

**Oregon State Board of Nursing
Memorandum**

TO: Interested Parties

FROM: Rachel Prusak
Executive Director

DATE: AUGUST 2026

SUBJECT: NOTICE OF BOARD MEETING FOR AUGUST 2026

The Oregon State Board of Nursing will meet on August 19-20, 2026, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.

This Board meeting will be in person with an online option available. Masks are optional for those wishing to attend the meeting in person.

Virtual Public Attendance: The public will be able to view the meeting via live stream. Link: <https://www.youtube.com/@OregonStateBoardOfNursing/>

Individuals attending for **specific topics** are kindly requested to notify our staff 24 hours in advance by contacting brandy.ritter@osbn.oregon.gov. This helps maintain the agenda sequence. If no attendees are present, the Board will move on to the next agenda item.

Members of the media can gain access to Executive Sessions by contacting Barbara Holtry at Barbara.holtry@osbn.oregon.gov at least 24 hours prior to meeting start time.

DATE: Wednesday, August 19, 2026

TIME: 9 am and continue until the end of business

Public Session

Executive Session following introductions as authorized by ORS 192.660(1), ORS 192.660(2)(f), (h) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1)

- Discuss information obtained as part of investigation into licensee or applicant conduct, which are exempt from public inspection including advice from legal counsel.
- During the Executive Session, the public video stream and audio will be blocked and muted, and public members attending will be asked to wait in the lobby.

The Board will return to Public Session

- Take formal votes on cases that have been reviewed in Executive Session
- Board action may include, but is not limited to, ratification of interim consent orders, motions for discipline, and approval or denial of licensure.

DATE: Thursday, August 20, 2026

TIME: 9 am and continue until the end of business

Public Session

- Discuss changes to the Nurse Practice Act and other nursing practice, licensure, and education-related issues.
- Executive Session can be announced by the Board President, as required under public meeting law, throughout the day at which time the public live stream and audio will be blocked and muted. Public attendees will wait in the lobby until public session is announced.

OPEN FORUM from 10:45 – 11:15 a.m.

- Six times a year, the Board provides an opportunity for the public to make comments or present issues of general interest. This is not an opportunity to discuss investigations.
- The Board will not deliberate on any issues or requests during Open Forum. The Board President has the authority to stop an individual's comments when, in the opinion of the president, the comments go beyond this directive, or as necessary for efficient and orderly conduct of this meeting.
- Each speaker is allowed five minutes to speak.
- If you wish to **participate** in Open Forum, please contact Brandy Ritter by 5 pm the day before the meeting at brandy.ritter@osbn.oregon.gov.

OSBN public meeting notice, Board meeting agenda and materials may be accessed via the following link:
<https://www.oregon.gov/osbn/Pages/board-meetings.aspx>

The meeting timeline is tentative, and the order of agenda items may be changed at the Board's discretion.

To request a sign language interpreter or other communication aids, or if you have a disability that requires any special materials, services, or assistance, please contact Barbara Holtry via e-mail (barbara.holtry@osbn.oregon.gov) or 971-235-4691, so appropriate accommodations may be arranged.

Current Board Members:

Olanike Towobola, RN, Direct Patient Care Rep (President)
 Margaret Hill, Public Member (President-Elect)
 Claire McKinley Yoder, PhD, RN, CNE, Nursing Educator Rep (Secretary)
 Joni Kalis, P.T., M.P.T., MS, Public Member
 Linda Stanich, RN, Nursing Administrator Rep
 Rachel Dennis, CNA, Certified Nursing Assistant
 Felipa Nesta, LPN, Licensed Practical Nurse
 Rachel Mitzel, RN, APRN, CRNA, PMHNP, Nurse Practitioner
 Matthew Calzia, RN, Direct Patient Care Rep

TENTATIVE TIMEFRAME FOR AUGUST 19-20, 2026, BOARD MEETING

Wednesday, August 19, 2026

9:00 a.m.

Announcement of Executive Session

Agenda Items

PUBLIC SESSION

EXECUTIVE SESSION:

- Defaults
- Stipulations
- Board Direction
- Dismissals

- Consent Agenda of Cases for Recommended Closure
- Advice from Legal Counsel

Announcement of End of Executive Session

PUBLIC SESSION- Public Voting on Items Discussed during Executive Session

Thursday, August 20, 2026

Agenda Items

9:00 – 9:10 am

WELCOME & INTRODUCTIONS

9:10 – 9:20 am

CONSENT AGENDA

9:20 – 9:40 am

ADMINISTRATIVE RULEMAKING

9:40 – 9:50 am

LICENSING

9:50 – 10:30 am

PRE-LICENSURE EDUCATION

10:30 – 10:45 am

BREAK

10:45 – 11:15 am

PUBLIC OPEN FORUM

11:15 – 11:30 am

BREAK

11:30 – 12:00 pm

LUNCH PRESENTATION

12:00 – 12:15 pm

ADMINISTRATION

End of Business

Please note: The above timeframe is tentative. The time for individual agenda items may vary. Agenda items may also be rescheduled at the discretion of the Board president. Portions of the meeting may be conducted in Executive Session as authorized by ORS 192.660(1), ORS 192.660(2)(f) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1).

OREGON STATE BOARD OF NURSING MEETING
August 19-20, 2026
AGENDA

WEDNESDAY, August 19, 2026

9:00 a.m. – 1:00 p.m.: EXECUTIVE SESSION

- Defaults
- Stipulations
- Board Direction
- Dismissals
- Consent Agenda of Cases for Recommended Closure

1:00 p.m. – 1:30 p.m.: EXECUTIVE SESSION ORS 192.660(2)(f)

- Advice from Legal Counsel

1:30 p.m. – END OF EXECUTIVE SESSION: EXECUTIVE SESSION

- Defaults
- Stipulations
- Board Direction
- Dismissals
- Consent Agenda of Cases for Recommended Closure
- Advice from Legal Counsel

PUBLIC SESSION

Public Voting on Items Discussed During Executive Session

THURSDAY, August 20, 2026

9:00 a.m. – END OF BUSINESS: PUBLIC SESSION

1. CALL TO ORDER
2. PUBLIC MEETING NOTICE
3. PUBLIC PARTICIPATION NOTICE
4. ROLL CALL
5. DECLARATION OF QUORUM
6. INTRODUCTION OF BOARD MEMBERS, STAFF AND AUDIENCE

REVIEW OF MEETING AGENDA

Additions, Modification, Reordering of Agenda

APPROVAL OF CONSENT AGENDA*

Consent Agenda Items:

C-C1	Communications Report	p. 8
C-E1	Notifications of Out of State Pre-Licensure Clinical Placements	p. 9
C-F1	Fiscal Status Report	p. 10
C-NA1	NA/MA Program and Prohibition Updates	p. 13
C-NE1	Education Updates	p. 15

Page #

M.S.C. _____, _____ that the Consent Agenda items (be/not be) approved as (presented/modified)

*Any Consent Agenda item may be removed from the Consent Agenda by a Board member asking the President to consider it separately.

APPROVAL OF BOARD MEETING MINUTES

C-M1 Approval of June 24-25, 2026, Meeting Minutes

p. 16

M.S.C. _____, _____ that the Board Meeting Minutes (be/not be) approved as (presented/modified).

9:20 – 9:40 am Administrative Rulemaking

Chief of Staff, Kimberly Goddard or Operation Fiscal Manager, John Etherington

AR1: Request Rulemaking for OAR Chapter 851 Division 2

p. 36

M.S.C. _____, _____ the Board (approves/does not approve) the permanent adoption of the proposed amendments to OAR 851-002-0010(4) and 851-002-0040(9) as (presented/modified), effective August 21, 2026.

Policy Analyst Dr. Laura Blackhurst PhD, RN, CNE, CNL

AR2: Request Rulemaking for OAR Chapter 851 Division 31

p. 47

M.S.C. _____, _____ the Board (approves/does not approve) the permanent adoption of the proposed amendments to OAR 851-031-0006, 0008, 0039, 0041, 0042, 0043, 0048, 0051 and 0055 as (presented/modified), effective September 1, 2026.

M.S.C. _____, _____ the Board (approves/does not approve) the permanent repeal of OAR 851-031-0065 as (presented/modified), effective September 1, 2026

Rule Hearing (July 21, 2026) – No testimony was provided, [Recording](#) p. 50

AR3: Request for Rulemaking for OAR Chapter 851 Division 62

p. 76

M.S.C. _____, _____ the Board (approves/does not approve) the permanent adoption of the proposed amendments to OAR 851-062-0050, 0070, 0071, 0075, 0080, 0090, 0110, 0114, and 0116 as (presented/modified), effective September 1, 2026.

Rule Hearing (July 21, 2026) – No testimony was provided, [Recording](#) p. 79

Operation Fiscal Manager, John Etherington

AR4: Request for Rulemaking for OAR Chapter 851 Division 2

p. 99

M.S.C. _____, _____ the Board (approve/does not approve) amendment of OAR 851-002-0055 (as presented/modified) as a temporary rule, effective October 1, 2026.

M.S.C. _____, _____ the Board (approve/does not approve) staff initiating the rulemaking process by providing notice and opportunity for public comment on the proposed amendment to OAR 851-002-0055.

9:40 – 9:50 am Licensing, Kimberly Goddard, Chief of Staff

L1: Predetermination Petition p. 113

M.S.C. _____, _____ that based on the information presented, the Board (approve / deny) Petitioner 710497's request for predetermination in accordance with OAR 851-001-0111 as (presented/modified).

9:50 – 10:30 am Nursing Education, Policy Analyst Dr. Laura Blackhurst PhD, RN, CNE, CNL

NE1: Sumner College Continuing Approval Survey p. 114

M.S.C. _____, _____ the Board grant continued approval for Sumner College's pre-licensure registered nursing program, including full approval of the BSN track, with future surveys aligned with the national nursing accreditation cycle.

NE2: Klamath Community College EPSLO Changes p. 121

M.S.C. _____, _____ that Klamath Community College's pre-licensure practical and registered nursing education program outcomes be approved as (presented/modified).

NE3: George Fox University PMHNP Step 2 Application p. 126

M.S.C. _____, _____ that George Fox University application for initial approval of their advanced practice psychiatric mental health nurse practitioner program (be/not be) approved as (presented/modified).

NE4: Western University of Health Sciences MSNE (RN) Step 2 Application p. 285

M.S.C. _____, _____ that Western University of Health Sciences application for initial approval of their pre-licensure registered nursing program (be/not be) approved as (presented/modified).

NE5: Tillamook Bay Community College Substantive Curriculum Change p. 386

M.S.C. _____, _____ that the proposed curriculum changes to Tillamook Bay Community College's prelicensure registered nursing program be approved as presented.

NE6: University of Portland Exception Request p. 450

M.S.C. _____, _____ that University of Portland's nurse practitioner program (be/not be) granted an exception to OAR 851-021-0045(3)(a).

NE7: Oregon LPN and RN Programs, 2025 Annual Report

10:30 – 10:45 am: BREAK

10:45 – 11:15 am: Public Open Forum

11:15 – 11:30 am: BREAK FOR LUNCH

11:30 – 12:00 pm: Lunch Presentation

Protecting Public Safety
Bradley Guye, Business Development Manager - EBAS

p. 453

ADJOURNMENT

Meeting adjourned at

NEXT BOARD MEETING

Next multiday Board meeting will be held October 14-15, 2026. This will be a hybrid virtual and in-person meeting at Board Offices, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224.



Oregon

Tina Kotek, Governor

Board of Nursing
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Portland OR 97224
Oregon.BN.Info@osbn.oregon.gov
www.oregon.gov/OSBN

Memorandum

To: Oregon State Board of Nursing
From: Barbara Holtry, Communications Manager
Date: July 21, 2026
Re: Communications

Summary of Communication Activities

- The *Sentinel* newsletter continues on a quarterly schedule; the Summer 2026 issue published the week of August 17.
- Ongoing coordination of media inquiries and website content.
- Discipline news releases are issued following each Board meeting, with corresponding discipline lists posted on the agency website.
- Monthly electronic bulletin to all licensees and stakeholders continues, sharing agency updates and other relevant information.
- The proposed key performance measure change process is proceeding; initial DAS & LFO approval received and new measure entered into KPM system. Final approval will come during the legislative session.
- Collaborating with Investigations staff and the ORBS team on improvements to the online complaint form.
- Providing staff notifications regarding newly developed or updated policies and procedures approved through the Policy and Procedure Committee.
- Managing public record requests and coordinating timely responses.
- Working on biennial Agency Request Budget (ARB) document with Leadership team. We need to submit our ARB to DAS by July 31.

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Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.

Out-of-State Programs with Educational Experiences in Oregon

8/20/2026 Public Board Meeting

Data Includes Notifications of Oregon Experiences from May 20, 2026 - July 16, 2026

As of July 16, 2026, the non-Oregon based programs placed the following number of students:

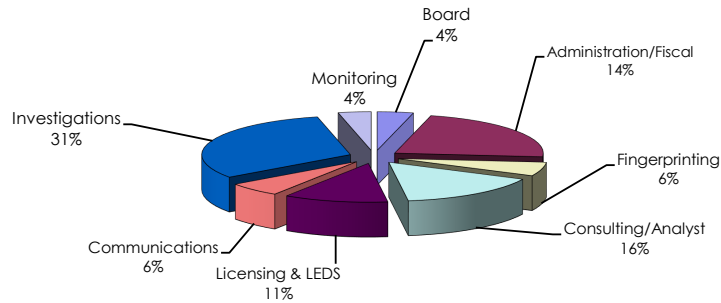
Educational Institution	Regulatory Body Approval Status	Term	Anticipated # of Students	# of Clinical Affiliation Agreements	Most Recent Notification Date
Chamberlain University	Full - Via CCNE & Home State approval	Fall 2026	6	33	7/14/2026
Joyce University ADN	Full - Via ACEN	Fall 2026	143	24	6/26/2026
Joyce University BSN	Full - Via CCNE	Fall 2026	106	24	6/26/2026
Lower Columbia College	Full - Via ACEN	Fall 2026	8	0	12/17/2025
Nightingale College RN	Full - Via CCNE	Fall 2026	27	2	9/2/2025
Total Number of Oregon Students:			290		
Total Number of Clinical Agreements:				83	

	Biennial LAB Budget Limitation	Expenditures July 2025 - June 2026	Projected Expenditures (with Steps & COLA) July 2026 - June 2027	Total Est. Expenditures	Under/Over Expended	
Personal Services *	19,164,901	9,768,092	10,529,589	20,297,681		
Pending 2025-2027 salary pot	821,026					
Total Personal Services	19,985,927	9,768,092	10,529,589	20,297,681	(311,754)	
	0					
Services & Supplies **	8,290,030	3,996,579	4,139,279	8,135,858		
Fingerprinting	2,064,044	885,990	1,032,022	1,918,012		
Total Services & Supplies	10,354,074	4,882,569	5,171,301	10,053,870	300,204	
Capital Outlay	0	0	0	0		
Total Capital Outlay	0	0	0	0	0	
Distribution to Non-Profit Organization - OWP	500,000	500,000	0	500,000	0	
Distribution to Non-Profit Organization - ONAF	952,917	332,145	622,917	955,062	(2,145)	
Total Budget with Salary Pot	31,792,918	15,482,806	16,323,807	31,806,613	(13,695)	

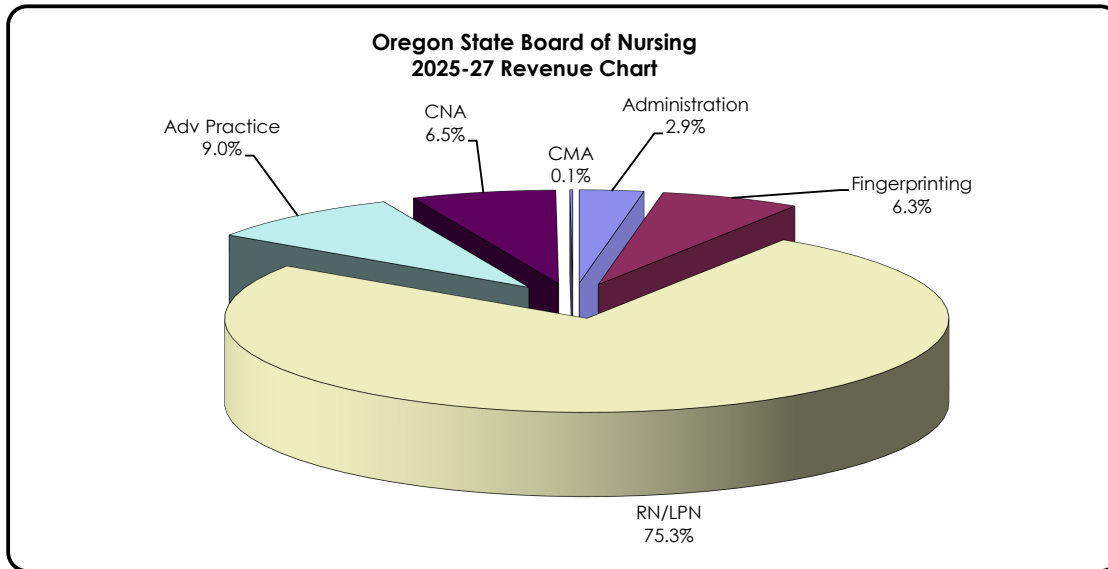
Note:
The pending salary pot distribution is the amount allocated for Oregon State Board of Nursing for operating expenses added by the Governor after Legislatively Approved Budget was prepared.

	2025-27 Legislatively Adopted Budget	Revised Beg Bal + Actuals Thru June 2026	
23-25 Beg Bal	11,018,655	11,018,655	
Total LAB Revenues*	31,720,730	34,475,951	
Total Available	42,739,385	45,494,606	
Total Budget Expenditures	(31,792,918)	(31,806,613)	Additional limitations to be provided for step increases and COLA
Estimated 25-27 Ending Balance	10,946,467	13,687,993	

**Oregon State Board of Nursing
2025-27 Expenditure Chart**



		Detail	Total
Board:			
	Personnel	60,199	
	Services & Supplies	<u>549,079</u>	609,278
Administration/Fiscal:			
	Personnel	1,938,208	
	Services & Supplies	723,145	
	Capital Outlay	0	
	Special Payments	<u>832,145</u>	3,493,499
Fingerprinting:			
	Services & Supplies	<u>885,990</u>	885,990
Analyst Group:			
	Personnel	2,294,997	
	Services & Supplies	<u>134,135</u>	2,429,132
Licensing & LEDS:			
	Personnel	609,807	
	Services & Supplies	1,143,976	
	Capital Outlay	0	
			1,753,783
Communication/IT:			
	Personnel	611,663	
	Services & Supplies	297,701	
	Capital Outlay	0	
			909,363
Investigations:			
	Personnel	4,058,801	
	Services & Supplies	<u>789,984</u>	4,848,784
Monitoring:			
	Personnel	194,417	
	Services & Supplies	<u>358,560</u>	552,977
Agency Total:			
	Personnel	9,768,092	
	Services & Supplies	3,996,579	
	Special Payments	832,145	
	Capital Outlay	0	
	Fingerprinting	885,990	
			<u>15,482,806</u>



	Collections to Date	Projected Revenue	Total Revenues	LAB Revenue
Administration:				
NPAs, Mailing Lists	8,583	40,000	48,583	
NSF Fees	60	2,500	2,560	
Other	3,548	8,250	11,798	
OCN Fee	455,157	450,000	905,157	
Fingerprinting	<u>1,217,025</u>	<u>900,000</u>	<u>2,117,025</u>	
Subtotal	1,684,372	1,400,750	3,085,122	
RN/LPN Programs:				
Licenses	13,424,311	11,863,308	25,287,619	
Civil Penalties	<u>17,242</u>	<u>90,000</u>	<u>107,242</u>	
Subtotal	13,441,553	11,953,308	25,394,861	
Advanced Practice Programs:				
Licenses	2,016,215	1,009,331	3,025,546	
CNA Programs:				
Training Programs	-	-	0	
Certifications	595,313	634,872	1,230,185	
Testing Fees	<u>547,274</u>	<u>398,022</u>	<u>945,296</u>	
Subtotal	1,142,587	1,032,894	2,175,481	
CMA Programs:				
Testing Fees	18,760	10,504	29,264	
Certifications	6,810	7,388	14,198	
Training Programs	0	0	0	
CNA2 Registrations	<u>-</u>	<u>-</u>	<u>0</u>	
Subtotal	25,570.00	17,891.00	43,461	
Total Collections	18,310,298	15,414,173	33,724,471	30,828,346
Due to (transferred to) SPD	(784,289)	(691,000)	(1,475,289)	
Transfer to DHS - PP Monitoring	(263,277)	(178,197)	(441,474)	
Transfer to DHS - WF Development	(189,940)	(176,000)	(365,940)	
Due from (transferred from) SPD	1,435,138	1,599,045	3,034,183	892,384
Net Match Revenue				
Total 2025-27 Revenue	18,507,930	15,968,021	34,475,951	31,720,730



Oregon

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Board of Nursing
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MEMORANDUM

To: Oregon State Board of Nursing

From: Michelle Bell, Policy Analyst Nursing Assistant Education & Assessment

Date: July 21, 2026

Re: Ratification of Nursing Assistant/ Medication Aide Training Program Approvals, Notice of Prohibition Status, and Program Status

Board staff have approved or reapproved the following training programs and recommend their ratification at the August 2026 Board meeting. If you have any questions, you may request this item be removed from the Consent Agenda and I will be happy to answer your questions.

NURSING ASSISTANT (NA) / MEDICATION AIDE (MA) EDUCATION PROGRAM APPROVALS & REAPPROVALS		
DATE OF APPROVAL	FACILITY/ PROGRAM	CITY
6/15/26	Aidan Health Services NA – Reapproval	Salem, OR
6/18/26	Platinum Career Solutions NA – Reapproval	Portland, OR
6/22/26	Moore Nursing Consulting NA/MA – Reapproval	Hillsboro, OR
7/13/26	Oregon Evergreen Healthcare Group NA – Reapproval	Hillsboro, OR
6/18/26	Northwest Care Academy NA/MA - New	Keizer, OR
7/09/26	Optimal Health MA – New	Lostine, OR
7/14/26	Sapphire Health MA - New	Gresham, OR
07/21/26	Zelina Health Solutions LLC NA - New	Portland, OR

NOTICE OF PROHIBITION STATUS

The Board received notice from the Oregon Department of Human Services (ODHS) Safety, Oversight, and Quality Unit; Nursing Facility Survey Team, that the following facilities paid civil money penalties (CMP) over \$13,343 and/or are not in substantial compliance with all

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standards for licensure rendering them ineligible to be utilized as an education site for nursing assistant training programs for a period of two years.

Site	Info
Columbia Basin Care Center; The Dalles, OR	Prohibition effective 06/15/2026 – 06/15/2028. One affiliated training program, Aidan Health Services, was notified on 07/13/26.
Marquis Autumn Hills Portland, OR	Prohibition effective 07/19/2026 – 07/19/2028. One affiliated training program, Marquis Companies, was notified on 08/03/26.

PROGRAM STATUS

Program	Description
Klamath Community College NA Program Klamath Falls, OR	Involuntary Inactive Status placed on program effective 06/29/26 for lack of qualified program director per OAR 851-061-0040(2)(a).
Long-Term Care Works NA Program Portland, OR	Reinstatement effective 06/27/26 with approval of qualified Program Director on same date.
Oregon Coast Community College NA Program Newport, OR	Reinstatement effective 06/16/26 with approval of qualified Program Director on same date.

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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: July 22, 2026

Re: Education Program notifications

This memo provides a summary of notifications and updates related to nursing education programs received through July 22nd, 2026

Nurse Administrator updates:

- Lorene Kittelson, RN, MSN, BSN has been appointed the nurse administrator of the nursing programs at Chemeketa Community College effective July 1st, 2026.
- Cortney Konopasek, RN, MSN has been appointed the nurse administrator of the nursing programs at Lane Community College effective June 25th, 2026.

Program Updates:

- Concordia University St Paul, College of Nursing's pre-licensure registered nursing program received the Healthcare Simulation Standards endorsement from the International Nursing Association for Clinical Simulation and Learning (INACSL). This endorsement recognizes excellence in applying best-practice simulation standards within education programs. Concordia's nursing program is the first to receive this endorsement in Oregon.

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Oregon State Board of Nursing
Board Meeting – June 24-25, 2026
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MEETING
June 24, 2026
MINUTES

CALL TO ORDER

Board President, Olanike Towobola, called the regular meeting of the Oregon State Board of Nursing to order at 9:00 a.m. This Board meeting was held in the conference room of the offices of the Oregon State Board of Nursing in Portland, Oregon.

PUBLIC MEETING NOTICE

A notice of this meeting was published on the Board of Nursing's website and sent out to the interested parties list by Rachel Prusak, Executive Director, in accordance with the Open Meeting Law. The Board met in Executive Session during the portions of the meeting authorized by ORS 192.660(1), ORS 192.660(2)(f) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1).

ROLL CALL -- Present/Absent

--Board Members

Calzia, Present

Dennis, Present

Hill, Present

Kalis, Present

McKinley Yoder, Present

Mitzel, Present

Nesta, Present

Stanich, Present

Towobola, Present

QUORUM

There being a quorum present, the Board President declared the Board eligible to conduct its business.

--Staff Members Present at Various Times

Amarillas

Barrington

Blomquist

Bonham

Chamblee

Oregon State Board of Nursing
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Ferris

Fink

Goddard

Hatch

Johnson

Kilborn

Lindley

Merrifield

Messina

Millet

Oliver

Parish

Plumlee

Prusak

Ritter

Rosin

Rossiter

Steele

Taube

Van Cura

Young

Rauch, Legal Counsel

The Board met in Executive Session from 9:06 a.m. – 1:20 p.m. to consider information or records that are exempt from public inspection, including advice from legal counsel, and to consider information obtained as part of an investigation into licensee or applicant conduct. This Executive Session is held pursuant to ORS 192.660(1), ORS 192.660(2)(f) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1).

The Board met in Public Session for the purpose of taking formal action on matters discussed in Executive Session from 1:20 p.m. – 1:45 p.m.

Consent Agenda
MSC Hill, Dennis; 9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
Based on the procedural record and evidence presented, the Consent Agenda was accepted as modified.

Cases moved to full agenda.

2024120165

2024050215

2025090162

2024110204

2025110283

2024070208

2025030343

2024060122

2024020197

Ratify Interim Consent Order

2024090240

2024120275

Dismissal – Confirmed HPSP Enrollment:

2024110053

2024030230

2025050179

2025070029

2025050246

2025100331

Cases approved for Dismissal:

2023120231

2026010227

2023080106

2025040126

2025050167

2023100235

2024010010

2024090123

2025020189

2026020039

2024120305

2024050257

2026010253

2025030036

2024030100

2024030069

2025120018

2023060199

2025080305

2025080124

2024030014

2023080105

2024040055

2024050141

2024090248

2024070090

2024020196

2024050050

2025050252

2024080136

2023120059

2023110045

2023060124

2024080211

2025080067

2023060015

2025010252

2025010042

2024020280

2024110271

2025020159

2024100091

2025020509

2024090185

2024090249

2024070213

2025040108
2025040180
2025040181
2025050121
2025090280
2025030381
2025070140
2025070062
2025070095
2025020164
2025020191
2024120197
2025080123
2024050204
2025030193
2026010015
2024120046
2023100225
2026020092
2025010183
2024060135
2025050134
2025110201
2023080268
2023030027
2025010246
2025060037
2026020160
2025060102
2025060209
2026040236
2025070193
2025060118
2024060257
2025080298

2025080001
2024060158
2025090050
2025100022
2023040137
2025090332
2025070016
2024070033
2025070069
2025120058
2025120057
2023090234
2025120249
2023030214
2023090237
2025120056
2023020221
2023110228
2023090102
2024120031
2026020252
2024030048
2024060144
2025120019
2024030244
2025110006
2025110047
2023110019
2026040148
2023110108
2026030021
2025120338
2024080147
2024050188
2024110193

2026020243
2023100240
2026020256
2023030177
2025030016
2025040100
2023070174
2025030161
2025040271
2026040003
2025060046
2025050148
2025090279
2025100098
2025060140
2025100218
2025100101
2025100302
2025110180
2025070123
2025070099
2026030341
2025050157
2025060139
2025070086
2026010307
2026020302
2025100100
2025060041
2026040106
2026010332
2026030182
2026020303
2025110262
2026030191

Full Agenda
MSC Hill, Dennis
That based on the evidence presented in case number:
2024120165
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case number:
2024050215
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case number:
2025090162
Be dismissed.
8 Ayes – Calzia, Dennis, Hill, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola; 1 Nay - Kalis
MSC Hill, Dennis
That based on the evidence presented in case number:
2024110204
Be dismissed.
8 Ayes – Calzia, Dennis, Hill, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola; 1 Nay - Kalis
MSC Hill, Dennis
That based on the evidence presented in case number:
2025110283
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis

That based on the evidence presented in case number:
2024070208
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case number:
2025030343
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case number:
2024060122
Be dismissed.
8 Ayes – Calzia, Dennis, Hill, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola; 1 Nay - Kalis
MSC Hill, Dennis
That based on the evidence presented in case number:
2024020197
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case number:
2025090298
Be dismissed.
8 Ayes – Calzia, Dennis, Hill, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola; 1 Nay - Kalis
MSC Hill, Dennis
That based on the evidence presented in case number:
2026030117
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola

MSC Hill, Dennis
That based on the evidence presented in the following:
Lauren Hodgdon, RN
Be issued Notice of Proposed Revocation.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in the following:
Danielle McKenna, LPN
Terry Moffitt
Austin Nabors
Camilla Ramsey
Be issued Notices of Proposed Denial.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in the following:
Hailey Coquet, CNA
Clinton Ebere Richard, CNA
Be issued Notices of Proposed Revocation.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in the following:
2025090329
Be ordered to obtain a mental health dependency evaluation by a Board approved evaluator.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in the following:
2024090236
Be ordered to obtain a chemical dependency evaluation by a Board approved evaluator.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola

MSC Hill, Dennis

That based on the evidence presented in case numbers:

2024010249

Be dismissed.

7 Ayes – Calzia, Dennis, Hill, Mitzel, Nesta, Stanich, Towobola; 2 Nay – Kalis, McKinley Yoder

MSC Hill, Dennis

That based on the evidence presented in case numbers:

2023120164

2023070046

2023110099

2023080140

Be dismissed.

9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola

MSC Hill, Dennis

That based on the evidence presented in case numbers:

2023060075

2023040135

2023040145

2023110126

Be dismissed.

9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola

MSC Hill, Dennis

That based on the evidence presented in case numbers:

2023100241

2023060200

2023070149

2024040017

Be dismissed.

9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola

MSC Hill, Dennis
That based on the evidence presented in case numbers:
2025040167
Be dismissed.
7 Ayes – Calzia, Dennis, Hill, Mitzel, Nesta, Stanich, Towobola; 2 Nay – Kalis, McKinley Yoder
MSC Hill, Dennis
That based on the evidence presented in case number:
2023120279
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case number:
2023110100
Be dismissed.
8 Ayes – Calzia, Dennis, Hill, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola; 1 Nay - Kalis
MSC Hill, Dennis
That based on the evidence presented in case number:
2023090295
2023100053
2023040111
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case numbers:
2024050200
Be dismissed.
7 Ayes – Calzia, Dennis, Hill, McKinley Yoder, Mitzel, Nesta, Stanich; 2 Nays – Kalis, Towobola
MSC Hill, Dennis

That based on the evidence presented in case numbers:
2023040089
2023120243
2024050142
2023080193
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case numbers:
2025040166
Be dismissed.
8 Ayes – Calzia, Dennis, Hill, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola; 1 Nay - Kalis
MSC Hill, Dennis
That based on the evidence presented in case numbers:
2023020176
2023040218
2023090106
2023080269
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
Based on the evidence presented:
Kruba Johnson, LPN
Amy Moore
Jennifer Muller, RN
Kelly Westerbeck
The Administrative Withdrawal of Application be allowed, and the case be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in case numbers:

2025090228
2025090020
Be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
Based on the evidence presented:
Kristin Schaper, RN
The Administrative Withdrawal of Application be allowed, and the case be dismissed.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented in the following:
Regan Anderson, RN
Lauren Collins, RN
Allow referral to HPSP
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented, the Stipulation for Voluntary Surrender, signed by following:
Carla Kostol, RN
Kimberly Leavelle, CNA
Jeffrey Sperla, RN
Kaytie Vander Vos, RN
Gina Verley, RN
Be adopted.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola
MSC Hill, Dennis
That based on the evidence presented, the Stipulation for Reprimand, signed by following:
Jacquelynn Briggs, RN
John Gould, RN
Be adopted.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola

MSC Hill, Dennis
That based on the evidence presented, the Stipulation for Probation, signed by following:
Megan Griffin, RN
Be adopted.
9 Ayes – Calzia, Dennis, Hill, Kalis, McKinley Yoder, Mitzel, Nesta, Stanich, Towobola

The Meeting is adjourned at 1:45 p.m.

OSBN public meeting notice and Board meeting minutes may be accessed via the following link:

<https://www.oregon.gov/osbn/Pages/board-meetings.aspx>

Public Board Meeting Full Minutes available via recording:

<https://www.youtube.com/@OregonStateBoardOfNursing/>

THURSDAY, June 25, 2026

Board President Towobola called the meeting to order at 9:00 a.m. A quorum was present.

Introductions: staff and Board Members

See Attachment A for public attendees.

PUBLIC SESSION

REVIEW OF MEETING AGENDA

ADDITIONS, MODIFICATION, REORDERING OF AGENDA

None

APPROVAL OF CONSENT AGENDA* (timestamp 00:07:41)

C-C1	Communications Report
C-E1	Notifications of Out of State Pre-Licensure Clinical Placements
C-F1	Fiscal Status Report
C-NA1	NA/MA Program and Prohibition Updates
C-NE1	Education Updates

M.S.C. Dennis, Calzia

that the Consent Agenda items be approved as presented.

Ayes 7 | Towobola, McKinley Yoder, Kalis, Dennis, Nesta, Mitzel, Calzia

Excused 1 | Stanich

Absent 1 | Hill

APPROVAL OF BOARD MEETING MINUTES

C-M1 Approval of April 14-16, 2026, Meeting Minutes (timestamp: 00:09:30)

M.S.C. Dennis, Calzia

that the Consent Agenda items be approved as modified.

Ayes 7 | Towobola, McKinley Yoder, Kalis, Dennis, Nesta, Mitzel, Calzia

Excused 1 | Stanich

Absent 1 | Hill

C-M2 Approval of May 5, 2026, Meeting Minutes (timestamp: 00:11:12)

M.S.C. Dennis, Calzia

that the Consent Agenda items be approved as presented.

Ayes 7 | Towobola, McKinley Yoder, Kalis, Stanich, Dennis, Mitzel, Calzia

Excused 1 | Nesta

Absent 1 | Hill

ADMINISTRATIVE RULE MAKING

Policy Analyst Laura Blackhurst MSN, RN, CNL

AR1: Request for Rulemaking for OAR Chapter 851 Division 31 (timestamp: 00:17:13)

M.S.C. Dennis, Calzia

the Board approves initiating the rulemaking process by providing notice and opportunity for public comment and holding an administrative rule hearing on the proposed amendments to OAR 851-031-(0006, 0008, 0039, 0041, 0042, 0043, 0048, 0051, and 0055) as presented.

Ayes 8 | Towobola, McKinley Yoder, Kalis, Stanich, Dennis, Nesta, Mitzel, Calzia

Absent 1 | Hill

M.S.C. Dennis, Calzia

the Board approves initiating the rulemaking process by providing notice and opportunity for public comment and holding an administrative rule hearing on the proposed repeal to OAR 851-031-0065 as presented.

Ayes 8 | Towobola, McKinley Yoder, Kalis, Stanich, Dennis, Nesta, Mitzel, Calzia

Absent 1 | Hill

AR2: Request Rulemaking for OAR Chapter 851 Division 62 (timestamp: 00:17:13)

M.S.C. Dennis, Calzia

the Board approves initiating the rulemaking process by providing notice and opportunity for public comment and holding an administrative rule hearing on the proposed amendments to OAR 851-062-(0050, 0070, 0071, 0075, 0080, 0090, 0110, 0114 and 0116) as presented.

Ayes 8 | Towobola, McKinley Yoder, Kalis, Stanich, Dennis, Nesta, Mitzel, Calzia

Absent 1 | Hill

LICENSING

Philip Fox, Licensing Manager

L1: Licensing Exception (timestamp: 00:42:17)

M.S.C. Dennis, Calzia

that based on the information presented, the Board grants Marina Kandova an exception to OAR 851-031-0039(2)(c)(A) as presented.

Ayes 8 | Towobola, McKinley Yoder, Kalis, Stanich, Dennis, Nesta, Mitzel, Calzia

Absent 1 | Hill

L2: Licensing Exception (timestamp: 00:45:00)

M.S.C. Hill, Dennis

that based on the information presented, the Board grants Ed Paez an exception to OAR 851-031-0039(2)(a) as presented.

Ayes 8 | Towobola, McKinley Yoder, Kalis, Stanich, Dennis, Nesta, Mitzel, Calzia

Absent 1 | Hill

PRE-LICENSURE EDUCATION

Policy Analyst Laura Blackhurst MSN, RN, CNL

NE1: Linn-Benton Community College Nursing Program Continuing Approval Survey
(timestamp 00:47:50)

M.S.C. Dennis, Calzia

the Board grant continuing approval to Linn-Benton Community College's pre-licensure registered nursing program, with future surveys aligned with their national nursing accreditation cycle.

Ayes 8 | Towobola, McKinley Yoder, Kalis, Stanich, Dennis, Nesta, Mitzel, Calzia

Absent 1 | Hill

PUBLIC OPEN FORUM (timestamp 01:17:50)

Appendix A

ADMINISTRATION

Rachel Prusak, Executive Director

A1: OSBN 2024-2027 Strategic Plan Update Report (timestamp: 00:49:50)

ADJOURNMENT

Meeting adjourned at 10:46 a.m.

NEXT BOARD MEETING

Next multiday Board meeting will be held August 19-20, 2026. This will be a hybrid virtual and in-person meeting at Board Offices, 17938 SW Upper Boones Ferry Rd., Portland, OR 97224.

Oregon State Board of Nursing
Board Meeting – June 24-25, 2026
Minutes - Page **19** of **20**

June 25, 2026 OSBN Board Meeting - Open Forum			
Time:	Name	Affiliation	Topic:
5	Amber Zupancic JD, BSN, RN	Zupancic Albin Law	(virtual)
5	Aaron Long	Unknown	
10			

DRAFT

OREGON STATE BOARD OF NURSING BOARD MEETING

LOCATION:	OSBN 17938 SW UPPER BOONES FERRY RD. PORTLAND, OR 97224
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[illegible]



Oregon

Tina Kotek, Governor

Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland OR 97224
Oregon.BN.Info@osbn.oregon.gov
www.oregon.gov/OSBN

MEMORANDUM

To: Oregon State Board of Nursing Board Members

From: Kimberly Goddard, Chief of Staff

Date: August 20, 2026

Re: Licensing Fees

I respectfully request that the Board initiate a motion for proposed rulemaking concerning the Oregon Administrative Rules, Chapter 851, Division 002 of the Nurse Practice Act, which outlines Agency Fees.

On October 15, 2025, the Oregon Health Authority (OHA) held a rule hearing to discuss the necessity of raising the fee for the Health Care Workforce Reporting Survey. In December 2025 OHA was notified by Department of Administrative Services to push licensing survey fee increase to July 1, 2026, rather than the initially proposed date of January 1st, 2026. This fee is paid by individuals applying to renew a license. As specified by ORS 676.410, the fee is intended to be reasonably calculated to reimburse program expenses incurred by OHA. All workforce data collected by Oregon State Board of Nursing (OSBN) is transferred to OHA in accordance with an Inter-Agency Agreement.

OHA has reported that since 2021, the program revenue has not fully covered their expenses, and this gap has continued to grow. As a result, they will be raising their costs from \$2 per year to \$4 per year. Given that OSBN fees are calculated in two-year cycles, this translates to a \$8 fee per renewal for our applicants. Considering this development, OSBN must amend 851-002-0010 to adjust fees and 851-002-0040 to adjust fees. OHA's rulemaking notice is included on page **.

M.S.C. _____, _____ the Board (approves/does not approve) the permanent adoption of the proposed amendments to OAR 851-002-0010(4) and 851-002-0040(9) as (presented/modified), effective August 21, 2026.

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.

Division 2

Agency Fees

851-002-0000**Fees**

The fees paid to the Oregon State Board of Nursing are refundable at Board discretion. The licensing/certification fee pays for processing the application, and the license/certificate is valid until the expiration date of the license or certificate. As required by ORS 408.450, if allowed by Department of Defense policy, no fees will be assessed while any person holding a license or certificate with the board is on active duty with the Uniformed Services of the United States. Written notification to the Board is required within 60 days of the date of honorable discharge in order to change the license to its former status without fee or penalty. All other renewal requirements must be met.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 5-2011, f. & cert. ef. 11-22-11

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

851-002-0010**Registered Nurse and Licensed Practical Nurse Schedule of Fees**

- (1) RN License Renewal — \$245.
- (2) LPN License Renewal — \$180.
- (3) Delinquent Fee — \$100.
- (4) Surcharge to Support the Workforce Data Analysis Fund at Renewal — ~~\$84~~.
- (5) Surcharge to Support the Oregon Nursing Advancement Fund for Licensure by Examination, Licensure by Endorsement, and Renewal applications — \$9.
- (6) RN License by Endorsement — \$295.
- (7) LPN License by Endorsement — \$230.
- (8) RN License by Examination — \$260.
- (9) LPN License by Examination — \$195.
- (10) Written Verification of License — \$12.
- (11) Limited Licenses for Educational Experience:
 - (a) International Graduate Nursing Students — \$65.
 - (b) Extension of International Graduate Nursing Students — \$25.
 - (c) International RN in Short-Term Educational Experience — \$35.
 - (d) International Exchange Students — \$25.

- (e) U.S. RNs in Distance Learning — \$15.
- (f) Extension of Distance Learning — \$15.
- (12) Reexamination for Licensure — \$25.
- (13) RN License Reinstatement— \$260.
- (14) LPN License Reinstatement - \$195.
- (15) Nurse Emeritus License -\$50.
- (16) Temporary License for Active Armed Forces Military Spouse or Domestic Partner - \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200; BN 11-1999, f. & cert. ef. 12-1-99; BN 6-2000, f. & cert. ef. 4-24-00; BN 17-2002, f. & cert. ef. 10-18-02; BN 6-2003, f. & cert. ef. 7-7-03; BN 5-2007, f. 5-4-07, cert. ef. 7-1-07; BN 5-2009, f. & cert. ef. 10-7-09; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 7-2010, f. & cert. ef. 6-25-10; BN 16-2010, f. & cert. ef. 11-29-10; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2016, f. 7-13-16, cert. ef. 8-1-16

851-002-0020

Nurse Practitioner Schedule of Fees

- (1) Initial License — \$250.
- (2) Renewal — \$205.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (4) Additional Population Focus: Initial and Renewal — \$50.
- (5) Delinquent Fee — \$100.
- (6) Prescriptive Authority Initial Application — \$75.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410& ORS 431A.880

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025;

BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021

BN 19-2021, amend filed 09/22/2021, effective 10/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 7-2009, f. 12-17-09, cert. ef. 1-1-10; BN 16-2006, f. & cert. ef. 11-29-06; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-

0200; BN 11-1998, f. & cert. ef. 9-22-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91
 NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87; NER 6-1986, f. & cert. ef. 12-3-86; NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81.
 NER 32-1976, f. & cert. ef. 5-4-76
 NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0030

Certified Registered Nurse Anesthetist Schedule of Fees

- (1) Initial License — \$250.
- (2) Prescriptive Authority Initial Application — \$75.
- (3) Renewal — \$155.
- (4) Renewal of Prescriptive Authority — \$50.
- (5) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (6) Delinquent Fee — \$100.
- (7) Combined Limited and Initial License — \$275.
- (8) Temporary License for Active Armed Forces Military Spouse or Domestic Partner— \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200; BN 11-1998, f. & cert. ef. 9-22-98
 BN 10-1998, f. & cert. ef. 8-7-98; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87; NER 6-1986, f. & cert. ef. 12-3-86;
 NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81; NER 32-1976, f. & cert. ef. 5-4-76; NER 26-1975(Temp), f. & cert. ef. 12-11-75.

851-002-0035

Clinical Nurse Specialist Schedule of Fees

- (1) Initial License — \$250.
- (2) Renewal without Prescriptive Authority — \$175.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.

- (4) Renewal with Prescriptive Authority — \$205.
- (5) Prescriptive Authority Initial Application — \$75.
- (6) Delinquent Fee — \$100.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021

BN 19-2021, amend filed 09/22/2021, effective 10/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 7-2009, f. 12-17-09, cert. ef. 1-1-10; BN 16-2006, f. & cert. ef. 11-29-06.

851-002-0040

Nursing Assistant Schedule of Fees

- (1) Certification by Examination (inclusive of examination fees) — \$106.
- (2) Certification by Endorsement — \$60.
- (3) Re-Examination — Manual Skills — \$45.
- (4) Re-Examination— Written — \$25.
- (5) Oral Administration of Written Examination (non-ADA) — \$35.
- (6) Written Verification of Certification — \$10.
- (7) Renewal — \$60.
- (8) Reinstatement --- \$60.
- (9) Surcharge to Support the Workforce Data Analysis Fund at Renewal — ~~\$84~~.
- (10) Certification for RN or LPN — \$60.
- (11) Temporary Certificate for Active Armed Forces Military Spouse or Domestic Partner — \$50.
- (12) Delinquent Fee - \$5.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 16-2010, f. & cert. ef. 11-29-10; BN 8-2010, f. & cert. ef. 6-25-10; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 5-2009, f. & cert. ef. 10-7-09;

BN 7-2007, f. 6-29-07, cert. ef. 1-1-08; BN 14-2004, f. & cert. ef. 10-26-04; BN 7-2004, f. & cert. ef. 2-26-04; BN 6-2003, f. & cert. ef. 7-7-03; BN 10-1999, f. & cert. ef. 12-1-99; BN 7-1999, f. 8-10-99, cert. ef. 11-1-99; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99; Renumbered from 851-060-0300; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 3-1992, f. & cert. ef. 2-13-92; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 9-1990, f. & cert. ef. 10-9-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 5-1990, f. & cert. ef. 5-7-90; NB 9-1989(Temp), f. & cert. ef. 11-24-89.

851-002-0050

Certified Medication Aide Schedule of Fees

- (1) Certification by Examination — \$60.
- (2) Certification for RN or LPN — \$20.
- (3) Renewal — \$15.
- (4) Reinstatement — \$30.
- (5) Re-Examination — \$25.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 14-2004, f. & cert. ef. 10-26-04; BN 10-1999, f. & cert. ef. 12-1-99; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 3-1992, f. & cert. ef. 2-13-92; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 9-1990, f. & cert. ef. 10-9-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 5-1990, f. & cert. ef. 5-7-90; NB 9-1989(Temp), f. & cert. ef. 11-24-89.

851-002-0055

Miscellaneous Fees

- (1) Fingerprinting — \$58.
- (2) Predetermination — \$75.

Statutory/Other Authority: ORS 678.150, OAR 851-001-0115, OAR 125-007 & ORS 181A.95

Statutes/Other Implemented: ORS 678.150 & ORS 181A.95

History:

BN 13-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 24-2021, amend filed 11/22/2021, effective 12/01/2021

BN 20-2021, temporary amend filed 09/22/2021, effective 10/01/2021 through 03/01/2022

BN 5-2007, f. 5-4-07, cert. ef. 7-1-07.

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.

Division 2

Agency Fees

851-002-0000**Fees**

The fees paid to the Oregon State Board of Nursing are refundable at Board discretion. The licensing/certification fee pays for processing the application, and the license/certificate is valid until the expiration date of the license or certificate. As required by ORS 408.450, if allowed by Department of Defense policy, no fees will be assessed while any person holding a license or certificate with the board is on active duty with the Uniformed Services of the United States. Written notification to the Board is required within 60 days of the date of honorable discharge in order to change the license to its former status without fee or penalty. All other renewal requirements must be met.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 5-2011, f. & cert. ef. 11-22-11

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

851-002-0010**Registered Nurse and Licensed Practical Nurse Schedule of Fees**

- (1) RN License Renewal — \$245.
- (2) LPN License Renewal — \$180.
- (3) Delinquent Fee — \$100.
- (4) Surcharge to Support the Workforce Data Analysis Fund at Renewal — \$8.
- (5) Surcharge to Support the Oregon Nursing Advancement Fund for Licensure by Examination, Licensure by Endorsement, and Renewal applications — \$9.
- (6) RN License by Endorsement — \$295.
- (7) LPN License by Endorsement — \$230.
- (8) RN License by Examination — \$260.
- (9) LPN License by Examination — \$195.
- (10) Written Verification of License — \$12.
- (11) Limited Licenses for Educational Experience:
 - (a) International Graduate Nursing Students — \$65.
 - (b) Extension of International Graduate Nursing Students — \$25.
 - (c) International RN in Short-Term Educational Experience — \$35.
 - (d) International Exchange Students — \$25.

- (e) U.S. RNs in Distance Learning — \$15.
- (f) Extension of Distance Learning — \$15.
- (12) Reexamination for Licensure — \$25.
- (13) RN License Reinstatement— \$260.
- (14) LPN License Reinstatement - \$195.
- (15) Nurse Emeritus License -\$50.
- (16) Temporary License for Active Armed Forces Military Spouse or Domestic Partner - \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200; BN 11-1999, f. & cert. ef. 12-1-99; BN 6-2000, f. & cert. ef. 4-24-00; BN 17-2002, f. & cert. ef. 10-18-02; BN 6-2003, f. & cert. ef. 7-7-03; BN 5-2007, f. 5-4-07, cert. ef. 7-1-07; BN 5-2009, f. & cert. ef. 10-7-09; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 7-2010, f. & cert. ef. 6-25-10; BN 16-2010, f. & cert. ef. 11-29-10; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2016, f. 7-13-16, cert. ef. 8-1-16

851-002-0020

Nurse Practitioner Schedule of Fees

- (1) Initial License — \$250.
- (2) Renewal — \$205.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (4) Additional Population Focus: Initial and Renewal — \$50.
- (5) Delinquent Fee — \$100.
- (6) Prescriptive Authority Initial Application — \$75.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410& ORS 431A.880

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025;

BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021

BN 19-2021, amend filed 09/22/2021, effective 10/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 7-2009, f. 12-17-09, cert. ef. 1-1-10; BN 16-2006, f. & cert. ef. 11-29-06; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-

0200; BN 11-1998, f. & cert. ef. 9-22-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91
 NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87; NER 6-1986, f. & cert. ef. 12-3-86; NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81.
 NER 32-1976, f. & cert. ef. 5-4-76
 NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0030

Certified Registered Nurse Anesthetist Schedule of Fees

- (1) Initial License — \$250.
- (2) Prescriptive Authority Initial Application — \$75.
- (3) Renewal — \$155.
- (4) Renewal of Prescriptive Authority — \$50.
- (5) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (6) Delinquent Fee — \$100.
- (7) Combined Limited and Initial License — \$275.
- (8) Temporary License for Active Armed Forces Military Spouse or Domestic Partner— \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200; BN 11-1998, f. & cert. ef. 9-22-98
 BN 10-1998, f. & cert. ef. 8-7-98; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87; NER 6-1986, f. & cert. ef. 12-3-86;
 NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81; NER 32-1976, f. & cert. ef. 5-4-76; NER 26-1975(Temp), f. & cert. ef. 12-11-75.

851-002-0035

Clinical Nurse Specialist Schedule of Fees

- (1) Initial License — \$250.
- (2) Renewal without Prescriptive Authority — \$175.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.

- (4) Renewal with Prescriptive Authority — \$205.
- (5) Prescriptive Authority Initial Application — \$75.
- (6) Delinquent Fee — \$100.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021

BN 19-2021, amend filed 09/22/2021, effective 10/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 7-2009, f. 12-17-09, cert. ef. 1-1-10; BN 16-2006, f. & cert. ef. 11-29-06.

851-002-0040

Nursing Assistant Schedule of Fees

- (1) Certification by Examination (inclusive of examination fees) — \$106.
- (2) Certification by Endorsement — \$60.
- (3) Re-Examination — Manual Skills — \$45.
- (4) Re-Examination— Written — \$25.
- (5) Oral Administration of Written Examination (non-ADA) — \$35.
- (6) Written Verification of Certification — \$10.
- (7) Renewal — \$60.
- (8) Reinstatement --- \$60.
- (9) Surcharge to Support the Workforce Data Analysis Fund at Renewal — \$8.
- (10) Certification for RN or LPN — \$60.
- (11) Temporary Certificate for Active Armed Forces Military Spouse or Domestic Partner — \$50.
- (12) Delinquent Fee - \$5.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 16-2010, f. & cert. ef. 11-29-10; BN 8-2010, f. & cert. ef. 6-25-10; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 5-2009, f. & cert. ef. 10-7-09;

BN 7-2007, f. 6-29-07, cert. ef. 1-1-08; BN 14-2004, f. & cert. ef. 10-26-04; BN 7-2004, f. & cert. ef. 2-26-04; BN 6-2003, f. & cert. ef. 7-7-03; BN 10-1999, f. & cert. ef. 12-1-99; BN 7-1999, f. 8-10-99, cert. ef. 11-1-99; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99; Renumbered from 851-060-0300; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 3-1992, f. & cert. ef. 2-13-92; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 9-1990, f. & cert. ef. 10-9-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 5-1990, f. & cert. ef. 5-7-90; NB 9-1989(Temp), f. & cert. ef. 11-24-89.

851-002-0050

Certified Medication Aide Schedule of Fees

- (1) Certification by Examination — \$60.
- (2) Certification for RN or LPN — \$20.
- (3) Renewal — \$15.
- (4) Reinstatement — \$30.
- (5) Re-Examination — \$25.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 14-2004, f. & cert. ef. 10-26-04; BN 10-1999, f. & cert. ef. 12-1-99; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93;

NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 3-1992, f. & cert. ef. 2-13-92; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 9-1990, f. & cert. ef. 10-9-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 5-1990, f. & cert. ef. 5-7-90; NB 9-1989(Temp), f. & cert. ef. 11-24-89.

851-002-0055

Miscellaneous Fees

- (1) Fingerprinting — \$58.
- (2) Predetermination — \$75.

Statutory/Other Authority: ORS 678.150, OAR 851-001-0115, OAR 125-007 & ORS 181A.95

Statutes/Other Implemented: ORS 678.150 & ORS 181A.95

History:

BN 13-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 24-2021, amend filed 11/22/2021, effective 12/01/2021

BN 20-2021, temporary amend filed 09/22/2021, effective 10/01/2021 through 03/01/2022

BN 5-2007, f. 5-4-07, cert. ef. 7-1-07.

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Oregon

Tina Kotek, Governor

Board of Nursing
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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: July 22, 2026

Re: Request for Permanent Adoption, Division 31

Summary: The proposed amendments to OAR 851-031, License Requirements for Nurses, represent Phase 2 of efforts to modernize the Nurse Practice Act following the passage of 2025 HB 3044. Phase 1 revisions took effect on January 1, 2026, after which Board staff conducted a continuous quality review of the newly implemented rules.

The proposed amendments in Phase 2 further clarify, refine, and operationalize Board processes. These updates are designed to ensure consistency with statutory authority, improve regulatory transparency, and support efficient licensure pathways for nurses across Oregon.

Background: After the Board granted approval at its June 2026 meeting, a virtual public rule hearing was conducted on July 21st, 2026. No testimony in support or opposition was received during the public comment period.

Rule Crosswalk (old → new):

Rule Number / Topic	Impact
0006: Initial Licensure by Examination – Practical Nurse (PN) and Registered Nurse (RN)	The proposed changes better clarify OSBN processes for the handling of different education pathways. Specific military education is added as a pathway to licensure, to align with statutory requirements.

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.



Rule Number / Topic	Impact
0008: Competency Requirements	The proposed changes clarify expectations around competency requirements. A timeframe for CE completion has been added, as well as language specifically directing applicants to complete CE in their area of practice.
0039: Initial Licensure by Endorsement – PN and RN	The proposed changes clarify the endorsement process and align the NPA language to rule 0006. A pathway for applicants whose educational records are unavailable has been added, as well as clarifying the requirements for military education.
0041: Governor Declared Emergency	Corrected a previously overlooked terminology change, from reactivation to reinstatement.
0042: Initial Licensure – APRN	The proposed changes align terminology and processes to rules 0006 and 0039. Removed redundant education requirements and added a pathway for applicants whose educational records are unavailable. Removed process information pertaining to dates of education.
0043: Prescriptive and Dispensing Authority	Clarifies that prescriptive or dispensing authority can be applied for with license reinstatement.
0048: Renewal of License	Clarify and correct grammar; removed application requirements redundant with Division 1.
0051: License Reinstatement	The proposed changes align terminology, correct grammar, and add in a path for applicants who hold an active license in another state.

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Rule Number / Topic	Impact
0055: Disciplinary Reinstatement	Correct punctuation
0065: Standards for Individualized Re-entry Plans	Proposed repeal of these standards; the path outlined in this rule is not currently an option for re-entry.

Board Action Requested:

I respectfully request the Board approve the proposed changes to OAR 851-031, License Requirements for Nurses.

M.S.C. _____, _____ the Board (approves/does not approve) the permanent adoption of the proposed amendments to OAR 851-031-0006, 0008, 0039, 0041, 0042, 0043, 0048, 0051, and 0055, as (presented/modified) effective September 1, 2026.

M.S.C. _____, _____ the Board (approves/does not approve) the permanent repeal of OAR 851-031-0065 as (presented/modified) effective September 1, 2026.

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Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.

OREGON STATE BOARD OF NURSING

NPA DIVISION RULE HEARING

Sign-In Sheet

DIVISION 31 & 62

MEETING DATE: 07/21/2026

FACILITATOR: Brandy Ritter

LOCATION: Virtual Zoom Mtg 1:00 pm – 2:00 pm

NAME	TITLE	ORGANIZATION	PHONE	EMAIL	DIVISION/RULE YOU WISH TO PROVIDE TESTIMONY ON:
1. Knico VanWinkle		OSBN			
2. Barb Holtry		OSBN			
3. Patrick Owen		OSBN			
4. Sarah Wolfe					
5. Laura Blackhurst		OSBN			
6. Christy Simila					
7. Kimberly Goddard		OSBN			
8. Michelle Bell		OSBN			
9. Unknown - iPad					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

Division 31

License Requirements for Nurses

851-031-0001

Name, Address and Employer of Record

- (1) Name of Record:
 - (a) A licensee of the Board must establish and keep his/her current legal name on file with the Board at all times.
 - (b) The name currently on file with the Board must be considered the name of record.
 - (c) At the time of a name change, the licensee must send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof must be in the form of official records such as a birth certificate, marriage certificate, valid state identification or passport, or a court order/decreed.
 - (d) Upon receipt of notification and legal proof of name change, the Board will change its records to reflect the licensee's name change.
 - (e) The name of record must be the same name used for nursing practice. Licensees must continue to sign nursing documents under the legal name on the license until the Board effects a change to the license.
- (2) Address of Record:
 - (a) Licensee must keep his/her current mailing address and e-mail on file with the Board at all times.
 - (b) The mailing address and e-mail address currently on file with the Board is considered the address of record.
 - (c) The Board will send the Board Newsletters and all correspondence, including license renewal notices, to the licensee's e-mail address of record. Failure to receive notification of upcoming licensure renewal must not be justification for any untimely renewal.
 - (d) A Notice of Proposed Disciplinary Action sent to the licensee at the licensee's mailing address of record by certified mail or registered mail, is sufficient notice even if the licensee fails to, or refuses to, respond to the postal service "return receipt" or never receives the notice due to failure to update address of record. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.
- (3) Employer of Record: Any licensed nurse actively practicing nursing must report his/her current nursing employer(s) and employer's mailing address(es) to the Board. All employers, where the licensed nurse is working within his/her given scope of practice, must be reported. Each change in employer and employer's mailing address must be submitted to the Board no later than 30 days after the change.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150

History:

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0006

Initial Licensure by Examination – Practical Nurse ~~(PN)~~ and Registered Nurse ~~(RN)~~

Oregon State Board of Nursing • Oregon Administrative Rules

- (1) An individual may apply for an initial Practical Nurse (PN) license or Registered Nurse (RN) license by submitting a completed application, which includes:
 - (a) The Board's initial application by examination form;
 - (b) Payment of the fee as applicable in OAR Chapter 851 Division 2;
 - (c) Confirmation of graduation from a nursing education program as defined in section (2) of this rule;
 - (d) Proof of passing the NCLEX®-PN or NCLEX®-RN depending on the level of licensure license type sought; and
 - (e) Completion of a national fingerprint-based criminal background check as defined in OAR 851-001-0115.
- (2) Confirmation of graduation from a nursing education program includes:
 - (a) For graduates of Oregon nursing education programs, verification of graduation Affidavit of graduation by the nursing program administrator of an Oregon nursing education program; or-
 - ~~(b) For graduates of non-Oregon nursing education programs that have an NCLEX® code:~~
 - (Ab) An official transcript that includes the degree, diploma or certificate awarded, the graduation date, and documentation of a clinical component as defined in OAR Chapter 851 Division 6; and
 - (A) The nursing program must be approved by the appropriate regulatory body.
 - ~~(A)(B) If education records no longer exists, verification from the jurisdiction in which the program was located confirming the program was approved at the time of graduation and the applicant graduated; or~~
 - ~~(B) Verification that the nursing education program is approved by the appropriate regulatory body.~~
 - (c) ~~For graduates of international nursing education programs that do not have an NCLEX® code, a~~ A credential evaluation for graduates of international nursing education programs that do not have an NCLEX code, which that includes:
 - (A) Confirmation of completion of a nursing education program approved by the appropriate regulatory body;
 - (B) Theory and clinical hours completed;
 - (C) Verification that the education is comparable to an Oregon nursing education program; and
 - (D) If available, licensure details from the issuing authority; or-
 - (d) A Joint Services transcript with evidence of completion of a U.S. military practical nursing education program, Air Force 4N0515 skill level or Army 68WM6.
- (3) An applicant may attempt to pass the NCLEX® four times. After four attempts each subsequent attempt requires a completed retake application, which includes:
 - (a) The Board's retake form;
 - (b) Payment of the applicable fee in OAR Chapter 851 Division 2; and
 - (c) Documentation of completion of an NCLEX® review course; or
 - (d) An individualized study plan that addresses specific content for areas not passed based on the most recent candidate performance report and study methods, such as self-study, tutors, or study groups.
- (4) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 676.850, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.111, ORS 678.150 & ORS 678.415

Statutes/Other Implemented: ORS 676.850, 678.040, ORS 678.050, ORS 678.101, ORS 678.111, ORS 678.150 & ORS 678.415

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026
 BN 6-2025, amend filed 02/21/2025, effective 03/01/2025
 BN 17-2022, amend filed 12/27/2022, effective 01/01/2023
 BN 3-2022, amend filed 02/18/2022, effective 03/01/2022
 BN 26-2021, amend filed 11/22/2021, effective 12/01/2021
 BN 6-2021, amend filed 06/21/2021, effective 07/01/2021
 BN 6-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 1-2019, temporary amend filed 02/22/2019, effective 03/01/2019 through 08/15/2019
 BN 9-2005, f. & cert. ef. 12-21-05
 BN 9-2003, f. & cert. ef. 10-2-03
 BN 1-2003, f. & cert. ef. 3-6-03
 BN 10-1998, f. & cert. ef. 8-7-98

851-031-0008

Competency Requirements

- (1) All applicants must complete a one-hour pain management education program developed by the Oregon Pain Management Commission or through a Board approved nursing education program at initial or endorsement licensure and every 36 months thereafter.
- (2) All applicants must complete two hours of cultural competency continuing education (CE) every other renewal cycle.
- (3) Starting January 1, 2028, all renewal applicants must complete the required CE hours for their license type before submitting their renewal application:
 - (a) LPN or RN applicants, 20 hours within the prior two years;
 - (b) Nurse emeritus applicants, 10 hours within the prior two years; or
 - (c) All Oregon Nurse Practitioner (NP) and Certified Registered Nurse Anesthetist (CRNA) applicants must provide primary source evidence of national certification.
 - (d) A Clinical Nurse Specialist's (CNS) applicant without current national certification, must complete 75 hours within the prior five years.
- (4) All reinstatement or disciplinary reinstatement applicants must complete within the prior two years the following amount of CE:
 - (a) If the license has expired for more than 90 days but no more than two years, 20 hours;
 - (b) If the license has expired for more than two years but no more than three years, 30 hours;
 - (c) If the license has expired for more than three years but no more than four years, 40 hours;
 - (d) If the license has expired for more than four years but no more than five years, 50 hours; or
 - (e) If the license has been expired for more than five years, 60 hours.
- (5) The CE listed in sections (1) and (2) of this rule may be counted toward the applicant's required number of CE hours under section (3) or (4) of this rule.
- ~~(6) An LPN or RN renewal applicant may satisfy the requirement in subsection (4) of this rule by providing proof of passing the NCLEX® at the level of licensure sought within two years prior to submission of the renewal application form.~~
- ~~(7)(6)~~ Unless otherwise indicated in this rule, all CE must be in nursing topics relevant to the applicant's area of practice and license type~~level of licensure~~.

Statutory/Other Authority: ORS 678.150, ORS 678.040, ORS 678.050, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.385, & ORS 678.390.

Statutes/Other Implemented: ORS 678.010-ORS 678.150; ORS 678.360-ORS 678.390.

History:

BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0035

Temporary License for Spouses and Domestic Partners of Active-Duty Armed Forces of the United States Stationed in Oregon

- (1) A temporary license to practice Registered Nursing (RN) or Licensed Practical Nursing (LPN) shall be issued to the spouse of active-duty armed forces personnel when the following requirements are met:
 - (a) A completed application and payment of fee is received by the Board; and
 - (b) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
 - (c) The spouse holds a current license in another state to practice nursing at the level of application; and
 - (d) The license is unencumbered and verified as active and current through processes defined by the Board.
- (2) The temporary license shall expire on the following date, whichever occurs first:
 - (a) Oregon is no longer the duty station of the active armed forces member; or
 - (b) The license in the state used to obtain a temporary license expires; or
 - (c) Two years after the issuance of the temporary license; or
 - (d) When no longer a spouse or domestic partner of an active-duty armed forces member.
 - (e) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. The active license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

Statutory/Other Authority: ORS 678.440 & ORS 678.150

Statutes/Other Implemented: ORS 678.440, ORS 678.150 & ORS 678.308

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2021, amend filed 06/21/2021, effective 07/01/2021

BN 12-2019, adopt filed 11/22/2019, effective 01/01/2020

851-031-0039

Initial Licensure by Endorsement – Practical Nurse and Registered Nurse

- (1) An individual who holds or has held a practical, vocational or registered nurse license in another state, ~~or~~ U.S. territory, or a country with comparable nursing education may apply for licensure by endorsement by submitting a completed application, which includes:
 - (a) The Board's initial application by endorsement form;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Confirmation of graduation from a nursing education program as defined in section (2) of this rule;
 - (d) Proof of passing the NCLEX® for type of licensure sought;
 - (e) Completion of pain management CE as defined in OAR 851-031-0008;
 - (f) Completion of a national fingerprint-based criminal background check as defined in OAR 851-001-0115; and
 - (g) If the individual's license is not active in the issuing state or U.S. territory, completion of CE as defined in OAR 851-031-0008, based on how long the license has been expired.

- (2) Confirmation of graduation includes:
- (a) An official transcript that includes the degree, certificate, or diploma awarded, the graduation date, and documentation of a clinical component as defined in [Chapter OAR 851 Division 6, 006-0030; and](#)
 - (A) [The nursing education program must be approved by the appropriate regulatory body.](#)
 - (B) [If education records no longer exist, verification from the jurisdiction in which the program was located confirming the program was approved at the time of graduation and that the applicant graduated; or](#)
 - ~~(b) Verification that the nursing education program was approved by the appropriate agency in the state or U.S. territory; or.~~
 - (be) A credential evaluation for graduates of international nursing education programs that does not have an NCLEX® code, which includes:
 - (A) Confirmation of completion of a nursing education program approved by the appropriate regulatory body;
 - (B) Theory and clinical hours completed;
 - (C) Verification that the education is comparable to an Oregon nursing education program; and
 - (D) If available, licensure details from the issuing authority; [or.](#)
- ~~(cd) [A Joint Services transcript that shows evidence of completion of a U.S. military practical nursing education program, Air Force 4N051 5 skill level or Army 68WM6.](#)~~
- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.040, ORS 678.050, ORS 678.150 & ORS 678.415

Statutes/Other Implemented: ORS 678.040, ORS 678.050, ORS 678.150 & ORS 678.415

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2025, amend filed 03/01/2025, effective 03/01/2025

BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0041

Governor Declared Emergency

- (1) During an emergency declared by the Governor pursuant to ORS 401.165 and subject to terms and conditions that the Board may impose, a limited LPN or RN license may be issued to an applicant who holds active unencumbered nursing licensure at the same level in another state or U.S. jurisdiction when the following requirements are met:
 - (a) A completed application and payment of fee is received by the Board; and
 - (b) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing license in another state or jurisdiction.
- (2) The limited license shall expire on the following date, whichever occurs first:
 - (a) The Oregon Governor-Declared Emergency declaration expires; or
 - (b) The license in the state or jurisdiction that was used to obtain the limited license expires; or
 - (c) Two years after the issuance of the limited license.
- (3) Non-Renewable Limited License: A limited license for a governor-declared emergency is not renewable and expires based on whichever occurs first in OAR 851-031-0041(2). The individual must apply for permanent Oregon LPN or RN licensure by endorsement to continue

working as a nurse in Oregon. Continuing to work in Oregon after the limited license has expired, and without an active permanent Oregon nursing license at the same level is considered practicing without a valid license and is subject to Board action.

- (4) Reinstatement of Limited License: A previously issued expired limited license may be ~~reactivated~~ reinstated if the following are true:
- (a) A new state of emergency has been declared by the Governor; and
 - (b) The individual has not been issued permanent Oregon nursing licensure by endorsement; and
 - (c) Holds active unencumbered nursing licensure at the same level in another state or U.S. jurisdiction.
 - (d) A qualified applicant must:
 - (A) Submit a completed reinstatement application and fee to the Board; and
 - (B) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing license in another state or jurisdiction.

Statutory/Other Authority: ORS 678.050

Statutes/Other Implemented: ORS 678.050

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2025, amend filed 02/21/2025, effective 03/01/2025

BN 5-2024 Adopt filed 6/20/2024; Permanent Effective 07/01/2024

BN 8-2023 Adopt filed 11/22/2023; Temporary Effective 01/01/2024 - 06/28/2024.

851-031-0042

Initial Licensure – Advanced Practice Registered Nurse

- (1) An individual may apply for initial licensure as an Advanced Practice Registered Nurse (APRN) by submitting a completed application that includes:
- (a) The Board's APRN application form for the license type and population focus area sought;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Verification of an Oregon RN license;
 - ~~(d) An Official transcript that includes the confirming graduation date and degree or certificate awarded, the from a date of graduation, e or post-master's level nursing education program that;~~
 - ~~(e) and evidence of preparation for APRN licensure. Has national accreditation from a national nursing accrediting body recognized by the U.S. Department of Education at the time the applicant graduated; and~~
 - ~~Includes preparation in advanced health assessment, advanced physiology and pathophysiology, and advanced pharmacology.~~
 - ~~(f)(d) If education records no longer exist, verification from the jurisdiction in which the program was located confirming the APRN program was approved at the time of graduation and that the applicant graduated.~~
 - ~~(g)(e) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115;~~
 - (f) Complete a one-hour pain management education program as described in OAR 851-031-0008(1); and
 - (g) If applicable, primary source verification of an APRN licensure held in another state or U.S. territory; and

- (h) For CRNA and NP applicants, verification of national certification congruent with license type and population focus.
- (2) If internationally educated, a credential evaluation that shows the following:
 - (a) ~~Completion~~Confirmation of completion of an advanced practice nursing education program ~~approved~~authorized by the appropriate regulatory body;
 - (b) ~~The course hours for t~~heory and clinical hours completed; and
 - (c) Verification that the Equivalency to a U.S. graduate level nursing education is comparable to a U.S. advanced practice nursing education program in the same licensure type and population focus; or and
 - (d) ~~If available, licensure details from the issuing authority. the education was completed prior to January 1, 2011, equivalency to an advanced practice certification education program in the same licensure type and population focus.~~
- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.023, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390 & ORS 678.372

Statutes/Other Implemented: ORS 678.023, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390 & ORS 678.372

History:

BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0043

Prescriptive and Dispensing Authority

- (1) An individual who holds or is applying for an Oregon APRN license may apply for prescriptive authority by submitting a completed application, which includes:
 - (a) Completion of the Board's prescriptive authority application form;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Documentation of at least 45 contact hours of pharmacology education; and
 - (d) Documentation of:
 - (A) CRNAs, clinical education in pharmacotherapeutics that includes management of clients congruent with the specialty role sought; or
 - (B) CNSs, clinical education in client management, including pharmacotherapeutics, that is comparable to requirements for completion of a nurse practitioner program;
 - (C) NPs, clinical education in client management, including pharmacotherapeutics.
- (2) An APRN applicant educated prior to January 1, 2011, can satisfy subsection (1)(c) and (d) of this rule by providing evidence of continuous APRN licensure, in good standing in another state or U.S. territory with full independent practice and prescriptive authority.
- (3) An individual who holds or is applying for an Oregon CNS or NP license may apply for dispensing authority by submitting a completed application, which includes completion of the Board's dispensing authority application form.
- (4) Prescriptive and dispensing authority expires with the APRN license.
- (5) Prescriptive or dispensing authority may be renewed or reinstated by submitting a completed application, which includes:
 - (a) Completion of the Board's prescriptive or dispensing authority form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2; and
 - (c) Attestation that the applicant reviewed the Board's prescriptive and dispensing authority education video.

Statutory/Other Authority: ORS 678.150 & ORS 678.285

Statutes/Other Implemented: ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.385 & ORS 678.390

History:

BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0048

Renewal of License

- (1) A nursing license is valid for two years from the date it is issued. Licensees must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
- (2) An individual may apply for renewal before the expiration of their license by submitting a completed application, which includes:
 - (a) The Board's renewal application form for the license type being renewed;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Effective January 1, 2028, completion of the CE requirements in OAR 851-031-0008; and
 - ~~(d) Completion of the state records criminal background check as defined in OAR 851-001-0115.~~
 - ~~(de)~~ For all APRN applicants, verification of RN licensure, and
 - ~~(ef)~~ For CRNA applicants, and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
- (3) Any license expired for more than 90 days must apply for reinstatement as described in OAR 851-031-0051.
- (4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.040, ORS 678.101, ORS 678.150, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380.

Statutes/Other Implemented: ORS 678.040, ORS 678.101, ORS 678.150.

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 11-2023 amend filed 12/29/2023; temporary effective 01/01/2024 – 06/28/2024

BN 3-2022, amend filed 02/18/2022, effective 03/01/2022

BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0051

License Reinstatement

- (1) An individual whose LPN, RN, or APRN license has been expired for more than 90 days may apply for reinstatement by submitting a completed application, which includes:
 - (a) The Board's reinstatement application form for the license type being reinstated;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Completion of a national ~~criminal~~ fingerprint-based background check as described in OAR 851-001-0115;
 - (d) Completion of continuing education as ~~applicable described~~ in OAR 851-031-0008. Applicants with an active license in another U.S. state or U.S. territory are exempt from additional CE as described in OAR 851-031-0008(4).
 - (e) For all APRN applicants, verification of RN licensure, and

- (f) For CRNA applicants, and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
- (2) An individual whose LPN, RN, or APRN license has been revoked or voluntarily surrendered is not eligible for reinstatement under this section but may apply for disciplinary reinstatement under OAR 851-031-0055.
- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.150, ORS 678.040, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380

Statutes/Other Implemented: ORS 678.140 & ORS 678.040

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0052

Exceptions to Rules

- (1) An applicant or licensee may, request that the Board make an exception to one or more of the licensing requirements described in OAR 851-031-0006 to 851-031-0051 on a form provided by the Board.
- (2) The Board considers each exception request on a case-by-case basis and may grant an exception request at its discretion, except that the Board will not grant any exception to a requirement established by statute.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.040, ORS 678.050, ORS 678.101, & ORS 678.370-678.390

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2025, adopt filed 02/21/2025, effective 03/01/2025

851-031-0055

Disciplinary Reinstatement

- (1) An individual whose license has been revoked or voluntarily surrendered may apply for disciplinary reinstatement under this rule by submitting a completed application, which includes:
 - (a) The Board's disciplinary reinstatement application form for the license type being reinstated;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115;
 - (d) Completion of the applicable continuing education as described in OAR 851-031-0008.
 - (e) For all APRN applicants, verification of RN licensure, and
 - (f) For CRNA applicants, and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
- (2) An applicant under this rule is also subject to OAR 851-001-0015.
- (3) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.040 & ORS 678.150, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380

Statutes/Other Implemented: ORS 678.040 & ORS 678.150

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

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BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0065

Standards for individualized re-entry plans

The applicant choosing to complete an individualized plan for re-entry must submit, in writing, the following for Board approval:

- (1) Summary of nursing education and practice with rationale for use of an individualized plan for re-entry into nursing practice;
- (2) Anticipated timeframe for completing all required components, including acquisition/ demonstration of current knowledge and required supervised clinical practice;
- (3) Clinical competencies/outcomes to be achieved and the mechanism for evaluating competence in nursing practice on completion of the plan;
- (4) Plan for obtaining and demonstrating knowledge/competence in nursing.
- (5) Plan for obtaining 120 hours of theory and 160 hours of clinical supervision at the appropriate level of licensure. An additional 160 hours may be required by the Board based upon preceptor feedback. The plan must identify:
 - (a) The agency or agencies and contact person(s) where required supervised clinical experience will be obtained. A signed contract/agreement with each agency is required. The contract/agreement must include but is not limited to:
 - (A) Learning objectives/outcomes for the re-entry experience;
 - (B) Provisions for client and re-entry nurse safety;
 - (C) Unit(s) on which the experience is to occur with the name of the preceptor on each unit, if applicable;
 - (D) A provision allowing the agency to nullify the contact/agreement in the event of client safety issues.
 - (b) The name and credentials of the registered nurse preceptor(s). Each nurse preceptor must:
 - (A) Hold a current unencumbered registered nursing license in Oregon;
 - (B) Agree to directly supervise and evaluate the re-entry nurse;
 - (C) Have no less than two years of registered nursing experience, of which at least six months must be in the setting in which the clinical experience is to occur; and
 - (D) Be recommended by the nurse executive or immediate supervisor in that setting.
- (6) Documentation of successful completion of the individualized re-entry plan must be provided in writing, and must include:
 - (a) Completion of program objectives/outcomes;
 - (b) Completion of required supervised clinical practice hours;
 - (c) Achievement of predetermined competencies; and
 - (d) Recommendation for licensure by clinical preceptor and nurse manager.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150, ORS 678.050 & ORS 678.113

History:

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0075**Limited Licenses for Internationally Educated and Licensed Nurses (IELN)**

- (1) Refer to OAR 851-031-0026 for license requirements for IELN attending a graduate program requiring a clinical practicum component.
- (2) IELN attending a research PhD program are not required to obtain a full or limited license when no direct care is provided and patient interaction is restricted to investigation protocol data collection and the student is under the supervision and nursing license of the Principle Investigator. Non-nurse Principle Investigators are not authorized to supervise IELN PhD students.
- (3) A limited license is not required for an observation only experience. The sponsor, faculty, or preceptor will be accountable if the IELN observer is allowed to provide any type of patient care intervention. This constitutes practicing without a license.
- (4) A limited license is required for those IELN who are attending a continuing education program or clinical experience as part of an exchange program or a program offering a precepted experience in nursing practice. The IELN works under the supervision of the faculty or sponsor; the preceptor is accountable for removing the IELN from the clinical experience if the preceptor deems the IELN is providing unsafe patient care. The IELN has a limited license and is accountable for their practice; however, the sponsor will be held accountable for allowing an IELN who has been reported to be unsafe to continue to participate in the clinical experience.
- (5) The IELN must have a faculty or sponsor who has an unencumbered Oregon RN license who will take accountability for the experience of the IELN and assure that the clinical experience is commensurate with the IELN current scope of practice and that specific learning objectives are formulated.
- (6) Requirements for a limited license under this section:
 - (a) A completed application per Board processes including the name of the program and accountable Oregon licensed sponsor, faculty, or preceptor.
 - (b) Primary source verification that the nurse is in good standing with their country's nursing licensure authority.
 - (c) The limited license is valid for one year or when the program is completed, whichever is least.

Statutory/Other Authority: ORS 678.050 & ORS 678.150**Statutes/Other Implemented:** ORS 678.050**History:**

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0085**Inactive Nurse Status**

- (1) An individual with an LPN, RN, or APRN license may apply to place the license in inactive status by submitting a completed application, which includes:
 - (a) A license that is active and in good standing at the time of application; and
 - (b) The Board's inactive status application form for the license type being inactivated.
- (2) A license in inactive status does not authorize practice under the license.
- (3) To return to active status, an individual must apply for reinstatement as defined in OAR 851-031-0055.

