



**WHO:** Health Licensing Office  
Board of Denture Technology

**WHEN:** September 28, 2015 at 9 a.m. **Meeting will be Teleconference**

**WHERE:** Health Licensing Office  
Rhoades Conference Room  
700 Summer St. NE, Suite 320  
Salem, Oregon

**What is the purpose of the meeting?**

The purpose of the meeting is to conduct board business. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/OHLA/DT/Pages/meetings.aspx> for current meeting information.

**May the public attend the meeting?**

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

**May the public attend a teleconference meeting?**

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

**What if the board/council enters into executive session?**

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

**Who do I contact if I have questions or need special accommodations?**

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

# **Approval of Agenda**



Health Licensing Office  
Board of Denture Technology



September 28, 2015 at 9 a.m.

Meeting will be teleconference

1. **Call to Order**
2. **Items for Board Action**
  - ◆ Approval of agenda
  - ◆ Approval of minutes- May 18, 2015
  - ◆ Approval of 2016 meeting dates
  - ◆ Approval of 2016 chair and vice chairperson

Working Lunch

3. **Reports**
  - ◆ Director Report
  - ◆ Licensing and Fiscal Statistical Reports
  - ◆ Policy Report
    - 2015 Legislative Summary
    - OHA OHPR - Student Clinical Training
    - Practice clarification process revisions
  - ◆ Regulatory Report
4. **Public/Interest Parties Feedback**
5. **Executive Session** – Pursuant to ORS 192.660(2) (f) for the purpose of considering information or records exempt from public inspection. (Investigation files) case numbers 15-7774, and 14-7378.
6. **Items for Board Action – Investigative Files**
7. **Other Board Business**

**Agenda is subject to change.**

**For the most up to date information visit [www.oregon.gov/OHLA](http://www.oregon.gov/OHLA)**

# **Approval of Minutes**

**May 18, 2015**



Health Licensing Office  
Board of Denture Technology



May 18, 2015  
700 Summer Street NE, Suite 320  
Salem, Oregon

---

**MINUTES**

---

**MEMBERS PRESENT**

Shawn Murray, chair  
David Dahl  
Kenneth Holden  
Nels Hvass

**STAFF PRESENT**

Holly Mercer, Director  
Sylvie Donaldson, fiscal services and licensing manager  
Bob Bothwell, regulatory operations manager  
Samie Patnode, policy analyst  
Sarah Kelber, Communications Coordinator  
Maria Gutierrez, board specialist

**MEMBERS ABSENT**

Cindy Cunningham  
Ari Binder

**GUESTS PRESENT**

None

**Call to Order**

Shawn Murray called the meeting of the Board of Denture Technology to order at 11:06 a.m. Roll was called.

**Approval of Agenda**

Nels Hvass made a motion with a second by David Dahl to approve the agenda. Motion passed unanimously.

**Approval of Minutes**

Nels Hvass made a motion with a second by Kenneth Holden to approve the minutes for September 15, 2014. Motion passed unanimously.

### **Executive Session**

- The Board of Denture Technology entered executive session pursuant to ORS 192.660(2)(f) at 11:08 a.m. on May 18, 2015, for the purpose of considering information or records exempt from public inspection (legal advice).
- Executive session concluded and the board reconvened regular session at 12:33 p.m. It was noted that no decisions were made and no votes were made in executive session.

Board members agreed the role of the board is not to answer specific questions made by individuals or health systems but rather provide general guidance specified in statutes and rules. The Health Licensing Office and the Board of Denture Technology will determine on a case-by-case basis if a topic is broad enough to affect all licensees and therefore warrants clarification of statutes and rules.

### **Director Report:**

Holly Mercer, Director, reported on the following:

- During the initial transition to Oregon Health Authority the Health Licensing Office (HLO) was placed y under Director's Office. New leadership has determined that HLO will move to Public Health Division which is scheduled to occur on July 1, 2015.
- Update on staffing.
- Moving into new minutes and recording system – Granicus
- The office is looking into possibly moving to a new building location to help provide more testing areas for the licensees, and parking as professions continue to grow.
- Update on board member recruitment.

### **Licensing and Fiscal Statistical Reports:**

Sylvie Donaldson, fiscal services and licensing manager, presented an overview of statistics related to the Board. Statistics include licensing and examination, active license trends and license volumes.

The statement of cash flow for the period 07/01/2013 – 5/04/2015 was reviewed with an actual ending cash balance of \$44,098.12. The ending cash balance for the period of 07/01/2013 – 6/30/2015 is projected to be \$47,454.65.

Members, discussed licensing requirements /changes that will occurred in Washington State, and possible impact that will affect Oregon licenses when applying for licensure in Washington.

### **Policy Report:**

Samie Patnode, policy analyst, reported on the following:

- 2015 Legislation
  - **HB 2296** would change the name of the Board of Body Art Practitioners to the Board of Body Art Practitioners to Board of Electrologist and Body Art Practitioners. The bill had a public hearing and work session in both the House and Senate Health Care Committees with do pass recommendations and had a third reading on the Senate Floor.
  - **HB 2642** with the -4 amendment establishes the nine-member Board of Certified Advanced Estheticians (BCAE) within HLO in the Oregon Health Authority (OHA). The bill authorizes the HLO to certify the practice of advanced nonablative esthetics. Certification must be renewed biennially. The bill contains an emergency clause and is effective on passage. HLO

is authorized to take action before the July 1, 2016 operative date. The bill allows HLO to begin certifying individuals as of July 1, 2016, and reduces the grandfathering period from two years to 18 months. The – 4 amendment clarifies the definition of “nonablative,” adds two physicians or physician assistants as members of the BCEA, specifies that certificate holders are required to disclose existence of professional liability insurance as part of their client records, and stipulates that a certificate holder must enter into an agreement with a health care professional who has schedule III, IV or V prescriptive authority. The – 4 amendment does not change the fiscal determination.

- **HB 2305** Permits individuals who complete polysomnographic program that combines education and training program to apply for polysomnographic technologist license. The bill had a public hearing and work session in both the House and Senate Health Care Committees with do pass recommendations and had a third reading on the Senate Floor. If passed the implementation would be after January 1, 2016.
- Health Evidence Review Commission (HERC), Value-based Benefits Subcommittee (VbBS) met in November and compiled recommendations regarding coverage guidance for dentures. The recommendation was to delete the denture guideline and use the Department of Medical Assistance Program rules to determine eligibility for dentures in the future with a start date of January 1, 2015. In November 2014 the HERC met and accepted the VbBS recommendations.
- Health Policy and Research, Student Clinical Training Passage of SB 879 2011 mandated the Oregon Health Authority, Office for Oregon Health Policy and Research to develop administrative rules for students in specific health professions, including denture technology, which became effective on July 1, 2014. The rules establish consistent standards for certain health professional students placed in clinical training settings within the state of Oregon including immunizations, criminal background checks, insurance coverage and drug screening. Currently administrative rules are open and expected to become effective July 2015.

**Regulatory Report:**

Bob Bothwell, regulatory operations manager, reported on the following:

2011-2013 Biennium

Between July1, 2011 and June 30, 2013, 17 complaints were received. Of the 17 complaints 0 remain open. A summary of allegations received by type of complaint was provided as stated below.

Anonymous	Clients	Other
1	14	2

2013-2015 Biennium

Between July 1, 2013 and December 31, 2015, 12 complaints were received. Of the 12 complaints 7 remain open. A summary of allegations received by type of complainant was provided as stated

below.

