How_To_Apply.aspx). For more information on the specific duties of an OSBN board member, visit the board's [About Us](#) webpage, or contact OSBN Communications Manager Barbara Holtry at barbara.holtry@state.or.us.

STAKEHOLDER INPUT, PUBLIC COMMENT, AND TESTIMONY – WHAT’S THE DIFFERENCE?

When you hear someone use these terms, are you confused? If so, you aren't alone. In relation to the Oregon State Board of Nursing (OSBN) meetings, the following information will help you understand the differences between stakeholder input, public testimony related to Administrative Rule Hearings, and public comment.

Public participation is good for everyone. The OSBN has a long history of transparency and public involvement. It's important that the public is aware and has the opportunity to be involved in changes that may directly affect them, whether they are licensees, students, educators, or the general public. Public comment:

- **Improves the quality of regulations.** Public comments often point out ambiguities in language, omissions, unintended consequences, and other problems that may have been overlooked.
- **Puts agencies and regulatory boards in the best position to make the right choices.** By seeking input from people with different perspectives on regulation, the agency will be more fully aware of the issues, which should help it make the best choices.
- **Helps to alleviate people's concerns.** Communicating with interested parties will help to gauge reaction and avoid a situation where significant opposition and controversy are generated from an action.

PUBLIC MEETINGS

The Oregon Public Meetings Law is a public attendance law, not a public participation law. Under the Public Meetings Law, governing body meetings are open to the public except as otherwise provided by law. As stated in Oregon Revised Statute (ORS) 192.630(1): The right of public attendance guaranteed by the Public Meetings Law does not include the right to participate by public testimony or comment. In fact, the Public Meetings Law expressly mentions public participation in only two situations: an opportunity for “public comment” on the employment of a public officer, ORS 192.660(7)(d)(C), and an opportunity for “public comment” on standards to be used in hiring a chief executive officer ORS 192.660(7)(d)(D).

Other statutes, rules, charters, ordinances, and bylaws outside the Public Meetings Law may require governing bodies to hear public testimony or comment on certain matters. However, in the absence of such a requirement, a governing body may conduct a meeting without any public participation. Governing bodies voluntarily may allow limited public participation at their meetings. The presiding officer has inherent authority to keep order and to impose any reasonable restrictions necessary for the efficient and orderly conduct of a meeting. If public participation is to be a part of the meeting, the presiding officer may regulate the order and length of appearances and limit appearances to presentations or relevant points.

ADMINISTRATIVE RULE HEARING TESTIMONY, AND STAKEHOLDER AND PUBLIC INPUT

The Board has authority, ORS 183.310, to adopt, amend, and repeal rules in OAR 851, to further interpret statute related to the practice of nursing. Stakeholder meetings are conducted for persons who have an interest in, or who may be affected by, rule revisions, to provide information and input. Depending on the proposed changes in question, including adoption or repeal of a rule, there may be one or several stakeholder meetings prior to a rule hearing. All meetings are posted on the Board website (<https://www.oregon.gov/osbn/Pages/board-meetings.aspx>), and the public is encouraged to attend. The rulemaking process includes notice to the public of proposed rule changes, rule hearings, and the formal adoption of rules through the Oregon Secretary of State. The public may provide comments and feedback prior to the rule hearing or provide testimony during the hearing. As with Board meetings, administrative rule hearings are considered public meetings.

BOARD MEETINGS - OPEN FORUM

The public is welcome and encouraged to attend public Board meetings, and agendas are posted in advance of the meeting on the OSBN website. During OSBN Board meetings, there is a need to handle Board business expeditiously. To ensure that the public has a full opportunity to be heard, and that the OSBN can conduct business in an orderly

BOARD PROCESS

manner, there are standards in regards to public participation at Board meetings. At each in-person Board meeting, there is specific time on the agenda for the public to have the opportunity to address the Board and to make comments or present issues of general interest. During this Open Forum, comments are limited to matters concerning the regulation of nursing practice and cannot be used to make formal requests to the Board, nor to address issues or cases currently under investigation. Persons requesting to speak before the Board during Open Forum are asked to sign up to speak in advance; if they have written materials, they must submit copies of the materials to staff and Board members prior to addressing the Board. Topics presented during Open Forum are not considered action items on the Board meeting agenda because prior public notice was not given, but the Board may designate matters presented as agenda items at future Board meetings.

The OSBN encourages public participation in many ways. Anyone can sign up to receive e-mail notifications pertaining to regulatory actions and meetings. To do this, access the OSBN website (www.oregon.gov/osbn) and look for "Subscription Lists" at the bottom of the home page. You can also access "Upcoming Meetings" at the bottom of the home page, under "The Board."