Statutory/Other Authority: ORS 678.021 & ORS 678.031

Statutes/Other Implemented: ORS 678.021 & ORS 678.031

History:

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BN 6-2021, amend filed 06/21/2021, effective 07/01/2021

BN 1-2003, f. & cert. ef. 3-6-03

851-031-0086

Retired Status

- (1) An individual may retire their LPN, RN, or APRN license by submitting a completed application, which includes:
 - (a) The Board's retired status application form;
 - (b) Confirmation the license is in good standing with the issuing authority and not subject to any disciplinary investigation or action pending; and
 - (c) Surrendering the license being retired.
- (2) A license in retired status does not authorize practice under the license.
- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.031, ORS 678.050 & ORS 678.150

Statutes/Other Implemented: ORS 678.050 & ORS 678.031 & ORS 678.150

History:

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BN 6-2021, amend filed 06/21/2021, effective 07/01/2021

BN 7-2015, f. 12-1-15, cert. ef. 1-1-16

BN 9-2010, f. & cert. ef. 6-25-10

BN 1-2003, f. & cert. ef. 3-6-03

BN 17-2002, f. & cert. ef. 10-18-02

851-031-0087

Nurse Emeritus License

- (1) The nurse emeritus license permits the practice of nursing in a voluntary or unpaid basis.
- (2) An individual with an LPN, RN, or APRN license may apply for a nurse emeritus license by submitting a completed application, which includes:
 - (a) The Board's nurse emeritus application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Confirmation that the license has already been granted retired status; and
 - (d) Completion of applicable continuing education in OAR 851-031-0008.
- (3) A nurse emeritus license is valid for two years from date of issue.
- (4) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.055, ORS 678.113 & ORS 678.150

Statutes/Other Implemented: ORS 678.055, ORS 678.113 & ORS 678.150

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

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BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0088**Registered Nurse First Assistant Registry**

- (1) RNs who become registered nurse first assistants (RNFA) by receiving additional certification through nationally recognized professional organization may be recognized by the Board through placement on the Board's RNFA registry.
- (2) To be placed on the Board's RNFA registry, the RN must submit a request and submit evidence of their current certification.
- (3) RNFAs placed on the registry will be removed upon expiration of their certification.
- (4) To maintain placement on the registry, the RN must submit documentation of current certification in a manner prescribed by the Board.

Statutory/Other Authority: ORS 678.150 & ORS 678.366

Statutes/Other Implemented: ORS 678.150 & ORS 678.366

History:

BN 6-2025, amend filed 02/21/2025, effective 03/01/2025

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BN 1-2006, f. & cert. ef. 2-22-06

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Division 31

License Requirements for Nurses

851-031-0001

Name, Address and Employer of Record

- (1) Name of Record:
 - (a) A licensee of the Board must establish and keep his/her current legal name on file with the Board at all times.
 - (b) The name currently on file with the Board must be considered the name of record.
 - (c) At the time of a name change, the licensee must send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof must be in the form of official records such as a birth certificate, marriage certificate, valid state identification or passport, or a court order/decreed.
 - (d) Upon receipt of notification and legal proof of name change, the Board will change its records to reflect the licensee's name change.
 - (e) The name of record must be the same name used for nursing practice. Licensees must continue to sign nursing documents under the legal name on the license until the Board effects a change to the license.
- (2) Address of Record:
 - (a) Licensee must keep his/her current mailing address and e-mail on file with the Board at all times.
 - (b) The mailing address and e-mail address currently on file with the Board is considered the address of record.
 - (c) The Board will send the Board Newsletters and all correspondence, including license renewal notices, to the licensee's e-mail address of record. Failure to receive notification of upcoming licensure renewal must not be justification for any untimely renewal.
 - (d) A Notice of Proposed Disciplinary Action sent to the licensee at the licensee's mailing address of record by certified mail or registered mail, is sufficient notice even if the licensee fails to, or refuses to, respond to the postal service "return receipt" or never receives the notice due to failure to update address of record. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.
- (3) Employer of Record: Any licensed nurse actively practicing nursing must report his/her current nursing employer(s) and employer's mailing address(es) to the Board. All employers, where the licensed nurse is working within his/her given scope of practice, must be reported. Each change in employer and employer's mailing address must be submitted to the Board no later than 30 days after the change.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.150

History:

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0006**Initial Licensure by Examination – Practical Nurse and Registered Nurse**

- (1) An individual may apply for an initial Practical Nurse (PN) license or Registered Nurse (RN) license by submitting a completed application, which includes:
 - (a) The Board's initial application by examination form;
 - (b) Payment of the fee as applicable in OAR Chapter 851 Division 2;
 - (c) Confirmation of graduation from a nursing education program as defined in section (2) of this rule;
 - (d) Proof of passing the NCLEX®-PN or NCLEX®-RN depending on the license type sought; and
 - (e) Completion of a national fingerprint-based criminal background check as defined in OAR 851-001-0115.
- (2) Confirmation of graduation from a nursing education program includes:
 - (a) Affidavit of graduation by the nursing program administrator of an Oregon nursing education program; or
 - (b) An official transcript that includes the degree, diploma or certificate awarded, the graduation date, and documentation of a clinical component as defined in OAR Chapter 851 Division 6;
 - (A) The nursing program must be approved by the appropriate regulatory body.
 - (B) If education records no longer exists, verification from the jurisdiction in which the program was located confirming the program was approved at the time of graduation and the applicant graduated; or
 - (c) A credential evaluation for graduates of international nursing education programs that do not have an NCLEX code, which includes:
 - (A) Confirmation of completion of a nursing education program approved by the appropriate regulatory body;
 - (B) Theory and clinical hours completed;
 - (C) Verification that the education is comparable to an Oregon nursing education program; and
 - (D) If available, licensure details from the issuing authority; or
 - (d) A Joint Services transcript with evidence of completion of a U.S. military practical nursing education program, Air Force 4N0515 skill level or Army 68WM6.
- (3) An applicant may attempt to pass the NCLEX® four times. After four attempts each subsequent attempt requires a completed retake application, which includes:
 - (a) The Board's retake form;
 - (b) Payment of the applicable fee in OAR Chapter 851 Division 2; and
 - (c) Documentation of completion of an NCLEX® review course; or
 - (d) An individualized study plan that addresses specific content for areas not passed based on the most recent candidate performance report and study methods, such as self-study, tutors, or study groups.
- (4) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 676.850, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.111, ORS 678.150 & ORS 678.415

Statutes/Other Implemented: ORS 676.850, 678.040, ORS 678.050, ORS 678.101, ORS 678.111, ORS 678.150 & ORS 678.415

History:

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BN 26-2021, amend filed 11/22/2021, effective 12/01/2021
 BN 6-2021, amend filed 06/21/2021, effective 07/01/2021
 BN 6-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 1-2019, temporary amend filed 02/22/2019, effective 03/01/2019 through 08/15/2019
 BN 9-2005, f. & cert. ef. 12-21-05
 BN 9-2003, f. & cert. ef. 10-2-03
 BN 1-2003, f. & cert. ef. 3-6-03
 BN 10-1998, f. & cert. ef. 8-7-98

851-031-0008**Competency Requirements**

- (1) All applicants must complete a one-hour pain management education program developed by the Oregon Pain Management Commission or through a Board approved nursing education program at initial or endorsement licensure and every 36 months thereafter.
- (2) All applicants must complete two hours of cultural competency continuing education (CE) every other renewal cycle.
- (3) Starting January 1, 2028, all renewal applicants must complete the required CE hours for their license type before submitting their renewal application:
 - (a) LPN or RN applicants, 20 hours within the prior two years;
 - (b) Nurse emeritus applicants, 10 hours within the prior two years; or
 - (c) All Oregon Nurse Practitioner (NP) and Certified Registered Nurse Anesthetist (CRNA) applicants must provide primary source evidence of national certification.
 - (d) A Clinical Nurse Specialist (CNS) applicant without current national certification, must complete 75 hours within the prior five years.
- (4) All reinstatement or disciplinary reinstatement applicants must complete within the prior two years the following amount of CE:
 - (a) If the license has expired for more than 90 days but no more than two years, 20 hours;
 - (b) If the license has expired for more than two years but no more than three years, 30 hours;
 - (c) If the license has expired for more than three years but no more than four years, 40 hours;
 - (d) If the license has expired for more than four years but no more than five years, 50 hours; or
 - (e) If the license has been expired for more than five years, 60 hours.
- (5) The CE listed in sections (1) and (2) of this rule may be counted toward the applicant's required number of CE hours under section (3) or (4) of this rule.
- (6) Unless otherwise indicated in this rule, all CE must be in nursing topics relevant to the applicant's area of practice and license type.

Statutory/Other Authority: ORS 678.150, ORS 678.040, ORS 678.050, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.385, & ORS 678.390.

Statutes/Other Implemented: ORS 678.010-ORS 678.150; ORS 678.360-ORS 678.390.

History:

BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0035**Temporary License for Spouses and Domestic Partners of Active-Duty Armed Forces of the United States Stationed in Oregon**

- (1) A temporary license to practice Registered Nursing (RN) or Licensed Practical Nursing (LPN) shall be issued to the spouse of active-duty armed forces personnel when the following requirements are met:
 - (a) A completed application and payment of fee is received by the Board; and
 - (b) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
 - (c) The spouse holds a current license in another state to practice nursing at the level of application; and
 - (d) The license is unencumbered and verified as active and current through processes defined by the Board.
- (2) The temporary license shall expire on the following date, whichever occurs first:
 - (a) Oregon is no longer the duty station of the active armed forces member; or
 - (b) The license in the state used to obtain a temporary license expires; or
 - (c) Two years after the issuance of the temporary license; or
 - (d) When no longer a spouse or domestic partner of an active-duty armed forces member.
 - (e) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. The active license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

Statutory/Other Authority: ORS 678.440 & ORS 678.150

Statutes/Other Implemented: ORS 678.440, ORS 678.150 & ORS 678.308

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2021, amend filed 06/21/2021, effective 07/01/2021

BN 12-2019, adopt filed 11/22/2019, effective 01/01/2020

851-031-0039**Initial Licensure by Endorsement – Practical Nurse and Registered Nurse**

- (1) An individual who holds or has held a practical, vocational or registered nurse license in another state, U.S. territory, or a country with comparable nursing education may apply for licensure by endorsement by submitting a completed application, which includes:
 - (a) The Board's initial application by endorsement form;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Confirmation of graduation from a nursing education program as defined in section (2) of this rule;
 - (d) Proof of passing the NCLEX® for type of licensure sought;
 - (e) Completion of pain management CE as defined in OAR 851-031-0008;
 - (f) Completion of a national fingerprint-based criminal background check as defined in OAR 851-001-0115; and
 - (g) If the individual's license is not active in the issuing state or U.S. territory, completion of CE as defined in OAR 851-031-0008, based on how long the license has been expired.
- (2) Confirmation of graduation includes:

- (a) An official transcript that includes the degree, certificate, or diploma awarded, the graduation date, and documentation of a clinical component as defined in Chapter 851 Division 6.
 - (A) The nursing education program must be approved by the appropriate regulatory body.
 - (B) If education records no longer exist, verification from the jurisdiction in which the program was located confirming the program was approved at the time of graduation and that the applicant graduated; or
- (b) A credential evaluation for graduates of international nursing education programs that does not have an NCLEX® code, which includes:
 - (A) Confirmation of completion of a nursing education program approved by the appropriate regulatory body;
 - (B) Theory and clinical hours completed;
 - (C) Verification that the education is comparable to an Oregon nursing education program; and
 - (D) If available, licensure details from the issuing authority; or
- (c) A Joint Services transcript that shows evidence of completion of a U.S. military practical nursing education program, Air Force 4N051 5 skill level or Army 68WM6.
- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.040, ORS 678.050, ORS 678.150 & ORS 678.415

Statutes/Other Implemented: ORS 678.040, ORS 678.050, ORS 678.150 & ORS 678.415

History:

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BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0041

Governor Declared Emergency

- (1) During an emergency declared by the Governor pursuant to ORS 401.165 and subject to terms and conditions that the Board may impose, a limited LPN or RN license may be issued to an applicant who holds active unencumbered nursing licensure at the same level in another state or U.S. jurisdiction when the following requirements are met:
 - (a) A completed application and payment of fee is received by the Board; and
 - (b) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing license in another state or jurisdiction.
- (2) The limited license shall expire on the following date, whichever occurs first:
 - (a) The Oregon Governor-Declared Emergency declaration expires; or
 - (b) The license in the state or jurisdiction that was used to obtain the limited license expires; or
 - (c) Two years after the issuance of the limited license.
- (3) Non-Renewable Limited License: A limited license for a governor-declared emergency is not renewable and expires based on whichever occurs first in OAR 851-031-0041(2). The individual must apply for permanent Oregon LPN or RN licensure by endorsement to continue working as a nurse in Oregon. Continuing to work in Oregon after the limited license has expired, and without an active permanent Oregon nursing license at the same level is considered practicing without a valid license and is subject to Board action.

- (4) Reinstatement of Limited License: A previously issued expired limited license may be reinstated if the following are true:
- (a) A new state of emergency has been declared by the Governor; and
 - (b) The individual has not been issued permanent Oregon nursing licensure by endorsement; and
 - (c) Holds active unencumbered nursing licensure at the same level in another state or U.S. jurisdiction.
 - (d) A qualified applicant must:
 - (A) Submit a completed reinstatement application and fee to the Board; and
 - (B) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing license in another state or jurisdiction.

Statutory/Other Authority: ORS 678.050

Statutes/Other Implemented: ORS 678.050

History:

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BN 5-2024 Adopt filed 6/20/2024; Permanent Effective 07/01/2024

BN 8-2023 Adopt filed 11/22/2023; Temporary Effective 01/01/2024 - 06/28/2024.

851-031-0042

Initial Licensure – Advanced Practice Registered Nurse

- (1) An individual may apply for initial licensure as an Advanced Practice Registered Nurse (APRN) by submitting a completed application that includes:
 - (a) The Board's APRN application form for the license type and population focus area sought;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Verification of an Oregon RN license;
 - (d) An official transcript that includes the degree or certificate awarded, the date of graduation, and evidence of preparation for APRN licensure. If education records no longer exist, verification from the jurisdiction in which the program was located confirming the APRN program was approved at the time of graduation and that the applicant graduated.
 - (e) Completion of a national fingerprint-based background check as described in OAR 851-001-0115;
 - (f) Complete a one-hour pain management education program as described in OAR 851-031-0008(1); and
 - (g) If applicable, primary source verification of an APRN licensure held in another state or U.S. territory; and
 - (h) For CRNA and NP applicants, verification of national certification congruent with license type and population focus.
- (2) If internationally educated, a credential evaluation that shows the following:
 - (a) Confirmation of completion of an advanced practice education program approved by the appropriate regulatory body;
 - (b) Theory and clinical hours completed; and
 - (c) Verification that the education is comparable to a U.S. advanced practice nursing education program in the same licensure type and population focus; and
 - (d) If available, licensure details from the issuing authority.

- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.023, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390 & ORS 678.372

Statutes/Other Implemented: ORS 678.023, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390 & ORS 678.372

History:

BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0043

Prescriptive and Dispensing Authority

- (1) An individual who holds or is applying for an Oregon APRN license may apply for prescriptive authority by submitting a completed application, which includes:
 - (a) Completion of the Board's prescriptive authority application form;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Documentation of at least 45 contact hours of pharmacology education; and
 - (d) Documentation of:
 - (A) CRNAs, clinical education in pharmacotherapeutics that includes management of clients congruent with the specialty role sought; or
 - (B) CNSs, clinical education in client management, including pharmacotherapeutics, that is comparable to requirements for completion of a nurse practitioner program;
 - (C) NPs, clinical education in client management, including pharmacotherapeutics.
- (2) An APRN applicant educated prior to January 1, 2011, can satisfy subsection (1)(c) and (d) of this rule by providing evidence of continuous APRN licensure, in good standing in another state or U.S. territory with full independent practice and prescriptive authority.
- (3) An individual who holds or is applying for an Oregon CNS or NP license may apply for dispensing authority by submitting a completed application, which includes completion of the Board's dispensing authority application form.
- (4) Prescriptive and dispensing authority expires with the APRN license.
- (5) Prescriptive or dispensing authority may be renewed or reinstated by submitting a completed application, which includes:
 - (a) Completion of the Board's prescriptive or dispensing authority form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2; and
 - (c) Attestation that the applicant reviewed the Board's prescriptive and dispensing authority education video.

Statutory/Other Authority: ORS 678.150 & ORS 678.285

Statutes/Other Implemented: ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.385 & ORS 678.390

History:

BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0048

Renewal of License

- (1) A nursing license is valid for two years from the date it is issued. Licensees must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
- (2) An individual may apply for renewal before the expiration of their license by submitting a completed application, which includes:

- (a) The Board's renewal application form for the license type being renewed;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Effective January 1, 2028, completion of the CE requirements in OAR 851-031-0008; and
 - (d) For all APRN applicants, verification of RN licensure, and
 - (e) For CRNA applicants, and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
- (3) Any license expired for more than 90 days must apply for reinstatement as described in OAR 851-031-0051.
 - (4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.040, ORS 678.101, ORS 678.150, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380.

Statutes/Other Implemented: ORS 678.040, ORS 678.101, ORS 678.150.

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 11-2023 amend filed 12/29/2023; temporary effective 01/01/2024 – 06/28/2024

BN 3-2022, amend filed 02/18/2022, effective 03/01/2022

BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0051

License Reinstatement

- (1) An individual whose LPN, RN, or APRN license has been expired for more than 90 days may apply for reinstatement by submitting a completed application, which includes:
 - (a) The Board's reinstatement application form for the license type being reinstated;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Completion of a national fingerprint-based background check as described in OAR 851-001-0115;
 - (d) Completion of continuing education as described in OAR 851-031-0008. Applicants with an active license in another state or U.S. territory are exempt from additional CE as described in OAR 851-031-0008(4).
 - (e) For all APRN applicants, verification of RN licensure, and
 - (f) For CRNA applicants, and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
- (2) An individual whose LPN, RN, or APRN license has been revoked or voluntarily surrendered is not eligible for reinstatement under this section but may apply for disciplinary reinstatement under OAR 851-031-0055.
- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.150, ORS 678.040, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380

Statutes/Other Implemented: ORS 678.140 & ORS 678.040

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0052**Exceptions to Rules**

- (1) An applicant or licensee may, request that the Board make an exception to one or more of the licensing requirements described in OAR 851-031-0006 to 851-031-0051 on a form provided by the Board.
- (2) The Board considers each exception request on a case-by-case basis and may grant an exception request at its discretion, except that the Board will not grant any exception to a requirement established by statute.

Statutory/Other Authority: ORS 678.150

Statutes/Other Implemented: ORS 678.040, ORS 678.050, ORS 678.101, & ORS 678.370-678.390

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2025, adopt filed 02/21/2025, effective 03/01/2025

851-031-0055**Disciplinary Reinstatement**

- (1) An individual whose license has been revoked or voluntarily surrendered may apply for disciplinary reinstatement under this rule by submitting a completed application, which includes:
 - (a) The Board's disciplinary reinstatement application form for the license type being reinstated;
 - (b) Payment of the applicable fees in OAR Chapter 851 Division 2;
 - (c) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115;
 - (d) Completion of the applicable continuing education as described in OAR 851-031-0008.
 - (e) For all APRN applicants, verification of RN licensure, and
 - (f) For CRNA applicants, and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
- (2) An applicant under this rule is also subject to OAR 851-001-0015.
- (3) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.040 & ORS 678.150, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380

Statutes/Other Implemented: ORS 678.040 & ORS 678.150

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2025, amend filed 02/21/2025, effective 03/01/2025

BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0075**Limited Licenses for Internationally Educated and Licensed Nurses (IELN)**

- (1) Refer to OAR 851-031-0026 for license requirements for IELN attending a graduate program requiring a clinical practicum component.
- (2) IELN attending a research PhD program are not required to obtain a full or limited license when no direct care is provided and patient interaction is restricted to investigation protocol data collection and the student is under the supervision and

nursing license of the Principle Investigator. Non-nurse Principle Investigators are not authorized to supervise IELN PhD students.

- (3) A limited license is not required for an observation only experience. The sponsor, faculty, or preceptor will be accountable if the IELN observer is allowed to provide any type of patient care intervention. This constitutes practicing without a license.
- (4) A limited license is required for those IELN who are attending a continuing education program or clinical experience as part of an exchange program or a program offering a precepted experience in nursing practice. The IELN works under the supervision of the faculty or sponsor; the preceptor is accountable for removing the IELN from the clinical experience if the preceptor deems the IELN is providing unsafe patient care. The IELN has a limited license and is accountable for their practice; however, the sponsor will be held accountable for allowing an IELN who has been reported to be unsafe to continue to participate in the clinical experience.
- (5) The IELN must have a faculty or sponsor who has an unencumbered Oregon RN license who will take accountability for the experience of the IELN and assure that the clinical experience is commensurate with the IELN current scope of practice and that specific learning objectives are formulated.
- (6) Requirements for a limited license under this section:
 - (a) A completed application per Board processes including the name of the program and accountable Oregon licensed sponsor, faculty, or preceptor.
 - (b) Primary source verification that the nurse is in good standing with their country's nursing licensure authority.
 - (c) The limited license is valid for one year or when the program is completed, whichever is least.

Statutory/Other Authority: ORS 678.050 & ORS 678.150

Statutes/Other Implemented: ORS 678.050

History:

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0085

Inactive Nurse Status

- (1) An individual with an LPN, RN, or APRN license may apply to place the license in inactive status by submitting a completed application, which includes:
 - (a) A license that is active and in good standing at the time of application; and
 - (b) The Board's inactive status application form for the license type being inactivated.
- (2) A license in inactive status does not authorize practice under the license.
- (3) To return to active status, an individual must apply for reinstatement as defined in OAR 851-031-0055.

Statutory/Other Authority: ORS 678.021 & ORS 678.031

Statutes/Other Implemented: ORS 678.021 & ORS 678.031

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2021, amend filed 06/21/2021, effective 07/01/2021

BN 1-2003, f. & cert. ef. 3-6-03

851-031-0086**Retired Status**

- (1) An individual may retire their LPN, RN, or APRN license by submitting a completed application, which includes:
 - (a) The Board's retired status application form;
 - (b) Confirmation the license is in good standing with the issuing authority and not subject to any disciplinary investigation or action pending; and
 - (c) Surrendering the license being retired.
- (2) A license in retired status does not authorize practice under the license.
- (3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.031, ORS 678.050 & ORS 678.150

Statutes/Other Implemented: ORS 678.050 & ORS 678.031 & ORS 678.150

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2025, amend filed 02/21/2025, effective 03/01/2025

BN 6-2021, amend filed 06/21/2021, effective 07/01/2021

BN 7-2015, f. 12-1-15, cert. ef. 1-1-16

BN 9-2010, f. & cert. ef. 6-25-10

BN 1-2003, f. & cert. ef. 3-6-03

BN 17-2002, f. & cert. ef. 10-18-02

851-031-0087**Nurse Emeritus License**

- (1) The nurse emeritus license permits the practice of nursing in a voluntary or unpaid basis.
- (2) An individual with an LPN, RN, or APRN license may apply for a nurse emeritus license by submitting a completed application, which includes:
 - (a) The Board's nurse emeritus application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Confirmation that the license has already been granted retired status; and
 - (d) Completion of applicable continuing education in OAR 851-031-0008.
- (3) A nurse emeritus license is valid for two years from date of issue.
- (4) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.055, ORS 678.113 & ORS 678.150

Statutes/Other Implemented: ORS 678.055, ORS 678.113 & ORS 678.150

History:

BN 23-2025, amend filed 11/20/2025, effective 01/01/2026

BN 6-2025, amend filed 02/21/2025, effective 03/01/2025

BN 26-2021, amend filed 11/22/2021, effective 12/01/2021

BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0088**Registered Nurse First Assistant Registry**

- (1) RNs who become registered nurse first assistants (RNFA) by receiving additional certification through nationally recognized professional organization may be recognized by the Board through placement on the Board's RNFA registry.
- (2) To be placed on the Board's RNFA registry, the RN must submit a request and submit evidence of their current certification.

- (3) RNFA's placed on the registry will be removed upon expiration of their certification.
- (4) To maintain placement on the registry, the RN must submit documentation of current certification in a manner prescribed by the Board.

Statutory/Other Authority: ORS 678.150 & ORS 678.366

Statutes/Other Implemented: ORS 678.150 & ORS 678.366

History:

BN 6-2025, amend filed 02/21/2025, effective 03/01/2025

BN 6-2021, amend filed 06/21/2021, effective 07/01/2021

BN 1-2006, f. & cert. ef. 2-22-06

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Oregon

Tina Kotek, Governor

Board of Nursing
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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: July 22, 2026

Re: Request for Permanent Adoption, Division 62

Summary: The proposed amendments to OAR 851-062, Standards for Certification of the Nursing Assistants and Medication Aide, represent Phase 2 of efforts to modernize the Nurse Practice Act following the passage of 2025 HB 3044. Phase 1 revisions took effect on January 1, 2026, after which Board staff conducted a continuous quality review of the newly implemented rules.

The proposed amendments in Phase 2 further clarify, refine, and operationalize Board processes. These updates are designed to ensure consistency with statutory authority, improve regulatory transparency, and support efficient licensure pathways for nurses across Oregon.

Within OAR 851-062 the proposed amendments predominately focus on applying consistent terminology from Phase 1 HB 3044 revisions and ensuring that this Division aligns with the larger updates to OAR 851-031, Licensure Requirements for Nurses.

Background: After the Board granted approval at its June 2026 meeting, a virtual public rule hearing was conducted on July 21st, 2026. No testimony in support or opposition was received during the public comment period.

Rule Crosswalk (old → new):

Rule Number / Topic	Impact
0050: Initial Nursing Assistant (NA) Certification Eligibility	The proposed changes modify terminology to align with Division 31, correct grammar, and add in specific military education as a pathway to certification.

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.



Rule Number / Topic	Impact
0070: Renewal of CNA Certification	The proposed changes modify terminology, correct grammar, and standardize titles throughout division. The requirement that renewal may be applied for before expiration of a current certificate has been added. Background check requirements, redundant with Division 1, have been removed from this section.
0071: Reinstatement of CNA Certification	Clarifies processes and terminology. The rule title has been modified to standardize titles throughout division.
0075: CNA Disciplinary Reinstatement	The rule title has been modified to standardize titles throughout division. Minor changes to terminology to ensure consistent language.
0080: Oregon CMA Certification	The rule title has been modified to standardize titles throughout division. Corrected the certificate acronym.
0090: CMA Certification Eligibility	The rule title has been modified to standardize titles throughout division. Specific military training as a path to medication aide certification has been added.
0110: Renewal of CMA Certification	The proposed changes mirror proposed edits to Rule 0070, to ensure consistent language and expectations with certification renewals.
0114: Reinstatement of CMA Certification	The proposed changes mirror proposed edits to Rule 0071, to ensure consistent language and expectations with certification reinstatements.
0116: CMA Disciplinary Reinstatement	The proposed changes mirror proposed edits to Rule 0075, to ensure consistent language and expectations with disciplinary certification reinstatements.

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Board of Nursing

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Board Action Requested:

I respectfully request the Board approve the proposed changes to OAR 851-062, Standards for Certification of the Nursing Assistants and Medication Aide

M.S.C. _____, _____ the Board (approves/does not approve) the permanent adoption of the proposed amendments to OAR 851-062- 0050, 0070, 0071, 0075, 0080, 0090, 0110, 0114, 0116, as (presented/modified) effective September 1, 2026.

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Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.

OREGON STATE BOARD OF NURSING

NPA DIVISION RULE HEARING

Sign-In Sheet

DIVISION 31 & 62

MEETING DATE: 07/21/2026

FACILITATOR: Brandy Ritter

LOCATION: Virtual Zoom Mtg 1:00 pm – 2:00 pm

NAME	TITLE	ORGANIZATION	PHONE	EMAIL	DIVISION/RULE YOU WISH TO PROVIDE TESTIMONY ON:
1. Knico VanWinkle		OSBN			
2. Barb Holtry		OSBN			
3. Patrick Owen		OSBN			
4. Sarah Wolfe					
5. Laura Blackhurst		OSBN			
6. Christy Simila					
7. Kimberly Goddard		OSBN			
8. Michelle Bell		OSBN			
9. Unknown - iPad					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					

Division 62

Standards for Certification of the Nursing Assistant and Medication Aide

851-062-0011**Name, Address and Employer of Record**

- (1) Name of Record:
 - (a) The current legal name of the Certified Nursing Assistant (CNA) or Certified Medication Aide (CMA) must be on file with the Board at all times and shall be considered the name of record.
 - (b) To change the name of record, the CNA or CMA must submit notification of change of name to the Board, accompanied by legal proof of that name change. Such proof must be in the form of official records reflecting the current name of legal record.
 - (c) The name of record must be the same name used for the performance of authorized duties.
- (2) Contact Information of Record:
 - (a) A CNA or CMA must keep current contact information on file with the Board at all times, including mailing address which shall be considered the address of record, primary phone contact number, and e-mail address.
 - (b) A Notice of Proposed Disciplinary Action sent to the CNA or CMA's address of record by certified mail or registered mail, is sufficient notice even if the CNA or CMA fails to respond to the postal service "return receipt" and never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.
- (3) Employer of Record: Any CNA or CMA actively performing CNA or CMA authorized duties must report current employer(s) and employer's mailing address(es) to the Board. All employers, where the CNA or CMA is working within the authorized duties, must be reported. The CNA or CMA must update every change in employer and employer's mailing address to the Board no later than 30 days after the change.

Statutory/Other Authority: ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025

BN 29-2025, amend filed 11/20/2025, effective 11/20/2025

BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0012**CNA Registry**

In accordance with federal regulations, the Board maintains a CNA Registry. The Registry contains:

- (1) Identifying demographic information on each CNA;
- (2) Date of initial and most recent certification;
- (3) Board sanctions against a CNA certificate; and
- (4) Findings of resident abuse, neglect or misappropriation of resident property, made by the Department of Human Services against a CNA.

Statutory/Other Authority: ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0020

Oregon CNA Certification

- (1) An individual must have an active Oregon CNA certification and be listed on the Oregon CNA Registry before performing CNA authorized duties.
- (2) A student nursing assistant in a Board-approved training program may perform nursing assistant duties with appropriate supervision.
- (3) An unlicensed person who is performing tasks that have been delegated by a Registered Nurse according to OAR 851-047-0000 through OAR 851-047-0040 is exempt from the certification requirement.
- (4) Successful completion of a Board-approved nursing assistant training program and competency examination alone does not qualify an individual for Oregon CNA certification. All application requirements must be met before certification is issued.
- (5) An RN, LPN or student nurse must have active CNA certification before being identified as a CNA and performing CNA authorized duties.
- (6) An RN or LPN employed as a CNA must not perform duties outside of the CNA authorized duties while working as a CNA.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.440 & ORS 678.442

History:

BN 9-2025, amend filed 04/24/2025, effective 07/01/2025

BN 4-2023, f. 09-22-23; ef. 10-01-23

BN 5-2019, f. 07/03/2019; ef. 08/01/2019

BN 10-2010, f. & cert. ef. 6-25-10

BN 8-2008, f. & cert. ef. 11-26-08

BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

BN 6-1999, f. & cert. ef. 7-8-99

851-062-0050

Initial Nursing Assistant ~~(NA)~~ Certification Eligibility

- (1) An individual may apply for initial NA certification by submitting a completed application, which includes:
 - (a) The Board's initial application form;
 - (b) Payment of all applicable fees described in OAR Chapter 851 Division 2;
 - (c) Proof of passing the Board-approved NA competency examination;
 - (d) Completion of a national fingerprint-based ~~criminal history~~ background check as described in OAR 851-001-0115; and
 - (e) One of the following:
 - (A) Proof of completion, including date of completion of a nursing assistant training program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory; or
 - (B) A Joint Services transcript that shows evidence of completion of U.S. military training as an aeronautical medic, combat medic 68W, or medical training as a naval corpsman~~A Joint Services transcript and DD214 form~~; or
 - (C) Proof of an active RN, PN or Vocational Nurse (VN) license in good

- standing; or
- (D) Proof of current enrollment in a nursing education program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory.
- (2) For applicants with NA certification in another state or U.S. territory at the time of application, the active certification may be considered proof of completion of the Board-approved competency examination.
- (3) Incomplete applications expire 12 months after the initial submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025
 BN 29-2025, amend filed 11/20/2025, effective 11/20/2025
 BN 9-2025, amend filed 04/24/2025, effective 07/01/2025
 BN 5-2021, amend filed 06/21/2021, effective 07/01/2021
 BN 5-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 6-2014, f. 12-2-14, cert. ef. 1-1-15
 BN 3-2014, f. 6-25-14, cert. ef. 8-1-14
 BN 14-2013, f. 12-4-13, cert. ef. 1-1-14
 BN 10-2010, f. & cert. ef. 6-25-10
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0054

Temporary Certification as a CNA for Spouses and Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

- (1) A temporary certification to practice as a Certified Nursing Assistant (CNA) shall be issued to the spouse of active duty armed forces personnel when the following requirements are met:
 - (a) A completed application and payment of fee is received by the Board; and
 - (b) Submission of copy of the military orders assigning the active duty member to an assignment in Oregon; and
 - (c) The spouse holds a current certification as a CNA in another state; and
 - (d) The certificate is unencumbered and verified as active and current through processes defined by the Board.
- (2) The temporary certificate shall expire on the following date, whichever occurs first:
 - (a) Oregon is no longer the duty station of the active armed forces member; or
 - (b) The certificate in the state used to obtain a temporary certificate expires; or
 - (c) Two years after the issuance of the temporary certificate; or
 - (d) When no longer a spouse or domestic partner of an active duty armed forces member.
- (3) This temporary certificate is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon certificate. This certificate must be obtained using the processes and fees established for permanent certification. Continuing to work in Oregon when the temporary certificate has expired will be considered practicing without a valid certificate and is subject to Board action.

Statutory/Other Authority: ORS 678.150, ORS 678.390 & ORS 678.440

Statutes/Other Implemented: ORS 678.150, ORS 678.390 & ORS 678.440

History:

BN 9-2025, amend filed 04/24/2025, effective 07/01/2025
 BN 17-2019, adopt filed 11/23/2019, effective 01/01/2020

851-062-0055**Competency Examination**

- (1) Exam Accommodations: A qualified applicant must be able to perform duties safely, without risk to the health and safety of others or themselves.
 - (a) An applicant with a disability who requests accommodation at the exam site must:
 - (A) Submit a fully completed accommodation request form provided by the Board; and
 - (B) Arrange for primary source documentation to be sent directly to the Board by the diagnosing provider or learning specialist that includes:
 - (i) Specific type of disability and confirmation of diagnosis; and
 - (ii) Type of diagnostic study or analysis used; and
 - (iii) Accommodation needed for testing related to the disability; and
 - (iv) Provider's original signature, official title and contact information.
 - (b) An applicant who has been ill or has a temporary restriction of activity must arrange for the healthcare provider to send the Board a medical release for full return to normal activity before taking the manual skills portion of the exam.
- (2) Exam Controls:
 - (a) Reference materials, including dictionaries, may not be used during testing.
 - (b) Language translation aids must not be used for exam purposes. This includes translators, documentation or electronic devices that translate one language to another.
 - (c) If a candidate decides not to complete the examination after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.
- (3) Examination results will be mailed or emailed to the applicant at the applicant's address of record and will not be released by telephone.
- (4) Failure to take the examination or to reschedule the examination in advance will result in re-examination fees unless the absence has been excused by the testing service.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 5-2019, amend filed 07/03/2019, effective 08/01/2019

BN 10-2010, f. & cert. ef. 6-25-10

BN 6-2005, f. & cert. ef. 6-30-05

BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0061**CNA Limited Certificate for Governor Declared Emergency**

- (1) During an emergency declared by the Governor pursuant to ORS 401.165 and subject to terms and conditions that the Board may impose, the Board may issue a limited certificate to a nursing assistant authorized in another state or U.S. jurisdiction when the following requirements are met:
 - (a) A completed application (application fee waived) is received by the Board; and
 - (b) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing assistant certification in another state or jurisdiction.
- (2) The limited certification shall expire on the following date, whichever occurs first:
 - (a) The Oregon Governor-Declared Emergency declaration expires; or
 - (b) The certification in the state or jurisdiction used to obtain the limited certification expires;

or

- (c) Two years after the issuance of the limited certification.
- (3) **Non-Renewable Limited Certification:** A limited certification is not renewable and expires based on whichever occurs first in OAR 851-062-0061(2). The individual must apply for permanent Oregon certification by endorsement in order to continue performing nursing assistant duties in Oregon. Continuing to work in Oregon after the limited certification has expired is considered practicing without a valid certification and is subject to Board action.
- (4) **Reinstatement of Limited Certification:** A previously issued expired limited certification may be reinstated if the following are true:
 - (a) A new state of emergency has been declared by the Governor; and
 - (b) The individual has not been issued permanent Oregon CNA certification by endorsement; and
 - (c) Holds active unencumbered nursing assistant certification in another state or U.S. jurisdiction.
 - (d) A qualified applicant must:
 - (A) Submit a completed reinstatement application (application fee waived) to the Board; and
 - (B) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing assistant certification in another state or jurisdiction.

Statutory/Other Authority: ORS 401.165

Statutes/Other Implemented:

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025

BN 29-2025, amend filed 11/20/2025, effective 11/20/2025

BN 4-2024; adopt filed 6/20/2024; permanent effective 07/01/2024

BN 8-2023; adopt filed 11/22/2023; temporary effective 01/01/2024 – 06/28/2024

851-062-0070

Renewal of ~~C~~Nursing Assistant Certification

- (1) An NA certificate is valid for two years from the date it is issued. Certificate holders must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
- (2) The certificate holder may ~~re~~apply for renewal before the expiration of their certificate by submitting a completed application which includes:
 - (a) The Board's renewal application form;
 - (b) Payment of applicable fees in OAR Chapter 851 Division 2; and
 - ~~(c) — Completion of state records criminal background check as described in OAR 851-001-0115; and~~
 - ~~(d)~~(c) Every 48 months or every other renewal cycle, the applicant must attest to completion of two hours of cultural competency continuing education.
- (3) A renewal application may be submitted no more than 90 days before the expiration of the certificate.
- (4) Once a certificate has been expired for more than 90 days, an individual ~~must~~will need to apply for reinstatement as described in OAR 851-062-0071.
- (5) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

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 BN 5-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 6-2014, f. 12-2-14, cert. ef. 1-1-15
 BN 10-2010, f. & cert. ef. 6-25-10
 BN 4-2004, f. & cert. ef. 2-20-04
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0071**Reinstatement/activation of CNursing Assistant Certification**

- (1) An individual whose NA certification has been expired for more than 90 days but no more than two years may apply for reinstatement by submitting a completed application, which includes:
 - (a) The Board's reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Completion of a national fingerprint-based ~~criminal~~ background check as described in OAR 851-001-0115; and
 - (d) Completion of two hours of cultural competency continuing education.
- (2) An individual whose Oregon CNA has been with an expired ~~NA certification~~ for over two years ~~must~~ apply for reinstatement by submitting a completed ~~ed~~ application and passing the Board-approved competency examination.
- (3) Applicants who do not pass the examination are required to complete a training program prior to a retake.

Statutory/Other Authority: ORS 678.440, ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

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 BN 5-2021, amend filed 06/21/2021, effective 07/01/2021 BN
 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0075**CNA Disciplinary Reinstatement of Nursing Assistant Certification**

- (1) An individual whose NA certification has been revoked or voluntarily surrendered is not eligible for reinstatement under OAR 851-062-0071 but may apply for disciplinary reinstatement.
- (2) An applicant for disciplinary reinstatement may submit a completed application which includes:
 - (a) The Board's disciplinary reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Proof of completion of an NA training program following revocation or surrender;
 - (d) Passage of the Board approved competency exam after submission of application; and
 - (e) Completion of a national fingerprint-based ~~criminal~~ background check as described in OAR 851-001-0115.
- (3) An applicant under this rule is also subject to OAR 851-001-0015.
- (4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

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 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0080

Oregon CMA Medication Aide Certification

A CMA must have a current Oregon CNMA certificate and be listed on the Oregon CNA Registry prior to performing medication aide duties.

Statutory/Other Authority: ORS 678.442

Statutes/Other Implemented: ORS 678.442 **History:**

BN 5-2019, amend filed 07/03/2019, effective 08/01/2019 BN
 14-2013, f. 12-4-13, cert. ef. 1-1-14
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0090

Initial C Medication Aide Certification Eligibility

- (1) An applicant may apply for Medication Aide certification by submitting a completed application, which includes:
 - (a) The Board's medication aide application form;
 - (b) Holding a current Oregon CNA certification;
 - (c) Payment of the fee in OAR Chapter 851 Division 2;
 - (d) Passing the Board-approved medication aide examination; and
 - (e) One of the following:
 - (A) Proof of completion of a medication aide training program approved by the Board, or, for non-Oregon programs, approved by the appropriate agency in that state or U.S. territory; or
 - (B) A Joint Services transcript that shows evidence of completion of U.S. military training as an aeronautical medic, combat medic 68W, or medical training as a naval corpsman; or
 - (B) A joint Services transcript and DD-214 form; or
 - (C) Proof of an active RN, PN or VN license in good standing; or;
 - (D) Proof of current enrollment in a nursing education program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory.
- (2) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

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 BN 5-2019, amend filed 07/03/2019, effective 08/01/2019

BN 1-2012, f. 2-24-12, cert. ef. 4-1-12
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0100**CMA Examination**

- (1) The medication aide examination shall be administered and evaluated only by the Board or by a Board-approved entity.
- (2) Examination sites and dates shall be determined by the Board or a Board-approved entity.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 5-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 1-2013, f. 2-28-13, cert. ef. 4-1-13
 BN 10-2010, f. & cert. ef. 6-25-10
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0110**Renewal of ~~C~~Medication Aide Certification**

- (1) An MA certificate is valid for two years from the date it is issued. Certificate holders must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
- (2) The certificate holder may ~~re~~apply before the expiration of their certificate by submitting a completed application which includes:
 - (a) The Board's renewal application form;
 - (b) Payment of applicable fees in OAR Chapter 851 Division 2; and
 - ~~(c) Completion of state records criminal background check as described in OAR 851-001-0115; and~~
 - ~~(d)~~(c) Attest to completion of eight hours of continuing education within the past two years related to medication aide authorized duties.
- (3) A renewal application may be submitted no more than 90 days before the expiration of the certificate.
- (4) Once a certificate has been expired for more than 90 days, an individual must~~will need to~~ apply for reinstatement as described in OAR 851-062-0114.
- (5) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

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 BN 10-2010, f. & cert. ef. 6-25-10
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0114**Reinstatement of ~~C~~Medication Aide Certification**

- (1) An individual whose MA certification has been expired for more than 90 days but no more than two years may apply for reinstatement by submitting a completed application, which includes:
 - (a) The Board's reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Completion of a national fingerprint-based ~~criminal~~ background check as described in OAR 851-001-0115; and
 - (d) Completion of two hours of cultural competency continuing education.
- (2) An individual with an expired MA certification for over two years can apply for reinstatement by completing the application and passing the Board-approved exam.
- (3) Applicants who do not pass the examination are required to complete a training program prior to a retake.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

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BN 29-2025, amend filed 11/20/2025, effective 11/20/2025

BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0116**~~CMA~~ Disciplinary Reinstatement of Medication Aide Certification**

- (1) An individual whose MA certification has been revoked or voluntarily surrendered is not eligible for reinstatement under OAR 851-062-0071 but may apply for disciplinary reinstatement.
- (2) An applicant for disciplinary reinstatement may submit a completed application which includes:
 - (a) The Board's disciplinary reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Proof of completion of an MA training program following revocation or surrender;
 - (d) Passage of the Board approved MA competency exam after submission of application; and
 - (e) Completion of a national fingerprint-based ~~criminal~~ background check as described in OAR 851-001-0115.
- (3) An applicant under this rule is also subject to OAR 851-001-0015.
- (4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

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Division 62

Standards for Certification of the Nursing Assistant and Medication Aide

851-062-0011**Name, Address and Employer of Record**

- (1) Name of Record:
 - (a) The current legal name of the Certified Nursing Assistant (CNA) or Certified Medication Aide (CMA) must be on file with the Board at all times and shall be considered the name of record.
 - (b) To change the name of record, the CNA or CMA must submit notification of change of name to the Board, accompanied by legal proof of that name change. Such proof must be in the form of official records reflecting the current name of legal record.
 - (c) The name of record must be the same name used for the performance of authorized duties.
- (2) Contact Information of Record:
 - (a) A CNA or CMA must keep current contact information on file with the Board at all times, including mailing address which shall be considered the address of record, primary phone contact number, and e-mail address.
 - (b) A Notice of Proposed Disciplinary Action sent to the CNA or CMA's address of record by certified mail or registered mail, is sufficient notice even if the CNA or CMA fails to respond to the postal service "return receipt" and never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.
- (3) Employer of Record: Any CNA or CMA actively performing CNA or CMA authorized duties must report current employer(s) and employer's mailing address(es) to the Board. All employers, where the CNA or CMA is working within the authorized duties, must be reported. The CNA or CMA must update every change in employer and employer's mailing address to the Board no later than 30 days after the change.

Statutory/Other Authority: ORS 678.442**Statutes/Other Implemented:** ORS 678.442**History:**

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851-062-0012**CNA Registry**

In accordance with federal regulations, the Board maintains a CNA Registry. The Registry contains:

- (1) Identifying demographic information on each CNA;
- (2) Date of initial and most recent certification;
- (3) Board sanctions against a CNA certificate; and
- (4) Findings of resident abuse, neglect or misappropriation of resident property, made by the Department of Human Services against a CNA.

Statutory/Other Authority: ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0020

Oregon CNA Certification

- (1) An individual must have an active Oregon CNA certification and be listed on the Oregon CNA Registry before performing CNA authorized duties.
- (2) A student nursing assistant in a Board-approved training program may perform nursing assistant duties with appropriate supervision.
- (3) An unlicensed person who is performing tasks that have been delegated by a Registered Nurse according to OAR 851-047-0000 through OAR 851-047-0040 is exempt from the certification requirement.
- (4) Successful completion of a Board-approved nursing assistant training program and competency examination alone does not qualify an individual for Oregon CNA certification. All application requirements must be met before certification is issued.
- (5) An RN, LPN or student nurse must have active CNA certification before being identified as a CNA and performing CNA authorized duties.
- (6) An RN or LPN employed as a CNA must not perform duties outside of the CNA authorized duties while working as a CNA.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.440 & ORS 678.442

History:

BN 9-2025, amend filed 04/24/2025, effective 07/01/2025

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BN 5-2019, f. 07/03/2019; ef. 08/01/2019

BN 10-2010, f. & cert. ef. 6-25-10

BN 8-2008, f. & cert. ef. 11-26-08

BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

BN 6-1999, f. & cert. ef. 7-8-99

851-062-0050

Initial Nursing Assistant Certification Eligibility

- (1) An individual may apply for initial NA certification by submitting a completed application, which includes:
 - (a) The Board's initial application form;
 - (b) Payment of all applicable fees described in OAR Chapter 851 Division 2;
 - (c) Proof of passing the Board-approved NA competency examination;
 - (d) Completion of a national fingerprint-based background check as described in OAR 851-001-0115; and
 - (e) One of the following:
 - (A) Proof of completion, including date of completion of a nursing assistant training program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory; or
 - (B) A Joint Services transcript that shows evidence of completion of U.S. military training as an aeronautical medic, combat medic 68W, or medical training as a naval corpsman; or
 - (C) Proof of an active RN, PN or Vocational Nurse (VN) license in good

- standing; or
- (D) Proof of current enrollment in a nursing education program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory.
- (2) For applicants with NA certification in another state or U.S. territory at the time of application, the active certification may be considered proof of completion of the Board-approved competency examination.
- (3) Incomplete applications expire 12 months after the initial submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

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BN 5-2019, amend filed 07/03/2019, effective 08/01/2019

BN 6-2014, f. 12-2-14, cert. ef. 1-1-15

BN 3-2014, f. 6-25-14, cert. ef. 8-1-14

BN 14-2013, f. 12-4-13, cert. ef. 1-1-14

BN 10-2010, f. & cert. ef. 6-25-10

BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

BN 6-1999, f. & cert. ef. 7-8-99

851-062-0054

Temporary Certification as a CNA for Spouses and Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

- (1) A temporary certification to practice as a Certified Nursing Assistant (CNA) shall be issued to the spouse of active duty armed forces personnel when the following requirements are met:
 - (a) A completed application and payment of fee is received by the Board; and
 - (b) Submission of copy of the military orders assigning the active duty member to an assignment in Oregon; and
 - (c) The spouse holds a current certification as a CNA in another state; and
 - (d) The certificate is unencumbered and verified as active and current through processes defined by the Board.
- (2) The temporary certificate shall expire on the following date, whichever occurs first:
 - (a) Oregon is no longer the duty station of the active armed forces member; or
 - (b) The certificate in the state used to obtain a temporary certificate expires; or
 - (c) Two years after the issuance of the temporary certificate; or
 - (d) When no longer a spouse or domestic partner of an active duty armed forces member.
- (3) This temporary certificate is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon certificate. This certificate must be obtained using the processes and fees established for permanent certification. Continuing to work in Oregon when the temporary certificate has expired will be considered practicing without a valid certificate and is subject to Board action.

Statutory/Other Authority: ORS 678.150, ORS 678.390 & ORS 678.440

Statutes/Other Implemented: ORS 678.150, ORS 678.390 & ORS 678.440

History:

BN 9-2025, amend filed 04/24/2025, effective 07/01/2025

BN 17-2019, adopt filed 11/23/2019, effective 01/01/2020

851-062-0055**Competency Examination**

- (1) Exam Accommodations: A qualified applicant must be able to perform duties safely, without risk to the health and safety of others or themselves.
 - (a) An applicant with a disability who requests accommodation at the exam site must:
 - (A) Submit a fully completed accommodation request form provided by the Board; and
 - (B) Arrange for primary source documentation to be sent directly to the Board by the diagnosing provider or learning specialist that includes:
 - (i) Specific type of disability and confirmation of diagnosis; and
 - (ii) Type of diagnostic study or analysis used; and
 - (iii) Accommodation needed for testing related to the disability; and
 - (iv) Provider's original signature, official title and contact information.
 - (b) An applicant who has been ill or has a temporary restriction of activity must arrange for the healthcare provider to send the Board a medical release for full return to normal activity before taking the manual skills portion of the exam.
- (2) Exam Controls:
 - (a) Reference materials, including dictionaries, may not be used during testing.
 - (b) Language translation aids must not be used for exam purposes. This includes translators, documentation or electronic devices that translate one language to another.
 - (c) If a candidate decides not to complete the examination after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.
- (3) Examination results will be mailed or emailed to the applicant at the applicant's address of record and will not be released by telephone.
- (4) Failure to take the examination or to reschedule the examination in advance will result in re-examination fees unless the absence has been excused by the testing service.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 5-2019, amend filed 07/03/2019, effective 08/01/2019

BN 10-2010, f. & cert. ef. 6-25-10

BN 6-2005, f. & cert. ef. 6-30-05

BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0061**CNA Limited Certificate for Governor Declared Emergency**

- (1) During an emergency declared by the Governor pursuant to ORS 401.165 and subject to terms and conditions that the Board may impose, the Board may issue a limited certificate to a nursing assistant authorized in another state or U.S. jurisdiction when the following requirements are met:
 - (a) A completed application (application fee waived) is received by the Board; and
 - (b) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing assistant certification in another state or jurisdiction.
- (2) The limited certification shall expire on the following date, whichever occurs first:
 - (a) The Oregon Governor-Declared Emergency declaration expires; or
 - (b) The certification in the state or jurisdiction used to obtain the limited certification expires;

or

- (c) Two years after the issuance of the limited certification.
- (3) **Non-Renewable Limited Certification:** A limited certification is not renewable and expires based on whichever occurs first in OAR 851-062-0061(2). The individual must apply for permanent Oregon certification by endorsement in order to continue performing nursing assistant duties in Oregon. Continuing to work in Oregon after the limited certification has expired is considered practicing without a valid certification and is subject to Board action.
- (4) **Reinstatement of Limited Certification:** A previously issued expired limited certification may be reinstated if the following are true:
 - (a) A new state of emergency has been declared by the Governor; and
 - (b) The individual has not been issued permanent Oregon CNA certification by endorsement; and
 - (c) Holds active unencumbered nursing assistant certification in another state or U.S. jurisdiction.
 - (d) A qualified applicant must:
 - (A) Submit a completed reinstatement application (application fee waived) to the Board; and
 - (B) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing assistant certification in another state or jurisdiction.

Statutory/Other Authority: ORS 401.165

Statutes/Other Implemented:

History:

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BN 8-2023; adopt filed 11/22/2023; temporary effective 01/01/2024 – 06/28/2024

851-062-0070

Renewal of Nursing Assistant Certification

- (1) An NA certificate is valid for two years from the date it is issued. Certificate holders must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
- (2) The certificate holder may apply for renewal before the expiration of their certificate by submitting a completed application which includes:
 - (a) The Board's renewal application form;
 - (b) Payment of applicable fees in OAR Chapter 851 Division 2; and
 - (c) Every 48 months or every other renewal cycle, the applicant must attest to completion of two hours of cultural competency continuing education.
- (3) A renewal application may be submitted no more than 90 days before the expiration of the certificate.
- (4) Once a certificate has been expired for more than 90 days, an individual must apply for reinstatement as described in OAR 851-062-0071.
- (5) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025

BN 29-2025, amend filed 11/20/2025, effective 11/20/2025

BN 9-2025, amend filed 04/24/2025, effective 07/01/2025

BN 4-2022, amend filed 02/18/2022, effective 03/01/2022

BN 5-2021, amend filed 06/21/2021, effective 07/01/2021
 BN 5-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 6-2014, f. 12-2-14, cert. ef. 1-1-15
 BN 10-2010, f. & cert. ef. 6-25-10
 BN 4-2004, f. & cert. ef. 2-20-04
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0071**Reinstatement of Nursing Assistant Certification**

- (1) An individual whose NA certification has been expired for more than 90 days but no more than two years may apply for reinstatement by submitting a completed application, which includes:
 - (a) The Board's reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Completion of a national fingerprint-based background check as described in OAR 851-001-0115; and
 - (d) Completion of two hours of cultural competency continuing education.
- (2) An individual whose Oregon CNA has been expired for over two years must apply for reinstatement by submitting a completed application and passing the Board-approved competency examination.
- (3) Applicants who do not pass the examination are required to complete a training program prior to a retake.

Statutory/Other Authority: ORS 678.440, ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025
 BN 29-2025, amend filed 11/20/2025, effective 11/20/2025
 BN 9-2025, amend filed 04/24/2025, effective 07/01/2025
 BN 5-2021, amend filed 06/21/2021, effective 07/01/2021 BN
 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0075**Disciplinary Reinstatement of Nursing Assistant Certification**

- (1) An individual whose NA certification has been revoked or voluntarily surrendered is not eligible for reinstatement under OAR 851-062-0071 but may apply for disciplinary reinstatement.
- (2) An applicant for disciplinary reinstatement may submit a completed application which includes:
 - (a) The Board's disciplinary reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Proof of completion of an NA training program following revocation or surrender;
 - (d) Passage of the Board approved competency exam after submission of application; and
 - (e) Completion of a national fingerprint-based background check as described in OAR 851-001-0115.
- (3) An applicant under this rule is also subject to OAR 851-001-0015.
- (4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.442 & ORS 676.850

Statutes/Other Implemented: ORS 678.442 & ORS 676.850

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025
 BN 29-2025, amend filed 11/20/2025, effective 11/20/2025
 BN 9-2025, amend filed 04/24/2025, effective 07/01/2025
 BN 5-2021, amend filed 06/21/2021, effective 07/01/2021
 BN 5-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0080**Oregon CMA Certification**

A CMA must have a current Oregon CNA certificate and be listed on the Oregon CNA Registry prior to performing medication aide duties.

Statutory/Other Authority: ORS 678.442

Statutes/Other Implemented: ORS 678.442 **History:**

BN 5-2019, amend filed 07/03/2019, effective 08/01/2019 BN
 14-2013, f. 12-4-13, cert. ef. 1-1-14
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0090**Initial Medication Aide Certification Eligibility**

- (1) An applicant may apply for Medication Aide certification by submitting a completed application, which includes:
 - (a) The Board's medication aide application form;
 - (b) Holding a current Oregon CNA certification;
 - (c) Payment of the fee in OAR Chapter 851 Division 2;
 - (d) Passing the Board-approved medication aide examination; and
 - (e) One of the following:
 - (A) Proof of completion of a medication aide training program approved by the Board, or, for non-Oregon programs, approved by the appropriate agency in that state or U.S. territory; or
 - (B) A Joint Services transcript that shows evidence of completion of U.S. military training as an aeronautical medic, combat medic 68W, or medical training as a naval corpsman; or
 - (C) Proof of an active RN, PN or VN license in good standing; or
 - (D) Proof of current enrollment in a nursing education program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory.
- (2) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025
 BN 29-2025, amend filed 11/20/2025, effective 11/20/2025
 BN 9-2025, amend filed 04/24/2025, effective 07/01/2025
 BN 5-2019, amend filed 07/03/2019, effective 08/01/2019
 BN 1-2012, f. 2-24-12, cert. ef. 4-1-12
 BN 2-2004, f. 1-29-04, cert. ef. 2-12-04
 BN 6-1999, f. & cert. ef. 7-8-99

851-062-0100**CMA Examination**

- (1) The medication aide examination shall be administered and evaluated only by the Board or by a Board-approved entity.
- (2) Examination sites and dates shall be determined by the Board or a Board-approved entity.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 5-2019, amend filed 07/03/2019, effective 08/01/2019

BN 1-2013, f. 2-28-13, cert. ef. 4-1-13

BN 10-2010, f. & cert. ef. 6-25-10

BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

BN 6-1999, f. & cert. ef. 7-8-99

851-062-0110**Renewal of Medication Aide Certification**

- (1) An MA certificate is valid for two years from the date it is issued. Certificate holders must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
- (2) The certificate holder may apply before the expiration of their certificate by submitting a completed application which includes:
 - (a) The Board's renewal application form;
 - (b) Payment of applicable fees in OAR Chapter 851 Division 2; and
 - (c) Attest to completion of eight hours of continuing education within the past two years related to medication aide authorized duties.
- (3) A renewal application may be submitted no more than 90 days before the expiration of the certificate.
- (4) Once a certificate has been expired for more than 90 days, an individual must apply for reinstatement as described in OAR 851-062-0114.
- (5) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025

BN 29-2025, amend filed 11/20/2025, effective 11/20/2025

BN 9-2025, amend filed 04/24/2025, effective 07/01/2025

BN 5-2019, amend filed 07/03/2019, effective 08/01/2019

BN 1-2012, f. 2-24-12, cert. ef. 4-1-12

BN 10-2010, f. & cert. ef. 6-25-10

BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

BN 6-1999, f. & cert. ef. 7-8-99

851-062-0114**Reinstatement of Medication Aide Certification**

- (1) An individual whose MA certification has been expired for more than 90 days but no more than two years may apply for reinstatement by submitting a completed application, which includes:
 - (a) The Board's reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Completion of a national fingerprint-based background check as described in OAR 851-001-0115; and
 - (d) Completion of two hours of cultural competency continuing education.
- (2) An individual with an expired MA certification for over two years can apply for reinstatement by completing the application and passing the Board-approved exam.
- (3) Applicants who do not pass the examination are required to complete a training program prior to a retake.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025

BN 29-2025, amend filed 11/20/2025, effective 11/20/2025

BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0116**Disciplinary Reinstatement of Medication Aide Certification**

- (1) An individual whose MA certification has been revoked or voluntarily surrendered is not eligible for reinstatement under OAR 851-062-0071 but may apply for disciplinary reinstatement.
- (2) An applicant for disciplinary reinstatement may submit a completed application which includes:
 - (a) The Board's disciplinary reinstatement application form;
 - (b) Payment of the fee in OAR Chapter 851 Division 2;
 - (c) Proof of completion of an MA training program following revocation or surrender;
 - (d) Passage of the Board approved MA competency exam after submission of application; and
 - (e) Completion of a national fingerprint-based background check as described in OAR 851-001-0115.
- (3) An applicant under this rule is also subject to OAR 851-001-0015.
- (4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440 & ORS 678.442

Statutes/Other Implemented: ORS 678.442

History:

BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025

BN 29-2025, amend filed 11/20/2025, effective 11/20/2025

BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.



Oregon

Tina Kotek, Governor

Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland OR 97224
Oregon.BN.Info@osbn.oregon.gov
www.oregon.gov/OSBN

MEMORANDUM

To: Oregon State Board of Nursing Members

From: John Etherington, Fiscal Operations Manager

Date: July 24, 2026

Re: Increased fees for Fingerprinting Fees

OSBN received official announcement by the Oregon State Police (OSP) that FBI background check fees will increase effective October 1, 2026. FBI is increasing their fees from \$12 to \$15. The additional costs for OSP, OSBN and vendor will remain unchanged. This increase in fees is also applicable to individuals seeking employment with OSBN, including Board Members.

The fee, in OAR 851-002-0055 is currently \$58, with the increase the fee will change to \$61 (OSBN, OSP and FBI costs.) The total fee to the applicant, including the vendor fee of \$12.50, will be \$73.50.

M.S.C. _____, _____ the Board (approve/does not approve) amendment of OAR 851-002-0055 (as presented/modified) as a temporary rule, effective October 1, 2026.

M.S.C. _____, _____ the Board (approve/does not approve) staff initiating the rulemaking process by providing notice and opportunity for public comment on the proposed amendment to OAR 851-002-0055.

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.



U.S. Department of Justice

Federal Bureau of Investigation

Clarksburg, WV 26306

July 1, 2026

The Federal Bureau of Investigation (FBI) has completed a review of the fees charged for fingerprint-based and name-based Criminal History Record Information (CHRI) checks. This review was completed in accordance with 28 C.F.R. §20.31(e) (2), which requires the FBI to periodically review the fees it collects to recover the costs of operating the program. As a result of the review, the FBI has concluded the current fingerprint fee will be increased by \$3.00; an updated fee schedule has been published formally in the *Federal Register* on June 8, 2026. The FBI values the relationship with our partner agencies and understands the importance of providing ample lead time for change. The effective date for the fee change is October 1, 2026. Below are the revised fees which will be assessed for fingerprint-based and name-based CHRI check requests:

FINGERPRINT-BASED CHRI CHECKS

Service	Fee Currently in Effect	Fee Currently in Effect for Centralized Billing Service Providers (CBSP) ¹	Change in Fee Amount	Revised Fee	Revised Fee for CBSPs
Fingerprint-based Submission	\$12.00	\$10.00	\$3.00	\$15.00	\$13.00 ²
Fingerprint-based Volunteer Submission ³	\$10.00	\$8.00	\$3.00	\$13.00	\$11.00 ⁴

NAME-BASED CHRI CHECKS

Service	Fee Currently in Effect	Change in Fee Amount	Revised Fee
Name-based Submission	\$1.00	\$0.75	\$1.75

Please share this information with the Chief Financial Officer, budget management office, or appropriate parties within your organization and direct any questions to the Criminal Justice Information Services Division's Financial Management Unit at fee_programs_unit@fbi.gov.

Sincerely,

Giget M. Kuroski

Giget M. Kuroski
Resources Management Section Chief
Criminal Justice Information Services Division

¹ See 75 Fed. Reg. 18753

² Cost Recovery = \$3.00; Automation = \$10.00

³ See e.g., 75 Fed. Reg. 18752

⁴ Cost Recovery = \$3.00; Automation = \$8.00

Division 2

Agency Fees

851-002-0000**Fees**

The fees paid to the Oregon State Board of Nursing are refundable at Board discretion. The licensing/certification fee pays for processing the application, and the license/certificate is valid until the expiration date of the license or certificate. As required by ORS 408.450, if allowed by Department of Defense policy, no fees will be assessed while any person holding a license or certificate with the board is on active duty with the Uniformed Services of the United States. Written notification to the Board is required within 60 days of the date of honorable discharge in order to change the license to its former status without fee or penalty. All other renewal requirements must be met.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 5-2011, f. & cert. ef. 11-22-11

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

851-002-0010**Registered Nurse and Licensed Practical Nurse Schedule of Fees**

- (1) RN License Renewal — \$245.
- (2) LPN License Renewal — \$180.
- (3) Delinquent Fee — \$100.
- (4) Surcharge to Support the Workforce Data Analysis Fund at Renewal — \$8.
- (5) Surcharge to Support the Oregon Nursing Advancement Fund for Licensure by Examination, Licensure by Endorsement, and Renewal applications — \$9.
- (6) RN License by Endorsement — \$295.
- (7) LPN License by Endorsement — \$230.
- (8) RN License by Examination — \$260.
- (9) LPN License by Examination — \$195.
- (10) Written Verification of License — \$12.
- (11) Limited Licenses for Educational Experience:
 - (a) International Graduate Nursing Students — \$65.
 - (b) Extension of International Graduate Nursing Students — \$25.

- (c) International RN in Short-Term Educational Experience — \$35.
- (d) International Exchange Students — \$25.
- (e) U.S. RNs in Distance Learning — \$15.
- (f) Extension of Distance Learning — \$15.
- (12) Reexamination for Licensure — \$25.
- (13) RN License Reinstatement — \$260.
- (14) LPN License Reinstatement — \$195.
- (15) Nurse Emeritus License — \$50.
- (16) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 1-2026, temporary suspends temporary BN 38-02025, filed 01/02/2026, effective 01/02/2026 through 06/29/2026

BN 38-2025, temporary amend filed 12/15/2025, effective 01/01/2026 through 06/29/2026

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 20-2025, amend filed 09/19/2025, effective 09/19/2025

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200; BN 11-1999, f. & cert. ef. 12-1-99; BN 6-2000, f. & cert. ef. 4-24-00; BN 17-2002, f. & cert. ef. 10-18-02; BN 6-2003, f. & cert. ef. 7-7-03; BN 5-2007, f. 5-4-07, cert. ef. 7-1-07; BN 5-2009, f. & cert. ef. 10-7-09; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 7-2010, f. & cert. ef. 6-25-10; BN 16-2010, f. & cert. ef. 11-29-10; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2016, f. 7-13-16, cert. ef. 8-1-16

851-002-0020

Nurse Practitioner Schedule of Fees

- (1) Initial License — \$250.
- (2) Renewal — \$205.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (4) Additional Population Focus: Initial and Renewal — \$50.
- (5) Delinquent Fee — \$100.
- (6) Prescriptive Authority Initial Application — \$75.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026
 BN 20-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15
 BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
 BN 1-2015, f. 4-21-15, cert. ef. 6-1-15
 BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
 BN 7-2009, f. 12-17-09, cert. ef. 1-1-10
 BN 16-2006, f. & cert. ef. 11-29-06
 BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
 BN 11-1998, f. & cert. ef. 9-22-98
 BN 10-1998, f. & cert. ef. 8-7-98
 BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
 NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87
 NER 6-1986, f. & cert. ef. 12-3-86; NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81; NER 32-1976, f. & cert. ef. 5-4-76; NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0030**Certified Registered Nurse Anesthetist Schedule of Fees**

- (1) Initial License — \$250.
- (2) Prescriptive Authority Initial Application — \$75.
- (3) Renewal — \$155.
- (4) Renewal of Prescriptive Authority — \$50.
- (5) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (6) Delinquent Fee — \$100.
- (7) Combined Limited and Initial License — \$275.
- (8) Temporary License for Active Armed Forces Military Spouse or Domestic Partner— \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431.A.880

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026
 BN 20-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15
 BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
 BN 1-2015, f. 4-21-15, cert. ef. 6-1-15

BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
 BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
 BN 11-1998, f. & cert. ef. 9-22-98
 BN 10-1998, f. & cert. ef. 8-7-98
 BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
 NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87
 NER 6-1986, f. & cert. ef. 12-3-86; NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81; NER 32-1976, f. & cert. ef. 5-4-76; NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0035

Clinical Nurse Specialist Schedule of Fees

- (1) Initial License — \$250.
- (2) Renewal without Prescriptive Authority — \$175.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (4) Renewal with Prescriptive Authority — \$205.
- (5) Prescriptive Authority Initial Application — \$75.
- (6) Delinquent Fee — \$100.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026
 BN 20-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15
 BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
 BN 1-2015, f. 4-21-15, cert. ef. 6-1-15
 BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
 BN 7-2009, f. 12-17-09, cert. ef. 1-1-10
 BN 16-2006, f. & cert. ef. 11-29-06

851-002-0040

Nursing Assistant Schedule of Fees

- (1) Certification by Examination (inclusive of examination fees) — \$106.
- (2) Certification by Endorsement — \$60.
- (3) Re-Examination — Manual Skills — \$45.
- (4) Re-Examination— Written — \$25.
- (5) Oral Administration of Written Examination (non-ADA) — \$35.
- (6) Written Verification of Certification — \$10.

- (7) Renewal — \$60.
- (8) Reinstatement — \$60.
- (9) Surcharge to Support the Workforce Data Analysis Fund at Renewal — \$8.
- (10) Certification for RN or LPN — \$60.
- (11) Temporary Certificate for Active Armed Forces Military Spouse or Domestic Partner — \$50.
- (12) Delinquent Fee - \$5.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 1-2026, temporary suspends temporary BN 38-02025, filed 01/02/2026, effective 01/02/2026 through 06/29/2026

BN 38-2025, temporary amend filed 12/15/2025, effective 01/01/2026 through 06/29/2026

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16

BN 4-2015, f. & cert. ef. 10-29-15

BN 3-2015, f. 9-22-15, cert. ef. 10-1-15

BN 16-2010, f. & cert. ef. 11-29-10

BN 8-2010, f. & cert. ef. 6-25-10

BN 6-2009, f. 12-17-09, cert. ef. 1-1-10

BN 5-2009, f. & cert. ef. 10-7-09

BN 7-2007, f. 6-29-07, cert. ef. 1-1-08

BN 14-2004, f. & cert. ef. 10-26-04

BN 7-2004, f. & cert. ef. 2-26-04

BN 6-2003, f. & cert. ef. 7-7-03

BN 10-1999, f. & cert. ef. 12-1-99

BN 7-1999, f. 8-10-99, cert. ef. 11-1-99

BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300

NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 3-1992, f. & cert. ef. 2-13-92; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 9-1990, f. & cert. ef. 10-9-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 5-1990, f. & cert. ef. 5-7-90; NB 9-1989(Temp), f. & cert. ef. 11-24-89

851-002-0050

Certified Medication Aide Schedule of Fees

- (1) Certification by Examination — \$60.
- (2) Certification for RN or LPN — \$20.
- (3) Renewal — \$15.
- (4) Reinstatement — \$30.
- (5) Re-Examination — \$25.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 14-2004, f. & cert. ef. 10-26-04

BN 10-1999, f. & cert. ef. 12-1-99
 BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300
 NB 9-1997, f. 7-22-97, cert. ef. 9-1-97
 NB 15-1993, f. 12-27-93, cert. ef. 6-1-94
 NB 2-1993, f. 2-8-93, cert. ef. 2-16-93
 NB 12-1992, f. 12-15-92, cert. ef. 1-1-93
 NB 3-1992, f. & cert. ef. 2-13-92
 NB 5-1991(Temp), f. & cert. ef. 10-15-91
 NB 9-1990, f. & cert. ef. 10-9-90
 NB 7-1990(Temp), f. & cert. ef. 7-11-90
 NB 5-1990, f. & cert. ef. 5-7-90
 NB 9-1989(Temp), f. & cert. ef. 11-24-89

851-002-0055**Miscellaneous Fees**

- (1) Fingerprinting — \$~~586~~1.
- (2) Predetermination — \$75.

Statutory/Other Authority: ORS 678.150, OAR 851-001-0115, OAR 125-007 & ORS 181A.95

Statutes/Other Implemented: ORS 678.150 & ORS 181A.95

History:

BN 19-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 13-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 24-2021, amend filed 11/22/2021, effective 12/01/2021
 BN 20-2021, temporary amend filed 09/22/2021, effective 10/01/2021 through 03/01/2022
 BN 5-2007, f. 5-4-07, cert. ef. 7-1-07

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.

Division 2

Agency Fees

851-002-0000**Fees**

The fees paid to the Oregon State Board of Nursing are refundable at Board discretion. The licensing/certification fee pays for processing the application, and the license/certificate is valid until the expiration date of the license or certificate. As required by ORS 408.450, if allowed by Department of Defense policy, no fees will be assessed while any person holding a license or certificate with the board is on active duty with the Uniformed Services of the United States. Written notification to the Board is required within 60 days of the date of honorable discharge in order to change the license to its former status without fee or penalty. All other renewal requirements must be met.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 5-2011, f. & cert. ef. 11-22-11

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

851-002-0010**Registered Nurse and Licensed Practical Nurse Schedule of Fees**

- (1) RN License Renewal — \$245.
- (2) LPN License Renewal — \$180.
- (3) Delinquent Fee — \$100.
- (4) Surcharge to Support the Workforce Data Analysis Fund at Renewal — \$8.
- (5) Surcharge to Support the Oregon Nursing Advancement Fund for Licensure by Examination, Licensure by Endorsement, and Renewal applications — \$9.
- (6) RN License by Endorsement — \$295.
- (7) LPN License by Endorsement — \$230.
- (8) RN License by Examination — \$260.
- (9) LPN License by Examination — \$195.
- (10) Written Verification of License — \$12.
- (11) Limited Licenses for Educational Experience:
 - (a) International Graduate Nursing Students — \$65.
 - (b) Extension of International Graduate Nursing Students — \$25.

- (c) International RN in Short-Term Educational Experience — \$35.
- (d) International Exchange Students — \$25.
- (e) U.S. RNs in Distance Learning — \$15.
- (f) Extension of Distance Learning — \$15.
- (12) Reexamination for Licensure — \$25.
- (13) RN License Reinstatement — \$260.
- (14) LPN License Reinstatement — \$195.
- (15) Nurse Emeritus License — \$50.
- (16) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 1-2026, temporary suspends temporary BN 38-02025, filed 01/02/2026, effective 01/02/2026 through 06/29/2026

BN 38-2025, temporary amend filed 12/15/2025, effective 01/01/2026 through 06/29/2026

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 20-2025, amend filed 09/19/2025, effective 09/19/2025

BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16

NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200; BN 11-1999, f. & cert. ef. 12-1-99; BN 6-2000, f. & cert. ef. 4-24-00; BN 17-2002, f. & cert. ef. 10-18-02; BN 6-2003, f. & cert. ef. 7-7-03; BN 5-2007, f. 5-4-07, cert. ef. 7-1-07; BN 5-2009, f. & cert. ef. 10-7-09; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 7-2010, f. & cert. ef. 6-25-10; BN 16-2010, f. & cert. ef. 11-29-10; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2016, f. 7-13-16, cert. ef. 8-1-16

851-002-0020

Nurse Practitioner Schedule of Fees

- (1) Initial License — \$250.
- (2) Renewal — \$205.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (4) Additional Population Focus: Initial and Renewal — \$50.
- (5) Delinquent Fee — \$100.
- (6) Prescriptive Authority Initial Application — \$75.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026
 BN 20-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15
 BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
 BN 1-2015, f. 4-21-15, cert. ef. 6-1-15
 BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
 BN 7-2009, f. 12-17-09, cert. ef. 1-1-10
 BN 16-2006, f. & cert. ef. 11-29-06
 BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
 BN 11-1998, f. & cert. ef. 9-22-98
 BN 10-1998, f. & cert. ef. 8-7-98
 BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
 NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87
 NER 6-1986, f. & cert. ef. 12-3-86; NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81; NER 32-1976, f. & cert. ef. 5-4-76; NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0030**Certified Registered Nurse Anesthetist Schedule of Fees**

- (1) Initial License — \$250.
- (2) Prescriptive Authority Initial Application — \$75.
- (3) Renewal — \$155.
- (4) Renewal of Prescriptive Authority — \$50.
- (5) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (6) Delinquent Fee — \$100.
- (7) Combined Limited and Initial License — \$275.
- (8) Temporary License for Active Armed Forces Military Spouse or Domestic Partner— \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431.A.880

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026
 BN 20-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15
 BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
 BN 1-2015, f. 4-21-15, cert. ef. 6-1-15

BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
 BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
 BN 11-1998, f. & cert. ef. 9-22-98
 BN 10-1998, f. & cert. ef. 8-7-98
 BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
 NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 2-1996, f. & cert. ef. 3-12-96; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 8-1994, f. & cert. ef. 12-7-94; NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295; NB 13-1993, f. & cert. ef. 12-20-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 3-1991, f. & cert. ef. 9-25-91; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1987, f. & cert. ef. 10-5-87; NB 5-1987, f. & cert. ef. 7-1-87
 NER 6-1986, f. & cert. ef. 12-3-86; NER 5-1985, f. 7-30-85, cert. ef. 10-1-85; NER 5-1983, f. 12-9-83, cert. ef. 1-1-84; NER 2-1982, f. & cert. ef. 8-25-82; NER 5-1981, f. & cert. ef. 11-24-81; NER 32-1976, f. & cert. ef. 5-4-76; NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0035**Clinical Nurse Specialist Schedule of Fees**

- (1) Initial License — \$250.
- (2) Renewal without Prescriptive Authority — \$175.
- (3) Surcharge to Support the Prescription Monitoring Fund — \$70.
- (4) Renewal with Prescriptive Authority — \$205.
- (5) Prescriptive Authority Initial Application — \$75.
- (6) Delinquent Fee — \$100.
- (7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — \$50.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410 & ORS 431A.880

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026
 BN 20-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021
 BN 19-2021, amend filed 09/22/2021, effective 10/01/2021
 BN 11-2019, amend filed 11/22/2019, effective 01/01/2020
 BN 4-2015, f. & cert. ef. 10-29-15
 BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
 BN 1-2015, f. 4-21-15, cert. ef. 6-1-15
 BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
 BN 7-2009, f. 12-17-09, cert. ef. 1-1-10
 BN 16-2006, f. & cert. ef. 11-29-06

851-002-0040**Nursing Assistant Schedule of Fees**

- (1) Certification by Examination (inclusive of examination fees) — \$106.
- (2) Certification by Endorsement — \$60.
- (3) Re-Examination — Manual Skills — \$45.
- (4) Re-Examination— Written — \$25.
- (5) Oral Administration of Written Examination (non-ADA) — \$35.
- (6) Written Verification of Certification — \$10.

- (7) Renewal — \$60.
- (8) Reinstatement — \$60.
- (9) Surcharge to Support the Workforce Data Analysis Fund at Renewal — \$8.
- (10) Certification for RN or LPN — \$60.
- (11) Temporary Certificate for Active Armed Forces Military Spouse or Domestic Partner — \$50.
- (12) Delinquent Fee - \$5.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 1-2026, temporary suspends temporary BN 38-02025, filed 01/02/2026, effective 01/02/2026 through 06/29/2026

BN 38-2025, temporary amend filed 12/15/2025, effective 01/01/2026 through 06/29/2026

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 7-2016, f. 9-15-16, cert. ef. 9-22-16

BN 4-2015, f. & cert. ef. 10-29-15

BN 3-2015, f. 9-22-15, cert. ef. 10-1-15

BN 16-2010, f. & cert. ef. 11-29-10

BN 8-2010, f. & cert. ef. 6-25-10

BN 6-2009, f. 12-17-09, cert. ef. 1-1-10

BN 5-2009, f. & cert. ef. 10-7-09

BN 7-2007, f. 6-29-07, cert. ef. 1-1-08

BN 14-2004, f. & cert. ef. 10-26-04

BN 7-2004, f. & cert. ef. 2-26-04

BN 6-2003, f. & cert. ef. 7-7-03

BN 10-1999, f. & cert. ef. 12-1-99

BN 7-1999, f. 8-10-99, cert. ef. 11-1-99

BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300

NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 3-1992, f. & cert. ef. 2-13-92; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 9-1990, f. & cert. ef. 10-9-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 5-1990, f. & cert. ef. 5-7-90; NB 9-1989(Temp), f. & cert. ef. 11-24-89

851-002-0050

Certified Medication Aide Schedule of Fees

- (1) Certification by Examination — \$60.
- (2) Certification for RN or LPN — \$20.
- (3) Renewal — \$15.
- (4) Reinstatement — \$30.
- (5) Re-Examination — \$25.

Statutory/Other Authority: ORS 678.150 & ORS 678.410

Statutes/Other Implemented: ORS 678.410

History:

BN 21-2025, amend filed 11/20/2025, effective 01/01/2026

BN 5-2020, amend filed 12/07/2020, effective 01/01/2021

BN 11-2019, amend filed 11/22/2019, effective 01/01/2020

BN 14-2004, f. & cert. ef. 10-26-04

BN 10-1999, f. & cert. ef. 12-1-99
 BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300
 NB 9-1997, f. 7-22-97, cert. ef. 9-1-97
 NB 15-1993, f. 12-27-93, cert. ef. 6-1-94
 NB 2-1993, f. 2-8-93, cert. ef. 2-16-93
 NB 12-1992, f. 12-15-92, cert. ef. 1-1-93
 NB 3-1992, f. & cert. ef. 2-13-92
 NB 5-1991(Temp), f. & cert. ef. 10-15-91
 NB 9-1990, f. & cert. ef. 10-9-90
 NB 7-1990(Temp), f. & cert. ef. 7-11-90
 NB 5-1990, f. & cert. ef. 5-7-90
 NB 9-1989(Temp), f. & cert. ef. 11-24-89

851-002-0055**Miscellaneous Fees**

- (1) Fingerprinting — \$61.
- (2) Predetermination — \$75.

Statutory/Other Authority: ORS 678.150, OAR 851-001-0115, OAR 125-007 & ORS 181A.95

Statutes/Other Implemented: ORS 678.150 & ORS 181A.95

History:

BN 19-2025, amend filed 09/19/2025, effective 09/19/2025
 BN 13-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025
 BN 24-2021, amend filed 11/22/2021, effective 12/01/2021
 BN 20-2021, temporary amend filed 09/22/2021, effective 10/01/2021 through 03/01/2022
 BN 5-2007, f. 5-4-07, cert. ef. 7-1-07

The official copy of an Oregon Administrative Rule is contained in the Administrative Order filed at the Archives Division, 800 Summer St. NE, Salem, Oregon 97310. Any discrepancies with the published version are satisfied in favor of the Administrative Order. The Oregon Administrative Rules and the Oregon Bulletin are copyrighted by the Oregon Secretary of State.



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Tina Kotek, Governor

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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Kimberly Goddard, Chief of Staff

Date: August 20, 2026

Re: Predetermination Petition, 851-001-0111

Prior to beginning an education or training program required for licensure or certification, a person who was convicted of a crime may petition the Board for a determination as to whether a criminal conviction will prevent the person from receiving a license or certification issued by the Board. Board staff do not have authority to investigate a petitioner for predetermination. Determinations are based solely off the documentation provided by the petitioner.

The petition listed below requires a Board decision to approve or deny based on the materials provided. The outcome of the predetermination will accompany any future application with the Oregon State Board of Nursing submitted by the petitioner.

02/20/2026	710497	Petitioner is convicted of Use of Interstate Facilities to Promote, Manage, Establish, Carry On, or Facilitate a Racketeering Enterprise on December 11, 2024 (Class D Felony). Petitioner provided required documents for a predetermination.
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Nothing in our rule prohibits the Board from denying licensure in the future for a reason other than conviction of this crime or in the case of misrepresentation of this crime. A determination under this rule is not a final determination of the Board.