Anonymous	Clients	Other
0	5	7

**Public Comment**

No public comment was received.

**Executive Session**

- The Board of Denture Technology entered executive session pursuant to ORS 192.660(2)(f) at 1:20 p.m. on May 18, 2015, for the purpose of considering information or records exempt from public inspection (investigative files.)

- Executive session concluded and the board reconvened regular session at 1:53 p.m. It was noted that no decisions were made and no votes were made in executive session.

Sylvie Donaldson and members of the board outlined the following recommendations:

**In regards to investigation file 14-7715**

- A notice of \$5,00.00 civil penalty to be issued, and \$4,500 stayed if applicant doesn't violate any rules related to Denture Technology.

**MOTION:**

Nels Hvass made a motion, with a second by Dave Dahl. Motion passed unanimously.

**Other Board Business**

There was no "Other Board Business."

The meeting adjourned at approximately 1:55 p.m.

Minutes prepared by: Maria Gutierrez, board specialist



# **2016 Meeting Dates**



# Issue Statement

---

## HEALTH LICENSING OFFICE

### BACKGROUND AND DISCUSSION:

The Board of Denture Technology generally meets approximately three times per year at 11 a.m. on Mondays.

### ISSUE:

With the end of 2015 approaching it is necessary for the Board to approve meeting dates for the year 2016.

The Health Licensing Office proposes the following meeting dates:

February 1, 2016 at 11 a.m.  
May 16, 2016 at 11 a.m.  
September 19, 2016 at 11 a.m.

(Note: If the need arises additional meetings may be scheduled during the interim including conference calls.)

### BOARD ACTION:

The Board approves meeting dates for the year 2016. Approved meeting dates:

\_\_\_\_\_, 2016 at 11 a.m.

\_\_\_\_\_, 2016 at 11 a.m.

\_\_\_\_\_, 2016 at 11 a.m.

**2016 Chair & Vice  
Chair Person**



# Issue Statement

## HEALTH LICENSING OFFICE

### BACKGROUND AND DISCUSSION:

Shawn Murray has served as Chair for the Board of Denture Technology, and Cindy Cunningham has served as Vice-Chair during the year 2015.

### ISSUE:

In preparing for 2016, it is necessary for the Board to nominate and elect a Chair and Vice-Chair.

#### **Role of the Chairperson in Meetings**

- Officially call the meeting to order
- Keep order and impose any reasonable restrictions necessary for the efficient and orderly conduct of the meeting
- Direct the “flow” of the meeting and to ensure the meeting is conducted in a professional manner. Some key points regarding meeting protocol include:
  - Board members wishing to speak need to wait to be addressed by the Chair
  - Once addressed by the Chair, the board member must state his or her last name prior to speaking for the record
  - The Chair guides members through the process of making motions
  - If public comment is being accepted by the board, audience members must wait to be addressed by the Chair and state their full name and affiliation to the board
- Officially enter/exit Executive Session
- Officially adjourn the meeting

#### **Role of the Chairperson Outside of Meetings**

- Collaborate with the Director regarding the board budget - On occasion, the Director may contact the Chair to discuss the board budget regarding current and future revenues and expenditures and possible fee increases or decreases.
- Assist in generating meeting agendas - On occasion, the board specialist or analyst may contact the Chair to discuss the agenda for an upcoming meeting. The Chair may be asked to comment on topics to be discussed and the format or order in which the topics should be presented at the meeting.

### **Role of the Vice-Chairperson**

It is the responsibility of the Vice-Chair to assume the responsibilities of the Chair in the event of an absence, or if the chairperson is no longer a member of the board for any reason.

#### **BOARD ACTION:**

The Board nominates and elects a Chair and Vice-Chair for the remainder of 2015 and the year 2016.

Chair:

---

Vice-Chair:

---



## Board of Denture Technology Member Appointment Status Update

### Board Membership in General:

Pursuant to ORS 680.556 the Board of Denture Technology consists of seven members appointed by the governor including:

- Four active licensed denturists;
- One Oregon licensed dentist in active practice; and
- Two members of the public who do not possess the professional qualifications of other members and who are not a spouse, domestic partner, child, parent or sibling of an active licensed denturist or dentist.

Terms in office are three years; with an appointee eligible to serve a maximum of two consecutive terms or until a successor is appointed.

### Current Appointment Information:

Member Position Type	Member Name	Full Term # or Partial Term	Start of Current Term	Term Expiration
Dentist	Ari Binder	1 <sup>st</sup> Full	07/01/2014	06/30/2017
Denturist	Nels Hvass	1 <sup>st</sup> Full	03/01/2014	02/28/2017
Public Member	Cindy Cunningham	2 <sup>nd</sup> Full	10/01/2012	09/30/2015
Denturist	Dave Dahl	2 <sup>nd</sup> Full	07/01/2011	06/30/2014
Denturist	Ken Holden	2 <sup>nd</sup> Full	07/01/2010	06/30/2013
Denturist	Shawn Murray	2 <sup>nd</sup> Full	10/01/2012	09/30/2015
Public Member	VACANT			

\*Highlight indicates that member is not eligible to reappoint at end of term or the position is vacant.

### How to Apply to be a Member:

Helpful information on how to apply to be a member is available online at:

<http://www.oregon.gov/gov/admin/Pages/Boards-and-Commissions.aspx>

In general, interested applicants are asked to review the membership handbook and submit a completed interest form to the Governor’s Office of Executive Appointments. (Interest form attached) Completed interest forms can be submitted by any of the following methods:

- Fax interest form to 503-373-0840 (secure fax);
- Email scanned interest form to [executive.appointments@das.state.or.us](mailto:executive.appointments@das.state.or.us); or
- Mail interest form to:

Office of the Governor  
Executive Appointments

900 Court Street NE, Room 160  
Salem, OR 97301-4075

Please contact the Office of Executive Appointments if you have questions about the appointment process or about the status of your application.



HEALTH LICENSING OFFICE

Kate Brown, Governor



700 Summer St NE Ste 320

Salem, OR 97301-1287

Phone: 503-378-8667

Fax: 503-585-9114

[www.oregon.gov/OHLA/Pages/index.aspx](http://www.oregon.gov/OHLA/Pages/index.aspx)

Date: September 15, 2015

To: All Licensed Denturists

From: Samie Patnode, Policy Analyst

Subject: Board of Denture Technology Recruitment

The Health Licensing Office (HLO) is seeking individuals interested in serving on the Board of Denture Technology (Board) as a member of the public. HLO sees this as an opportunity to seek interest in public membership from patients or family members of patients with dentures. If you know of a patient or family member of a person who wears dentures that may be interested in serving on the Board please fill free to forward them this information or provide HLO or Governor's Office contact information.

In order to qualify as a public member you must not possess the professional qualifications of other members or be a spouse, domestic partner, child, parent or sibling of an active licensed denturist or dentist.

Terms in office are three years, with an appointee eligible to serve a maximum of two consecutive terms or until a successor is appointed.

The Board meets regularly three times per year at the Health Licensing Office to address topics such as examinations, licensing and fiscal statistical reports. Members of the Board also discuss policy, legislation and administrative rules. Members of the Board are entitled to compensation and expenses as provided in ORS 292.495.