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The poster features a background image of a desert landscape with red rock formations. At the top left is a circular logo with a gear and a person. To the right of the logo is the text 'TSÉHOOTSOÍ NAHATA'DZIIL NIHI DINE'É BÁ' in a stylized font, followed by 'Medical Center Health Center Wellness Center' and 'Facilities of Fort Belknap Indian Hospital Board, Inc.' in smaller text. The main text in the center reads 'Care Coordinators', 'Clinical Nurses', 'Public Health Nurses', 'Psychiatric Nurses', and 'APPLY NOW!' in large, bold, white letters. Below this is a teal banner with the text 'Your Journey Starts Here!'. At the bottom left is the website 'fdihb.org' in orange. To the right of this is a vertical line, followed by the contact information for Michelle Beasley, MSN, RN: 'Nursing Recruitment', 'michelle.beasley@fdihb.org', and '928.688.6220'. At the very bottom, a black banner contains the text 'RELOCATION BONUSES AVAILABLE • EXCELLENT BENEFITS • IHS OR NHSC LOAN REPAYMENT PROGRAM ELIGIBLE' in white.

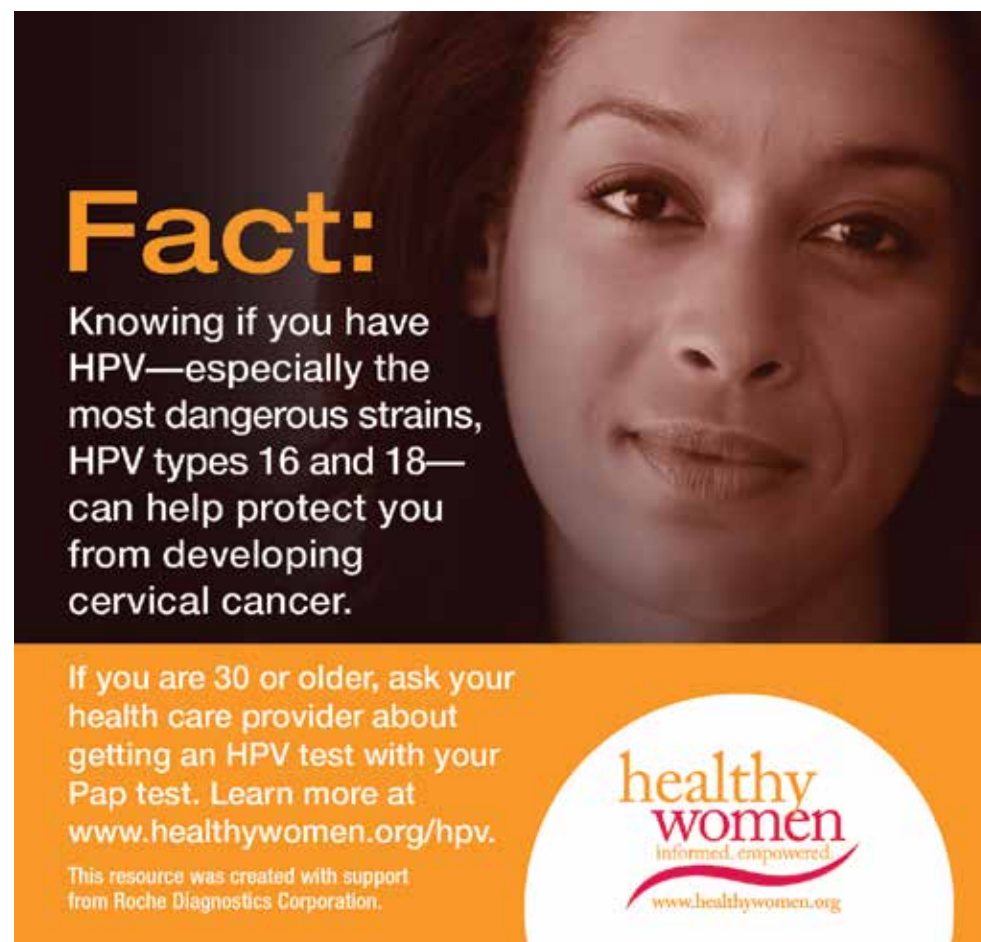
**Care Coordinators
Clinical Nurses
Public Health Nurses
Psychiatric Nurses
APPLY NOW!**

Your Journey Starts Here!

fdihb.org

Michelle Beasley, MSN, RN
Nursing Recruitment
michelle.beasley@fdihb.org
928.688.6220

RELOCATION BONUSES AVAILABLE • EXCELLENT BENEFITS • IHS OR NHSC LOAN REPAYMENT PROGRAM ELIGIBLE



The advertisement features a close-up image of a woman's face on the right side. On the left, the word 'Fact:' is written in large, bold, orange letters. Below it, the text reads: 'Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.' At the bottom left, there is a block of text: 'If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv. This resource was created with support from Roche Diagnostics Corporation.' On the bottom right, there is a circular logo with the text 'healthy women' in a mix of orange and pink, with 'informed. empowered.' below it, and the website 'www.healthywomen.org' at the bottom.