M.S.C. _____, _____ that based on the information presented, the Board (approve / deny) Petitioner 710497's request for predetermination in accordance with OAR 851-001-0111 as (presented/modified).

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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: June 29th, 2026

Re: Sumner College - Nursing Program Survey

On May 18th-19th, 2026, Sumner College's pre-licensure registered nursing program was surveyed to determine continued program approval per OAR 851-021-0015(3) and full approval of the bachelor's degree track per OAR 851-021-0010(3).

The survey findings are attached: All standards for pre-licensure nursing education programs outlined in OAR 851-021 were found to be met. Recommendations were provided related to continuing quality improvement of the nursing program.

Based on the survey findings, I am recommending the Board grant continued approval to Sumner College's pre-licensure registered nursing program, and affirm full approval of their bachelor's degree program, with future surveys occurring in alignment with the accreditation survey cycle.

M.S.C. _____/_____ the Board grant continued approval for Sumner College's pre-licensure registered nursing program, including full approval of the BSN track, with future surveys aligned with the national nursing accreditation cycle.

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REPORT OF SURVEY VISIT

Sumner College in Portland and Bend, OR

Registered Nursing Program

May 18th-19th, 2026

Purpose:

This survey was conducted per OAR 851-021-0015(3) to determine continued program approval for the registered nursing program, and full approval the bachelor's degree track per OAR 851-021-0010(3), by Laura Blackhurst, PhD, RN, CNL. The following report considers all standards for approval as presented in OAR 851-021, which were evaluated as "met," "partially met," or "not met."

Context:

- Sumner College was founded in 1974 in Portland, OR. The college expanded to a second campus in Bend, OR campus in 2024. Sumner College's mission is to provide high-quality education and experience to prepare students for professional success. They have been institutionally accredited by the Accrediting Council for Health Education Schools (ABHES) since February 2017.
- The registered nursing program was first approved by OSBN in 2012, offering an associate's degree. In 2022, OSBN approval was granted to transition the program to a bachelor's degree. The first BSN cohort graduated in January 2026. In addition to the pre-licensure BSN program, Sumner also offers an OSBN approved practical nursing program and an RN-to-BSN program.
- Sumner College's pre-licensure registered nursing BSN program is accredited by the Commission on Collegiate Nursing Education.

Survey Findings:

ORS 678.360 requires that institutions submit a written report that includes an evaluation of physical facilities, clinical resources, courses of study, and qualifications of instructors.

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Documents Reviewed:

- CCNE Self-Study
- Academic Catalogue, Student Handbook, Faculty Handbook
- Nursing Unit Budget 2022 – 2026
- Meeting Minutes: Faculty Meetings, Advisory Board, Outcomes Committee, Student Outcomes Committee, Clinical Workgroup Minutes, Curriculum
- Program Systematic Evaluation Plans 2023-2025
- Nursing Committee Rosters
- ABHES and CCNE Reports
- Current affiliation agreements; clinical grids; CPET clinical evaluation tool, simulation resources
- Faculty onboarding documentation, and program policies as requested

Interviews were conducted with the following individuals/groups:

University Leadership:

Neil Mages, ND, Director of Education
Abby Blanton, Campus Manager
Victoria Gleason, Director of Compliance
Douglas Young, HR Specialist
Nancy Zavala, Director of Clinical Placement
Della Castleman, Director of Career Services
Joanna Russell, President

Faculty Members:

Lois Hine, PhD, RN
Sarah Screws, MSN, RN, CHSE
Ruth Henderson, MSN, RN, CHSE
Tara Arter, BSN, RN
Stephanie Bates, MSN, RN
Alina Tudor, MSN, RN
Kim Poulakis, DNP, RN – Nurse Administrator

Students:

12 students from across the program

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Physical Facilities:

- The Portland campus occupies 28,700 sqft and includes seven classrooms, five skills labs, two simulation labs, as well as faculty and administrative space. There are dedicated student spaces, which include access to computers, printers, library and textbook resources.
- A video tour of the Bend campus was reviewed; this 7800 sqft campus included two classrooms, and two labs, as well as student, faculty, and administrative spaces
- Two clinical sites were toured: Providence Portland Medical Center and Cultivate Initiatives. At both clinical sites brief interviews were conducted with staff regarding the Sumner BSN program.

Faculty:

- The registered nursing program has 16 full time faculty; 14 nurse educators and 2 nurse educator associates. The program is further supported by 20 part time faculty, among them 19 nurse educators and 1 nurse educator associate.
- Nursing faculty are highly engaged in the institution's Curriculum Committee and Outcomes Committee. They report adequate resources for teaching, and time to engage with students. This includes technological resources to support online course delivery for didactic faculty.
- The institution offers dedicated time for faculty orientation and numerous continuing professional development resources, including access to NurseTim, NurseLearn, and memberships through the National League for Nursing and the American Association of Colleges of Nursing.

Curriculum / Course of Study:

- The registered nursing program curriculum has undergone significant revision, allowing the program to now award a bachelor's degree. The most recent graduating cohort is Sumner's first BSN cohort; at the time of survey recent graduates achieved an 85% first time NCLEX-RN pass rate.
- The 12-term curriculum has pre-requisite courses embedded alongside nursing courses. Course and end of program outcomes demonstrate alignment to OSBN standards and the AACN Essentials.

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Clinical and Simulation:

- The program has a significant number of clinical partners in both the Portland and Bend areas, including community-based partners. There is evidence that students complete clinical in a variety of placement settings, with exposure to patients across the lifespan.
- Clinical faculty onboarding process and materials for sites are available; however, faculty reported no specific orientation to the teaching location itself.
- Simulation is overseen by two CHSE certified nurse educators. In addition to dedicated adult and pediatric simulators, the program utilizes virtual simulation. Resources continue to be under development, and the program hopes to expand their use of simulation.

Overall adherence to OAR 851-021:

- The program has newly implemented processes for student input into program decisions, in alignment with OAR 851-021-0040(5). The first quarterly Student Outcomes Committee meeting was held prior to this site visit. The program has scheduled future meetings through 2026 and 2027.
- All OAR 851-021 standards were evaluated as “Met.” The recommendations provided below offer opportunities to further refine program processes.

Summary:

Commendations:

- Sumner College has devoted significant resources to their nursing programs and students. We highly commend the steps the program has taken to make these resources easily accessible to students.
- The College has built partnerships with clinical sites throughout their communities in Portland and Bend. In addition to clinical placements alone, these partnerships include streamlined pathways for students to find employment in these settings.
- Faculty orientation includes several weeks of onboarding, including shadow teaching experiences, allowing new educators time to transition to the role of nursing faculty.

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- The program has recently developed mechanisms to identify and cross-train faculty for substitute coverage, to ensure that faculty can take time away as needed while not interrupting student coursework.
- More recently, the program has reduced its full-time hours to 36/hours per week, which has reportedly been very popular among faculty, and aides in recruiting practicing nurses who may be more familiar with a 36 hr work week.

Recommendations:

- Continue to ensure mechanisms for student input and participation in decisions related to the nursing program [OAR 851-021-0040(5)]. We commend Sumner for having recently implemented these mechanisms and hope to see how student input shapes program decision making on future surveys!
- The program has a written plan for faculty orientation to simulation [OAR 851-021-0050(4)], which provides a high-level overview of content to be covered. This plan should be expanded to include more detailed and comprehensive information about the use of simulation; this could include information provided by Wolters Kluwer resources already being utilized.
- Ensure faculty orientation plans include explicit orientation to clinical teaching site [OAR 851-021-0045(5)]. In addition to onboarding requirements, such as those set by the Oregon Health Authority, faculty should be oriented to the specific site, key personnel, and policies of their teaching location. Faculty reported that clinical orientation did not occur, beyond what initiative they took themselves to familiarize themselves with teaching sites.
- Consider methods for the program and faculty to clearly set expectations with students regarding clinical experiences. This may include outlining expected learning activities or opportunities in each setting, or more information at the start of the program about what to expect for clinical throughout the program.
- Clarify the CPET (clinical evaluation tool) to ensure clear documentation that faculty are evaluating student leaning outcomes [OAR 851-021-0045(6)(c)]. Faculty evaluation of students is occurring, and this recommendation is focused on ensuring clear documentation of that.

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- Provide further student-facing information regarding remediation policies [OAR 851-021-0055(5)]. This information is available, mentioned in both the academic catalog and student handbook, but may not be readily apparent to students focused more on the incident reporting.

Recommendations are intended as advisory to the nursing program and college. “Advisory” means that the recommendations, or alternative means to meet the same standard, are intended to be implemented but do not require a formal report to the Board.

Based on the findings, the surveyor recommends:

The Board grant continued approval for Sumner College’s pre-licensure registered nursing program, including full approval of the BSN track, with future surveys aligned with the national nursing accreditation cycle.

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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: June 29th, 2026

Re: Klamath Community College Revised End of Program Outcomes

Klamath Community College's pre-licensure practical and registered nursing programs are requesting Board approval to change their end of program student learning outcomes (EPSLOs). Board approval is required per OAR 851-021-0025(3).

Klamath Community College is pursuing accreditation through the Accreditation Commission for Education in Nursing (ACEN). Preliminary feedback from ACEN indicated that the practical and registered nursing outcomes needed greater differentiation and leveling

Included in this packet are the current and proposed outcomes for Board consideration, as well as a comparison of how OSBN curriculum requirements are reflected within the revised outcomes.

M.S.C. _____/_____ that Klamath Community College's pre-licensure practical and registered nursing education program outcomes be approved as (presented/modified).

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KLAMATH COMMUNITY COLLEGE

Klamath Community College provides accessible, quality education and services in response to the diverse needs of the student, business, and community. The College supports student success in workforce training, academic transfer, foundational skills development, and community education.

06/03/2026

OSBN

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97224

Dear Oregon State Board of Nursing:

I am writing to you to propose a change in end of program student learning outcomes (EPLSOs) for the KCC RN and LPN nursing programs.

Up until now, we have had the following as our EPSLOs. They were the same for the LPN track and RN track. Our year-one RN and the LPN program are taught simultaneously.

Upon successful completion of the RN or PN program, students will be able, within their scope of practice to:

- **Practice within the ethical, legal and regulatory frameworks and scope of practice for registered or practical nurses.**
- **Utilize critical thinking and information technology to plan and implement culturally appropriate patient care which is safe and holistic.**
- **Demonstrate therapeutic and professional communication skills with all members of the healthcare team, including the patient/family, to meet patient/family centered goals.**
- **Utilize a process of self-evaluation that fosters personal and professional growth and contributes to lifelong learning.**
- **Utilize evidence-based practices and quality improvement methods to facilitate the delivery of safe and appropriate patient care.**
- **Explain their role and responsibility in the larger system of healthcare.**

Klamath Community College is in the process of obtaining accreditation through Accreditation Commission for Education in Nursing (ACEN). When ACEN looked at the EPLSOs at a preparatory conference in Tacoma last year, they recommended that the program do a better job differentiating outcomes. The outcomes could be similar, but should reflect differences between RN and LPN roles. In order to meet ACEN requirements we have to change our outcomes.

The faculty at KCC have taken the old outcomes and made the differentiations that ACEN requested; They will be provided to you in a separate document. There will also



KLAMATH COMMUNITY COLLEGE

Klamath Community College provides accessible, quality education and services in response to the diverse needs of the student, business, and community. The College supports student success in workforce training, academic transfer, foundational skills development, and community education.

be a comparison chart presented so that you can see the difference in verbiage between the roles.

I am requesting that the new EPSLOs be presented at the next meeting of OSBN and adopted.

Thank you for considering this request on behalf of KCC Nursing.

Dr. Dorothy Neufeld DNP, MSN, BA, RN

Director of Nursing/Nursing Faculty

541-880-2373

neufeld@klamathcc.edu

OSBN-Aligned End Program Student Learning Outcomes (EPSLOs)

Registered Nurse (RN) Program Outcomes

1. Practice within the ethical, legal, and regulatory frameworks of the Oregon Nurse Practice Act, demonstrating accountability for nursing judgments and actions, and practicing within their individual scope of competence.
2. Utilize advanced clinical judgment, critical thinking, and information technology to assess, plan, implement, and evaluate culturally appropriate, safe, and holistic nursing care based on current and evolving nursing science.
3. Demonstrate therapeutic and professional communication to coordinate care, collaborate with the healthcare team, and direct patient/family-centered care outcomes, including supervision and delegation where appropriate.
4. Engage in self-regulation through ongoing evaluation of practice, maintaining competency, and pursuing lifelong learning consistent with OSBN requirements for professional development.
5. Integrate evidence-based practice and quality improvement principles to analyze outcomes, promote patient safety, and improve nursing care delivery.
6. Analyze and fulfill the registered nurse's role within the healthcare system, including care coordination, clinical leadership, supervision of others, and advocacy for safe practice environments.

Practical Nurse (PN) Program Outcomes

1. Practice within the ethical, legal, and regulatory frameworks of the Oregon Nurse Practice Act, functioning within the practical nurse scope and individual competence under appropriate direction.
2. Utilize foundational clinical judgment, critical thinking, and information technology to contribute to the planning and implementation of culturally appropriate, safe, and holistic care for clients with predictable healthcare needs.
3. Demonstrate effective therapeutic and professional communication with patients, families, and the healthcare team to support established patient/family-centered goals.
4. Participate in self-evaluation to maintain competency, recognize limits of practice, and engage in lifelong learning consistent with OSBN expectations.

5. Apply established evidence-based practices and quality improvement processes to support safe, effective, and appropriate patient care.

6. Describe and function within the practical nurse role in the healthcare system, contributing to patient care as a member of the team and adhering to direction and established plans of care.

RN vs PN Outcomes Comparison

Outcome Area	RN (Registered Nurse)	PN (Practical Nurse)
Practice within Frameworks	Independent accountability; full RN scope	Functions within PN scope under direction
Critical Thinking & IT	Advanced judgment; evaluates and coordinates care	Foundational judgment; implements care for stable patients
Communication	Leads communication; delegates and supervises	Supports team communication and patient goals
Self-Evaluation & Lifelong Learning	Self-regulates; ongoing competency development	Participates in self-evaluation and growth
Evidence-Based Practice & Quality Improvement	Integrates and evaluates evidence and outcomes	Applies established guidelines and QI processes
Healthcare System Role	Leadership, coordination, supervision, advocacy	Team member role within directed care



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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: July 16th, 2026

Re: George Fox University PMHNP Program, Application for Initial Approval

George Fox University (GFU) has submitted an application for the initial approval of admission of students to their new Psychiatric Mental Health Nurse Practitioner (PMHNP) program. This application represents Step 2 of the new program approval process, and contains the required evidence per OAR 851-021-0010(2):

- Employment of a nursing administrator;
- Employment of nurse educators, other educators and administrative support;
- Current institutional catalog, including information provided to students regarding program accreditation and approvals;
- The proposed curriculum plan;
- Evidence of adequate clinical placements for the program with supporting documentation;
- A systematic plan of evaluation of the curriculum and program;
- Policies related to admission, progression, retention, and graduation;
- Policies and strategies to address students' needs including accommodations, learning disabilities, English as an international language, and remediation tactics for students performing below standard and for when clinical errors occur;
- Advanced Practice Registered Nursing (APRN) education programs must provide verification of candidacy for accreditation.

The proposed PMHNP program will award a doctoral degree and has planned for an initial cohort of 25 students, launching in Fall 2027. If initial approval is granted, the Board will consider full approval of the program, in Step 3, following the graduation of their first cohort.

M.S.C. _____/_____ that George Fox University application for initial approval of their advanced practice psychiatric mental health nurse practitioner program (be/not be) approved as (presented/modified).

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Division 21 Standards for Approval of Nursing Education Programs

Step 2 – Initial Approval for Admission of Students.

George Fox University

May 14, 2026

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Letter of Intent

Oregon State Board of Nursing
Attention: Sarah Wickenhagen, DNP, APRN, FNP-C
Lead Policy Analyst
APRN Education and Practice
Sarah.wickenhagen@osbn.gov

Dear Dr. Wickenhagen,

George Fox University respectfully submits this letter of initial approval for admission of students for a Psychiatric-Mental Health Nurse Practitioner (PMHNP) program. The PMHNP program will be a 36-month hybrid program in which successful candidates will be awarded a DNP in Psychiatric-Mental Health Nursing (PMHNP). Please review our letter which meets the requirements according to Division 21 851-021-0010 Establishment and Approval of New Nursing Education Programs, (2) (a) (A-K).

We appreciate the Oregon State Board of Nursing (OSBN) consideration of our initial approval for admission of students to the DNP PMHNP program. Please notify us of the date this will be presented before the OSBN for review. We thank the OSBN for its time and consideration regarding this matter. Please let us know if additional information is needed.

Sincerely,

Esther Gravis, DNP, RN, CPN, CNE
Associate Professor
Associate Dean of Nursing
College of Nursing
George Fox University

(1) Step 1 - Preliminary Development Application.

- (a) The proposed program must submit the following documentation to the Board at least one year prior to the planned start date:**

(E) Evidence of dedicated financial resources for planning, implementation, and continuation of the program;

We have included an updated budget as modifications have been made since our original submission.

Supporting Document:

1.a.E.1 PMHNP DNP Projected Income Statement

(2) Step 2 - Initial Approval for Admission of Students

- (a) The proposed program must provide the Board with evidence that the following program components and processes have been completed at least six months prior the the planned start date:**

2.a.A Employment of a nursing administrator;

The Doctor of Nursing Practice - Psychiatric Mental Health Nurse Practitioner (PMHNP) specialty program administrator is Dr. April Phillips, DNP, PMHNP-BC, FNP-C. Dr. Phillips is experientially qualified to lead the program and has leadership authority and accountability for program administration (CV-Appendix 2.a.A.1; Program Director Job Description-Appendix 2.a.A.2). She holds board certification both as a Psychiatric Mental Health Nurse Practitioner and as a Family Nurse Practitioner (April Phillips-Appendix 2.a.A.3, 2.a.A.4), and is an associate professor. She earned her Master of Science as a Family Nurse Practitioner in 2011 (Frontier Nursing University Transcript-Appendix 2.a.A.5). She received her Doctor of Nursing Practice in 2016 from Frontier Nursing University (FNU Transcript-Appendix 2.a.A.5). She went on to receive post-doctoral certification as a Psychiatric Mental Health Nurse Practitioner from Brandman University (Brandman Transcript-Appendix 2.a.A.6). She brings twenty-five years of nursing education to the position including several leadership positions in the academic setting. She completed the Access, Connection, Engagement (ACE) Leadership Fellowship through American Association of Colleges of Nursing (AACN) Leadership Institute in 2025 (Appendix 2.a.A.7).

Dr. Phillips is highly committed to the provision of greatly needed mental health services in underserved communities. Her clinical area of expertise involves the integration of mental health services into the primary care setting. As the medical director of several community-based health centers, she has led a number of initiatives designed to increase access to mental health services for those in need. She continues to serve as an expert in the area of mental health integrated models of care and speaks on this topic at the national and international levels. As a National Health Service Corp ambassador, she has collaborated closely with several members of Congress to increase the availability of

mental health services in rural underserved communities. At George Fox University, the DNP-PMHNP specialty program faculty and staff report directly to the PMHNP program administrator. The PMHNP administrator reports to the Dean of the College of Nursing. Dr. Phillips and the PMHNP faculty members are responsible for the PMHNP curriculum, evaluation and outcomes.

Supporting Documents:

- 2.a.A.1 April Phillips CV
- 2.a.A.2 Program Director Job Description
- 2.a.A.3 ANCC Recertification Verification - Phillips
- 2.a.A.4 AANP Recertification Verification- Phillips
- 2.a.A.5 Phillips Transcript, Frontier Nursing University (MSN/FNP, DNP)
- 2.a.A.6 Phillips Transcript, Brandman University (PMHNP)
- 2.a.A.7 Phillips ANCC Leadership Institute Certification

2.a.B Employment of nurse educators, other educators and administrative support;

Plan to hire:

Plan to hire additional 1.0 FTE PMHNP faculty for year one and as needed according to division 21 faculty hiring requirements. The DNP PMHNP program has received several viable applications for the position of Assistant Director with a plan to complete the interview process for a target hire date of August 2026 (Appendix 2.a.B.1)

Current faculty:

George Fox University has three doctorally prepared faculty who will teach the 14 core DNP courses for the PMHNP students and will also serve as members on various DNP project committees. These faculty have assisted in all stages of curriculum development including mapping, course design, and evaluation methods.

Mary Waldo, PhD, RN, APRN, GCNS-BC, CNE graduated with her PhD in nursing from Oregon Health and Sciences University. She is an APRN licensed as a Clinical Nurse Specialist in Oregon and is board certified as a gerontology CNS. Dr. Waldo has taught at three schools of nursing in both graduate and undergraduate programs. Her areas of expertise are research, evidence based practice, professional nursing theory, gerontology, and quality outcomes (Appendix 2.a.B.2).

Stephanie Matthew PhD, MSN, FNP-C, RN, CNE has expertise in Pharmacology, Pathophysiology, and Health Assessment. Her PhD is in nursing education and her bachelor degree is in Biology. She has worked as a Family Nurse Practitioner in primary care and urgent care clinics in western Washington and Oregon since 2009. Additionally she has led more than a dozen international trips with university students, many of which were service-learning experiences for nursing students (Appendix 2.a.B.3).

Esther Gravis, DNP, RN, CPN, CNE has been a pediatric nurse for more than 18 years. For the past 15 years she has taught didactic, clinical, and simulation in undergraduate and graduate programs. Her work includes preparing new nurse faculty for the work of being nursing educators and working on new simulation experiences for students. Dr. Gravis has expertise in healthcare policy, population health, and informatics (Appendix 2.a.B.4).

Director of Simulation:

Jonathan Muddle, MLT, BA, Director of Simulation, has worked the previous seven years at Stanford University, where he was a senior project manager for healthcare innovation teams in the fields of medical technology, digital health, therapeutics and diagnostics for two and a half years and, previously, was the director of simulation and education from 2018 to 2022 (Appendix 2.a.B.5).

Operations Manager:

Claire Sisterhen, Operations Manager, daily operations of the Doctor of Nursing Practice programs, supporting faculty, leadership, students, and university partners. She manages academic schedules, program events, data tracking, accreditation support, and key administrative functions.

Clinical Experiences Staff:

Caroline Wildhaber, Director of Clinical Experiences, manages program compliance requirements related to clinical placements, ensuring adherence to regulatory standards, affiliation agreements, and internal policies. She leads the development and implementation of efficient clinical onboarding processes for students, working collaboratively with clinical sites, faculty, and students to guarantee a smooth and effective start to their placements. She also provides administrative support to the program to help ensure effective coordination of operations.

Chloe Shumaker, Clinical Manager, will oversee compliance, credentialing, and onboarding processes for PMHNP clinical placements. Will manage the logistical and administrative systems that support student placements, competency tracking, and clinical policy implementation. Through strong coordination and communication with clinical partners, faculty, and students, the manager will ensure smooth, efficient, and compliant clinical experiences. She also provides administrative support to the program to help ensure effective coordination of operations.

Supporting Documents:

- 2.a.B.1 PMHNP Assistant Director Job Description
- 2.a.B.2 Mary Waldo CV
- 2.a.B.3 Stephanie Matthew CV
- 2.a.B.4 Esther Gravis CV

2.a.B.5 Jonathan Muddle CV

2.a.C Current institutional catalog, including information provided to students regarding program accreditation and approvals;

Information regarding accreditation and approvals has been provided to students in several sources including the George Fox University Sub Change DNP document (Appendix 2.a.C.2). Per the George Fox University PMHNP website, the following statement is available for potential students regarding accreditation:

The baccalaureate degree program in nursing at George Fox University is accredited by the [Commission on Collegiate Nursing Education](#).

The Doctor of Nursing Practice program is seeking CCNE accreditation. CCNE representatives will make a site visit in fall 2026, with an accreditation decision expected in spring 2027.

Psychiatric Mental Health Nurse Practitioner (PMHNP) Program

The Course catalog information can be found in 2.a.C.1 GFU DNP Catalog and Course Descriptions.

Supporting Documents:

2.a.C.1 GFU DNP Catalog and Course Descriptions

2.a.D The proposed curriculum plan; (approved by the Curriculum Council 12/8/25) - include in the appendix

The DNP Graduate curriculum is intentionally built on prior learning and serves our purpose, graduates, and community. The program outcomes tie logically to our mission, which also serves the greater George Fox University mission. Each course has carefully designed learning outcomes that are mapped to program outcomes, AACN essentials, and NONPF standards. The curriculum was approved by the Curriculum Council 12/8/25 has been provided below in 2.a.D.1 DNP PMHNP Curriculum Plan Final.

Additionally, course descriptions have been included in 2.a.D.2 PMHNP DNP Course Descriptions 12/08/2025 as follows:

Supporting Documents:

2.a.D.1 DNP PMHNP Curriculum Plan Final

2.a.D.2 PMHNP DNP Course Descriptions

2.a.E Evidence of adequate clinical placements for the program with supporting documentation:

Clinicals will consist of a variety of inpatient and outpatient settings, including urban and rural settings throughout Oregon. We have acquired letters of support from many of our current clinical partners discussing expansion into the PMHNP clinical needs. We are also planning on developing relationships with new clinical partners across the state. Below you will find letters of support from a variety of clinical partners:

1. Borland Free Clinic
2. Charis Counseling Associates
3. Kaiser Permanente
4. NorthStar Psychiatry

Supporting Documents:

- 2.a.E.1 Borland Free Clinic Letter of Support
- 2.a.E.2 Charis Counseling Associates Letter of Support
- 2.a.E.3 Kaiser Permanente Letter of Support
- 2.a.E.4 NorthStar Psychiatry Letter of Support

2.a.F A systematic plan of evaluation of the curriculum and program:

George Fox University DNP Graduate Program utilizes a written systematic plan for evaluation (SPE) to determine program effectiveness (2.a.F.1 PMHNP Systematic Plan). The SPE incorporates program outcomes related to accreditation elements, expected levels of achievement, how and when reviewed, and any follow-up needed. Data is collected and expected and actual levels of achievement are reviewed annually. The SPE was fully updated in 2026 to reflect the 2024 CCNE accreditation standards. The SPE document contains a three-year dashboard view of program outcome data describing program effectiveness and plans for improvement as applicable. The SPE documents identify quantitative and qualitative data directly related to each CCNE standard.

Supporting Documents:

- 2.a.F.1 PMHNP Systematic Plan

2.a.G Policies related to admission, progression, retention and graduation:

Doctor of Nursing Practice – Psychiatric Mental Health Nurse Practitioner (DNP-PMHNP)
Program George Fox University College of Nursing

Philosophy and Student-Centered Framework

The DNP-PMHNP program is grounded in George Fox University's *Be Known* promise, which emphasizes that each student is known, supported, and developed personally, academically, and professionally. This philosophy informs all policies related to admission, progression, retention, and graduation, ensuring a holistic,

student-centered approach aligned with AACN Essentials, program outcomes, and accreditation standards.

Admission Policies

Admission to the DNP-PMHNP program is selective and designed to identify candidates prepared for doctoral-level advanced practice nursing education.

- Applicants must meet all university graduate admission requirements and program-specific criteria.
- Students who do not fully meet standard admission criteria may be admitted under provisional admission status on a case-by-case basis.
- Provisional admission is maintained during the first semester, during which students must demonstrate the ability to meet academic expectations.
- Failure to meet required standards during this period may result in administrative withdrawal.

Progression Policies

The DNP-PMHNP program maintains rigorous academic and clinical standards to ensure graduates are prepared for safe, competent advanced practice.

Academic Standing

- Students must maintain a minimum cumulative GPA of 3.0 to remain in good standing.
- A semester GPA below 3.0 results in an academic warning, prompting early intervention and advising.
- A cumulative GPA below 3.0 results in academic probation, with one semester allotted to restore good standing.
- Course Performance and Advancement
- Students are expected to earn grades of A or B in all courses; grades below B are considered unsatisfactory.
- Any course with a grade of B- or lower must be repeated.
- Only one course retake is permitted throughout the program.
- A course may be attempted a maximum of two times; failure to meet minimum standards on the second attempt results in dismissal.
- Students must successfully complete all coursework within a semester prior to progressing.

Progression Review and Decision-Making

A structured Progression Meeting Process (PMP) is implemented for students who earn a grade of B- or lower, withdraw from a course, or request a leave of absence. During this process, the Program Director and faculty review performance to develop a formal progression plan with measurable goals. Final decisions are made by the Program Director.

Suspension and Dismissal

- Students who fail to meet satisfactory academic progress may be suspended or dismissed in accordance with university policy.

- Students may appeal academic decisions through the Academic Standing Committee under established procedures.

Retention Policies and Strategies

Retention is defined as the percentage of students enrolled from one academic year to the next and is a key program outcome. Retention data are continuously monitored and used for quality improvement and curricular refinement.

- **The program has established a target retention rate of $\geq 80\%$ for the first year.**
- Retention data are continuously monitored and used for quality improvement and curricular refinement.

Student Support and Remediation

The program employs proactive strategies to support student success, including Student Improvement Plans (SIPs) initiated when concerns arise regarding theory grades, assignments, or clinical behaviors. Additional strategies include academic advising and coordinating university services.

Student Improvement Plans (SIP)

Faculty initiate a Student Improvement Plan (SIP) when performance concerns arise, including: theory averages below 83%, poor exam results, late submissions, or clinical performance deficits. SIPs include individualized remediation and faculty mentorship and evaluation.

Additional Support Strategies:

- Academic advising and faculty mentorship
- Accommodations for students with disabilities in coordination with university services
- Support for English language learners
- Early identification of at-risk students through academic performance indicators
- Structured remediation for clinical performance concerns, including patient safety issues

Graduation Requirements

To be awarded the Doctor of Nursing Practice – PMHNP degree,

- Maintain a cumulative GPA of 3.0 or higher
- Successfully complete all didactic and clinical coursework
- Complete all required supervised clinical hours and patient encounters in alignment with national certification standards
- Successfully complete and defend a DNP scholarly project

- Meet eligibility requirements for national certification (e.g., ANCC)

Program Completion Outcomes

- The program has established a graduation rate goal of $\geq 80\%$ within five years.
 - Graduation and completion rates are monitored as part of ongoing program evaluation and accreditation reporting.

Continuous Quality Improvement

All policies are evaluated through a continuous quality improvement (CQI) framework, which includes analysis of retention and graduation data, review of certification pass rates, and faculty oversight to ensure alignment with AACN Essentials and accreditation standards.

2.a.H Policies and strategies to address students' needs including accommodations, learning disabilities, English as an international language, and remediation tactics for students performing below standard and for when clinical errors occur;

The CON is committed to supporting student success. If a student's performance indicates a need for improvement and/or is at risk for not passing a course, faculty will initiate a Student Improvement Plan (SIP). Performance concerns include, but are not limited to:

- having a cumulative theory grade average below 83.0 % after one or more exams
- frequent late submissions
- low performance on tests or quizzes
- poor writing skills
- inadequate clinical performance

Student Improvement Plans (SIP) are intended to identify potential academic issues early, and remediate before leading to failure. Students may also initiate an SIP if they feel additional support is needed. All SIPs will be documented and placed in the student's permanent file. Students are offered a copy of their SIP.

Faculty will collaborate with the student to develop a plan for achieving successful course and program outcomes. The process includes defining the problem, setting desired outcomes, developing an action plan, and evaluating whether the goals were met by the agreed upon review date or end of the course. If the outcome is met with documentation, no further action is needed. If the outcome is not met, the student's progression in the program will be negatively affected. All course learning outcomes must be met to successfully pass the course.

The College of Nursing has multiple policies, strategies and resources to address student needs with learning disabilities, English as an international language, and

remediation tactics for students performing below standard and for when clinical errors occur. See the list below for examples.

Library

The [Murdock Learning Resource Center](#) is located in the middle of the Newberg campus and includes multiple study spaces that can be reserved for group or individual work. A few of these study spaces are available 24 hours/day. Even though the DNP program is a hybrid online program, there are several students who live in the area and have used these on-campus library resources.

Additionally, the library hosts a large digital collection with prompt interlibrary loan and Summit sharing from other institutions. Through the University Library Services, students have access to more than 145 databases, online and in-person research assistance, special collections, historic materials, and the Digital Commons of George Fox University. Quick links on the Center's webpage take students directly to databases such as OVID, Science Direct, CINAHL, and PubMed. Several databases are also accessible via mobile devices. Mail, courier, fax, and electronic transfer options are designed to allow rapid retrieval of resources, most of which are free to GFU users. There is a dedicated librarian who assists the DNP program faculty, staff, and students. This librarian also attends certain nursing courses to provide training on information literacy, research techniques, and library resources. The librarians work diligently to maintain current collections which are relevant to the DNP program as well as GFU's other health care disciplines. Librarians are available via a virtual platform or in person to provide library resource orientation and services to all students at all sites. Faculty are encouraged to recommend items for purchase at any time. The collaboration between the CON and the library led to the purchase of library resources, including institutional access to Dynamed and MicroMedex.

Institutional Technology (IT)

The Institutional Technology (IT) office is available to all students and staff during regular business hours. IT and Media Production Services (MPS) supply technology tools as requested (such as the meeting OWL for Zoom sessions, microphones, additional computers, etc.) and help maintain equipment. The IT Service Desk serves as the primary support resource for online students and faculty, with additional support available through walk-in services. Information technology online services for faculty and students include computing and technology-specific learning and teaching aids. Installation instructions, tutorial guides, and teaching support for a multitude of office and teaching/learning tools are available for faculty and students (as appropriate). In addition, faculty have access to PDF files, antiviral and spyware software, Google Apps, Microsoft Office products, a virtual private network to access university network files "off

campus”, and Zoom web conferencing software for live or recorded faculty/student interaction opportunities.

Multiple IT and digital learning experts have been available for assistance with Canvas, the university’s learning management system (LMS). Canvas training videos and guides were created for viewing anytime, and multiple training sessions or open learning labs are hosted throughout the year for assistance with course development within Canvas. IT also helps support Zoom session recording as well as YouTube accounts, which are used by faculty teaching hybrid or online courses.

Academic Advising

Students will be assigned an advisor based on their specialty before orientation. The advisor’s role is to mentor and guide students throughout their program, assist with accessing GFU and CON resources, and help them understand relevant policies and procedures. Students will have their first advising appointment scheduled during their orientation. Additionally, students can contact their advisor during office hours, by GFU email, phone, or in person.

Disability and Accessibility Services (DAS)

If a student has a specific physical, psychiatric, mental health, or learning disability and requires accommodations, they are encouraged to contact [Disability & Accessibility Services](#) (DAS) as early as possible so their learning needs can be appropriately met. Students can contact DAS via their website, georgefox.edu/das or by email das@georgefox.edu. Faculty will not provide accommodations to a student who has not followed the formal registration process.

Financial Aid Office

Graduate students are served by specialized Financial Aid Counselors assigned by the student's last name. They provide personalized assistance with FAFSA filing, loan eligibility, and student specific cost of attendance. The [Financial Aid Office](#) also provides a specialized tool to help graduate students project out-of-pocket costs or potential credit balance refunds based on their specific credit load. They maintain a website offering guides for federal and private loan applications, including Stafford and Grad PLUS loans (for those covered by the legacy provisions under the One Big Beautiful Bill Act). They also provide guidance toward outside scholarship resources. As students near graduation, the Financial Aid Office sends federal exit loan counseling notices to ensure students understand the legal and financial obligations of federal borrowing.

Student Accounts

Graduate students are supported by Student Account Specialists, assigned based on the student's last name. They provide assistance with account balances, tuition estimates, billing questions and general financial account information. The [Student Accounts Office](#) also provides itemized statements that detail all charges, financial aid, and payments applied to the account; these statements are commonly used for employer reimbursement programs. They provide guidance on payment deadlines, outstanding balances, and available payment options, including monthly payment plans. Staff also assist students in understanding the various methods of making payments, including ACH transfers, third-party payments, and in-person payments. For students eligible for Veterans Benefits, Veterans Certifying Specialists (VCS) are available to assist by certifying enrollments and facilitating communication with the Department of Veterans Affairs.

Registrar

The George Fox University Registrar's Office serves as the central hub for maintaining academic integrity and student records. Its primary services include managing course registration and academic calendars, processing official transcript requests, and providing enrollment and degree verifications. The office is also responsible for implementing transfer credits, performing degree audits to ensure students meet graduation requirements, and overseeing the distribution of diplomas. Additionally, the Registrar's Office manages the official academic catalog and ensures student privacy and record security in compliance with FERPA regulations.

Health and Counseling Services (HCC)

The [University Health and Counseling Center](#) (HCC) is an on-site clinic that offers counseling services, virtual medical & mental health services, and a free basic self-care station. The DNP students are offered several resources that offer confidential assistance. Counseling services are available for current GFU students through telehealth or in-person consultations.

Virtual Learning Center

The [Virtual Learning Center](#) (VLC) offers fully online one-on-one writing assistance and academic coaching free of charge to George Fox University graduate students. Consultations are typically synchronous sessions, but students can also request asynchronous feedback.

Additional Support Services

In addition to the support services surveyed annually, the university also has behind-the-scenes support services provided through a confidential notification system called [Fox360](#). This Student Support Network is hosted by Student Life and is used by university community members (faculty, staff, students) who have identified concerns about a student. Completing a Fox360 referral facilitates early intervention and prompt prioritization of resources and support services as applicable for the student's academic, social or personal situation.

The [Intercultural Resource Center](#) (IRC) exists to serve students by creating and sustaining an active and engaging intercultural campus life. The IRC develops programs and resources that promote multicultural awareness and appreciation. Any student is welcome to attend events with the IRC. Additionally, the IRC educates students on diversity from a Christian worldview, cultivates students' attitudes, ideas, and behaviors as they relate to multicultural issues, and encourages participation in activities that celebrate cultural differences.

The [Human Sexuality Care Initiative](#) (HSCI) was recently formed at the request of the Board of Trustees. The university holds traditional Christian beliefs regarding human sexuality, and also cares deeply for our lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) students and values the contributions LGBTQ+ students and alumni have made to the George Fox community. The HSCI has issued a call for civility and compassion as community members engage in this topic. The university condemns any violence directed toward LGBTQ+ people. A nursing faculty member is on the advisory committee for this initiative, and participated in hiring a new director for the HSCI program.

Student Improvement Plan (SIP)

The CON is committed to supporting student success. If a student's performance indicates a need for improvement and/or is at risk for not passing a course, faculty will initiate an SIP. Performance concerns include, but are not limited to: having a cumulative theory grade average below 83.0 % after one or more exams, frequent late submissions, low performance on tests or quizzes, poor writing skills, or inadequate clinical performance. SIPs are intended to identify potential academic issues early, and remediate before leading to failure. Students may also initiate an SIP if they feel additional support is needed. All SIPs will be documented and placed in the student's permanent file. Students are offered a copy of their SIP.

Faculty will collaborate with the student to develop a plan for achieving successful course and program outcomes. The process includes defining the problem, setting desired outcomes, developing an action plan, and evaluating whether the goals were met by the agreed upon review date or end of the course. If the outcome is met with documentation, no further action is needed. If the

outcome is not met, the student's progression in the program will be negatively affected. All course learning outcomes must be met to successfully pass the course.

2.a.I Practical nursing (PN) and associate degree nursing education programs must have a signed articulation agreement for program graduates into the next level of nursing education;

N/A, we do not offer a PN program.

2.a.J Practical nursing and registered nursing (RN) education programs must provide a timeline for attainment of national nursing program accreditation;

N/A, not applicable.

2.a.K Advanced Practice Registered Nursing (APRN) education programs must provide verification of candidacy for accreditation

George Fox University is accredited by the Northwest Commission on Colleges and Universities (NWCCU). Our most recent NWCCU accreditation was April 2021. The next site visit will be in Spring 2028. George Fox submitted a program change to the NWCCU in January 2026 for development of the DNP in Psychiatric Mental Health program. George Fox is seeking national accreditation for our DNP program from the Commission on Collegiate Nursing Education (CCNE), with our site visit scheduled in September 2026 to review our DNP-NA program. This is our first DNP program, and it is currently accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA).

The College of Nursing is a part of the Division of Health and Behavioral Sciences at George Fox University. Currently, the College of Nursing has an undergraduate baccalaureate program accredited by the Commission on Collegiate Nursing Education (CCNE). The most recent accreditation was September, 2022. The next site visit will be in Fall 2032.

Supporting Documents:

- [2.a.K.1 Step 1 - Preliminary Development Application](#)
- [2.a.K.2 2024 NWCCU Accreditation Letter](#)
- [2.a.K.3 DNP-NA COA Distance Education Awarded](#)
- [2.a.K.4 DNP-NA COA Initial Accreditation Awarded](#)
- [2.a.K.5 BSN CCNE Accreditation Letter](#)

Appendix

- [2.a.A.1 April Phillips CV](#)
- [2.a.A.2 Program Director Job Description](#)
- [2.a.A.3 ANCC Recertification Verification - Phillips](#)
- [2.a.A.4 AANP Recertification Verification- Phillips](#)
- [2.a.A.5 Phillips Transcript, Frontier Nursing University \(MSN/FNP, DNP\)](#)
- [2.a.A.6 Phillips Diploma & Transcript, Brandman University \(PMHNP\)](#)
- [2.a.A.7 Phillips AACN Leadership Institute Fellowship](#)
- [2.a.B.1 PMHNP Assistant Director Job Description](#)
- [2.a.B.2 Mary Waldo CV](#)
- [2.a.B.3 Stephanie Matthew CV](#)
- [2.a.B.4 Esther Gravis CV](#)
- [2.a.B.5 Jonathan Muddle CV](#)
 - [2.a.C.1 GFU DNP Catalog and Course Descriptions](#)
 - [2.a.C.2 GFU DNP Sub Change DNP](#)
 - [2.a.D.1 DNP PMHNP Curriculum Plan](#)
 - [2.a.D.2 PMHNP DNP Course Descriptions](#)
- [2.a.E.1 Borland Free Clinic Letter of Support](#)
- [2.a.E.2 Charis Counseling Associates Letter of Support](#)
- [2.a.E.3 Kaiser Permanente Letter of Support](#)
- [2.a.E.4 NorthStar Psychiatry Letter of Support](#)
- [2.a.F.1 PMHNP Systematic Plan](#)
 - [2.a.K.1 Step 1 - Preliminary Development Application](#)
 - [2.a.K.2 2024 NWCCU Accreditation Letter](#)
 - [2.a.K.3 DNP-NA COA Distance Education Awarded](#)
 - [2.a.K.4 DNP-NA COA Initial Accreditation Awarded](#)
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PMHNP Program

Projected Income Statement

Sales	FY 2024		FY 2025		FY 2026		FY 2027		FY 2028		FY 2029		FY 2030		FY 2031		FY 2032		FY 2033		FY 2034		FY 2035		FY24 -FY35 Total	
Program Tuition	\$	-	\$	-	\$	-	\$	-	\$	1,132,500	\$	2,938,950	\$	5,430,780	\$	6,831,000	\$	7,650,000	\$	7,879,500	\$	8,118,000	\$	8,361,000	\$	48,341,730
Fees	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Donor and Grant Funding	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Total Revenue	\$	-	\$	-	\$	-	\$	-	\$	1,132,500	\$	2,938,950	\$	5,430,780	\$	6,831,000	\$	7,650,000	\$	7,879,500	\$	8,118,000	\$	8,361,000	\$	48,341,730
Cost of Sales																										
Faculty Salaries	\$	-	\$	-	\$	-	\$	96,379	\$	262,131	\$	573,087	\$	601,146	\$	641,564	\$	660,811	\$	784,854	\$	808,399	\$	822,990	\$	5,251,360
Taxes and Benefits	\$	-	\$	-	\$	-	\$	45,895	\$	111,425	\$	344,304	\$	404,784	\$	520,237	\$	535,844	\$	581,276	\$	598,715	\$	613,955	\$	3,756,435
Total Cost of Sales	\$	-	\$	-	\$	-	\$	142,274	\$	373,556	\$	917,391	\$	1,005,930	\$	1,161,801	\$	1,196,655	\$	1,366,130	\$	1,407,114	\$	1,436,945	\$	9,007,795
Gross Margin	\$	-	\$	-	\$	-	\$	(142,274)	\$	758,944	\$	2,021,559	\$	4,424,850	\$	5,669,199	\$	6,453,345	\$	6,513,370	\$	6,710,886	\$	6,924,055	\$	39,333,935
Gross Margin %	0%		0%		0%		0%		67%		69%		81%		83%		84%		83%		83%		83%		81%	
Expenses																										
SG&A																										
Payroll	\$	-	\$	-	\$	366,230	\$	559,784	\$	756,482	\$	965,200	\$	1,092,635	\$	1,140,053	\$	1,142,143	\$	1,144,404	\$	1,150,994	\$	1,185,525	\$	9,503,450
Taxes and Benefits	\$	-	\$	-	\$	109,869	\$	167,935	\$	226,945	\$	289,560	\$	327,790	\$	342,016	\$	342,643	\$	343,321	\$	345,298	\$	355,657	\$	2,851,035
PMHNP Consultant	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Medical Supplies	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Patient Actors	\$	-	\$	-	\$	-	\$	-	\$	-	\$	5,000	\$	5,100	\$	5,202	\$	5,306	\$	5,412	\$	5,520	\$	5,520	\$	37,060
Travel and Meals	\$	-	\$	-	\$	3,000	\$	8,000	\$	8,160	\$	8,323	\$	8,489	\$	8,659	\$	8,832	\$	9,009	\$	9,189	\$	9,189	\$	80,850
Utilities	\$	-	\$	-	\$	-	\$	-	\$	10,132	\$	10,334	\$	10,541	\$	10,752	\$	10,967	\$	11,186	\$	11,410	\$	11,410	\$	86,732
Facilities Maintenance	\$	-	\$	-	\$	-	\$	-	\$	7,880	\$	8,038	\$	8,198	\$	8,362	\$	8,530	\$	8,700	\$	8,874	\$	8,874	\$	67,456
Memberships	\$	-	\$	-	\$	-	\$	3,000	\$	5,000	\$	5,100	\$	5,202	\$	5,306	\$	5,412	\$	5,520	\$	5,630	\$	5,630	\$	45,800
Preceptor Education	\$	-	\$	-	\$	-	\$	-	\$	5,000	\$	12,400	\$	21,800	\$	26,400	\$	28,600	\$	28,600	\$	28,600	\$	28,600	\$	180,000
Equipment Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Accreditation Fees	\$	-	\$	-	\$	-	\$	10,000	\$	20,000	\$	12,000	\$	12,000	\$	12,000	\$	12,000	\$	12,000	\$	12,000	\$	12,000	\$	114,000
Professional Development	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Technology Expenses	\$	-	\$	-	\$	-	\$	16,000	\$	-	\$	-	\$	-	\$	-	\$	20,800	\$	-	\$	-	\$	-	\$	36,800
Contingency	\$	-	\$	-	\$	300	\$	3,700	\$	5,617	\$	6,120	\$	7,133	\$	7,668	\$	10,045	\$	8,043	\$	8,122	\$	8,122	\$	64,870
Total SG&A	\$	-	\$	-	\$	479,399	\$	768,420	\$	1,045,215	\$	1,322,075	\$	1,498,888	\$	1,566,418	\$	1,595,278	\$	1,576,195	\$	1,585,638	\$	1,630,528	\$	13,068,053
Course Development	\$	-	\$	-	\$	-	\$	-	\$	132,581	\$	201,678	\$	42,143	\$	42,143	\$	69,631	\$	42,143	\$	42,143	\$	69,631	\$	642,091
Marketing	\$	-	\$	-	\$	-	\$	50,000	\$	50,000	\$	5,878	\$	10,862	\$	13,662	\$	15,300	\$	15,759	\$	16,236	\$	16,722	\$	194,418
Depreciation	\$	-	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	23,093	\$	254,025
Total Expenses	\$	-	\$	23,093	\$	502,492	\$	841,513	\$	1,250,889	\$	1,552,724	\$	1,574,986	\$	1,645,316	\$	1,703,302	\$	1,657,189	\$	1,667,110	\$	1,739,974	\$	14,158,587
Operating Income	\$	-	\$	(23,093)	\$	(502,492)	\$	(983,786)	\$	(491,945)	\$	468,835	\$	2,849,865	\$	4,023,884	\$	4,750,044	\$	4,856,181	\$	5,043,776	\$	5,184,081	\$	25,175,348
Operating Income %	0%		0%		0%		0%		-43%		16%		52%		59%		62%		62%		62%		62%		52%	
Capital Expenditures																										
Specialized Equipment	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Remodel / Build	\$	-	\$	1,154,660	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	1,154,660
Total Capital Expenditures	\$	-	\$	1,154,660	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	1,154,660
Total Investment	\$	-	\$	1,177,753	\$	502,492	\$	841,513	\$	1,250,889	\$	1,552,724	\$	1,574,986	\$	1,645,316	\$	1,703,302	\$	1,657,189	\$	1,667,110	\$	1,739,974	\$	15,313,247



April Phillips, DNP, PMHNP-BC, FNP-C

505-577-8993

aphillips@georgefox.edu

Portland, OR

EDUCATION

**University of
Massachusetts Global**
Irvine, CA
Post Doctoral PMHNP
Certification

**Frontier Nursing
University, DNP**
Versailles, KY
DNP, MSN

University of Colorado
Denver, CO
BSN

Antioch College
Yellow Springs, OH
BS, Biology

LICENSE:

Alaska: RN, APRN
Pending

California: APRN
95010243

Colorado: C-APN.467-C-
NP

Nevada: APRN 002505

New Mexico: CNP 01912

Oregon: RN, APRN

Utah: 110443006-4405

Washington:
AP61649448

PROFESSIONAL OVERVIEW

Christ-centered, mission-driven nursing leader with more than a decade of progressive experience in academic administration, program development, accreditation leadership, and clinical excellence. Proven record as Clinical Director and Associate Dean overseeing curriculum innovation, HRSA grant administration, faculty development, and interprofessional education. Nationally recognized for leadership in psychiatric mental health, DEI integration, and advancing healthcare access for underserved communities. A collaborative, integrity-driven leader committed to preparing nurses who think critically, lead with compassion, and serve with purpose.

CORE LEADERSHIP COMPETENCIES:

- Academic Program Leadership & Administration
- Strategic Planning & Organizational Development
- Accreditation (ACEN Site Reviewer, CA BON, State Boards, DEAC Reviewer)
- Curriculum Design & Evaluation
- HRSA Grant Leadership (BHWET, ANEW)
- Diversity, Equity, & Inclusion (AACN Diversity Leadership 2025)
- Faculty Recruitment, Mentorship & Development
- Interprofessional Education & Clinical Partnerships
- Student Success & Clinical Placement Strategies
- Behavioral Health & Integrated Care Models
- Policy, Compliance & Quality Improvement
- National & International Speaking & Advocacy

Academic Leadership Appointments:

- PMHNP DNP Program Director, George Fox University (Present)
- Clinical Director, Frontier Nursing University (2021–2025)
- Associate Dean, University of Massachusetts Global (2019–2021)
- Lead Regional Clinical Faculty, Frontier Nursing University (2015–2019)
- School Nurse Mentor and Preceptor (2001–2008)

Clinical Leadership Experience:

- CEO / Private Practice Owner, New Awakenings, LLC – Boulder, CO
- Psychiatric Director, Pediatric Program, Axis Health Systems Durango, CO
- Medical Director / Provider – National Health Service Corps

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CERTIFICATIONS:

PMHNP-BC, FNP-C, CNE, DBT Provider, SANE-Pediatric, Adult, Clozapine REMS, BLS Instructor, ACLS, FCCS, TNCC, 12-Lead ECG

SERVICE:

- Hope's Doorway Board of Trustees
- Sexual Assault Nurse Examiner (Pediatric & Adult)
- Domestic Violence Advocate
- Remote Area Medical Volunteer
- Atalaya, Boulder County, and La Plata County Search and Rescue Teams
- Colorado Department of Education Career Advancement Mentor

PROFESSIONAL AFFILIATIONS:

- NHSC Ambassador Sigma Theta Tau Board Member and Delegate
- Wilderness Medicine Society, Board Member
- NM Behavioral Health Council
- American Holistic Nurses Association
- NM Nurse Practitioners Council

Honors and Distinctions:

- AACN Diversity Leadership Program Cohort (2025)
- Wilderness Medicine Fellowship Candidate (2025)
- Who's Who in Nursing Leadership Award (2023)
- FNU Culture of Caring Award (2018, 2023)
- AANP Leadership Fellowship (2021)
- Institute for Healthcare Improvement I-CAN Leadership Program (2017)
- NM State Employee Service Awards (2011–2013)
- Outstanding Clinical Preceptor of the Year – University of Colorado (2001)
- Sigma Theta Tau Honor Society, Governance Committee and Delegate (1996–present)

Grants and Funded Projects:

- Behavioral Health Workforce Education and Training Grant (HRSA) – 2021–2024
- Interprofessional Education Grant, Chapman University – 2019–2021
- Advancing Nursing Education Workforce Grant – 2015–2019
- Hughes Fellowship & Fulbright Research Grant Recipient

Professional Activities:

Editorial:

Editorial board member of the Hospice & Palliative Medical Care Journal (2019–present)

Editorial board member of the Journal of the American Psychiatric Nurses Association (2022)

Editorial Board Member, International Journal of Family Medicine & Healthcare (2022)
Sage Publications Editorial Committee (2021–present)

Publications:

Dobroth A, (2018). Planning for Death. J Hosp Palliative Med Care 2018 1: 001

Dobroth, A. (March 28, 2017). LGBTQ Health Awareness Week March 27–31, 2017. FNU Blog, 3. Retrieved from <https://portal.frontier.edu>.

Dobroth, A. (November 5, 2017). The Integrated Model of Care. International Journal of Patient Safety.

Phillips, A. (1993). Tracking of the Panthera onca. Federal University of Parana

Phillips, A. (1993). Migration Patterns of Inia geoffrensis. Federal University of Parana

Phillips, A. (1993). Toxicological Analysis of the Cetacea of Coastal Brazil. Curitiba, Brazil

Phillips, A. (1991). Zoological Mapping of the Shirkent Area. Proceedings of the USSR

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Portland, OR

PRESENTATIONS:

Phillips, A. & Urquhart, E. Where Two Rivers Meet: Addressing the Mental health Needs of Indigenous Peoples in America. APNA National Conference October 12, 2024.

Phillips, A. (October 4-7, 2023). Creating A More Inclusive Psychiatric Nurse Workforce: How to Inspire Students Through the Integration of Diversity, Equity, Inclusion, and Belonging (DEIB) Concepts into Clinical Curricula. American Psychiatric Nurse Association Annual Conference. New Orleans, LA.

Phillips, A. (September 30, 2023). Psychopharmacology Across the Lifespan Panel Discussion. Frontier Nursing University CEU Program.

Phillips, A. (July 23-26, 2023). Meeting the Challenge: Bringing Mental Health Services to Underserved Communities. Association of Clinicians for the Underserved: Elevating Care, Clinicians, and Communities. Washington D.C.

Phillips, A. (June 24, 2023). Innovative Strategies to Bring Psychiatric Care to Underserved Communities. American Association of Nurse Practitioners Annual Meeting, New Orleans, LA.

Phillips, A. (May 16, 2023). Building Bridges for A Sustainability Workforce. Association of Clinicians for the Underserved, HRSA (May 2023).

Phillips, A. (June 2022). Creative Solutions to Bring Mental Health Services to Underserved Communities. Association of Clinicians for the Underserved, HRSA, ACU Conference: Resilience & Transformation in Care.

Phillips, A. (June 2022). DEI Presenter and moderator, FNU DEI conference (June 2022).

Phillips, A. (March 2022). Kentucky Primary Care Association Workforce Roundtable, KPCA conference (March 2023).

Dobroth, A. (November 15, 2021). Creating a Culture of Community. Frontier Nursing University NP week.

Dobroth, A. (November 9, 2021). Novel Treatment Approaches to Substance Abuse. Frontier Nursing University NP Week.

Dobroth, A. (May 2020). Best Practices in Substance Abuse Treatment. University of Massachusetts Global.

Dobroth, A. (May 2019). Innovative Strategies in Substance Abuse Treatment. University of Massachusetts Global.

Dobroth, A. (September 2018). Laboratory Assessment for Psychiatry. The New Mexico Psychologist Association Annual Conference

Dobroth, A. (June 2018). Mental Health Integration into Primary Care. American Academy of Nurse Practitioners International Conference, Denver, CO

Dobroth, A. (December 2017). The Integration of Mental Health Services into the Primary Care Setting. Institute for Healthcare Improvement International Conference, Orlando, FL

April Phillips, DNP, PMHNP-BC, FNP-C

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aphillips@georgefox.edu

Portland, OR

PRESENTATIONS:

Dobroth, A. (November 2017). The Integrated Model of Care. The International Healthcare Conference on Patient Safety. Dubai, UAE

Dobroth, A. (October 2017). The Integration of Mental Health Services into Primary Care. Frontier Nursing University NP Week Virtual Event. Hyden, KY. 4

Dobroth, A. (June 2016). National Health Service Corp (NHSC) information session, AANP National Conference

Dobroth, A. (March 2016). NHSC Ambassador presentation: NHSC 101. Online presentation delivered across the United States

Carlson, T. & Dobroth, A. (April 2014). ECHO Access: Integration of Mental Health and Addictions Services in Primary Care. New Mexico Nurse Practitioners Council Conference

Dobroth, A. (November 2013). The Medical Management of Patients with Eating Disorders in the Outpatient Setting, La Familia Medical Center, Santa Fe, NM. Grand Rounds presentation for residents, and faculty of the University of New Mexico School of Medicine.

Dobroth, A. (April 2013). Domestic Violence Prevention and Safety Planning. Kewa Pueblo, NM

Dobroth, A. (November 2012). A New Beginning Starts with a Healthy Lifestyle. Kewa Pueblo community presentation.

Dobroth, A. (August 2012). Diabetes Education and the Role of Traditional Food Preparation Practices. Kewa Pueblo.

Phillips, A. (May 1994). Graduation Graduate Keynote Speaker, Antioch College.

Phillips, A. (August 1991). Project Shirkent: Development of an International Joint Venture Park Preservation. Presenter, The Supreme Soviet, Moscow, USSR. (1991)

Phillips, A. The assessment of environmental toxins in Cetacea. Federal University of Parana, Brazil (1994)



Doctor of Nursing Practice Psychiatric Mental Health Program Director

Full Job Description

George Fox University, a Christ-centered institution, seeks a visionary and faith-driven leader to serve as the Program Director for the new Doctor of Nursing Practice (DNP) in Psychiatric Mental Health Nursing. The Director will provide leadership in launching and managing this program, ensuring alignment with the university's mission to prepare students spiritually, academically, and professionally for meaningful impact in their communities.

About the Job:

This 12-month faculty-administrator position in the College of Nursing encompasses teaching, service, and professional responsibilities. This role includes program development, faculty recruitment, accreditation oversight, student support, and fostering partnerships with clinical sites. The Director will engage in teaching, scholarship, and service while integrating a Christian perspective into nursing education and practice. This position works closely with and reports to the Dean of the College of Nursing. As a Christ-centered community, George Fox University is an institution that values diversity as an essential dimension of God's design for human communities.

Job Responsibilities Include, but Are Not Limited To:

- Lead the development and implementation of the DNP-PMHNP curriculum, ensuring it meets accreditation standards (CCNE, Oregon State Board of Nursing) and best practices in psychiatric mental health nursing education.
- Establish program goals, student learning outcomes, and assessment strategies to ensure excellence in education and clinical preparation.
- Oversee program accreditation, preparing and submitting required reports and documentation.
- Develop and maintain policies for admissions, student progression, and graduation in collaboration with university leadership.
- Manage the program budget, including planning, allocation of resources, and financial oversight to ensure program sustainability.
- Recruit, mentor, and evaluate faculty, ensuring a high-quality learning experience.
- Provide academic guidance and holistic support to students, fostering their spiritual and professional growth.
- Promote diversity, equity, and inclusion, supporting the university's Diversity Commitment Statement and creating an environment that welcomes students from all backgrounds.
- Actively participate in the admissions process, including reviewing applications, interviewing candidates, and making recommendations for program acceptance.

- Establish and sustain partnerships with healthcare systems, mental health facilities, and community organizations to secure clinical placements.
- Ensure students meet clinical competency requirements through partnerships with preceptors and healthcare leaders.
- Represent the program at professional conferences, community events, and healthcare initiatives.
- Teach within the DNP-PMHNP curriculum, integrating faith, ethics, and evidence-based practice.
- Engage in scholarly activities, including research, presentations, and publications in psychiatric mental health nursing.
- Actively participate in the George Fox community, contributing to its Christ-centered academic mission.

We're Looking for Candidates Who Have:

- Doctoral degree (DNP or PhD) from an accredited institution.
- Certification as a Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) with an active, unencumbered Oregon RN and APRN license.
- Minimum five years of clinical experience as an APRN in psychiatric mental health nursing.
- Demonstrated leadership experience in an academic or clinical setting.
- Commitment to Christ-centered education and ability to articulate a personal Christian faith, and incorporate Christian values into nursing education and practice.
- Familiarity with nursing accreditation and regulatory processes (e.g., CCNE, state board requirements).
- Strong interpersonal, organizational, and communication skills.
- Must be able to work full-time and in person.
- Experience in program development and accreditation processes for nursing education. (Preferred)
- Experience in graduate-level teaching and curriculum development in nursing education. (Preferred)
- Established scholarly record in psychiatric mental health nursing. (Preferred)
- Experience in online or hybrid education delivery models. (Preferred)
- Grant writing and funding acquisition experience. (Preferred)

Salary and Rank:

- Appointment at the Assistant Professor level is anticipated, though candidates with significant teaching or experience at previous institutions may be considered for appointment at the rank of Associate Professor. Salary and benefits are competitive with comparable institutions.

Job Information:

- Primary Work Location: GFU Portland Center (Tigard, Oregon)
- Working Conditions: Physical requirements are similar to those of teaching in clinical environments.
- Supervisor: Dean, College of Nursing

Application Procedure:

- Kindly apply through the [Careers at George Fox University](#) webpage.
- When completing the online application, please upload the following as Word or .pdf documents in the section marked Cover Letter, Curriculum Vitae, and Essay Requirement:

- Letter of Interest
- Curriculum Vitae (CV)
- Statement of teaching philosophy
- INTEGRATION OF FAITH AND LEARNING ESSAY
 - George Fox University is committed to the idea that one of the primary responsibilities of Christian higher education is to help students develop a uniquely Christian worldview. As teachers and mentors, it is important for George Fox University faculty members to integrate Christian faith and principles in all aspects of their lives. As an essential part of the application process, the University will carefully consider your response to the following: In a one-page essay (about 300 words) describe your personal Christian faith, as well as how your faith informs your teaching, scholarship, and service (including service and leadership in your church and/or in Christian ministries).
- Other supporting materials may be requested at a later stage of the review process.

Contact Information:

- *Have questions or need assistance with our application process? Contact*
Georgefoxcareers@georgefox.edu

Interested applicants are encouraged to apply at once. Review of applications will begin on a rolling basis and continue until the position is filled. Please note: This position is subject to close at any time, regardless of the date on the posting.

George Fox University has been transforming student's lives for over 125 years. We are a Christ-centered community that prepares students spiritually, academically, and professionally to think with clarity, act with integrity, and serve with passion. Our vision is to be the Christian university of choice known for empowering students to achieve exceptional life outcomes. We put students first, with Christ at the center of our work, embracing change in order to improve. We are looking for enthusiastic candidates to join us in creating transformational experiences for our students.

Being a part of our community means a commitment to faith and to a lifestyle that is consistent with the university's mission as described in the [Statement of Faith](#) and [Community Lifestyle Statement](#) on our website.

As a Christ-centered community, George Fox University is an institution that values [diversity](#) as an essential dimension of God's design for human communities. In seeking to become a more inclusive community, we especially encourage applications from women and candidates from racial and ethnic backgrounds that are underrepresented in our community.

What is most appealing about working at George Fox University?

- Faith-friendly: Our culture is unique for higher education. At George Fox you can pursue academic excellence while integrating scriptures, praying with staff members and students at work, and helping to make an impact on the world in a way that promotes Christian values.

- Unapologetically Christian: As a university, we have an enduring commitment to Christ, his kingdom and the truth of God's Word.
- Live out your calling: You are able to use your God-given talents and abilities while having a profound influence on students as they deepen their relationship with Jesus Christ.
- Equip students for kingdom work: You can be a part of helping students discover their callings, at which they will be able to glorify the kingdom of God just as they have seen you do.

For your personal well-being we offer:

- A strong Christian vision and mission-led organization with opportunities for your growth and contributions.
- Wonderful Christian peers and a vibrant student population.
- A beautiful, peaceful campus environment with areas to walk and coffee shops and restaurants close by.
- Free Fitness Center membership.
- Free parking.
- Rich employee benefit package.

**ANCC**

Certification #2018076920

AMERICAN NURSES CREDENTIALING CENTER

CERTIFICATION

Certification Valid

02/13/2024 to 02/12/2029

Name of Certification:

PSYCHIATRIC-MENTAL HEALTH NURSE
PRACTITIONER RENEWAL

Awarded to:

April Phillips

This card should not be used to verify current certification, as certifications can be revoked under certain circumstances. To obtain official verification of certification, visit www.nursingworld.org/ancc.



Your AANPCB Wallet Card

The watermarked **Wallet Card** provided below represents your status as a Nurse Practitioner certified by the American Academy of Nurse Practitioners National Certification Board, Inc.

- Your online wallet card is available at no charge and can be accessed by logging into **My AANPCB** at www.aanpcert.org and select **My Documents -> Wallet ID Cards**.
- NP certification is time-limited, valid for a period of 5-years, and expires on the certification end date.

It is the NP's responsibility to renew certification before it expires. You may begin the recertification application process 1 year in advance of the expiration date printed on your card. We recommend that you keep your contact information current, be familiar with the recertification requirements, and apply to recertify at least 3 months prior to the expiration date to avoid lapse or loss of certification. For more information, please visit the **Recertify** section of our website.

AANPCB provides **Primary Source Verification** of nurse practitioner certification status. Information for credentialing service organizations and state boards of nursing may be found on the AANPCB website under the tab **Verify**.

Please note renewing your AANP membership does not renew your AANPCB certification. Contact our office if you have any questions about your certification.

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD (AANPCB) Capitol Station, P.O. Box 12926 Austin, TX 78711 Tel: (512) 637-0500 Fax: (512) 637-0540 www.aanpcert.org This card validates your certification status. Use this card to provide evidence of your certification status to your employer or state board of nursing.	AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD acknowledges that April Christina Phillips, FNP-C has met the requirements for national certification as a Family Nurse Practitioner Certification No.: F1111161 Granted from November 1, 2011 through October 31, 2026
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Unofficial Transcript

Frontier Nursing University
Office of the Registrar
Administrative Office
2050 Lexington Road
Versailles, KY 40383

Name: Dobroth, April
Program/Degree/Curriculum: Degree Awarded: Date Granted:
Non Degree/Non Degree/Non Matriculating No Degree Awarded Yet
Honors: Cumulative GPA: 4.00

Previous Institution:
Frontier Nursing University, MSN
2007 Fall (10/8/2007 - 12/21/2007)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
N404	Statistics	Lecture	A	3.00	12.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	3.00	3.00	3.00	3.00	3.00	0.00	12.00 4.00
Overall:	3.00	3.00	3.00	3.00	3.00	0.00	12.00 4.00

Total Credits Taken: 3.00
Total Transfer Credits: 0.00
Overall Credits: 3.00

Frontier Nursing University
Office of the Registrar
Administrative Office
2050 Lexington Road
Versailles, KY 40383

Name: Dobroth, April Christina
Program/Degree/Curriculum: Degree Awarded: Date Granted:
Graduate/MSN/Family Nurse Practitioner MSN 10/11/2011

Previous Institution:

Frontier Nursing University, MSN
1900 PRE TERM (1/1/1969 - 1/7/2007)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
NM601	Role of Midwifery	Lecture	W	2.00	0.00
NM602	Reproductive Anatomy	Lecture	W	2.00	0.00
PC600	Hlth Promotion	Lecture	W	2.00	0.00
PC604	Pathophysiology	Lecture	W	3.00	0.00
PC605	Decision Making	Lecture	W	2.00	0.00
PC606	Theor Adv Prim Nurs	Lecture	W	3.00	0.00

Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	0.00	0.00	0.00	0.00	0.00	0.00
Overall:	0.00	0.00	0.00	0.00	0.00	0.00

2008 Winter (1/7/2008 - 3/28/2008)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
PC600	Hlth Promotion	Lecture	A	2.00	8.00
PC604	Pathophysiology	Lecture	A	3.00	12.00

Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	5.00	5.00	5.00	5.00	0.00	20.00	4.00
Overall:	5.00	5.00	5.00	5.00	0.00	20.00	4.00

2008 Spring (4/7/2008 - 6/27/2008)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
NP607	Role of the NP	Lecture	A	3.00	12.00
PC605	Decision Making	Lecture	A	2.00	8.00

Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	5.00	5.00	5.00	5.00	0.00	20.00	4.00
Overall:	10.00	10.00	10.00	10.00	0.00	40.00	4.00

2008 Summer (7/7/2008 - 9/26/2008)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
PC606	Theor Adv Prim Nurs	Lecture	A	3.00	12.00

Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
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Term:	3.00	3.00	3.00	3.00	0.00	12.00	4.00
Overall:	13.00	13.00	13.00	13.00	0.00	52.00	1574.00

2008 Fall (10/6/2008 - 12/19/2008)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points		
PC612	Pharmacology	Lecture	A	3.00	12.00		
Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	3.00	3.00	3.00	3.00	0.00	12.00	4.00
Overall:	16.00	16.00	16.00	16.00	0.00	64.00	4.00

2009 Spring (4/6/2009 - 6/26/2009)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points		
NP621	Primary Hlth Care IV	Lecture	A	1.00	4.00		
PC618	Research	Lecture	A	3.00	12.00		
Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	4.00	4.00	4.00	4.00	0.00	16.00	4.00
Overall:	20.00	20.00	20.00	20.00	0.00	80.00	4.00

2009 Summer (7/6/2009 - 9/20/2009)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points		
PC617	Primary Hlth Care I	Lecture	B	3.00	9.00		
Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	3.00	3.00	3.00	3.00	0.00	9.00	3.00
Overall:	23.00	23.00	23.00	23.00	0.00	89.00	3.87

2010 Winter (1/4/2010 - 3/26/2010)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points		
NP611	Care of Childbearing	Lecture	A	3.00	12.00		
PC615	Womens Health Care	Lecture	A	3.00	12.00		
Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	6.00	6.00	6.00	6.00	0.00	24.00	4.00
Overall:	29.00	29.00	29.00	29.00	0.00	113.00	3.90

2010 Spring (4/5/2010 - 6/25/2010)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points		
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NP614	Primary Hlth Care II	Lecture	A	3.00	12.00	158
NP615	Primary Hth Care III	Lecture	A	2.00	8.00	

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	5.00	5.00	5.00	5.00		0.00	20.00	4.00
Overall:	34.00	34.00	34.00	34.00		0.00	133.00	3.91

2010 Summer (7/5/2010 - 9/17/2010)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
NP619	Primary Care Childrn	Lecture	A	3.00	12.00
NP629	Adv Skills for Prim	Lecture	A	1.00	4.00
PC628	Skills for Prim Care	Lecture	A	1.00	4.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	5.00	5.00	5.00	5.00		0.00	20.00	4.00
Overall:	39.00	39.00	39.00	39.00		0.00	153.00	3.92

2010 Fall (9/27/2010 - 12/17/2010)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
NP634	Health Care Policy	Lecture	A	2.00	8.00
NP641	FNP Prim Care Clin I	Clinical	A	3.00	12.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	5.00	5.00	5.00	5.00		0.00	20.00	4.00
Overall:	44.00	44.00	44.00	44.00		0.00	173.00	3.93

2011 Winter (1/10/2011 - 3/25/2011)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
NP635	Primary Hlth Care V	Lecture	A	1.00	4.00
NP642	FNP Prim Care CI II	Clinical	A	3.00	12.00
NP643	FNP Prim Care CI III	Clinical	A	3.00	12.00
NP644	FNP Prim Care CI IV	Clinical	A	6.00	24.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA	
Term:	13.00	13.00	13.00	13.00		0.00	52.00	4.00
Overall:	57.00	57.00	57.00	57.00		0.00	225.00	3.95

Total Credits Taken:	57.00
Total Transfer Credits:	0.00
Overall Credits:	57.00

Frontier Nursing University
Office of the Registrar

Name: Dobroth, April Christina

Program/Degree/Curriculum:

Degree Awarded:

Date Granted:

FNU/Doctor Nurs Practice/Doctor of
Nursing Practice

Doctor Nurs Practice

12/16/2016

Honors:

Cumulative GPA: 4.00

Previous Institution:

Frontier Nursing University, MSN

2015 Fall (10/5/2015 - 12/18/2015)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
N702	Evidence Based Pract	Lecture	A	3.00	12.00
PC702	Epidemiology and Bio	Lecture	A	3.00	12.00

Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	6.00	6.00	6.00	6.00	0.00	24.00 4.00
Overall:	6.00	6.00	6.00	6.00	0.00	24.00 4.00

2016 Winter (1/4/2016 - 3/18/2016)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
N703	Evidence Based Pract	Lecture	A	3.00	12.00
N704	Leadership and Organ	Lecture	A	3.00	12.00
N720-A	DNP Project	Lecture	A	1.00	4.00

Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	7.00	7.00	7.00	7.00	0.00	28.00 4.00
Overall:	13.00	13.00	13.00	13.00	0.00	52.00 4.00

2016 Spring (4/6/2016 - 6/19/2016)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
N706	EBP and Info Tech	Lecture	A	3.00	12.00
N720-B	DNP Project	Lecture	A	1.00	4.00
PC711	Nurse as Educator	Lecture	A	3.00	12.00

Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	7.00	7.00	7.00	7.00	0.00	28.00 4.00
Overall:	20.00	20.00	20.00	20.00	0.00	80.00 4.00

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
N711	Clinical Practicum I	Clinical	A	4.00	16.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	4.00	4.00	4.00	4.00		0.00	16.00 4.00
Overall:	24.00	24.00	24.00	24.00		0.00	96.00 4.00

2016 Fall (10/3/2016 - 12/16/2016)

Frontier Nursing University

Course	Title	Sub Type	Grade	Credits	Quality Points
N705	Ethics and Health Ca	Lecture	T	3.00	9.30
N712	Clinical Practicum	Clinical	A	4.00	16.00
N720-C	DNP Project	Lecture	A	2.00	8.00

	Attempted Credit	Earned Credits	Total Credits	GPACredits	Transfer Credits	Quality Points	GPA
Term:	6.00	9.00	9.00	6.00		3.00	24.00 4.00
Overall:	30.00	33.00	33.00	30.00		3.00	120.00 4.00

Total Credits Taken:	30.00
Total Transfer Credits:	3.00
Overall Credits:	33.00

End of Transcript

Brandman University

Chapman University System

The Regents of the University on the recommendation of the
Marybelle and S. Paul Musco School of Nursing and Health Professions Faculty
and by virtue of the Authority vested in Them have awarded

April Christina Dobroth

Certificate as a Psychiatric and Mental Health Nurse Practitioner

Given this month of November, two thousand eighteen.

Go PZ

Chancellor, Brandman University



Chad Bullock

Executive Vice Chancellor of Academic Affairs
Brandman University

Brandman University Unofficial Transcript

B00539368 April C. Dobroth
Feb 16, 2019 07:33 am

 This is not an official transcript. Courses which are in progress may also be included on this transcript.

To print this page press Ctrl + P on a PC or Cmd + Shift + P on a Mac.

Institution Credit Transcript Totals

STUDENT INFORMATION

Name : April C. Dobroth

Birth Date: 26-SEP

Curriculum Information

Current Program

Post Doctoral NP Cert

Major and Department: Psychiatric & Mental Health,
Family Psychiatric

***Transcript type:Brandman University Unofficial is NOT Official ***

DEGREE AWARDED

Awarded: Post Doctoral NP Cert **Degree Date:** Nov 02, 2018

Curriculum Information

Primary Degree

Major: Psychiatric & Mental Health

INSTITUTION CREDIT -Top-

Term: Spring 2018 Session 2 (8 Wks)

Academic Standing: Good Standing

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
NURU	641	GR	Psychopharmacology Across Life	A	3.000	12.000	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	3.000	3.000	3.000	3.000	12.000	4.000
Cumulative:	3.000	3.000	3.000	3.000	12.000	4.000

Unofficial Transcript

Term: Summer 2018 Session 1 (8 Wks)

Academic Standing: Good Standing

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
NURU	642	GR	Mgmt Fam Mental Hlth	A	3.000	12.000	
NURU	643	GR	Practicum Psychother Treatment	P	3.000	0.000	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	6.000	6.000	3.000	12.000	4.000
Cumulative:	9.000	9.000	9.000	6.000	24.000	4.000

Unofficial Transcript

Term: Summer 2018 Session 2 (8 Wks)

Academic Standing: Good Standing

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
NURU	644	GR	Cmplx & Chronic Prob Fam Psych	A	3.000	12.000	
NURU	645	GR	Practicum Cmplx Chnrc Fam Psy	P	3.000	0.000	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	6.000	6.000	6.000	3.000	12.000	4.000
Cumulative:	15.000	15.000	15.000	9.000	36.000	4.000

Unofficial Transcript

Term: Fall 2018 Session 1 (8 Wks)

Academic Standing: Good Standing

Subject	Course	Level	Title	Grade	Credit Hours	Quality Points	R
NURU	699	GR	Ind Prac Clinical Hours Com	P	0.000	0.000	

Term Totals (Graduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Current Term:	0.000	0.000	0.000	0.000	0.000	0.000
Cumulative:	15.000	15.000	15.000	9.000	36.000	4.000

Unofficial Transcript

TRANSCRIPT TOTALS (GRADUATE) [-Top-](#)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA
Total Institution:	15.000	15.000	15.000	9.000	36.000	4.000
Total Transfer:	12.000	12.000	12.000	12.000	48.000	4.000
Overall:	27.000	27.000	27.000	21.000	84.000	4.000

Unofficial Transcript

[Transcript Request Status](#)



Doctor of Nursing Practice Psychiatric Mental Health Nursing Assistant Program Director

Full Job Description

George Fox University seeks a dedicated and faith-driven Assistant Program Director for the new Doctor of Nursing Practice (DNP) in Psychiatric Mental Health Nursing program. The Assistant Director will collaborate with the Program Director in the administration, development, and operation of the program, ensuring alignment with the university's mission.

About the Job:

This 12-month faculty position in the College of Nursing encompasses teaching, service, and professional responsibilities. This role involves supporting curriculum development, student mentorship, faculty collaboration, clinical site coordination, and accreditation compliance while also engaging in teaching, scholarship, and service. The ideal candidate will integrate Christian faith with nursing education and psychiatric mental health practice while fostering an inclusive and supportive learning environment. As a Christ-centered community, George Fox University is an institution that values diversity as an essential dimension of God's design for human communities.

Job Responsibilities Include, but Are Not Limited To:

- Assist the Program Director in implementing and evaluating the DNP-PMHNP curriculum to ensure it meets accreditation standards (CCNE, Oregon State Board of Nursing).
- Support program assessment, student learning outcomes, and accreditation processes.
- Contribute to the development and implementation of program policies, student progression standards, and graduation requirements.
- Assist in faculty recruitment, mentorship, and professional development efforts.
- Provide academic advising and mentorship to DNP-PMHNP students, fostering their spiritual, professional, and personal growth.
- Work with faculty to develop student-centered strategies that enhance engagement and learning.
- Promote diversity, equity, and inclusion by supporting George Fox University's Diversity Commitment Statement and fostering an environment of cultural humility and belonging.
- Assist in developing and maintaining relationships with clinical sites, healthcare systems, and mental health facilities to ensure robust clinical placements.
- Support the coordination of student clinical experiences and preceptor assignments.
- Collaborate with faculty and community partners to provide evidence-based psychiatric mental health nursing education.

- Teach within the DNP-PMHNP curriculum, integrating faith, ethics, and best practices in psychiatric mental health nursing.
- Engage in scholarly activities, including research, presentations, and publications.

We're Looking for Candidates Who Have:

- Doctoral degree (DNP or PhD) from an accredited institution (or in progress).
- Certification as a Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) with an active, unencumbered Oregon RN and APRN license.
- Minimum three years of clinical experience in psychiatric mental health nursing.
- Commitment to Christ-centered education and ability to articulate a personal Christian faith, and incorporate Christian values into nursing education and practice.
- Must demonstrate excellent verbal, written, and interpersonal skills
- Must be able to work full-time in person
- Experience in program administration and accreditation processes. (Preferred)
- Experience in nursing education and curriculum development. (Preferred)
- Familiarity with online or hybrid nursing education models. (Preferred)
- Established scholarly record in psychiatric mental health nursing. (Preferred)
- Experience with grant writing or securing funding for nursing programs. (Preferred)

Salary and Rank:

- Appointment at the Assistant Professor level is anticipated, though candidates with significant teaching or simulation experience at previous institutions may be considered for appointment at the rank of Associate Professor. Salary and benefits are competitive with comparable institutions.

Job Information:

- Primary Work Location: GFU Portland Center (Tigard, Oregon)
- Working Conditions: Physical requirements are similar to those of teaching in clinical environments.
- Supervisor: PMHNP Program Director

Application Procedure:

- Kindly apply through the [Careers at George Fox University](#) webpage.
- When completing the online application, please upload the following as Word or .pdf documents in the section marked Cover Letter, Curriculum Vitae, and Essay Requirement:
 - Letter of Interest
 - Curriculum Vitae (CV)
 - Statement of teaching philosophy
 - INTEGRATION OF FAITH AND LEARNING ESSAY
 - George Fox University is committed to the idea that one of the primary responsibilities of Christian higher education is to help students develop a uniquely Christian worldview. As teachers and mentors, it is important for George Fox University faculty members to integrate Christian faith and principles in all aspects of their lives. As an essential part of

the application process, the University will carefully consider your response to the following: In a one-page essay (about 300 words) describe your personal Christian faith, as well as how your faith informs your teaching, scholarship, and service (including service and leadership in your church and/or in Christian ministries).

- Other supporting materials may be requested at a later stage of the review process.