If you or someone you recommend may be interested in serving on the Board as a public member, please submit the enclosed Executive Appointments Interest Form to the Governor's Office. Completed interest forms can be submitted by any of the following methods:

- Fax interest form to 503-378-0840 (secure fax);
- Email scanned interest form to [executive.appointments@das.state.or.us](mailto:executive.appointments@das.state.or.us); or
- Mail interest form to: Office of the Governor  
Executive Appointments  
900 Court Street NE, Room 160  
Salem, OR 97301-4075

Please contact the Office of Executive Appointments if you have questions about the appointment process or about the status of your application.

Please contact Samie Patnode at HLO for questions regarding Board membership at (503) 373-1917 or [samie.patnode@state.or.us](mailto:samie.patnode@state.or.us).



# **Director Report**

# **Licensing and Fiscal Statistical Reports**

# Board of Denture Technology

*Licensing Division Statistics as of **June 30**, 2015 \**  
*2013 - 2015 Biennium*

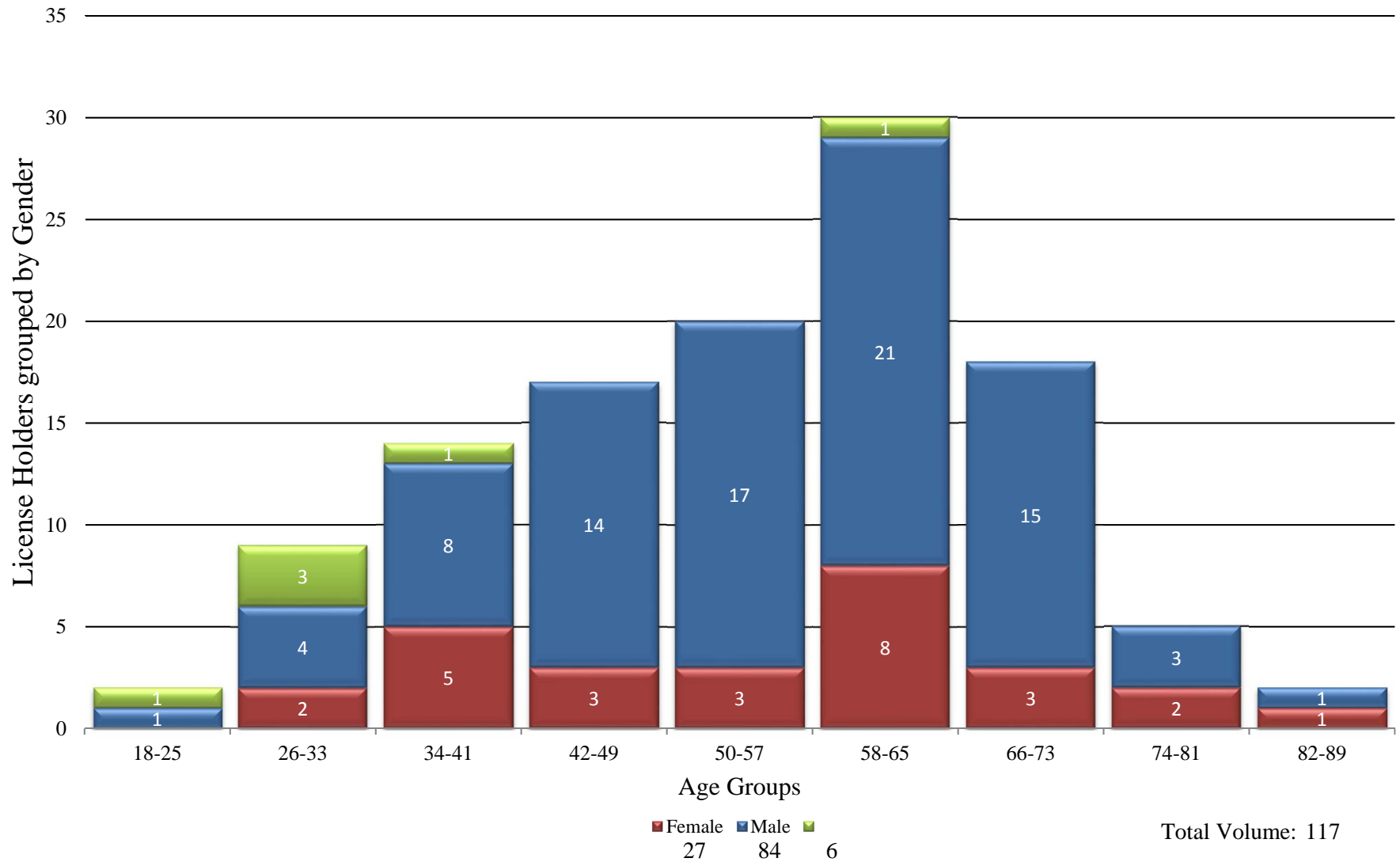
<b>Quarter</b>	<b>Licenses Issued</b>	<b>Renewals Processed</b>	<b>% of Renewals Processed Online</b>
<b>1st</b>	2	22	22.7%
<b>2nd</b>	3	2	50.0%
<b>3rd</b>	2	-	0.0%
<b>4th</b>	1	1	0.0%
<b>5th</b>	1	21	42.9%
<b>6th</b>	-	30	36.7%
<b>7th</b>	-	23	21.7%
<b>8th</b>	3	21	57.1%
<b>Total:</b>	12	120	35.8%

*\* Note that the licensing table reflects activities through June 30, 2015 only since it is based on the 2013-15 biennium, and the remaining charts and graphs in this report are more current, including activity on through September 14th. Licensing activities for the July timeframe forward will be included in the next update to this table once we shift to the 2015-17 biennium.*

# Board of Denture Technology

Active License Holders

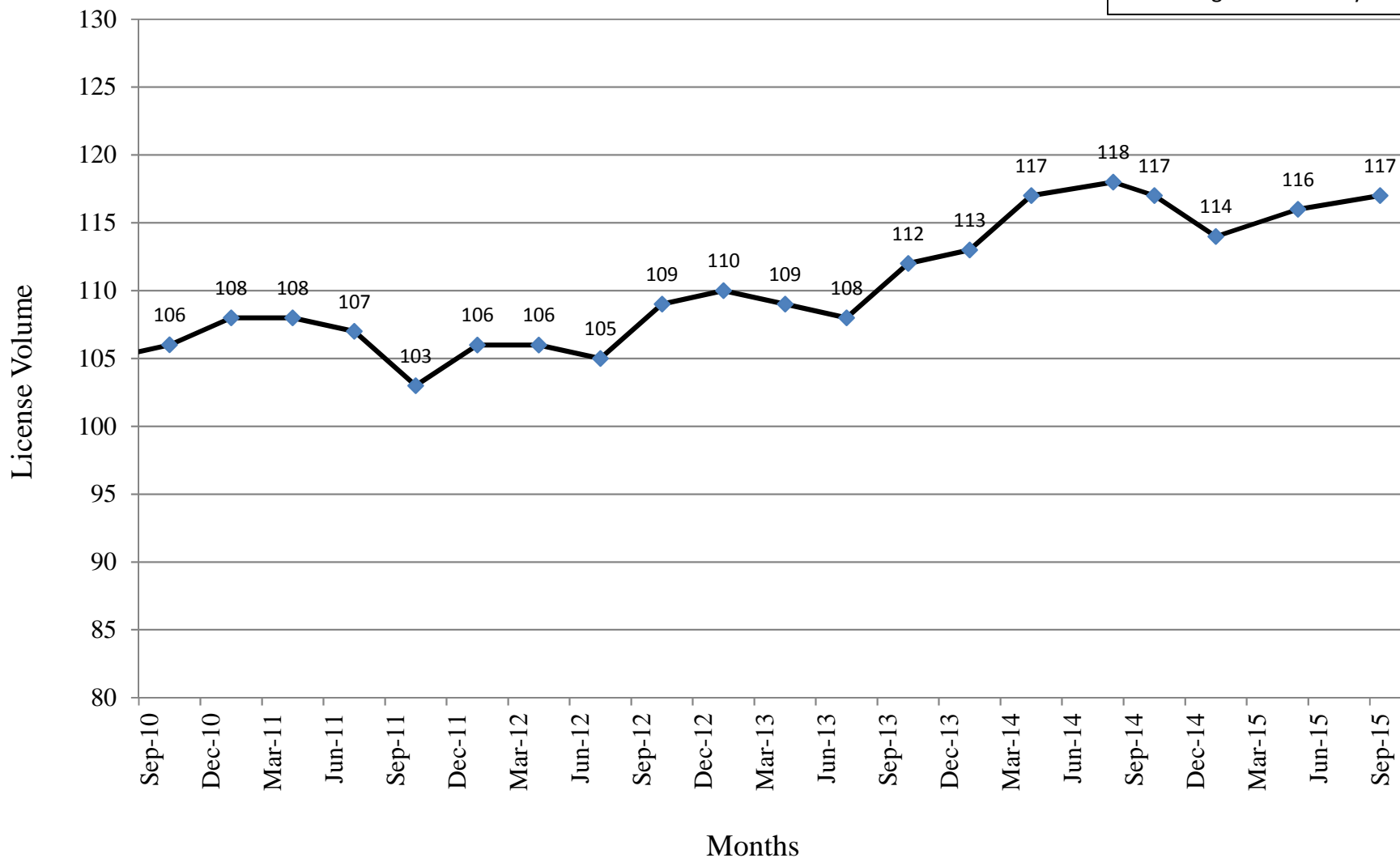
Statistics grouped by gender and age as of September 14, 2015