Fact:

Knowing if you have HPV—especially the most dangerous strains, HPV types 16 and 18—can help protect you from developing cervical cancer.

If you are 30 or older, ask your health care provider about getting an HPV test with your Pap test. Learn more at www.healthywomen.org/hpv.

This resource was created with support from Roche Diagnostics Corporation.

healthy women
informed. empowered.
www.healthywomen.org

INNOVATION IN LICENSING FOR NEW OREGON GRADUATES

Spring has finally sprung in the great State of Oregon. Along with bringing rain showers, new blooms, and sandals, spring also ushers in graduation season. There are 39 RN/LPN preparation programs in Oregon and they all graduate classes at approximately the same time. Last year, between March 1 and June 30, the Oregon State Board of Nursing (OSBN) received 1,296 individual applications for RN/LPN exam. A survey of these applications showed that about 75 percent of the exam applications received are from Oregon nursing graduates. Each of those applications required additional documentation such as an official, final transcript and a notarized photo page in order to complete the licensing process. That results in a lot of paperwork for OSBN staff to manage.

In addition to processing applications and issuing licenses, the OSBN's nine-member licensing staff also answers the majority of incoming phone calls and emails to the Board. Last year during the same March through June period, licensing staff answered nearly 8,800 phone calls. Repeatedly, Board staff received the question, "Why does it take so long to get my license?" We also were told, "There has got to be a better way to do this!" We heard the concerns and agreed.

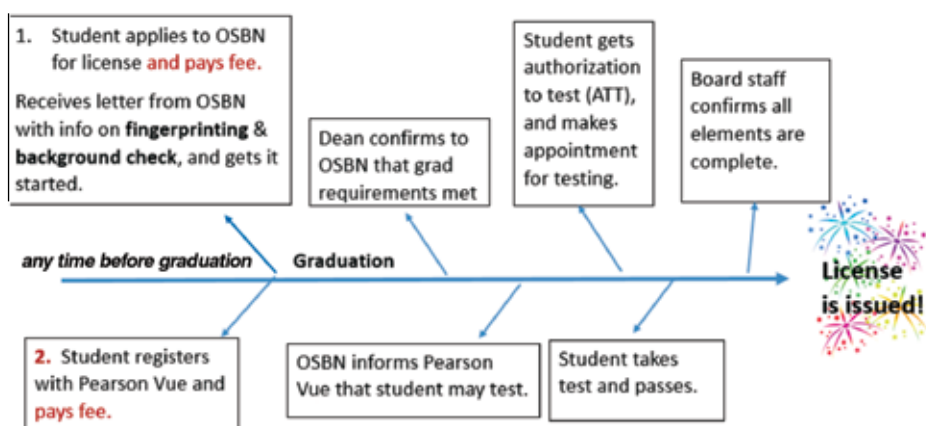
In accordance with our mission and values, the OSBN and its staff are always seeking opportunities to simplify rules and processes while

safeguarding the public's health. During the fall and winter of 2018, multiple departments at OSBN collaborated to inspect the rules and procedures as they pertain to licensure by exam. Staff made it their goal to determine if there were any ways that we could streamline processes and decrease the amount of time it may take a new graduate to become licensed. They identified potential improvements and, as a result of their diligent work, the Board adopted a temporary rule on March 1, 2019 that removes the requirement for a notarized photo page for exam candidates. It also allowed the OSBN to create internal processes for verifying the completion of a nursing program for graduates of Oregon programs.

In March, OSBN implemented a new online "Grad Portal" for Oregon nursing programs to reduce paperwork and reliance on third party delivery systems. When an Oregon graduate applies for "License

by Exam," her/his name becomes available via the "Grad Portal" to the Dean or Director of the nursing education program listed on the application. The Dean or Director will log in to the confidential portal and confirm whether the student has completed the program. At that point, the education for the applicant is verified and the Board will not require an official final transcript to be sent by the school.

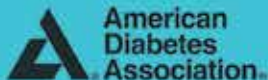
The past month has shown that this new process is working very well. Applicants are being approved to take the NCLEX more quickly and seamlessly than ever. Additionally, upon passing the NCLEX and meeting all other requirements, people are receiving licenses more expediently than in the past. While this is just the beginning of the busy "graduation season," OSBN staff are confident that this will be the simplest licensing experience for new exam applicants in recent history.



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