Contact Information:

- *Have questions or need assistance with our application process? Contact*
Georgefoxcareers@georgefox.edu

Interested applicants are encouraged to apply at once. Review of applications will begin on a rolling basis and continue until the position is filled. Please note: This position is subject to close at any time, regardless of the date on the posting.

George Fox University has been transforming student's lives for over 125 years. We are a Christ-centered community that prepares students spiritually, academically, and professionally to think with clarity, act with integrity, and serve with passion. Our vision is to be the Christian university of choice known for empowering students to achieve exceptional life outcomes. We put students first, with Christ at the center of our work, embracing change in order to improve. We are looking for enthusiastic candidates to join us in creating transformational experiences for our students.

Being a part of our community means a commitment to faith and to a lifestyle that is consistent with the university's mission as described in the [Statement of Faith](#) and [Community Lifestyle Statement](#) on our website.

As a Christ-centered community, George Fox University is an institution that values [diversity](#) as an essential dimension of God's design for human communities. In seeking to become a more inclusive community, we especially encourage applications from women and candidates from racial and ethnic backgrounds that are underrepresented in our community.

What is most appealing about working at George Fox University?

- Faith-friendly: Our culture is unique for higher education. At George Fox you can pursue academic excellence while integrating scriptures, praying with staff members and students at work, and helping to make an impact on the world in a way that promotes Christian values.
- Unapologetically Christian: As a university, we have an enduring commitment to Christ, his kingdom and the truth of God's Word.
- Live out your calling: You are able to use your God-given talents and abilities while having a profound influence on students as they deepen their relationship with Jesus Christ.
- Equip students for kingdom work: You can be a part of helping students discover their callings, at which they will be able to glorify the kingdom of God just as they have seen you do.

For your personal well-being we offer:

- A strong Christian vision and mission-led organization with opportunities for your growth and contributions.
- Wonderful Christian peers and a vibrant student population.
- A beautiful, peaceful campus environment with areas to walk and coffee shops and restaurants close by.
- Free Fitness Center membership.
- Free parking.
- Rich employee benefit package.

Mary J. Waldo, PhD, RN, APRN, GCNS-BC, CNE
Associate Professor, College of Nursing
George Fox University
 20623 SW 86th Ave
 Tualatin OR 97062
 503-522-3673
 Email: mwaldo@georgefox.edu

EDUCATION

Ph.D.	Oregon Health Sciences University Portland, Oregon	Specialty: Nursing, Gerontology Focus: Research Methodologies
M.S.	University of Wyoming Laramie, Wyoming	Nursing Education Nursing Management Clinical Focus: CNS, Gerontology
B.S.	University of Wyoming Laramie, Wyoming	Nursing

CURRENT CERTIFICATIONS/TRAINING

National Lead for Nursing (NLN), Certified Nurse Educator, 2025 to current
 Clinical Nurse Specialist, Oregon 1998 to Current
 Board Certified Clinical Nurse Specialist – Gerontology, ANCC. 1999 to current

PROFESSIONAL MEMBERSHIPS

Current - 1980: Sigma Theta Tau, International
 Current - 2010: American Nurses Association
 2025 - 1980: Phi Kappa Phi
 2022 - 2006: National Association of Clinical Nurse Specialists

PROFESSIONAL EXPERIENCE

2022 – Current: George Fox University, College of Nursing.

- 1.1.2025 to current Associate Professor;
- 2022 - 2024 Adjunct faculty.

2020 – December 2022: Providence St. Joseph Health, Oregon Region

- Added 2020: Director of Clinical Education. Added 6 direct reports; facilitated revision of on-boarding for nursing staff. *Reason Leaving: Retirement*
- 2014 – December 2022 Providence St. Joseph Health (PSJH), Oregon Region
 - Director Professional Practice, Quality and Research. Six direct reports and oversight of clinical learning lab budget. Responsible for nurse sensitive indicators/patient outcomes, and standard of practice development for eight Oregon hospitals; participated in facility Magnet and Pathways application and documents. Consultant for unit base practice and implementation of nurse sensitive indicator improvement projects (e.g., falls, pressure injuries, delirium, dementia, etc.). Assisted with development of facility/system professional practice models and shared governance structures. Co-developer and facilitator of first PHSOR Nursing EBP Bootcamp. Gerontological content expert. Co-chair (2016 to 2021) and member of PSJH Nursing Research & Clinical Scholarship Council (2016 to 2022). Chair of subcommittee Research/EBP Skills Development (2020 – 2022). Mentor for unit-based research projects, facility research and EBP development program, and facility nursing research councils. Facilitates PHSOR Falls, Restraint Reduction, and Pressure Ulcer Prevention Teams.

- 2017 – 2020: Adjunct Faculty - intermittent, University of Great Falls/Providence. Assisted in development of Master's in Nursing Education curriculum. Taught on-line courses: Evidence Based Practice and Leadership.
- 2007 – 2014 Providence St. Vincent Medical Center: Director of Nursing Quality, Practice, and Research, CNS Gerontology.
 - 2011 – 2012: **Added:** Interim Director of Critical Care and Cardiology.
 - 2012 – 2013: **Added:** Interim Manager for Wound/Ostomy and Oncology. Interim Director Professional Development.
 - 2013 – 2014: **Added:** permanent responsibilities for Director of Professional Development. Providence Oregon Region Team Lead for Clinical Expert Resource Team, Fall Prevention and HAPU Prevention programs (2012 to present).
- 2006 – 2007 Interim Director of Nursing Quality and Research. CNS Gerontology
- 2004 – 2012 University of Portland, School of Nursing, Graduate and Undergraduate, Adjunct faculty
- 2002 – 2009 Adjunct Professor, Oregon Health Sciences University, School of Nursing, Care of Adult
- 2004 – 2006 Clinical Nurse Specialist for Outcome Studies and Nursing Research, Department of Nursing Quality Providence St. Vincent Medical Center
- 2002 – 2004 Clinical Development Specialist, Medical Cluster, 7th East, 7 West, Dialysis; CNS Gerontology, Providence St. Vincent Medical Center.
- 2002 – 2003 Adjunct Assistant Professor, University of Portland (UP) School of Nursing (SoN)
- 1998– 2002 Assistant Professor, UP SoN. Junior Level Team Leader, Clinical Placement Coordinator and Liaison, Skills Lab Coordinator,
- 1995 – 1998 Clinical Instructor and Lab Instructor, UP SoN. Medical Surgical.
- 1992 – 1998 Research Associate/Teaching Assistant. Office of Research Development and Utilization, Oregon Health Sciences University, School of Nursing.
- 1992 – 1995 Agency nurse for Portland area hospitals, medical surgical units.
- 1989 – 1992 University of Wyoming, School of Nursing, Laramie WY. Lab Coordinator, instructor, and clinical faculty, Research Assistant. Developed Nursing Internship Program.
- 1980 – 1992 Ivinson Memorial Hospital, Laramie WY, Staff RN (3 mths), Charge Nurse (6 yrs), Assistant Nurse Manager (24/7 Outpatient Surgery and Pre-Admit (3 yrs), Medical/Surgical Float (3 yrs)

SCHOLARLY ACTIVITIES

Community Volunteer

Tualatin Presbyterian Church - Elected Elder. Term starting 6.30.2026
 Oregon Idaho Conference of United Methodist Church, Board of Pensions Member (2019 to 2024)
 Wilsonville United Methodist Church, Council Chair (2019 to 2024), Chair of Finance Committee (2010 to 2019, 2022 - 2024), Lay Speaker (2012 – 2024)

Northwest Faith Community Ministries; Board of Directors, Secretary (2009 – 2015). Instructor for Basic Faith Community Nursing Courses and for Coordinator Courses, EBP

National Workgroups

National Patient Safety Movement – Fall Prevention Committee 2018 - 2021
 High Value Healthcare Collaborative, CNO workgroup on Delirium in Critical Care, 2014 to 2020
 NACNS Malnutrition/Promotion of Optimal Nutrition Status Taskforce, 2014 to 2020
 WIN, Co-facilitator of Gerontological Special Interest Group, 2015 - 2018

Conference Abstract Reviewer

Abstract Reviewer for Posters and Presentations for National Magnet Annual Conference: 2011 to 2020
 Abstract Reviewer for Posters and Presentations for National Association of Clinical Nurse Specialist Annual Conference: 2005 to 2011, 2013 to 2020
 Abstract Reviewer for Posters and Presentations for Oregon Nursing Research and Quality Consortium Annual Conference: 2011 to 2022
 Abstract Reviewer for Western Institute of Nursing Research: 2013 to 2020

Selected Presentations

Moore, M. (2025). MWaldo research results cited in: Reducing UTI through Lowering the pH of Skin. Annual Oregon State University Gerontology Conference. Corvallis, OR
 Barra, R., Waldo, M., Graves, A., & Monego, J. (2024). Evaluation of a Fall Risk Screening Tool and Fall Prevention Protocol for use in Emergency Departments. Emergency Nurses Association, Annual Conference, Las Vegas NV..
 Sandau, K. & Waldo, MJ (2023). Connecting Clinical to the Classroom: Concept Based Care Plan for Case Studies & Clinical Learning. Presented NurseTim: Nuts & Bolts Conference! August 10 – 12, 2023,
 Huwe, M. & Waldo, M (2023). Nursing Decision-Making and Racial Disparities in Pain Management for Black Children. Society of Pediatric Nursing, 34th Annual Conference, Phoenix, AZ.
 Anastas, Z.M. & Waldo, M.J. (2020). Enhancing Nurse-Led Rapid Response Teams to Save Lives. 2020 PSJH Annual Nursing Research Series. Received *Most Inspiring Project – Honorable Mention*.
 Olsen, P. & Waldo, M. (2020). Effects of Music Intervention on Pain and Anxiety in the Immediate Postoperative Periods in Adults Undergoing Total Knee Arthroplasty and Total Hip Arthroplasty. 2020 PSJH Annual Nursing Research Series.
Presentations prior to 2020 removed: Available on request

Publications

Kratcsheid, L., King, R., Lembke, K., Doherty, G., McCormack, C., & Waldo, MJ (2023) embedded retrieval practices: Relationship with academic performance. Submitted to *Technology, Pedagogy and Education* August 2023.
Publications prior to 2020 removed. Available on request

Research/Evidence Based Practice

2023 to 2025: Waldo, M.J. & Moore, M. Prevention of Urinary Tract Infections in Older Adults: A Novel Approach. Mary's Woods, Lake Oswego.
 2019 to 2024: Monego, J, Barra, R., Graves, A. & Waldo, M. Evaluation of a Fall Risk Screening Tool and Fall Prevention Protocol for use in Emergency Departments, PSJH
 2002 – 2022: Mentor of numerous nursing and unit based EBP and research projects. List available on request
Research prior to 2020 removed. Available on request

CURRICULUM VITAE**Stephanie Joy (Fisher) Matthew, PhD, MSN, FNP-C, RN, CNE****Business Address:**

George Fox University
 College of Nursing
 414 N. Meridian St. #6273
 (503)554-2952
 smatthew@georgefox.edu

EDUCATIONAL PREPARATION

- 2015 - 2022 PhD University of Northern Colorado; Greeley, Colorado
 Nursing Education
- 2006 - 2008 MSN Vanderbilt University; Nashville, Tennessee
 Family Nurse Practitioner specialty
- 2002 - 2006 BS George Fox University; Newberg, Oregon
 Biology major, Music minor, *summa cum laude*

PROFESSIONAL EXPERIENCE

- 8/2012 – present George Fox University, Department of Nursing, Newberg, OR
 Associate Professor
- 9/2015 – 5/2023 George Fox University, Health and Counseling Center, Newberg, OR
 Family Nurse Practitioner
- 1/2013 – 2/2017 Willamette Heart Medical Clinic, McMinnville, OR
 Family Nurse Practitioner
- 6/2013 – 5/2014 Urgent Care and Medical Clinic, King City, OR
 Family Nurse Practitioner
- 1-8/2012 George Fox University, Department of Nursing, Newberg, OR
 Adjunct Clinical Faculty
- 2/2009 – 5/2012 Steck Medical Clinic and Woodland Urgent Care Clinic, Chehalis, WA
 Advanced Registered Nurse Practitioner
- 10/2008 – 1/2009 Union Gap School District, Union Gap, WA
 Paraprofessional Substitute
- 3-7/2006 Providence Newberg Medical Center, Sterile Processing, Newberg, OR
 Central Supply Technician
- 8/2003 – 4/2006 George Fox University, Chemistry Department, Newberg, OR
 Laboratory Assistant

Summer 2005 WestSide Baptist Church, Yakima, WA
Children's Ministry Intern

Summer 2003 Tree Top, Inc., Research and Development, Selah, WA
Laboratory Intern

ACADEMIC TEACHING

- 2025-2026 Advanced Anatomy, Advanced Physiology and Pathophysiology, Advanced Health Assessment, International Medical Missions, Advanced Pharmacology (DNP version and also an undergraduate elective version). Associate Professor full time, starting the DNP program (teaching online).
- 2024-2025 Pharmacology x2 (mentoring replacement), Pathophysiology, Advanced Pharmacology (hybrid), International Medical Missions (online), coordinator of medication math exams, Overload teaching Tropical Medicine (online) for PA doctoral students, preparing for DNP courses. Associate Professor 0.75 FTE, George Fox University, obtained tenure
- 2023-2024 Pharmacology x2, Pathophysiology, Test-Taking Strategies x3, Advanced Pharmacology x2 (hybrid), International Medical Missions (online), coordinator of medication math exams; Associate Professor 0.75 FTE, George Fox University
- 2022-2023 Pharmacology x3, Pathophysiology, Test-Taking Strategies x2, Advanced Pharmacology (hybrid), International Medical Missions (online), coordinator of medication math exams; Assistant/Associate Professor 0.75 FTE, George Fox University
- 2021-2022 Pharmacology, Health Assessment, Healthcare of the Developing World (online), Test-Taking Strategies, Advanced Pharmacology (hybrid), coordinator of medication math exams, mentorship of a new faculty member, Kenya trip leader; Assistant Professor 0.75 FTE, George Fox University
- 2020-2021 Pathophysiology, Pharmacology, Health Assessment, Healthcare of the Developing World (online), Remediation and Test-Taking Strategies, Advanced Pharmacology (hybrid), coordinator of medication math exams; Assistant Professor 0.75 FTE, George Fox University
- 2019-2020 Sabbatical in Fall 2019. Spring 2020: Pharmacology, Health Assessment, Advanced Pharmacology (hybrid), Service-Learning Preparatory Course, Fundamentals clinical instructor, coordinator of medication math exams; Assistant Professor full time, George Fox University
- 2018-2019 Pathophysiology/Pharmacology II, Pathophysiology, Pharmacology, Health Assessment, Healthcare of the Developing World (online), Advanced Pharmacology (hybrid), Remediation, LIBA 100, Fundamentals clinical instructor, coordinator of medication math exams; Assistant Professor full time, George Fox University

- 2017-2018 Pathophysiology/Pharmacology I and II, Health Assessment, Healthcare of the Developing World (online), Advanced Pharmacology (hybrid), LIBA 100, Fundamentals clinical instructor, Kenya trip leader, coordinator of medication math exams; Assistant Professor full time, George Fox University
- 2016-2017 Pathophysiology/Pharmacology I and II, Health Assessment, Healthcare of the Developing World (online), Advanced Pharmacology (new online course), LIBA 100, Medical-Surgical Nursing clinical instructor, Fundamentals clinical instructor, Kenya trip leader, Haiti trip leader, coordinator of medication math exams; mentorship of a new faculty member; Assistant Professor full time, George Fox University
- 2015-2016 Pathophysiology/Pharmacology I and II, Health Assessment, NURS 485 Healthcare of the Developing World (new online course), LIBA 100, Medical-Surgical Nursing clinical instructor, Fundamentals clinical instructor, Kenya trip leader, coordinator of medication math exams; mentorship of new faculty members; Assistant Professor full time, George Fox University
- 2014-2015 Pathophysiology/Pharmacology I and II, Maternity Nursing, LIBA 100, Medical-Surgical Nursing clinical instructor; NURS 485 Kenya trip instructor, coordinator of medication math exams; mentorship of new faculty members; Assistant Professor full time, George Fox University
- 2013-2014 Pharmacology, Medical-Surgical Nursing clinical instructor, Pathophysiology/Pharmacology I (new combined course), Pediatrics, Maternity didactic instructor and clinical coordinator, and coordinator of medication math exams; Assistant Professor full time, George Fox University
- 2012-2013 Pharmacology, Pathophysiology, Medical-Surgical Nursing didactic instructor, Medical-Surgical Nursing clinical instructor; Assistant Professor, 0.75 FTE, George Fox University
- Spring 2012 Nursing Fundamentals Clinical Practicum; Adjunct Professor, George Fox University
- 2004 -2005 Science Outreach instructor; while as a student at George Fox University

ACADEMIC AWARDS

- 2025 Tenure granted at George Fox University (GFU)
- 2023 Promotion to Associate Professor at GFU
- 2019 Certified Nurse Educator (CNE)
- 2016 Undergraduate Teacher of the Year at GFU
- 2013, 2014, 2015 Nominated for Teacher of the Year at GFU

2008	Induction into Sigma Theta Tau International Honor Society of Nursing, Iota Chapter, Vanderbilt University School of Nursing (VUSN)
2007	Elijah Nevins Kirkpatrick Scholarship, VUSN
2006	C.W. Kempkau Scholarship, VUSN
2006	Most Outstanding Biology Student Award, GFU
2006	C.W. Perry Leadership Award, GFU
2006	Sigma Zeta membership, National Science and Mathematics Honor Society, GFU
2005	Kennedy Center American College Theatre Festival Meritorious Achievement Award for Musicianship and Signing in the production <i>Smoke on the Mountain</i> , GFU
2002-2006	Presidential Scholarship, GFU

RESEARCH EXPERIENCE

2024	Supervising undergraduate nursing student in a research project about Game-Based Learning in Pharmacology
2019-2022	PhD dissertation studying long-term impact of international service-learning experiences of nursing students.
2018-2022	Mixed Methods research with Dr. Audrey Snyder as part of PhD Elective Course studying disaster preparedness in St. Kitts and Nevis.
2016-present	Working with Dr. Eloise Hockett to publish findings from Kenya service-learning trips.
2004	GFU Biology Research Assistant with Dr. Jeff Duerr, studying p38 protein

PEER-REVIEWED PUBLICATIONS

Accepted for Publication: Matthew, S. & McCormack, R. Game-based learning in an advanced pharmacology elective course: A quasi-experimental study. *Nursing Education Perspectives*.

Snyder, A., Matthew, S., Leahy, N., Gaul, R., Hood, T. L., Hijmans, K., & Milbrath, G. (2022). Island communities and disaster resilience: Applying the EnRiCH community resilience framework. *Public Health Nursing*, 39(1), 62-70. <https://doi.org/10.1111/phn.13007>

Roark, E., Matthew, S., & Hockett, E. (2021). Navigating mismatched expectations and dissonance on international nursing service-learning trips. *Journal of Service-Learning in Higher Education*, 12. <https://journals.sfu.ca/jslhc/index.php/jslhc/article/view/239>

Snyder, A., Milbrath, G., Hood, T., Gaul, R., Hijmans, K., Leahy, N. & Matthew, S. (2021). The perspective of doctoral nursing students engaged in mentored international research. *Journal of Nursing Education and Practice*, 11(1). Published online ahead of print September 20, 2020. <https://doi.org/10.5430/jnep.v11n1p19>

Matthew, S., Roark, E., & Hockett, E. (2019). Christ-focused, service-learning: Learning to receive ministry in humility. *Journal of Christian Nursing*, 36(2), E25-E28. <https://doi.org/10.1097/CNJ.0000000000000605>

Matthew, S., Hockett, E., & Samek, L. (2018). Learning cultural humility through stories and global service-learning. *Journal of Christian Nursing*, 35(1), 33-37. <https://doi.org/10.1097/CNJ.0000000000000454>

CONFERENCE PODIUM PRESENTATIONS

- | | |
|-------------|---|
| Feb 2026 | Forthcoming: OHSU 57th Annual Primary Care Review Conference. <i>Tropical Diseases: "Neglected" No Longer.</i> |
| July 2025 | Sigma Nursing Conference in Seattle, WA. <i>Nurses and International Service Work: Do Short-Term Trips Really Make a Difference?</i> |
| Sept 2024 | Nurse Practitioners of Oregon annual conference in Portland, OR. <i>Rebuilding After COVID: Best Practices for International Healthcare Service Trips</i> |
| August 2021 | Nurse Tim Nuts and Bolts conference in Minneapolis/St. Paul. Presented via Zoom. <i>Closing the Loop on Pharmacology Instruction: Creating and Advanced Pharmacology Elective for Senior BSN Students</i> |
| April 2020 | Western Institutes of Nursing conference in Portland, OR cancelled due to COVID-19, presentation slides shared. <i>Simulating International Service-Learning Prior to Travel: A Pilot Study</i> |
| July 2019 | 29 th Annual Nurse Educator Conference in the Rockies in Vail, CO presented virtually with Gaul, R., Hijmans, K., Hood, T., Leahy, N., Snyder, A., & Matthew, S. <i>The Lived Experience of Doctoral Nursing Students Conducting International Research in a Mentored Study Abroad Setting</i> |
| June 2018 | Innovations in Faith-Based Nursing Conference in Marion, IN session speaker with Elizabeth Roark MSN, RN: <i>Navigating Mismatched Expectations on an International Nursing Service-Learning Trip</i> |
| Feb 2015 | National First Year Experience (FYE) Conference in Dallas, TX session speaker: <i>Increasing Resiliency: Improving the Health of College Students</i> |

POSTER PRESENTATIONS (PEER-REVIEWED)

April 2019 Research Day Poster Presentation at the University of Northern Colorado:
*Assessing Disaster Preparedness in the Community in St. Kitts and Nevis: An
 Interprofessional Mixed Methods Approach*

INVITED SPEAKING ENGAGEMENTS

November 2025 Panel Discussion in Missions class about short-term medical missions

February 2025 Panel Discussion about Nursing Specialties with GFU Nursing Club

November 2024 Guest Lecture in NURS 421 about Lactation

November 2024 “Navigating Familial Relationships” at Heart 4 Moms at Sonrise Church in
 Hillsboro

September 2024 “The Impact of the COVID-19 Pandemic on the Nursing Profession” at
 Friendsview Retirement Community in Newberg

March 2024 Panel Discussion about International Missions in the GFU Introduction to the
 World Christian Movement course

January 2024 “Women’s Health: From Puberty to Menopause” talk at Heart for Moms group at
 Sonrise Church in Hillsboro

October 2023 Panel Discussion about Global Health in the GFU Population Health Nursing
 course

September 2022 Video for GFU Art and Global Culture course

August 2022 Featured Speaker at AAO Welcome Event for new students

Summer 2022 Video with George Fox Talks “Reading Scientific Texts”

Nov 2019 and 2021 GFU NURS 324 Evidence-Based Practice Panel Discussion about using
 research in nursing practice

Mar 2021 Covid Vaccine Q&A for GFU Community

Mar 2020 Respondus Lockdown Browser Teaching Session with GFU Faculty for COVID
 distance learning training

Mar 2019 Spiritual Life Panel Discussion: Mathetes Is Evangelism Dead? March 19th

Mar 2019 Nursing Faculty Panel Discussion with nursing students March 18th

Spring 2015-2018 Speaking at Friendsview prayer services twice a year

Nov 2018, March 2021, April 2023, April 2025 Guest lecture in GFU PSYC 460 Human
 Sexuality about sexually transmitted infections

- Aug 2018 iDEA Center Advising Panel at GFU Faculty Conference August 17th
- Nov 2017 Invited speaker for the Sigma Theta Tau Induction Ceremony at Seattle Pacific University November 4th
- Fall 2016 Panel discussion for all GFU students about using our Strengths
- Aug 2016 GFU Convocation Chapel Speaker as Teacher of the Year
- April 2016 GFU Nursing Pinning Ceremony Speaker
- Annually (Spring 2014-present) George Fox University Physical Therapy Doctoral Program
Second Year Abdominal Physical Assessment Lab guest lecture
- Fall 2014-16 Multiple GFU LIBA 100 courses for first-year students *Music and The Odyssey*
- Feb 2009 GFU Anatomy and Physiology Course guest lecture
An Introduction to the Respiratory System. February 13, 2009

PROFESSIONAL MEMBERSHIPS & CERTIFICATIONS

- 2008 – present American Academy/Association of Nurse Practitioners, FNP certification
- 2008 – present Sigma Theta Tau – Honor Society of Nursing

LICENSURE

- Family Nurse Practitioner Licensure: January 2013 – present, Oregon, active.
- Advanced Registered Nurse Practitioner Licensure: October 2008 – February 2013
Washington State, inactive.
- Registered Nurse Licensure: January 2012 – present, Oregon, active.
May 2008 – February 2013, Washington State, inactive.
September 2007 – May 2008, Tennessee, inactive.
- Certified Nursing Assistant, August 2004 – February 2007, Washington, inactive.

UNIVERSITY SERVICE EXPERIENCES

- March 2025 Interprofessional Experience (IPE) Event Facilitator
- Fall 2024 Third Year Peer Review Committee for Aaron Sullivan (biology)
- 2024-present GFU Academic Governance Group Representative from the Health and Behavioral Sciences Division, Faculty Representative to the Board of Trustees, AGG subcommittee to improve the faculty teaching award process

Spring 2024	Nursing CRNA Director Search Committee
2022-2023	GFU Undergraduate Faculty Senate Clerk and Faculty Representative to the Board of Trustees
2022-2023	GFU Faculty Governance Task Force including 2 presentations to the Board of Trustees
2022-present	Nursing Department Admissions Committee and Senior Awards Committee
Spring 2022	Led a Nursing Department Service trip to Kenya in June
2021-2022	GFU Human Sexuality Care Initiative Committee, minute-keeper; Search committee for the director position
Spring 2021	GFU Biology Faculty Search Committee
2020-2023	GFU Faculty Senate; First Year Experience subcommittee in Spring 2022
Fall 2020	Chaired Nursing Standardized Testing Subcommittee
2019-present	GFU Study Abroad Committee
2018-2019	GFU Librarian Search Committee
2018-2019	GFU Faculty Senate
Fall 2018	GFU Peer Review Committee for Cathy Kacalek
Spring 2018	Led a Nursing Department Service Trip to Kenya in June
Spring 2018	GFU Band Director Search Committee
2017-present	Nursing Department CCNE Standard II Committee, chair
Spring 2017	Led a Life Group through the GFU Office of Spiritual Life
Spring 2017	Led a Spiritual Life service trip to Haiti in March
Fall 2016	Led a Nursing Department Service Trip to Kenya over Christmas Break
Fall 2016	GFU Peer Review Committee for Paul L'Esperance
Spring 2016	Led a Nursing Department Service Trip to Kenya in August
Fall 2015	Led a Nursing Department Service Trip to Kenya over Christmas Break
Spring 2015	Led a Spiritual Life service trip to Nicaragua in June

- Spring 2015 Led a Nursing Department Service Trip to Kenya in March
- Fall 2014 GFU Choral Director Search Committee
- Sept 2014, 2017 Serve Day Group Leader
- 2014 – present Chehalem Symphony Orchestra harpist
- 2014 – 2015 George Fox University (GFU) LIBA 100 Planning Subcommittee
- 2014 – 2015 GFU Genetics, BIOL 220, GOB Course Adjustment Subcommittee
- Spring 2014 GFU Nursing Department Director Search Committee
- 2013 – 2020 GFU General Education Committee member (and minute-keeper)
- 2013 – 2018 GFU Juniors Abroad Faculty Leader each May
- 2013 – 2016 Faculty Advisor for GFU Students for Life club
- 2012 – present GFU Symphonic Band harpist
- 2012 – 2015 GFU Nursing Student Representatives Liaison
- 2007 – 2008 Vanderbilt University School of Nursing – Student Graduate Council member
- 2007 – 2008 Vanderbilt University Low Brass Ensemble and Wind Ensemble member
- 2004 – 2005 GFU cast member in theatre production of *Smoke on the Mountain*
- 2004 – 2005 GFU Science Outreach classes taught to homeschooled students
- 2003 – 2006 GFU Band Council member
- 2003 – 2004 GFU Orientation Leader for incoming freshmen students
- 2002 – 2006 GFU Symphonic Band, Jazz Band, and Concert Choir member

COMMUNITY SERVICE EXPERIENCES

- 2024-present Board Member at Friendsview Retirement Community
- 2024-present Worship team member at Grace Baptist Church in Newberg
- 2023-2024 Worship leader for “Heart for Moms” Bible Study at Sonrise Church in Hillsboro
- Summer 2022 Nurse at Twin Rocks Tween Camp
- 2021-2022 Worship team harpist and vocalist with Sonrise Bethany church

Fall 2015-Spring 2017 Worship team vocalist for Sonrise Cornelius church.

Spring 2014 and 2015 Worship Pastor Search Committee at Newberg Friends Church.

July 2013 and 2015 Medical Safety Rider for the Seattle-to-Portland Bicycle Classic.

April-May 2011 Mission trip to Butha-Buthe, Lesotho, providing health education classes to villagers while visiting local missionaries. Assisting with the children's ministry programs of LXP.

June 2008 Medical mission trip to Ghana, Africa with Vanderbilt University's Medical Campus Outreach team, in association with African Leadership. Provided medical care in villages and assisted the local staff at Manna Mission Hospital in Accra, Ghana.

January 2003 and 2004 Winter Service Trips to Portland, Oregon. Served meals at homeless shelters, assisted with work projects at local churches and schools.

RELATED SKILLS

Languages: Intermediate-advanced fluency in Spanish, including medical terminology (typically able to interview, assess, and educate Spanish-speaking clients without need of an interpreter). Basic skills in American Sign Language.

Technology: Well-versed in usage of Microsoft Office programs and comfortable with both PC and Mac interfaces. Designated "Super-User" for clinic transition to electronic medical records with *MicroMD*. Has used *Athena* charting system and *Epic* extensively. Past training in *McKesson* charting as well.

Music: Proficiency and multiple public performances on harp, trumpet, euphonium, handbells, and percussion. Current member of Chehalem Symphony Orchestra and Grace Baptist worship team. Former member of Newberg Community Band, Newberg Friends Church Handbell choir, Cascade Community Chorus and Zing! (women's chorale in Chehalis, WA), First Baptist Church youth handbell choir director, adult handbell ensemble co-director, and trumpet private lesson instructor. Active music composer. Wrote and fully orchestrated *Theories of Transition*, performed by the George Fox University Wind Ensemble, Spring 2006.

Esther Gravis, RN, DNP, CPN,
CNE

Division of Health and Behavioral Sciences, School of Nursing, George Fox University
503-554-6004 | egravis@georgefox.edu

EDUCATION

- [2018] **DNP** Doctor of Nursing Practice, Case Western Reserve University, Cleveland Ohio.
- [2009] **MSN** Master of Science in Nursing/Master of Health AdministrationField of Study,
University of Phoenix, Phoenix, Arizona.
- [2007] **BSN** Bachelors of Science in Nursing, University of Phoenix, Phoenix, **AZ**.
- [2005] **ADN** Associate Degree in Nursing, El Camino College, Torrance, Ca.

ACADEMIC APPOINTMENTS

- [2025] **Associate Professor**, George Fox University, Newberg, OR, 2025- Present
[Adjunct Nursing Faculty - January 2020-January 2025]

SCHOLARSHIP

Publications:

- Gravis, E.** (2024). Active learning strategies to increase student engagement in an undergraduate nursing pediatric course. Teaching and Learning in Nursing, ISSN 1557-3087,
<https://doi.org/10.1016/j.teln.2024.06.008>
- Gravis, E., & Dolansky, M. A.** (2024). Evaluation of an Orientation Program for Adjunct Clinical Instructors in Nursing. Nursing Education Perspectives.
<https://doi.org/10.1097/01.NEP.0000000000001336>
- Gravis, E.** (2018). Finding Positive Results with a Focus on End-of-Care Content in an Associate Degree Nursing Program. Nursing Education Perspectives: January/February 2018 - Volume 39 - Issue 1
doi: 10.1097/01.NEP.0000000000000151

Presentations:

- [2025] Gravis, E. Knowledge in Action: Addressing Social determinants of health for better patient outcomes. Sigma Theta Tau Knowledge and innovation conference. Sept 27 Presentation published in proceeding
- [2024] Gravis, E. "*Active learning strategies to increase student engagement and learning*"

Nurse Educator Conference in the Rockies, Breckenridge, Co, June 2024.(Presentation published in Proceedings)

[2023] Gravis, E. "Suicide Risk Simulation for undergraduate nursing students." [ISPN], [Redondo Beach, Ca], [March 2023]. (Abstract published in Proceedings) [2018] Gravis, E. "Orientation for New Clinical Nursing Instructors." [QSEN conference], Florida, [2018]. (Abstract published in Proceedings)

PROFESSIONAL DEVELOPMENT

License/Certification(s): RN licence 201901633 Expiration May 2027

Professional Training:

Attended Workshop, "Creating Healthy Work Environments," Phoenix Az, March 2025 **Professional Memberships:**

Sigma Theta tau, 2018 - Present

Jonathan Muddle

jonathanmuddle@me.com

[LinkedIn: Jonathan Muddle](#)

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Summary

Dynamic and innovative professional skilled in program/project management and consulting, adept at orchestrating operations, and delivering top-tier consulting services. Proven expertise in leading diverse teams, leveraging project management principles, and collaborating with various stakeholders at all organizational levels. Proficient in financial management and delivering goals on time to move important work forward.

Areas of Expertise

- Strategic Planning & Execution
- Learning & Training Initiatives
- Team Leadership
- Organizational Effectiveness
- Communication
- Leadership Development
- Project Management
- Stakeholder Management
- Business Development

Career Experience

Director of Simulation, Assistant Professor of Nursing

George Fox University, Portland, OR

07/2025 – present

Launch the inaugural opening of the Doctor of Nursing Practice (DNP) simulation center, including simulation center design and function. Develop simulation-based learning curriculum alongside Faculty for Certified Registered Nurse Anesthetists (CRNA) and Psychiatric Mental Health Nurse Practitioners (PMHNP).

- Manage program budget for the DNP simulation center resources and ongoing annual budget needs.
- Facilitate seamless simulation learning experiences during immersion weeks.
- Improve simulation-based learning University wide through evidence based best practices and dissemination.
- Create authentic, immersive learning experiences for healthcare professionals.

Senior Project Manager

Stanford University, Palo Alto, CA

10/2022 – 06/2025

Provided project management for select Stanford innovation teams to reach project milestones, managed budgets of up to \$1 million in funding, and scaled prototypes into business level deployment solutions. Led innovation teams in the areas of medical technology, digital health, and diagnostics.

- Analyze project execution, ensuring project success within set timelines and budgets.
- Facilitate access to Stanford resources, optimizing project efficiency and reducing costs.
- Construct business development with the teams, including go-to-market strategy.
- Strategize next funding level opportunities with investors including raises of \$1M and \$1.1M for two innovation teams, and a license acquisition.

Director of Simulation and Education

Stanford University, Stanford, CA

7/2018 – 10/2022

...continued...

Supervised daily operations of the simulation team, such as staffing, finances, human resources, as well as room and resource availability. Steered the annual scheduling process to streamline operations related to room and resource reservations. Provided realistic simulations to various clinical learners throughout the University.

- Developed simulation-based education by collaborating with Stanford Faculty on curriculum design.
- Optimized overall quality through maintenance of a program management database.
- Improved all mannequin-based simulation education in the simulation center.

Simulation Supervisor

1/2017 – 7/2018

OhioHealth, Columbus, OH

Oversaw daily activities of various simulation centers and teams throughout the entire OhioHealth system. Identified resource requirements and staffing availability to achieve complete operational effectiveness.

- Enabled maximum consistency across all simulation centers and programs by collaborating with the Manager of Learning and the Lead Simulationists.
- Owned budget management for all purchases for the team, including capital equipment.
- Assisted with simulation site accreditation efforts.

Simulation Technology Specialist

3/2014 – 1/2017

OhioHealth, Columbus, OH

Owned control over the execution of all technical services, including AV, telecommunications, and networking services. Identified and resolved technical issues of multiple devices, such as simulation mannequins, audio-visual technology, computers, and networking devices through effective troubleshooting.

- Strengthened team skills in terms of issue troubleshooting by providing training to the simulation team.
- Rendered expert-level assistance for successful simulation.
- Created and developed an innovation idea delivery platform at OhioHealth by serving as integral team member.

Creative

11/2008 – 3/2014

Apple Inc., Columbus, OH

Promoted practical learning techniques by encouraging customers to learn functions of Apple products and software through kinesthetic learning. Delivered individual and group training sessions for Apple customers with a focus on maximum engagement. Provided guidance and key knowledge on Apple products and software to improve overall user experiences.

- Increased customer satisfaction by helping customers learn how to use technology.
- Motivated customers to translate inspirational ideas into real-life creations via the usage of Apple hardware and software.

Education

Master of Learning Technologies, 8/2019 – 5/2025

Ohio State University, Columbus, OH

Bachelor of Arts in Psychology, 9/2008 – 6/2012

Ohio State University, Columbus, OH

Certifications

Certified Healthcare Simulation Operations Specialist (CHSOS), SSIH

Leading at the Speed of Trust: FranklinCovey

PMHNP/DNP Program Course Descriptions and Outcomes

Program Description:

The Psychiatric Mental Health Nurse Practitioner (PMHNP) Program is designed for registered nurses with a bachelor's degree who wish to pursue clinical excellence and develop skills required for a leadership role in the profession of a Psychiatric Mental Health Nursing. Students who completed this doctoral program will earn a Doctor of Nursing Practice-Mental Health Nurse Practitioner (DNP-PMHNP) degree. This program prepares learners for licensure as an advanced practice nurse and to be eligible to sit for the PMNNP national certification exam. The ninety-credit hour program employs a hybrid model consisting of online courses, face-to-face immersive learning experiences, simulations, and clinical residency. The program comprises nine thirteen week semesters and takes three years to complete with no summer terms off. The program's front-loaded model allows students to complete the first-year courses almost entirely online. Students will complete at least 1,000 hours of psychiatric care during the five residency experiences. Residencies will take place in critical access, rural, community and urban outpatient and inpatient facilities.

CON Mission

The mission of the College of Nursing is to cultivate compassionate and exceptional clinicians, leaders, scholars, and innovators. Our program is dedicated to preparing graduates who integrate their mind, body, and spirit to positively impact the world, embodying the service and compassion exemplified by Christ.

DNP-PMHNP Mission

The Doctor of Nursing Practice (DNP) Psychiatric Mental Health Nurse Practitioner (PMHNP) Program at George Fox University is dedicated to preparing compassionate, evidence-based leaders who provide holistic, patient-centered care. Rooted in the belief that every individual deserves care that honors their physical, emotional, and spiritual well-being, our program emphasizes the integration of the art and science of psychiatric mental health with cultural humility, collaboration, and patient empowerment. We foster a commitment to evidence-based practice, lifelong learning, and advocacy for the advancement of mental health. Guided by Christian principles of love, compassion, and service, our graduates are equipped to lead with integrity, advocate for diverse communities, and deliver care that reflects both the dignity and autonomy of every patient.

Nursing Philosophy for the DNP PMHNP

The Doctor of Nursing Practice (DNP) Psychiatric Mental Health Program at George Fox University is grounded in the belief that every individual deserves compassionate, holistic, and evidence-based care across the lifespan. We uphold the intrinsic dignity of all people, supporting the physical, emotional, and spiritual well-being of our patients through the art and science of mental health nursing.

Core Values:

1. **Holistic Care:** We believe in caring for the whole person—mind, body, and spirit—tailoring care to the unique needs of each patient and family. By honoring the individuality of every person, we foster mental health and well-being at every stage of life.
2. **Cultural Competency:** We are committed to providing inclusive, equitable care to individuals from diverse cultural, socioeconomic, and ethnic backgrounds. We believe in fostering cultural humility, empowering patients to make informed decisions about their care within the context of their personal values and traditions.
3. **Evidence-Based Practice:** We strive to merge the art of psychiatric mental health nursing with the latest evidence-based practices. Through research, critical thinking, and ongoing professional development, we ensure that our graduates provide the highest standard of care, advocating for both the patient and the advancement of the psychiatric mental health nursing profession.
4. **Collaboration:** Our program emphasizes interdisciplinary collaboration. We prepare Psychiatric Mental Health Nurse Practitioners to work alongside other healthcare professionals to deliver seamless and comprehensive care that respects the contributions of every team member.
5. **Empowerment and Advocacy:** We believe in collaborative care that empowers patients throughout the healing process. We prepare future PMHNP's to act as advocates for their patients, fostering autonomy and shared decision-making.
6. **Christ-Centered Care:** In alignment with the principles of Christian faith, we embody the love, compassion, and service exemplified by Christ. We seek to honor these values in all aspects of care, recognizing the spiritual dimension of health and healing.
7. **Lifelong Learning and Leadership:** Our philosophy values the continuous pursuit of knowledge, leadership, and innovation. We encourage our graduates to be leaders in the psychiatric mental health nursing field, advocating for policies that improve health outcomes and advance the profession of psychiatric mental health nursing.

George Fox University DNP Outcomes

1. Demonstrate readiness to enter clinical practice through specialty competencies with the scientific knowledge and considerations for its application to practice. (Domain 1 Knowledge for Nursing Practice)
2. Apply the standards of professional conduct and ethics to clinical care, scholarship, personal, professional, and leadership development of the nursing discipline. (Domains 4, 9, and 10)
3. Use informatics and health care technologies to evaluate current and emerging healthcare systems based practice and policies that influence the quality, safety, and delivery of cost-effective patient care. (Domains 5, 7, and 8)
4. Generate entry-level practice scholarship by completing a DNP project (clinical practice improvement project) based on the principles of improvement science. (Domain 4)
5. Demonstrate interprofessional communication and collaboration to improve individual and/or population health outcomes, through person-centered care. (Domains 2, 3, and 6)
6. Identify and address gaps in professional knowledge through reflective practice to support the principle of life-long learning. (Domain 9 Professionalism)

Outcomes for the DNP Psychiatric Mental Health Nurse Practitioner (PMHNP) Program

Domain #1 – Knowledge for Nursing Practice

1. Synthesize a comprehensive understanding of evidence-based psychiatric mental health nursing knowledge and clinical judgment founded upon liberal arts, sciences, expertise from other disciplines, and ethical principles to promote wellness in diverse populations of individuals across the lifespan.

Domain #2 – Person Centered Care

2. Deliver person-centered, equitable, compassionate, coordinated, developmentally appropriate and Christ-centered care to individuals and families with diverse perspectives and needs with special attention to the mental health and well-being of the clients served.

Domain #3 – Population Health

3. Integrate population health principles including advocacy, health promotion, disease prevention and management, social determinants of health, and health policy alongside community resource partnerships to improve equitable mental health outcomes.

Domain #4 – Scholarship for Nursing Discipline

4. Demonstrate the ability to ethically synthesize, translate, apply, and disseminate professional knowledge to improve mental health outcomes and transform health care.

Domain #5 – Quality and Safety

5. Implement evidence-based quality and safety principles to enhance health outcomes and minimize risk of harm to patients and providers through system effectiveness and individual performance.

Domain #6 – Interprofessional Partnerships

6. Collaborate with interprofessional team members and other stakeholders through professional communication, teamwork, and respect for diversity to enhance mental health care outcomes and safety.

Domain #7 – Systems-based Practice

7. Incorporate knowledge of healthcare and system complexities to coordinate resources to provide safe, quality, cost effective, and equitable psychiatric mental health care to diverse populations.

Domain #8 – Informatics and Healthcare Technologies

8. Utilize informatics and communication technologies to gather and synthesize data, accurately document information, support evidence-based decision-making, and deliver safe, high-quality psychiatric mental health care to patients of all ages and backgrounds.

Domain #9 – Professionalism

9. Model professional identity through civility, integrity, accountability, ethical conduct, and collaboration to reflect nursing core values and standards.

Domain #10 – Personal, Professional and Leadership Development

10. Engage in activities and self-reflection to promote personal well-being, lifelong learning, sustained expansion of nursing expertise, and leadership behaviors.

1. NONPF PMHNP Competencies (2013):

1. Scientific foundations
2. Leadership
3. Quality
4. Practice inquiry
5. Technology & information literacy
6. Policy
7. Health delivery system
8. Ethics
9. Independent practice

2. AACN Essentials (2021):

1. Knowledge for Nursing Practice
2. Person-Centered Care
3. Population Health
4. Scholarship for the Nursing Discipline
5. Quality & Safety
6. Interprofessional Partnerships
7. Systems-Based Practice
8. Informatics & Healthcare Technologies

9. Professionalism

10. Personal, Professional, & Leadership Development

Fall One:

APMH 500: Philosophy & Theory for the Role of the Advanced Practice Nurse (APN) (1 credit)

Course Description: This course focuses on the transition to advanced nursing practice and doctoral roles through examining philosophical and theoretical foundations of nursing knowledge. An understanding of middle-range theories relevant to practice knowledge and inquiry will provide the skills required for learners to become change agents in diverse healthcare settings. These skills will enable the APN to refine their own conceptual frameworks for doctoral inquiry. The identification of strategies and challenges in applying nursing knowledge in research and advanced practice will provide APNs with the necessary tools to enhance patient-centered care and program outcomes through quality improvement projects.

Course Outcomes:

1. Describe the evolution of the education and roles for advanced practice nurse with doctorate of nursing practice degrees
2. Analyze and critique selected middle-range and practice-level nursing theories for their applicability in advanced practice
3. Articulate a professional nursing philosophy informed by nursing theory and related to their role in advanced nursing practice
4. Apply a middle-range practice level nursing theory to explore a clinical topic of interest

APMH 502: Role of the Psychiatric Mental Health Nurse Practitioner (3 credits)

Course Description: This foundational course provides an in-depth examination of the Psychiatric Mental Health Nurse Practitioner role within the rapidly changing healthcare landscape. Psychiatric nursing will be analyzed through an ethical, historical, and cultural framework. Emphasis will be placed on the scope and standards of practice, with critical appraisal of the expectations, responsibilities, and competencies defining the emerging role of the PMHNP.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Describe the historical, ethical, and cultural foundations of psychiatric nursing practice.
2. Critically evaluate the scope, standards, and competencies that define the PMHNP role.
3. Differentiate the expectations, responsibilities, and contributions of PMHNPs within interprofessional healthcare systems.

4. Reflect on personal and professional development in the context of assuming the PMHNP role.

APMH 510: Ethics for the Advanced Practice Nurse (APN) (2 credits)

Course Description: This course examines ethical, political and legal principles in healthcare through an advanced practice nursing lens. Learners will develop an understanding of how these principles influence accessible, equitable, and affordable care. Learners will analyze complex challenges confronting APN practice within the United States' healthcare system using an ethical framework. Guided by George Fox University (GFU) and the College of Nursing's (CON) values, this course will emphasize the leadership role of the APN in health policy development. Effective interprofessional collaboration, nursing scholarship's influence on advocacy, and the regulatory, social and ethical environments affecting DNP practice will be addressed. Learners will explore concepts supporting advocacy for social justice, reducing healthcare disparities, enhancing access to care, improving quality of care, promoting ethical care, and containing costs within a professional practice environment.

Course Outcomes:

1. Discuss the state of science of nursing ethics
2. Compare and contrast the relationship between nursing's goals and nursing ethics
3. Discuss current common ethical issues in APN roles
4. Describe nursing ethics in learner specialty roles
5. Assess for and develop effective strategies for management of ethical dilemmas based on APN standards
6. Advocate for ethical policies within healthcare

APMH 520: Advanced Health Assessment (3 credits)

Course Description: This course focuses upon advanced knowledge and techniques for health assessment of patients across the lifespan, within the context of the advanced practice nursing role. Critical thinking, diagnostic reasoning, and communication skills will be developed through obtaining complete health histories and performing systematic physical examinations on simulated patients. Students will complete a head-to-toe physical assessment from memory utilizing current evidence-based practices.

Course Outcomes:

1. Explain the process and methods of health data collection for the advanced practice nurse including taking a health history and performing a physical assessment exam.

2. Demonstrate evidence-based techniques for accurate assessment of physical, functional, psychosocial, spiritual, emotional, cognitive, sexual, cultural, age-related, environmental, and economic status of a patient.
3. 3. Perform a complete health assessment incorporating compassionate care, cultural humility, equity, and diversity.
4. Differentiate normal from abnormal exam findings.
5. Document relevant data in an accurate and retrievable format utilizing medical terminology.

APMH 530: Advanced Physiology and Pathophysiology (3 credits)

Course Description: This course focuses on normal human physiology and potential pathophysiological processes in the human body throughout the lifespan. Students will develop interventions and treatment plans for patients with alterations in their health status, within the scope of advanced practice nursing. Course content is organized by body system and will build upon the foundation of human anatomy understanding.

Course Outcomes:

1. Apply knowledge of normal and abnormal human anatomy and physiology to pathophysiologic processes down to the cellular level.
2. Discuss clinical manifestations of selected health-related problems across the lifespan.
3. Develop differential diagnoses for patients across the lifespan.

Spring One:

APMH 512: Neurophysiology (2 credits)

Course Description: This course provides foundational knowledge of neuroanatomy, neurophysiology, and neurochemistry of the brain and nervous system. Emphasis is placed on the relationship between brain function and mental health, preparing students to integrate neuroscientific principles into advanced psychiatric nursing practice.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Describe the structure and function of the brain and nervous system, including neuroanatomy, neurophysiology, and neurochemistry.
2. Explain the relationship between brain function and mental health disorders across the lifespan.
3. Integrate neuroscientific principles into advanced psychiatric assessment and clinical decision-making.

4. Apply knowledge of neurobiology to support holistic psychiatric mental health interventions.

APMH 513: Psychiatric Mental Health Concepts Across the Lifespan I: Adults and Older Adults (3 credits)

Course Description: This course will provide the theoretical framework and clinical practice guidelines for the assessment, diagnosis, and intervention of psychiatric disorders in the adult and older adult populations. Emphasis is placed on delivering individualized, culturally responsive, and holistic care. Strategies for recognizing and reducing mental health stigma are incorporated to promote empathetic understanding, optimize wellness, and support recovery.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Assess and diagnose psychiatric disorders in adult and older adult populations using evidence-based tools.
2. Develop individualized and culturally responsive treatment plans for adults with psychiatric conditions.
3. Integrate holistic, recovery-oriented approaches that reduce stigma and promote mental wellness.
4. Critically appraise clinical guidelines to optimize outcomes for adult and geriatric patients.

APMH 540: Advanced Pharmacology (4 credits)

Course Description: This course applies the principles of pharmacology, including pharmacokinetics, pharmacodynamics, and pharmacotherapeutics, in the exploration of common drug classes prescribed and utilized by advanced practice nurses. Molecular and cellular mechanisms of drug action will be reviewed with emphasis upon drug receptor activity, drug interactions, adverse reactions, and patient education.

Course outcomes:

1. Understand the advanced practice nurse's role and responsibilities in prescribing medications to patients across the lifespan.
2. Apply the principles of pharmacokinetics, pharmacodynamics, pharmacotherapeutics, and pharmacogenomics to the medications likely to be prescribed by the advanced practice nurse.
3. Demonstrate knowledge of the mechanisms of action, effects, therapeutic uses, adverse effects, toxicities, and drug interactions of medications likely to be prescribed by the advanced practice nurse.
4. Apply the knowledge of exemplar medications to unfamiliar drugs to infer probable characteristics, actions, and adverse reactions of new agents in that group.

5. Apply medication knowledge to a variety of patient scenarios, utilize clinical decision-making to select appropriate pharmacologic agents, and provide relevant patient education for prescribed medications.
6. Calculate medication dosages accurately.

APMH 550: Informatics and Technology for the Advanced Practice Nurse (APN) (2 credits)

Course Description: This course examines health information systems and patient care technology to optimize health care delivery. Learners will analyze and evaluate health informatics and technology used to manage and improve health outcomes. Learners will demonstrate competency on the use and implementation of biomedical information.

Course outcomes:

1. Analyze the use, challenges, and critical impact of informatics and technology in the healthcare system.
2. Analyze and discuss current and future roles of technology in healthcare.
3. Describe the role of technology in data gathering, analysis, and use of data.
4. Articulate the ethical, legal, and professional considerations for information and technology use in healthcare.

Summer One:

APMH 522: Psychiatric Mental Health Concepts Across the Lifespan II: Pediatric and Adolescent Populations (3 credits)

Course Description: This course offers an in-depth exploration of the theoretical foundations and clinical practice guidelines essential for the assessment, diagnosis, and treatment of psychiatric disorders in pediatric and adolescent populations. Emphasizing trauma-informed care and evidence-based interventions, the course prepares students to deliver developmentally appropriate, culturally responsive mental health services within diverse family and community systems. Building upon foundational PMHNP competencies, students will develop age appropriate clinical skills to manage a broad spectrum of pediatric mental health conditions, while addressing critical issues such as stigma, developmental considerations, and health disparities. Graduates will be equipped to provide comprehensive, equitable psychiatric care to children and adolescents across clinical settings.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Assess, diagnose, and manage psychiatric disorders in pediatric and adolescent populations.
2. Apply trauma-informed and developmentally appropriate interventions in clinical practice.
3. Evaluate cultural, social, and family dynamics in the care of youth with psychiatric needs.

4. Address stigma, disparities, and barriers to care in pediatric and adolescent psychiatric services.

APMH 532: Psychopharmacology Across the Lifespan (3 credits)

Course Descriptions: This course provides a comprehensive exploration of the principles underpinning pharmacokinetics, pharmacodynamics, and pharmacogenomics as they pertain to psychiatric medications. Emphasis is placed on understanding the mechanisms through which these medications exert their effects, as well as the individual variability that may affect treatment outcomes. The course further investigates the multifactorial influences on treatment efficacy, including risks and benefits, acceptability, cost-effectiveness, and both genetic and environmental factors. Additionally, alternative therapeutic strategies are integrated into the course to enrich the understanding of the holistic care development process in psychiatric treatment.

Course Outcomes:

1. Understand the basic principles of pharmacokinetics and pharmacodynamics in the context of psychiatric treatments.
2. Explore the role of pharmacogenomics in tailoring psychiatric medication regimens based on genetic profiles.
3. Analyze factors influencing the success of psychiatric treatments, including safety, efficacy, and patient-specific considerations such as genetics and environment.
4. Evaluate the cost-effectiveness and acceptability of various psychiatric medications and alternative treatment options.
5. Integrate knowledge of pharmacological principles to develop a holistic and personalized treatment approach for psychiatric disorders.

APMH 560: Evidence Based Practice for the Advanced Practice Nurse (3 credits)

Course Description: This course provides learners with a comprehensive understanding of evidence-based practice (EBP) principles, methodologies, focusing on both qualitative and quantitative research traditions. The learner will demonstrate skills and knowledge needed to critically analyze, synthesize, and apply scholarly evidence for promoting high-quality evidence-based practice. Learners will formulate answerable questions essential for addressing quality and safety improvement across various advanced practice roles. Through systematic searches for research evidence, students will learn to translate and apply theoretical concepts into practical solutions for optimizing healthcare outcomes and solving practice problems. Learners will gain experience with applying principles of statistical inference and their application to the analysis and interpretation for answering advanced nursing practice questions.

Course Outcomes:

1. Use information technology and research methods appropriately to identify gaps in evidence for practice.
2. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
3. Apply relevant findings to make recommendations for improving practice, practice guidelines and the practice environment.

APNA 570: Quality and Safety for the APN (3 credits)

Course Description: This course is designed to prepare learners with essential skills to lead interprofessional teams focused on continuously improving the quality of healthcare and ensuring patient safety. Learners will gain an understanding of assessing and measuring safety and quality in healthcare settings, with a focus on developing, implementing, and evaluating continuous quality improvement processes and programs. Strategies for implementing and managing change initiatives, resolving conflicts, and managing ethical dilemmas in healthcare will be discussed. This course covers methods for assessing the impact, efficacy, and efficiency of interventions, including cost-benefit and cost-efficiency analyses. Specialized communication methods such as scorecards and benchmark reports are included.

Course Outcomes:

1. Apply quality improvement principles in care delivery using safety culture assessments, applying the tenets of *Just Culture* and *High Reliability Organizations*, and risk mitigation strategies.
2. Integrate principles of safety, quality, quality improvement, and evidence-based practice to decrease the risk of harm and improve outcomes for patients, populations, and systems.
3. Collaborate with members of the interdisciplinary healthcare team and other professionals to collectively formulate strategies for improving patient outcomes and promoting work environment safety.

Fall Two:

APMH 600: Healthcare Policy Influence-Population Health, Culture, and Diversity (3 credits)

Course Description: This course examines current healthcare policy trends with the perspective of cultural humility, equity, and diversity in an ever changing healthcare environment. Learners will evaluate aspects of healthcare policy and their effect on population health. Current and potential roles of the nursing advocate and political activist to improve healthcare across the lifespan will be examined. Learners will engage in the process of developing and implementing health policy in the current political system.

Course Outcomes:

1. Evaluate and discuss the impact of healthcare policies on various populations
2. Participate in healthcare policy advocacy

3. Demonstrate strategies to increase cultural humility, equity, and diversity in healthcare policy incorporating social determinants of health
4. Incorporate leadership in policy development related to various aspects of population health to improve healthcare delivery

APMH 610: Research Methods (3 credits)

Course Description: This is the first in a two-course series on research for advanced practice nurses (APNs). This course equips the learner with the skills necessary to engage in quantitative and qualitative research methodologies. Learners will identify key philosophies, concepts, and techniques essential to both methodologies. Researchable clinical questions for APN will be explored and corresponding research methods selected. This course will introduce qualitative research designs, data collection techniques such as interviewing and observation, and qualitative data analysis procedures. This course builds upon the content from APNA 560 Evidence Based Practice

Course outcomes:

1. Define nursing scholarship activities, including research, for advanced practice nurses
2. Describe the differences and similarities, including advantages and benefits, of quantitative, qualitative, and mixed methods research
3. Describe philosophical foundations and types of qualitative research
4. Select a researchable APN problem and identify a researchable question or hypothesis to be addressed using qualitative research methods
5. Identify theoretical or conceptual frameworks appropriate for the research question
6. Select appropriate qualitative research designs and methods for the identified question
7. Describe the advantages and disadvantages of qualitative data collection methods and select the appropriate method for the researchable question
8. Develop a qualitative data analysis plan

APMH 612 Therapeutic Modalities in Psychiatric Mental Health I (3 credits)

Course Descriptions: This course will provide students with a foundation of knowledge for psychotherapeutic practice as a Psychiatric Mental Health Nurse Practitioner. Learners will apply evidence-based psychotherapy theories and techniques to support comprehensive, trauma-informed patient-centered care.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Describe foundational evidence-based psychotherapy theories relevant to PMHNP practice.
2. Apply trauma-informed, patient-centered therapeutic strategies to clinical care.
3. Demonstrate beginning-level psychotherapeutic skills to support recovery and resilience.
4. Integrate therapeutic approaches into holistic treatment planning for diverse populations.

APMH 622 Mental Health in a Global Society (2 credits)

Course Descriptions: This course will explore key issues related to the global burden of mental health needs and the role of the Psychiatric Mental Health Nurse Practitioner (PMHNP) in addressing these challenges across diverse underserved and historically marginalized populations. Learners will examine evidence-based strategies to address disparities in access, treatment, and outcomes among diverse populations. Attention will be placed on community assessment, population health needs, and the development of innovative, equity-focused interventions to promote mental health and reduce systemic barriers to care.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Examine the global burden of psychiatric disorders and implications for nursing practice.
2. Identify disparities in access, treatment, and outcomes across diverse populations.
3. Conduct community and population assessments to determine mental health needs.
4. Design equity-focused interventions that address systemic barriers and promote mental health.

Spring Two:**APMH 620: Research Design, Statistics, & Data Analysis (3 credits)**

Course Description: This is the second in a two-course series on research for advanced practice nurses (APNs). Learners will demonstrate knowledge in selection of quantitative research design and in data analysis techniques suitable for acquiring and assessing evidence to address clinical issues. It covers a wide range of topics, starting from identifying research questions to examining and recognizing advanced research designs. This course delves into statistical principles such as descriptive statistics, probability distributions, sampling distributions, inference, hypothesis testing, Analysis of Variance (ANOVA), as well as basic linear regression and multiple regression analysis. The emphasis throughout the course is on applying statistical concepts to analyze research in order to obtain the most credible evidence to uphold high-quality nursing practices.

Course Outcomes:

1. Describe philosophical foundations and types of quantitative research.
2. Identify a current issue facing APNs and identify a researchable question or hypothesis to be addressed using quantitative research methods.
3. Identify theoretical or conceptual frameworks appropriate for the research question.
4. Select appropriate quantitative research designs and methods for the identified question.
5. Describe the advantages and disadvantages of quantitative data collection methods and select the appropriate method for the researchable question.
6. Develop a quantitative data analysis plan.
7. Perform descriptive and inferential statistics in Excel and interpret results.

APMH 642: Assessment and Management of Addictive Disorders (3 credits)

Course Descriptions: This course will explore the assessment and management of addictive disorders across diverse populations. Emphasis is placed on evidence-based practices, interprofessional collaboration, and the integration of innovative holistic treatment modalities. Learners will develop the knowledge and skills necessary to provide comprehensive, individualized care for clients experiencing substance use and related disorders.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Assess and diagnose substance use and related disorders across diverse populations.
2. Apply evidence-based and holistic treatment approaches to addiction management.
3. Collaborate with interprofessional teams to deliver comprehensive recovery-oriented care.
4. Critically evaluate innovative strategies to address emerging issues in addiction treatment.

APMH 652: Therapeutic Modalities in Psychiatric Mental Health II (2 credits)

Course Description: This course builds upon the foundational knowledge acquired in the APMH 612 course and focuses on the application of practical therapeutic modalities for advanced psychiatric mental health practice. Learners will explore evidence-based approaches and interventions that can be integrated into clinical practice to enhance patient-centered care and treatment outcomes.

Course Outcomes:

1. Demonstrate integration of evidence-based psychotherapeutic approaches in a simulated environment.
2. Evaluate patient outcomes related to the use of specific therapeutic modalities.
3. Refine professional skills in the delivery of individualized, patient-centered therapy.
4. Effectively integrate brief psychiatric interventions into the framework of medication management visits

APMH 681: MH Residency I (2 credits)

Course Description: The first supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Novice category or higher on preceptor evaluations.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% Novice category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

Summer Two:

APMH 672: Complex and Chronic Issues in Psychiatric Mental Health Care (3 credits)

Course Description: This course prepares students for the role of Psychiatric Mental Health Nurse Practitioner (PMHNP) as a primary mental health care provider for individuals with severe mental illness. Students will analyze the economic, physical, social, and spiritual impacts of severe mental illness on patients and their families, with emphasis on comprehensive, evidence-based, and compassionate approaches to care.

Course Outcome:

1. Analyze the impact of severe and persistent mental illness on patients, families, and communities.
2. Apply comprehensive, evidence-based approaches to managing complex psychiatric conditions.
3. Integrate holistic, compassionate strategies into long-term mental health care.
4. Advocate for recovery-oriented systems of care that promote resilience and quality of life.

APMH 682: MH Residency II (2 credits)

Course Description: The second supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Beginner category or higher on preceptor evaluations. Focus will be placed upon prior clinical experiences to foster increasing autonomy, clinical judgement, and professional identity as a Psychiatric Mental Health Nurse Practitioner.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Beginner category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

APMH 700: Professional Issues, Economics, and Interprofessional Collaboration (2 credits)

Course Description: This course focuses on the professional aspects of advanced nursing practice, economics and interprofessional collaboration. Emphasis is placed on applying historical, political, economic, healthcare, and organizational principles to formulate solutions to real-world practice issues and interprofessional collaboration.

Course outcomes:

1. Discuss the historical and political foundations of advanced practice nursing
2. Demonstrate professional identity as an advanced practice nurse
3. Evaluate effectiveness of interprofessional communication tools and techniques to support and improve team-based interactions
4. Analyze relevant internal and external factors that drive healthcare costs and reimbursement
5. Advocate for healthcare economic policies to enhance value, quality and cost effectiveness

APMH 710: Leadership and Professional Roles for the Advanced Practice Nurse (APN) (3 credits)

Course Description: This course prepares the learner with leadership theories and change management principles for roles in health policy analysis, organizational leadership, and interdisciplinary practice. Learners will examine strategic planning and management in healthcare. Learners are prepared for nursing leadership and management roles, utilizing skills of communication, conflict resolution, collaboration, and team dynamics in complex healthcare settings. Learners will identify methods to promote personal and organizational health and well-being.

Course Outcomes:

1. Compare and contrast types of nurse managers and leaders: e.g., Nursing Leadership Development Model
2. Examine how to design change based on leadership principles and theories: Change Models, transformational leadership models, organizational theories and interdisciplinary practice, and Nurses Code of Ethics.
3. Discuss required leadership skills when information is limited or in a crisis situation
4. Describe how to plan for, evaluate, and managing change within complex environments
5. Identify the importance of understanding personal health and well-being.
6. Evaluate the workplace environment to determine level of health and well-being

Fall Three:

APMH 702: Health Equity in Psychiatric Mental Health Care (2 credits)

Course Description: This course examines health equity in the context of psychiatric mental health. Students will examine evidence-based strategies to address disparities in access, treatment, and outcomes among diverse populations. Focus is placed on integrating evidence-based approaches to support client-centered care and promote optimal mental health outcomes in varied clinical and cultural contexts.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Analyze disparities in psychiatric mental health care at local, national, and global levels.
2. Integrate evidence-based strategies that may improve equity in access, treatment, and outcomes.
3. Develop client-centered care plans responsive to cultural and contextual factors.
4. Advocate for policies and practices that advance health equity in psychiatric care.

APMH 712: Integrative Psychiatric Care (2 credits)

Course Description: This course examines culturally proficient, person-centered approaches to holistic care across the lifespan. Emphasis is placed on comprehensive assessment and evidence-based treatment strategies that integrate physical, psychological, spiritual, social, and cultural dimensions of health. Students will develop the knowledge and skills necessary to provide equitable and responsive holistic care to diverse populations in a variety of clinical contexts.

Course Outcome: Upon completion of this course, learners will be able to:

1. Conduct holistic assessments that include physical, psychological, spiritual, social, and cultural dimensions.
2. Design and implement integrative treatment plans that address multiple aspects of well-being.
3. Apply culturally proficient, person-centered strategies in psychiatric mental health care.
4. Evaluate outcomes of integrative approaches to ensure equitable and responsive care.

APMH 781: MH Residency III (2 credits)

Course Description: This supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Advanced Beginner category or higher on preceptor evaluations. Focus will be placed upon prior clinical experiences to foster increasing autonomy, clinical judgement, and professional identity as a Psychiatric Mental Health Nurse Practitioner.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health

5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Advanced Beginner category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

APMH 750: DNP Project Design/Development (2 credits)

Course Description: This is the first in a three-course series that ends with the implementation, evaluation and dissemination of scholarly work that demonstrates the student's synthesis of the Essentials of Doctoral Education for Advanced Practice Nursing (i.e., the DNP Essentials). The primary objectives of this course are two-fold: (1) to introduce the student to the essentials of scholarly writing and the logical presentation of ideas, and (2) to apply these essential skills to the development of a comprehensive proposal for the DNP project. Upon completing this course, students will demonstrate clinical scholarship by identifying a pertinent healthcare issue, conducting a thorough examination of existing evidence, selecting an appropriate project context, and developing a preliminary proposal for a project that synthesizes DNP coursework. Learners will design a plan for implementation and evaluation of the proposed project and submit an Institutional Review Board (IRB) application for approval. This course builds upon the content of previous courses, including: APNA 560 EBP, APNA 570 Quality and Safety for the APNA, APNA 610 Research Methods, and APNA 620 Research Design and Statistics for Data Analysis.

Course outcomes:

1. Identify a need in the learner's speciality area, develop a draft problem statement and perform a brief review of the literature on the topic.
2. Conduct a thorough needs assessment and gap analysis; develop an intervention plan related to the needs assessment and gap analysis.
3. Develop goals, objectives and a mission statement for the DNP project
4. Identify nursing, healthcare, organizational and change theories that support the project
5. Develop a project timeline and budget, and proposed evaluation methods
6. Meet all ethical standards for conducting a DNP project

Spring Three:**APMH 732: Trends and Issues in Psychiatric Mental Health Care (1 credit)**

Course Description: This course provides students with the opportunity to apply theoretical knowledge to the provision of psychiatric care in real-world contexts. Learners will develop holistic care plans that address the complexities of care delivery across the lifespan. Core concepts include social determinants of health, trauma-informed care, substance use, and the management of medical comorbidities.

Course Outcome: Upon completion of this course, learners will be able to:

1. Apply theoretical knowledge to clinical psychiatric practice across the lifespan.
2. Develop holistic care plans incorporating social determinants of health, trauma-informed care, and comorbidity management.
3. Critically evaluate emerging trends and challenges in psychiatric mental health.
4. Provide comprehensive, compassionate psychiatric care in real-world contexts.

APMH 742: Transition to Practice (Management of Financial Resources) (3 credits)

Course Description: This course provides an in-depth analysis of financial management within the healthcare system. Topics include fiscal operations such as coding, billing, and reimbursement, as well as the evaluation of diverse business models. Learners will engage with core components of the budgeting process, including financial forecasting, cost-benefits analysis, and strategies for effective financial management. The course also considers the impact of global economic trends on healthcare delivery and organizational sustainability.

Course Outcome:

Upon completion of this course, learners will be able to:

1. Analyze fiscal operations in healthcare, including coding, billing, and reimbursement.
2. Evaluate diverse healthcare business models for financial sustainability and quality outcomes.
3. Apply budgeting, forecasting, and cost-benefit analysis to healthcare financial decisions.
4. Assess the impact of global economic trends on healthcare delivery and access to care.

APMH 751: DNP Project Implementation (2 credits)

Course Description: This is the second in a three-course series: Upon obtaining IRB approval, the learner will start the implementation phase of the approved scholarly project plan. This course provides the integrative practice experience necessary for improvement for advanced nursing practice and health outcomes. Learners will demonstrate their competency in resource management, time allocation, assessment, conflict resolution, and mitigation of implementation challenges; particularly through employment of communication and collaboration strategies. By

the end of this semester, learners will exhibit their proficiency in executing the proposed project plan.

Course outcomes:

1. Implement DNP project proposal
2. Monitor the implementation of the DNP project intervention
3. Utilize project management tools to meet the proposed timeline, budget, and project milestones
4. Demonstrate effective communication and collaboration skills to address conflict and implementation challenges
5. Begin evaluation of the outcomes of the DNP project

APMH 782: MH Residency IV (2 credits)

Course Description: The fourth supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Competent category or higher on preceptor evaluations. Focus will be placed upon prior clinical experiences to foster increasing autonomy, clinical judgement, and professional identity as a Psychiatric Mental Health Nurse Practitioner.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety

7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Competent category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

Summer Three:

APMH 752: DNP Project Dissemination (2 credits)

Course Description: In this final DNP Project course, the learner actively engages in monitoring and analyzing the progress of the change project, evaluating key variables, making necessary adjustments, and discerning implications for future endeavors. Comprehensive scholarly reports, delivered both in written and oral formats, serve as platforms for disseminating and integrating newfound knowledge. These reports describe the chosen topic, tracing the project development and implementation journey. Learners will assess the project's effectiveness in meeting the needs of the targeted population and evaluate project outcomes. The final project deliverables represent the learner's proficiency in employing effective communication and collaboration skills. Successful completion and dissemination of the project validates the learner's ability to assume leadership to effectively influence healthcare quality and safety.

Course outcomes:

1. Provide a scholarly, written summary of the DNP project including a completed DNP Portfolio: Completion of the DNP Project, including a written summary of:
 1. A description of the project, project development and implementation, analysis, strengths, opportunities for improvement and conclusions.
 2. Assessment of project's effectiveness towards goals
 3. A description of how each of the ANCC Essentials were met
 4. A discussion on sustainability and evolution of the clinical project.
 5. Suggestions for next steps
 6. Completed DNP Portfolio
2. Submission of an Executive Summary to clinical site
3. Submission of an abstract of the DNP project to a professional journal and/or a regional/national conference presentation (podium or poster) with advisor approval
4. Presentation of the DNP project to George Fox University, College of Nursing faculty, staff and students

APMH 783: MH Residency V (5 credits)

Course Description: This final supervised residency course provides learners with the opportunity to fully integrate and apply knowledge obtained in the didactic Psychiatric Mental

Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competence at a Beginning/Safe PMHNP level. Upon completion of this course, learners must obtain a minimum of 80% in the Beginning/Safe PMHNP category or higher on clinical preceptor evaluations. Emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Beginning/Safe PMHNP category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

APMH 784: Program Synthesis (Board Review and Clinical Topic Synthesis) (1 credit)

Course Description: This course provides students with the opportunity to integrate and synthesize knowledge from the PMHNP program to demonstrate mastery of advanced practice competencies. Emphasis is placed on preparing students for successful completion of the ANCC or AANP board certification examinations, with a focus on clinical decision-making, evidence-based practice, and professional readiness.

Course Outcome:

Upon completion of this course, learners will be able to:

1. Critically analyze clinical topics in preparation for the board certification exam.
2. Evaluate professional readiness to transition into independent advanced practice roles.

Substantive Change: Addition of a New Track or Degree/Program

General Information

Submission Date: Oct 2, 2025

Name of Institution: George Fox University

Summary of Substantive Change:

In one to two sentences, please describe the substantive change being addressed in the notification:

George Fox University (GFU) is starting a DNP degree program, initially with a nurse anesthesia track.

Degree Program(s) Affected:

- ☐ Baccalaureate
☐ Master's
☒ Doctor of Nursing Practice
☐ Post-Graduate APRN Certificate

Enrollments and Campus Locations

Regardless of which program(s) are affected by the substantive change, please identify all baccalaureate, master's, Doctor of Nursing Practice, and post-graduate APRN certificate tracks offered by the nursing unit. For each track, list current enrollment data. The institution may add or delete rows in the following tables as necessary.

Baccalaureate Program

- ☐ The institution does not offer a baccalaureate degree program in nursing.

Only include nursing students (not pre-nursing students).

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Generic/Traditional/Pre-licensure	2006	206	Newberg, OR
RN-BSN/Post-licensure	n/a		
Second Career/Fast Track/Accelerated	n/a		
Other (specify):			

Master's Program

- ☒ The institution does not offer a master's degree program in nursing.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name:			
Track Name:			
Track Name:			

Doctor of Nursing Practice Program

☐ The institution does not offer a Doctor of Nursing Practice program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name: Nurse anesthesia	2025	25	Tigard, OR
Track Name:			
Track Name:			

Post-Graduate APRN Certificate

☒ The institution does not offer a post-graduate APRN certificate program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name:			
Track Name:			
Track Name:			

Please note: This cover sheet cannot be used for the submission of self-study documents or continuous improvement progress reports.

Notification

Indicate whether the institution is:

- ☒ adding a new degree and/or certificate, or
☐ adding a new track or concentration to a CCNE-accredited degree and/or certificate

The program may delete the section that does not apply. The program may not delete questions from within a section.

Section 1: Adding a New Degree or Certificate Program

Please note that substantive change notifications do not constitute an accreditation action. An accreditation action can only be taken by the Board, following a comprehensive on-site evaluation.

Programs must submit a [letter of intent](#) to schedule an on-site evaluation. On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance.

Identify if the letter of intent already been submitted to CCNE:

- ☒ Yes
☐ No

Identify the new degree/certificate program:

- ☐ Baccalaureate
☐ Master's
☒ Doctor of Nursing Practice
☐ Post-Graduate APRN Certificate

Provide an overview of the change:

George Fox University (GFU) has developed a DNP program. Our goal is to develop high barrier, high demand DNP specialty tracks. The DNP program is a nine semester hybrid program with multiple face-to-face immersions required throughout. All tracks consist of the same DNP core courses and separate specialty courses and clinical experiences. The first DNP track to be developed was nurse anesthesia. See the attachment A - nurse anesthesia curriculum plan.

Describe the timeline for implementation:

We have been developing the DNP program over the past two years. The DNP nurse anesthesia track admitted its first cohort with a start date of August 25, 2025. This track is accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA). The psychiatric mental health track is under development and scheduled to begin August, 2027. Future DNP tracks will most likely begin in August, 2028 and August, 2029.

Describe how the implementation of the new degree/certificate program has affected **fiscal resources** (Key Element II-A):

Since the DNP program is a new program, program development funds have been used for the initial development. The DNP program has a budget separate from the BSN program. See attachment B - Nurse Anesthesia 10 year budget document.

Describe how the implementation of the new degree/certificate program has affected **physical space and facilities** (Key Element II-B):

The DNP program is housed on the Portland Center campus, not the Newberg campus. A \$5 million remodel project was recently completed at the Portland Center. This included an 11,000 square-foot space for the DNP Program's simulation center and updated office spaces. The simulation center includes three operating rooms, a skills lab, four debriefing rooms, four psychiatric mental health rooms, an ICU/LDR room, a midwifery clinic space, a birthing home room, two flexible clinic/acute care spaces, and more than 1000 square feet of storage space. See attachment C - Sim Center map.

Describe how the implementation of the new degree/certificate program has affected **clinical site availability** (Key Element II-C):

The DNP program will utilize separate clinical preceptors from our BSN program. Although we will use some of the same clinical partners, these clinical sites are working with providers, not bedside nurses. We have developed clinical partnerships throughout Oregon for DNP clinical experiences. See attachment D - DNP-NA clinical partners.

Describe how the implementation of the new degree/certificate program has affected **faculty resources** (Key Element II-F):

The DNP program has separate faculty resources from the BSN program. Currently the DNP nurse anesthesia track has two full-time CRNA faculty (the program director, and the assistant program director) and two part-time CRNA faculty hired. There is also budget to hire adjunct faculty. Additionally, the DNP program has three full-time DNP core faculty who are experientially and academically qualified to teach all the core DNP courses. The DNP program also has a full-time director of simulation, full-time clinical manager for the nurse anesthesia program, and full-time operations manager. There is an additional full-time clinical manager position posted to help with clinical needs for the next two specialty tracks. The DNP psychiatric mental health track is still under development and has one full-time faculty hired who is the program director. We have budgeted for one or two more full-time faculty for this track as well as adjunct faculty. Two administrative positions are shared between the undergraduate and graduate programs within the College of Nursing. These positions are the Dean of Nursing and the Director of Clinical Experiences.