# Board of Denture Technology

Active License Trend  
September 2010 - September 2015

-0.85% growth over 1 year  
+10.26% growth over 5 years



<b>HEALTH LICENSING OFFICE</b> <b>Fund 7530 - DENTURE TECHNOLOGY</b> <b>STATEMENT OF CASH FLOW</b> <b>FOR THE PERIOD 07/01/13 - 06/30/15</b>	
CURRENT	
<b>13-15' Beginning Cash Balance</b>	\$ 41,408.40
Revenues	\$ 56,665.43
Expenditures	\$ 47,307.00
Less: Accrued Expenditures	
Less: Total Expenditures	\$ (47,307.00)
Subtotal: Resources Available	\$ 50,766.83
Change in (Current Assets)/Liabilities	\$ -
<b>Ending Cash Balance (Actual)</b>	<b>\$ 50,766.83</b>
Indirect Charges are calculated using the following rates:	
*Based on Licensee Volume as of May 20, 2013	
Shared Assessment %	0.20%
Examination %	0.20%
Small Board Qualification %	1.82%
Inspection %	0.00%

<b>HEALTH LICENSING OFFICE</b> <b>Fund 7530 - DENTURE TECHNOLOGY</b> <b>STATEMENT OF CASH FLOW</b> <b>FOR THE PERIOD 07/01/13- 06/30/15</b>	
PROJECTED	
<b>13-15' Beginning Cash Balance</b>	\$ 41,408.40
Revenues	\$ 56,665.43
Expenditures	\$ 47,307.00
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	\$ (47,307.00)
Subtotal: Resources Available	\$ 50,766.83
Change in (Current Assets)/Liabilities	\$ -
<b>Ending Cash Balance (Projection)</b>	<b>\$ 50,766.83</b>
Indirect Charges are calculated using the following rates:	
*Based on Licensee Volume as of May 20, 2013	
Shared Assessment %	0.20%
Examination %	0.20%
Small Board Qualification %	1.82%
Inspection %	0.00%

# **Policy Report**

# **2015 Legislation**



# **Oregon Health Authority**

~

## **Administrative Requirements for Health Profession Student Clinical Training**

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING HEARING\***  
A Statement of Need and Fiscal Impact accompanies this form

**FILED**  
5-14-15 2:34 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

Oregon Health Authority, Office for Oregon Health Policy and Research  
Agency and Division

409  
Administrative Rules Chapter Number

Zarie Haverkate

(503) 931-6420

Rules Coordinator

Telephone

Oregon Health Authority, Office for Oregon Health Policy and Research, 1225 Ferry St. SE, Salem, OR 97301

Address

**RULE CAPTION**

Amendment of Administrative Standards for Health Professional Student Clinical Training

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
6-24-15	1:00 p.m.	Human Services Building, Room 554, 500 Summer Street NE, Salem,	Zarie Haverkate, 503-931

**RULEMAKING ACTION**

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

**ADOPT:**

**AMEND:**

OAR 409-030-0110, 409-030-0140, 409-030-0150, 409-030-0160, 409-030-0170, 409-030-0180, 409-030-0190, 409-030-0210, 409-030-0220, and 409-030-0230.

**REPEAL:**

**RENUMBER:** Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

**AMEND AND RENUMBER:** Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

**Statutory Authority:**

ORS 413.435

**Other Authority:**

**Statutes Implemented:**

ORS 413.435

**RULE SUMMARY**

The Administrative Standards for Health Professional Student Clinical Training rules need to be amended to address issues that were brought up by the advisory committee during the first year of implementation. Issues include adding a time frame for drug testing and criminal background checks, adding specificity to the training standards for CPR/BLS and removing the option for non-medical exemptions from immunizations.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

<u>06-26-2015 5:00 p.m.</u>	<u>Zarie Haverkate</u>	<u>zarie.haverkate@state.or.us</u>
Last Day (m/d/yyyy) and Time for public comment	Rules Coordinator Name	Email Address

\*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State  
**STATEMENT OF NEED AND FISCAL IMPACT**  
A Notice of Proposed Rulemaking Hearing accompanies this form.

**FILED**  
5-14-15 2:34 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

Oregon Health Authority, Office for Oregon Health Policy and Research  
Agency and Division

409  
Administrative Rules Chapter Number

Amendment of Administrative Standards for Health Professional Student Clinical Training

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The amendment of OAR 409-030-0110, 409-030-0140, 409-030-0150, 409-030-0160, 409-030-0170, 409-030-0180, 409-030-0190, 409-030-0210, 409-030-0220, and 409-030-0230.

**Statutory Authority:**

ORS 413.435

**Other Authority:**

**Statutes Implemented:**

ORS 413.435

**Need for the Rule(s):**

These rules need to be amended to address issues that were brought up by the advisory committee during the first year of implementation. Issues include adding a time frame for drug testing and criminal background checks, adding specificity to the training standards for CPR/BLS and removing the option for non-medical exemptions from immunizations.

**Documents Relied Upon, and where they are available:**

The Oregon Health Care Workforce Committee SB 879 Workgroup Recommendations for the Oregon Health Policy Board, June 30, 2012 is available from The Office for Oregon Health Policy and Research (OHPR) (1225 Ferry Street SE, First Floor, Salem, Oregon 97301) and online at: <http://www.oregon.gov/OHA/OHPR/HPB/Pages/workforce/HealthCareWorkforceCommittee.aspx>. The proposed rule changes are available on the OHPR rules website at: <http://www.oregon.gov/OHA/OHPR/pages/rulemaking/index.aspx>.

**Fiscal and Economic Impact:**

There is no expected fiscal or economic impact from amending these rules.

**Statement of Cost of Compliance:**

**1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):**

Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, businesses, including small businesses.

**2. Cost of compliance effect on small business (ORS 183.336):**

**a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:**

None

**b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:**

N/A

**c. Equipment, supplies, labor and increased administration required for compliance:**

N/A

**How were small businesses involved in the development of this rule?**

Small businesses were not involved in development of the proposed amendment because there is no anticipated impact on small businesses.

**Administrative Rule Advisory Committee consulted?: Yes**

**If not, why?:**

Last Day (m/d/yyyy) and Time  
for public comment

Printed Name

Email Address

**CHAPTER 409  
OREGON HEALTH AUTHORITY,  
OFFICE FOR OREGON HEALTH POLICY AND RESEARCH**

**DIVISION 30  
ADMINISTRATIVE REQUIREMENTS FOR HEALTH PROFESSION STUDENT CLINICAL TRAINING**

**409-030-0110**

**Definitions**

The following definitions apply to OAR 409-030-0100 to 409-030-0250:

- (1) "Administrative requirements" means those requirements that must be documented and verified before health professions program students may begin clinical placements, and includes criminal background checks, drug testing for substance abuse, health screenings, immunizations, and basic training standards.
- (2) "Advanced practice nurse" means nursing practice areas inclusive of nurse practitioners, nurse midwives, clinical nurse specialists, and nurse anesthetists.
- (3) "Authority" means the Oregon Health Authority.
- (4) "CDC" means the federal Centers for Disease Control and Prevention.
- (5) "Clinical placement" means any clinical rotations, internships, ~~residencies, fellowships,~~ and any other clinical training experience that a student undergoes as part of their health professions program.
- (6) "Clinical setting" or "clinical site" means the clinical facility at which a student undergoes training during a clinical placement.
- (7) "Direct contact with patients" means clinical or therapeutic interaction with a patient, in a one-on-one or group setting at the clinical placement setting or an associated location, including but not limited to meetings, examinations, or procedures.
- (8) "Evidence of Immunization" means a statement signed and dated by a licensed practitioner who has within the scope of the practitioner's license the authority to administer immunizations or a representative of the local health department certifying the immunizations the student has received.
- (9) "For cause" means that the behavior of a student or instructor gives the health profession program or clinical site reason to believe that the individual is not complying with established standards set forth in these rules.
- (10) "Health profession program" means a post-secondary course of study that concentrates on a health profession discipline as described in OAR 409-030-0130 and offers students instruction and training for becoming a health care professional.
- (11) "Immunization" means receipt of any vaccine licensed by the United States Food and Drug Administration or the foreign equivalent for the prevention of a disease; proof of immunity to the disease via titer; or confirmed history of the disease.
- (12) "Individually identifiable health information" has the meaning given that term in ORS 433.443.
- (13) "Instructor" means a teacher, trainer, or advisor ~~on the faculty of the educational institution~~ who is overseeing a student onsite during clinical training on behalf of the training program which the

student attends. The degree of involvement of instructors in a student's clinical training experience may vary between programs, and may include but is not limited to observation, demonstration of technique, modeling of behavior, and regular feedback.

- (14) "Licensed independent practitioner" means an individual permitted by Oregon law to independently provide care and services, without direction or supervision, within the scope of the individual's license.
- (15) "Matriculated" means to be enrolled or registered for classes, as a student.
- (16) "Patient" means an individual who is seeking care, guidance or treatment options at a clinical location.
- (17) "School" or "educational institution" means the post-secondary college, university or other training program in which the student is matriculated for a health professions program.
- (18) "Student" means an individual enrolled as a student or registered for a post-secondary school or training programs required minimum credit hours in an accredited health professions program of study.
- (19) "Supervisor" means a staff member at a clinical facility who is delegated to provide supervision, to monitor student performance and to provide feedback to the student and the clinical educator and other educational training program faculty.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

#### **409-030-0140**

##### **Clinical Settings**

- (1) Except as provided in ~~section~~ OAR 409-030-0140 [section](#) (2) and 409-030-0150, these rules apply to the following clinical facilities hosting health professions students in the disciplines described in OAR 409-030-0130:
  - (a) Ambulatory care settings, including but not limited to clinics, private practices, Federally Qualified Health Centers, and primary care homes;
  - (b) Ambulatory surgical centers, as defined in ORS 442.015;
  - (c) Hospice, as defined in ORS 443.860;
  - (d) Hospitals and emergency departments, as defined in ORS 442.015;
  - (e) Long term care facilities, as defined in ORS 442.015;
  - (f) Residential care facilities, as defined in ORS 443.400; and
  - (g) Skilled nursing facilities, as defined in ORS 442.015.
- (2) In addition to the exceptions provided in OAR 409-030-0150, these rules do not apply to the following clinical facilities hosting health professions students in the disciplines described in OAR 409-030-0130 for a clinical placement:
  - (a) Chiropractic, acupuncture, and massage therapy clinics ~~or offices~~ that are independent and not associated with a clinical placement setting listed in OAR 409-030-0140(1).

- (b) Federal facilities, including Department of Veterans' Affairs facilities, Indian Health Service facilities, and federal prisons. Standards for clinical placement in federal facilities are set at the federal level.
  - (c) Health management or administration departments.
  - (d) Public elementary and secondary schools (grades K-12).
  - (e) Radiosurgery clinical placements. The Nuclear Regulatory Commission sets requirements for students involved in radiosurgery.
  - (f) State prisons and correctional facilities.
  - (g) [Oregon State Hospital.](#)
- (3) Completion of the administrative requirements in these rules only ensures administrative clearance for students. Clinical placement settings shall make all final clearance and placement decisions.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

#### **409-030-0150**

##### **Exceptions**

- (1) In addition to the exceptions listed in OAR 409-030-0130(2) and 409-030-0140(2), the standards in these rules ~~do~~ not apply to:
- (a) Students who will not have direct patient contact as part of their clinical placement.
  - (b) Students who are undergoing training overseen by their employer, academic institution, or training program at facilities that are located on the premises of or operated solely by the employer, academic institution or training program, or are otherwise considered "in-house" clinics.
- (2) Clinical placement sites that have fewer or less stringent administrative requirements for newly hired non-student employees may request exemption from specific provisions of OAR 409-030-0170 through 409-030-0240 for students performing clinical placements at that site. For example, a clinical placement site that does not require regular employees to take a drug screen prior to being hired may request exemption from the section of these rules that require students to take a drug screen prior to being placed at that clinical site. However:
- (a) All exemptions must be documented with the Authority prior to implementation of the exemption; and
  - (b) Clinical placement sites may only request exemptions from the specific category or section of these rules in which their requirements for newly-hired non student employees are less (such as immunizations, screenings, trainings or other listed in Table 1). Clinical placement sites with an exemption to a specific category of the administrative requirements must still comply with ~~abide by~~ all other sections of these rules.
- (3) Exemption requests may be submitted by:
- (a) Clinical placement sites; or