Attachement A

George Fox University DNP-NA Curriculum Plan (90 credits)

rev. 7/24/2024

Semester One – (all didactic is online) (1 week immersion/orientation)

APNA 500	Philosophy & Theory for the Role of the Advanced Practice Nurse (APN) (	1 credits
APNA 501	Advanced Anatomy	3 credits
APNA 510	Ethics for the Advanced Practice Nurse (APN)	2 credits
APNA 520	Advanced Health Assessment	3 credits
APNA 530	Advanced Physiology and Pathophysiology	3 credits
Total:		12 credits

Semester Two – (3-4 day immersion)

APNA 531	Chemistry & Physics (Bioscience) for CRNAs	3 credits
APNA 540	Advanced Pharmacology	4 credits
APNA 550	Informatics and Technology for the Advanced Practice Nurse (APN)	2 credits
APNA 551	Principles of Anesthesia I	3 credits
Total:		12 credits

Semester Three – (3-4 day immersion)

APNA 560	Evidence Based Practice for the Advanced Practice Nurse (APN)	3 credits
APNA 570	Quality and Safety for the Advanced Practice Nurse (APN)	3 credits
APNA 611	Nurse Anesthesia Pharmacology	3 credits
APNA 621	Principles of Anesthesia II	3 credits
Total:		12 credits

Semester Four – (3-4 day immersion)

APNA 600	Healthcare Policy Influence - Population Health, Culture, and Diversity	3 credits
APNA 610	Research Methods	3 credits
APNA 631	Coexisting Diseases and Anesthetic Implications	3 credits
APNA 641	Advanced Principles of Anesthesia I	3 credits
Total:		12 credits

Semester Five – (3-4 day immersion)

APNA 620	Research Design, Statistics, & Data Analysis	3 credits
APNA 651	Advanced Principles of Anesthesia II & Pain Management	3 credits
APNA 680	Nurse Anesthesia Residency I (3 days/week)	3 credits
Total:		9 credits

Semester Six – (online/residency) (3-4 day immersion)

APNA 700	Professional Issues, Economics, and Interprofessional Collaboration	2 credits
APNA 690	Nurse Anesthesia Residency II (3 days/week)	3 credits
APNA 710	Leadership and Professional Roles for the Advanced Practice Nurse (APN)	3 credits
Total:		8 credits

Semester Seven – (online and residency) (3-4 day immersion)

APNA 720	Nurse Anesthesia Residency III (4 days/week)	6 credits
APNA 750	DNP Project Design/Development	2 credits
Total:		8 credits

Semester Eight – (online and residency)

APNA 730	Nurse Anesthesia Residency IV (4 days/week)	6 credits
APNA 751	DNP Project Implementation	2 credits
Total:		8 credits

Semester Nine – (online and residency)

APNA 740	Nurse Anesthesia Residency V (4 days/week)	6 credits
APNA 752	DNP Project Dissemination	2 credits
APNA 760	NCE Review and Clinical Topic Synthesis	1 credit
Total:		9 credits

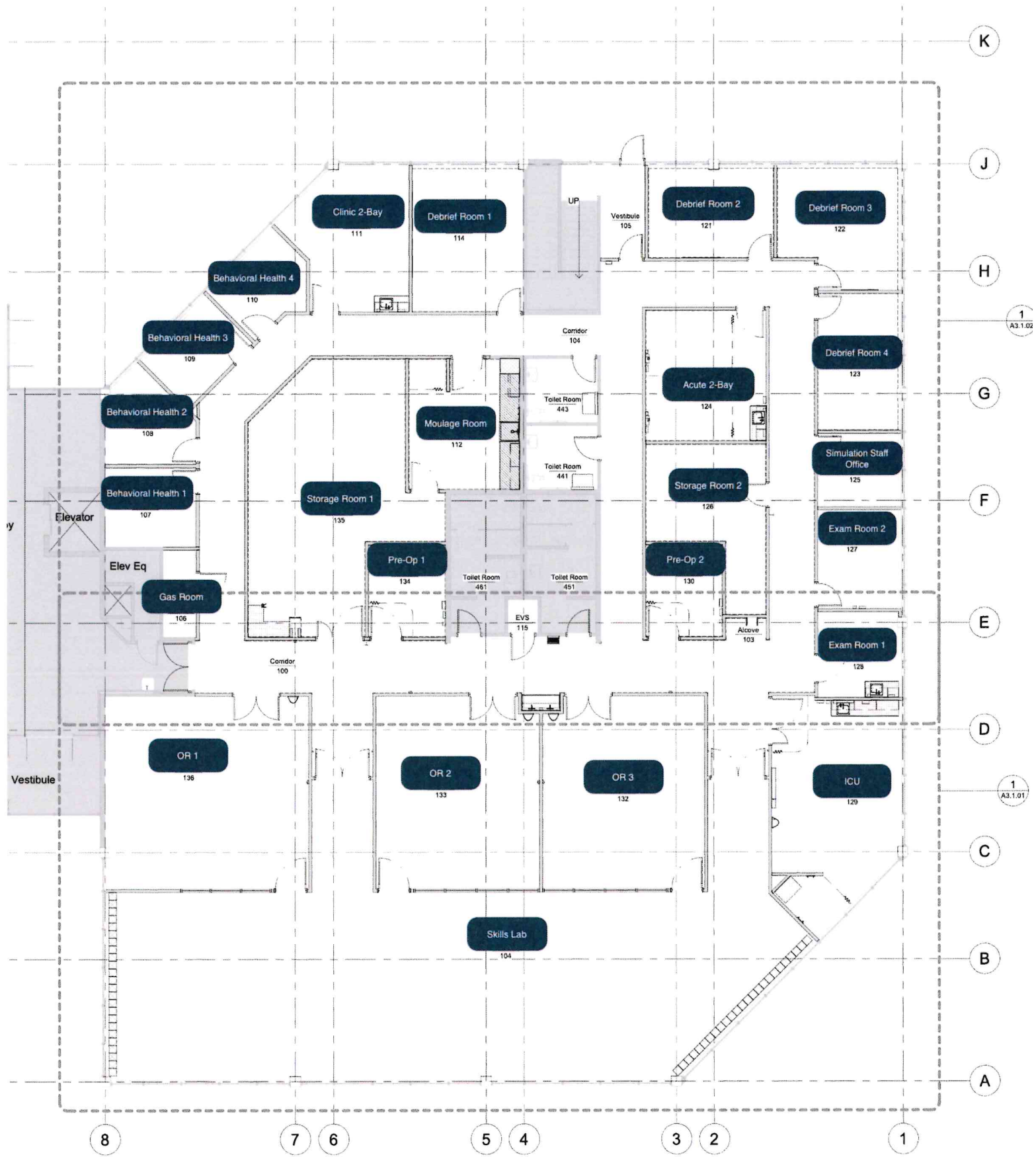
Clinical hours breakdown:
COA requires 2250

Residency 1 = 390 hours available
Residency 2 = 390 hours available
Residency 3 = 520 hours available
Residency 4 = 520 hours available
Residency 5 = 520 hours available
Total: 2,340

CRNA Program

Projected Income Statement

Sales	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032	FY 2033	FY 2034	FY 2035	FY24 -FY35 Total
Program Tuition	\$ -	\$ -	\$ 1,134,000	\$ 2,679,750	\$ 4,689,000	\$ 5,525,850	\$ 6,085,800	\$ 6,891,360	\$ 8,484,240	\$ 10,346,880	\$ 11,708,280	\$ 12,339,000	\$ 69,884,160
Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Donor and Grant Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenue	\$ -	\$ -	\$ 1,134,000	\$ 2,679,750	\$ 4,689,000	\$ 5,525,850	\$ 6,085,800	\$ 6,891,360	\$ 8,484,240	\$ 10,346,880	\$ 11,708,280	\$ 12,339,000	\$ 69,884,160
Cost of Sales													
Faculty Salaries	\$ -	\$ 172,125	\$ 351,135	\$ 358,158	\$ 365,321	\$ 372,627	\$ 380,080	\$ 516,909	\$ 527,247	\$ 672,240	\$ 685,684	\$ 699,398	\$ 5,100,923
Taxes and Benefits	\$ -	\$ 50,949	\$ 103,936	\$ 106,015	\$ 108,135	\$ 110,298	\$ 112,504	\$ 153,005	\$ 156,065	\$ 198,983	\$ 202,963	\$ 207,022	\$ 1,509,875
Total Cost of Sales	\$ -	\$ 223,074	\$ 455,071	\$ 464,173	\$ 473,456	\$ 482,925	\$ 492,584	\$ 669,914	\$ 683,312	\$ 871,223	\$ 888,647	\$ 906,420	\$ 6,610,798
Gross Margin	\$ -	\$ (223,074)	\$ 678,929	\$ 2,215,577	\$ 4,215,544	\$ 5,042,925	\$ 5,593,216	\$ 6,221,446	\$ 7,800,928	\$ 9,475,657	\$ 10,819,633	\$ 11,432,580	\$ 63,273,362
Gross Margin %	0%	0%	60%	83%	90%	91%	92%	90%	92%	92%	92%	93%	91%
Expenses													
SG&A													
Payroll	\$ 237,500	\$ 1,022,500	\$ 948,600	\$ 827,118	\$ 754,872	\$ 770,131	\$ 785,535	\$ 801,245	\$ 817,269	\$ 833,617	\$ 850,288	\$ 867,293	\$ 9,515,968
Taxes and Benefits	\$ 70,300	\$ 302,660	\$ 280,786	\$ 244,827	\$ 223,442	\$ 227,959	\$ 232,518	\$ 237,169	\$ 241,912	\$ 246,751	\$ 251,685	\$ 256,719	\$ 2,816,727
CRNA Consultant	\$ 60,000	\$ 200,000	\$ 60,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 320,000
Medical Supplies	\$ -	\$ 5,000	\$ 5,100	\$ 5,202	\$ 5,306	\$ 5,412	\$ 5,520	\$ 5,630	\$ 5,743	\$ 5,858	\$ 5,975	\$ 5,975	\$ 60,721
Travel and Meals	\$ 5,000	\$ 11,000	\$ 11,220	\$ 11,444	\$ 11,672	\$ 11,906	\$ 12,144	\$ 12,387	\$ 12,635	\$ 12,888	\$ 13,145	\$ 13,145	\$ 138,586
Utilities	\$ 17,748	\$ 18,103	\$ 18,465	\$ 18,834	\$ 19,211	\$ 19,595	\$ 19,987	\$ 20,387	\$ 20,795	\$ 21,211	\$ 21,635	\$ 21,635	\$ 237,606
Facilities Maintenance	\$ 13,804	\$ 14,080	\$ 14,362	\$ 14,649	\$ 14,942	\$ 15,241	\$ 15,546	\$ 15,856	\$ 16,174	\$ 16,497	\$ 16,827	\$ 16,827	\$ 184,805
Memberships	\$ 2,000	\$ 2,040	\$ 2,081	\$ 2,123	\$ 2,165	\$ 2,208	\$ 2,252	\$ 2,297	\$ 2,343	\$ 2,390	\$ 2,438	\$ 2,438	\$ 26,775
Preceptor Education	\$ -	\$ -	\$ 9,000	\$ 9,180	\$ 9,364	\$ 9,551	\$ 9,742	\$ 9,937	\$ 10,136	\$ 10,339	\$ 10,546	\$ 10,546	\$ 98,341
Equipment Maintenance	\$ 5,000	\$ 5,100	\$ 5,202	\$ 5,306	\$ 5,412	\$ 5,520	\$ 5,630	\$ 5,743	\$ 5,858	\$ 5,975	\$ 6,095	\$ 6,095	\$ 66,936
Accreditation Fees	\$ 30,000	\$ 9,000	\$ 9,000	\$ 19,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 14,400	\$ 21,000	\$ 14,400	\$ 15,000	\$ 15,000	\$ 182,800
Professional Development	\$ -	\$ 26,000	\$ 26,520	\$ 27,050	\$ 27,591	\$ 28,143	\$ 28,706	\$ 29,280	\$ 29,866	\$ 30,463	\$ 31,072	\$ 31,693	\$ 316,384
Technology Expenses	\$ 32,000	\$ -	\$ -	\$ -	\$ -	\$ 41,600	\$ -	\$ -	\$ -	\$ -	\$ 54,080	\$ -	\$ 127,680
Total SG&A	\$ 473,352	\$ 1,615,483	\$ 1,390,336	\$ 1,184,733	\$ 1,085,977	\$ 1,149,266	\$ 1,129,580	\$ 1,154,331	\$ 1,183,731	\$ 1,200,389	\$ 1,278,786	\$ 1,247,366	\$ 14,093,329
Course Development	\$ 120,528	\$ 184,952	\$ 38,880	\$ 38,880	\$ 67,217	\$ 38,880	\$ 38,880	\$ 68,952	\$ 38,880	\$ 38,880	\$ 70,792	\$ 38,880	\$ 784,601
Marketing	\$ -	\$ 50,000	\$ 50,000	\$ 5,360	\$ 9,378	\$ 11,052	\$ 12,172	\$ 13,783	\$ 16,968	\$ 20,694	\$ 23,417	\$ 24,678	\$ 237,500
Depreciation	\$ -	\$ 84,674	\$ 84,674	\$ 84,674	\$ 84,674	\$ 84,674	\$ 84,674	\$ 98,954	\$ 98,954	\$ 98,954	\$ 98,954	\$ 98,954	\$ 1,002,810
Total Expenses	\$ 593,880	\$ 1,935,109	\$ 1,563,889	\$ 1,313,646	\$ 1,247,246	\$ 1,283,871	\$ 1,265,306	\$ 1,336,019	\$ 1,338,533	\$ 1,358,916	\$ 1,471,949	\$ 1,409,877	\$ 16,118,240
Operating Income	\$ (593,880)	\$ (2,158,183)	\$ (884,960)	\$ 901,931	\$ 2,968,298	\$ 3,759,054	\$ 4,327,911	\$ 4,885,428	\$ 6,462,396	\$ 8,116,741	\$ 9,347,684	\$ 10,022,703	\$ 47,155,122
Operating Income %	0%	0%	-78%	34%	63%	68%	71%	71%	76%	78%	80%	81%	67%
Capital Expenditures													
Specialized Equipment	\$ -	\$ 333,200	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 433,160	\$ -	\$ -	\$ -	\$ -	\$ 766,360
Remodel / Build	\$ -	\$ 1,380,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,380,400
Total Capital Expenditures	\$ -	\$ 1,713,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 433,160	\$ -	\$ -	\$ -	\$ -	\$ 2,146,760
Total Investment	\$ 593,880	\$ 3,648,709	\$ 1,563,889	\$ 1,313,646	\$ 1,247,246	\$ 1,283,871	\$ 1,265,306	\$ 1,769,179	\$ 1,338,533	\$ 1,358,916	\$ 1,471,949	\$ 1,409,877	\$ 18,265,000



DNP-NA Clinical Partners

1. CHI St. Anthony Hospital
2. Coquille Valley Hospital
3. Good Shepherd Health Care System
4. Grande Ronde Hospital
5. Harney District Hospital
6. Legacy Silverton Medical Center
7. PeaceHealth Peace Harbor Medical Center
8. PeaceHealth Sacred Heart Medical Center
9. Providence Hood River Memorial Hospital
10. Providence Medford Medical Center
11. Providence Milwaukie Hospital
12. Providence Newberg Medical Center
13. Providence Portland Medical Center
14. Providence Seaside Hospital
15. Providence St. Vincent Medical Center
16. Providence Willamette Falls Medical Center
17. Salem Hospital
18. Samaritan Albany General Hospital
19. Santiam Hospital
20. Sky Lakes Medical Center
21. Wallowa Memorial Hospital
22. Willamette Valley Medical Center

George Fox University DNP-PMH Curriculum Plan (90 credits)**Fall One** – (all didactic is online) (1 week immersion orientation wk 1)

APMH 500	Philosophy & Theory for the Role of the Advanced Practice Nurse (APN)	1 credit
APMH 502	Role of the Psychiatric Mental Health NP (includes Immersion I)*	3 credits
APMH 510	Ethics for the Advanced Practice Nurse (APN)	2 credits
APMH 520	Advanced Health Assessment	3 credits
APMH 530	Advanced Physiology and Pathophysiology	3 credits
		Total: 12 credits

Spring One (2-3 day immersion-wk 7)

APMH 512	Neuropathophysiology	2 credits
APMH 513	Psychiatric Mental Health Concepts Across the Lifespan I: Adult/Older Adult*	3 credits
APMH 540	Advanced Pharmacology	4 credits
APMH 550	Informatics and Technology for the Advanced Practice Nurse (APN)**	2 credits
		Total: 11 credits

Summer One (2-3 day immersion-wk 7)

APMH 522	Psychiatric Mental Health Concepts Across the Lifespan II: Pediatric/Adolescent*	3 credits
APMH 532	Psychopharmacology Across the Lifespan	3 credit
APMH 560	Evidence Based Practice for the Advanced Practice Nurse (APN)	3 credits
APMH 570	Quality and Safety for the Advanced Practice Nurse (APN)	3 credits
		Total: 12 credits

Fall Two (2-3 day immersion-wk 7 virtual)

APMH 600	Healthcare Policy Influence - Population Health, Culture, and Diversity**	3 credits
APMH 610	Research Methods	3 credits
APMH 612	Therapeutic Modalities in Psychiatric Mental Health I*	2 credits
APMH 622	Mental Health in a Global Society	2 credits
		Total: 11 credits

Spring Two (3 day virtual immersion-COPE training virtual) (IPE exercise live)

APMH 620	Research Design, Statistics, & Data Analysis	3 credits
APMH 642	Assessment and Management of Addictive Disorders**	3 credits
APMH 652	Therapeutic Modalities in Psychiatric Mental Health II*	2 credits
APMH 681	MH Nurse Practitioner Residency I (2 days/week)	2 credits
		Total: 10 credits

Summer Two (2-3 day wk 11)

APMH 672	Complex and Chronic Issues in Psychiatric Mental Health Care*	3 credits
APMH 682	MH Nurse Practitioner Residency II (2 days/week)	2 credits
APMH 700	Professional Issues, Economics, and Interprofessional Collaboration	2 credits
APMH 710	Leadership and Professional Roles for the Advanced Practice Nurse (APN)	3 credits
		Total: 10 credits

Fall Three

APMH 702	Psychiatric Mental Health Care in Underserved Populations**	2 credits
APMH 712	Integrative Psychiatric Care	2 credits
APMH 781	MH Nurse Practitioner Residency III (2 days/week)	2 credits
APMH 750	DNP Project Design/Development	2 credits
		Total: 8 credits

Spring Three

APMH 732	Trends & Issues in Psychiatric Mental Health Care**	1 credit
APMH 742	Transition to Practice (Management of Financial Resources)	3 credits
APMH 751	DNP Project Implementation	2 credits
APMH 782	MH Nurse Practitioner Residency IV (2 days/week)	2 credits
		Total: 8 credits

Summer Three (Project Dissemination on Campus)

APMH 752	DNP Project Dissemination	2 credits
APMH 783	MH Nurse Practitioner Residency V-Integrated Practice (4-5 days/week)	5 credits
APMH 784	Program Synthesis (Board Review and Clinical Topic Synthesis)	1 credit
		Total: 8 credits

Total Program: 90 credits
Program target 90 credits

Clinical hours breakdown: 90 hrs per residency credit

Residency 1 (MH 681)= 180 hours available
Residency 2 (MH 682) = 180 hours available
Residency 3 (MH 781)= 180 hours available
Residency 4 (MH 782) = 180 hours available
Residency 5 (MH 783)= 450 hours available

Total: 1,170

Core courses

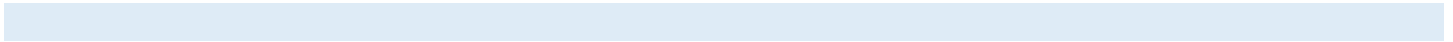
DNP project courses

Mental Health didactic course

Mental Health clinical courses

***Includes Immersion**

****IPE Exercise in course**



PMHNP/DNP Program Course Descriptions and Outcomes

Program Description:

The Psychiatric Mental Health Nurse Practitioner (PMHNP) Program is designed for registered nurses with a bachelor's degree who wish to pursue clinical excellence and develop skills required for a leadership role in the profession of a Psychiatric Mental Health Nursing. Students who completed this doctoral program will earn a Doctor of Nursing Practice-Mental Health Nurse Practitioner (DNP-PMHNP) degree. This program prepares learners for licensure as an advanced practice nurse and to be eligible to sit for the PMNNP national certification exam. The ninety-credit hour program employs a hybrid model consisting of online courses, face-to-face immersive learning experiences, simulations, and clinical residency. The program comprises nine thirteen week semesters and takes three years to complete with no summer terms off. The program's front-loaded model allows students to complete the first-year courses almost entirely online. Students will complete at least 1,000 hours of psychiatric care during the five residency experiences. Residencies will take place in critical access, rural, community and urban outpatient and inpatient facilities.

CON Mission

The mission of the College of Nursing is to cultivate compassionate and exceptional clinicians, leaders, scholars, and innovators. Our program is dedicated to preparing graduates who integrate their mind, body, and spirit to positively impact the world, embodying the service and compassion exemplified by Christ.

DNP-PMHNP Mission

The Doctor of Nursing Practice (DNP) Psychiatric Mental Health Nurse Practitioner (PMHNP) Program at George Fox University is dedicated to preparing compassionate, evidence-based leaders who provide holistic, patient-centered care. Rooted in the belief that every individual deserves care that honors their physical, emotional, and spiritual well-being, our program emphasizes the integration of the art and science of psychiatric mental health with cultural humility, collaboration, and patient empowerment. We foster a commitment to evidence-based practice, lifelong learning, and advocacy for the advancement of mental health. Guided by Christian principles of love, compassion, and service, our graduates are equipped to lead with integrity, advocate for diverse communities, and deliver care that reflects both the dignity and autonomy of every patient.

Nursing Philosophy for the DNP PMHNP

The Doctor of Nursing Practice (DNP) Psychiatric Mental Health Program at George Fox University is grounded in the belief that every individual deserves compassionate, holistic, and evidence-based care across the lifespan. We uphold the intrinsic dignity of all people, supporting the physical, emotional, and spiritual well-being of our patients through the art and science of mental health nursing.

Core Values:

1. **Holistic Care:** We believe in caring for the whole person—mind, body, and spirit—tailoring care to the unique needs of each patient and family. By honoring the individuality of every person, we foster mental health and well-being at every stage of life.
2. **Cultural Competency:** We are committed to providing inclusive, equitable care to individuals from diverse cultural, socioeconomic, and ethnic backgrounds. We believe in fostering cultural humility, empowering patients to make informed decisions about their care within the context of their personal values and traditions.
3. **Evidence-Based Practice:** We strive to merge the art of psychiatric mental health nursing with the latest evidence-based practices. Through research, critical thinking, and ongoing professional development, we ensure that our graduates provide the highest standard of care, advocating for both the patient and the advancement of the psychiatric mental health nursing profession.
4. **Collaboration:** Our program emphasizes interdisciplinary collaboration. We prepare Psychiatric Mental Health Nurse Practitioners to work alongside other healthcare professionals to deliver seamless and comprehensive care that respects the contributions of every team member.
5. **Empowerment and Advocacy:** We believe in collaborative care that empowers patients throughout the healing process. We prepare future PMHNP's to act as advocates for their patients, fostering autonomy and shared decision-making.
6. **Christ-Centered Care:** In alignment with the principles of Christian faith, we embody the love, compassion, and service exemplified by Christ. We seek to honor these values in all aspects of care, recognizing the spiritual dimension of health and healing.
7. **Lifelong Learning and Leadership:** Our philosophy values the continuous pursuit of knowledge, leadership, and innovation. We encourage our graduates to be leaders in the psychiatric mental health nursing field, advocating for policies that improve health outcomes and advance the profession of psychiatric mental health nursing.

George Fox University DNP Outcomes

1. Demonstrate readiness to enter clinical practice through specialty competencies with the scientific knowledge and considerations for its application to practice. (Domain 1 Knowledge for Nursing Practice)
2. Apply the standards of professional conduct and ethics to clinical care, scholarship, personal, professional, and leadership development of the nursing discipline. (Domains 4, 9, and 10)
3. Use informatics and health care technologies to evaluate current and emerging healthcare systems based practice and policies that influence the quality, safety, and delivery of cost-effective patient care. (Domains 5, 7, and 8)
4. Generate entry-level practice scholarship by completing a DNP project (clinical practice improvement project) based on the principles of improvement science. (Domain 4)
5. Demonstrate interprofessional communication and collaboration to improve individual and/or population health outcomes, through person-centered care. (Domains 2, 3, and 6)
6. Identify and address gaps in professional knowledge through reflective practice to support the principle of life-long learning. (Domain 9 Professionalism)

Outcomes for the DNP Psychiatric Mental Health Nurse Practitioner (PMHNP) Program

Domain #1 – Knowledge for Nursing Practice

1. Synthesize a comprehensive understanding of evidence-based psychiatric mental health nursing knowledge and clinical judgment founded upon liberal arts, sciences, expertise from other disciplines, and ethical principles to promote wellness in diverse populations of individuals across the lifespan.

Domain #2 – Person Centered Care

2. Deliver person-centered, equitable, compassionate, coordinated, developmentally appropriate and Christ-centered care to individuals and families with diverse perspectives and needs with special attention to the mental health and well-being of the clients served.

Domain #3 – Population Health

3. Integrate population health principles including advocacy, health promotion, disease prevention and management, social determinants of health, and health policy alongside community resource partnerships to improve equitable mental health outcomes.

Domain #4 – Scholarship for Nursing Discipline

4. Demonstrate the ability to ethically synthesize, translate, apply, and disseminate professional knowledge to improve mental health outcomes and transform health care.

Domain #5 – Quality and Safety

5. Implement evidence-based quality and safety principles to enhance health outcomes and minimize risk of harm to patients and providers through system effectiveness and individual performance.

Domain #6 – Interprofessional Partnerships

6. Collaborate with interprofessional team members and other stakeholders through professional communication, teamwork, and respect for diversity to enhance mental health care outcomes and safety.

Domain #7 – Systems-based Practice

7. Incorporate knowledge of healthcare and system complexities to coordinate resources to provide safe, quality, cost effective, and equitable psychiatric mental health care to diverse populations.

Domain #8 – Informatics and Healthcare Technologies

8. Utilize informatics and communication technologies to gather and synthesize data, accurately document information, support evidence-based decision-making, and deliver safe, high-quality psychiatric mental health care to patients of all ages and backgrounds.

Domain #9 – Professionalism

9. Model professional identity through civility, integrity, accountability, ethical conduct, and collaboration to reflect nursing core values and standards.

Domain #10 – Personal, Professional and Leadership Development

10. Engage in activities and self-reflection to promote personal well-being, lifelong learning, sustained expansion of nursing expertise, and leadership behaviors.

1. NONPF PMHNP Competencies (2013):

1. Scientific foundations
2. Leadership
3. Quality
4. Practice inquiry
5. Technology & information literacy
6. Policy
7. Health delivery system
8. Ethics
9. Independent practice

2. AACN Essentials (2021):

1. Knowledge for Nursing Practice
2. Person-Centered Care
3. Population Health
4. Scholarship for the Nursing Discipline
5. Quality & Safety
6. Interprofessional Partnerships
7. Systems-Based Practice
8. Informatics & Healthcare Technologies

9. Professionalism

10. Personal, Professional, & Leadership Development

Fall One:

APMH 500: Philosophy & Theory for the Role of the Advanced Practice Nurse (APN) (1 credit)

Course Description: This course focuses on the transition to advanced nursing practice and doctoral roles through examining philosophical and theoretical foundations of nursing knowledge. An understanding of middle-range theories relevant to practice knowledge and inquiry will provide the skills required for learners to become change agents in diverse healthcare settings. These skills will enable the APN to refine their own conceptual frameworks for doctoral inquiry. The identification of strategies and challenges in applying nursing knowledge in research and advanced practice will provide APNs with the necessary tools to enhance patient-centered care and program outcomes through quality improvement projects.

Course Outcomes:

1. Describe the evolution of the education and roles for advanced practice nurse with doctorate of nursing practice degrees
2. Analyze and critique selected middle-range and practice-level nursing theories for their applicability in advanced practice
3. Articulate a professional nursing philosophy informed by nursing theory and related to their role in advanced nursing practice
4. Apply a middle-range practice level nursing theory to explore a clinical topic of interest

APMH 502: Role of the Psychiatric Mental Health Nurse Practitioner (3 credits)

Course Description: This foundational course provides an in-depth examination of the Psychiatric Mental Health Nurse Practitioner role within the rapidly changing healthcare landscape. Psychiatric nursing will be analyzed through an ethical, historical, and cultural framework. Emphasis will be placed on the scope and standards of practice, with critical appraisal of the expectations, responsibilities, and competencies defining the emerging role of the PMHNP.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Describe the historical, ethical, and cultural foundations of psychiatric nursing practice.
2. Critically evaluate the scope, standards, and competencies that define the PMHNP role.
3. Differentiate the expectations, responsibilities, and contributions of PMHNPs within interprofessional healthcare systems.

4. Reflect on personal and professional development in the context of assuming the PMHNP role.

APMH 510: Ethics for the Advanced Practice Nurse (APN) (2 credits)

Course Description: This course examines ethical, political and legal principles in healthcare through an advanced practice nursing lens. Learners will develop an understanding of how these principles influence accessible, equitable, and affordable care. Learners will analyze complex challenges confronting APN practice within the United States' healthcare system using an ethical framework. Guided by George Fox University (GFU) and the College of Nursing's (CON) values, this course will emphasize the leadership role of the APN in health policy development. Effective interprofessional collaboration, nursing scholarship's influence on advocacy, and the regulatory, social and ethical environments affecting DNP practice will be addressed. Learners will explore concepts supporting advocacy for social justice, reducing healthcare disparities, enhancing access to care, improving quality of care, promoting ethical care, and containing costs within a professional practice environment.

Course Outcomes:

1. Discuss the state of science of nursing ethics
2. Compare and contrast the relationship between nursing's goals and nursing ethics
3. Discuss current common ethical issues in APN roles
4. Describe nursing ethics in learner specialty roles
5. Assess for and develop effective strategies for management of ethical dilemmas based on APN standards
6. Advocate for ethical policies within healthcare

APMH 520: Advanced Health Assessment (3 credits)

Course Description: This course focuses upon advanced knowledge and techniques for health assessment of patients across the lifespan, within the context of the advanced practice nursing role. Critical thinking, diagnostic reasoning, and communication skills will be developed through obtaining complete health histories and performing systematic physical examinations on simulated patients. Students will complete a head-to-toe physical assessment from memory utilizing current evidence-based practices.

Course Outcomes:

1. Explain the process and methods of health data collection for the advanced practice nurse including taking a health history and performing a physical assessment exam.

2. Demonstrate evidence-based techniques for accurate assessment of physical, functional, psychosocial, spiritual, emotional, cognitive, sexual, cultural, age-related, environmental, and economic status of a patient.
3. 3. Perform a complete health assessment incorporating compassionate care, cultural humility, equity, and diversity.
4. Differentiate normal from abnormal exam findings.
5. Document relevant data in an accurate and retrievable format utilizing medical terminology.

APMH 530: Advanced Physiology and Pathophysiology (3 credits)

Course Description: This course focuses on normal human physiology and potential pathophysiological processes in the human body throughout the lifespan. Students will develop interventions and treatment plans for patients with alterations in their health status, within the scope of advanced practice nursing. Course content is organized by body system and will build upon the foundation of human anatomy understanding.

Course Outcomes:

1. Apply knowledge of normal and abnormal human anatomy and physiology to pathophysiologic processes down to the cellular level.
2. Discuss clinical manifestations of selected health-related problems across the lifespan.
3. Develop differential diagnoses for patients across the lifespan.

Spring One:

APMH 512: Neurophysiology (2 credits)

Course Description: This course provides foundational knowledge of neuroanatomy, neurophysiology, and neurochemistry of the brain and nervous system. Emphasis is placed on the relationship between brain function and mental health, preparing students to integrate neuroscientific principles into advanced psychiatric nursing practice.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Describe the structure and function of the brain and nervous system, including neuroanatomy, neurophysiology, and neurochemistry.
2. Explain the relationship between brain function and mental health disorders across the lifespan.
3. Integrate neuroscientific principles into advanced psychiatric assessment and clinical decision-making.

4. Apply knowledge of neurobiology to support holistic psychiatric mental health interventions.

APMH 513: Psychiatric Mental Health Concepts Across the Lifespan I: Adults and Older Adults (3 credits)

Course Description: This course will provide the theoretical framework and clinical practice guidelines for the assessment, diagnosis, and intervention of psychiatric disorders in the adult and older adult populations. Emphasis is placed on delivering individualized, culturally responsive, and holistic care. Strategies for recognizing and reducing mental health stigma are incorporated to promote empathetic understanding, optimize wellness, and support recovery.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Assess and diagnose psychiatric disorders in adult and older adult populations using evidence-based tools.
2. Develop individualized and culturally responsive treatment plans for adults with psychiatric conditions.
3. Integrate holistic, recovery-oriented approaches that reduce stigma and promote mental wellness.
4. Critically appraise clinical guidelines to optimize outcomes for adult and geriatric patients.

APMH 540: Advanced Pharmacology (4 credits)

Course Description: This course applies the principles of pharmacology, including pharmacokinetics, pharmacodynamics, and pharmacotherapeutics, in the exploration of common drug classes prescribed and utilized by advanced practice nurses. Molecular and cellular mechanisms of drug action will be reviewed with emphasis upon drug receptor activity, drug interactions, adverse reactions, and patient education.

Course outcomes:

1. Understand the advanced practice nurse's role and responsibilities in prescribing medications to patients across the lifespan.
2. Apply the principles of pharmacokinetics, pharmacodynamics, pharmacotherapeutics, and pharmacogenomics to the medications likely to be prescribed by the advanced practice nurse.
3. Demonstrate knowledge of the mechanisms of action, effects, therapeutic uses, adverse effects, toxicities, and drug interactions of medications likely to be prescribed by the advanced practice nurse.
4. Apply the knowledge of exemplar medications to unfamiliar drugs to infer probable characteristics, actions, and adverse reactions of new agents in that group.

5. Apply medication knowledge to a variety of patient scenarios, utilize clinical decision-making to select appropriate pharmacologic agents, and provide relevant patient education for prescribed medications.
6. Calculate medication dosages accurately.

APMH 550: Informatics and Technology for the Advanced Practice Nurse (APN) (2 credits)

Course Description: This course examines health information systems and patient care technology to optimize health care delivery. Learners will analyze and evaluate health informatics and technology used to manage and improve health outcomes. Learners will demonstrate competency on the use and implementation of biomedical information.

Course outcomes:

1. Analyze the use, challenges, and critical impact of informatics and technology in the healthcare system.
2. Analyze and discuss current and future roles of technology in healthcare.
3. Describe the role of technology in data gathering, analysis, and use of data.
4. Articulate the ethical, legal, and professional considerations for information and technology use in healthcare.

Summer One:

APMH 522: Psychiatric Mental Health Concepts Across the Lifespan II: Pediatric and Adolescent Populations (3 credits)

Course Description: This course offers an in-depth exploration of the theoretical foundations and clinical practice guidelines essential for the assessment, diagnosis, and treatment of psychiatric disorders in pediatric and adolescent populations. Emphasizing trauma-informed care and evidence-based interventions, the course prepares students to deliver developmentally appropriate, culturally responsive mental health services within diverse family and community systems. Building upon foundational PMHNP competencies, students will develop age appropriate clinical skills to manage a broad spectrum of pediatric mental health conditions, while addressing critical issues such as stigma, developmental considerations, and health disparities. Graduates will be equipped to provide comprehensive, equitable psychiatric care to children and adolescents across clinical settings.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Assess, diagnose, and manage psychiatric disorders in pediatric and adolescent populations.
2. Apply trauma-informed and developmentally appropriate interventions in clinical practice.
3. Evaluate cultural, social, and family dynamics in the care of youth with psychiatric needs.

4. Address stigma, disparities, and barriers to care in pediatric and adolescent psychiatric services.

APMH 532: Psychopharmacology Across the Lifespan (3 credits)

Course Descriptions: This course provides a comprehensive exploration of the principles underpinning pharmacokinetics, pharmacodynamics, and pharmacogenomics as they pertain to psychiatric medications. Emphasis is placed on understanding the mechanisms through which these medications exert their effects, as well as the individual variability that may affect treatment outcomes. The course further investigates the multifactorial influences on treatment efficacy, including risks and benefits, acceptability, cost-effectiveness, and both genetic and environmental factors. Additionally, alternative therapeutic strategies are integrated into the course to enrich the understanding of the holistic care development process in psychiatric treatment.

Course Outcomes:

1. Understand the basic principles of pharmacokinetics and pharmacodynamics in the context of psychiatric treatments.
2. Explore the role of pharmacogenomics in tailoring psychiatric medication regimens based on genetic profiles.
3. Analyze factors influencing the success of psychiatric treatments, including safety, efficacy, and patient-specific considerations such as genetics and environment.
4. Evaluate the cost-effectiveness and acceptability of various psychiatric medications and alternative treatment options.
5. Integrate knowledge of pharmacological principles to develop a holistic and personalized treatment approach for psychiatric disorders.

APMH 560: Evidence Based Practice for the Advanced Practice Nurse (3 credits)

Course Description: This course provides learners with a comprehensive understanding of evidence-based practice (EBP) principles, methodologies, focusing on both qualitative and quantitative research traditions. The learner will demonstrate skills and knowledge needed to critically analyze, synthesize, and apply scholarly evidence for promoting high-quality evidence-based practice. Learners will formulate answerable questions essential for addressing quality and safety improvement across various advanced practice roles. Through systematic searches for research evidence, students will learn to translate and apply theoretical concepts into practical solutions for optimizing healthcare outcomes and solving practice problems. Learners will gain experience with applying principles of statistical inference and their application to the analysis and interpretation for answering advanced nursing practice questions.

Course Outcomes:

1. Use information technology and research methods appropriately to identify gaps in evidence for practice.
2. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
3. Apply relevant findings to make recommendations for improving practice, practice guidelines and the practice environment.

APNA 570: Quality and Safety for the APN (3 credits)

Course Description: This course is designed to prepare learners with essential skills to lead interprofessional teams focused on continuously improving the quality of healthcare and ensuring patient safety. Learners will gain an understanding of assessing and measuring safety and quality in healthcare settings, with a focus on developing, implementing, and evaluating continuous quality improvement processes and programs. Strategies for implementing and managing change initiatives, resolving conflicts, and managing ethical dilemmas in healthcare will be discussed. This course covers methods for assessing the impact, efficacy, and efficiency of interventions, including cost-benefit and cost-efficiency analyses. Specialized communication methods such as scorecards and benchmark reports are included.

Course Outcomes:

1. Apply quality improvement principles in care delivery using safety culture assessments, applying the tenets of *Just Culture* and *High Reliability Organizations*, and risk mitigation strategies.
2. Integrate principles of safety, quality, quality improvement, and evidence-based practice to decrease the risk of harm and improve outcomes for patients, populations, and systems.
3. Collaborate with members of the interdisciplinary healthcare team and other professionals to collectively formulate strategies for improving patient outcomes and promoting work environment safety.

Fall Two:

APMH 600: Healthcare Policy Influence-Population Health, Culture, and Diversity (3 credits)

Course Description: This course examines current healthcare policy trends with the perspective of cultural humility, equity, and diversity in an ever changing healthcare environment. Learners will evaluate aspects of healthcare policy and their effect on population health. Current and potential roles of the nursing advocate and political activist to improve healthcare across the lifespan will be examined. Learners will engage in the process of developing and implementing health policy in the current political system.

Course Outcomes:

1. Evaluate and discuss the impact of healthcare policies on various populations
2. Participate in healthcare policy advocacy

3. Demonstrate strategies to increase cultural humility, equity, and diversity in healthcare policy incorporating social determinants of health
4. Incorporate leadership in policy development related to various aspects of population health to improve healthcare delivery

APMH 610: Research Methods (3 credits)

Course Description: This is the first in a two-course series on research for advanced practice nurses (APNs). This course equips the learner with the skills necessary to engage in quantitative and qualitative research methodologies. Learners will identify key philosophies, concepts, and techniques essential to both methodologies. Researchable clinical questions for APN will be explored and corresponding research methods selected. This course will introduce qualitative research designs, data collection techniques such as interviewing and observation, and qualitative data analysis procedures. This course builds upon the content from APNA 560 Evidence Based Practice

Course outcomes:

1. Define nursing scholarship activities, including research, for advanced practice nurses
2. Describe the differences and similarities, including advantages and benefits, of quantitative, qualitative, and mixed methods research
3. Describe philosophical foundations and types of qualitative research
4. Select a researchable APN problem and identify a researchable question or hypothesis to be addressed using qualitative research methods
5. Identify theoretical or conceptual frameworks appropriate for the research question
6. Select appropriate qualitative research designs and methods for the identified question
7. Describe the advantages and disadvantages of qualitative data collection methods and select the appropriate method for the researchable question
8. Develop a qualitative data analysis plan

APMH 612 Therapeutic Modalities in Psychiatric Mental Health I (3 credits)

Course Descriptions: This course will provide students with a foundation of knowledge for psychotherapeutic practice as a Psychiatric Mental Health Nurse Practitioner. Learners will apply evidence-based psychotherapy theories and techniques to support comprehensive, trauma-informed patient-centered care.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Describe foundational evidence-based psychotherapy theories relevant to PMHNP practice.
2. Apply trauma-informed, patient-centered therapeutic strategies to clinical care.
3. Demonstrate beginning-level psychotherapeutic skills to support recovery and resilience.
4. Integrate therapeutic approaches into holistic treatment planning for diverse populations.

APMH 622 Mental Health in a Global Society (2 credits)

Course Descriptions: This course will explore key issues related to the global burden of mental health needs and the role of the Psychiatric Mental Health Nurse Practitioner (PMHNP) in addressing these challenges across diverse underserved and historically marginalized populations. Learners will examine evidence-based strategies to address disparities in access, treatment, and outcomes among diverse populations. Attention will be placed on community assessment, population health needs, and the development of innovative, equity-focused interventions to promote mental health and reduce systemic barriers to care.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Examine the global burden of psychiatric disorders and implications for nursing practice.
2. Identify disparities in access, treatment, and outcomes across diverse populations.
3. Conduct community and population assessments to determine mental health needs.
4. Design equity-focused interventions that address systemic barriers and promote mental health.

Spring Two:**APMH 620: Research Design, Statistics, & Data Analysis (3 credits)**

Course Description: This is the second in a two-course series on research for advanced practice nurses (APNs). Learners will demonstrate knowledge in selection of quantitative research design and in data analysis techniques suitable for acquiring and assessing evidence to address clinical issues. It covers a wide range of topics, starting from identifying research questions to examining and recognizing advanced research designs. This course delves into statistical principles such as descriptive statistics, probability distributions, sampling distributions, inference, hypothesis testing, Analysis of Variance (ANOVA), as well as basic linear regression and multiple regression analysis. The emphasis throughout the course is on applying statistical concepts to analyze research in order to obtain the most credible evidence to uphold high-quality nursing practices.

Course Outcomes:

1. Describe philosophical foundations and types of quantitative research.
2. Identify a current issue facing APNs and identify a researchable question or hypothesis to be addressed using quantitative research methods.
3. Identify theoretical or conceptual frameworks appropriate for the research question.
4. Select appropriate quantitative research designs and methods for the identified question.
5. Describe the advantages and disadvantages of quantitative data collection methods and select the appropriate method for the researchable question.
6. Develop a quantitative data analysis plan.
7. Perform descriptive and inferential statistics in Excel and interpret results.

APMH 642: Assessment and Management of Addictive Disorders (3 credits)

Course Descriptions: This course will explore the assessment and management of addictive disorders across diverse populations. Emphasis is placed on evidence-based practices, interprofessional collaboration, and the integration of innovative holistic treatment modalities. Learners will develop the knowledge and skills necessary to provide comprehensive, individualized care for clients experiencing substance use and related disorders.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Assess and diagnose substance use and related disorders across diverse populations.
2. Apply evidence-based and holistic treatment approaches to addiction management.
3. Collaborate with interprofessional teams to deliver comprehensive recovery-oriented care.
4. Critically evaluate innovative strategies to address emerging issues in addiction treatment.

APMH 652: Therapeutic Modalities in Psychiatric Mental Health II (2 credits)

Course Description: This course builds upon the foundational knowledge acquired in the APMH 612 course and focuses on the application of practical therapeutic modalities for advanced psychiatric mental health practice. Learners will explore evidence-based approaches and interventions that can be integrated into clinical practice to enhance patient-centered care and treatment outcomes.

Course Outcomes:

1. Demonstrate integration of evidence-based psychotherapeutic approaches in a simulated environment.
2. Evaluate patient outcomes related to the use of specific therapeutic modalities.
3. Refine professional skills in the delivery of individualized, patient-centered therapy.
4. Effectively integrate brief psychiatric interventions into the framework of medication management visits

APMH 681: MH Residency I (2 credits)

Course Description: The first supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Novice category or higher on preceptor evaluations.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% Novice category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

Summer Two:**APMH 672: Complex and Chronic Issues in Psychiatric Mental Health Care (3 credits)**

Course Description: This course prepares students for the role of Psychiatric Mental Health Nurse Practitioner (PMHNP) as a primary mental health care provider for individuals with severe mental illness. Students will analyze the economic, physical, social, and spiritual impacts of severe mental illness on patients and their families, with emphasis on comprehensive, evidence-based, and compassionate approaches to care.

Course Outcome:

1. Analyze the impact of severe and persistent mental illness on patients, families, and communities.
2. Apply comprehensive, evidence-based approaches to managing complex psychiatric conditions.
3. Integrate holistic, compassionate strategies into long-term mental health care.
4. Advocate for recovery-oriented systems of care that promote resilience and quality of life.

APMH 682: MH Residency II (2 credits)

Course Description: The second supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Beginner category or higher on preceptor evaluations. Focus will be placed upon prior clinical experiences to foster increasing autonomy, clinical judgement, and professional identity as a Psychiatric Mental Health Nurse Practitioner.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Beginner category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

APMH 700: Professional Issues, Economics, and Interprofessional Collaboration (2 credits)

Course Description: This course focuses on the professional aspects of advanced nursing practice, economics and interprofessional collaboration. Emphasis is placed on applying historical, political, economic, healthcare, and organizational principles to formulate solutions to real-world practice issues and interprofessional collaboration.

Course outcomes:

1. Discuss the historical and political foundations of advanced practice nursing
2. Demonstrate professional identity as an advanced practice nurse
3. Evaluate effectiveness of interprofessional communication tools and techniques to support and improve team-based interactions
4. Analyze relevant internal and external factors that drive healthcare costs and reimbursement
5. Advocate for healthcare economic policies to enhance value, quality and cost effectiveness

APMH 710: Leadership and Professional Roles for the Advanced Practice Nurse (APN) (3 credits)

Course Description: This course prepares the learner with leadership theories and change management principles for roles in health policy analysis, organizational leadership, and interdisciplinary practice. Learners will examine strategic planning and management in healthcare. Learners are prepared for nursing leadership and management roles, utilizing skills of communication, conflict resolution, collaboration, and team dynamics in complex healthcare settings. Learners will identify methods to promote personal and organizational health and well-being.

Course Outcomes:

1. Compare and contrast types of nurse managers and leaders: e.g., Nursing Leadership Development Model
2. Examine how to design change based on leadership principles and theories: Change Models, transformational leadership models, organizational theories and interdisciplinary practice, and Nurses Code of Ethics.
3. Discuss required leadership skills when information is limited or in a crisis situation
4. Describe how to plan for, evaluate, and managing change within complex environments
5. Identify the importance of understanding personal health and well-being.
6. Evaluate the workplace environment to determine level of health and well-being

Fall Three:

APMH 702: Health Equity in Psychiatric Mental Health Care (2 credits)

Course Description: This course examines health equity in the context of psychiatric mental health. Students will examine evidence-based strategies to address disparities in access, treatment, and outcomes among diverse populations. Focus is placed on integrating evidence-based approaches to support client-centered care and promote optimal mental health outcomes in varied clinical and cultural contexts.

Course Outcomes: Upon completion of this course, learners will be able to:

1. Analyze disparities in psychiatric mental health care at local, national, and global levels.
2. Integrate evidence-based strategies that may improve equity in access, treatment, and outcomes.
3. Develop client-centered care plans responsive to cultural and contextual factors.
4. Advocate for policies and practices that advance health equity in psychiatric care.

APMH 712: Integrative Psychiatric Care (2 credits)

Course Description: This course examines culturally proficient, person-centered approaches to holistic care across the lifespan. Emphasis is placed on comprehensive assessment and evidence-based treatment strategies that integrate physical, psychological, spiritual, social, and cultural dimensions of health. Students will develop the knowledge and skills necessary to provide equitable and responsive holistic care to diverse populations in a variety of clinical contexts.

Course Outcome: Upon completion of this course, learners will be able to:

1. Conduct holistic assessments that include physical, psychological, spiritual, social, and cultural dimensions.
2. Design and implement integrative treatment plans that address multiple aspects of well-being.
3. Apply culturally proficient, person-centered strategies in psychiatric mental health care.
4. Evaluate outcomes of integrative approaches to ensure equitable and responsive care.

APMH 781: MH Residency III (2 credits)

Course Description: This supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Advanced Beginner category or higher on preceptor evaluations. Focus will be placed upon prior clinical experiences to foster increasing autonomy, clinical judgement, and professional identity as a Psychiatric Mental Health Nurse Practitioner.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health

5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Advanced Beginner category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

APMH 750: DNP Project Design/Development (2 credits)

Course Description: This is the first in a three-course series that ends with the implementation, evaluation and dissemination of scholarly work that demonstrates the student's synthesis of the Essentials of Doctoral Education for Advanced Practice Nursing (i.e., the DNP Essentials). The primary objectives of this course are two-fold: (1) to introduce the student to the essentials of scholarly writing and the logical presentation of ideas, and (2) to apply these essential skills to the development of a comprehensive proposal for the DNP project. Upon completing this course, students will demonstrate clinical scholarship by identifying a pertinent healthcare issue, conducting a thorough examination of existing evidence, selecting an appropriate project context, and developing a preliminary proposal for a project that synthesizes DNP coursework. Learners will design a plan for implementation and evaluation of the proposed project and submit an Institutional Review Board (IRB) application for approval. This course builds upon the content of previous courses, including: APNA 560 EBP, APNA 570 Quality and Safety for the APNA, APNA 610 Research Methods, and APNA 620 Research Design and Statistics for Data Analysis.

Course outcomes:

1. Identify a need in the learner's speciality area, develop a draft problem statement and perform a brief review of the literature on the topic.
2. Conduct a thorough needs assessment and gap analysis; develop an intervention plan related to the needs assessment and gap analysis.
3. Develop goals, objectives and a mission statement for the DNP project
4. Identify nursing, healthcare, organizational and change theories that support the project
5. Develop a project timeline and budget, and proposed evaluation methods
6. Meet all ethical standards for conducting a DNP project

Spring Three:**APMH 732: Trends and Issues in Psychiatric Mental Health Care (1 credit)**

Course Description: This course provides students with the opportunity to apply theoretical knowledge to the provision of psychiatric care in real-world contexts. Learners will develop holistic care plans that address the complexities of care delivery across the lifespan. Core concepts include social determinants of health, trauma-informed care, substance use, and the management of medical comorbidities.

Course Outcome: Upon completion of this course, learners will be able to:

1. Apply theoretical knowledge to clinical psychiatric practice across the lifespan.
2. Develop holistic care plans incorporating social determinants of health, trauma-informed care, and comorbidity management.
3. Critically evaluate emerging trends and challenges in psychiatric mental health.
4. Provide comprehensive, compassionate psychiatric care in real-world contexts.

APMH 742: Transition to Practice (Management of Financial Resources) (3 credits)

Course Description: This course provides an in-depth analysis of financial management within the healthcare system. Topics include fiscal operations such as coding, billing, and reimbursement, as well as the evaluation of diverse business models. Learners will engage with core components of the budgeting process, including financial forecasting, cost-benefits analysis, and strategies for effective financial management. The course also considers the impact of global economic trends on healthcare delivery and organizational sustainability.

Course Outcome:

Upon completion of this course, learners will be able to:

1. Analyze fiscal operations in healthcare, including coding, billing, and reimbursement.
2. Evaluate diverse healthcare business models for financial sustainability and quality outcomes.
3. Apply budgeting, forecasting, and cost-benefit analysis to healthcare financial decisions.
4. Assess the impact of global economic trends on healthcare delivery and access to care.

APMH 751: DNP Project Implementation (2 credits)

Course Description: This is the second in a three-course series: Upon obtaining IRB approval, the learner will start the implementation phase of the approved scholarly project plan. This course provides the integrative practice experience necessary for improvement for advanced nursing practice and health outcomes. Learners will demonstrate their competency in resource management, time allocation, assessment, conflict resolution, and mitigation of implementation challenges; particularly through employment of communication and collaboration strategies. By

the end of this semester, learners will exhibit their proficiency in executing the proposed project plan.

Course outcomes:

1. Implement DNP project proposal
2. Monitor the implementation of the DNP project intervention
3. Utilize project management tools to meet the proposed timeline, budget, and project milestones
4. Demonstrate effective communication and collaboration skills to address conflict and implementation challenges
5. Begin evaluation of the outcomes of the DNP project

APMH 782: MH Residency IV (2 credits)

Course Description: The fourth supervised residency course provides learners with the opportunity to integrate and apply knowledge obtained in the didactic Psychiatric Mental Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competencies while advancing toward independent practice. Progressive emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role. Upon completion of this course, the learner will be expected to meet at least 80% in the Competent category or higher on preceptor evaluations. Focus will be placed upon prior clinical experiences to foster increasing autonomy, clinical judgement, and professional identity as a Psychiatric Mental Health Nurse Practitioner.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety

7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Competent category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

Summer Three:

APMH 752: DNP Project Dissemination (2 credits)

Course Description: In this final DNP Project course, the learner actively engages in monitoring and analyzing the progress of the change project, evaluating key variables, making necessary adjustments, and discerning implications for future endeavors. Comprehensive scholarly reports, delivered both in written and oral formats, serve as platforms for disseminating and integrating newfound knowledge. These reports describe the chosen topic, tracing the project development and implementation journey. Learners will assess the project's effectiveness in meeting the needs of the targeted population and evaluate project outcomes. The final project deliverables represent the learner's proficiency in employing effective communication and collaboration skills. Successful completion and dissemination of the project validates the learner's ability to assume leadership to effectively influence healthcare quality and safety.

Course outcomes:

1. Provide a scholarly, written summary of the DNP project including a completed DNP Portfolio: Completion of the DNP Project, including a written summary of:
 1. A description of the project, project development and implementation, analysis, strengths, opportunities for improvement and conclusions.
 2. Assessment of project's effectiveness towards goals
 3. A description of how each of the ANCC Essentials were met
 4. A discussion on sustainability and evolution of the clinical project.
 5. Suggestions for next steps
 6. Completed DNP Portfolio
2. Submission of an Executive Summary to clinical site
3. Submission of an abstract of the DNP project to a professional journal and/or a regional/national conference presentation (podium or poster) with advisor approval
4. Presentation of the DNP project to George Fox University, College of Nursing faculty, staff and students

APMH 783: MH Residency V (5 credits)

Course Description: This final supervised residency course provides learners with the opportunity to fully integrate and apply knowledge obtained in the didactic Psychiatric Mental

Health Nurse Practitioner (PMHNP) curriculum within diverse clinical settings. Through direct patient care experiences across the lifespan, learners will refine their assessment, diagnostic, and therapeutic competence at a Beginning/Safe PMHNP level. Upon completion of this course, learners must obtain a minimum of 80% in the Beginning/Safe PMHNP category or higher on clinical preceptor evaluations. Emphasis is placed on clinical reasoning, evidence-based interventions, interprofessional collaboration, and the development of proficiency in the PMHNP role.

Course Outcomes:

1. Integrate advanced knowledge of psychopharmacology, neuroscience, and psychopathology to assess and manage individuals with psychiatric disorders across the lifespan.
2. Demonstrate competency in psychiatric evaluation, differential diagnosis, and the formulation of evidence-based treatment plans.
3. Apply therapeutic communication skills and culturally responsive approaches to establish therapeutic relationships with clients, families, and communities.
4. Deliver holistic, trauma-informed, and recovery-oriented care that addresses biopsychosocial determinants of mental health
5. Collaborate effectively within interprofessional teams to coordinate care and advocate for quality mental health services.
6. Utilize clinical reasoning and current evidence to support ethical decision-making and promote patient safety
7. Demonstrate progressive proficiency, autonomy, and accountability in the advanced practice role of the Psychiatric Mental Health Nurse Practitioner.
8. Obtain a minimum of 80% in the Beginning/Safe PMHNP category or higher on clinical preceptor evaluations
9. Reflect on clinical performance and engage in self-directed learning to support lifelong professional growth.

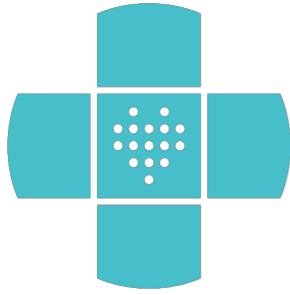
APMH 784: Program Synthesis (Board Review and Clinical Topic Synthesis) (1 credit)

Course Description: This course provides students with the opportunity to integrate and synthesize knowledge from the PMHNP program to demonstrate mastery of advanced practice competencies. Emphasis is placed on preparing students for successful completion of the ANCC or AANP board certification examinations, with a focus on clinical decision-making, evidence-based practice, and professional readiness.

Course Outcome:

Upon completion of this course, learners will be able to:

1. Critically analyze clinical topics in preparation for the board certification exam.
2. Evaluate professional readiness to transition into independent advanced practice roles.



BORLAND FREE CLINIC

February 12, 2026

RE: Letter of Support for the Psychiatric Mental Health Nurse Practitioner Program at George Fox University

To Whom It May Concern:

On behalf of Borland Free Clinic, I write to express formally our support for the proposed **Psychiatric Mental Health Nurse Practitioner (PMHNP) Program at George Fox University**.

Oregon continues to experience a critical shortage of psychiatric and mental health providers, particularly in rural, underserved, and historically marginalized communities. Our organization, itself dedicated to serve such communities, recognizes the urgent need to expand access to high-quality, culturally responsive mental health care and affirms that well-prepared Psychiatric Mental Health Nurse Practitioners are essential to addressing this growing demand.

As an organization committed to healthcare excellence, workforce development, and community well-being, we value academic programs that emphasize evidence-based practice, ethical leadership, and service to others. We believe that the PMHNP Program at George Fox University is well positioned to prepare compassionate, highly competent mental health clinicians who will positively impact the health of individuals, families, and communities throughout Oregon and beyond.

In support of this mission, Borland Free Clinic is pleased to partner with George Fox University in advancing psychiatric mental health education. Our organization looks forward to opportunities for collaboration and is committed to supporting the ongoing success of the PMHNP Program.

Please feel free to contact us should additional information be required.

Sincerely,

Jordan Eugene Skornik, PhD
Executive Director

BORLAND FREE CLINIC
3550 SW Borland Road, Tualatin, OR 97062
971.708.1142 | jordanskornik@borlandclinic.org



March 19, 2026

Subject: Letter of Support for the Psychiatric Mental Health Nurse Practitioner Program at George Fox University

To Whom It May Concern:

On behalf of Charis Counseling Associates, I am writing to formally express our strong support for the proposed Psychiatric Mental Health Nurse Practitioner (PMHNP) Program at George Fox University.

Oregon continues to experience a critical shortage of psychiatric and mental health providers, particularly in rural, underserved, and historically marginalized communities. Our organization recognizes the urgent need to expand access to high-quality, culturally responsive mental health care and affirms that well-prepared Psychiatric Mental Health Nurse Practitioners are essential to addressing this growing demand.

As a nonprofit organization committed to healthcare excellence, workforce development, and community well-being, we value academic programs that emphasize evidence-based practice, ethical leadership, and service to others. We believe that the PMHNP Program at George Fox University is well positioned to prepare compassionate, highly competent mental health clinicians who will positively impact the health of individuals, families, and communities throughout Oregon and beyond.

In support of this mission, Charis Counseling Associates is pleased to partner with George Fox University in advancing psychiatric mental health education. We look forward to opportunities for collaboration and to supporting the ongoing success of the PMHNP Program.

Please feel free to contact us should additional information be required.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jamie Califf", is written over a faint, light blue circular background.

Jamie Califf, LMHC, NCC
Executive Director

Charis Counseling Associates
10311 NE Hwy 99
Vancouver, WA 98686
360-787-4747
jamiecaliff@secure.chariscounseling.com

Date: February, 3, 2023

Subject: Letter of Support for the Psychiatric Mental Health Nurse Practitioner Program at George Fox University

To Whom It May Concern:

On behalf of **Kaiser Permanente NW**, I am writing to formally express our strong support for the proposed **Psychiatric Mental Health Nurse Practitioner (PMHNP) Program** at **George Fox University**.

Oregon continues to experience a critical shortage of psychiatric and mental health providers, particularly in rural, underserved, and historically marginalized communities. Our organization recognizes the urgent need to expand access to high-quality, culturally responsive mental health care and affirms that well-prepared Psychiatric Mental Health Nurse Practitioners are essential to addressing this growing demand.

As an organization committed to healthcare excellence, workforce development, and community well-being, we value academic programs that emphasize evidence-based practice, ethical leadership, and service to others. We believe that the PMHNP Program at George Fox University is well positioned to prepare compassionate, highly competent mental health clinicians who will positively impact the health of individuals, families, and communities throughout Oregon and beyond.

In support of this mission, **KPNW** is pleased to partner with George Fox University in advancing psychiatric mental health education. We look forward to opportunities for collaboration and to supporting the ongoing success of the PMHNP Program.

Please feel free to contact us should additional information be required.

Sincerely,

Abbot Koehler

Senior Director, Program Management, Staffing Systems and Strategy

Kaiser Permanente NW

Abbot.x.koehler@kp.org



Andrew Williams
DO

16100 NW Cornell Rd Ste 220, Beaverton, OR ♦ 914 Main St Vancouver, WA
1200 Executive Pkwy Ste 260, Eugene, OR ♦ 65 SW Yamhill St Ste 300, Portland, OR
P:(503) 878-8885 ♦ F:(971)297-1360 ♦ www.beyondmeds.co

Date: December 20, 2025

Subject: Letter of Support for the Psychiatric Mental Health Nurse Practitioner Program at George Fox University

To Whom It May Concern:

On behalf of NorthStar Psychiatry I am writing to formally express our strong support for the proposed Psychiatric Mental Health Nurse Practitioner (PMHNP) Program at George Fox University.

Oregon continues to experience a critical shortage of psychiatric and mental health providers, particularly in rural, underserved, and historically marginalized communities. Our organization recognizes the urgent need to expand access to high-quality, culturally responsive mental health care and affirms that well-prepared Psychiatric Mental Health Nurse Practitioners are essential to addressing this growing demand.

As an organization committed to healthcare excellence, workforce development, and community well-being, we value academic programs that emphasize evidence-based practice, ethical leadership, and service to others. We believe that the PMHNP Program at George Fox University is well positioned to prepare compassionate, highly competent mental health clinicians who will positively impact the health of individuals, families, and communities throughout Oregon and beyond.

In support of this mission, NorthStar Psychiatry is pleased to partner with George Fox University in advancing psychiatric mental health education. We look forward to opportunities for collaboration and to supporting the ongoing success of the PMHNP Program.

Please feel free to contact us should additional information be required.

Sincerely,

Andrew Williams, DO
License No.: 190489
NorthStar Psychiatry
Phone No.: (503) 878-8885
Fax No. : 971-297-1360

Standard	Responsible	23-24 Review	24-25 Review
I A	Tim Yett	11/2/2023	11/7/2024
I B	Tim Yett	11/2/2023	11/7/2024
I C		4/4/2024	4/10/2025
I D	Hayley Steele-Schlauderaff	11/30/2023	11/21/2024
I E	Tim Yett	3/14/2024	3/13/2025
I F	Tim Yett	2/8/2024	2/20/2025
I G	Pam Fifer	10/12/2023	10/10/2024
I H	Tim Yett	3/14/2024	3/13/2025
II A	Stephanie Matthew	1/18/2024	1/30/2025
II B	Stephanie Matthew	1/18/2024	1/30/2025
II C	Stephanie Matthew	1/18/2024	1/30/2025
II D	Stephanie Matthew	3/14/2024	1/30/2025
II E	Stephanie Matthew	3/22/2024	3/10/2025
II F	Stephanie Matthew	4/4/2024	4/10/2025
II G	Stephanie Matthew	3/22/2024	3/13/2025
II H	Stephanie Matthew		3/13/2025
III A	Cathy Kacalek	2/22/2024	2/20/2025
III B	Cathy Kacalek	2/22/2024	2/20/2025
III F	Lorretta Krautscheid	3/22/2024	3/20/2025
III G	Lorretta Krautscheid	3/22/2024	3/20/2025
III H	Grace and Cathy	2/8/2024	2/20/2025
III I	Carolyn Milburn	2/8/2024	2/20/2025
III J	Lorretta Krautscheid	2/8/2024	2/20/2025
IV A	Cassy Zinke	4/4/2024	4/24/2025
IV B	Jodi Blankenship	10/12/2023	10/10/2024
IV C	Jodi Blankenship	1/18/2024	3/13/2025
IV E	Caroline Wildhaber	1/25/2024	4/24/2025
IV F	Jodi Blankenship	1/25/2024	3/13/2025
IV G	Cassy Zinke	5/2/2024	4/24/2025
IV H	Cassy Zinke	5/2/2024	4/24/2025
IV I	Lucy Krull	10/12/2023	10/24/2024
IV J	Lucy Krull	10/12/2023	10/24/2024

Meeting Date	Standards Team
9/30/2024	Tim Yett, Hayley Steele Schlauderaff
9/13/2024	Kari Sandau, Kara Sump, Stephanie Matthew, Sarah
10/29/2024	Cathy Kacalek, Grace Lownsbery, Lorretta
10/22/2024	Caroline Wildhaber, Lucy Krull, Jodi Blankenship,

Heather: Admissions related tasks

Jill: resource for simulation activities

Pam: resource for everything

SPE Review Calendar 2025-26			
AACN Standard	ONPF Standard	Responsible	26-27 Review
I A	I A	April Phillips	11/13/2026
I B	I B	April Phillips	11/13/2026
I C	I C	April Phillips	4/9/2027
I D	I D	Asst. Director	11/13/2026
I E	I E	April Phillips	3/12/2027
I F	I F	April Phillips	2/19/2027
I G	I G	Esther Gravis	10/30/2026
I H	I H	April Phillips	3/12/2027
II A	II	Asst. Director	1/22/2027
II B	II J	Asst. Director	1/22/2027
II C	II K	Asst. Director	1/22/2027
II D	II A	Asst. Director	1/22/2027
II E	II B	Asst. Director	3/19/2027
II F	II C	Asst. Director	4/9/2027
II G	II D	April Phillips	3/19/2027
II H	II E	Asst. Director	3/19/2027
	II F	April Phillips/Asst. Director	3/19/2027
	II G	April Phillips/Asst. Director	3/19/2027
III A	III A	April Phillips	2/19/2027
III B	III B	Asst. Director	2/19/2027
	III C	April Phillips/Asst. Director	2/19/2027
	III D	April Phillips/Asst. Director	2/19/2027
	III E	April Phillips/Asst. Director	3/12/2027
III F	III F	April Phillips	3/12/2027
III G	III G	Esther Gravis	3/12/2027
III H	III H	April Phillips and Esther Gravis	2/19/2027
III I	III I	Esther Gravis	2/19/2027
III J	III J	Esther Gravis	2/19/2027
III K	III K	Esther Gravis	3/12/2027
III L	III L	Esther Gravis	3/12/2027
	III M	Esther Gravis	3/12/2027
	III N	Mary Waldo	3/12/2027
	III O	Mary Waldo	3/12/2027
IV A	IV A	Mary Waldo	4/23/2027
IV B	IV B	Mary Waldo	10/30/2026
IV C	IV C	Mary Waldo	3/19/2027
	IV D	Stephanie Matthew	3/19/2027
IV E	IV E	Stephanie Matthew	4/23/2027
IV F	IV F	Stephanie Matthew	10/30/2026
IV G	IV G	Stephanie Matthew	4/23/2027
IV H	IV H	Stephanie Matthew	4/23/2027
IV I	IV I	Mary Waldo	10/30/2026
IV J	IV J	Stephanie Matthew	10/30/2026

Standards Team
April Phillips, Asst. Director
Asst. Director, April Phillips
Esther Gravis, Mary Waldo
Stephanie Matthew, Mary Waldo

April Phillips: Admissions related tasks

Asst. Director: resource for simulation activities

Pam: resource for everything

J:/Nursing/PMHNP/Accreditation/CCNE/SPE**NONPF (NTFS) Guidelines:**

Evaluation Item	Evaluation Item
I-A. The mission, goals, and expected program outcomes are: - congruent with those of the parent institution; and - reviewed periodically and revised as appropriate	
I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	
I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	
I-E Faculty and students participate in program governance.	

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: - fair and equitable - published and accessible, and - reviewed and revised as necessary to foster program improvement	
I-G. The program defines and reviews formal complaints according to established policies.	
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	
II-A Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	
II-B Physical resources enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources is reviewed periodically, and resources are modified as needed.	
II-C Clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of clinical sites is reviewed periodically, and resources are modified as needed.	
II-D. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	

II-E. The chief nurse administrator of the nursing unit: - is a registered nurse (RN); - holds a graduate degree in nursing; - holds a doctoral degree if the nursing unit offers a graduate program in nursing; - is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and - provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.	
II-F. Faculty are: - sufficient in number to accomplish the mission, goals, and expected program outcomes; - academically prepared for the areas in which they teach; and - experientially prepared for the areas in which they teach.	
II-G. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	
II-H. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: - are congruent with the program's mission and goals; - are congruent with the roles for which the program is preparing its graduates; and - consider the needs of the program-identified community of interest.	
III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines (PNSG), which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2021).	

III-F. The curriculum is logically structured to achieve expected student outcomes. - Baccalaureate curricula build on a foundation of the arts, sciences, and humanities. · Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge. · DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.	
III-G. Teaching-learning practices:	
III-H. The curriculum includes planned clinical practice experiences that support the achievement of expected student outcomes.	
III-I. The curriculum includes planned experiences that prepare students to provide care to diverse individuals and populations.	
III-J. The curriculum includes planned experiences that foster interprofessional collaborative practice.	
III-K. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes.	
III-L. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster program improvement.	
IV-A. A systematic process is used to determine program effectiveness.	
IV-B. Program completion rates demonstrate program effectiveness.	
IV-C. Licensure pass rates demonstrate program effectiveness.	
IV-E. Employment rates demonstrate program effectiveness.	
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.	
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement (Link to L.D).	
IV-I. Program outcomes demonstrate program effectiveness.	
IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	

Required report name for J drive Naming Convention: Standard_Data Year_Content_Report Date Save in Report Date Year	Frequency of evaluation	Responsible Individual
I-A,B_2025-26_Mission Goals Outcomes Congruency_(Report Date)	Annual - November	April Phillips
	Annual - November	April Phillips
I-C_Data Year_Communities of Interest_(Report Date)	Annual - April	April Phillips, Asst. Director
I-D_Report Year_Faculty Expectations Exist_(Report Date)	Annual - December (full-time faculty) Annual - April (adjunct faculty) Why two different dates???? Do we actually have goals for adjunct faculty?	April Phillips, Asst. Director
I-E_Data Year_Program Governance__(Report Date)	Annual - March	April Phillips

I-F_Data Year_Academic policies_(report date)	Annual - February	April Phillips, Asst. Director
I-G_Data Year_Complaints_ Report Date	Annual - October	Pam Fifer and April Phillips
I-H_Data Year_Publications_Report Date	Annual - March	April Phillips
II-A_Data Year_Fiscal Resources_Report Date	Annual - January	Asst. Director
II-B_Data Year_Physical Resources_Report Date	Annual - January	Asst. Director
II-C_Data Year_Clinical Sites_Report Date	Annual - January	Asst. Director
II-D_Data Year_Academic Support Services_Report Date	Annual - January	Asst. Director

II-E_Data Year_Nurse Administrator_Report Date	Annual Dean performance review	Asst. Director
II-F_Data Year_Faculty Qualifications_Report Date	Annual - March	Asst. Director
II-G_Data Year_Preceptors_Report Date	Annual - April	April Phillips and Asst. Director
II-H_Data Year_GFU and CON support for expected faculty outcomes_Report date	Annual - March	April Phillips and Asst. Director
III-A_Data Year_Outcomes Congruent with mission, roles and communities of interest_Report Date	Annual - February? Going to competency based tables. Likely not done by Feb	Esther Gravis
III-B_Data Year_Curriculum Congruent with PNSG_Report Date	Annual - February? Going to competency based tables. Likely not done by Feb	Esther Gravis

III-F_Data year_Logical Curriculum_report date	Annual - March	Esther Gravis
III-G_Data Year_Teaching and Learning_Report Date	Annual - March	Esther Gravis
III-H_Data Year_Clinical Practice Experiences_Report	Annual - February	April Pinnips and Esther Gravis
III-I_Data Year_Diverse Individuals Populations_Report	Annual - February	Esther Gravis
III-J_Data Year_Interprofessional	Annual - February	Esther Gravis
III-K_Data Year_Evaluation Policies_Report Date	Annual - February	Esther Gravis
	Annual - March	Esther Gravis
IV-A_2025-26_SPE IS Head_Report Date	Annual - April	Mary Waldo and Stephanie Matthews
IV-B_2024-25_Completion_Report	Annual - October	Mary Waldo
IV-C_2024-25_NCLEX Pass Rate_Report Date	Annual - February	Mary Waldo
IV-D_2024-25_Employment Rate_Report Date	Annual - April	Stephanie Matthews
IV-E_2024-25_Program Improvement_Report Date	Annual - January	Stephanie Matthews
IV-G,H_2025-26_Faculty Outcome Data_Report Date	Annual - May	Stephanie Matthews
	Annual - May	Mary Waldo
IV-I_Year_Program Effectiveness_Report Date	Annual - November	Mary Waldo
IV-J_Year_Ongoing Improvement_(Report Date)	Annual - November	Stephanie Matthews

Expected Level of Achievement (ELA) including process and measurable outcome SMART goal as evidenced by (AEB)... when applicable	2025-26			
	2025-26 ELA Outcome Met Approaching Not Met	Dept meeting reported date	Supporting data moved to J Drive Yes No	Follow up date, if needed (include responsible person)
The mission of GFU and the mission of the CON will be evaluated annually. A table presenting evidence of congruence will be placed on the J drive.				
The mission, goals and expected program outcomes are evaluated annually for alignment with selected professional nursing standards. A table providing evidence of alignment with the professional nursing standards (AACN Essentials) will be placed on the J drive.				
The Nursing Program's mission, goals, and expected student outcomes are reviewed annually with the Advisory Committee and updated as needed AEB the Advisory Committee Minutes.				
Faculty expectations (these are not the same as annual faculty goals) are congruent with institutional expectations for teaching, scholarship, and service. Include expectations for tenure track, teaching track and adjunct faculty. Annual goals are voted on in spring for the upcoming academic year and listed on department meeting agenda AEB dept meeting minutes with vote of goals and agendas include faculty goals (These are missing from current meeting agendas).				
Faculty and students participate in program governance AEB Faculty Committee Assignment Spreadsheet with current student class representatives. Process for participation is explained				

Evidence is presented that policies are congruent with GFU policies and the policies are fair/equitable, published/accessible and reviewed/revised as needed. This will be a table and a narrative				
100% of formal complaints will be resolved within the timeframe as stated in the GFU Student Complaint procedure AEB Dean and Program Director report.	Met	10-30-25	Yes	
GFU and College of Nursing documents and publications are accurate and current AEB Department Meeting Minutes and congruence spreadsheet. A narrative will explain how documents/publications are updated and how changes are communicated to faculty and students.				
80% of faculty report that the approved budget provides the necessary fiscal resources to enable the program to fulfill its mission, goals, and expected outcomes.				
80% of faculty report adequacy of physical resources				
80% of faculty report adequacy of clinical sites. 75% of students report satisfaction with clinical sites				
75% of students surveyed indicate support services are adequate to meet their needs. 80% of faculty indicate support services are adequate to meet program and student needs.				

The Dean has: RN licensure; a graduate degree in nursing; academic and experiential qualifications; administrative authority; effective leadership skills in achieving the mission, goals and expected student and faculty outcomes.				
Faculty to student ratios for clinical do not exceed 1:8 100% of FT teaching faculty have a graduate degree 100% of faculty have experience in the areas in which they teach				
100% of preceptors are academically and experientially qualified				
80% of FT faculty agree that the Program and Institution provide adequate support for teaching, scholarship, service, and practice.				
Student learning outcomes are congruent with the program's mission, goals and roles for which students are being prepared AEB SLOS/Syllabi/Mission Grid and advisory meeting minutes (essay format). Match exceptional clinicians with program outcome theme words, (holistic care, PCC).				
PNSGs (AACN, ANA) are clearly evident throughout the curriculum and in the SLOs AEB the Congruency of SLOs and PNSGs grid. Evaluate according to current syllabi.				

Annually the Curriculum Committee reviews course descriptions, course learning objectives, and identifies which nursing courses specifically build on foundational arts, sciences, and humanities. Descriptions linking foundational course outcomes with nursing course outcomes are placed on the J drive in the annual SPE report folder. Course summaries are reviewed twice a year at the end of each semester. The Curriculum committee reviews course summary findings seeking evidence that the curriculum is logically structured to achieve expected student outcomes. Course summary review is documented on the J drive in the annual SPE report folder. Concepts are reviewed in teams on a scheduled rotation. Faculty teaching concepts and related exemplars across the curriculum document teaching methods and learner assessment methods. Redundancies and gap are identified and brought forward to the Curriculum committee. Concept review is documented on the J drive in the annual SPE report folder.				
Twice a year teaching and learning practices that support achievement of expected student outcomes are reviewed through two mechanisms: Course descriptions for each semester's clinical activities on and off campus, including skills lab, APPE and simulation. Every three years, the Describe class activities and simulations that have planned diverse cultural interpretation (collected from course summaries). Each year we will review and				
interprofessional collaborative practice experiences are available in an				
four campuses of the program so documented on the course curriculum				
Evaluation measures are consistently documented and applied for each				
Students are offered course evaluations for all nursing courses. Dean				
and Program Director review course evaluations				
All standards and key elements are reviewed annually				
100% of expected outcomes are addressed annually				
Completion rate is 70% or higher annually AEB Outcomes Report	Met	Oct 30, 2025	Yes	
INCLEX-RN total (first-time) pass rate will be 90% or higher AEB OSBN				
80% (or higher) of students (respondents) are employed within 6 months				
Examples of program AEB the student initiatives focused on improvement				
to faculty will determine at least one aggregate faculty goal each year.	Met	Oct 30, 2025	Yes	
85% (or higher) of faculty will achieve the identified yearly goal				
Aggregate faculty outcomes are analyzed annually and used, as				
75% (or higher) of students, employers, and alumni are satisfied with the	Met	Oct 30, 2025	Yes	
100% of expected outcomes are addressed annually as evidenced by	Met	Oct 30, 2025	Yes	
meeting minutes and SPE dashboard				

2024-25				2023-24	
2024-25 ELA Outcome Met Approaching Not Met	Dept meeting reported date	Supporting data moved to J drive Yes No	Follow up date, if needed (include responsible person)	2023-24 ELA Outcome	2022-23 ELA Outcome
Met	11/7/2024	Yes		Met	Met
Met	11/7/2024	Yes		Met	Met
Met	4/10/2025	Yes		Met	CCNE Site Visit, see self study
Met	3/13/2025	Yes		Met	CCNE Site Visit, see self study
Met	3/13/2025	Yes		Met	CCNE Site Visit, see self study

Met	2/20/2025	Yes		Met	CCNE Site Visit, see self study
Met	10/10/2024	Yes		Met	CCNE Site Visit, see self study
Met	3/13/2025	Yes		Met	CCNE Site Visit, see self study
Met	1/30/2025	Yes		Met	CCNE Site Visit, see self study
Met	1/30/2025	Yes		Met	CCNE Site Visit, see self study
Met	1/30/2025	Yes		Met	CCNE Site Visit, see self study
Met	1/30/2025	Yes		Approaching	CCNE Site Visit, see self study

Met	3/20/2025	Yes		Met	CCNE Site Visit, see self study
Met	4/10/2025	Yes		Met	CCNE Site Visit, see self study
Met	3/20/2025	Yes		Met	CCNE Site Visit, see self study
Met	1/30/2025	Yes		Met	CCNE Site Visit, see self study
Met	2/20/2025	Yes		Met	CCNE Site Visit, see self study
Met	2/20/2025	Yes		Met	CCNE Site Visit, see self study

Met	3/13/2025	Yes		Met	CCNE Site Visit, see self study
Met	3/13/2025	Yes		Met	CCNE Site visit, see self study
Met	2/20/2025	Yes			
Met	2/20/2025	Yes	update cultural competency		
Met	2/21/2025	Yes		Met	CCNE Site visit, see self study
Met	2/22/2025	Yes		Met	CCNE Site visit, see self study
Met	3/13/2025	Yes		Met	CCNE Site visit, see self study
Met	4/24/2025			Met	CCNE Site visit, see self study
Met	10/10/2024	Yes		Met	Met
Met	3/13/2025	Yes		Met	Met
Met	4/24/2025	Yes		Met	Met
Met	3/13/2025	Yes		Met	Met
Met	4/24/2025	Yes		Met	Met
Met	4/24/2025	Yes		Met	Met
Met	10/24/2024	Yes		Met	Met
Met	10/24/2024	Yes		Met	Met

2021-22 ELA Outcome	2020-21 ELA Outcome	2019-20 ELA Outcome
Met	Met	Met
Met	Met	Met
Met	Met	Met
Met	Met	Met
Met	Met	Met



414 N. Meridian St. | Newberg, OR 97132 | georgefox.edu

October 17, 2025

Oregon State Board of Nursing
Attention: Sarah Wickenhagen, DNP, APRN, FNP-C
Lead Policy Analyst
APRN Education and Practice
Sarah.wickenhagen@osbn.gov

Dear Dr. Wickenhagen,

George Fox University respectfully submits this letter of intent to establish a Psychiatric-Mental Health Nurse Practitioner (PMHNP) program. The PMHNP program would be a 36-month hybrid program in which successful candidates would be awarded a DNP in Psychiatric-Mental Health.

Please review our letter meeting the requirements according to Division 21 851-021-0010 Establishment and Approval of New Nursing Education Programs, (1) (A-I).

(1) Step 1 - Preliminary Development Application

(A) Needs assessment highlighting the statewide need for the proposed nursing education program.

Oregon is facing a severe and sustained mental health crisis over the past twenty years, with the demand for psychiatric care far exceeding current service capacity. According to the Oregon Health Authority (OHA) (May 2025), there are significant statewide shortages in accessible psychiatric and behavioral health services, contributing to delayed treatment, unmet needs, and worsening mental health outcomes across the lifespan.

The state's suicide rates highlight the depth of this crisis. In 2023, Oregon ranked 11th nationally in suicide, with 888 lives lost to suicide in 2024 alone. Over the past twenty years, suicide rates in Oregon have increased by 34%. Youth and adolescent mental health outcomes are especially alarming. Oregon adolescents aged 12–17 report the highest rate of serious suicidal ideation in the nation, and suicide is now the second leading cause of death for individuals ages 5–24. Disparities persist among marginalized populations, with American Indian and Alaska Native individuals experiencing the highest suicide rates statewide. Older adults, particularly men over 85, face suicide rates of 91 deaths per 100,000—significantly above the national age-adjusted rate of 14.1 per 100,000. Oregon suicide death rates in rural and remote areas were as much as 31% higher than urban areas. Sadly, the Veteran population in rural area has demonstrated

significantly higher suicide deaths than the general population. This highlights the critical need for increased psychiatric services in these areas.

Compounding these concerns, Oregon ranks second nationally for combined alcohol and drug addiction rates and last for access to substance use treatment services. The state also reports the highest prevalence of methamphetamine and prescription opioid misuse in the nation. While the rate of overdose deaths in Oregon saw a significant decrease of 22% from 2023-2024, this decrease has been attributed to increased treatment and harm reduction programs. The intersection of substance abuse and psychiatric illness underscores the urgent need for advanced practitioners who can provide integrated, culturally competent, evidence-based, and trauma-informed care.

This data reflects a pressing workforce and education gap. Oregon's shortage of psychiatric mental health providers—particularly in rural and underserved areas—has created barriers to timely and equitable mental health care. The U.S. Health Resources and Services Administration (HRSA) continues to designate many Oregon counties as Mental Health Professional Shortage Areas (MHPSAs). The expansion of Psychiatric-Mental Health Nurse Practitioner (PMHNP) education is critical to mitigating these shortages and ensuring that advanced practice nurses are prepared to meet the complex behavioral health needs of diverse populations.

Establishing a PMHNP program directly aligns with the American Association of Colleges of Nursing (AACN) Essentials (2021), which emphasize population health, person-centered care, and interprofessional collaboration. Graduates of the George Fox University PMHNP program will be equipped to assess, diagnose, and manage mental health and co-occurring conditions, provide psychotherapy, and implement evidence-based interventions across the lifespan. Furthermore, PMHNPs play a vital role in promoting health equity, integrating social determinants of health into care delivery, and advancing behavioral health access in community, primary care, and telehealth settings.

In summary, the growing mental health and substance use crises in Oregon, combined with critical provider shortages, strongly justify the development of a Psychiatric-Mental Health Nurse Practitioner program. This program will prepare graduates to lead transformative change in mental health care delivery, improve population outcomes, and strengthen the behavioral health workforce statewide.

(B) Type of program including identification of proposed instructional modality and degree or certificate awarded.

George Fox University (GFU) is planning a DNP program that is a 36 month, nine semester program delivered in a hybrid format. Didactic courses will be delivered in an asynchronous format with several face-to-face immersions throughout the program. Clinicals will be



face-to-face with the potential of some synchronous telehealth clinicals. The degree awarded will be a DNP-PMH.

(C) Planned student enrollment;

The initial cohort will be 25 students. The plan is to increase enrollment every year by five until reaching a maximum enrollment of 50 students.

(D) Evidence of institutional accreditation by an agency recognized by the United State Department of Education;

George Fox University is accredited by the Northwest Commission on Colleges and Universities (NWCCU). Our most recent NWCCU accreditation was April 2021. The next site visit will be in spring 2028. George Fox will submit a program change to the NWCCU by January 2026 for development of the DNP in Psychiatric Mental Health program. George Fox is seeking national accreditation for our DNP program from the Commission on Collegiate Nursing Education (CCNE), with our site visit scheduled in September 2026 to review our DNP-NA program. This is our first DNP program, and it is currently accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA).

The College of Nursing is a part of the Division of Health and Behavioral Sciences at George Fox University. Currently the College of Nursing has an undergraduate baccalaureate program accredited by the Commission on Collegiate Nursing Education (CCNE). The most recent accreditation was September, 2022. The next site visit will be in fall 2032.

(E) Evidence of dedicated financial resources for planning, implementation, and continuation of the program;

George Fox University is committed to providing financial support for the development and maintenance of a PMHNP DNP program. George Fox University has already committed financial resources in the form of hiring a project manager and a program director for this program. Additionally, we have hired three core DNP faculty who are already working full-time teaching our DNP-NA students. These core faculty will help teach in all our DNP tracks. We will be posting for an assistant program director and an additional full-time faculty member, as well as additional adjunct faculty in late 2026. We have developed a ten-year budget projection, which includes an initial investment of more than \$1 million prior to enrolling the first cohort of students. See Appendix A: 10-year Financial Plan for GFU PMHNP Program.

(F) Description of anticipated educational resources, including facilities, and technological learning resources;



We consulted with a clinical architect on facility requirements. The DNP simulation facility space is approximately 10,444 sq feet. This includes three simulated ORs, four psychiatric mental health clinic spaces, a primary care clinic space, a home space, a flex ICU/L&D room, a two bay emergency room space, a two bay critical care space, a 55 seat skills deck, four debriefing rooms, and more than 1000 sq feet of storage space. There is additional space outside the simulation center for 15 faculty/staff offices, multiple classrooms, student lounge and study spaces, and various building support (IT, bathrooms, housekeeping, etc). The GFU DNP program is located at the GFU Portland Center located at 12753 SW 68th Ave Portland, OR 97223.

George Fox has invested in VALT camera and recording systems throughout the simulated spaces. The total initial investment for this is \$70,000. George Fox University's learning management system (LMS) is Canvas. Since the DNP program is hybrid, all exams are given on ExamSoft and utilize remote proctoring to ensure exam security. Any optional synchronous sessions will be recorded using zoom.

(G) Description of anticipated clinical resources;

Clinicals will consist of a variety of inpatient and outpatient settings, including urban and rural settings throughout Oregon. We are communicating with many of our current clinical partners discussing expansion into the PMHNP clinical needs. We are also planning on developing relationships with new clinical partners across the state. Anticipated initial clinical partners include:

- Oregon State Hospital
- Providence Health System (inpatient and outpatient locations)
- Salem Health
- Unity
- Virginia Garcia Clinics
- Willamette Valley Medical Center
- Yakima Valley Farmworkers Clinics

(H) Number of anticipated faculty and program administrators;

George Fox University has already committed financial resources in the form of hiring a project manager and a program director for the PMHNP program. Additionally, we have hired three core DNP faculty who are already working full-time teaching our DNP-NA students. These core faculty will help teach in all our DNP tracks. We have already hired a full-time simulation director, a full-time director of clinical experiences, and a full-time operations manager. We currently have a clinical manager position posted for the specialty track. We will be posting for an assistant program director and an additional full-time faculty member, as well as additional adjunct faculty in 2026.



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(I) A proposed timeline for developing and initiating the program.

The DNP-PMH program is in development. Program outcomes, curriculum, course descriptions and outcomes are currently being created, Development of clinical partnerships will be ongoing. Facilities have been built. Marketing and recruiting plans are in development. Our plan is to enroll the first cohort of 25 students in Fall 2027.

We appreciate OSBN's consideration of our preliminary development application and look forward to your response. Please let me know if you need any additional information and when this will be presented to the board.

Sincerely,

A handwritten signature in cursive script that reads 'Pamela Fifer'.

Pamela Fifer, EdD, MS, RN, CNE
Dean, College of Nursing
George Fox University
pfifer@georgefox.edu
503-554-2951



Appendix A

GEORGE FOX UNIVERSITY
PMHNP PROGRAM
PROJECTED INCOME STATEMENT

Sales	FY 2024	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032	FY 2033	FY 2034	FY 2035	FY24-FY35 Total
Program Tuition	\$ -	\$ -	\$ -	\$ 636,320	\$ 1,336,600	\$ 2,105,760	\$ 2,211,540	\$ 2,277,960	\$ 2,346,840	\$ 2,416,950	\$ 2,489,520	\$ 2,564,550	\$ 18,386,040
Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Donor and Grant Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenue	\$ -	\$ -	\$ -	\$ 636,320	\$ 1,336,600	\$ 2,105,760	\$ 2,211,540	\$ 2,277,960	\$ 2,346,840	\$ 2,416,950	\$ 2,489,520	\$ 2,564,550	\$ 18,386,040
Cost of Sales													
Faculty Salaries	\$ -	\$ -	\$ -	\$ 156,955	\$ 318,826	\$ 323,891	\$ 329,108	\$ 334,481	\$ 340,016	\$ 345,716	\$ 351,587	\$ 357,635	\$ 2,858,215
Taxes and Benefits	\$ -	\$ -	\$ -	\$ 47,086	\$ 95,648	\$ 97,167	\$ 98,732	\$ 100,344	\$ 102,005	\$ 103,715	\$ 105,476	\$ 107,291	\$ 857,464
Total Cost of Sales	\$ -	\$ -	\$ -	\$ 204,041	\$ 414,474	\$ 421,058	\$ 427,840	\$ 434,825	\$ 442,021	\$ 449,431	\$ 457,063	\$ 464,926	\$ 3,715,679
Gross Margin	\$ -	\$ -	\$ -	\$ 432,279	\$ 922,126	\$ 1,684,702	\$ 1,783,700	\$ 1,843,135	\$ 1,904,819	\$ 1,967,519	\$ 2,032,457	\$ 2,099,624	\$ 14,670,361
Gross Margin %	0%	0%	0%	68%	69%	80%	81%	81%	81%	81%	82%	82%	80%
Expenses													
SG&A													
Payroll	\$ -	\$ 120,125	\$ 247,458	\$ 570,923	\$ 566,733	\$ 583,804	\$ 601,317	\$ 619,360	\$ 637,938	\$ 657,077	\$ 676,789	\$ 697,093	\$ 5,978,617
Taxes and Benefits	\$ -	\$ 36,038	\$ 74,237	\$ 171,277	\$ 170,020	\$ 175,141	\$ 180,395	\$ 185,808	\$ 191,381	\$ 197,123	\$ 203,037	\$ 209,128	\$ 1,793,585
CNM Consultant	\$ -	\$ 20,000	\$ 60,000	\$ 100,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 180,000
Medical Supplies	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ 5,100	\$ 5,202	\$ 5,306	\$ 5,412	\$ 5,520	\$ 5,630	\$ 5,630	\$ 42,800
Travel and Meals	\$ -	\$ -	\$ -	\$ 5,000	\$ 5,100	\$ 5,202	\$ 5,306	\$ 5,412	\$ 5,520	\$ 5,630	\$ 5,743	\$ 5,743	\$ 48,656
Utilities	\$ -	\$ -	\$ -	\$ 9,933	\$ 10,132	\$ 10,334	\$ 10,541	\$ 10,752	\$ 10,967	\$ 11,186	\$ 11,410	\$ 11,410	\$ 96,665
Facilities Maintenance	\$ -	\$ -	\$ -	\$ 7,726	\$ 7,880	\$ 8,038	\$ 8,198	\$ 8,362	\$ 8,530	\$ 8,700	\$ 8,874	\$ 8,874	\$ 75,182
Memberships	\$ -	\$ -	\$ 2,000	\$ 2,040	\$ 2,081	\$ 2,123	\$ 2,165	\$ 2,208	\$ 2,252	\$ 2,297	\$ 2,343	\$ 2,343	\$ 21,852
Preceptor Education	\$ -	\$ -	\$ -	\$ -	\$ 9,000	\$ 9,180	\$ 9,364	\$ 9,551	\$ 9,742	\$ 9,937	\$ 10,136	\$ 10,136	\$ 77,046
Equipment Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000	\$ 5,100	\$ 5,202	\$ 5,306	\$ 5,412	\$ 5,520	\$ 5,520	\$ 37,060
Accreditation Fees	\$ -	\$ -	\$ 12,000	\$ 20,000	\$ 9,000	\$ 9,000	\$ 20,000	\$ 20,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 126,000
Professional Development	\$ -	\$ -	\$ 8,840	\$ 9,017	\$ 9,197	\$ 9,381	\$ 9,569	\$ 9,760	\$ 9,955	\$ 10,154	\$ 10,357	\$ 10,564	\$ 96,794
Technology Expenses	\$ -	\$ -	\$ -	\$ 12,000	\$ -	\$ -	\$ -	\$ -	\$ 15,600	\$ -	\$ -	\$ -	\$ 27,600
Total SG&A	\$ -	\$ 176,163	\$ 404,535	\$ 907,916	\$ 794,143	\$ 822,303	\$ 857,157	\$ 881,721	\$ 911,603	\$ 922,036	\$ 948,839	\$ 975,441	\$ 8,601,857
Course Development	\$ -	\$ -	\$ 120,528	\$ -	\$ 38,880	\$ 38,880	\$ 65,059	\$ 38,880	\$ 38,880	\$ 65,059	\$ 38,880	\$ 38,880	\$ 483,926
Marketing	\$ -	\$ -	\$ -	\$ 50,000	\$ 50,000	\$ 4,212	\$ 4,423	\$ 4,556	\$ 4,694	\$ 4,834	\$ 4,979	\$ 5,129	\$ 132,826
Depreciation	\$ -	\$ 23,093	\$ 23,093	\$ 62,979	\$ 62,979	\$ 62,979	\$ 62,979	\$ 62,979	\$ 62,979	\$ 74,945	\$ 74,945	\$ 74,945	\$ 648,894
Total Expenses	\$ -	\$ 199,256	\$ 548,157	\$ 1,020,895	\$ 946,002	\$ 928,374	\$ 989,618	\$ 988,136	\$ 1,018,156	\$ 1,066,874	\$ 1,067,642	\$ 1,094,395	\$ 9,867,504
Operating Income	\$ -	\$ (199,256)	\$ (548,157)	\$ (588,615)	\$ (23,876)	\$ 756,328	\$ 794,082	\$ 854,999	\$ 886,663	\$ 900,645	\$ 964,814	\$ 1,005,229	\$ 4,802,858
Operating Income %	0%	0%	0%	-93%	-2%	36%	36%	38%	38%	37%	39%	39%	26%
Capital Expenditures													
Specialized Equipment	\$ -	\$ -	\$ -	\$ 279,200	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 362,960	\$ -	\$ -	\$ 642,160
Remodel / Build	\$ -	\$ 884,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 884,000
Total Capital Expenditures	\$ -	\$ 884,000	\$ -	\$ 279,200	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 362,960	\$ -	\$ -	\$ 1,526,160
Total Investment	\$ -	\$ 1,083,256	\$ 548,157	\$ 1,300,095	\$ 946,002	\$ 928,374	\$ 989,618	\$ 988,136	\$ 1,018,156	\$ 1,429,834	\$ 1,067,642	\$ 1,094,395	\$ 11,393,664



July 12, 2024

Robin E. Baker
President
George Fox University
414 North Meridian Street
Newberg, OR 97132-2697

Dear President Baker:

This letter serves as formal notification and official record of action taken by the Northwest Commission on Colleges and Universities (NWCCU) at its meeting on June 18-21, 2024, concerning the Spring 2024 Mid-Cycle Review of George Fox University.

Accreditation

Accept the Report

Status of Previous Recommendations Addressed in this Evaluation

- Recommendation 1: Spring 2021 Evaluation of Institutional Effectiveness - Fulfilled
- Recommendation 2: Spring 2021 Evaluation of Institutional Effectiveness - Continued as Needs Improvement
- Recommendation 3: Spring 2021 Evaluation of Institutional Effectiveness – Fulfilled

Recommendations Substantially in Compliance but in Need of Improvement

The Commission recommends that George Fox University:

- Recommendation 2: Spring 2021 Evaluation of Institutional Effectiveness - Implement processes and procedures for analyzing student achievement data to inform continuous improvement and mitigate gaps in achievement and equity. (2020 Standard(s) 1.D.4)

Future Evaluations

- Ad Hoc Report with Visit Spring 2026
 - Recommendation 2: Spring 2021 Evaluation of Institutional Effectiveness
- Year 6 - Standard 2 - Policies, Regulations, and Financial Review Spring 2027
- Year 7 - Evaluation of Institutional Effectiveness Spring 2028

NWCCU is committed to an accreditation process that adds value to institutions while contributing to public accountability, and we thank you for your continued support of this process. If you have questions about any of the information in this letter, please contact your staff liaison, Dr. Ron Larsen, at rlarsen@nwccu.org.

Sincerely,

Sonny Ramaswamy
President

cc: Dr. Christine Lawton, Executive Director of Institutional Effectiveness
Mr. Stephen M. Tatone, Board Chair
Dr. Duane Slemmer, Associate VP for Institutional Effectiveness, Northwest Nazarene University
Mr. Ben Cannon, Executive Director, Oregon Higher Education Coordinating Commission



June 25, 2025

VIA EMAIL

William Prosser, DNAP, MSN, CRNA
 CRNA Program Director
 George Fox University
 Nurse Anesthesia Program
 414 Meridian St.
 Newberg, OR 97132

Subject: Distance Education Approved - Additional Documentation Approved

Dear Dr. Prosser:

During its May 20-22, 2025 meeting, the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) reviewed the outline for requesting approval of a distance education program completed by the George Fox University Nurse Anesthesia Program to measure the program's compliance with the COA's *Accreditation Policies and Procedures*, "Distance Education." The COA approved the program's distance education offering as a distance education program pending receipt and approval of additional documentation including: 1) evidence of distance education training for CRNA and non-CRNA course directors; 2) clarification regarding distance education course fees; and 3) clarification regarding how the program will compare outcomes of its distance education courses to traditional face-to-face courses. The program's additional documentation was submitted and found to be complete and responsive to the COA's request for additional information.

Approval of this outline defines the nurse anesthesia program as a distance education program (ref. policy). Please note that such education is subject to review and evaluation by onsite reviewers during the program's next onsite review.

I wish the program continued success in its educational endeavors.

Sincerely,

A handwritten signature in black ink that reads "Francis Gerbasi".

Francis Gerbasi, PhD, CRNA, FAAN
 Chief Executive Officer

c: Aaron Whitley, DNP, CRNA
 Pamela Fifer, EdD, MSN, RN, CNE
 Robin Baker, PhD

FG/sm

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June 25, 2025

VIA EMAIL

William Prosser, DNAP, MSN, CRNA
CRNA Program Director
George Fox University
Nurse Anesthesia Program
414 Meridian St.
Newberg, OR 97132

Subject: Initial Accreditation Awarded – Additional Documentation Approved

Dear Dr. Prosser:

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) has reviewed the requested documentation related to the distance education application. Your documentation was found to be complete and responsive to the COA's request for additional information and resolves the program's compliance with Standard E.7.

This decision recognizes that the program will provide a graduate level curriculum leading to the award of a Doctor of Nursing Practice-Nurse Anesthesiology degree. A certificate designating this accreditation, effective May 20, 2025, will be sent under separate cover. It is the COA's understanding that the effective starting date of the program is August 2025. Notification must be provided to the COA if the effective date is different or changes.

As the CRNA program administrator of an accredited nurse anesthesia program, you will be required to complete annual reports each year. The annual report is web-based and electronically transmitted to the COA.

Additionally, two (2) years after the start of the program's first class of students, the program is to submit confidential and anonymous faculty and student evaluations of the program. Further information regarding the evaluations will be sent to you in **Spring 2027**.

A second onsite visit to the program will be conducted after five (5) years following the start of the program's first class of students. This will allow time for certification examination scores and other measures of student achievement to be assessed by the program and reviewed by an onsite review team prior to consideration for continued accreditation. Accordingly, the program will be scheduled for its next onsite visit in **Fall 2030** followed by the Council's review of the program for continued accreditation in **Spring 2031**.

June 25, 2025
William Prosser, DNAP, MSN, CRNA
George Fox University
Nurse Anesthesia Program
Page 2

Every nurse anesthesia program has a unique program code. The code for the George Fox University Nurse Anesthesia Program is 523651, which eventually will be published in appropriate documents. This letter also is copied to the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) and the American Association of Nurse Anesthesiology (AANA) as notification of the name of the program and that accreditation has been attained.

Lastly, please review the following sections of the program's COAccess portal. We request that you update this data **within five (5) days** after receipt of this letter.

- Related Contacts – verify/add individuals to be copied on correspondence from the Council (ref. COAccess Reference Library, user guide titled *Updating Other Program Contacts* for directions):
 - a. required: person to whom program administrator reports; CEO and/or president of conducting institution(s) or organization(s); chief academic officer of conducting institution(s) or organization(s)
 - b. other individuals as designated by program
- Program details – verify that the following information is completed:
 - a. Public Phone
 - b. Program's Website Address
 - c. Public Email
- Degrees – enter all data related to the degree(s)

If you would like the assistant program administrator or one (1) program official in addition to the program administrator to appear in the COA's List of Recognized Programs (LORP), please let your accreditation specialist know. Should you need assistance with COAccess, please contact Accreditation at accreditation@coacrna.org.

On behalf of the COA, I not only thank you for your cooperation in submitting the requested documentation, I also congratulate you on the COA's decision. I wish you continued success in your educational endeavors.

June 25, 2025
William Prosser, DNAP, MSN, CRNA
George Fox University
Nurse Anesthesia Program
Page 3

Sincerely,



Francis Gerbasi, PhD, CRNA, FAAN
Chief Executive Officer

c: Aaron Whitley, DNP, CRNA
Pamela Fifer, EdD, MSN, RN, CNE
Robin Baker, PhD
Brenda Wands, PhD, MBA, CRNA, FAANA, CHSE
Michael Greco, PhD, DNP, MBA, CRNA, FNP, AGACNP-BC, FAANA
John C. Preston, DNSc, CRNA, FAAN, FNAP, FAANA, APRN
Christopher Gill, PhD, MBA, CRNA, FACHE
Kathryn Berry, MEd
Nathan Chamberlain, CAE

FG/sm

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COMMISSION ON
COLLEGIATE NURSING
EDUCATION

655 K STREET NW
SUITE 750
WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

May 24, 2023

Pamela Fifer, MS, CNE, RN
Director
School of Nursing
George Fox University
414 North Meridian Street, #6273
Newberg, OR 97132-2697

Dear Ms. Fifer:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 25-28, 2023, to grant accreditation to the **baccalaureate degree program in nursing** at George Fox University for 10 years, extending to June 30, 2033. The accreditation action is effective as of September 28, 2022, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2032.

The program was considered by the Board using the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (Standards)* (2018).

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there is a compliance concern with respect to Key Element II-E.

A compliance report must be submitted to demonstrate the program's compliance with the following key element:

Demonstrate that faculty are academically prepared for the areas in which they teach (Key Element II-E). Specifically, demonstrate that faculty teaching in the nursing program have a graduate degree, as it appears that some faculty teaching in the nursing program do not hold a graduate degree. While the program provided sufficient information for the Board to determine that the two adjunct faculty members who are not teaching in their specialty areas are academically and experientially prepared for the areas in which they teach, the program did not provide sufficient justification with supporting evidence to demonstrate that the 13 of 21 clinical adjunct faculty without graduate degrees are academically and experientially prepared for the areas in which they teach. Stating that the Oregon Board of Nursing accepts their credentials is not an acceptable justification to demonstrate compliance. For the Board's consideration in assessing compliance, for each faculty member who does not have a graduate degree, please provide details regarding academic and experiential qualifications (e.g., enrollment in a graduate program, relevant continuing education, years of experience in a related area of practice) and a description of any oversight/supervision provided by graduate-prepared faculty.

The deadline for submitting the compliance report to CCNE is June 1, 2024. Please email the report, along with appendices, if any, as a PDF attachment to ccnereports@ccneaccreditation.org.

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the midpoint of the accreditation term. The deadline for submitting the CIPR to CCNE is June 1, 2028.

Please note that each aforementioned report needs to demonstrate the program's compliance with the CCNE standards that are in effect at the time of the report's submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards and/or key elements to be addressed in the report and provide guidance for the preparation of the report. The Report Review Committee, and then the Board of Commissioners, review each report. For more information about reports and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. A certificate of accreditation is enclosed.

In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at <http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate>. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

As a reminder, programs are expected to comply with the CCNE standards and procedures throughout the period of accreditation. These documents are available at <https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines>. Information on advising CCNE in the event of a substantive change affecting the nursing program is available at <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications>. Substantive change notifications must be received by CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,



Philip R. Martinez, Jr., EdD, MSN, APRN-BC, CCRN-CMC
Chair, CCNE Board of Commissioners

cc: President Robin E. Baker
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team



Oregon

Tina Kotek, Governor

Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland OR 97224
Oregon.BN.Info@osbn.oregon.gov
www.oregon.gov/OSBN

MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: July 27th, 2026

Re: Western University of Health Sciences, RN Program, Application for Initial Approval

Western University of Health Sciences (WesternU) has submitted an application for the initial approval of admission of students to their new master of science nursing-entry (MSNE) registered nursing program. This application represents Step 2 of the new program approval process, and contains the required evidence per OAR 851-021-0010(2):

- Employment of a nursing administrator;
- Employment of nurse educators, other educators and administrative support;
- Current institutional catalog, including information provided to students regarding program accreditation and approvals;
- The proposed curriculum plan;
- Evidence of adequate clinical placements for the program with supporting documentation;
- A systematic plan of evaluation of the curriculum and program;
- Policies related to admission, progression, retention, and graduation;
- Policies and strategies to address students' needs including accommodations, learning disabilities, English as an international language, and remediation tactics for students performing below standard and for when clinical errors occur;
- Advanced Practice Registered Nursing (APRN) education programs must provide verification of candidacy for accreditation.

The proposed RN program will award a masters degree and has planned for an initial cohort of 25-30 students, launching in Fall 2027. If initial approval is granted, the Board will consider full approval of the program, in Step 3, following the graduation of their first cohort.

M.S.C. _____/_____ that Western University of Health Sciences application for initial approval of their pre-licensure registered nursing program (be/not be) approved as (presented/modified).

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.



College of
Graduate Nursing

WESTERN UNIVERSITY OF HEALTH SCIENCES
College of Graduate Nursing Northwest

Master of Science in Nursing-Entry (MSNE)

Oregon State Board of Nursing
Step 2 Application for Initial Approval for Admission of Students
Lebanon, Oregon

Proposed Implementation: August 2027
Initial Enrollment Request: 25 Students

Primary campus address: 2665 S. Santiam Highway, Lebanon, OR 97355

Prepared for: Oregon State Board of Nursing review

Prepared by: Western University of Health Sciences, College of Graduate Nursing Northwest

Memorandum

To: Oregon State Board of Nursing

From: Mary Lopez, PhD, MSN, RN, Dean, Michael Marinello DNP, MSN, APRN, Site-Dean, Sarah Jacques, DNP, MSN, APRN, Program Director, College of Graduate Nursing, Western University of Health Sciences

Date: July 29, 2026

Re: Western University of Health Sciences Step 2 Application for Initial Approval for Admission of Students

Western University of Health Sciences submits this Step 2 application for Initial Approval for Admission of Students for the Master of Science in Nursing-Entry (MSNE) program proposed for the WesternU College of Graduate Nursing Northwest campus in Lebanon, Oregon.

This application follows the Oregon State Board of Nursing's approval of WesternU's preliminary development application. The Oregon State Board of Nursing reviewed WesternU's preliminary development application on February 19, 2026, and the Board voted to approve the preliminary application as presented. OSBN's February 24, 2026 letter authorized WesternU to prepare the application for Initial Approval of Admission of Students.

WesternU will not admit or enroll students into the Oregon MSNE program until OSBN grants initial approval and all other required institutional, accreditation, state authorization, and operational requirements are satisfied.

OSBN contact credentials have been confirmed against the Board's February 24, 2026 letter.

1. Executive Summary

Western University of Health Sciences is a private, not-for-profit health sciences university with an established Oregon presence in Lebanon. WesternU currently operates the College of Osteopathic Medicine of the Pacific-Northwest (COMP-Northwest) and the College of Health Sciences-Northwest physical therapy program (CHS-Northwest). The College of Graduate Nursing seeks to extend nursing education to the Lebanon, Oregon campus through the Master of Science in Nursing-Entry program.

The Oregon MSNE program is an extension of WesternU College of Graduate Nursing's existing nursing education capacity and experience. It is not intended to be a copy of the Pomona, California program. The Oregon curriculum, clinical model, student support

structure, and implementation plan are being adapted to fit Oregon’s regulatory requirements, local clinical resources, higher education partners, workforce needs, and community context.

The CGN’s mission, vision, and values set the foundation to achieve educational excellence through a structure that addresses nursing education, leadership, and quality improvement, through interprofessional collaboration, scholarship, and practice.

Mission

Our mission is to advance nursing education, using a humanistic approach, to enhance health equity and quality of life. We accomplish this mission by cultivating relationships and academic-service partnerships across health systems that further interprofessional collaboration, scholarship, and practice.

Vision

We are innovative catalysts educating nursing professionals who become expert clinicians, leaders, and system partners, transforming the health of people worldwide.

Values



Purpose

The purpose of the CGN at Western University of Health Sciences (WesternU) is to educate nurses for the current and future workforce. The CGN accomplishes this purpose by providing various pathways and specialty concentrations. The CGN’s offerings of either a Master of Science in Nursing (MSN) degree, a Doctor of Nursing Practice (DNP) degree or any of the post-graduate certificate options meet or exceed nursing educational standards.

The proposed program will award the Master of Science in Nursing degree. Upon successful completion of all program requirements, graduates will be prepared to apply for

RN licensure and the NCLEX-RN, subject to Oregon State Board of Nursing requirements. Licensure eligibility is determined by OSBN and applicable law.

The Oregon MSNE program is planned as a five-semester program with 74 total semester units and 855 clinical hours. Clinical credit is calculated at 45 clinical hours per one clinical unit. The first cohort is planned for August 2027 with an initial enrollment request of 25-30 students.

WesternU's request for 25-30 students is intentional and conservative. It supports a controlled launch, protects clinical partners, avoids displacement of existing Oregon nursing students, and allows the program to validate faculty staffing, simulation readiness, student support systems, and clinical placement operations before any future growth is considered.

Our application follows OAR 851-021-0010(2)

(2) Step 2 - Initial Approval for Admission of Students:

(a) The proposed program must provide the Board with evidence that the following program components and processes have been completed at least six months prior to the planned start date:

(A) Employment of a nursing administrator;

(B) Employment of nurse educators, other educators and administrative support;

(C) Current institutional catalog, including information provided to students regarding program accreditation and approvals;

(D) The proposed curriculum plan;

(E) Evidence of adequate clinical placements for the program with supporting documentation;

(F) A systematic plan of evaluation of the curriculum and program;

(G) Policies related to admission, progression, retention, and graduation;

(H) Policies and strategies to address students' needs including accommodations, learning disabilities, English as an international language, and remediation tactics for students performing below standard and for when clinical errors occur;

(I) Practical nursing (PN) and associate degree nursing education programs must have a signed articulation agreement for program graduates into the next level of nursing education;

(J) PN and registered nursing (RN) education programs must provide a timeline for attainment of national nursing program accreditation; and

(K) Advanced Practice Registered Nursing (APRN) education programs must provide verification of candidacy for accreditation.

The application's narrative is organized to demonstrate each of these evidentiary elements, using a narrative format wherever possible. Tables, charts, and graphics are intentionally minimized. Appendices are attached separately as evidence files.

2. Institutional Overview and Oregon Campus Context

Western University of Health Sciences is a health sciences university with a long-standing focus on humanistic education, interprofessional learning, and preparation of health professionals for service to patients, families, and communities.

The Lebanon, Oregon campus is an established WesternU health sciences campus.

Existing campus activity includes College of Osteopathic Medicine Program (COMP)-Northwest and College of Health Sciences (CHS)-Northwest physical therapy education.

The addition of the College of Graduate Nursing Northwest is designed to strengthen

WesternU's interprofessional health sciences presence in Oregon and expand access to nursing education in a region with documented workforce need.

The College of Graduate Nursing Northwest will operate at 2665 S. Santiam Highway, Lebanon, OR 97355. The program has sufficient dedicated space within the facility for nursing education, faculty and staff operations, student learning, skills practice, and simulation.

WesternU is also developing a new simulation laboratory, also located at 2665 S. Santiam Highway, specialized for nursing simulation. The simulation laboratory is intended to support skills acquisition, clinical judgment development, safe practice preparation, interprofessional learning, and scenario-based learning aligned with the Oregon MSNE curriculum.

Facility documentation states the building's total square footage as 45,867 square feet in the architectural floor plan description.

The building includes three classrooms (1,077 / 1,136 / 1,081 sq ft; capacity up to 73 each, or 173 combined when the retractable dividing wall is opened), three skills labs (1,461 / 1,475 / 1,487 sq ft; combined capacity up to 100), 32 private faculty/staff offices, a 260 sq ft adjunct faculty workstation, a 610 sq ft administrative assistant workstation, and two 171 sq ft conference rooms with a moveable dividing wall. Student spaces include a 2,160 sq ft lounge/kitchen, a 598 sq ft study room, a 1,363 sq ft study lounge, two private testing rooms, and a meditation room. Each classroom is equipped with a podium and computer, cameras, a projector screen, two wand microphones, two lavalier microphones, ceiling microphones, and four HD television screens. Building access uses key-card entry with on-site security available during posted hours (6:00 a.m.–2:00 a.m.).

The building also includes four storage closets (107–187 sq ft each). Existing parking (a front lot plus a rear gravel lot) currently serves Physical Therapy enrollment; the addition of 25–50 nursing students, 7 nursing faculty including the Site Dean and MSNE Director, and 3 nursing staff is expected to be accommodated using both lots.

The College of Graduate Nursing Northwest and the existing Physical Therapy program will share classrooms, offices, and adjacent space under a joint scheduling protocol both programs have agreed to, intended to maximize student access and meet the instructional needs of both programs fairly.

A multi-year (FY27–FY32) revenue and expense pro forma for the Oregon MSNE program has been developed and has received Western University of Health Sciences Board of

Trustees approval, satisfying the evidentiary requirement for dedicated financial resources for planning, implementation, and continuation of the program. Pro forma assumptions include maintaining the FY26 MSNE curriculum and unit rate, 2.5% annual tuition increases, maintained application and graduation fees, 2.5% annual faculty/staff salary increases, and a 40% indirect cost allocation (subject to change). The model reflects planned Nursing Simulation Center capital investment and projects the program reaching a positive net surplus after indirect allocation by FY31.

3. Program Rationale and Community Need

WesternU proposes the Oregon MSNE program in response to the state and regional need for additional nursing education capacity. Oregon workforce reports continue to identify nursing education capacity, clinical placement availability, nurse faculty recruitment, geographic distribution of nurses, and retention as major workforce issues. The 2025 Oregon Health Care Workforce Needs Assessment reports that Oregon has a lack of capacity in high-demand education programs, including nursing and behavioral health. The report also states that approximately 72% of Oregon's annual demand for new registered nurses is met by graduates of Oregon nursing programs. The same report notes that Oregon nursing programs graduate the third lowest number of nurses per capita of any state and estimates that program capacity would need to increase by almost 70%, or approximately 1,000 additional graduates per year, to meet state demand for new RNs. The Oregon MSNE program is therefore designed to add capacity carefully. The program is not designed to compete irresponsibly for clinical placements or displace existing Oregon nursing students. The program will rely on collaboration with clinical agencies, regulators, and other nursing education stakeholders. WesternU's approach is simple: build capacity without creating chaos.

The initial cohort size of 25-30 students reflects this commitment. The program will validate clinical placements, simulation resources, faculty hiring, student services, and outcomes before considering future enrollment growth.

Oregon's nursing workforce shortage is projected to worsen over the coming decade: workforce reports estimate a 16% shortage in 2025, rising to 18% by 2030 and 20% by 2035, with an estimated RN employment gap of 13,474 to 21,636 nurses statewide. Approximately 72% of Oregon's annual demand for new RNs is currently met by graduates of Oregon nursing programs, with the remainder made up by RNs licensed by

endorsement from other states. Oregon's existing RN education programs have capacity to enroll only about one in four qualified applicants, and existing nursing programs are concentrated in coastal and urban areas, creating a strategic opportunity for a program supplying nurses to the Willamette Valley and Central Oregon.

Regional Workforce and Community Context

The following summarizes current hospital/acute care, public health, long-term care, and behavioral health workforce conditions in Linn, Benton, Marion, and Lane counties — the counties anchoring the CGN NW clinical service area — and surrounding communities served by Samaritan Health Services, Salem Health, and PeaceHealth.

Hospital and Acute Care Workforce

Statewide, only 74.7% of Oregon's licensed registered nurses were actively practicing as of 2023, and Oregon's nursing education programs currently produce enough graduates to meet only about 72% of annual statewide demand for new nurses. The Oregon Center for Nursing projects approximately 29,000 nursing job openings statewide through 2032.

Sources: Oregon Health Care Workforce Needs Assessment 2025 (Oregon Health Authority/Oregon State University College of Health), as reported by Central Oregon Daily, January 2025; PeaceHealth/Catholic Health Association of the United States, "PeaceHealth Works to Counteract Oregon Nursing Shortage," September 2024.

In the Linn-Benton-Lincoln region, Samaritan Health Services (hospitals in Lebanon, Albany, Corvallis, and Newport) and its regional partners identified inadequate access to primary care physicians, behavioral health providers, and dentists as a top regional health theme in the 2022–2026 Regional Health Assessment, conducted jointly by the Linn, Benton, and Lincoln County health departments, Samaritan Health Services, InterCommunity Health Network Coordinated Care Organization, the Confederated Tribes of Siletz Indians, and United Way of Linn, Benton & Lincoln Counties. Samaritan separately conducts a Community Health Needs Assessment in each county it serves every three years.

Source: Partnership for Community Health, Linn, Benton, and Lincoln Counties Regional Health Assessment, 2022–2026; Samaritan Health Services, Community Benefit & Grants program materials.

In Marion County, Salem Health (hospitals and clinics throughout Marion and Polk counties) holds Magnet designation for nursing excellence, a distinction held by only about 10% of U.S. hospitals — but the county's broader behavioral health/acute psychiatric workforce has faced acute strain: the Oregon State Hospital's Salem campus reported a 12% overall staff vacancy rate, including roughly one in four licensed practical nurse

positions and one in five psychiatric care provider positions vacant, prompting a \$33 million state funding plan to add 359 nursing and mental health positions across the hospital's Salem and Junction City campuses.

Source: Salem Reporter, "State Hospital Leaders Float Plan to Hire Hundreds of Nursing Workers, Despite Workforce Shortages," September 2022; Salem Health, Nursing Excellence program materials.

In Lane County, PeaceHealth Sacred Heart Medical Center at RiverBend, a Level II trauma center serving Lane County and the surrounding region, identified workforce shortages as a priority concern in its 2025 Community Health Needs Assessment, noting strain on filling clinical roles across the service area. PeaceHealth's Institute for Nursing Excellence, launched in 2022, partners with Lane Community College and Bushnell University in Eugene to build a regional nursing pipeline.

Source: PeaceHealth Sacred Heart Medical Center at RiverBend, Community Health Needs Assessment 2025–28; PeaceHealth/Catholic Health Association, September 2024.

Public Health Workforce

Oregon's governmental public health workforce has faced sustained capacity pressure: statewide public health staffing per resident fell 28% between 2010 and 2019, and per-resident public health expenditures fell 17% between 2010 and 2021. A 2024 survey of public health administrators and HR professionals at 29 of Oregon's 33 local public health authorities, conducted by the Coalition of Local Health Officials, identified reduced budgets, staff layoffs, and cuts to full-time positions — particularly affecting nurses and epidemiologists in rural areas — as the most pressing workforce challenges. Nearly half of the state's remaining public health workforce is approaching retirement or otherwise leaving the field.

Sources: Oregon Coalition of Local Health Officials (CLHO), "Oregon's Public Health Workforce" and 2024 statewide LPHA workforce survey, as reported by NBC16, May 2025.

Linn, Benton, and Marion counties each maintain local public health authorities that, consistent with Oregon's statewide public health modernization framework under ORS 431.413, are required to periodically assess and update local capacity plans; most local public health authorities based their current modernization plans on capacity and cost assessments conducted in 2024.

Source: Oregon Health Authority, Public Health Modernization program, Modernization Capacity and Cost Assessment, April 2025.

Long-Term Care Workforce

Oregon's long-term care sector faces a severe and well-documented staffing shortage. A federal minimum staffing standard finalized in 2024 would have required nursing facilities to provide 3.48 total nursing staff hours per resident day (including 0.55 RN hours and 2.45 nurse aide hours) and to maintain a registered nurse on-site 24 hours a day, seven days a week; as of the Oregon Health Care Association's 2024 State Report, nearly all (97%) of Oregon nursing facilities could not meet the 24/7 RN requirement. (CMS moved to rescind this federal minimum staffing mandate in late 2025, so the specific numeric standard should be treated as unsettled; the underlying workforce shortage it responded to remains well documented.) Within the Linn-Benton-Marion-Lane corridor specifically, Oregon's more advanced CNA2 certification — required for CNAs to work in acute and higher-acuity long-term care settings — is available only through training programs concentrated along the I-5 corridor, which includes all four target counties, giving this region comparatively better access to advanced CNA training than most of rural Oregon.

Sources: Oregon Health Care Association, 2024 Oregon Long Term Care State Report; Case Management Society of America, "Long-Term Care's Staffing Crunch," February 2026; Oregon Legislative Policy and Research Office, Issue Brief — Oregon's Post-Acute Workforce, May 2024.

Behavioral Health Workforce

Statewide, the full-time-equivalent behavioral health workforce grew modestly from 1.15 to 1.25 providers per 1,000 residents between 2023 and 2024, and Oregon was home to more than 16,000 licensed behavioral health providers as of May 2024. Despite this growth, a 2024 national ranking placed Oregon 47th among states for the relationship between mental illness prevalence and access to care. Regional experience varies: Lane County reports a comparatively favorable ratio of 90 residents per mental health provider, well below the statewide average of 150 and the national average of 320, while Marion County's acute psychiatric capacity — concentrated at the Oregon State Hospital's Salem campus — has faced some of the most acute documented vacancy rates of any behavioral health workforce segment in the region (see Hospital and Acute Care Workforce, above).

Sources: Oregon Health Authority, 2025 Health Care Workforce Needs Assessment, as reported by Central Oregon Daily, January 2026; PeaceHealth Peace Harbor Medical Center Community Health Needs Assessment, 2025.

WesternU continues to build direct relationships with public health authorities and clinical partners across Linn, Benton, Marion, and Lane counties, consistent with the collaborative, non-displacing approach described throughout this application.

4. Employment of a Nursing Administrator

Dean, CGN-California and CGN Northwest: Mary Lopez, PhD, MSN, RN.

Site Dean, CGN-Northwest: Michael Marinello, DNP, MSN, RN.

Program Director, MSNE- CGN Northwest: Sarah Jacques, DNP, MSN, RN.

The Dean, Dr. Mary Lopez, provides college-level leadership and accountability for academic quality, faculty development, strategic planning, resource stewardship, accreditation, and regulatory alignment. The Site Dean, Dr. Michael Marinello, provides Oregon campus leadership, supports local implementation, develops and maintains community and clinical relationships, supports faculty and staff, and represents CGN-Northwest in collaboration with WesternU leadership and regional partners.

The Program Director, Dr. Sarah Jacques, provides direct program leadership for curriculum implementation, student progression, academic operations, faculty coordination, clinical education planning, program evaluation, and regulatory documentation.

5. Employment of nurse educators, other educators, and administrative support

Three full-time faculty with the specialties of Pediatrics, Gerontology, and Obstetric nursing, are being interviewed now and will start upon hire in August/September, 2026. Initial faculty planning includes expertise across adult health, psychiatric mental health, gerontology, obstetric nursing, pediatric nursing, public health, leadership, simulation, pharmacology, pathophysiology, and graduate-level nursing education. It is understood that faculty must be sufficient in number and qualification to meet program outcomes, course outcomes, clinical supervision needs, student support needs, and OSBN expectations. Oregon RN licensure and faculty qualifications will be verified as applicable before faculty assumes program responsibilities.

The number of adjunct clinical faculty remains to be determined based on final clinical placements, clinical schedule, faculty-to-student ratios, and specialty needs. Adjunct Clinical Faculty will be hired in January 2027 with start dates in August, 2027.

An Assistant Director/Program Manager and a Director of MSNE Student Affairs will be hired June, 2027 and report to the Program Director. An Administrative Assistant and a Simulation Manager/Director of Operations will be hired in January 2027 and report to the Site Dean. A full organizational chart is provided as Appendix D.2.

All faculty will hold current, unencumbered Oregon RN licensure, and each faculty member's qualifications must meet the applicable OSBN tier for their role: Nurse

Administrator (master's degree in nursing plus 5 years' full-time nursing experience, including at least 2 in patient care and at least 3 in a Nurse Educator or administrative role), Nurse Educator (master's degree in nursing plus 3 years' full-time patient care experience and demonstrated teaching competency), or Nurse Educator Associate (bachelor's degree in nursing plus 2 years' full-time patient care experience). OSBN also sets explicit faculty-to-student ratios for clinical supervision: 1 faculty to 8 students for direct patient care and community health settings, 1 preceptor to 2 students in a Dedicated Education Unit, and 1 preceptor to 1 student in the final clinical practicum. A detailed qualification and ratio addendum is provided as Appendix D.1.

6. Current Institutional Catalog

The catalog for the College of Graduate Nursing -California and the College of Graduate Nursing – Northwest is included here. Within the catalog there is communication provided to the public including students regarding program accreditation with CCNE. Within this document CGN-Northwest policies are outlined in further detail.



2026-2027-cgn-catalog.pdf

7. Program Overview, Proposed Enrollment, and Admission Policies

Program name: Master of Science in Nursing-Entry (MSNE).

Institution: Western University of Health Sciences.

College: College of Graduate Nursing Northwest.

Campus location: Lebanon, Oregon.

Degree awarded: Master of Science in Nursing.

Proposed first cohort: August 2027.

Initial enrollment request: 25-30 students.

Program length: five semesters.

Total program units: 74 semester units.

Total clinical hours: 855 clinical hours.

Clinical credit calculation: one clinical unit equals 45 clinical hours.

The proposed Oregon MSNE program is designed for students with a baccalaureate degree or higher in a field other than nursing. Students will complete pre-licensure nursing

education and graduate-level nursing coursework leading to the Master of Science in Nursing degree and become eligible to take the NCLEX.

Admissions will open in September 2026, contingent on receipt of OSBN Step 2 Initial Approval, and close in April 2027. Admissions opening is gated on OSBN approval rather than a fixed calendar date; if approval is delayed, the admissions window and subsequent milestones (file review, interviews, admission letters) shift accordingly.

Admissions administration for the Oregon MSNE program will follow WesternU's existing centralized enrollment management structure. Recruitment and admissions is a university-wide function coordinated through a reciprocal relationship between WesternU's Office of Recruitment, Office of Admission, and Enrollment Data Services, and the College of Graduate Nursing. Consistent with this structure, CGN faculty establish and periodically review minimum admission criteria for each program offering, including the Oregon MSNE program. Admission criteria are publicly disclosed through the CGN website and the CGN student/program handbook.

Application review for the Oregon MSNE program will follow CGN's existing admission review process. Prospective students submit application materials (transcripts, letters of reference, personal statements) to WesternU's Enrollment Data Services, which are entered into the Banner Document Management (BDM) system. Office of Admission staff calculate applicant GPAs and confirm each application is complete and satisfies minimum requirements; admission counselors advise prospective students on the suitability of prerequisite coursework. Once an application is complete, the CGN Director of Student Services directs at least two CGN faculty members to independently review the application against a standardized rubric in the BDM system and score it. Faculty scores are evaluated by a CGN admissions team, which recommends a list of candidates to the Office of Admissions.

Source: 2026 Self-Study Report for CCNE Accreditation, College of Graduate Nursing, Key Element II.D (Enrollment Management, Recruitment and Admissions).

This process is overseen by CGN's Admissions and Recruitment Committee, comprised of CGN faculty and staff, the CGN Director of Student Services, WesternU's Director of Admissions, and university recruiter(s) assigned to nursing. The committee holds monthly meetings and an annual joint meeting with WesternU's Enrollment Management team to review the admissions process, set enrollment-cycle goals, and review findings from the Annual Strategic Enrollment Management Report. The MSN-E track specifically accepts

applicants holding a non-nursing baccalaureate degree (or higher) who have completed the program's mandated prerequisite coursework.

Source: 2026 Self-Study Report for CCNE Accreditation, College of Graduate Nursing, Key Element II.D and Standard III curriculum narrative (MSN-E Pre-Licensure track description).

Application Requirements and Prerequisite Coursework

Consistent with CGN's published admission requirements, applicants to the MSN-E track must hold a bachelor's degree (BA or BS) from a regionally accredited U.S. institution and submit: a completed application including essays addressing the applicant's motivation for graduate nursing study, career goals, and relevant background; two reference forms completed by a non-relative supervisor or faculty member; a curriculum vitae or résumé; the application fee; official transcripts from all colleges and universities attended; and, for ESL applicants, TOEFL scores. Admissions Committee decisions are final.

Applicants must have a minimum GPA of 3.0 in their last 60 semester units (or 90 quarter units) and must complete the following prerequisite courses with a grade of C or better in each: Communications/English Composition (6 semester units, two courses minimum); Statistics (3 semester units); Social Sciences (3 semester units); Psychology (3 semester units); Nutrition (3 semester units); Human Anatomy with lab (4 semester units, or 5 if combined with Physiology); Human Physiology with lab (4 semester units, or 5 if combined with Anatomy); and Microbiology with lab (4 semester units).

Source: MSNE Oregon 2027–2028 Catalog, Admission Requirements and Prerequisite Requirements sections.

Interview Process

Not all applicants are interviewed; applicants selected for further review complete an on-campus or virtual interview as part of the admission decision process.

Source: MSNE Oregon 2027–2028 Catalog, Admission Requirements section.

International Applicants

International applicants who are not U.S. citizens and are living in the U.S. must be prepared to provide proof of legal U.S. residency at the time of interview; proof of legal U.S. residency is required prior to any offer of acceptance.

Source: MSNE Oregon 2027–2028 Catalog, International Applicants section.

Transfer Credit Policy

CGN does not accept undergraduate coursework for graduate-level credit, except for nursing courses that are part of the approved MSNE curriculum and required for RN

licensure. Graduate-level courses from accredited institutions, and prior military education and experience, may be considered for transfer credit if a similar graduate-level course was completed within the past five years with a minimum grade of C+ (pre-licensure) and equivalent semester units, and covers a significant portion of the corresponding WesternU course content. Certain courses — the four IPE interprofessional courses and the Master's Project sequence — are never eligible for transfer credit. Students must submit a written request for transfer credit, with supporting documentation, to the Assistant Dean of Student Affairs at least 30 days prior to matriculation; the relevant course instructor and Program Director review the request and issue a recommendation at least 10 days prior to registration. No tuition is charged for transfer credit, and transferred courses do not count toward GPA calculation. A related partial course waiver (challenge) process is available for students seeking exemption from part of a course based on prior coursework, military education, or experience, following the same procedure. Denied transfer or waiver requests may be appealed to the Dean of CGN, whose determination is final (not appealable to the Provost).

Source: MSNE Oregon 2027–2028 Catalog, Transfers from Other Schools/Course Waivers/Prior Military Education and Experience, Procedure for Transfer Credit, Partial Course Waiver (Challenge) Policy, and Appealing Course Transfer or Waiver Decisions sections.

Oregon-specific public disclosure language (e.g., a licensure/state-authorization disclosure statement for the Oregon program) will be finalized once OSBN approval status is confirmed.

8. Curriculum Plan

The proposed Master of Science in Nursing–Entry (MSNE) program at the Lebanon, Oregon campus is a 74-credit-unit, pre-licensure curriculum built to prepare students for safe, competent entry-level registered nursing practice while progressing them toward a graduate degree. The program spans two years across five semesters and integrates 855 hours of required clinical practice with theoretical coursework in pathophysiology, pharmacology, health assessment, and nursing across the lifespan.

Clinical learning is organized into a four-course sequence — Clinical Practicum I through IV — that builds in complexity from foundational nursing skills in the first semester through adult health and specialty practice, population health, leadership, and a precepted final practicum in the student's second year. To ensure broad specialty exposure without concentrating large cohorts in any single clinical unit, the program uses a small-group,

offset scheduling model (Cohort A/B): while the majority of students gain experience in medical-surgical and adult specialty settings, smaller groups rotate through psychiatric/mental health, pediatric, obstetric, and gerontological nursing on a staggered basis, with cohort specialty assignments reversing between Spring and Summer semesters of Year 1. This structure is designed to be a sustainable, low-burden model for clinical partner sites while still ensuring every student completes the full scope of specialty and population-based clinical hours.

The curriculum's clinical component blends direct patient care, simulation, and skills laboratory experience, keeping simulation within the Board's program-wide ratio (49% maximum simulation, 51% minimum direct patient care/final practicum, calculated across Clinical Practicum I–IV combined, not per course) while prioritizing direct patient contact across acute care, community-based, and specialty settings. Based on hours already confirmed with clinical partner sites, the program has approximately 19 hours of headroom under both the simulation cap and the direct-care floor hours. The final academic semester (Semester V) is reserved for master's-level synthesis — including the student's capstone Master's Project, Informatics, Bioethics and Policy, and Epidemiology and Care Coordination coursework — with no additional clinical practicum, allowing students to consolidate their clinical learning into professional and academic readiness for both RN licensure and their master's degree.

The proposed combined clinical course sequence is:

- ORGN 6850 Clinical Practicum I: Foundations of Nursing Practice – 2 clinical units / 90 clinical hours.
- ORGN 6860 Clinical Practicum II: Adult Health and Specialty Nursing Practice I – 6 clinical units / 270 clinical hours.
- ORGN 6870 Clinical Practicum III: Adult Health and Specialty Nursing Practice II – 6 clinical units / 270 clinical hours.
- ORGN 6880 Clinical Practicum IV: Population Health, Leadership, and Transition to Practice – 5 clinical units / 225 clinical hours.

(Semester V is reserved for master's-level completion and does not include an additional clinical practicum — see above.)

9. Clinical Education Model

The Oregon MSNE clinical education model is designed to align clinical learning with course outcomes, program outcomes, OSBN requirements, student readiness, clinical partner capacity, and patient safety. Clinical placements will be assigned by the program.

No student is guaranteed placement in a specific agency, unit, specialty, shift, location, or preceptor arrangement.

Clinical Practicum I introduces foundational nursing practice, health assessment, therapeutic communication, basic psychomotor skills, infection prevention, documentation, safety, and beginning professional role development. Learning may occur in skills laboratory, simulation, direct patient care, acute care, community-based settings, or other approved learning environments.

Clinical Practicum II provides supervised clinical learning across adult health and selected specialty nursing settings. Students apply concepts from medical-surgical nursing, psychiatric mental health nursing, gerontological nursing, obstetric nursing, and pediatric nursing as assigned. Emphasis is placed on safe care, clinical judgment, medication administration, communication, health promotion, patient education, and interprofessional collaboration.

Clinical Practicum III builds on prior clinical learning and supports increasing complexity in adult health and specialty nursing care. Students continue to integrate pathophysiology, pharmacology, assessment findings, clinical judgment, prioritization, and evidence-informed interventions. As available and appropriate, students may receive exposure to higher-acuity or specialty environments such as emergency, perioperative, step-down, intensive care, maternal-child, pediatric, behavioral health, rehabilitation, or other approved settings. These experiences are for exposure and clinical judgment development; they do not promise independent specialty competence.

Clinical Practicum IV supports transition into professional nursing practice through integrated learning in public health, population-based nursing, leadership, care coordination, quality improvement, professional role development, and capstone-level clinical learning. Experiences may include public health, community-based care, acute care, ambulatory care, leadership-focused learning, precepted or faculty-supervised capstone experiences, simulation, quality improvement activities, and other approved settings.

WesternU will maintain clinical learning records by student, course, term, site, and clinical hour category. The program will track direct patient care, simulation, skills laboratory, and other clinical learning activities as required by OSBN and institutional policy.

Clinical hour and placement tracking will use Typhon, consistent with WesternU's existing College of Graduate Nursing clinical tracking system.

Clinical compliance requirements will include, at minimum, health and immunization requirements, background check, drug screening if required by clinical agencies, BLS/CPR, HIPAA, OSHA/bloodborne pathogen training, infection prevention, site-specific onboarding, professional appearance and behavior expectations, and documentation of any clinical agency requirements. Students will utilize Castlebranch as the compliance requirement management system.

Clinical agencies may impose requirements beyond university requirements. Failure to meet site-specific clinical requirements may affect student's clinical placement eligibility and progression.

Clinical Onboarding Process

Consistent with WesternU's existing clinical onboarding practice, clinical adjunct faculty orient to each facility before bringing students to a rotation and are oriented to CGN's policies and procedures, and teaching pedagogy. Students orient alongside faculty to the facility's policies and procedures, including infection control, bloodborne pathogens, safety, patients' rights, HIPAA, unlawful soliciting, and accident reporting. All clinical, lab, and simulation hours are documented in Typhon.

Source: WesternU MSN-Entry Clinical Handbook 2024–2025, Faculty Orientation and Typhon Policies sections.

10. Clinical Partnerships and Placement Capacity

WesternU will use a non-displacement clinical placement philosophy. The program will collaborate with Oregon clinical agencies and existing nursing education partners to support student learning while avoiding unnecessary competition for placements.

WesternU's intent is to add capacity to the region, not drain capacity from programs already serving Oregon students.

Clinical placement planning can include acute-care hospital, community, behavioral health, long-term care, public health, ambulatory, maternal-child, pediatric, gerontological, and population-focused learning opportunities. Placement availability may vary by term, agency, unit, shift, and student readiness.

Background Check and Health/Immunization Requirements

Clinical facilities require a background check before students attend clinical sessions, to discover any prior misdemeanor and felony convictions, with explanation and evidence of

rehabilitation. Students must also meet clinical agency health and safety requirements, including physical and emotional fitness for patient care and CPR certification.

Source: WesternU MSN-Entry Clinical Handbook 2024–2025, Disclosure to the Board for Licensing and Clinical Agency Requirements sections.

11. Evidence of adequate clinical placements for the program with supporting documentation

WesternU's clinical education foundation is anchored by three signed letters of support: two from Samaritan Health Services sites (Samaritan Albany General Hospital and Samaritan Lebanon Community Hospital) and one from Linn-Benton Community College's Associate Degree Nursing Program — a peer nursing education program, not a clinical site, whose support specifically speaks to WesternU's collaborative, non-displacing approach with existing Oregon nursing programs.

Exhibit: Letter of Support, Jennifer Davis-Emmert, MBA, BSN, RN, NE-BC, CNOR, VP Patient Care Services, Samaritan Albany General Hospital, August 11, 2025 (Appendix E/F).

WesternU's approach to developing further letters of support is deliberately collaborative and non-displacing: a support letter documents that the agency has met with WesternU, discussed clinical placement planning, and supports continued exploration or development of a clinical education partnership, consistent with WesternU's commitment to adding capacity rather than competing for capacity already serving Oregon nursing students. Consistent with this approach, letters do not promise specific student numbers, units, shifts, or clinical categories unless an agency intends to guarantee that capacity. Our clinical partners tell us that specific assignments for all nursing programs occurs every August.

Beyond these three confirmed relationships, WesternU has initiated conversations with several additional prospective clinical partners across the region — including Sacred Heart Medical Center at RiverBend (for behavioral health placements), PeaceHealth, the Oregon state prison system, and the Oregon Health Authority — to build a resilient, diversified placement network as the program grows. These relationships are in earlier stages of development and will be formalized through the same collaborative, non-displacing approach reflected in the letters already in hand.

Clinical capacity documentation, site onboarding requirements, and a formal contingency plan will be developed as additional clinical partnerships are finalized.

Source: A2-00A — Overall Floor Plan, CGN-Revu (architectural drawing set).



[NOTE: The 1,715 NSF figure above, drawn directly from architectural floor plans, approximately 2,500 sq ft.

Simulation and skills learning will be used to support safe practice preparation, clinical judgment, psychomotor skill development, communication, teamwork, prioritization, delegation concepts, and readiness for assigned clinical settings.

Simulation will supplement clinical education and will be documented according to OSBN requirements. The curriculum and syllabi will identify allocation of clock hours for didactic content, direct-care clinicals, skills laboratory, moderate-fidelity simulation, high-fidelity simulation, and final practicum.

Before students enter clinical settings, they will complete assigned orientation, clinical compliance requirements, skills preparation, and competency validation appropriate to their level of progression.

The program's simulation coordinator is being hired before students matriculate into the program. The simulation coordinator will be an academically and experientially qualified nursing faculty member and meet applicable national simulation certification requirements.

Simulation Equipment Inventory

An itemized equipment procurement list has been developed, totaling \$532,698.02. Major categories include:

- High-fidelity simulators: 2 CAE ARES Complete adult simulators; 1 Aria pediatric simulator (\$95,237, 5-year warranty); 1 Lucina obstetric/birthing simulator (\$125,567, 3-year warranty).
- Manikins and task trainers: 8 Gaumard Clinical Chloe Advanced Manikins (multiple skin tones); 4 adult IV training arms; 4 NG tube/tracheostomy skills simulators; 1 CPR manikin kit.
- Patient care and bed stations: 10 hospital beds; 7 simulated headwall packages (integrated medical gas/utility stations); 12 overbed tables; 2 transport stretchers.
- Monitoring and emergency equipment: 2 monitor/defibrillators; 4 vital signs monitors; 12 IV pumps; 4 feeding pumps; 2 adult crash carts; 1 pediatric emergency crash cart; 1 isolation cart.
- Medication administration: 2 unit-dose medication carts; 1 electronic simulation medication cart (\$30,004).
- Control room audiovisual/IT equipment: desktop computers, monitors, webcams, and audio equipment to support one-way-glass observation and recorded debriefing.

- A recurring annual supply budget of \$50,000 for consumables (sourced from Medline, McKesson, Pocket Nurse, and Diamedical).

Source: Simulation Equipment List, Western University of Health Sciences (procurement worksheet, 2026).

13. Program Evaluation, Curriculum Evaluation, and Continuous Quality Improvement

The Oregon MSNE program will use a systematic plan of evaluation aligned with College of Graduate Nursing and WesternU quality improvement processes. Evaluation will include review of curriculum effectiveness, course outcomes, program outcomes, clinical learning, simulation effectiveness, student progression, graduation, NCLEX outcomes, faculty effectiveness, student satisfaction, clinical partner feedback, and employer/graduate outcomes.

Program evaluation will be reviewed through established college governance structures and Oregon-specific implementation review processes. Data will be used to identify strengths, correct problems, improve curriculum delivery, support faculty development, and ensure the program remains aligned with OSBN requirements and community need.

A systematic program evaluation plan, adapted from CGN's existing Systematic Quality Improvement Plan (SQIP) framework, has been developed for the Oregon program (Appendix I). NCLEX benchmarks differ slightly by accrediting/regulatory body and should be read together: CCNE's expected level of achievement is at least 80% first-time pass rate (CGN holds itself to an internal 85% target); OSBN requires at least 75% first-time pass rate for two consecutive 12-month periods and at least 90% total pass rate (first-attempt plus repeaters) for the most recent 12 months. The MSNE Northwest program will be prepared to meet the more stringent of the applicable standards where they diverge.

The curriculum and program evaluation is reviewed by the faculty at the end of every semester through a process called Semester Review. This review is done by the faculty and staff of the program and then integrated at the College Semester Review when all programs across the college are reviewed for overall trends. Based on the analysis during semester review, action plans are initiated at the program level and implemented. The action plan is shared with the students for further feedback. Once a year, all faculty and staff come together for Program Review and program outcomes are analyzed. The faculty evaluate the program outcomes and make recommendations for an action plan for improvement. The program outcomes are shared on the WesternU CGN website for the public to review and discussed with clinical partners and students.

The CGN program outcomes are seen here:

<https://www.westernu.edu/ire/outcomes/graduate-nursing/>

and Appendix M.

14. Policies Related to Admission, Progression, Retention, and Graduation

Transparent Communication of Admission Policies and Student Progression

The Oregon MSNE program will rely on published institutional and College of Graduate Nursing policies, with Oregon-specific addenda where required. Policies are available to applicants and students through the WesternU CGN website and in the CGN Catalog posted online. These policies clearly describe admission, readmission, progression, grading, graduation, clinical requirements, tuition and fees, appeal, grievance, complaint, transfer credit, and professional conduct expectations.

In accordance with all applicable federal, state, and local laws, Western University of Health Sciences (WesternU) is committed to ensuring a campus community free from unlawful discrimination. WesternU strictly prohibits unlawful discrimination in all its programs, activities, admissions, and employment. WesternU prohibits discrimination based on the following characteristics:

- Race (including traits associated with race, such as hair texture and protective hairstyles)
- Ethnicity, Color, and National Origin
- Immigration Status and Ancestry
- Sex, Gender, Gender Identity, and Gender Expression
- Sexual Orientation
- Physical or Mental Disability
- Age
- Religion (including religious dress and grooming practices)
- Medical Condition and Genetic Information
- Marital Status
- Pregnancy (including childbirth, breastfeeding, or related medical conditions)
- Military or Veteran Status
- Perceived Characteristics - Discrimination is prohibited if an individual is perceived to have any of the above characteristics.

- Association with Protected Groups – Discrimination based on association with a person or group with one or more protected characteristics is also prohibited.
- Other Legally Protected Classes – WesternU complies with all federal, state, and local laws, regulations, and ordinances regarding discrimination.

WesternU has designated the Associate Vice President for the Office of Title IX and Equal Opportunity Compliance Initiatives (OTIXEO) to coordinate WesternU's compliance with federal and state civil rights laws regarding protected characteristics.

Admission Policy : Reasonable Accommodations during the Admissions Process

Candidates seeking accommodations during the admissions process, including Interview Day, must contact the Office of Admissions with sufficient advance notice for HFCDHP to evaluate the request and arrange any approved accommodations. Certain accommodations, however, require scheduling through external vendors and cannot be arranged on short notice or the day of the event. Requests submitted without sufficient advance notice may limit WesternU's ability to provide some accommodation for that activity; although HFCDHP and Admissions will continue to explore reasonable alternatives whenever possible. The Office of Admissions coordinates accommodation requests with HFCDHP. Admissions does not evaluate disability status or review medical documentation; its role is limited to referring applicants to HFCDHP and implementing HFCDHP approved accommodations for specific admissions activities. All requests for accommodation will be handled in a manner that is consistent with the university's policies and in full compliance with the ADA, ADAAA, Section 504 of the Rehabilitation Act, and applicable state laws.

Admission Policy: Criminal Background Check during the Admissions Process

Admission into the College of Graduate Nursing will be contingent upon a satisfactory criminal background check, which is to be completed and submitted prior to matriculation. The background check is required to verify that your history is consistent with the University's Standards of Student Conduct, and to ensure that students are qualified to participate in the required clinical education experiences. The College of Graduate Nursing reserves the right to rescind an offer of admission based on the results of a criminal background check or if it is not completed in a timely manner prior to matriculation. If a criminal conviction or other relevant sanction is shown on a background check, hospital

facilities and clinical sites have broad discretion to restrict an individual from being assigned to the facility/site for the rotation/clinical experience. Therefore, certain convictions may prevent students from entering hospital facilities or clinical sites, which may directly hinder a student's ability to complete their academic program successfully. Furthermore, certain convictions may also prevent students from obtaining employment and/or licensure. Applicants are advised to check with the appropriate State(s) licensing boards to determine whether their backgrounds may be a barrier to future licensing. Supplemental or additional background checks may be required during the course of their program to meet the requirements of clinical education sites. Procedures for obtaining a background investigation will be provided to the student by the appropriate academic program staff. Students have an affirmative obligation to report all arrests and convictions to College of Graduate Nursing administration to proactively identify solutions (if possible) and/or determine the impact on future licensure.

Admission Policy: Student Release of Information

All entering students sign a release of information form authorizing the College of Graduate Nursing to release the student's social security number, health and immunization status, background check results, BLS verification, and health insurance coverage to any requesting agency that enters into a clinical partnership with the College. Additionally, some facilities may require fingerprinting. This is required for government and military health facilities who serve clients 18 years of age or younger.

Admission Policy: Pre-Program Orientation During Welcome Week/Orientation

All students entering the College of Graduate Nursing will be required to complete the asynchronous/online orientation course via Canvas LMS (Learning Management System). Students must accept their seat offer and pay the admission deposit before taking the course. Students will have 4 to 8 weeks to complete this course during the Summer term prior to Fall term matriculation. Completion of this course is required to register for the first semester of the first year. Students will work through self-paced, asynchronous modules which will provide orientation to the resources and skills needed to successfully navigate through the students' academic program. There is no tuition cost charged for this course, and no letter or pass/no pass grade is given for this course. Successful completion of this course requires the completion of all modules and associated knowledge checks, which

can be taken as many times as needed to pass. Students will be provided with information on how to access and the orientation course via email from college administration.

Admission Policy: New Student Orientation/Welcome Week

All students enrolled in the College of Graduate Nursing will be required to attend the University campus orientation in August prior to beginning classes in their first year. College orientation will be conducted in person for the MSN-Entry students. During orientation, students will participate in both college and university sessions. Students will be provided with information regarding the orientation program. Following college guidelines, students are welcome to invite some of their family members to attend the annual White Coat ceremony, which may occur at the end of orientation week. The White Coat ceremony is mandatory for MSN-E students. Students will have the opportunity to purchase nursing equipment, textbooks, and uniforms (if applicable) during the on-campus portions of Orientation/Welcome Week.

Admission Policy: Registration

All WesternU students are required to register by the registration deadlines specified by the University Registrar. Registration dates are posted on the Registrar's Office website. Failure to register by the deadline may be grounds for administrative withdrawal. All students registering after the posted deadline will be assessed a \$30.00 per business day late fee. Full tuition and fees and all prior debts must be paid in full on or by posted deadlines each academic year. Matriculation is subject to the satisfactory completion of all academic requirements and payment of all outstanding debts to the University. The receipt of the final transcript(s) from all colleges/universities attended and a physical examination with documentation of required immunizations (if applicable) prior to registration are additional requirements for incoming students.

Admission Policy: Registration Late Fee Appeals

If students are assessed late fees for a registration period, they may submit an appeal to the Registrar. For additional information on the appeal process, please see the Registration Late Fees page on the Registrar's Office website.

Admission Policy: Student Health Insurance Requirement

Full-time students at Western University of Health Sciences are required to have active health insurance while enrolled. Students are automatically assessed half of the entire year's insurance premium and will be enrolled in the student health insurance plan until they submit proof of coverage that meets the University's requirements.

Student Progression Policy: Student Initiated Changes in Enrollment Status Course Drop/Withdrawal

Students may voluntarily drop a class by working with the CGN Student Affairs professional and completing the necessary paperwork. For students enrolling in Pre-licensure courses, students may voluntarily drop a class by working with the CGN Student Affairs professional and completing the necessary paperwork. Course drops are processed as follows: 0-20% of Course Completed (Based on Course Start/End Dates) Course is removed from student's registration and will not appear on student's academic transcript. 20-99% of Course Completed (Based on Course Start/End Dates) Course is assigned a grade of 'W' to indicate the student withdrew from the course. 'W' grades will appear on the student's academic transcript but will not be included in the student's GPA calculation. 100% of Course Completed (Based on Course Start/End Dates) The course is assigned the grade earned.

Student Progression Policy: Voluntary Leave of Absence

A student may request a Voluntary Leave of Absence (LOA) with the occurrence of a medical emergency or illness, personal issues, financial hardship, military service, or pursuit of academic research opportunity.

Student Progression Policy: Voluntary Withdrawal

A student may request to fully separate from WesternU at any time by submitting a Voluntary Withdrawal form. Students interested in initiating the Voluntary Withdrawal process must begin by contacting their College Dean, or designee. The College will submit the signed Voluntary Withdrawal form to the Registrar's Office for processing and distribution. Please note that once processed, WesternU email address, MyPortal access, and all other online services are inactivated immediately following withdrawal from the University.

Student Progression Policy: Time Limits

Standard admission and matriculation to the CGN programs are intended for full-time enrollment. Each of the programs offered is built around a sequence of courses that builds knowledge and skills attained in prior courses. Consequently, academic progression is based on successful completion of each course in a program, in sequence. Students are expected to enroll in and successfully complete each course in a sequential progression. Most CGN programs offer an extended curriculum that meets full time semester status to meet financial aid requirements. The maximum time allowed for completion of the MSNE Oregon program is three years. Students who are unable to complete degree requirements prior to the maximum time for completion may be referred to the Student Performance Committee (SPC), which may result in the Administrative Withdrawal of the student.

Student Progression Policy: Standards of Academic Progress

For successful progression through the programs, the College of Graduate Nursing has a standard for academic performance, which is higher than that for undergraduate education. A minimum overall grade point average of 3.00 is required for progression in all programs and for graduation. Each student's progress is based on successful attainment of the Outcome Competencies (as outlined in the curriculum) and through demonstration of critical thinking skills and competency in written and oral communication. The faculty determines if the student has demonstrated the knowledge, skills, and attitudes necessary to be eligible to progress to the next semester.

Student Progression Policy: Student Performance Committee

The Student Performance Committee (SPC) is composed of the Chair, a minimum of four faculty members representing various concentrations within CGN's programs, and the CGN Student Affairs professional as an ex-officio member for record keeping and student support. The Chair and two faculty members shall have at least three years of full-time graduate teaching experience, and the other faculty members shall have at least one full-time year graduate teaching experience. Additional faculty members are selected to serve as alternates. SPC members are selected by the CGN faculty and approved by the Dean, or Dean's designee. The SPC will consist of California and Oregon faculty and students until the Oregon MSNE program has at least five faculty and is able to hold their own SPC.

The responsibilities of the Committee include, but are not limited to:

1. Student performance and progression review for determination of student academic probationary status.
2. Adjudicate Student academic issues. Consultation for the development of academic performance and professional conduct policies.
3. Review of grade appeals.
4. Review of course remediation due to failure or the inability to complete course requirements.
5. Inability to successfully meet requirements of Student Progress Report (SPR) for the MSN-E program students).
6. Review of application for readmission to the College.
7. Review of student progress for graduation recommendations.
8. Review of other academic disputes or grievances.
9. Receive reports from the Office of Student Conduct & Professionalism of students whose conduct is deemed unsatisfactory as determined through the student conduct process outlined in the University Catalog. Appropriate student conduct is defined by the University's and College's Standards of Student Conduct standards and handled in alignment with the Student Conduct Procedures in the University Catalog .

All cases are referred to the Student Performance Committee by the program directors. Students are treated fairly, and all potential opportunities for a positive outcome are considered. SPC recommendations are the result of a majority vote. Any Committee member who is the advisor or instructor of record for a student whose progress is being evaluated by the Committee shall recuse themselves from voting, and a member from the SPC alternate pool will take their place. The Chair communicates committee recommendations to the Dean, or Dean's designee. The Dean, or Dean's designee, makes a final decision and notifies the student directly.

Recommendations of the committee and/or action of the Dean, or Dean's designee, may include, but are not limited to:

1. Clearance from alleged violation
2. Remediation

3. Educational assessment and intervention with documentation that student can meet all CGN program requirements
4. Physical examination and/or diagnostic evaluation by a physician or nurse practitioner (appropriate to the situation) with documentation that student can meet all CGN program requirements
5. Academic probation
6. Academic suspension
7. Dismissal

The SPC is not authorized to evaluate medical conditions or disabilities through its review process. Evaluating medical information and disability-related claims is designated exclusively to the HFCDHP office, not the SPC. If a student has a medical condition or disability that they believe is relevant to their academic situation, they should complete the HFCDHP Student Intake Form as soon as possible. Requests are reviewed on an individual basis in accordance with applicable law. Accommodations are implemented prospectively following approval by HFCDHP. The HFCDHP accommodation process is separate from and independent of the SPC review process.

Evaluation of Student Academic Performance (Academic Hearing Process) - SPC Procedures

When a matter is referred to the Student Performance Committee, and the program director has notified the student, the Student Affairs Professional will notify the student that the review process has begun. Typically, a review will be completed within 10 business days (excluding University holiday or intersessions occurring during the evaluation period).

The procedure for Committee review is as follows:

1. To initiate a review, the faculty, staff or student who is bringing a complaint forward will gather all pertinent information and present it to the Director of the appropriate program. The Director, after evaluating the information, will then forward the request for SPC review to the SPC Chair and the CGN Student Affairs professional, including a detailed description of the course failure or academic incident to be reviewed.
2. Once the request has been forwarded to the Committee, the student will be notified by the CGN Student Affairs professional and requested to submit a response (petition). If the outcome could be academic suspension or dismissal, the student should attend the

Student Performance Committee meeting in person. If the student does not live locally, every effort will be made to accommodate attendance through electronic means. SPC meetings with the student present are recorded.

3. The Committee may perform additional fact-finding including requests for additional documentation from faculty of record, student, or other persons with knowledge of the issue. The CGN Student Affairs professional will counsel the student on the process and act as a guide to assist the student as needed.

4. The student may request permission for a mentor to appear at the meeting. It is the student's responsibility to make the request in writing and identify the proposed mentor. The Chair will determine whether to grant the student's request. The mentor's role will only be one of emotional support, and they are not to participate in the meeting unless the Committee feels that the mentor has information related to the case, at which time they will become a witness and no longer act as a mentor.

5. All recommendations of the Student Performance Committee shall be made in writing to the Dean of the College of Graduate Nursing, or Dean's designee, who will then make a final decision and inform the student in writing, typically within five business days. If dismissal is the recommendation, the Dean, or Dean's designee, may schedule a meeting with the student before making a final decision. A recorder will be present in all meetings with the Dean or Dean's designee.

6. All records and recordings of the SPC meeting will be stored on a secure University drive. Student Appeal Process Students may request an appeal of the Dean's, or Dean's designee's, decision to the Provost by following the process defined in the 'Student Appeal Process' section of the University Catalog. Decisions related to the imposition of academic probation and any associated terms/conditions of such probation, or administrative withdrawal are considered final and not appealable to the Provost (See University Catalog, Student Appeal Process).

Student Retention Policy: Student Disability Accommodation Process

The Harris Family Center for Disability and Health Policy (HFCDHP) values the uniqueness of each student as an integral member of our diverse WesternU community and is the designated office responsible for determining and approving reasonable academic modifications or accommodations. WesternU does not discriminate on the basis of disability and complies with Section 504 of the Rehabilitation Act of 1973 (Section 504),

the Americans with Disabilities Act (ADA), and applicable state laws. HFCDHP's role in the accommodation process is to engage in an interactive process and to provide students with disabilities with the legally mandated and necessary support to afford equal access to the University's programs and activities. Only accommodations approved through HFCDHP constitute official reasonable accommodations under the ADA and Section 504. Instructional personnel may, at their discretion, provide temporary or informal academic flexibility; however, such measures do not replace or supersede the formal accommodation review and approval process administered by HFCDHP. A student's disclosure of a disability or health-related condition alerts the University to a potential need for accommodation; however, students must complete the HFCDHP registration process for accommodations to be formally reviewed, approved, and implemented. Disclosure of a disability or the submission of documentation in response to a process or procedure established by their respective college or program, does not, by itself, constitute a formal request for accommodations. Students must be able to perform all the essential functions of the program with or without reasonable accommodation. Essential functions are defined in the program's published personal competencies and are assessed on an individualized basis through the interactive process.

The University will provide reasonable accommodations but is not required to make modifications that would fundamentally alter the nature of essential requirements of a program, result in an undue burden, or pose a direct threat to the health or safety of others. A fundamental alteration of a course or program is not considered reasonable accommodations.

Students must adhere to the enrollment and documentation procedures set forth by HFCDHP to formally request accommodation. In the event a student discloses a disability to instructional personnel or administrators outside of HFCDHP, the student will be referred to HFCDHP for guidance on the accommodation request process. Requests for academic consideration related to circumstances other than the student's own disability (e.g., family bereavement or common illness) are not considered requests for reasonable accommodation under the HFCDHP Provision of Academic Accommodation(s) Policy and Procedure, the ADA, or Section 504 and are governed by separate institutional or program policies.

Accommodation determinations for clinical, laboratory, and experiential education are made on an individualized basis and may involve coordination with clinical training sites.

Approved accommodations must be consistent with program requirements, personal competencies, and patient safety obligations. The availability and implementation of accommodations in clinical settings may vary by site and setting. Requests are reviewed on an individual basis in accordance with applicable law. Accommodations are implemented prospectively following approval by HFCDHP.

Students may file a grievance with HFCDHP regarding the denial or implementation of disability accommodations or concerns about access or discrimination. Grievances should be submitted promptly, no later than 30 calendar days from the decision or activity being appealed. Filing a grievance will not result in retaliation. Information, including the right to file with the U.S. Department of Education Office for Civil Rights, is available at <https://www.westernu.edu/cdhp/grievance-procedures/>.

To request accommodations and initiate the interactive process at WesternU, students are encouraged to visit <https://www.westernu.edu/cdhp/> to learn more about the registration process, requirements for disability documentation, and to complete the Student Intake Form. HFCDHP will promptly engage with students in the interactive process to review and implement accommodation requests.

Student Retention Policy: Student Support Services

Oregon MSNE students will have access to WesternU and College of Graduate Nursing student services, including academic advising, library resources, information technology support, disability accommodations, financial aid, registrar services, student affairs, counseling/wellness resources, clinical compliance support, and faculty advising.

The program will use existing CGN and WesternU policies related to admission, progression, academic advisement, attendance, professional conduct, academic integrity, remediation, student concerns, formal complaints, disability accommodations, grading, clinical performance, and graduation. Oregon-specific addenda will be developed as required.

CGN currently has a Student Success Coach for the MSNE Program. This role will be replicated on the CGN Northwest campus. Student support will include early identification of academic or clinical difficulty, faculty advisement, remediation planning, clinical performance feedback, and referral to university support resources when appropriate.

Student services physically present on the Oregon campus today include: the Office of the Assistant Dean of Student Affairs (student advocacy, liaison with faculty/administration,

leave of absence and withdrawal advisement); the Office of Learning Enhancement and Academic Development (LEAD) (learning-strategy counseling, academic writing support), the financial aid office, Information Services with student support, and a centrally located campus bookstore. The Harris Family Center for Disability and Health Policy (individualized disability accommodations) and the Harriet K. and Philip Pumerantz Library (over 17,927 book titles and 580 print journal titles, plus electronic collections, available on- and off-campus) are available online. Confidential psychological counseling services are available 24 hours a day, 365 days a year through PacifiCare Behavioral Health. Within the MSNE program, each student is assigned a faculty advisor upon enrollment, consistent with CGN's student-centered advising philosophy.

Student Retention Policy: Protocol for Input on Matters of Student Concern

When an issue or dispute arises between students, the issue/dispute resolution process starts with communication among the involved students. If a satisfactory resolution is not arrived at that level, the matter should then be addressed with the faculty advisor. If the problem is not resolved at the faculty advisor, the Program Director will be involved. If the issue remains unresolved, the matter should be brought to the appropriate college Student Affairs personnel, then the College Dean, or Dean's designee. If the matter has not been resolved at those levels, the final arbiter is the Provost. When an incident arises involving a faculty member, the first step in the issue/dispute resolution process is discussion with the faculty member. If the matter is not satisfactorily resolved at that level, then the matter should be referred to the Program Director, then Dean or Dean's designee, in that order. The final arbiter is the Provost. Please note that grade appeals cannot be handled under this protocol. When an incident arises involving a staff member, the dispute resolution process begins with the Supervisor/Program Director followed by the Dean, or Dean's designee. The Office of Human Resources is the final arbiter. Failure to follow this sequence of steps will only serve to delay the appropriate resolution of the issue or dispute as the matter will only be referred to the correct level in this chain of responsibility. This protocol does not apply to concerns involving discrimination, harassment, or retaliation. For information related to complaints involving discrimination, harassment and retaliation, including community resources, emergency and on-going assistance; mental health services; reporting options and other available support are as follows and can be located on the University's Title IX resource website.

Graduation Policy: Program Completion/Graduation

Unless the Dean of the College of Graduate Nursing, or Dean's designee, has granted special permission, all students in a degree seeking program must attend and participate in the Commencement program. If the Dean, or Dean's designee, grants special permission to be excused from the Commencement ceremony, the graduate may be required to present himself or herself to the Chief Academic Officer or appropriate Dean, or Dean's designee, at another time to receive their diploma. Due to the CGN academic calendar, the Commencement ceremony takes place before the end of the academic year. To be placed on the list to participate in Commencement, the student must be on schedule for completing at least 75% of their coursework by May of their final academic year, and on schedule to complete 100% by December of the following academic year. Clinical hours are included in this policy; however, Program Directors will have discretion to set any determining criteria along the way.

MSN-E: Students who have met the following requirements will be considered candidates for the degree of Master of Science in Nursing:

- Completion of all course requirements with a minimum overall GPA of 3.00.
- Completion of all Interprofessional Education (IPE) activities required for graduation.

MSNE 2027 must complete 2 credits of IPE 5000 and 5100. MSNE 2028 students must successfully participate in designated IPE co-curricular activities throughout their first year to fulfill this graduation requirement.

- Completion of all required clinical hours and clinical objectives
- Compliance with all the legal and financial requirements of the University as stated in the University Catalog.
- Demonstrated no serious deficiencies in ethical, professional, or personal conduct as outlined in the university's Standards of Student Conduct.

15.Accommodations, Learning Disabilities, English as an International Language, Remediation tactics for students performing below standard, Remediation for students who commit a clinical error.

Accommodations and Learning Disabilities:

Please review section 14 (page 30) of this document to read the WesternU/CGN policies on Accommodations and Learning Disabilities for students.