- (b) Educational institutions, on behalf of and in consultation with the clinical placement sites with which they contract and place students for clinical training.
- (4) A request for exemption must include:
- (a) The name and mailing address of the clinical placement setting.
  - (b) The supervisor or manager of student clinical placements on site, and email address and a phone number.
  - (c) A request for exemption from a specific section of the rules, that includes a description of the clinical placement setting's requirements for newly hired non-student employees, and how they differ from the requirements set forth in these rules.
- (5) Clinical placement settings may temporarily institute a site-specific variation or change to a requirement listed in OAR 409-030-0170 through 409-030-0240 in extenuating circumstances including but not limited to a public health emergency situation, such as an outbreak that requires new or different vaccination or a safety breach that requires immediate action, provided that the clinical placement setting clearly notifies all affected parties and the Authority in advance of the changes.
- (6) Once instituted, a change or variation of these rule requirements may remain in place at the ~~individual~~ clinical training placement setting until the next annual review of the rules, at which point ~~the Authority shall decide if a decision will be made that:~~
- (a) The change or variation is one mandated by a federal or state regulatory agency and will therefore be incorporated into these rules for all affected clinical placement settings and health profession students; or
  - (b) The change or variation would improve student and patient safety significantly and should be applied widely to clinical placement settings and health profession students in the state of Oregon, through an amendment to these rules; or
  - (c) The change or variation is not appropriate for widespread application to clinical placement settings and health professions students in the state of Oregon. In this case, the change or variation may not be re-instated by the clinical placement site after the annual review of the rules.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

#### **409-030-0160**

#### **Regular Review of Clinical Placement Standards**

- (1) The Authority shall convene an advisory group that may include representatives of affected students, health profession programs, clinical settings, and healthcare boards that regulate health profession programs. The Authority and the advisory group shall review the standards set forth in sections OAR 409-030-0170 through 409-030-0240 of these rules annually. Affected parties may bring proposed changes to the annual review process.
- (2) Standards for immunizations are based on the CDC Advisory Committee on Immunization Practices guidance and other state and federal regulatory bodies overseeing immunization and vaccinations. Rules shall be updated as needed to remain in compliance with suggested vaccination schedules and other recommendations from these regulatory bodies related to the applicable immunizations and screenings listed in Table 1.



- (3) State and nationwide criminal background check standards are based on rules determined by authorized state and federal regulatory bodies, including but not limited to the Joint Commission.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

**409-030-0170**

**Administrative Requirements for Clinical Placement**

- (1) To qualify for a clinical placement at a covered site within the state of Oregon, covered students must satisfy requirements for each of the following categories prior to the start of the intended placement period. See Table 1 for an expanded list relating to:
- (a) Immunizations; ~~and~~
  - (b) Screenings;
  - (c) Trainings; and
  - (d) Evidence of coverage for professional liability and general liability.
- (2) Health profession programs and clinical placement settings are not required to pay for or otherwise administer any screenings or tests listed in these rules.
- (3) Health profession programs must verify and retain evidence demonstrating that a student has completed all requirements listed in these rules prior to starting a placement for the student at a clinical setting. The health profession program shall provide evidence of completed requirements to clinical sites, as requested.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

**409-030-0180**

**Immunization Standards**

- (1) Table 1 lists the diseases and the corresponding required immunizations that students must have in order to receive a clinical placement or the immunizations that students are recommended to have but that are not required in order to receive a clinical placement.
- (2) Evidence of immunization may be demonstrated through the following:
- (a) A document appropriately signed or officially stamped and dated by a qualified medical professional or an authorized representative of the local health department, which must include the following:
    - (A) The month and year of each dose of each vaccine received; or
    - (B) Documentation of proof of immunity to the disease via titer; or
    - (C) Written documentation by a qualified medical professional indicating t~~he~~ month and year the diagnosis of the disease was confirmed.
  - (b) An official record from the Oregon ALERT Immunization Information System.
- (3) Individual student medical exemptions from ~~to~~-specific immunizations ~~requests are possible and~~ must be maintained by health profession programs as part of the overall record of the student.

Documentation for exemption requires [a written statement of exemption signed by a qualified medical professional. Non-medical exemptions from immunizations are not allowed.](#) ~~one or more of the following:~~

~~(a) A written statement of exemption signed by a licensed independent practitioner; or~~

~~(b) A written statement of religious exemption, signed by the student.~~

Stat. Auth.: ORS 413.435  
Stats. Implemented: ORS 413.435

#### **409-040-0190 Screening Standards**

Table 1 provides detailed information related to required screenings for students' clinical placements. Required screenings consist of:

- (1) Tuberculosis (OAR 409-030-0200);
- (2) Substance abuse or misuse (OAR 409-030-0210); and
- (3) State and nationwide criminal background check (OAR 409-030-0220).

Stat. Auth.: ORS 413.435  
Stats. Implemented: ORS 413.435

#### **409-030-0210 Drug Testing for Substance Abuse and Misuse**

- (1) A student must undergo a drug test prior to the start date of initial placement at a covered clinical setting. [Drug testing must take place prior to initial placement, but no more than three months before entry into the health profession training program requiring clinical training experience. A drug test is considered current while the student is enrolled and progressing in the health profession training program.](#) Subsequent drug ~~tests~~ ~~screenings~~ may not be required except for cause, [or at re-entry into a program from which the student has taken leave or fallen out of progression.](#) These rules do not aim to define an "acceptable" result to a drug screen. These rules ensure completion of the administrative requirements necessary for administrative clearance for students. Clinical placement settings shall make all final clearance and placement decisions.
- (2) At a minimum, a covered student seeking a clinical placement at a covered clinical site must undergo a standard 10-panel drug test and must sign any necessary authorizations. Screens for the following eight ~~(8)~~ substances must be included in the 10-panel drug screen:
  - (a) Amphetamines (including methamphetamines);
  - (b) Barbiturates;
  - (c) Benzodiazepines;
  - (d) Cocaine;
  - (e) Marijuana;
  - (f) Methadone;

- (g) Opiates; and
  - (h) Phencyclidine.
- (3) All drug testing must be conducted by a laboratory licensed and operated in accordance with ORS 438.010 and OAR 333-024-0305 through 333-024-0350. The health profession program must verify that screening is performed by a reputable vendor.

Stat. Auth.: ORS 413.435  
Stats. Implemented: ORS 413.435

**409-030-0220**  
**State and Nationwide Criminal Background Checks**

- (1) Students must undergo a state and nationwide criminal background check in advance of the start of their initial clinical placements, but no more than three months before entry into the health profession training program requiring clinical training experience. A criminal background check is considered current while the student is enrolled and progressing in the health profession training program. Subsequent criminal background checks may not be required except for cause, or at re-entry into a program from which the student has taken leave or fallen out of progression.
- (2) These rules do not aim to establish or define the composition of an “acceptable” result to a state and nationwide criminal background check. These rules ensure completion of the administrative requirements necessary for administrative clearance for students. Clinical placement settings shall make all final clearance and placement.
- (3) State and nationwide criminal background checks must be:
- (a) Performed by a vendor that is accredited by the National Association of Professional Background Screeners (NAPBS); or
  - (b) Performed by a vendor that meets the following criteria:
    - (A) Has been in the business of criminal background checks for at least two years;
    - (B) Has a current business license and private investigator license, if required in the company’s home state; and
    - (C) Maintains an errors and omissions insurance policy in an amount not less than \$1 million; or
  - (c) Conducted through an Oregon health professional licensing board, if required for students by such Board. (For example students of pharmacy are required by the Oregon Board of Pharmacy to obtain an intern license prior to engaging in clinical training and must undergo a national fingerprint-based background check.)
- (4) A criminal records check must include the following:
- (a) Name and address history trace;
  - (b) Verification that the students’ records have been correctly identified, using date of birth and a Social Security number trace;
  - (c) A local criminal records check, including city and county records for the student’s places of residence for the last seven years;

- (d) A nationwide multijurisdictional criminal database search, including state and federal records;
- (e) A nationwide sex offender registry search;
- (f) A query with the Office of the Inspector General's List of Excluded Individuals/Entities (LEIE);
- (g) The name and contact information of the vendor who completed the records check;
- (h) Arrest, warrant and conviction data, including but not limited to:
  - (A) Charges;
  - (B) Jurisdictions; and
  - (C) Date.
- (i) Sources for data included in the report.

Stat. Auth.: ORS 413.435  
Stats. Implemented: ORS 413.435

**409-030-0230**  
**Training Standards**

- (1) Students must complete all listed trainings in advance of the start date of the students' initial clinical placement. See Table 1 for additional descriptions and recommended training resources.
- (2) Students must complete the following steps for trainings that require certification:
  - (a) Complete [an in-person](#) training program in cardiopulmonary resuscitation (CPR), also known as Basic Life Support (BLS), at the healthcare provider level. [On-line training will not meet this requirement. Recommended trainings programs for CPR/BLS should comply with the standards set by the American Heart Association, must include the following components:](#)
    - (A) [1-Rescuer CPR and AED for adult, child and infant;](#)
    - (B) [2-Rescuer CPR and AED for adult, child and infant;](#)
    - (C) [Differences between adult, child and infant rescue techniques;](#)
    - (D) [Bag-mask techniques for adult, child and infant;](#)
    - (E) [Rescue breathing for adult, child and infant;](#)
    - (F) [Relief of choking for adult, child and infant;](#)
    - (G) [CPR with an advanced airway; and](#)
    - (H) [Skills testing.](#)
  - (b) Provide verified documentation as to the successful completion of CPR/BLS training, and

- (c) Maintain current certification for CPR/BLS during the clinical placement.
- (3) Health profession programs must provide documentation or a signed statement that the student has received prior training, taken educational courses, or is otherwise familiar with the following:
  - (a) The Health Insurance Portability and Accountability Act (HIPAA)
  - (b) Bloodborne Pathogen training that is compliant with the federal Occupational Safety and Health Administration (OSHA) requirements.
  - (c) Federal OSHA recommended safety guidelines, including:
    - (A) Fire and electrical safety;
    - (B) Personal protective equipment;
    - (C) Hazard communications; and
    - (D) Infection prevention practices.
- (4) Health profession programs shall provide documentation of completed trainings, as requested by clinical sites.
- (5) Clinical sites may require students to complete additional site-specific trainings or on-boarding procedures, including:
  - (a) Site-specific privacy and confidentiality trainings.
  - (b) Site-specific orientation trainings and on-boarding procedures, such as facility-specific protocols for safety, security, documentation systems, and standards of behavior or signing a non-disclosure statement.

Stat. Auth.: ORS 413.435

Stats. Implemented: ORS 413.435

**Table 1. Standards that health professions students must meet before clinical placements**

Standard	Timing	Notes
<b>Immunizations</b> (documented receipt of vaccine or documented immunity via titer or valid history of disease, or via a record from the Oregon ALERT Immunization Information System)		
Hepatitis B (Hep B)	Per CDC guidelines <sup>1</sup> – follow child and adolescent schedules for students 0-18 years of age; follow health care professional schedule for students greater than or equal to 18 years of age. <sup>2</sup>	
Measles, mumps and rubella (MMR)		
Tetanus, diphtheria, pertussis (Tdap)		
Varicella		
<i>Recommended but not required</i> -- Polio		CDC recommends for healthcare workers treating patients who could have polio or have close contact with a person who could be infected with poliovirus. <sup>3</sup>
<i>Recommended but not required</i> -- Influenza (seasonal flu)	Follow state law requirements <sup>4</sup> /recommend mask or other precaution if not immunized.	
<b>Screenings</b>		
Tuberculosis (TB)	Prior to initial placement; after that only in case of known exposure.	Facility choice of skin test or IGRA Blood test in accordance with CDC guidelines. <sup>5</sup>
Substance Abuse - 10-panel drug screen	Prior to initial placement; <u>but no more than three months before entry into a training program;</u> subsequent screens only for cause <u>or at re-entry into a program after</u>	School/training program is responsible for verifying that screening is performed by a reputable vendor

<sup>1</sup>The full list of CDC guidelines can be found at: <http://www.cdc.gov/vaccines/schedules/index.html>

<sup>2</sup> The CDC guidelines for recommended vaccinations for healthcare professionals can be found at: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

<sup>3</sup> Explanation of CDC recommendations can be found at: <http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm#who>

<sup>4</sup> Currently, Oregon law (ORS 433.407) states that facilities employing healthcare workers must offer flu vaccine but may not require employees to be immunized unless a state or federal rule requires it.

<sup>5</sup> <http://www.cdc.gov/tb/topic/testing/>

AMEND

Standard	Timing	Notes
	<a href="#">falling out of progression.</a>	
Criminal Background Check (including Social Security Number trace, state/national criminal background history, sex offender registry check, and OIG LEIE check)	Prior to initial placement; <a href="#">but no more than three months before entry into a training program;</a> <a href="#">subsequent screens only for cause or at re-entry into a program after falling out of progression.</a>	Elements of check should be standardized and check should be performed by a reputable vendor (per OAR 409-030-0220)
<b>Training</b>		
CPR/Basic Life Support (BLS) for healthcare providers	Prior to initial placement; maintain current certification during placement	Recommend trainings that comply with the American Heart Association standards
Bloodborne Pathogen training (OSHA)	Prior to initial placement	
OSHA recommended safety guidelines (including fire and electrical safety; personal protective equipment; hazard communications; and infection prevention practices).	Prior to initial placement	Schools must verify student familiarity or exposure to topics
<i>Site-specific</i> privacy and confidentiality practices	With <i>each</i> placement	May include review of clinical site policies and procedures, phone numbers, and emergency codes, signing a non-disclosure agreement, etc.
<i>Site-specific</i> orientation (facility-specific protocols for safety, security, standards of behavior, etc.)		
<b>Insurance and Liability Coverage and Other Standards</b>		
Professional liability insurance	Prior to initial placement	If student is covered by school, school can provide written statement and documentation of insurance or self-insurance
General liability insurance		If student is covered by school, school can provide written statement and documentation of insurance or self-insurance

AMEND

---

<b>Standard</b>	<b>Timing</b>	<b>Notes</b>
<i>Recommended but not required --</i> Current health insurance (or coverage via Workers' Compensation insurance extended to students by school)		Coverage must protect student against on the job accidents, illness, or injury.



# **Practice Clarification Process Revisions**



## HEALTH LICENSING OFFICE

Kate Brown, Governor

Oregon  
**Health**  
Authority

700 Summer St NE, Suite 320

Salem, OR 97301-1287

Phone: (503)378-8667

Fax: (503)585-9114

<http://www.oregon.gov/OHLA>

Date

Name

Adrs

City, State, Zip

Dear Name:

Health Licensing Office (HLO) and the (Board Name) do not provide individualized advice on how the law applies to practice in the field. If you do not have an attorney and need one to provide you with legal advice about the statutes and rules governing your licensure, the [Oregon State Bar](#) has information on how to hire a lawyer in Oregon.

If you wish to make a complaint against a person for violating HLO and the Board's statutes or rules, a [complaint form](#) is available on the HLO website or by mail.

If you wish to make a public comment on the statutes and rules governing your licensure, interested party feedback is encouraged at all [public meetings](#).

Information on how to obtain a [license](#) is available on the HLO website.