English as an International Language and International Students

International applicants who are not U.S. citizens and are living in the U.S. must be prepared to provide proof of legal U.S. residency at the time of interview; proof of legal U.S. residency is required prior to any offer of acceptance. The Office of International Students works with the Admissions Office to evaluate transcripts and TOFEL scores. All foreign transcripts must be evaluated course-by-course with letter grades, pass/fail, or credit/no credit, and must specify which courses are considered undergraduate, graduate and professional. Coursework completed outside the U.S. must be evaluated for U.S. course equivalency by an approved service.

Remediation for students performing below standard

CGN currently has a Student Success Coach for the MSNE Program. This role will be replicated on the CGN Northwest campus. Student support will include early identification of academic or clinical difficulty, faculty advisement, remediation planning, clinical performance feedback, and referral to university support resources when appropriate. The student needing remediation has several resources: the Office of the Assistant Dean of Student Affairs (student advocacy, liaison with faculty/administration, leave of absence and withdrawal advisement); the Office of Learning Enhancement and Academic Development (LEAD) (learning-strategy counseling, academic writing support) and Faculty Advisors.

Unscheduled Emergent Issues

If extenuating or emergent circumstances preclude in-person or virtual synchronous attendance (i.e. military obligations, serious illness, extreme weather), the student is required to notify the Director of their program as soon as possible. The Director, in

consultation with program faculty, will determine if remediation for missed courses can be accommodated through alternative assignments, technology, or make-up examinations. The exact details of the remediation will be determined by the Director in consultation with the faculty of record.

Remediation

Remediation of a Specific Learning Assignment.

Remediation of learning activities within a course is at the discretion of the faculty. The course syllabus will outline whether each element of a course needs to be passed with a minimum passing grade. Remediation within a course is a privilege and not a right. Faculty will describe the remediation policy for the course in the syllabi. If remediation is available, the student must arrange for remediation within ten (10) business days of receiving a grade for that assignment. The instructor will outline required remediation and work with the student to establish a mutually agreed upon period to complete. The minimum passing grade is 77%.

Remediation of a Course.

A student who does not achieve a grade of C+ (pre-licensure) or higher in didactic or clinical courses will receive a grade of “U”. The College will provide each student with the opportunity to demonstrate competency; however, remediation is a privilege, not a right. Students must have demonstrated the likelihood of success in the remediation process by active participation in the educational program including course attendance and participation, active involvement in clinical experiences, individual initiative, and use of resources. Students who demonstrate the potential for remediation will be placed on academic probation or suspension by the Student Performance Committee (SPC) with a formal remediation contract. The remediation contract will outline the activities required for remediation, the outcomes expected for successful completion, and a date for completion. Copies of the remediation contract, signed by the faculty member and the student, will be filed with the CGN. The student may not enroll in any other CGN courses until a remediation contract has been approved by the SPC. To ensure a timely process, the Committee will strive to decide within ten business days of receipt of all relevant materials.

Options for remediation may include, but are not limited to, the following:

- Repeat the entire course.

- Taking a comprehensive examination on the course content,
- Completing special projects or studies in the area(s) of deficiency; and/or,
- Repeating a specific learning objective.

The Grading of Remediated Curriculum.

Upon completion of the remediation contract, the instructor will submit a recommendation to the Student Performance Committee and the Dean, or Dean's designee. A grade of C+ is the highest possible grade that can be achieved through remediation of pre-licensure courses and a B- in all other courses. Upon successful remediation by completing one or more of the activities described above, the transcript is notated with the grade earned alongside the original grade. For example, a student who originally received a "U" grade and, who, by remediation, earned a "B-" grade will have a grade of "U/B-" entered on their transcript.

The Grading of Repeated Curriculum.

If a student is directed to repeat a course, the grade for the repeated course will be recorded on the official transcript separately and within the semester the repeated course was completed. The original course grade will remain recorded in the semester it was originally taken. Students will be charged full tuition for repeated coursework. Only the repeated grade(s) for the course(s) will be included in the student's GPA calculation.

Remediation for Students Who Commit Clinical Errors

Incident Reporting Policy

Incidents are reported through two coordinated channels: the WesternU Online Incident Report Form, which must be completed within 24 hours of the incident by the student or faculty member and is submitted to Risk Management; and, for clinical/academic matters, the CGN Incident Report Form, completed by the instructor and student and submitted to the Program Director and Dean.

Source: WesternU MSN-Entry Clinical Handbook 2024–2025, Student Injuries in Clinical Area section.

Unsafe Clinical Practice Policy

When a student is identified as unsafe by the clinical instructor, the instructor and student meet to discuss the unsafe behavior, defined as any act placing a patient or staff member in physical harm or emotional distress. A student deemed unsafe is removed from the

clinical setting without credit for those hours; make-up occurs at the clinical instructor's convenience. Unsafe behavior is grounds for dismissal from the college. Clinical probation allows faculty to identify specific areas of weakness and intervene before performance rises to the level of dismissal.

Source: WesternU MSN-Entry Clinical Handbook 2024–2025, Unsafe Practice in Clinical Area and Clinical Probation sections.

Medication Administration Policy

Students must pass a medication administration skills and drug calculations competency exam before administering any medication, and all administration occurs under the direct supervision of the clinical instructor or preceptor, following the “10 Rights” (dose, route, patient, medication, time, indication, documentation, patient education, patient right to refuse, and assessment/evaluation). Permitted routes and escalation to IV push, IV piggyback, and blood product administration are defined per course and clinical facility policy. If a medication error occurs, the student reports it immediately to the clinical instructor, the facility's own reporting form is completed, and a CGN Incident Report Form is submitted to the Program Director and Dean. Errors are scored using the El Dorado Medication Error Tool (EDMET), with a remediation plan assigned per the Disciplinary Guidelines for Medication Errors and documented on a Student Progress Report, distributed to the student, clinical instructor, lead instructor, Dean, and student file.

Source: WesternU MSN-Entry Clinical Handbook 2024–2025, Medication Administration and Medication Error sections.

Student Injury and Exposure Policy

A student injured or exposed to a potentially infectious or hazardous substance during a clinical rotation must notify the clinical instructor immediately and follow facility policy; follow-up care continues at the contracted clinical facility as needed. Expenses for the reported incident are submitted to the university. As with other incidents, the WesternU Online Incident Report Form must be completed within 24 hours and submitted to Risk Management.

Source: WesternU MSN-Entry Clinical Handbook 2024–2025, Student Injuries in Clinical Area section.

Chain of Command for Clinical Concerns

Clinical concerns are raised first to the clinical instructor, escalated to the lead instructor and Program Director as needed, and are reported to the Dean for incidents, medication errors, and unsafe practice determinations. Formal documentation (Incident Report Forms,

Student Progress Reports) is distributed to the student, clinical instructor, lead instructor, and Dean at each escalation.

Source: synthesized from escalation and distribution patterns across the WesternU MSN-Entry Clinical Handbook 2024–2025.

Temporary Suspension of Student Clinical Privileges

The University recognizes that student participation in clinical education occurs within environments where patient safety, clinical integrity, and professional standards are paramount. Accordingly, a College Dean or designee is authorized to immediately suspend a student's clinical privileges where there exists a reasonable basis to believe that the student's continued presence in a clinical setting poses a risk to patient safety. A suspension of clinical privileges is an interim administrative action and does not constitute a final disciplinary determination or academic sanction. The suspension shall take effect immediately upon the decision of the Dean or designee and is not subject to appeal. This action shall remain in place pending referral to and resolution by the appropriate body (i.e., the College SPC for academic matters or the Office of Student Conduct and Professionalism for conduct matters), whose determination shall supersede and replace the temporary suspension. In the event a student appeals the outcome reached by the appropriate body, the temporary suspension may remain in effect pending the resolution of that appeal. The College shall provide the student with written notice of the suspension as soon as practicable, which shall include a brief statement of the basis for the suspension and the anticipated next steps (i.e. referral to the College Student Performance Committee for academic matters or referral to the Office of Student Conduct and Professionalism). A suspension of clinical privileges may affect a student's ability to satisfy program requirements, complete required clinical hours, or progress within their program. The College shall make reasonable efforts to advise the student of the potential academic impact of the suspension and any available options for remediation or make-up, subject to program requirements and accreditation standards. The University makes no guarantee that suspended clinical hours or experiences can be recovered within a student's originally anticipated program timeline. A temporary suspension of clinical privileges will remain in place until the conclusion of the academic or conduct process and any related appeals.

15. Timeline for Institutional and College Accreditation

Western University of Health Sciences is institutionally accredited by the WASC Senior College and University Commission (See Appendix J). The College of Graduate Nursing’s California master’s degree program in nursing is accredited by the Commission on Collegiate Nursing Education (see Appendix K).

The Oregon MSNE program will complete a CCNE substantive change 90 days before the college admits students per CCNE requirements or May 2027 if the OSBN approves Step 2 of the approval process in August 2026.

CGN's CCNE accreditation history is continuous since 2001, with 10-year renewals granted in 2006 and 2016; the College's 2026 Self-Study Report for CCNE Accreditation was prepared for its current decennial reaffirmation review, with an onsite evaluation conducted March 18–20, 2026. The report by the CCNE evaluators in March was uploaded to the CCNE website and shows complete compliance with all four CCNE standards with no evidence of any sanction, warning, or probation status, and no unresolved formal complaints over the last 10 years (See Appendix L). We expect a formal letter from CCNE in September, 2026 notifying us of our ten year re-accreditation. Critically, that same self-study confirms the nursing program is “currently only available on the Pomona campus” as of its preparation — meaning CCNE has not yet been notified of the Oregon MSNE expansion, and the Oregon program is not yet within CGN's existing CCNE accreditation scope.

14. Implementation Timeline

June 2025: CGN residency established in Lebanon (Director, Admin Assistant, Faculty, Dean offices); initial meetings held with Samaritan Health System leadership, Sacred Heart Medical Center at RiverBend (behavioral health), and the Oregon Health Authority.

August 2025: Shared facility services discussed with the Physical Therapy program; funding requests submitted to the Provost and CFO; materials prepared for California and Oregon Boards of Trustees.

September 2025: Coordination with Oregon nursing school directors; articulation/linkage agreement concepts introduced (BSN→MSN, MSNE); WesternU funding request negotiated.

October 2025: Oregon site space finalized (signage, classrooms, offices, IT, simulation lab); pro forma submitted to the Provost for Board of Trustees approval.

November 2025: WesternU Board of Trustees approval obtained for the program pro forma.

December 2025: Step 1 (Preliminary Development) application submitted to OSBN.

February 19, 2026: OSBN reviewed and voted to approve WesternU's preliminary development application as presented — confirmed by OSBN's own routing memo ("Exhibit NE5," dated January 8, 2026) and February 24, 2026 approval letter.

February–March 2026: Curriculum plan finalized; systematic program/curriculum evaluation plan documented (Appendix I) and an Oregon Director of Assessment to be assigned; student accommodation policies finalized through WesternU's Disabilities Office and LEAD department; CGN Student Success Coach role to be expanded to Oregon.

March 2026: Oregon Student Catalog (2027–2028) developed; website content prepared (not yet published); coordination with Admissions, Financial Aid, Registrar, OIRE, and ISS.

May–June 2026: Catalog updates continued; simulation center construction continued.

July 2026: Begin recruitment and hire of full-time faculty and develop curriculum; develop simulation lab equipment and supply placement; launch philanthropy campaign.

September 2026: Admissions open, contingent on receipt of OSBN Step 2 Initial Approval — not a fixed calendar date independent of OSBN action..

February – April 2027: Admissions close and applicant file reviews begins. First cohort interviewed and selected; admission letters sent; CCNE substantive change notification filed (approximately 90 days before launch). All faculty and staff positions hired in January 2027 and oriented in February 2027.

August 2027: Proposed launch of first Oregon MSNE cohort, contingent on OSBN initial approval and all required institutional, accreditation, state authorization, and operational approvals.

APPENDICES

Oregon MSNE Program — OSBN Step 2 Application

College of Graduate Nursing Northwest, Western University of Health Sciences

Appendix A: OSBN Preliminary Approval Letter

Appendix B/C: Curriculum Plan and Combined Clinical Course Descriptions

Appendix D.1: Faculty Qualifications and Clinical Supervision Addendum

Appendix D.1 (cont.): Faculty Qualification Tier Roster

Appendix D.2: Organizational Chart

Appendix E/F: Clinical Agreements and Placement Plan

Appendix G: Simulation Lab Plan and Equipment Inventory

Appendix H: Student Services and Policy Crosswalk

Appendix I: Systematic Program Evaluation Plan

Appendix J: Accreditation and Authorization Documentation

Appendix K: Implementation Timeline and Facility Detail

Appendix L: CCNE 2026 Evaluators' Report

Appendix M: Program Outcomes

Appendix A: OSBN Preliminary Approval Letter



Oregon

Tina Kotek, Governor

Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland OR 97224
Oregon.BN.Info@osbn.oregon.gov
www.oregon.gov/OSBN

MEMORANDUM

To: Mary Lopez, PhD, MSN, RN, Dean, College of Graduate Nursing

From: Laura Blackhurst, MSN, RN, CNL, Policy Analyst, Nursing Education

Date: February 24, 2026

Re: Western University of Health Sciences Application for Preliminary Development

On February 19th, 2026, the Oregon State Board of Nursing reviewed Western University of Health Sciences' preliminary development application for a new pre-licensure registered nursing education program. Board approval is required per OAR 851-021-0010(1).

The Board voted to approve the motion:

That Western University of Health Sciences' preliminary application be approved as presented.

You may now prepare the application for Initial Approval of Admission of Students per OAR 851-021-0010(2). Please retain this letter of approval for your records.

Laura Blackhurst

Laura Blackhurst, MSN, RN, CNL

(she/her/hers)

Operations & Policy Analyst 4

Nursing Education

Oregon State Board of Nursing

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and Nursing workforce.

Appendix B/C: Curriculum Plan and Combined Clinical Course Descriptions

About this document

This document presents the proposed MSNE curriculum plan for the Lebanon, Oregon campus alongside the corresponding course descriptions, for submission to the Oregon State Board of Nursing. New Oregon course numbers use the prefix “ORGN” to distinguish them from the existing Pomona-campus “GN” course numbers referenced as their source. Courses without an Oregon-specific number and content adaptation, including all IPE courses, retain their original numbering. The individually numbered specialty clinical practicums referenced elsewhere in the curriculum are consolidated here into four combined, term-based clinical courses (Clinical Practicum I–IV); see the Proposed Clinical Practicum Sequence section for details.

Total Program Units	74.00
Total Clinical Hours	855

Curriculum Plan by Semester

Year 1

First Year, Fall Semester

Clinical Fee Assessed for Term: Yes

Course	Title	Credit Hours
IPE 5000	IPE: An Interprofessional Approach I	1.00
ORGN 6015	Nursing Theory and Research	1.00
ORGN 6025	Nursing Professional Roles and Leadership	1.00
ORGN 6120	Pathophysiology	3.00
ORGN 6141	Pharmacology	3.00
ORGN 6210	Physical Assessment and Health Promotion	2.00
ORGN 6410	Fundamentals of Nursing	4.00
ORGN 6850	Clinical Practicum I: Foundations of Nursing Practice	2.00
	Semester Total	17.00

First Year, Spring Semester

Clinical Fee Assessed for Term: Yes

Course	Title	Credit Hours
IPE 5100	IPE: An Interprofessional Approach II	1.00
ORGN 6035	Research I	2.00
ORGN 6510	Medical-Surgical Nursing I	4.00

Course	Title	Credit Hours
ORGN 6610	Psychiatric Mental Health Nursing*	2.00
ORGN 6730	Gerontological Nursing*	2.00
ORGN 6710	Obstetric Nursing**	2.00
ORGN 6720	Pediatric Nursing**	2.00
ORGN 6860	Clinical Practicum II: Adult Health and Specialty Nursing Practice I	6.00
	Semester Total (per student)	17.00

* Cohort A completes Psychiatric Mental Health Nursing and Gerontological Nursing during Spring Semester.

** Cohort B completes Obstetric Nursing and Pediatric Nursing during Spring Semester.

First Year, Summer Semester*Clinical Fee Assessed for Term: Yes*

Course	Title	Credit Hours
ORGN 6045	Research II	2.00
ORGN 6560	Medical-Surgical Nursing II	4.00
ORGN 6710	Obstetric Nursing*	2.00
ORGN 6720	Pediatric Nursing*	2.00
ORGN 6610	Psychiatric Mental Health Nursing**	2.00
ORGN 6730	Gerontological Nursing**	2.00
ORGN 6870	Clinical Practicum III: Adult Health and Specialty Nursing Practice II	6.00
	Semester Total (per student)	16.00

* Cohort A completes Obstetric Nursing and Pediatric Nursing during Summer Semester.

** Cohort B completes Psychiatric Mental Health Nursing and Gerontological Nursing during Summer Semester.

Year 2**Second Year, Fall Semester***Clinical Fee Assessed for Term: Yes*

Course	Title	Credit Hours
IPE 6000	IPE: Interprofessional Team Training in Healthcare I	1.00
ORGN 6760	Master's Project I: Design and Evidence Review	2.00
ORGN 6801	Leadership, Management, and Systems	2.00
ORGN 6905	Population Health Nursing	2.00
ORGN 6305	Statistics	2.00

Course	Title	Credit Hours
ORGN 6880	Clinical Practicum IV: Population Health, Leadership, and Transition to Practice	5.00
	Semester Total	14.00

Second Year, Spring Semester

Clinical Fee Assessed for Term: No

Course	Title	Credit Hours
IPE 6100	IPE: Interprofessional Team Training in Healthcare II	1.00
ORGN 6770	Master's Project II: Implementation and Dissemination	2.00
ORGN 6315	Informatics	2.00
ORGN 6325	Bioethics and Policy	2.00
ORGN 6335	Epidemiology and Care Coordination	2.00
ORGN 6345	Professional Development and Advanced Roles	1.00
	Semester Total	10.00

Total Program Units	74.00
Total Clinical Hours	855

Proposed Clinical Practicum Sequence

The clinical practicum sequence below consolidates the individually numbered specialty clinical practicums referenced in the Curriculum Plan into four combined, term-based clinical courses. This structure is intended to simplify the clinical sequence while preserving required pre-licensure clinical learning across the lifespan, specialty areas, community-based care, leadership, and transition-to-practice experiences. Clinical placements are assigned by the program and may vary by student, site, and term; the course descriptions are intentionally broad and OSBN-facing, and do not guarantee placement in any specific specialty unit, agency, shift, or clinical environment.

Semester	Proposed Course	Clinical Units	Clinical Hours
Semester I (Y1 Fall)	ORGN 6850 Clinical Practicum I: Foundations of Nursing Practice	2	90
Semester II (Y1 Spring)	ORGN 6860 Clinical Practicum II: Adult Health and Specialty Nursing Practice I	6	270
Semester III (Y1 Summer)	ORGN 6870 Clinical Practicum III: Adult Health and Specialty Nursing Practice II	6	270
Semester IV (Y2 Fall)	ORGN 6880 Clinical Practicum IV: Population Health, Leadership, and Transition to Practice	5	225
Semester V (Y2 Spring)	No clinical practicum; master's-level completion only	N/A	N/A
	Total	19	855

Note: "Clinical Units" reflect academic credit; the Curriculum Plan's per-semester "Credit Hours" column carries this same value forward. "Clinical Hours" reflect direct clinical contact hours and sum to the program's Total Clinical Hours of 855.

Simulation and Direct Patient Care Hours

Simulation hours will not exceed 49% of total clinical component hours across the nursing education program as a whole, and direct patient care combined with final clinical practicum hours must account for at least 51% of total clinical component hours across the program. This ratio is calculated at the program level, not per individual course. Skills laboratory hours are tracked as a separate modality and are not counted toward either figure. To use simulation as a component of nursing practice experience, the program will also:

1. Ensure simulation learning has adequate fiscal, human, technologic, and physical space resources;
2. Provide evidence to the Board that national simulation standards have been met;
3. Designate an academically and experientially qualified nursing faculty member as simulation coordinator, with defined roles for the coordinator and simulation faculty;
4. Provide initial and annual simulation training for faculty, and a written plan for orienting faculty to simulation;
5. Maintain written policies on integrating simulation into the curriculum and on debriefing methods, and establish a sustaining budget; and
6. Include information about the program's use of simulation in its annual report to the Board, and request Board approval for any exception to exceed the 49% cap.

Applied to the program's 855 total clinical hours, this establishes a program-wide maximum of 418 simulation hours and a program-wide minimum of 437 direct patient care/final practicum hours across Clinical Practicum I–IV combined — not a per-course limit. The 456 hospital-based hours already confirmed with clinical partner sites already exceed the 437-hour minimum on their own, with 19 hours to spare. As a result, the 357 hours not yet finalized (across Clinical Practicum II, III, and IV), together with the 42 hours already designated Simulation Lab in Clinical Practicum I, total 399 simulation hours — still under the 418-hour cap, with 19 hours of headroom remaining.

This ratio is a floor/ceiling on total hours, not a substitute for the specialty competencies' including psychiatric/mental health, pediatric, obstetric, and gerontological nursing, and community health/community-based care integration. The program will have sufficient community-based and specialty clinical exposure in Clinical Practicum II, III, and IV to meet those competency requirements.

Course	Total Hours	Hospital-Based (Direct Care)	Simulation Lab (Confirmed)	Remaining (Available for Sim or Community)	Max Sim if Fully Allocated
ORGN 6850	90	48	42	0	42 (confirmed)
ORGN 6860	270	144	0	126	up to 126
ORGN 6870	270	144	0	126	up to 126
ORGN 6880	225	120	0	105	up to 105
Total	855	456	42	357	up to 399 total (cap: 418)

Course Descriptions

Courses are listed in the order in which they appear in the curriculum plan above. Each entry shows the source course from the existing Pomona/Oregon catalog that the description was drawn from. Credit-hour differences between a source course's catalog listing and this Oregon schedule are noted in the source line where relevant but do not change the schedule's official credit value. Courses that repeat across terms due to the Cohort A/B rotation (Obstetric Nursing, Pediatric Nursing, Psychiatric Mental Health Nursing, and Gerontological Nursing) are described once, with a cross-reference at the repeat occurrence. New Oregon course numbers are shown with the “ORGN” prefix; the “Source” line for each course refers to the original Pomona-campus “GN” catalog number and is left unprefix to preserve the mapping between the two.

Year 1

First Year, Fall Semester

IPE 5000 IPE: An Interprofessional Approach I (1.0 credit hour)

IPE 5000 is offered as part of the college curriculum for all first-year entry-level health professional students and is a university requirement for all participating colleges. The course is designed to prepare the health care student to practice patient-centered collaborative care through a team approach. Working in small interprofessional teams, students will explore cases representing conditions across the human lifespan.

Source: IPE 5000 (direct match)

ORGN 6015 Nursing Theory and Research (1.0 credit hour)

This course explores the theoretical context of contemporary nursing practice, which serves to guide nursing practice and primary health care that optimizes health and self-care in families. The course integrates knowledge from the physical, biological, and behavioral sciences to apply, systematically and critically, selected conceptual frameworks to the development of nursing, family systems, and the response to illness. Students will develop an appreciation of the process of theory development in nursing, compare and contrast various theoretical perspectives, and apply nursing theories critically.

Course Objectives

1. Explain the development, structure, and purpose of nursing theories and conceptual frameworks.
2. Compare selected nursing and interdisciplinary theories that inform professional nursing practice, family systems, health, and responses to illness.
3. Apply theoretical perspectives and research-informed knowledge to nursing judgment, person-centered care, and health promotion.

ORGN 6025 Nursing Professional Roles and Leadership (1.0 credit hour)

Students explore professional nursing roles, leadership principles, standards of practice, professional identity formation, communication, teamwork, accountability, ethical practice, and leadership within healthcare systems.

Course Objectives

1. Examine professional nursing roles, standards of practice, accountability, and the formation of professional identity.
2. Apply foundational leadership, communication, teamwork, and ethical decision-making principles within healthcare settings.
3. Develop strategies for professional growth, advocacy, and successful transition into the registered nurse role.

ORGN 6120 Pathophysiology (3.0 credit hours)

Pathophysiology focuses on alterations and disruption of physiologic functions across the lifespan. A systems approach based on differentiation of pathophysiologic findings is essential to understanding and identification of major disease processes.

Course Objectives

1. Explain alterations in physiologic function and the mechanisms underlying major disease processes across the lifespan.
2. Differentiate normal and abnormal findings using a systems-based understanding of pathophysiology.
3. Correlate pathophysiologic changes with clinical manifestations, assessment findings, and nursing implications.

ORGN 6141 Pharmacology (3.0 credit hours)

Students will integrate pharmacology and pathophysiological applications using a systems approach. Topics include drugs and classifications, mechanisms of action, side effects, drug interactions, and monitoring of drug therapies.

Course Objectives

1. Explain major drug classifications, mechanisms of action, therapeutic effects, adverse effects, and clinically significant interactions.
2. Integrate pharmacologic and pathophysiologic knowledge to support safe medication selection, administration, monitoring, and patient education.
3. Apply principles of dosage calculation, medication safety, and evaluation of therapeutic outcomes across the lifespan.

ORGN 6210 Physical Assessment and Health Promotion (2.0 credit hours)

Students will learn theoretical concepts related to comprehensive patient health assessment and promotion across the lifespan. Emphasis includes the analysis and utilization of comprehensive

health assessment data including the bio-psycho-social, developmental, and environmental needs of patients and families as related to the role of the nurse.

Course Objectives

1. Conduct a comprehensive, systematic health assessment across the lifespan using developmentally and culturally appropriate techniques.
2. Analyze subjective and objective assessment data to distinguish expected findings from actual or potential health concerns.
3. Use assessment findings to identify health-promotion, disease-prevention, and patient-education priorities.

ORGN 6410 Fundamentals of Nursing (4.0 credit hours)

Foundational nursing concepts, competencies and techniques are introduced in this course. Students will develop critical thinking abilities utilizing the nursing process in the roles of communicator, caregiver, and educator. Students learn principles of professional nursing practice, including therapeutic communication, maintaining a safe and hygienic environment, assessing vital signs, medical asepsis and infection control, principles of body mechanics and mobility, basic gastrointestinal and urinary care, oxygen therapy and airway management, and calculation of drug doses and medication administration.

Course Objectives

1. Apply the nursing process and beginning clinical judgment to foundational nursing care and common patient needs.
2. Explain principles of safety, infection prevention, therapeutic communication, hygiene, mobility, oxygenation, elimination, nutrition, and medication administration.
3. Demonstrate professional, ethical, and person-centered nursing behaviors consistent with the roles of communicator, caregiver, advocate, and educator.

ORGN 6850 Clinical Practicum I: Foundations of Nursing Practice (2.0 clinical units | 90 clinical hours)

This clinical practicum introduces students to foundational nursing practice, health assessment, therapeutic communication, basic psychomotor skills, safety principles, infection prevention, documentation, and professional role development. Students apply beginning clinical judgment and the nursing process in laboratory, simulation, and approved clinical or community-based settings. Emphasis is placed on patient-centered care, assessment, fundamental nursing interventions, communication, professionalism, and the development of safe beginning practice. Interprofessional education is introduced through structured opportunities to communicate with other health professions students and practitioners, recognize the roles and responsibilities of healthcare team members, and contribute to respectful, team-based patient care.

This course integrates clinical learning associated with physical assessment, health promotion, and fundamentals of nursing. Clinical hours for this course include a combination of direct patient care,

simulation, and skills laboratory experiences. Simulation hours are maintained within the Board-approved ratio described in Simulation and Direct Patient Care Hours, above.

1. Demonstrate beginning nursing assessment, communication, safety, infection prevention, and fundamental care skills in laboratory, simulation, and assigned clinical settings.
2. Apply the nursing process to collect relevant patient data, identify basic patient needs, and participate in safe, person-centered care.
3. Communicate professionally with patients, families, peers, faculty, and members of the interprofessional healthcare team, using respectful communication practices that support shared understanding and patient-centered care.
4. Identify the roles and responsibilities of nursing and other health professions and participate appropriately in beginning interprofessional, team-based care activities.

First Year, Spring Semester

IPE 5100 IPE: An Interprofessional Approach II (1.0 credit hour)

Continuation of IPE 5000.

Source: IPE 5100 (direct match)

ORGN 6035 Research I (2.0 credit hours)

Provides a foundation for evidence-based practice by critiquing quantitative, qualitative, and mixed methods research studies. Ethical principles in research are studied with a requirement to obtain certification in human subjects' protection. The relationship of research, theory, and nursing practice are emphasized.

Course Objectives

1. Differentiate quantitative, qualitative, and mixed-methods approaches used in nursing and healthcare research.
2. Critically appraise research questions, methods, ethical protections, data analysis, and findings for rigor and relevance to nursing practice.
3. Explain the relationships among nursing theory, research, evidence-based practice, and protection of human participants.

ORGN 6510 Medical-Surgical Nursing I (4.0 credit hours)

Students will learn theoretical concepts related to the nursing process in caring for adults. Acute and chronic health conditions are the foci. Emphasis is placed on the delivery of safe, person-centered, interdisciplinary care integrating knowledge of pathophysiological processes, pharmacotherapy, developmental theories, and human responses to illness.

Course Objectives

1. Explain relationships among pathophysiologic processes, clinical manifestations, and laboratory and diagnostic findings in adults and older adults.

2. Integrate health assessment, pharmacotherapy, nutrition, culture, and socioeconomic factors into planning safe, person-centered nursing care.
3. Apply the nursing process, patient education, and interprofessional care coordination to acute and chronic health conditions.

ORGN 6610 Psychiatric Mental Health Nursing (2.0 credit hours)

Students will learn, assess, and care for clients with psychosocial, mood, and mental health disorders. Psychiatric concepts, neurophysiology, interventions, and the nursing role will be discussed.

Course Objectives

1. Differentiate the manifestations and nursing implications of common psychiatric, mood, personality, substance-related, and emotional disorders across the lifespan.
2. Apply therapeutic communication, behavioral change strategies, psychopharmacologic knowledge, and the nursing process to individualized mental health care.
3. Analyze legal, ethical, social justice, stigma, advocacy, and safety issues affecting persons with mental health conditions.

ORGN 6730 Gerontological Nursing (2.0 credit hours)

Students will focus on the understanding of the aging process, age-related changes, and complex health issues impacting older adults. This course will take into consideration issues related to culture, ethnicity, gender, socio-economic status, safety and quality, and person-centered care.

Course Objectives

1. Explain physiologic, cognitive, psychosocial, cultural, and functional changes associated with aging and their implications for nursing care.
2. Apply the nursing process to health promotion, safety, medication management, chronic illness, functional ability, and end-of-life concerns in older adults.
3. Use therapeutic communication, interprofessional collaboration, and person- and family-centered approaches to support dignity, autonomy, and quality of life.

ORGN 6710 Obstetric Nursing (2.0 credit hours)

Theory and application of nursing process and nursing roles related to the care of women and childbearing families of diverse psychosocial and cultural backgrounds are examined. Family systems theory, developmental theories, and the nursing process serve as the organizing framework for this group of clients. Employing established standards, students gain knowledge and apply essential principles for professional roles and nursing practice in the care of childbearing women, families, and newborns. Students apply the theoretical concepts in the clinical setting.

Course Objectives

1. Explain normal reproductive, fetal, antepartum, intrapartum, postpartum, and newborn processes and identify common deviations and complications.

2. Apply the nursing process and professional nursing roles to safe, evidence-informed care of childbearing persons, newborns, and families.
3. Analyze ethical, legal, cultural, psychosocial, health-promotion, and risk-reduction considerations in maternal-newborn nursing.

ORGN 6720 Pediatric Nursing (2.0 credit hours)

Emphasizes theory and application of nursing process and nursing roles related to the care of children and their families. Family systems theory, developmental theories, vulnerable population theory, and the nursing process serve as the organizing framework for providing care to this group of clients. Students gain knowledge and apply essential principles for nursing practice in the care of children and their families within a culturally diverse population. Students apply the theoretical concepts in the clinical setting.

Course Objectives

1. Differentiate pediatric clients from adults in relation to growth, development, assessment, communication, and population-specific interventions.
2. Analyze etiology, clinical manifestations, and diagnostic findings to plan evidence-informed nursing care for children and families.
3. Integrate family systems, culture, developmental needs, health promotion, and vulnerable-population considerations into pediatric nursing practice.

** Cohort A completes Psychiatric Mental Health Nursing and Gerontological Nursing during Spring Semester. Cohort B completes Obstetric Nursing and Pediatric Nursing during Spring Semester. ** Cohort assignments reverse for the Summer Semester (see below).*

ORGN 6860 Clinical Practicum II: Adult Health and Specialty Nursing Practice I (6.0 clinical units | 270 clinical hours)

This clinical practicum provides students with supervised clinical experiences across adult health and selected specialty nursing settings. Students apply concepts from medical-surgical nursing, psychiatric mental health nursing, gerontological nursing, obstetric nursing, and pediatric nursing as assigned. Emphasis is placed on clinical judgment, prioritization, therapeutic communication, medication administration, patient safety, health promotion, interdisciplinary collaboration, and care of individuals and families across the lifespan. Interprofessional education experiences strengthen students' ability to communicate across professions, clarify team member roles, participate in shared care planning, and collaborate to improve patient safety and health outcomes.

Clinical experiences may occur in acute care, behavioral health, gerontological, maternal-child, pediatric, community-based, simulation, or other approved settings. Specialty exposure is assigned by the program and may vary by student, site, and term. The course does not guarantee placement in a specific specialty unit, but ensures that clinical learning is aligned with program outcomes, regulatory expectations, and pre-licensure nursing competencies.

Clinical hours for this course include a combination of direct patient care, simulation, and skills laboratory experiences. Simulation hours are maintained within the Board-approved ratio described in Simulation and Direct Patient Care Hours, above.

1. Apply the nursing process and clinical judgment to provide safe, evidence-informed care for adults, older adults, families, and selected specialty populations.
2. Integrate therapeutic communication, patient education, medication safety, and cultural humility into supervised nursing care.
3. Prioritize patient needs and communicate relevant findings clearly and promptly to faculty, staff nurses, and members of the interprofessional healthcare team to support coordinated, safe care.
4. Collaborate with members of other health professions by applying role clarification, shared decision-making, mutual respect, and team-based care principles in supervised clinical settings.

First Year, Summer Semester

ORGN 6045 Research II (2.0 credit hours)

This course continues the evidence-based practice process by appraising the individual evidence as a composite and proposing a translational pathway based on the analysis of the findings. A proposal for the translational pathway in the form of a research project or quality improvement project will be developed. The protection of human subjects and instrument selection are studied and applied to the chosen project. Prerequisite: Research I.

Course Objectives

1. Critically appraise bodies of evidence and determine their strength, consistency, applicability, and relevance to a clinical or quality-improvement problem.
2. Synthesize research findings to develop an evidence-based translational pathway, research proposal, or quality-improvement proposal.
3. Apply ethical protections, measurement principles, and appropriate instrument-selection strategies to the proposed project.

ORGN 6560 Medical-Surgical Nursing II (4.0 credit hours)

Students will continue building on the integrated knowledge from previous courses to apply the nursing process across healthcare settings. Emphasis is placed on the delivery of safe, person-centered, interdisciplinary care of the patient with complex health needs.

Course Objectives

1. Integrate pathophysiology, assessment findings, clinical practice guidelines, and pharmacology to anticipate complications and plan care for adults and older adults with complex health needs.
2. Analyze medication-management, safety, education, and care-coordination needs in complex acute and chronic care situations.
3. Apply theory, evidence-based practice, and interprofessional principles to clinical judgment and person-centered care across healthcare settings.

ORGN 6870 Clinical Practicum III: Adult Health and Specialty Nursing Practice II (6.0 clinical units | 270 clinical hours)

This clinical practicum builds on prior clinical learning and supports increasing complexity in adult health, specialty nursing, and care across the lifespan. Students continue to apply medical-surgical, psychiatric mental health, gerontological, obstetric, pediatric, and population-focused concepts in assigned clinical, simulation, and community-based settings. Emphasis is placed on increasingly complex patient care, clinical reasoning, prioritization, delegation concepts, interdisciplinary communication, and safe implementation of evidence-informed nursing interventions.

Interprofessional education experiences further develop students' ability to communicate across professions, clarify team member roles, engage in shared decision-making, and coordinate team-based care for patients with complex and evolving health needs.

Students may receive exposure to higher-acuity or specialty environments such as emergency, perioperative, step-down, intensive care, maternal-child, pediatric, behavioral health, rehabilitation, or other approved settings as available and appropriate. These experiences are intended to broaden clinical judgment and systems awareness, not to promise independent specialty competence or guaranteed placement in any specific unit.

Clinical hours for this course include a combination of direct patient care, simulation, and skills laboratory experiences. Simulation hours are maintained within the Board-approved ratio described in Simulation and Direct Patient Care Hours, above.

1. Integrate clinical judgment, pathophysiology, pharmacology, and assessment findings to plan and deliver safe care for patients with increasingly complex health needs.
2. Prioritize and evaluate nursing interventions for individuals, families, and populations across assigned healthcare settings.
3. Communicate and coordinate care with patients, families, faculty, nurses, and members of the interprofessional healthcare team, using clear communication and shared care planning to support quality, safety, and continuity of care.
4. Collaborate with members of other health professions by applying role clarification, shared decision-making, mutual respect, and team-based care principles when managing patients with increasingly complex health needs.

Year 2

Second Year, Fall Semester

IPE 6000 IPE: Interprofessional Team Training in Healthcare I (1.0 credit hour)

IPE 6000 will continue to build upon the knowledge from the IPE 5000 series but will expand upon that knowledge and require the student to learn and apply advanced tools and strategies that are crucial to develop a collaborative healthcare team. The majority of the course is independent study with students engaging in a large-scale tabletop activity where they apply team tools necessary to solve a healthcare dilemma.

Source: IPE 6000 (direct match)

ORGN 6760 Master's Project I: Design and Evidence Review (2.0 credit hours)

Students will begin their scholarly project by assessing and analyzing current quality improvement data and initiatives in a clinical microsystem within a healthcare environment. Students conduct a review of the relevant evidence to inform the design of the proposed project.

Course Objectives

1. Assess a clinical microsystem to identify a relevant quality, safety, practice, or care-delivery problem.
2. Synthesize current scholarly evidence and organizational data to support the design of a feasible improvement project.
3. Develop a project aim, evidence-informed intervention, stakeholder plan, and evaluation measures consistent with ethical and organizational requirements.

ORGN 6801 Leadership, Management, and Systems (2.0 credit hours)

The scope of professional practice for the registered nurse includes leadership as a role competency. Students will gain the knowledge, skills, and attitudes to lead and manage unit/microsystem-based teams in the provision of high quality, patient-centered care. Various modes of inquiry, including management process, problem-solving models, and decision-making tools will be included. Theories related to leadership, management, organization, human resources, behavior, and communication are emphasized.

Course Objectives

1. Apply leadership and management theories to decision-making, communication, conflict management, delegation, and team performance.
2. Analyze organizational structures, human-resource processes, quality and safety priorities, and systems factors that influence care delivery.
3. Use evidence-based leadership strategies to support high-quality, person-centered care and effective interprofessional teamwork at the unit or microsystem level.

ORGN 6905 Population Health Nursing (2.0 credit hours)

Students address population health through health promotion and disease prevention at the individual, family, community, population, and systems level. Students complete community assessments and identify community resources for target populations. Students examine public health issues including environmental health, epidemiology, and health care delivery trends. Emphasis is placed on the analysis of social determinants of health as well as sociocultural, political, economic, social justice, ethical, and environmental factors that influence community and global health.

Course Objectives

1. Assess population health needs using community data, epidemiologic concepts, social determinants of health, and available community resources.

2. Develop evidence-informed health-promotion and disease-prevention strategies for individuals, families, communities, and populations.
3. Analyze sociocultural, political, economic, environmental, ethical, and social justice influences on public and global health outcomes.

ORGN 6305 Statistics (2.0 credit hours)

This course introduces descriptive and inferential statistical methods used in nursing research, quality improvement, and evidence-based practice. Students apply statistical software to analyze data and interpret findings, with an emphasis on selecting appropriate statistical tests, understanding measures of central tendency and variability, and evaluating significance and effect size. Skills developed in this course support students' ability to critically appraise published research and to design and analyze their own scholarly projects.

Course Objectives

1. Describe and calculate foundational descriptive statistics used in nursing research, quality improvement, and population health.
2. Select and interpret appropriate inferential statistical tests based on variables, assumptions, and research questions.
3. Use statistical software and statistical reasoning to interpret significance, effect size, variability, and the clinical meaning of findings.

ORGN 6880 Clinical Practicum IV: Population Health, Leadership, and Transition to Practice (5.0 clinical units | 225 clinical hours)

This clinical practicum supports transition into professional nursing practice through integrated learning in public health, population-based nursing, leadership, care coordination, quality improvement, and capstone-level clinical practice. Students apply nursing knowledge, evidence, systems thinking, and leadership concepts in assigned clinical, community, population health, and/or healthcare system settings. Emphasis is placed on professional role development, population health, care coordination, interprofessional collaboration, quality and safety, delegation, leadership, and readiness for entry-level registered nursing practice.

Clinical experiences may include public health, community-based care, acute care, ambulatory care, leadership-focused experiences, precepted or faculty-supervised capstone experiences, simulation, quality improvement activities, and other approved settings. Placements are assigned by the program and are not a guarantee of any specific agency, unit, shift, or specialty.

Clinical hours for this course include a combination of direct patient care, simulation, and skills laboratory experiences. Simulation hours are maintained within the Board-approved ratio described in Simulation and Direct Patient Care Hours, above.

1. Integrate leadership, population health, quality improvement, and clinical judgment concepts into safe professional nursing practice.

2. Coordinate person-centered and population-based care across assigned clinical, community, and healthcare system settings.
3. Evaluate personal clinical performance, professional role development, and readiness for entry-level registered nursing practice.

Second Year, Spring Semester

Semester V is reserved for master's-level completion and does not include a clinical practicum. This term includes the Master's Project, Informatics, Bioethics and Policy, Epidemiology and Care Coordination, and Professional Development and Advanced Roles, protecting the final semester for graduate-level synthesis and program completion.

IPE 6100 IPE: Interprofessional Team Training in Healthcare II (1.0 credit hour)

This course is a continuation of IPE 6000.

Source: IPE 6100

ORGN 6770 Master's Project II: Implementation and Dissemination (2.0 credit hours)

Students will continue scholarly exploration of their identified project and propose implementation. Students implement their proposed intervention, evaluate outcomes, and disseminate findings to relevant stakeholders.

Course Objectives

1. Implement an approved evidence-based or quality-improvement intervention in collaboration with relevant stakeholders.
2. Analyze project data and evaluate outcomes, limitations, sustainability, and implications for practice.
3. Disseminate project processes and findings clearly to clinical, academic, or professional audiences.

ORGN 6315 Informatics (2.0 credit hours)

This course explores the nursing specialty of Nursing Informatics and its value and impact on nursing practice, research, and education. It focuses on the use of computers and technology to access and manage information related to nursing practice, telehealth, and clinical management. It examines technology's role in evidence-based practice, nursing education, and health care applications of information technology. Topics also include ethical and legal issues and challenges related to the use of informatics.

Course Objectives

1. Explain nursing informatics competencies and the role of data, information, and technology in nursing practice, education, research, and clinical management.
2. Evaluate healthcare technologies and information systems for their ability to support communication, decision-making, quality, safety, and patient engagement.
3. Analyze ethical, legal, privacy, security, and professional concerns associated with healthcare information technology and telehealth.

Source: GN 5703 Introductory Nursing Informatics

ORGN 6325 Bioethics and Policy (2.0 credit hours)

This course focuses on the social and ethical issues that often arise when providing nursing care to clients over the life span, including the relevant legal, ethical, and medical implications of abuse, violence, substance use, and vulnerability across populations. The course also examines nursing's role in the care of underserved and vulnerable populations, including concepts of social justice, health care advocacy, and policy formation and implementation, and the structure and function of legislative and regulatory organizations. Students will critically reflect on the ethical challenges and societal and policy factors that influence the provider-patient relationship and the nursing profession.

Course Objectives

1. Apply ethical principles and structured decision-making frameworks to complex issues arising in nursing care across the lifespan.
2. Analyze legal, social, cultural, and policy factors affecting vulnerable and underserved populations, healthcare access, and the nurse-patient relationship.
3. Explain nursing advocacy and the processes through which legislation, regulation, and healthcare policy are developed, implemented, and evaluated.

ORGN 6335 Epidemiology and Care Coordination (2.0 credit hours)

This course focuses on the interpretation and use of epidemiology and biostatistics for graduate nursing practice, including basic epidemiological concepts and quantitative methodology for evidence-based practice and population health decision-making. Building on this foundation, nurses integrate care coordination and chronic care management into practice throughout the continuum to optimize outcomes and reduce fragmentation of care for populations. Students will coordinate care for persons/populations with complex, chronic conditions within the interprofessional practice environment across diverse health settings.

Course Objectives

1. Apply epidemiologic concepts and population data to identify health risks, interpret patterns of disease, and support evidence-informed decision-making.
2. Incorporate ethical decision-making, transitions of care, chronic disease management, and patient-activation strategies across the care continuum.
3. Collaborate with interprofessional teams, community resources, and healthcare technologies to reduce fragmentation and optimize outcomes for persons and populations with complex chronic conditions.

ORGN 6345 Professional Development and Advanced Roles (1.0 credit hour)

Reflective practice allows learners to understand self and facilitates the development of professional identity. The value of reflective practice and its critical role in personal and professional growth is examined. Enhancing competencies for reflective practice, engagement in the reflective process, and implementation of reflective activities contribute to students' educational journey and professional identity development as they transition to advanced nursing roles.

Course Objectives

1. Use reflective practice to examine personal values, professional identity, strengths, learning needs, and career goals.
2. Compare direct and indirect advanced nursing roles and the professional standards that guide them.
3. Develop strategies for lifelong learning, resilience, accountability, and transition into graduate-prepared professional nursing roles.

Appendix D.1: Faculty Qualifications and Clinical Supervision Addendum

1. Purpose and Relationship to the CGN Faculty Handbook

The College of Graduate Nursing (CGN) Faculty Handbook (effective July 1, 2025) establishes general faculty governance, hiring, workload, and promotion/tenure policy for Western University of Health Sciences' College of Graduate Nursing. It applies university-wide and is not written specifically for a pre-licensure, entry-level nursing program. This addendum supplements, and does not replace, the CGN Faculty Handbook. It documents the additional faculty qualification, licensure, and clinical supervision standards. Where OSBN's requirements are more specific or more stringent than the CGN Faculty Handbook, the OSBN standard governs for purposes of Oregon MSNE faculty appointments, consistent with OAR 851-021-0045.

2. Number of qualified nurse educators and nurse educator associates to meet the learning outcomes of the MSNE program.

Three full-time faculty with the specialties of Pediatrics, Gerontology, and Obstetric nursing, are being interviewed now and will start upon hire in August/September, 2026. Initial faculty planning includes expertise across adult health, psychiatric mental health, gerontology, obstetric nursing, pediatric nursing, public health, leadership, simulation, pharmacology, pathophysiology, and graduate-level nursing education. It is understood that faculty must be sufficient in number for 25 students and have the qualifications to meet program outcomes, course outcomes, clinical supervision needs, student support needs, and OSBN expectations. Oregon RN licensure and faculty qualifications will be verified as applicable before faculty assumes program responsibilities.

The number of adjunct clinical faculty remains to be determined based on final clinical placements, clinical schedule, faculty-to-student ratios, and specialty needs. Adjunct Clinical Faculty will be hired in January 2027 with start dates in August, 2027.

The Dean, Dr. Mary Lopez has a PhD in Nursing, a MSN, and more than 15 years in Graduate Nursing education leadership.

The Site Dean, Dr. Michael Marnello has a Doctor of Nursing Practice and more than 5 years' full-time nursing experience, in patient care and five years' experience as a Nurse Educator. Dr. Sarah Jacques has a Doctor of Nursing Practice, more than 5 years' direct care nursing experience, and more than 5 years' experience as a Nurse Educator.

3. Policy on Faculty Qualifications and Functions

Qualifications for faculty include a minimum of a master's degree in nursing plus 3 years' full-time patient care experience and demonstrated teaching competency. Clinical adjuncts will be required to have a master's degree in nursing and 2 years' full-time patient care experience.

Faculty Responsibilities include:

1. Final evaluation of student learning outcomes in didactic courses and in the clinical setting.
2. Giving student feedback in a timely manner through course student evaluations at mid-semester and at the end of the semester.
3. Participating in the role of faculty advisor to 8-10 students to maintain ongoing communication regarding student progression within courses and the program.
4. Continuing clinical expertise in the clinical courses taught with national certification preferred.
5. Maintaining continuing education in didactic and clinical course content according to their specialty.
6. Continuing education in nursing education pedagogy.
7. Participating in CGN education courses designed to teach educators current pedagogy as part of orientation to the faculty role.
8. Entering the CGN Faculty Mentorship program.
9. Participating in Peer Review, evaluation of courses, the curriculum, and evaluation of program outcomes.
10. Reviewing and revising CGN Faculty policies through the CGN Faculty Affairs Committee.

Additionally, each lead faculty and clinical adjunct will provide clear guidance to clinical partners on student learning outcomes and expected clinical competencies for the semester.

Faculty-to-student ratios for clinical supervision will follow: 1 faculty to 8 students for direct patient care and community health settings and faculty will remain in the facility for the duration of the clinical experience.

MSNE Oregon Program will offer a precepted clinical experience. During the clinical precepted experience each preceptor will guide one student in the final clinical practicum. The faculty member will be available anytime the student is in the precepted clinical and will make regular visits to the clinical site. The faculty member will make the final evaluation of the student's progress on course and program outcomes as well as Level 1 Essentials' competencies with student and preceptor input.

These ratios are subject to revision based on learning outcomes for the course and individualized for each student (some students need more faculty oversight), experience of each faculty member, level of student demonstrating competencies, the educational context of care, and the number, type and condition of patients in the setting.

Preceptor Policy

All clinical preceptors must be licensed as an RN in Oregon and have a MSN. Preceptors must receive a preceptor orientation and take a quiz showing they understand the WesternU CGN MSNE Preceptor policies and procedures as outlined in the Preceptor Handbook.

The primary concern for faculty to student ratios is to enable safe, high-quality care to patients, as well as allow the faculty to assess student's progression of competencies through competency indicators as outlined in the AACN Level 1 Essentials. These ratios enable the faculty to assess students' ability to function safely, provide appropriate student experiences in the clinical setting, and evaluate student performance and learning.

OSBN defines three faculty qualification tiers for registered nurse programs, each with its own minimum degree and experience. The Oregon MSNE program must document, for each faculty member, which OSBN tier applies and that the minimum qualifications for that tier are met.

OSBN Faculty Tier	Minimum Degree / Preparation	Minimum Experience
Nurse Administrator	At least a master's degree in nursing, with documentation of preparation and experience in curriculum and teaching	At least 5 years of full-time nursing experience: at least 2 years in patient care and at least 3 years in a Nurse Educator or administrative position in a PN or RN nursing education program
Nurse Educator	At least a master's degree in nursing, or a baccalaureate in nursing plus a master's in a related field with a post-master's	At least 3 years of full-time patient care nursing experience, plus

	certificate in nursing (≥ 2 semesters/3 quarters)	documented/demonstrated competency in education
Nurse Educator Associate	At least a bachelor's degree in nursing	At least 2 years of full-time patient care nursing experience

Non-nurse faculty teaching non-nursing didactic content (e.g., statistics) must be educationally and clinically prepared in the same specialty area(s) as the theory they teach, with at least two years of professional experience in that specialty. No exceptions are permitted for non-nurse faculty qualifications.

4. Faculty Member-to-Student Ratios in Clinical Settings

Clinical Setting	Required Ratio	Notes
Direct patient care (faculty-led, same facility)	1 faculty : 8 students	Minimum; a lower ratio may apply where faculty determine student/client safety or learning effectiveness warrant it
Community health nursing experiences	1 faculty : 8 students	Faculty of record need not be continuously on-site but must maintain meaningful presence and be readily available
Dedicated Education Unit (DEU) with clinical preceptors	1 preceptor : 2 students	Ratio may be modified for final clinical practica; requires a written clinical learning plan and faculty orientation of preceptors
Final clinical practicum with a Clinical Preceptor	1 preceptor : 1 student	Faculty of record must remain readily available; final evaluation is completed by faculty in consultation with the preceptor
Simulated clinical practice	Per program's adopted simulation standards	Must allow appropriate faculty evaluation of each active student participant; ties to the 49% simulation cap addressed in the Curriculum Plan

5. Program Policy Review Requirement

The CGN Faculty Handbook's existing governance structure (Faculty Collaborative, Program Committee meetings, Curriculum Committee three-year evaluation cycle) can satisfy this requirement in substance, provided the Oregon MSNE program is explicitly included in that review cycle and its own program-, student-, and course-level outcomes are tracked and reported through the same or a parallel mechanism.

The Oregon MSNE program will be reviewed within CGN's existing Curriculum Committee three-year cycle, with program-specific outcomes tracked and reported through that mechanism.

Appendix D.1 (continued): Faculty Qualification Tier Roster

Purpose

This roster documents, for each Oregon MSNE faculty member, the applicable OSBN faculty qualification and the supporting evidence that the minimum degree and experience requirements for that tier are met, as required by Section 3.1 of the Faculty Qualifications and Clinical Supervision Addendum. The roster is maintained by the Nurse Administrator, updated at each new faculty appointment, and available for OSBN review upon request.

Tier Reference

The table below summarizes the OSBN tier definitions for reference in completing the roster. Non-Nurse Faculty (NN) refers to faculty teaching non-nursing didactic content.

OSBN Tier	Minimum Degree / Preparation	Minimum Experience
Nurse Administrator (NA)	At least a master's degree in nursing, with documentation of preparation and experience in curriculum and teaching	At least 5 years full-time nursing experience: ≥ 2 years patient care and ≥ 3 years as Nurse Educator/administrator in a PN or RN program
Nurse Educator (NE)	Master's in nursing, or baccalaureate in nursing + master's in a related field with a post-master's certificate in nursing (≥ 2 semesters/3 quarters)	At least 3 years full-time patient care nursing experience, plus documented/demonstrated competency in education
Nurse Educator Associate (NEA)	At least a bachelor's degree in nursing	At least 2 years full-time patient care nursing experience
Non-Nurse Faculty (NN)	Educationally prepared in the same specialty area as the didactic content taught	At least 2 years of professional experience in that specialty; no exceptions permitted

Source: OAR 851-021-0045(4)(a)–(c), (5)(c).

Faculty Roster

Faculty Name	Program Role	OSBN Tier (NA/NE/NEA/NN)	Degree / Preparation on File	Years Patient Care Exp.	Years Educator/Admin Exp.	Oregon RN License # & Expiration	Verified By / Date
Mary M. Lopez, PhD, MSN, RN	Dean, College of Graduate Nursing	NA	PhD (Azusa Pacific Univ., 2012); MSN (CSU Los Angeles, 1994); BSN (CSU Fullerton, 1989)	4+ yrs direct (1980–1984); additional nursing leadership/oversight roles 1984–2009 – characterization to confirm	~16 yrs (2009–present: Asst. Professor → Program Director → Assoc. Dean → Interim Dean → Dean)	CA RN license active (exp. 4/2028) Oregon RN license not yet evidenced	Not yet verified
Michael J. Marinello, DNP, RN	Site Dean; Director, MSN Entry Program (WesternU CA-based MSN-E)	NA-eligible*	DNP (WesternU, 2025); MSN–FNP (California Baptist Univ., 2018)	~5 yrs ED RN (2016–2021) + NP patient care 2019–present	~7 yrs (2018–present: Asst. Professor → Simulation Center Leader → Program Director)	CA RN active (exp. 2/2027); no Oregon RN license evidenced	Not yet verified
Sarah Jacques, DNP, MSN, RN	Program Director / Nurse Administrator, Oregon MSNE Program	NA	DNP (California Baptist Univ., 2023); MSN (California Baptist Univ., 2018)	~4 yrs total, sequential: Loma Linda Univ. Behavioral Medical Center, Adult Psychiatric Unit (Jan–Dec 2017) → AccentCare Behavioral Health/Med-Surg RN Case Manager (Dec 2017–2021)	~5 yrs (Assistant Professor, WesternU CGN, 2021–present; lead faculty, curriculum implementation, program assessment/CQI)	CA RN active; no Oregon RN license evidenced	Not yet verified

Faculty Name	Program Role	OSBN Tier (NA/NE/NEA/NN)	Degree / Preparation on File	Years Patient Care Exp.	Years Educator/Admin Exp.	Oregon RN License # & Expiration	Verified By / Date
	Full-Time Faculty						
	Adjunct Clinical Faculty						
	Non-Nurse Faculty (didactic)						

Certification

I certify that the information contained in this roster accurately reflects the qualifications, licensure, and OSBN tier assignment of each listed Oregon MSNE faculty member as of the date below, and that supporting documentation for each entry is maintained on file and available for Board review.

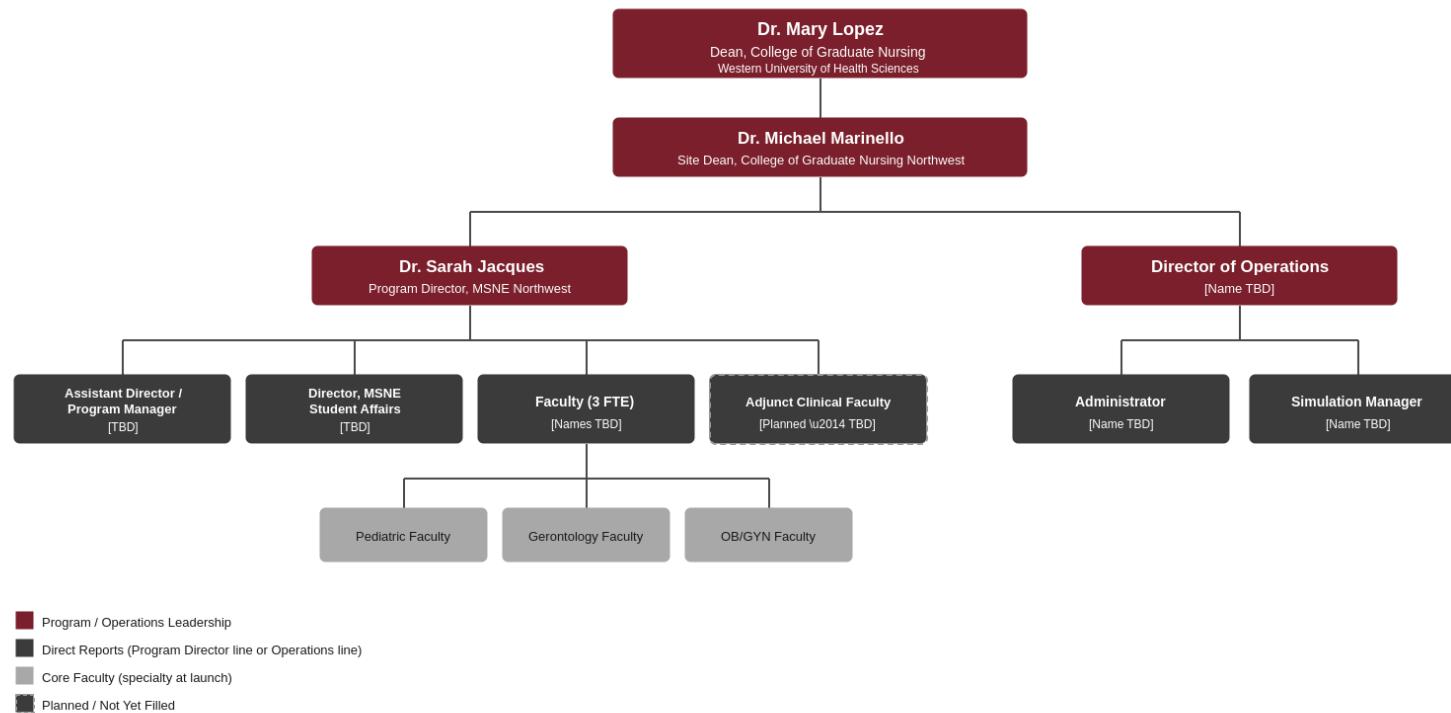
Prepared by (Nurse Administrator): _____

Signature: _____ Date: _____

Reviewed by (Dean, College of Graduate Nursing): _____

Signature: _____ Date: _____

Appendix D.2: Organizational Chart



Names in gray/dark boxes are placeholders to be filled through the hiring process. Faculty (3 FTE), Adjunct Clinical Faculty, the Assistant Director/Program Manager, and the Director of MSNE Student Affairs report to the Program Director; the Administrator and Simulation Manager report to the Director of Operations, who reports to the Site Dean.

Appendix E/F: Letters of Support

Signed Letter of Support: Samaritan Albany General Hospital

Docusign Envelope ID: 41DB5B3B-F382-4DB4-9CB7-62DA973F915C



August 11, 2025

To Whom It May Concern:

This letter is written in support of the College of Graduate Nursing – Northwest (CGN-NW) at Western University of Health Services.

As Oregon healthcare systems continue to experience shortages of registered nurses and advanced practice providers, it is important to support new pipelines that will support workforce sustainability.

Our facility has the structure and capacity to support graduate-level nursing education, and we welcome the opportunity to host students from CGN-NW. Our interactions with WesternU leadership have shown that this partnership supports the Samaritan mission of “Building Healthier Communities Together.”

We value the potential of this academic partnership and look forward to the opportunities this program will create for aspiring nurses entering the field and for current nurses seeking to advance their careers.

We support the development of CGN-NW and will explore clinical placement opportunities as our capacity allows.

Sincerely,

Signed by:
A handwritten signature in black ink that reads "Jennifer Davis-Emmert".
EC9182E92511493...

Jennifer Davis-Emmert, MBA, BSN, RN, NE-BC, CNOR
Samaritan Albany General Hospital VP Patient Care
Services 1046 6th Avenue SW
Albany, OR 97321
541.812.4105
jdavisemme@samhealth.org

Signed Letter of Support: Samaritan Lebanon Community Hospital



July 20, 2026

RE: Letter of Support - WesternU Nursing

To Whom It May Concern,

We are pleased to support Western University of Health Sciences in its application to the Oregon State Board of Nursing, which will allow the University to begin recruiting students for the CGN-Northwest program.

Western University has been a valued partner of Samaritan Health Services for many years, helping educate and prepare healthcare professionals who provide high-quality care to the communities we serve. This partnership aligns closely with Samaritan's mission of "**building healthier communities together**" and reflects our shared commitment to improving health outcomes through education and workforce development.

We believe the CGN-Northwest program will help address Oregon's growing need for qualified nurses by expanding access to nursing education and strengthening the healthcare workforce. We strongly support this initiative and respectfully encourage the Oregon State Board of Nursing to give favorable consideration to Western University's application.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Kimberlain", followed by a horizontal line.

Jennifer Kimberlain, DNP, MBA-HA, RN, CPPS
Hospital Administrator
VP of Patient Care Services - Critical Access Hospitals
Samaritan Health Services
541-451-7914 | jenniferk@samhealth.org

samhealth.org

Signed Letter of Support: Linn-Benton Community College Associate Degree Nursing Program (Peer Nursing Program)

This letter is notable for coming from a peer nursing education program rather than a clinical site: it directly addresses WesternU's non-displacement commitment and collaborative approach with existing Oregon nursing programs, discussed in Section 3 and Section 7.



LBCC Nursing Program
Healthcare Occupations Center
300 Mullins Drive
Lebanon, OR 97355
(541) 917-4511

To Whom It May Concern,

On behalf of the Linn-Benton Community College Associates Degree Nursing Program, I am pleased to offer this letter of support for Western University of Health Sciences' proposed Master of Science in Nursing - Entry Program as part of its application to the Oregon State Board of Nursing.

Over the past several months, I have had the opportunity to meet with Dr. Sarah Jacques and team to begin establishing a collaborative relationship between our nursing programs. Throughout our discussions, WesternU has demonstrated a thoughtful and transparent approach to program development, with a clear commitment to responsible regional planning and open communication.

I particularly appreciate WesternU's willingness to engage in ongoing dialogue regarding clinical placement capacity and scheduling, with the shared understanding that existing clinical partnerships and opportunities for current nursing students should be respected. Our conversations have consistently reflected a mutual commitment to supporting the growth of Oregon's nursing workforce while minimizing unnecessary competition for limited regional clinical resources.

In addition to discussions surrounding clinical education, I value the opportunity to continue sharing ideas related to simulation, nursing education, and future opportunities for collaboration between our institutions. As neighboring institutions serving many of the same healthcare partners, I believe maintaining regular communication between program leadership will be beneficial for students, clinical agencies, and the broader healthcare community.

Based on the collaborative relationship that has been established thus far, I support Western University of Health Sciences' proposed nursing program and look forward to continuing productive communication as the program develops.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heather Peacock'.

DNP, RN, RNC-MNN

Dr. Heather Peacock, DNP, MSN, RN, RNC-MNN
Nurse Administrator
Linn-Benton Community College Nursing Program

Three signed letters of support are currently in hand: two Samaritan Health Services sites (Albany and Lebanon) and Linn-Benton Community College's Associate Degree Nursing Program. Sacred Heart Medical Center at RiverBend, PeaceHealth, the Oregon state prison system, and the Oregon Health Authority remain in earlier-stage discussions; no additional signed agreements, letters of support, or written capacity documentation are available from those four as of this application.

Appendix G: Simulation Lab Plan and Equipment Inventory

1. Facility

The CGN Nursing Simulation Center is an active build-out within the shared Physical Therapy building at 2665 S. Santiam Highway, confirmed by architectural floor plans (Sheet A2-00A, Overall Floor Plan). The core simulation lab (Room 212) totals 1,715 net square feet and is divided into two simulation rooms (150 NSF and 159 NSF) separated by one-way vision glass from a shared control room (150 NSF), plus a dedicated storage room (114 NSF). Adjacent CGN-designated spaces include a skills lab (Room 209), two classrooms (Rooms 211 and 214), and a debrief room (Room 230) with newly constructed adjacent storage (Room 230A), created via new interior wall and door construction shown on the current architectural drawings.

Source: A2-00A — Overall Floor Plan, CGN-Revu (architectural drawing set).

The 1,715 NSF figure above, drawn directly from architectural floor plans, is the authoritative figure for this application; earlier estimates cited in early planning materials (approximately 2,500 sq ft) and equipment procurement planning (approximately 2,200 sq ft) reflected preliminary projections that have since been superseded by confirmed architectural drawings.

2. Simulation-to-Direct-Care Hour Allocation

Simulation hours are capped at 49% of total clinical hours, with a minimum of 51% direct patient care/final practicum, calculated across Clinical Practicum I–IV combined. The table below shows currently confirmed simulation hours against direct-care hours by course, with remaining hours available to be allocated as either simulation or community-based clinical learning.

Course	Total Hrs	Direct Care Hrs	Sim Hrs (Confirmed)	Remaining (Sim or Community)	Max Sim if Allocated
ORGN 6850	90	48	42	0	42 (confirmed)
ORGN 6860	270	144	0	126	up to 126
ORGN 6870	270	144	0	126	up to 126

ORGN 6880	225	120	0	105	up to 105
Total	855	456	42	357	up to 399 (cap: 418)

Even under a fully-allocated scenario where all remaining hours are assigned to simulation, the program's maximum simulation total (399 hours) stays under the 418-hour cap, preserving approximately 19 hours of headroom. The 456 confirmed direct-care hours already exceed the 437-hour minimum required under the 51% direct-care floor.

Source: MSNE Curriculum Plan and Course Descriptions, Appendix B/C, simulation compliance analysis.

3. Equipment Inventory

An itemized equipment procurement list has been developed, totaling \$532,698.02. Major categories:

- High-fidelity simulators: 2 CAE ARES Complete adult simulators; 1 Aria pediatric simulator (\$95,237, 5-year warranty); 1 Lucina obstetric/birthing simulator (\$125,567, 3-year warranty).
- Manikins and task trainers: 8 Gaumard Clinical Chloe Advanced Manikins (multiple skin tones); 4 adult IV training arms; 4 NG tube/tracheostomy skills simulators; 1 CPR manikin kit.
- Patient care and bed stations: 10 hospital beds; 7 simulated headwall packages (integrated medical gas/utility stations); 12 overbed tables; 2 transport stretchers.
- Monitoring and emergency equipment: 2 monitor/defibrillators; 4 vital signs monitors; 12 IV pumps; 4 feeding pumps; 2 adult crash carts; 1 pediatric emergency crash cart; 1 isolation cart.
- Medication administration: 2 unit-dose medication carts; 1 electronic simulation medication cart (\$30,004).
- Control room audiovisual/IT equipment: desktop computers, monitors, webcams, and audio equipment to support one-way-glass observation and recorded debriefing.
- A recurring annual supply budget of \$50,000 for consumables (sourced from Medline, McKesson, Pocket Nurse, and Diamedical).

Source: Simulation Equipment List, Western University of Health Sciences (procurement worksheet, 2026).

4. Simulation Coordinator Requirements

The program's simulation coordinator must be an academically and experientially qualified nursing faculty member and must meet applicable national simulation certification requirements within the timeline set by rule.

Appendix H: Student Services and Policy Crosswalk

Purpose

This appendix documents the student services infrastructure and student-facing policy processes available to Oregon MSNE students, and crosswalks each against the corresponding process already operating for the existing California MSN-E program. Where a process is shared institution-wide, it is described once; where Oregon-specific adaptation or confirmation is still needed, that is flagged explicitly rather than assumed.

1. General Student Services (WesternU-Wide)

Oregon MSNE students will have access to the same WesternU student services available to all WesternU students, coordinated through the CGN Office of the Assistant Dean of Student Affairs, which serves as student advocate and liaison between students, faculty, and administration.

Service	Description
Assistant Dean of Student Affairs	Promotes student development and academic success; serves as student advocate; liaises with faculty and administration on matters affecting student experience; advises students on medical leave, leave of absence, or withdrawal; maintains secure student records.
Faculty Advising	Each student is assigned a faculty advisor upon enrollment in the first semester, consistent with CGN's student-centered advising philosophy. Advisors support student empowerment, professional role exploration, and leadership development through email, phone, virtual, or in-person meetings.
Office of Learning Enhancement and Academic Development (LEAD)	Part of the Division of Student Affairs. Provides learning-strategy counseling (study skills, time management, test preparation, stress management) and academic writing support, including APA and scholarly writing review, by walk-in, phone, or email appointment.
Harris Family Center for Disability and Health Policy (CDHP)	Provides individualized disability accommodations from admission through graduation, including disability management advising, examination accommodations, physical access modifications, reader services, lecture transcription, and alternative testing formats, at no charge to the student.
Harriet K. and Philip Pumerantz Library	Over 17,927 book titles and 580 print journal titles, plus electronic journal collections. Full access to reading/study rooms, course reserves, interlibrary loans, and off-campus electronic access for all students, faculty, and staff.

Financial Aid Office	Identifies resources to cover program costs; financial aid counselors attend Welcome Week and work one-on-one with students; coordinates with the Bursar's Office on award calculation and distribution.
Information and Communication Technology (IT)	Includes the Banner Information System, Instructional Technology and Distributed Learning (ITDL), Network Operations, and User Support, present on both the Pomona and Lebanon campuses. All CGN students use Canvas, ExamSoft, and ATI; IT Help Desk provides phone, email, and walk-in support.
Bookstore	Centrally located on the Oregon campus; managed by a full-time director and staff; required/supplemental textbook lists posted each semester.
Psychological Counseling Services	Confidential counseling for students and their families through PacificCare Behavioral Health, available 24 hours a day, 365 days a year.
Enrollment Management (Recruitment & Admissions)	Centralized WesternU function coordinated through a reciprocal relationship between the Office of Recruitment, Office of Admission, and Enrollment Data Services, and CGN. CGN faculty establish and periodically review minimum admission criteria for each program offering.

Source: 2025 internal planning narrative ("Phase 1 Application OSBN WesternU ELM"), Student Success Resources and WesternU Technology sections.

2. Academic Risk Identification and Remediation Workflow

CGN's existing MSN-E program (Pomona campus) operates a defined academic risk identification and remediation process, documented in CGN's Systematic Quality Improvement Plan (SQIP). This process is proposed to extend to the Oregon MSNE program, adapted as needed for Oregon-specific staffing (see Section 4 below).

Element	Definition / Threshold	Process
At-risk student definition	A student with multiple consecutive assignments or assessments below 77%, or an overall course grade below 77%	Identified through exam scores below 75%, missed assignments, or clinical concerns flagged by course faculty
Notification	N/A	Student receives feedback via email and is directed to set up an appointment with lead/course faculty and the Student Success Coach
Support plan	100% of identified at-risk students receive a documented support plan	A support plan is developed and implemented collaboratively between the student, lead faculty, and Student Success Coach; documented on a Student Progress Report

Roles involved	N/A	Lead faculty, Student Faculty Mentor, Student Success Coach, and Program Director
Review cadence	N/A	Reviewed at each semester's program review and shared with the college

Source: MSNE Systematic Quality Improvement Plan (SQIP) 2025–26, Standard IV-J (Student retention, progression, and success support); the Student Progress Report format is documented in the existing Clinical Handbook 2025–26.

3. NCLEX Preparation Plan

The existing MSN-E program's NCLEX preparation approach, which the Oregon MSNE program will adopt, includes:

- A Standardized review course introduced in the sixth (final) semester.
- NCLEX-style questions integrated into weekly quizzes beginning in the third semester.
- Ongoing support from the Student Success Coach for individualized exam preparation.

These measures are credited, in CGN's own program evaluation documentation, with supporting first-time NCLEX pass rates ranging from 86% to 94% across the last four academic years against an internal benchmark of >80%.

Source: MSNE Systematic Quality Improvement Plan (SQIP) 2025–26, Standard IV-C (NCLEX Pass Rates) action plan and historical outcome data.

The Oregon program will adopt this same NCLEX preparation sequence on the same semester timeline; the responsible faculty member or Success Coach will be identified as staffing is finalized.

4. Formal Student Complaint Process

CGN maintains a formal complaint policy applicable to student-to-student, student-to-faculty, student-to-staff, and general college-based issues. Formal complaints must be submitted in writing within 30 days of the initial incident and signed by the student (an email from the student's WesternU account satisfies this requirement for distance-based programs). The college encourages informal resolution first, with a defined escalation path for complaints that cannot be resolved informally:

- 1. Faculty member
- 2. Advisor and/or Student Success Coach
- 3. Program Director

- 4. Associate Dean of Student Affairs
- 5. Dean, or Dean's designee
- 6. University Vice President of Student Affairs or Provost
- 7. President

Per CGN's most recent CCNE self-study, there have been no unresolved formal complaints in the last 10 years under this process.

Source: 2026 Self-Study Report for CCNE Accreditation, College of Graduate Nursing, Key Element I-G (Formal Complaints).

5. Clinical Compliance Policy Crosswalk

The Oregon MSNE program will require students to complete clinical compliance requirements consistent with Section 11 of the Step 2 application. The table below crosswalks each requirement category against its current documentation status.

Requirement Category	Status	Notes
Health and immunization requirements	Open	Compliance vendor and specific immunization checklist not yet finalized for Oregon
Background check / drug screening	Open	Process and vendor not yet finalized; drug screening required only where clinical agencies require it
BLS/CPR certification	Open	Standard requirement; Oregon-specific tracking process not yet documented
HIPAA training	Open	Standard institutional requirement; Oregon-specific delivery/tracking not yet documented
OSHA / bloodborne pathogen training	Open	Standard institutional requirement; Oregon-specific delivery/tracking not yet documented
Site-specific onboarding	Open	Will vary by clinical partner; depends on finalized clinical placement agreements (Appendix F/G)
Clinical absence / make-up policy	Open	Not yet drafted for the Oregon program
Unsafe clinical practice / medication error policy	Open	Not yet drafted for the Oregon program

Needle-stick / exposure policy	Open	Not yet drafted for the Oregon program; likely to follow existing WesternU/CGN institutional policy
Student injury policy	Open	Not yet drafted for the Oregon program; likely to follow existing WesternU institutional policy
Chain of command for clinical concerns	Open	Not yet documented for Oregon; see Section 4 escalation chain above as a possible starting model

6. Oregon-Specific Student Handbook

The Oregon program will need its own handbook developed where Oregon law or OSBN rule requires it. We included the California Handbook as a reference and will re-design the handbook specifically for Oregon once Phase Two approval is met. The California CGN Handbook with all the faculty and student policies may be found here:



2026-2027-cgn-catalog.pdf

Appendix I: Systematic Program Evaluation Plan

1. Purpose and Relationship to the CGN MSNE SQIP

The existing CGN MSNE Systematic Quality Improvement Plan (SQIP, reviewed and updated 3/3/2026) documents how Western University of Health Sciences' College of Graduate Nursing evaluates its established, California-based MSN-Entry program and uses outcome data to drive improvement. It reflects real institutional capability — tracked NCLEX pass rates, retention, employment outcomes, simulation training compliance, and a working student-support escalation process — and is a strong structural template.

It cannot be submitted to OSBN unmodified, for three reasons: (1) it reports to and benchmarks against the California Board of Registered Nursing (BRN), not OSBN; (2) its data reflect an established program's actual multi-year outcomes, which the Oregon MSNE program will not have until after its first cohort progresses and graduates; and (3) its benchmarks were calibrated to the existing California cohort size, which does not directly transfer to a 25-student Oregon cohort (see Section 4).

This document adapts the SQIP's structure — data element, data source, person responsible, evaluation frequency, expected level of achievement, actual outcome, action plan — to Oregon requirements, and flags where Oregon data will not exist until the program is operating.

2. Structural Adaptations from the CA SQIP to OSBN Requirements

SQIP Element (California)	Oregon MSNE Adaptation	Basis
NCLEX benchmark: single >80% pass rate, reported via CA BRN NCLEX Pass Rate Report	Dual OSBN threshold: at least 75% first-time pass rate for 2 consecutive 12-month periods, AND at least 90% total pass rate (first-attempt plus repeaters) for the most recent 12 months	OAR
Annual reporting to CA BRN	Annual report to the OSBN Board representative; if NCLEX standards are not maintained, a written improvement plan must be presented to the Board representative	OAR

No formal multi-year self-study cycle referenced in SQIP	Full self-study addressing Standards for Approval (Organization/Administration, Faculty, Curriculum, Students, Records, Facilities, Evaluation) is required within six months of the first cohort's graduation, plus a Board survey visit, as part of Step 5 — Final Approval	OAR
Clinical tracking via Typhon	Retained as-is — answers the application's open item on clinical hour tracking system	Internal (CGN operational practice)
Student Progress Report / Success Coach escalation workflow	Retained as the evidentiary basis for Oregon's student remediation and academic-risk process; should be cited explicitly in the Oregon program's student policies	Internal (CGN operational practice); ties to OSBN Standards for Approval: Students
Simulation coordinator/faculty training goals (100% MSNE faculty trained; framework selection by committee)	Retained in principle; Oregon simulation coordinator must additionally meet OSBN's national simulation certification timeline	OAR

3. Oregon MSNE Program Outcomes Plan

The table below mirrors the SQIP's Plan/Actual Outcome format. Because the Oregon program has not yet enrolled a cohort, the “Actual Outcome” columns are necessarily blank or marked N/A — this is expected and should be presented to OSBN as a forward-looking evaluation plan, not retrofitted with California data presented as if it were an Oregon result.

Data Element	Data Source	Person Responsible	Frequency	Expected Level
NCLEX Pass Rate	OSBN NCLEX pass rate reporting	Program Director	Annually (per OSBN reporting cycle)	≥ 75% first-time for 2 consecutive 12-mo periods; ≥ 90% total (OAR 851-021-0018)
Retention Rate	Program enrollment/withdrawal records	Program Director / Success Coach (if role is established for Oregon)	Annually	Internal benchmark carried from CGN practice: 90% — to be reviewed for

				appropriateness at n=25 (see Section 4)
Employment Rate (1 year post-graduation)	Alumni survey	Director of Assessment / Oregon equivalent	Annually, beginning one year after first cohort's graduation	Internal CGN benchmark: $\geq 80\%$; not an OSBN-mandated figure but reported as evidence of program quality
Simulation Coordinator Certification	Certification records	Simulation Manager / Coordinator	At hire and ongoing	National certification within required OSBN timeline (OAR 851-021-0050(5)(e))
Academic Risk / Student Support	Student Progress Reports; Typhon clinical records	Lead faculty, Success Coach, Program Director	Each semester review	100% of identified at-risk students receive a documented support plan
Faculty Qualification Compliance	Faculty appointment files; Oregon RN license verification	Nurse Administrator / Dean	At hire and annually	100% of faculty meet applicable OSBN tier (see Faculty Qualifications Addendum, Appendix E)

4. Small-Cohort Statistical Considerations

The CGN SQIP's benchmarks were set against the existing California MSNE program's cohort size. The Oregon program's initial enrollment request is 25 students — materially smaller than a typical established cohort — which changes how percentage-based benchmarks behave in practice.

At n=25, a single student's outcome represents a 4-percentage-point swing; two students represent 8 points. A cohort with two first-attempt NCLEX failures would fall to

92% first-time pass — still above OSBN's 75% first-time floor, but a swing that large could push a smaller sub-population (e.g., a single semester's clinical group) below a 90% total-pass threshold depending on how repeaters are distributed across reporting periods. Retention and employment benchmarks are similarly volatile: losing 2 of 25 students changes retention by 8 points, versus a much smaller percentage shift in a cohort of 60–80.

This does not change OSBN's numeric thresholds, which apply regardless of cohort size, but it does mean the program's internal action triggers should be defined in terms of student counts, not just percentages, so that a single adverse event does not either (a) trigger an outsized, disproportionate action plan, or (b) go unaddressed because it did not cross a percentage threshold calibrated to a larger cohort.

Appendix J: Accreditation and Authorization Documentation

CCNE Accreditation History

The California Board of Registered Nursing gave initial approval to CGN's program in 1998, and the Commission on Collegiate Nursing Education (CCNE) first accredited the program in 2001. CCNE granted a 10-year accreditation renewal in 2006, and a further 10-year accreditation in 2016. The 2026 Self-Study Report for CCNE Accreditation was prepared for CGN's current decennial reaffirmation review, with an onsite evaluation conducted March 18–20, 2026. The CCNE Team report uploaded to the CCNE portal found that CGN met all four standards and sub-standards with no compliance concerns. We expect a formal letter from CCNE in September, 2026 granting another 10 years of approval.