If you believe HLO and the Board's rules need to be amended, you may file a rule petition with HLO for consideration. Please note that any rules must fit within HLO and Board's current statutory authority. Please also know that the Board will consider your petition but may not adopt your proposed rule. The statute that governs rule petitions is [ORS 183.390](#).

If you believe HLO and the Board's statutes need to be amended, information about the legislative process is also available on the [Oregon Legislative](#) website.

Please know that HLO and its Boards remain neutral on substantive bills proposing changes to its laws and cannot act on your behalf in any proposals to change the governing statutes.

If you have further questions please contact me at (503) 373-1917 or at [samie.patnode@state.or.us](mailto:samie.patnode@state.or.us) or visit the [HLO web page](#).

Sincerely,

Samantha Patnode  
Policy Analyst



## Board of Cosmetology



Agency / Boards ▾

### Scope of Practice

[Fields of Practice](#)

[Scope of practice questions](#)

[Practice Clarification, FAQs, and Response Letters](#)

[More information](#)

#### Fields of Practice

Applicants may obtain certification in one or more of four individual fields of practice as defined in [Oregon Revised Statutes \(ORS\) 690.005](#):

##### Barbering

Barbering is a separate discipline from hair design. Barbers shampoo, cut, style, condition and singe (lightly burn hair ends with a lighted wax taper) hair, but they cannot provide chemical hair treatments (see *Hair Design*).

Barbers also shave, trim and cut the beard, and massage the scalp, face and neck, applying facial and scalp treatments with creams, lotions, oils and other cosmetic preparations, either by hand or mechanical appliances, but such appliances shall not be galvanic (direct electrical current) or faradic (interrupted, or alternating, electrical current).

##### Esthetics

Estheticians provide services to keep skin healthy and attractive. Estheticians use their hands or mechanical or electrical apparatuses or appliances for cleansing, stimulating, manipulating, exfoliating or applying lotions or creams and for the temporary removal of hair, makeup artistry, facial and body wrapping, and facial and body waxing.

##### Hair Design

Hair designers shampoo, cut, style, condition and singe (see *Barbering*) hair and apply chemical treatments such as coloring, dyeing, relaxing and permanent waves. They also temporarily curl and braid hair as well as shave, trim and cut the beard or mustache.

Hair designers also massage the scalp and neck, but not the face, if in conjunction with the above services.

##### Nail Technology

Nail technicians cut, trim, clean, polish, color or tint the natural nails on hands and feet and massage, cleanse, treat and beautify the hands, arms (below the elbow) and legs (below the knee). They also apply, sculpt and remove artificial nails.

##### Natural Hair Care

"Natural hair care" means the braiding, cornrowing, extending, lacing, locking, sewing, twisting, weaving or wrapping of human hair, natural fibers, synthetic fibers or hair extensions through the use of hands or simple devices such as clips, combs, hairpins or needle and thread.

Scissors may be used to trim synthetic fibers, hair extensions or sewn-in weave extensions as is necessary to perform natural hair care activities or to make customized wigs from natural hair, natural fibers, synthetic fibers or hair extensions.

Natural hair care does not include the use of scissors except when trimming synthetic fibers, hair extensions or sewn-in weave extensions as is necessary to perform natural hair care activities or to make customized wigs from natural hair, natural fibers, synthetic fibers or hair extensions.

Natural hair care also does not include the use of penetrating chemical hair treatments, chemical hair coloring agents, chemical hair straightening agents, chemical hair joining agents, permanent wave styles or chemical hair bleaching agents.

[▲ Back to the top](#)

#### Scope of practice questions

Do you have a question about how a law or rule impacts your

individualized practice?

Please know that the Health Licensing Office (HLO) and its boards do not provide individualized advice on how the law applies to practice in the field. Here are some resources:



- If you are looking for an attorney to provide you with legal advice about the statutes and rules governing your licensure, the [Oregon State Bar](#) has information on how to hire a lawyer.
- If you wish to make a complaint against a person for violating HLO and the board's statutes or rules, you may use this [complaint form](#).
- If you wish to make a public comment on the statutes and rules governing your licensure, interested party feedback is encouraged at all [public meetings](#).
- Guidance on how to obtain [a license](#) is available on the [HLO website](#).
- If you believe HLO and the board's rules need to be amended, you may file a rule petition with HLO for consideration. Please note that any rules must fit within HLO and the board's current statutory authority. Please also know that the board will consider your position but might not adopt your proposed rule. The statute that governs rule petitions is [ORS 183.390](#).
- If you believe HLO and the board's statutes need to be amended, information about the legislative process is also available on the [Oregon Legislature's website](#).

Please know the HLO and its boards remain neutral on substantive bills proposing changes to its laws and cannot act on your behalf in any proposals to change the governing statutes.

If you have further questions, please contact Board Specialist Maria Gutierrez at 503-373-1906.

[Back to the top](#)

### Practice Clarification, FAQs, and Response Letters

[Providing cosmetology services within a hospital, long term care or residential facility](#)

[Nail technology: Nail pterygium](#)

[Cosmetology student volunteer services](#)

[Service animals in cosmetology facilities](#)

[Clarification regarding eyelash services](#)

[Clarification regarding mobile units](#)

[Clarification regarding cosmetology exemptions: pageants and weddings](#)

[Airbrush Tanning - April 2012](#)

[Face Painting & Application of Temporary Tattoos - April 2012](#)

[Hair Extensions & Attaching Hair Feathers - April 2012](#)

[Skin & Micro Needling - April 2012](#)

[Removal of Permanent Tattoos by use of Laser Therapy, Dermabrasion or ElimInk - April 2012](#)

[Cosmetic Injectables e.g. Botox - April 2013](#)

[Back to the top](#)

### More information

For more information contact Samie Patnode, Policy Analyst at (503) 373-1917 or [samie.patnode@state.or.us](mailto:samie.patnode@state.or.us).

[Back to the top](#)

#### OREGON.GOV

- State Directories
- Agencies A to Z
- Oregon Administrative Rules
- Oregon Revised Statutes

#### WEB SITE LINKS

- Text Only Site
- Accessibility
- Oregon.gov
- File Formats

#### PDF FILE ACCESSIBILITY

Adobe Reader, or equivalent, is required to view PDF files. Click the "Get Adobe Reader" image to get a free download of the reader from Adobe.

# **Regulatory Report**

# Health Licensing Office



700 Summer St. NE, Suite 320  
Salem, OR 97301-1287  
Phone: (503) 378-8667  
Fax: (503) 370-9004  
Web: [www.oregon.gov/oha/hlo](http://www.oregon.gov/oha/hlo)  
E-mail: [hlo.info@state.or.us](mailto:hlo.info@state.or.us)

## *Board of Denture Technology*

---

---

*September 28, 2015*

### *2013 – 2015 Biennium*

Between July 1, 2013 and June 30, 2015, 13 complaints were received by the Office. Total open 7. Total closed 6.

<b>ANONYMOUS</b>	<b>CLIENT</b>	<b>OTHER</b>
0	6	7

### *2015 – 2017 Biennium*

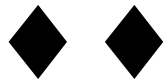
Between July 1, 2015 and August 31, 2015, 1 complaint was received by the Office. Total open 0. Total closed 1.

<b>ANONYMOUS</b>	<b>CLIENT</b>	<b>OTHER</b>
0	1	0

Other: General Public  
Internal

# **Interested Parties Feedback**

# Executive Session



ORS 192.660(2)(f) for the purpose of considering  
information or records exempt from public inspection.



# **Items for Board Action**

## **Investigative Files**

# **Other Board Business**