CGN has an unbroken CCNE accreditation history spanning more than two decades, with no evidence in the self-study of any sanction, warning, or probation status. The program's formal complaint record shows no unresolved complaints over the last 10 years.

Source: 2026 CGN Self-Study Report for CCNE Accreditation, program history narrative and Key Element I-G (formal complaints).

NCLEX Benchmark Comparison: CCNE vs. OSBN

The self-study confirms CCNE's expected level of achievement for first-time NCLEX pass rate is at least 80%; CGN has adopted an internal threshold of 85% for its own program monitoring. This differs from OSBN's standard, which is worth keeping side by side for the Oregon program evaluation plan (Appendix I):

Standard	Threshold	Source
CCNE expected level of achievement	≥ 80% first-time NCLEX pass rate	2026 CGN Self-Study, Key Element IV.C
CGN internal benchmark (CA program)	≥ 85% first-time NCLEX pass rate	2026 CGN Self-Study, Key Element IV.C
OSBN standard (Oregon program)	≥ 75% first-time for 2 consecutive 12-month periods, AND ≥ 90% total pass	OAR 851-021-0018

	rate (first-attempt + repeaters) for the most recent 12 months	
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The Oregon MSNE program should be prepared to meet the more stringent of the applicable standards where they diverge, and the Oregon Program Evaluation Plan (Appendix I) should reference both benchmarks so reviewers from either body can see the program meets their respective requirements.

WSCUC reaffirmation documentation is attached (see exhibit below).

Exhibit: WSCUC Reaffirmation Letter



July 9, 2026

Dr. Robin Farias-Eisner
President
Western University of Health Sciences
309 E Second Street
Pomona, CA 91766

Dear President Farias-Eisner:

This letter serves as formal notification and official record of action taken concerning Western University of Health Sciences (WUHS) by the WASC Senior College and University Commission (WSCUC) at its meeting June 26, 2026. This action was taken after consideration of the report of the review team that conducted the Accreditation Visit to Western University of Health Sciences March 11-13, 2026 using the 2023 Standards of Accreditation. The Commission also reviewed the institutional report and exhibits submitted by Western University of Health Sciences prior to the Offsite Review (OSR), the supplemental materials requested by the team after the OSR, and the institution's May 4, 2026 response to the team report. The Commission appreciated the opportunity to discuss the visit with you and your colleagues, Mirabelle Fernandes Paul, Vice Provost of Student Standards and Resolution; Bradley Henson, Senior Vice Provost; Paula Crone, Provost and Chief Academic Officer; Joshua Cameron, Associate Professor; Stephanie D. Bowlin, Senior Vice President for University Compliance, Ethics, and Culture; Satoko Siegel, Interim Associate Vice Provost; Sil Han Jin, Vice President of Human Resources; Denise Cornish, Senior Vice President of Institutional Shared Services, Chief Operating Officer; and Joshua McFarlen, Chief Financial Officer and Treasurer. Your comments were very helpful in informing the Commission's deliberations. The date of this action constitutes the effective date of the institution's new status with WSCUC.

Actions

1. Receive the Accreditation Visit Team Report
2. Reaffirm accreditation for a period of eight years
3. Schedule the next reaffirmation review with the Offsite Review in fall 2033 and the Accreditation Visit in spring 2034
4. Schedule a Special Visit in spring 2029 to address:
 - a. refining shared governance;
 - b. operationalizing and formalizing decision-making processes and policies;
 - c. strengthening the coordination of institutional research with other areas of the institution;
 - d. improving institutional assessment;
 - e. advancing plans to enhance staff retention and job satisfaction;
 - f. ensuring investment in deferred maintenance.

5. Request a Progress Report on June 30, 2027 to provide an update on
 - a. a process for ensuring the credentialing of faculty continues to meet regulatory requirements and
 - b. a detailed plan to address deferred maintenance in a timely manner, that identifies resource allocations.

Commendations

The Commission commends the institution for:

1. A broadly held commitment to humanism and mission-driven ethos, as evidenced by the student-led First Patient ceremonies, which serve as respectful and dignified avenues for students and patient families to demonstrate the value and importance of human life.
2. A student-centered culture, shown through its commitment to developing professionalism, faculty engagement, and academic rigor alongside intentional responsiveness to student feedback. Student support services like the LEAD program, Center for Disability and Health Policy, and the library services, interdisciplinary team-based learning, and research opportunities provide an integrated and supportive environment for students.
3. State-of-the-art, hands-on clinical simulation facilities and clinical skills labs at both campuses and the connections to curricula and pedagogy that have been developed to engage students starting in the first year.
4. Significant community engagement such as the PALS program at the Lebanon campus, which allows for student practical learning while inviting the community to receive services.
5. A reduction in the institution's dependency on tuition revenue through increased philanthropic activity and adopting an investment strategy that allocates a portion of the investment returns towards operations.
6. A robust budgeting process that demonstrates how the stakeholders of the university come together for a common data-driven goal.

Areas for Development

The Commission requires the institution to respond to the following areas for development:

1. Continue to improve shared governance to support effective and inclusive institutional decision-making. (CFRs 3.7, 3.10, 3.11)
2. Ensure decision-making processes and policies are operationalized, formalized and implemented with defined ownership, and documented standard operating procedures. (CFRs 1.4, 3.11)
3. Strengthen the data-informed decision-making through coordination of institutional research and effectiveness with other areas of the institution. (CFRs 4.4, 4.5)

4. Improve institutional assessment by implementing a more realistic assessment cadence for assessment while incorporating institution-wide data integration and accountability. (CFRs 2.3, 4.1, 4.5)
5. Continue to advance plans that address staff retention and job satisfaction. (CFR 3.2)
6. Review infrastructure investments ensuring sufficient allocation for outstanding deferred maintenance. (CFR 3.6)

In taking this action to reaffirm accreditation, the Commission confirmed that Western University of Health Sciences successfully completed the two-stage institutional review process conducted under the 2023 Standards of Accreditation. In keeping with WSCUC values, Western University of Health Sciences should strive for ongoing improvement with adherence to all Standards of Accreditation and their associated CFRs to foster a learning environment that continuously strives for educational excellence and operational effectiveness.

In accordance with Commission policy, a copy of this letter is being sent to the chair of Western University of Health Sciences' governing board. The Commission expects that the team report and this action letter will be posted in a readily accessible location on the Western University of Health Sciences website and widely distributed throughout the institution to promote further engagement and improvement and to support the institution's response to the specific issues identified in these documents. The team report and the Commission's action letter will also be posted on the WSCUC website. If the institution wishes to respond to the Commission action on its own website, WSCUC will post a link to that response on the WSCUC website.

Finally, the Commission wishes to express its appreciation for the extensive work that Western University of Health Sciences undertook in preparing for and supporting this accreditation review. WSCUC is committed to an accreditation process that adds value to institutions while contributing to public accountability, and we thank you for your continued support of this process. Please contact me if you have any questions about this letter or the action of the Commission.

Sincerely,



A. Maria Toyoda
President

AMT/thh

Cc: Mary Marcy, Commission Chair
Bradley Henson, ALO
Consuelo Callahan, Board Chair
Members of the Accreditation Visit Team
Tamela Hawley, Vice President

The following is reproduced from WSCUC's official action letter, dated July 9, 2026, addressed to WesternU President Robin Farias-Eisner, following the Commission's June 26, 2026 meeting.

Actions: Received the Accreditation Visit Team Report. Reaffirmed accreditation for a period of eight years. Scheduled the next reaffirmation review with the Offsite Review in fall 2033 and the Accreditation Visit in spring 2034. Scheduled a Special Visit in spring 2029 to address: refining shared governance; operationalizing and formalizing decision-making processes and policies; strengthening the coordination of institutional research with other areas of the institution; improving institutional assessment; advancing plans to enhance staff retention and job satisfaction; and ensuring investment in deferred maintenance. Requested a Progress Report on June 30, 2027 to provide an update on a process for ensuring the credentialing of faculty continues to meet regulatory requirements, and a detailed plan to address deferred maintenance in a timely manner that identifies resource allocations.

Commendations: The Commission commended the institution for a broadly held commitment to humanism and mission-driven ethos; a student-centered culture supported by services including the LEAD program, Center for Disability and Health Policy, and library services; state-of-the-art, hands-on clinical simulation facilities and clinical skills labs at both campuses; significant community engagement, including the PALS program at the Lebanon campus; a reduction in tuition-revenue dependency through increased philanthropic activity; and a robust, data-driven budgeting process.

Areas for Development: The Commission requires the institution to respond to six areas: continuing to improve shared governance (CFRs 3.7, 3.10, 3.11); ensuring decision-making processes and policies are operationalized, formalized, and documented (CFRs 1.4, 3.11); strengthening data-informed decision-making through institutional research coordination (CFRs 4.4, 4.5); improving institutional assessment cadence and data integration (CFRs 2.3, 4.1, 4.5); continuing to advance staff retention and job satisfaction plans (CFR 3.2); and reviewing infrastructure investment for deferred maintenance (CFR 3.6).

Source: WSCUC Action Letter to WesternU President Robin Farias-Eisner, July 9, 2026 (CAL_260709_WUHS_AV).

Appendix K: Implementation Timeline and Facility Detail

14. Implementation Timeline

This section presents dated milestones drawn from the 2025 internal strategic roadmap, cross-checked against the confirmed OSBN preliminary approval dates already cited elsewhere in the application.

Timeframe	Milestone	Status
Feb 19, 2026	OSBN reviewed WesternU's preliminary development application and voted to approve as presented	Confirmed (per OSBN letter, cited elsewhere in application)
Feb 24, 2026	OSBN issued letter authorizing WesternU to prepare the Step 2 Initial Approval application under OAR 851-021-0010(2)	Confirmed
June 2025	Establish CGN residency in Lebanon (Director, Admin Assistant, Faculty, Dean offices); meet with Samaritan Health System leadership; meet with Sacred Heart Medical Center (Riverbend) re: Behavioral Health; meet with Oregon Health Authority (Lynnea Lindsey, Deputy Director)	Confirmed (see note below)
Aug 2025	Discuss shared facility services with Physical Therapy program in Oregon; submit funding requests to Provost and CFO; prepare materials for CA and OR Boards of Trustees	Confirmed (see note below)
Sept 2025	Coordinate with Oregon nursing school directors; introduce articulation/linkage agreement concepts (BSN→MSN, MSNE); negotiate WesternU funding request	Confirmed (see note below)
Oct 2025	Finalize Oregon site space (signage, classrooms, offices, IT, simulation lab); submit pro forma to Provost for Board of Trustees approval	Confirmed (see note below)
Nov 2025	Board of Trustees approval obtained	Confirmed
Dec 2025	Submit Step 1 (Preliminary Development) application to OSBN	Confirmed and approved Feb 19, 2026
Jan–Feb 2026	Await OSBN review of preliminary application	Confirmed complete (OSBN reviewed Feb 19, 2026)

Feb–Mar 2026	Finalize curriculum plan; document systematic program/curriculum evaluation plan and assign Director of Assessment for Oregon; finalize student accommodation policies (WesternU Disabilities Office, LEAD); expand CGN Student Success Coach role to Oregon	Curriculum plan substantially complete per Appendix B; systematic evaluation plan drafted
Mar 2026	Develop Oregon Student Catalog (2027–2028); prepare (unpublished) website content; coordinate with Admissions, Financial Aid, Registrar, OIRE, ISS; finalize CGN Oregon Site Dean and Director appointments; begin simulation center construction	Site Dean and Program Director appointments confirmed (Marinello, Jacques)
May 2026	Continue simulation center construction; continue catalog updates. Admissions do not open in May — see Sept 2026 below.	Simulation Center construction started
Jul 2026	Move into Oregon offices full-time; hire faculty and develop curriculum; develop simulation lab equipment/supply placement; launch philanthropy campaign	Faculty positions posted
Sept 2026	Open CGN-Oregon admissions, contingent on receipt of OSBN Step 2 Initial Approval for Admission of Students. Admissions open only after approval is granted — not on a fixed calendar date independent of OSBN action.	Planned
Feb 2027	Close admissions; begin applicant file review	Planned
Feb 2027	Interview and select first cohort; send admission letters; file CCNE substantive change notification (approx. 90 days before program launch)	CCNE substantive change to be written
At least 6 months before start date	Submit required evidence that Step 2 components/processes are complete	
Aug 2027	Launch first Oregon MSNE cohort (contingent on OSBN initial approval and all other required approvals)	Target/planned

Space Allocation

Space Type	Size / Count	Notes
Classrooms	3 rooms: 1,077 / 1,136 / 1,081 sq ft	Capacity up to 73 per room; up to 173 when the retractable wall between adjoining rooms is opened. Each room includes a podium, computer, cameras, one projector screen, two wand microphones, two lavalier microphones, ceiling microphones, and 4 HD television screens.
Skills labs	3 rooms: 1,461 / 1,475 / 1,487 sq ft	Combined capacity up to 100; student groups of up to 30 per lab activity.
Nursing Simulation Center (proposed)	2,500 sq ft	To be developed from space not currently used by Physical Therapy. Divided into specialty sections (medical-surgical, critical care, obstetrics, pediatrics) with a central nursing station (medication dispensing machine, crash cart, supply carts, documentation area) and medium/high-fidelity simulators. Capital expense supported by an anonymous donor gift, approved by the WesternU Board of Trustees.
Faculty/staff offices	32 private offices	Sufficient to support both Physical Therapy and CGN NW concurrently, per existing space-sharing protocols agreed to by both programs.
Adjunct/administrative workspace	260 sq ft open adjunct workstation; 610 sq ft administrative assistant workstation with locking storage	
Conference rooms	2 rooms, 171 sq ft each	Moveable wall between rooms allows combination for larger meetings.
Student spaces	2,160 sq ft lounge/kitchen; 598 sq ft study room; 1,363 sq ft study lounge; 2 private testing rooms; 1 meditation room	Available to students outside scheduled class time during building hours (6:00 a.m.–2:00 a.m.); optional no-cost personal storage lockers; key-card access with campus security available during building hours.
Storage	4 closets, 107–187 sq ft each	

Space-Sharing with Physical Therapy

CGN NW and the existing Physical Therapy program will share classrooms, offices, and (for skills lab purposes) adjacent space under a joint scheduling protocol both programs

have agreed to. The stated goals of the protocol are fair and consistent room/seat scheduling, maximizing student access, and meeting the instructional needs of faculty and courses in both programs. Physical Therapy faculty and leadership have indicated support for this arrangement and for CGN NW's proposed conversion of a portion of underused Physical Therapy simulation space into the dedicated Nursing Simulation Center described above.

Technology and Accessibility

Each classroom is equipped with instructional technology sufficient for both in-person and hybrid/virtual instruction, including networked computer/podium systems, multiple microphones, and multiple HD display screens, consistent with the program's stated instructional modality (see Section 4, Program Overview). Building access uses key-card entry with on-site security during posted hours.

Financial Resources

A multi-year (FY27–FY32) revenue and expense pro forma for the Oregon MSNE program has been developed and received Western University of Health Sciences Board of Trustees approval. Assumptions include maintaining the FY26 MSNE curriculum and unit rate, 2.5% annual tuition increases, maintained application and graduation fees, 2.5% annual faculty/staff salary increases, and a 40% indirect cost allocation (subject to change). The pro forma reflects planned Nursing Simulation Center capital investment and shows the program reaching a positive net surplus after indirect allocation by FY31, per the underlying model.

	A	B	C	E	G	I	K	M	O	P
1				FY27	FY28	FY29	FY30	FY31	FY32	
2				Projection	Projection	Projection	Projection	Projection	Projection	Notes
3				Revenues:						
4				\$ -	\$ 1,822,808	\$ 3,337,765	\$ 3,804,227	\$ 4,220,953	\$ 4,326,476	(1)
5				-	4,740	4,740	5,700	5,700	5,700	(2)
6				-	-	8,750	8,750	10,500	10,500	(3)
7				-	-	-	-	-	-	(4)
8			Total Revenues	-	1,827,548	3,351,255	3,818,677	4,237,153	4,342,676	
9				Expenses:						
10										
11				838,494	1,429,875	1,570,062	1,831,153	1,876,932	1,923,855	(5)
12				190,000	189,500	201,200	206,200	206,200	206,200	(6)
13				15,000	-	-	-	-	-	(7)
14			Total Direct Expenses	1,043,494	1,619,375	1,771,262	2,037,353	2,083,132	2,130,055	
15										
16			Net Surplus (Deficit) Before Indirect Allocation	(1,043,494)	208,173	1,579,994	1,781,324	2,154,021	2,212,621	
17			Contribution Margin		11%	47%	47%	51%	51%	
18										
19			Sim Lab Capital Investment	592,749						(8)
20										
21			Indirect Allocation*	417,398	647,750	708,505	814,941	833,253	852,022	(9)
22										
23			Total Expenses	2,053,641	2,267,126	2,479,766	2,852,294	2,916,384	2,982,077	
24										
25			Net Surplus (Deficit) After Indirect Allocation	\$ (2,053,641)	\$ (439,577)	\$ 871,489	\$ 966,383	\$ 1,320,768	\$ 1,360,599	
26										
27										
28			Cumulative Net Surplus (Deficit) after Indirects	\$ (2,053,641)	\$ (2,493,218)	\$ (1,621,729)	\$ (655,346)	\$ 665,422	\$ 2,026,022	
29										
30			* Indirect allocation is subject to change.							

Appendix L

CCNE Evaluator's Report



CCNE-Report-6-11-
2026.pdf

Appendix M

MSNE Program Outcomes (CGN MSN)

Program Outcomes

Upon program completion, graduates of the Western University of Health Science's College of Graduate Nursing MSN and DNP Programs will be able to:

	CGN MSN Program Outcomes	CGN DNP Program Outcomes
1	Incorporate specialized knowledge, theories, and models of care from nursing and related disciplines across all domains of scholarship.	Develop effective strategies and specialized knowledge using models of care from nursing theories, nursing research and related disciplines across all domains of scholarship.
	CGN MSN Program Outcomes	CGN DNP Program Outcomes
2	Demonstrate leadership skills through decision-making in high quality health care delivery using complex principles in the design, delivery, and evaluation of health care at the microsystem level.	Apply and implement leadership skills through decision-making in high quality health care delivery using complex principles in the design, delivery, and evaluation of health care at the macrosystem level.
3	Lead quality initiatives that integrate and analyze best available evidence to improve and sustain optimal health care quality and safety at the individual and system level.	Design, develop, and evaluate quality initiatives that integrate the best available evidence that improves and sustains optimal health care quality and safety at the population level.
4	Critically assess and integrate evidence for evaluating practice outcomes across care delivery systems.	Design, implement, and evaluate processes across care delivery systems to direct changes in practice outcomes and trends in population health.
5	Participate in the application of nursing knowledge through the integration of theory and research.	Translate relevant theories and research to improve practice and practice environments.
6	Analyze current and emergent technologies to support safe practice environments, optimize patient safety, maximize cost effectiveness, and improve health outcomes.	Develop and execute strategies to extract data from information systems including databases that optimize healthcare models and improve health outcomes.
7	Discuss the multi-level political, social, and ethical factors of nursing practice and health care delivery systems.	Apply and engage in multi-level political, social, and ethical factors associated with nursing practice and health care delivery systems to demonstrate advocacy for vulnerable populations.
8	Participate in interprofessional collaborative teams throughout multilevel healthcare delivery systems.	Lead interprofessional collaborative teams throughout multi-level healthcare delivery systems.
9	Apply population-based care concepts throughout all levels of healthcare delivery.	Engage as a change agent to lead population-based care throughout all levels of healthcare delivery.
10	Engage in guided and spontaneous reflection of one's practice.	Demonstrate cognitive flexibility in managing change within complex environments.



Oregon

Tina Kotek, Governor

Board of Nursing

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MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: July 21st, 2026

Re: Tillamook Bay Community College Substantive Curriculum Change

Tillamook Bay Community College's registered nursing program has submitted a substantive curriculum change request. Board approval is required per OAR 851-021-0025(3).

Tillamook Bay Community College is proposing to add new Paramedic-to-RN and LPN-to-RN bridge pathways to their established registered nursing program. These bridges would allow up to eight additional students per pathway, who would complete specialized transition coursework to enter the second year of the RN program. Full proposals outlining impacts on curriculum, faculty, and students are included in this packet

I will be happy to answer any questions you have regarding these proposals.

M.S.C. _____/_____ that the proposed curriculum changes to Tillamook Bay Community College's prelicensure registered nursing program be approved as presented.

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.



Proposal for Paramedic-to-RN Bridge Program Approval

Tillamook Bay Community College

Updated 06/02/2026

Prepared for submission to the Oregon State Board of Nursing in accordance with OAR 851-021-0045.

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OSBN Substantive Change Report

I. Rationale for the Proposed Change

Tillamook Bay Community College (TBCC) proposes implementation of a Paramedic-to-RN Bridge Pathway as an advanced placement option within the existing Associate Degree Nursing (ADN) program. The purpose of this pathway is to provide licensed paramedics with an accelerated educational route to Registered Nurse (RN) licensure while maintaining compliance with Oregon State Board of Nursing (OSBN) Division 21 standards and all TBCC nursing program outcomes.

The rationale for the proposed change includes:

- Addressing regional and statewide nursing workforce shortages;
- Increasing access to nursing education in rural and underserved communities;
- Creating career advancement opportunities for experienced paramedics;
- Supporting workforce retention within regional healthcare systems;
- Expanding educational access for nontraditional and working healthcare professionals;
- Strengthening collaboration between emergency medical services and healthcare institutions.

Paramedics possess substantial clinical experience and competency in emergency assessment, patient stabilization, pharmacology, airway management, and rapid clinical decision-making. However, additional nursing education is necessary to ensure competency in:

- Longitudinal nursing care,
- Chronic disease management,
- Nursing process,
- Patient education,
- Psychosocial nursing,
- Care coordination,
- Leadership and delegation,
- Community health,
- Evidence-based nursing practice.

The proposed bridge curriculum is designed to ensure students meet equivalent outcomes of the current TBCC ADN curriculum and all requirements outlined in OAR 851-021-0050.

II. Impact of the Proposed Change

A. Impact on Faculty

Implementation of the bridge pathway will require:

- Faculty participation in curriculum development and evaluation;
- Oversight of competency validation and advanced placement processes;
- Development and delivery of transition coursework;
- Additional laboratory, simulation, and remediation oversight;
- Faculty advising and progression monitoring for bridge students.

Existing nursing faculty will be utilized for bridge-specific laboratory instruction, simulation, and skills validation as enrollment increases.

Faculty qualifications will remain consistent with OSBN faculty requirements under OAR 851-021-0045.

B. Impact on Students

The bridge pathway is expected to:

- Expand educational access for licensed paramedics;
- Reduce duplication of previously mastered content;
- Provide an accelerated pathway to RN licensure;
- Support educational mobility and workforce advancement.

Students admitted through advanced placement will complete a transition curriculum designed to ensure achievement of current TBCC nursing program outcomes prior to entry into second-year nursing coursework.

Students will continue to meet all progression, remediation, clinical, and graduation requirements applicable to all TBCC nursing students.

C. Impact on Facilities

The proposed bridge pathway will utilize existing TBCC nursing program resources, including:

- Classroom space,
- Learning management systems,
- Nursing laboratory facilities,
- Simulation equipment,
- Skills testing resources,
- Online instructional technologies.

No major facility expansion is anticipated during initial implementation. Existing simulation and laboratory resources are considered sufficient to support projected enrollment.

D. Impact on Clinical Resources

Clinical placements will continue to utilize existing TBCC clinical partnerships and affiliated healthcare agencies.

Bridge students will participate in:

- Clinical simulation,
- Skills validation,
- Existing second-year ADN clinical experiences,
- Community and acute care clinical rotations.

Clinical experiences will continue to meet program learning outcomes and OSBN requirements. TBCC will monitor clinical capacity and placement availability to ensure continued adequacy of clinical learning experiences. It is anticipated that clinical rotation sections will increase by up to 8 seats.

III. Comparison of Current and Proposed Curriculum

A. Current Curriculum Structure

The current TBCC ADN curriculum admits students through a traditional pre-nursing pathway and requires completion of all first-year and second-year nursing coursework in sequential progression.

Current students complete:

- Fundamentals of nursing,
- Pathophysiology,
- Pharmacology,
- Community health,
- Adult chronic health nursing,
- Maternal-newborn nursing,
- Pediatric nursing,
- Mental health nursing,
- Adult acute health nursing,
- Leadership and preceptorship experiences.

Proposed Curriculum Structure

The proposed Paramedic-to-RN Bridge Pathway introduces an advanced placement option for licensed paramedics through a bridge transition term prior to entry into the second year of the ADN program.

The bridge term includes:

- Transition to Professional Nursing,
- Transition to Nursing Skills,
- Pathophysiology and Pharmacology,
- Nursing Care of Specialized Populations.

Bridge students will complete competency validation, skills assessments, laboratory experiences, and transition coursework designed to ensure equivalent achievement of first-year nursing outcomes. Following successful completion of the bridge term, students will enter the existing second-year ADN curriculum alongside traditional ADN students.

The proposed curriculum does not alter the overall ADN degree requirements or required program outcomes. The pathway modifies the educational track by recognizing validated prior learning and healthcare experience consistent with OSBN advanced placement requirements.

IV. Timeline for Implementation

Phase	Timeline
Needs Assessment and Program Planning	Spring 2026
Development of Policies, Syllabi, and Evaluation Tools	Fall 2026–Winter 2027
Curriculum Development and Faculty Review	Spring–Summer 2026
Institutional Approval Processes	Summer–Fall 2026
OSBN Substantive Change Submission	Fall 2026
Recruitment and Open Applications	Fall 2026–Winter 2027
Program Launch / First Bridge Cohort	Spring 2027
Initial Program Evaluation	Spring 2028

V. Plan for Evaluation of the Proposed Change

TBCC will evaluate the effectiveness of the bridge pathway through ongoing program assessment and continuous quality improvement processes.

Evaluation measures will include:

Student Outcomes

- Course completion rates;
- Retention and progression rates;
- Graduation rates;
- NCLEX-RN pass rates;
- Clinical competency evaluations;
- Skills validation outcomes.

Program Outcomes

- Comparison of bridge student outcomes with traditional ADN student outcomes;
- Evaluation of curriculum effectiveness;
- Assessment of transition course outcomes;

- Student satisfaction surveys;
- Faculty evaluations;
- Clinical partner feedback.

Regulatory Compliance

- Ongoing review of compliance with OSBN Division 21 requirements;
- Monitoring of curriculum equivalency and achievement of RN program outcomes;
- Review of remediation and advanced placement processes.

Continuous Improvement

TBCC Nursing Faculty and Program Administration will review evaluation data annually to identify needed revisions related to:

- Curriculum content,
- Clinical experiences,
- Faculty workload,
- Student support services,
- Admission and progression processes,
- Simulation and laboratory resources.

Recommendations for program improvement will be documented through established nursing program governance and institutional review processes.

Conclusion

The proposed Paramedic-to-RN Bridge Pathway supports TBCC's mission to expand educational access, strengthen the regional healthcare workforce, and provide high-quality nursing education responsive to community needs. The proposed substantive change maintains compliance with OSBN standards while creating an evidence-informed pathway for experienced paramedics to transition into professional nursing practice.

Section 1: General Information

Program Title

TBCC Paramedic-to-RN Bridge Program

Degree Awarded

Associate of Applied Science in Nursing (AAS-RN)

Sponsoring Institution

Tillamook Bay Community College (TBCC) Nursing Program

Regulatory Oversight

The program operates under approval of the:

Oregon State Board of Nursing (OSBN)

Oregon Higher Education Coordinating Commission (HECC)

Program Type

Advanced Placement / Bridge Pathway within the existing approved TBCC ADN nursing program.

Purpose

The Paramedic-to-RN Bridge Program provides licensed paramedics with an accelerated pathway into professional nursing education while ensuring compliance with:

- OSBN Division 21 nursing education standards,
- NCLEX-RN preparation requirements,
- and TBCC nursing program outcomes.

Program Length

- One bridge transition semester
- Entry into second year of TBCC ADN curriculum
- Approximately 4 academic terms total

Total Credits

Approximately 51 credits depending on transfer coursework and competency validation.

Program Delivery

- Online didactic instruction (Transition course only)
- Hybrid lab and simulation (Transition courses only)

Section 2: Needs Assessment

Workforce Need

Oregon continues to experience shortages of registered nurses, particularly in:

- Rural communities,
- frontier regions,
- emergency departments,
- critical access hospitals,
- and long-term care settings.

Licensed paramedics represent an experienced healthcare workforce with transferable competencies that can help address nursing shortages through accelerated RN education pathways.

Regional Need

TBCC serves rural and medically underserved populations where:

- EMS agencies already provide substantial healthcare access,
- hospitals experience RN recruitment challenges,
- and workforce pipelines are limited.

Educational Need

Paramedics possess strengths in:

- emergency assessment,
- pharmacology,
- airway management,
- patient stabilization,
- and clinical decision-making.

However, bridge education is necessary to develop competency in:

- longitudinal care management,
- nursing process,
- patient education,
- psychosocial nursing,
- interdisciplinary care planning,
- and chronic disease management.

Community Benefit

The program is expected to:

- improve rural RN workforce retention,
- strengthen EMS-to-hospital collaboration,
- increase healthcare access,
- and support regional healthcare systems.

Section 3: Program Structure

Program Model

The bridge pathway utilizes:

- Competency validation,
- Advanced placement,
- Bridge transition term.

Students then enter directly into:

- NURS 103
- NURS 103C
- NURS 103D

within the existing TBCC ADN curriculum.

Bridge Semester Curriculum

Course	Credits
NURS 150 Transition to Registered Nursing Practice – Paramedic ONLINE Fundamentals Ethics RN Scope of Practice Trajectory of Care Nursing Care of Community Care of Chronic Conditions	3
NURS 151L Transition to Professional Nursing Skills HYBRID Nursing Assessment Medication Administration Basic Skills Advanced Skills NGT Trach Care Sterile Field Foley Catheter IV Test Out <i>*students will have to appear for lab to work on/test out of skills weekly. Final skills checkoff to be scheduled at the end of spring term (H2T/Med Admin).</i>	3
NURS 152 Pathophysiology/Pharmacology ONLINE Inflammation & Healing Fluids & Electrolytes	4

Acid/Base Balance Immunity Disorders of Blood Cells	
NURS 153 Nursing Care of Specialized Populations ONLINE Mental Health Mom/Baby Peds Elderly	3

Total: 13 credits

TBCC ADN Progression

Second Year Fall

- NURS 201
- NURS 201C
- NURS 201N

Second Year Winter

- NURS 202
- NURS 202C
- NURS 202N

Second Year Spring

- NURS 203
- NURS 203C
- NURS 203N

Clinical Education

Clinical learning experiences include:

- medical-surgical nursing,
- pediatrics,
- maternal-newborn,
- psychiatric nursing,
- community health,
- and leadership/preceptorship.

Simulation

High-fidelity simulation is integrated throughout the bridge and ADN curriculum.

Section 4: Faculty and Staffing

Program Administration

The bridge pathway operates under the existing TBCC Nursing Program administrative structure.

Faculty Requirements

All nursing faculty must:

- hold active Oregon RN licensure,
- meet OSBN faculty qualification requirements,
- and possess relevant clinical expertise.

Bridge Faculty Roles

Role	Responsibility
Dean	Program oversight
Nursing Faculty	Didactic instruction, course development.
Simulation Coordinator	Simulation management
EMS Director	Recruitment and articulation support

Section 5: Admissions and Policies

Admission Requirements

Applicants must:

- Hold current Oregon paramedic licensure or NREMT certification
- Provide official transcripts for AAS Paramedicine
- Complete prerequisite coursework per program policy
- Meet GPA requirements

See Appendix A

Advanced Placement Policy

Advanced placement is granted through:

- Competency validation
- Challenge examinations
- Skills assessment,
- Coursework completion per TBCC Nursing Program grading and progression policies

See Appendix B

Progression Policy

Students must:

- All coursework for transition term must be completed per TBCC Nursing Program grading and progression policies

- Attend all lab and simulation sessions as scheduled and per bridge pathways attendance policy
- Demonstrate proficiency with lab skills

See Appendix C

Remediation Policy

Students requiring remediation may receive:

- skills remediation,
- simulation remediation,
- tutoring,
- and individualized learning plans.

See Appendix D

Clinical Requirements

Students must maintain:

- immunization compliance,
- CPR certification,
- drug screening,
- and background check clearance.

Transfer and Credit Policies

Transfer credits are evaluated according to:

- TBCC academic policy,
- OSBN standards,
- and nursing curriculum equivalency.

Section 10: OSBN Compliance and Timeline

Regulatory Compliance

The bridge pathway will comply with:

- OSBN Division 21 Nursing Education Program Standards,
- TBCC institutional policies,
- HECC requirements,
- Applicable accreditation standards.

OSBN Submissions

TBCC will submit:

- Curriculum modifications,
- Advanced placement policies,
- Competency validation procedures,
- Bridge course syllabi,
- Outcome assessment measures.

Compliance Areas

Area	Compliance Requirement
Curriculum	OAR 851-021-0050
Faculty	OAR 851-021-0045
Students	OAR 851-021-0055
Evaluation	OAR 851-021-0070

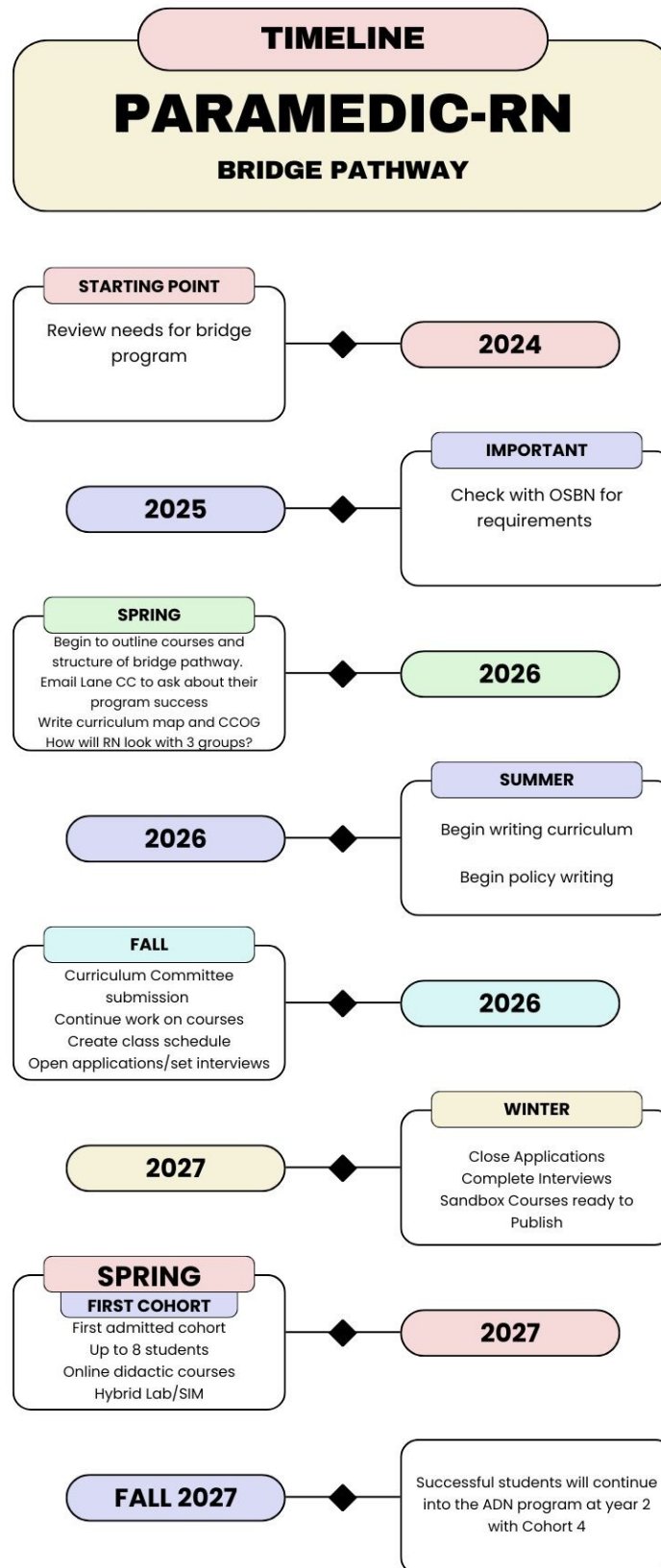
Proposed Timeline

Phase	Timeline
Needs Assessment & Planning	Spring 2026
Curriculum Development	Spring/Summer 2026
Pilot Cohort Recruitment	Winter 2027
Program Launch	Summer 2027

Conclusion

A Paramedic-to-RN Bridge Program is a strategic addition to the college's allied health offerings. It meets pressing regional workforce demands, enhances the career trajectory of qualified professionals, and strengthens partnerships with healthcare providers. The program also contributes to institutional sustainability and educational access.

Timeline



Appendix A
OSBN Curriculum Crosswalk

Paramedic Competency	Existing EMS Preparation	RN Competency Gap	TBCC Course/Bridge Content Addressing Gap	Outcome Validation Method
Primary patient assessment	Rapid emergency assessment	Comprehensive longitudinal assessment	NURS 151 Transition to Professional Nursing Skills	Skills practice and checkoff. Simulation.
Airway management	Advanced airway stabilization	Ongoing respiratory nursing management	NURS 201 / 201C NURS 202/ 202C	Clinical evaluation. Simulation
Cardiac monitoring	Dysrhythmia recognition and ACLS interventions	Chronic cardiac disease management	NURS 202 / 202C	Clinical performance. Simulation
Emergency pharmacology	ACLS/emergency medications	Long-term medication administration and reconciliation	NURS 152 Pathophysiology/ Pharmacology	Medication exam
Trauma stabilization	Acute injury management	Rehabilitation and continuity of care	NURS 150 Transition to Professional Nursing NURS 201 / 201C / 202 / 202C / 203C	Care planning evaluation
IV therapy	Vascular access and emergency infusions	Inpatient medication administration workflow	NURS 151 Transition to Professional Nursing Skills NURS 201C / 202C / 203C	Skills validation. Simulation
Emergency decision-making	Rapid independent intervention	Nursing process and interdisciplinary planning	NURS 150 Transition to Professional Nursing Threaded throughout ADN program	Faculty evaluation. Clinical evaluation Simulation
Documentation	EMS charting	Nursing documentation standards and EHR workflow	NURS 201C / 202C / 203C	Clinical evaluation
Patient transport	Stabilization and transfer	Ongoing inpatient nursing management	NURS 150 Transition to Professional Nursing	Clinical evaluation

			Threaded throughout ADN program	
Crisis intervention	Behavioral de-escalation in field settings	Therapeutic communication and psychiatric nursing	NURS 150 Transition to Professional Nursing NURS 153 Nursing Care of Specialized Populations	Clinical evaluation Simulation
Pediatric emergencies	Pediatric stabilization	Pediatric growth/development and family-centered care	NURS 153 Nursing Care of Specialized Populations	Clinical evaluation
Obstetrical emergencies	Emergency childbirth	Maternal-newborn nursing continuum	NURS 153 Nursing Care of Specialized Populations	Clinical evaluation
Community interaction	EMS public response	Population health and community nursing	NURS 150 Transition to Professional Nursing	Clinical evaluation
Leadership in EMS	Scene leadership	RN delegation and care coordination	NURS 203	Leadership practicum
Interprofessional communication	EMS/hospital handoff communication	Collaborative inpatient care coordination	NURS 201C / 202C / 203C	Clinical evaluation Practicum evaluation
Infection control	PPE and emergency precautions	Comprehensive nursing infection prevention	NURS 151 Transition to Professional Nursing Skills NURS 201C / 202C / 203C	Skills checkoff Clinical observation
Patient education	Limited field teaching	Formal nursing education and discharge planning	NURS 201C / 202C / 203C	Clinical evaluation
Clinical prioritization	Emergency triage	Multi-patient nursing prioritization	Threaded throughout ADN Program courses	Written assessments Clinical evaluation
Ethics and legal practice	EMS protocols and consent	RN scope, delegation, and nursing ethics	NURS 150 Transition to Professional Nursing NURS 201 / 202 / 203	Clinical evaluation Written assessment

Cultural responsiveness	Diverse emergency populations	Health equity and culturally responsive nursing care	NURS 150 Transition to Professional Nursing NURS 201C / 202C / 203C NURS 201 / 202 / 203	Clinical evaluation Simulation
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Appendix B

Advanced Placement Admissions Policy

TBCC Paramedic-to-RN Bridge Program

Purpose

The purpose of this policy is to establish admission standards, advanced placement procedures, and competency validation requirements for licensed paramedics seeking entry into the TBCC Associate of Applied Science Nursing Program through the Paramedic-to-RN Bridge pathway.

This policy ensures compliance with:

- Oregon State Board of Nursing (OSBN) Division 21 standards,
- TBCC Nursing Program outcomes,
- and safe preparation for RN licensure and practice.

Policy Statement

TBCC recognizes that licensed paramedics possess prior healthcare knowledge and clinical competencies that may support advanced placement into the nursing curriculum. Advanced placement is awarded only after successful demonstration of competency and completion of all bridge program requirements.

All bridge applicants must meet the same academic, clinical, professional, and progression standards required of all TBCC nursing students.

Eligibility Requirements

Applicants seeking advanced placement into the Paramedic-to-RN Bridge pathway must:

Licensure Requirements

1. Hold current unrestricted:
 - Oregon Paramedic licensure, or
 - National Registry Paramedic (NREMT-P) certification eligible for Oregon licensure.
2. Maintain licensure throughout enrollment in the nursing program.

Clinical Experience Requirements

Applicants must possess:

- a minimum of one (1) year full-time equivalent paramedic experience within the previous three (3) years.

Preferred experience includes:

- 911 emergency response,
- emergency department technician experience,
- critical care transport,
- or rural EMS practice.

Certification Requirements

Applicants must maintain current:

- BLS Healthcare Provider certification,
- ACLS certification,
- and PALS certification.

Academic Prerequisites

Applicants must complete all required prerequisite coursework prior to admission, including:

Core Prerequisite Courses	BI 231 * BI 232 BI 233 BI 234 NUTR 240 or FN 225 PSY 201 * PSY 215 AH 100	Human Anatomy and Physiology 1 Human Anatomy and Physiology 2 Human Anatomy and Physiology 3 Microbiology Human Nutrition Introduction to Psychology Human Development Medical Terminology
Other Prerequisite Courses	COMM 111 • MTH 105 or higher* WR 121 * WR 122 (or substitute)	Public Speaking College-level Math English Composition I English Composition II

A minimum cumulative GPA of 3.0 is required for admission consideration.

Application Process

Applicants must submit:

1. Completed TBCC Nursing Program application
2. Official transcripts from all colleges attended
3. Proof of paramedic licensure/certification
4. Documentation of clinical experience
5. Current healthcare certifications
6. Background check and drug screening documentation
7. Required immunization records
8. Any additional documentation required by TBCC or clinical agencies

Advanced Placement Evaluation

Advanced placement eligibility is determined through a formal competency validation process.

Required Validation Components

Applicants must successfully complete:

1. Nursing Skills Assessment

Evaluation may include:

- sterile technique,
- medication administration,
- dosage calculations,
- IV therapy,
- patient assessment,
- documentation,
- and communication skills.

2. Written Competency Examination

Applicants must demonstrate competency in:

- fundamentals of nursing,
- pharmacology,
- pathophysiology,
- nursing process,
- and clinical judgment.

Admission Decisions

Admission is competitive and based upon:

- prerequisite GPA,
- healthcare experience,
- competency validation performance,
- available program capacity,
- and faculty evaluation.

Meeting minimum eligibility requirements does not guarantee admission.

Placement Within Curriculum

Students admitted through the bridge pathway will:

- complete the required bridge transition semester,
- then enter the TBCC nursing curriculum at:
 - NURS 201,
 - NURS 201C,
 - and NURS 201N.

Placement into advanced acute-care nursing courses without completion of bridge coursework is not permitted.

Transfer Credit and Credit for Prior Learning

TBCC may award nursing credit through:

- competency validation,
- transfer evaluation,
- and prior learning assessment processes.

Credit awarded through advanced placement:

- must comply with institutional policy,
- OSBN standards,
- and nursing program outcomes.

The Nursing Program reserves the right to:

- deny transfer credit,
- require additional coursework,
- or require remediation when competency cannot be verified.

Clinical Eligibility Requirements

Students must maintain eligibility for participation in clinical education throughout enrollment.

Failure to maintain:

- background check clearance,
- drug screening compliance,
- immunization requirements,
- CPR certification,
- or agency-specific requirements

may result in:

- denial of clinical placement,
- delayed progression,
- or dismissal from the program.

Appendix C

Advanced Placement and Transfer Credit Policy

The TBCC Nursing Program recognizes prior academic achievement, healthcare experience, military education, and validated competency-based learning through advanced placement and transfer credit processes consistent with TBCC Experiential Learning Policy 408 and Oregon State Board of Nursing (OSBN) requirements. Students seeking admission into the TBCC Paramedic or LPN-to-RN Bridge pathway may be awarded advanced placement and transfer credit through evaluation of prior coursework, licensure, certifications, military education, and documented experiential learning.

Experiential Learning Policy (TBCC Policy 408.1)

Experiential learning is the process whereby a student receives credit for experience or information gained outside of the traditional academic setting. Tillamook Bay Community College awards experiential learning credit through the following methods:

- Cooperative Education and Experience courses within the college catalog, including internships, work experiences, and clinical practices;
- Credit by Examination, including:
 - Advanced Placement (AP),
 - International Baccalaureate (IB),
 - College Level Examination Program (CLEP),
 - DANTES/DSST examinations;
- Military service credit;
- Transfer credit from accredited institutions; and
- Credit for Prior Learning (CPL) according to Oregon state guidelines and institutional policy.

Credit for Prior Learning (TBCC Policy 408.2)

Credit for Prior Learning (CPL) allows students to demonstrate knowledge and skills acquired through prior education, employment, military service, certifications, licensure, or other experiential learning.

Students requesting CPL may be required to submit:

- Official transcripts,
- Licensure verification,
- Course descriptions or syllabi,
- Competency assessments,
- Skills validations,
- Professional certifications,
- Portfolio documentation,

- Employment verification,
- Examinations or demonstrations of competency.

CPL is based upon assessment of documented learning and demonstrated competency; it is not a graded process. Awarded credit is documented on the student transcript as Credit for Prior Learning.

Students intending to transfer CPL credits to another institution are responsible for verifying acceptance policies with the receiving institution.

Nursing Program Advanced Placement Requirements

Advanced placement within the TBCC Nursing Program is determined through administrative review of prior education and demonstrated competency consistent with current nursing program outcomes and OSBN Division 21 requirements. For Paramedic-to-RN Bridge applicants, advanced placement evaluation may include:

- Verification of current Oregon paramedic licensure or NREMT certification;
- Verification of current Oregon LPN licensure
- Review of paramedic or LPN education transcripts;
- Assessment of prior healthcare experience;
- Completion of prerequisite coursework;
- Skills competency validation;
- Challenge examinations;
- Dosage calculation assessments;
- Clinical readiness evaluation;
- Completion of designated transition coursework.

Advanced placement credit is awarded course-by-course and only for demonstrated college-level learning equivalent to current TBCC nursing curriculum outcomes.

Transfer Credit Evaluation

Transfer credits from regionally accredited institutions will be evaluated according to:

- TBCC institutional transfer policies,
- Nursing curriculum equivalency,
- Oregon State Board of Nursing standards,
- Course recency requirements,
- Program learning outcomes.

Science and nursing coursework may be subject to recency requirements determined by the Nursing Program.

The Nursing Program reserves the right to require additional competency validation, transition coursework, laboratory evaluation, simulation assessment, or clinical remediation when necessary to ensure student readiness for progression.

Standards for Experiential Learning Credit (TBCC Policy 408.3)

All experiential learning credit awarded by TBCC conforms to the standards of the Council for Adult and Experiential Learning (CAEL), including:

1. Credit is awarded only for learning, not for experience alone;
2. Credit is awarded only for college-level learning;
3. Credit reflects an appropriate balance between theoretical knowledge and practical application;
4. Competency determinations are made by qualified faculty and subject matter experts; and
5. Credit is awarded on a course-by-course basis rather than in block credit formats.

Compliance with OSBN Requirements

The TBCC Nursing Program ensures that all students receiving advanced placement or transfer credit meet the equivalent outcomes of the current nursing curriculum in accordance with:

- OAR 851-021-0055(3),
- OAR 851-021-0050,
- TBCC institutional policy,
- Applicable accreditation standards.

Students admitted through advanced placement pathways must successfully complete all required transition, didactic, laboratory, simulation, and clinical components necessary to achieve program outcomes and eligibility for graduation.

Appendix D

TBCC Nursing Program: Progression and Course Failure Policy

Purpose

To outline the standards required for academic progression in the TBCC Nursing Program and clarify procedures following course failure or withdrawal.

Policy Overview

The TBCC Nursing Program is structured in a sequenced manner, with each course building upon the previous one. Students must meet academic and progression standards to continue to the next course in the sequence. Course failure or performance below progression standards may impact a student's ability to remain in or reenter the program.

Courses Requiring Sequential Progression

Students must complete all of the following courses in order and with required minimum grades

- First term: NURS 101, 101C, 101D
- Second Term: NURS 102, 102C, 102D
- Third Term: NURS 103, 103C, 103D
- Fourth Term: NURS 201, 201C, 201N
- Fifth Term: NURS 202, 202C, 202N
- Sixth Term: NURS 203, 203C, 203N

Progression Standards

To move forward in the program, **all** of the following conditions must be met:

1. Minimum Course Grade

- A 75% cumulative average in all courses.
- Grades are not rounded (e.g., 74.99% does not round to 75%).

2. Exam Requirements

- A 75% cumulative exam average in courses with graded exams.
- For pass/fail exams, the student must pass all exams.

3. Clinical / Application Course Requirement

- Related clinical or application courses must be passed to progress.

Academic Probation for Exam Average

In special circumstances, a student who does not meet the 75% exam average may progress **once** in the program *on academic probation* if all of the following are met:

1. The student has at least a **75% cumulative course score**.
2. The student passed the related clinical/application course.
3. The student has never previously been on academic probation.

4. The student agrees to terms of an individualized probation plan approved by the Dean.
5. The student completes an approved remediation plan with scheduled faculty meetings.
6. The student remains compliant with all probation and remediation requirements.

Students may use academic probation for exam-related deficiencies only once during the program, and students who are exited may reapply if they are otherwise eligible. However, students who are on behavioral probation are held to stricter standards; a student on behavioral probation who is unsuccessful in any course will be permanently exited from the program and will not be eligible to reapply.

Course Failure

1. Failure in First Term Courses

If a student fails any first-term course (NURS 101, 101C, 101D), The student must

- Reapply as a new applicant and undergo the full admission process.
- Submit a letter that discusses
 - Barriers that contributed to unsuccessful performance
 - A specific, measurable success plan for future coursework

2. Failure After First Term

- If a student fails any nursing course after the first term the student will meet with the course instructor(s) and/or the Dean of Nursing & Allied Health.
- The student must petition for reentry by submitting a letter within one week addressing
 - Barriers that contributed to unsuccessful performance
 - A specific, measurable success plan for future coursework

Reentry is not guaranteed and depends on:

- Space availability
- Faculty and Dean approval

3. Second Course Failure

If a student is unsuccessful in any second nursing course, regardless of term

- The student is permanently dismissed from the program
- The student is not eligible to reapply

Withdrawals

If a student withdraws from a course while not in good standing (failing at the time of withdrawal):

- The withdrawal is considered a course failure
- A second failure results in permanent dismissal

Program Completion Timeline

All required nursing courses must be completed **within 3 years** of initial program entry.

Appendix E

Remediation

Purpose

The remediation process aims to support students at risk of failing a course due to difficulties in meeting course objectives and requirements. It supplements the student's learning without replacing the course curriculum or requirements. The process is initiated in the following circumstances:

- Academic Risk: Low quiz or exam scores.
- Lack of Clinical Competency: Failing a clinical competency or math exam, or displaying unsafe behavior in a clinical setting.
- Lapse in Professional Behavior: Tardiness, absenteeism, or unprofessional behavior.

Procedure

For students struggling in multiple areas, separate remediation plans are established for each issue. Faculty initiate the remediation process as soon as an at-risk student is identified. The faculty member meets with the student to discuss the concerns and develop an individualized remediation plan, documented on the "Academic Support and Success" form. The plan must adhere to these guidelines:

- Clear description of deficiencies: Identify specific areas of weakness.
- Measurable goals: Set specific, measurable goals for the student to achieve.
- Individualized activities: Tailor activities to address the student's weaknesses. These may include computer-based practice tests, written review materials, practice questions, instructor-developed materials, hands-on laboratory skill practice, or other methods suggested by the faculty.
- Time frame: Establish and document a completion deadline.
- Signatures: Both faculty and student must sign the Success Plan form.

Once signed, the student has until the established deadline to meet the remediation outcomes. Faculty will support the student, but the student is responsible for requesting additional assistance as needed.

After the deadline, the faculty member meets with the student to evaluate whether the remediation outcomes have been met. If the outcomes are successfully achieved, the Success Plan is completed and signed by both parties. If not, the remediation is deemed unsuccessful. Unsuccessful remediation means the student has not mastered a critical course objective or requirement, resulting in a non-passing grade and the need to repeat the course. For failures in a didactic course with a co-requisite clinical course, the student may need to withdraw from the clinical course. This decision is made by the Dean and course instructor(s) on a case-by-case basis.



Proposal for LPN-to-RN Bridge Program Approval

Tillamook Bay Community College

06/02/2026

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OSBN Substantive Change Report

I. Rationale for the Proposed Change

Tillamook Bay Community College (TBCC) proposes implementation of an LPN-to-RN Bridge Pathway as an advanced placement option within the existing Associate Degree Nursing (ADN) Program.

The purpose of this pathway is to provide Licensed Practical Nurses (LPNs) with an accelerated educational route to Registered Nurse (RN) licensure while maintaining compliance with Oregon State Board of Nursing (OSBN) Division 21 standards and all TBCC Nursing Program outcomes.

The rationale for the proposed change includes:

- Addressing regional and statewide nursing workforce shortages;
- Increasing access to nursing education in rural and underserved communities;
- Creating career advancement opportunities for Licensed Practical Nurses;
- Supporting workforce retention within regional healthcare systems;
- Expanding educational access for working healthcare professionals;
- Strengthening career mobility within the nursing profession;
- Increasing the supply of Registered Nurses in rural Oregon communities.

Licensed Practical Nurses possess substantial nursing knowledge and clinical competency in:

- Fundamental nursing care;
- Medication administration;
- Chronic disease management;
- Patient education;
- Documentation and communication;
- Long-term care nursing;
- Rehabilitation nursing;
- Implementation of nursing care plans.

TBCC conducted a curriculum review comparing practical nursing education, TBCC first-year ADN curriculum outcomes, and OSBN Division 21 curriculum requirements. The review demonstrated substantial equivalency between practical nursing education and first-year ADN content in:

- Fundamentals of nursing;
- Basic pharmacology;
- Basic pathophysiology;
- Non-acute care nursing;

- Medication administration;
- Patient education;
- Documentation and communication.

The review also identified areas requiring additional nursing education to ensure achievement of RN program outcomes, including:

- Comprehensive nursing assessment;
- Independent clinical judgment;
- Care coordination;
- Population and community health;
- Maternal-newborn nursing;
- Pediatric nursing;
- Mental health nursing;
- Evidence-based nursing practice;
- Interprofessional collaboration;
- RN scope of practice and accountability.

To address these identified gaps, TBCC proposes a bridge transition semester consisting of:

- NURS 151 Transition to Registered Nursing Practice
- NURS 151L Advanced Nursing Skills and Assessment
- NURS 152 Clinical Judgment and Complex Care
- NURS 153 Maternal-Child and Mental Health Nursing

The bridge curriculum is designed to ensure students achieve equivalent outcomes to the first-year TBCC ADN curriculum and all competencies required under OAR 851-021-0050 before progression into second-year nursing coursework.

Students admitted through the bridge pathway will complete competency validation, skills assessment, simulation experiences, and transition coursework designed to verify achievement of ADN program outcomes.

Following successful completion of the bridge semester, students will enter the existing second-year ADN curriculum and complete all required didactic, laboratory, simulation, clinical, practicum, and NCLEX-RN readiness coursework required of traditional ADN students.

The proposed bridge pathway maintains curriculum integrity, preserves program outcomes, and provides a structured advanced placement process consistent with OSBN requirements.

II. Impact of the Proposed Change

A. Impact on Faculty

Implementation of the bridge pathway will require:

- Faculty participation in curriculum development and evaluation;
- Oversight of competency validation and advanced placement processes;
- Development and delivery of transition coursework;
- Additional laboratory, simulation, and remediation oversight;
- Faculty advising and progression monitoring for bridge students.

Existing nursing faculty will be utilized for bridge-specific laboratory instruction, simulation, and skills validation as enrollment increases.

Faculty qualifications will remain consistent with OSBN faculty requirements under OAR 851-021-0045.

B. Impact on Students

The bridge pathway is expected to:

- Expand educational access for licensed paramedics;
- Reduce duplication of previously mastered content;
- Provide an accelerated pathway to RN licensure;
- Support educational mobility and workforce advancement.

Students admitted through advanced placement will complete a transition curriculum designed to ensure achievement of current TBCC nursing program outcomes prior to entry into second-year nursing coursework.

Students will continue to meet all progression, remediation, clinical, and graduation requirements applicable to all TBCC nursing students.

C. Impact on Facilities

The proposed bridge pathway will utilize existing TBCC nursing program resources, including:

- Classroom space,
- Learning management systems,
- Nursing laboratory facilities,
- Simulation equipment,
- Skills testing resources,
- Online instructional technologies.

No major facility expansion is anticipated during initial implementation. Existing simulation and laboratory resources are considered sufficient to support projected enrollment.

D. Impact on Clinical Resources

Clinical placements will continue to utilize existing TBCC clinical partnerships and affiliated healthcare agencies.

Bridge students will participate in:

- Clinical simulation,
- Skills validation,
- Existing second-year ADN clinical experiences,
- Community and acute care clinical rotations.

Clinical experiences will continue to meet program learning outcomes and OSBN requirements. TBCC will monitor clinical capacity and placement availability to ensure continued adequacy of clinical learning experiences. It is anticipated that clinical rotation sections will increase by up to 8 seats.

III. Comparison of Current and Proposed Curriculum

A. Current Curriculum Structure

The current TBCC ADN curriculum admits students through a traditional pre-nursing pathway and requires completion of all first-year and second-year nursing coursework in sequential progression.

Current students complete:

- Fundamentals of nursing,
- Pathophysiology,
- Pharmacology,
- Community health,
- Adult chronic health nursing,
- Maternal-newborn nursing,
- Pediatric nursing,
- Mental health nursing,
- Adult acute health nursing,
- Leadership and preceptorship experiences.

Proposed Curriculum Structure

The proposed LPN-to-RN Bridge Pathway introduces an advanced placement option for licensed practical nurses through a bridge transition term prior to entry into the second year of the ADN program.

The bridge term includes:

- Transition to Professional Nursing,

- Pathophysiology and Pharmacology,
- Nursing Care of Specialized Populations.

Bridge students will complete competency validation, skills assessments, laboratory experiences, and transition coursework designed to ensure equivalent achievement of first-year nursing outcomes. Following successful completion of the bridge term, students will enter the existing second-year ADN curriculum alongside traditional ADN students.

The proposed curriculum does not alter the overall ADN degree requirements or required program outcomes. The pathway modifies the educational track by recognizing validated prior learning and healthcare experience consistent with OSBN advanced placement requirements.

IV. Timeline for Implementation

Phase	Timeline
Needs Assessment and Program Planning	Spring 2026
Development of Policies, Syllabi, and Evaluation Tools	Fall 2026–Winter 2027
Curriculum Development and Faculty Review	Spring–Summer 2026
OSBN Substantive Change Submission	Fall 2026
Institutional Approval Processes	Summer–Fall 2026
Recruitment and Open Applications	Fall 2026–Winter 2027
Program Launch / First Bridge Cohort	Spring 2027
Initial Program Evaluation	Spring 2028

V. Plan for Evaluation of the Proposed Change

TBCC will evaluate the effectiveness of the bridge pathway through ongoing program assessment and continuous quality improvement processes.

Evaluation measures will include:

Student Outcomes

- Course completion rates;
- Retention and progression rates;
- Graduation rates;
- NCLEX-RN pass rates;
- Clinical competency evaluations;
- Skills validation outcomes.

Program Outcomes

- Comparison of bridge student outcomes with traditional ADN student outcomes;
- Evaluation of curriculum effectiveness;
- Assessment of transition course outcomes;
- Student satisfaction surveys;
- Faculty evaluations;
- Clinical partner feedback.

Regulatory Compliance

- Ongoing review of compliance with OSBN Division 21 requirements;
- Monitoring of curriculum equivalency and achievement of RN program outcomes;
- Review of remediation and advanced placement processes.

Continuous Improvement

TBCC Nursing Faculty and Program Administration will review evaluation data annually during summer term to identify needed revisions related to:

- Curriculum content,
- Clinical experiences,
- Faculty workload,
- Student support services,
- Admission and progression processes,
- Simulation and laboratory resources.

Recommendations for program improvement will be documented through established nursing program governance and institutional review processes.

Conclusion

The proposed LPN-to-RN Bridge Pathway supports TBCC's mission to expand educational access, strengthen the regional healthcare workforce, and provide high-quality nursing education responsive to community needs. The proposed substantive change maintains compliance with OSBN standards while creating an evidence-informed pathway for experienced licensed practical nurses to transition into professional nursing practice.

Section 1: General Information

Program Title

TBCC LPN-to-RN Bridge Program

Degree Awarded

Associate of Applied Science in Nursing (AAS-RN)

Sponsoring Institution

Tillamook Bay Community College (TBCC) Nursing Program

Regulatory Oversight

The program operates under approval of the:

Oregon State Board of Nursing (OSBN)

Oregon Higher Education Coordinating Commission (HECC)

Program Type

Advanced Placement / Bridge Pathway within the existing approved TBCC ADN nursing program.

Purpose

The LPN-to-RN Bridge Program provides licensed practical nurses with an accelerated pathway into professional registered nursing education while ensuring compliance with:

- OSBN Division 21 Nursing Education Standards
- NCLEX-RN preparation requirements
- TBCC Nursing Program outcomes
- AACN Essentials competency expectations

Program Length

- One bridge transition semester
- Entry into second year of TBCC ADN curriculum
- Approximately 4 academic terms total

Total Credits

Approximately 51 credits depending on transfer coursework and competency validation.

Bridge Semester

- Online didactic instruction
- Hybrid laboratory instruction
- High-fidelity simulation

ADN Curriculum

- Existing TBCC ADN curriculum

Section 2: Needs Assessment

Oregon continues to experience shortages of registered nurses, particularly within:

- Rural communities
- Critical access hospitals
- Long-term care facilities
- Skilled nursing facilities
- Community health settings
- Acute care hospitals

Licensed practical nurses represent an experienced nursing workforce with established patient-care competencies and a strong foundation for progression into registered nursing practice.

Regional Need

TBCC serves rural and medically underserved populations where:

- Healthcare workforce shortages persist
- RN recruitment remains challenging
- Career advancement opportunities are limited
- Existing LPNs seek educational mobility without relocating

Educational Need

Licensed Practical Nurses possess strengths in:

- Fundamental nursing care
- Medication administration
- Chronic disease management
- Documentation
- Patient education
- Long-term care nursing
- Rehabilitation nursing
- Implementation of nursing care plans

However, bridge education is necessary to develop competency in:

- Comprehensive nursing assessment
- Independent clinical judgment
- RN-level care planning and evaluation
- Delegation and supervision
- Leadership and care coordination
- Population and community health
- Management of unstable and complex patients
- Maternal-newborn nursing
- Pediatric nursing

- Mental health nursing
- Evidence-based practice
- Interprofessional leadership

Community Benefit

The program is expected to:

- Increase the regional RN workforce
- Improve retention of local healthcare professionals
- Strengthen healthcare access in rural communities
- Support career advancement for existing healthcare workers
- Improve healthcare outcomes through workforce development

Section 3: Program Structure

Program Model

The bridge pathway utilizes:

- Advanced placement
- Competency validation
- Transition semester coursework
- Skills assessment
- Simulation-based evaluation

Students who successfully complete the transition semester will enter directly into:

- NURS 201 Introduction to Nursing Care in Acute Settings
- NURS 201C Introduction to Nursing Care in Acute Settings Application
- NURS 201N NCLEX-RN Readiness I

Curriculum Equivalency and Gap Analysis

The TBCC Nursing Program has determined that practical nursing education provides substantial equivalency to first-year ADN coursework in:

- Fundamentals of nursing
- Basic pharmacology
- Basic pathophysiology
- Non-acute care nursing
- Medication administration
- Documentation
- Patient education

Gap areas requiring bridge coursework include:

- Comprehensive assessment
- Clinical judgment

- Delegation and leadership
- Population health
- Maternal-newborn nursing
- Pediatric nursing
- Mental health nursing
- Complex care management
- RN scope of practice

Bridge Semester Curriculum

Course	Credits
NURS 151 Transition to Registered Nursing Practice – LPN ONLINE RN scope of practice Nursing process Care coordination Community health Population health Ethics and professional practice Evidence-based practice	3
NURS 151L Advanced Nursing Skills and Assessment HYBRID Comprehensive assessment Advanced medication administration IV therapy validation Sterile procedures Complex wound care Tracheostomy care Enteral therapy Clinical documentation <i>*students will have to appear for lab to work on/test out of skills weekly. Final skills checkoff to be scheduled at the end of spring term (Head-to-Toe Assessment/Med Admin).</i>	3
NURS 152 Pathophysiology/Pharmacology ONLINE Inflammation & Healing Fluids & Electrolytes Acid/Base Balance Immunity Disorders of Blood Cells	4
NURS 153 Nursing Care of Specialized Populations	3

ONLINE Mental Health Mom/Baby Peds	
--	--

Total: 13 credits

TBCC ADN Progression

Second Year Fall

- NURS 201
- NURS 201C
- NURS 201N

Second Year Winter

- NURS 202
- NURS 202C
- NURS 202N

Second Year Spring

- NURS 203
- NURS 203C
- NURS 203N

Clinical Education

Clinical learning experiences include:

- medical-surgical nursing,
- pediatrics,
- maternal-newborn,
- psychiatric nursing,
- community health,
- and leadership/preceptorship.

Simulation

High-fidelity simulation is integrated throughout the bridge and ADN curriculum.

Section 4: Faculty and Staffing

Program Administration

The bridge pathway operates under the existing TBCC Nursing Program administrative structure.

Faculty Requirements

All nursing faculty must:

- hold active Oregon RN licensure,
- meet OSBN faculty qualification requirements,

- and possess relevant clinical expertise.

Bridge Faculty Roles

Role	Responsibility
Dean	Program oversight
Nursing Faculty	Didactic instruction, course development.
Simulation Coordinator	Simulation management

Section 5: Admissions and Policies

Admission Requirements

Applicants must:

- Hold current Oregon LPN licensure
- Provide official transcripts
- Complete prerequisite coursework per program policy

See Appendix B

Advanced Placement Policy

Advanced placement is granted through:

- Competency validation
- Challenge examinations
- Skills assessment,
- Coursework completion per TBCC Nursing Program grading and progression policies

See Appendix C

Progression Policy

Students must:

- All coursework for transition term must be completed per TBCC Nursing Program grading and progression policies
- Attend all lab and simulation sessions as scheduled and per bridge pathways attendance policy
- Demonstrate proficiency with lab skills

See Appendix D

Remediation Policy

Students requiring remediation may receive:

- skills remediation,
- simulation remediation,
- tutoring,
- and individualized learning plans.

See Appendix E

Clinical Requirements

Students must maintain:

- immunization compliance,
- CPR certification,
- drug screening,
- and background check clearance.

Transfer and Credit Policies

Transfer credits are evaluated according to:

- TBCC academic policy,
- OSBN standards,
- and nursing curriculum equivalency.

Section 10: OSBN Compliance and Timeline

Regulatory Compliance

The bridge pathway will comply with:

- OSBN Division 21 Nursing Education Program Standards,
- TBCC institutional policies,
- HECC requirements,
- Applicable accreditation standards.

OSBN Submissions

TBCC will submit:

- Curriculum modifications,
- Advanced placement policies,
- Competency validation procedures,
- Outcome assessment measures.

OAR Compliance Areas

OAR	Regulatory Requirement	TBCC LPN-RN Bridge Program Compliance
OAR 851-021-0025	Substantive Change Approval	Will be submitted to OSBN for review and approval prior to implementation. Included: curriculum revisions, advanced placement policies, competency validation procedures, faculty impact analysis, clinical resource analysis, and program evaluation plans.
OAR 851-021-0040	Organization and Administration	The Nursing Program will publish and maintain current policies related to admissions, advanced placement, transfer credit, progression, remediation,

OAR	Regulatory Requirement	TBCC LPN-RN Bridge Program Compliance
		graduation, appeals, and student complaints. Bridge students will be subject to the same policies as all ADN students.
OAR 851-021-0045	Faculty Qualifications	All bridge and ADN nursing faculty will hold active Oregon RN licensure and meet OSBN faculty qualification requirements. Faculty teaching bridge courses will possess expertise in adult health, leadership, maternal-child, mental health, and nursing education.
OAR 851-021-0050	Curriculum Requirements	The bridge pathway incorporates curriculum mapping, competency validation, and transition coursework to ensure students achieve all RN program outcomes. Bridge courses address identified gaps in leadership, delegation, clinical judgment, comprehensive assessment, maternal-child nursing, mental health nursing, population health, and RN scope of practice. Students complete all second-year ADN coursework and clinical experiences required of traditional ADN students.
OAR 851-021-0050(6)	Clinical Judgment and Nursing Practice Competencies	NURS 190 and NURS 192 provide focused instruction in clinical reasoning, prioritization, care coordination, delegation, management of complex patients, and evidence-based decision making. Competency is verified through simulation, case studies, examinations, and clinical evaluation.
OAR 851-021-0050(6)	Communication and Interprofessional Collaboration	Bridge students participate in simulation, care coordination activities, and interdisciplinary case studies designed to develop communication, teamwork, and collaboration skills expected of registered nurses.
OAR 851-021-0050(6)	Leadership and Delegation	NURS 190 specifically addresses delegation, supervision, assignment management, leadership, conflict resolution, and coordination of care. These competencies are evaluated through simulation and written assessments prior to progression into NURS 201.
OAR 851-021-0050(6)	Population and Community Health	NURS 190 incorporates population health, prevention, community assessment, health promotion, and care transitions to address RN competencies not typically emphasized in practical nursing education.

OAR	Regulatory Requirement	TBCC LPN-RN Bridge Program Compliance
OAR 851-021-0050(6)	Technology and Informatics	NURS 191 includes documentation, healthcare technology, clinical information systems, and electronic health record applications used to support clinical judgment and safe patient care.
OAR 851-021-0055	Student Policies and Advanced Placement	Advanced placement is awarded through transcript review, competency validation, skills assessment, simulation evaluation, and successful completion of bridge coursework. Credit is awarded only for demonstrated achievement of outcomes equivalent to first-year ADN curriculum requirements.
OAR 851-021-0055(3)	Advanced Placement Equivalency	The Nursing Program maintains a formal curriculum crosswalk demonstrating equivalency between practical nursing education, bridge coursework, and TBCC ADN program outcomes. Students must demonstrate competency before receiving advanced placement.
OAR 851-021-0055	Student Support and Remediation	Bridge students have access to tutoring, faculty advising, simulation remediation, academic support services, and individualized success plans consistent with TBCC Nursing Program policies.
OAR 851-021-0065	Facilities and Resources	TBCC provides laboratory facilities, simulation equipment, clinical placements, instructional technology, library resources, and student support services sufficient to support bridge students and existing ADN cohorts.
OAR 851-021-0070	Program Evaluation	Student learning outcomes, bridge progression rates, course success rates, NCLEX-RN performance, graduation rates, and employer feedback will be incorporated into the Nursing Program's existing systematic evaluation plan. Data from bridge students will be analyzed separately and as part of overall program evaluation efforts.
OAR 851-021-0012	Accreditation and Reporting Requirements	TBCC will maintain compliance with OSBN reporting requirements and submit all required substantive change documentation related to the implementation and evaluation of the bridge pathway.

Proposed Timeline

Phase	Timeline
Needs Assessment & Planning	Spring 2026
Curriculum Development	Spring/Summer 2026
Pilot Cohort Recruitment	Winter 2027
Program Launch	Summer 2027

Conclusion

An LPN-to-RN Bridge Program is a strategic addition to the college's allied health offerings. It meets pressing regional workforce demands, enhances the career trajectory of qualified professionals, and strengthens partnerships with healthcare providers. The program also contributes to institutional sustainability and educational access.

Appendix A
OSBN Curriculum Crosswalk

OSBN Required Curriculum Component	TBCC ADN Curriculum Location	Typical LPN Preparation	Identified Gap	Bridge Course(s) Addressing Gap	Competency Validation Method
Safety and Quality Improvement	NURS 101, 102, 201, 202, 203	Medication safety, infection prevention, patient safety	RN responsibility for quality improvement and systems thinking	NURS 190	Written assignments, simulation, exams
Clinical Judgment	NURS 101-103, 201-203	Care of stable patients using established plans of care	Prioritization of multiple patients, management of complex and unstable patients	NURS 192	Case studies, simulation, exams
Nursing Process	NURS 101-103	Implementation of nursing interventions	Independent development, evaluation, and revision of nursing plans of care	NURS 190, NURS 192	Care plans, simulation evaluation
Comprehensive Assessment	NURS 101, 201, 202	Focused assessment skills	Comprehensive RN assessment and interpretation of findings	NURS 191	Skills validation and simulation
Evidence-Based Practice	NURS 103, 203	Limited exposure	Application of evidence to nursing decision-making	NURS 190	Written assignments and presentations
Communication	Throughout Curriculum	Patient communication and reporting	Interprofessional communication and care coordination	NURS 190	Simulation and faculty evaluation
Interprofessional Collaboration	NURS 201, 202, 203	Team participation	Team leadership and coordination of care	NURS 190	Simulation and practicum evaluation
Population and Community Health	NURS 102, 203	Minimal emphasis	Community assessment, prevention, population health management	NURS 190	Community health project
Health Promotion and Disease Prevention	NURS 102, 103, 203	Individual patient education	Population-focused prevention strategies	NURS 190	Community health assignment
Cultural Humility and Inclusive Care	Throughout Curriculum	Basic exposure	Expanded application across populations and	NURS 190, NURS 193	Case studies and discussion

OSBN Required Curriculum Component	TBCC ADN Curriculum Location	Typical LPN Preparation	Identified Gap	Bridge Course(s) Addressing Gap	Competency Validation Method
			healthcare systems		
Mental Health Nursing	NURS 103D	Variable clinical exposure	RN-level psychiatric nursing and therapeutic communication	NURS 193	Exams and simulation
Maternal- Newborn Nursing	NURS 103D	Variable clinical exposure	RN-level obstetric and newborn nursing care	NURS 193	Exams and simulation
Pediatric Nursing	NURS 103D	Variable clinical exposure	RN-level pediatric assessment and family-centered care	NURS 193	Exams and simulation
Chronic Disease Management	NURS 102, 103	Strong preparation	Care coordination and management of complex chronic conditions	NURS 190, NURS 192	Case studies
Professionalism	NURS 203	Professional conduct expectations	RN accountability, scope of practice, professional role transition	NURS 190	Professional portfolio
NCLEX-RN Readiness	NURS 201N, 202N, 203N	NCLEX-PN preparation	RN-level clinical judgment and test plan competencies	NURS 192 plus ADN curriculum	Standardized testing

The TBCC LPN-to-RN Bridge Program awards advanced placement based on demonstrated equivalency of prior nursing education, competency validation, and successful completion of bridge coursework. The transition semester addresses identified gaps between practical nursing and registered nursing competencies and ensures achievement of curriculum outcomes required under OAR 851-021-0050. Students subsequently complete all second-year ADN coursework, clinical experiences, simulation activities, practicum requirements, and NCLEX-RN readiness courses required of traditional ADN students, ensuring equivalent program outcomes and eligibility for RN licensure.

Appendix B

Advanced Placement Admissions Policy

TBCC LPN-to-RN Bridge Program

Purpose

The purpose of this policy is to establish the criteria, procedures, and standards for advanced placement into the Tillamook Bay Community College (TBCC) Associate Degree Nursing Program through the LPN-to-RN Bridge Pathway.

This policy is intended to:

- Recognize prior nursing education and clinical experience obtained through an approved Practical Nursing Program.
- Ensure compliance with Oregon State Board of Nursing (OSBN) Division 21 Nursing Education Program Standards.
- Verify that students admitted through advanced placement pathways demonstrate achievement of equivalent nursing competencies and program outcomes.
- Ensure graduates of the LPN-to-RN Bridge Program meet the same end-of-program student learning outcomes as graduates of the traditional ADN pathway.

Regulatory Authority

This policy is developed in accordance with:

- OAR 851-021-0050 Curriculum Requirements
- OAR 851-021-0055 Student Policies and Advanced Placement
- TBCC Nursing Program Policies
- TBCC Credit for Prior Learning Policies

Policy Statement

TBCC recognizes that Licensed Practical Nurses have completed nursing education and demonstrated nursing competence through successful completion of an approved practical nursing program and licensure examination.

Advanced placement within the ADN curriculum is awarded only after verification of prior learning, review of educational preparation, competency validation, and successful completion of required transition coursework.

Advanced placement is not granted solely on the basis of licensure, employment experience, or length of practice.

Eligibility Requirements

Applicants seeking admission through the LPN-to-RN Bridge Pathway must:

Licensure Requirements

1. Hold a current unrestricted Oregon Licensed Practical Nurse (LPN) license.
2. Maintain unrestricted licensure throughout enrollment in the Nursing Program.

Educational Requirements

Applicants must:

1. Graduate from an approved Practical Nursing Program.
2. Submit official transcripts from all colleges attended.
3. Complete all prerequisite coursework required for admission into the TBCC Nursing Program.
4. Meet all published admission criteria.

Academic Requirements

Applicants must:

- Demonstrate readiness for advanced nursing coursework.

Additional Requirements

Applicants must maintain:

- Current CPR certification.
- Required immunizations.
- Background check clearance.
- Drug screening compliance.
- Clinical agency requirements.

Advanced Placement Evaluation Process

Advanced placement eligibility is determined through a comprehensive review process. The evaluation process includes:

1. Transcript Review
Faculty will review:
 - Practical Nursing Program transcripts.
 - Transfer coursework.
 - Science prerequisites.
 - General education requirements.
 - Coursework must demonstrate achievement of learning outcomes equivalent to TBCC ADN curriculum expectations.
2. Licensure Verification
Verification of:

- Active Oregon LPN license.
- Disciplinary history review when applicable.

3. Competency Validation

Applicants must demonstrate competency in areas including:

- Medication administration
- Dosage calculations
- Nursing process
- Patient assessment
- Documentation
- Communication
- Infection prevention
- Safety principles
- Basic nursing skills

Competency validation methods may include:

- Written examinations
- Skills assessments
- Simulation experiences
- Faculty evaluation

4. Clinical Readiness Assessment

Applicants may be required to demonstrate:

- Clinical judgment
- Prioritization
- Communication
- Professional behaviors
- Safe nursing practice

Bridge Coursework Requirement

All students admitted through advanced placement must successfully complete the bridge transition semester.

Required Courses

- NURS 151 Transition to Registered Nursing Practice - LPN
- NURS 151L Advanced Nursing Skills and Assessment
- NURS 152 Clinical Judgment and Complex Care
- NURS 153 Maternal-Child and Mental Health Nursing

Bridge coursework is designed to address identified differences between practical nursing education and registered nursing program outcomes.

Advanced Placement Award

Upon successful completion of the admission and competency validation process, students are awarded advanced placement recognition for achievement of learning outcomes substantially equivalent to first-year ADN coursework.

Advanced placement recognizes prior achievement in:

- Fundamental nursing care
- Medication administration
- Basic pharmacology
- Basic pathophysiology
- Non-acute care nursing
- Chronic disease management
- Patient education
- Documentation and communication

Advanced placement is contingent upon successful completion of required bridge coursework.

Curriculum Placement

Students admitted through the bridge pathway:

1. Complete the bridge transition semester
2. Progress into:
 - NURS 201 Introduction to Nursing Care in Acute Settings
 - NURS 201C Introduction to Nursing Care in Acute Settings Application
 - NURS 201N NCLEX-RN Readiness I

Students may not bypass bridge coursework or enter directly into second-year ADN courses without successful completion of all bridge requirements.

Competency Equivalency Standards

The Nursing Program maintains a curriculum crosswalk demonstrating alignment among:

- Practical Nursing Program outcomes
- Bridge Program outcomes
- TBCC ADN Program outcomes
- OSBN Division 21 curriculum requirements

Advanced placement is awarded only when faculty determine that equivalent learning outcomes have been achieved.

Transfer Credit and Credit for Prior Learning

Transfer credit and Credit for Prior Learning (CPL) are evaluated according to:

- TBCC institutional policies
- Nursing Program policies
- OSBN standards
- Curriculum equivalency standards

See Advanced Placement and Transfer Credit Policy

The Nursing Program reserves the right to:

- Require additional documentation
- Require competency validation
- Require remediation
- Deny advanced placement when equivalency cannot be verified

Progression Requirements

Students admitted through advanced placement must:

- Meet all Nursing Program grading standards.
- Successfully complete all bridge courses.
- Demonstrate competency in laboratory and simulation activities.
- Meet all progression requirements applicable to traditional ADN students.
- Successfully complete all second-year nursing coursework.

See Nursing Program Handbook Progression Policy

Program Outcome Assurance

Students admitted through the LPN-to-RN Bridge Pathway must achieve the same end-of-program outcomes as students admitted through the traditional ADN pathway.

No graduation requirements, clinical requirements, simulation requirements, or program outcomes are waived through advanced placement.

Approval Authority

The Dean of Nursing and Allied Health, in consultation with Nursing Faculty, is responsible for implementation and oversight of this policy.

The Nursing Program reserves the right to revise advanced placement procedures as necessary to maintain compliance with OSBN regulations, accreditation standards, and institutional policies.

Appendix C

Advanced Placement and Transfer Credit Policy

The TBCC Nursing Program recognizes prior academic achievement, healthcare experience, military education, and validated competency-based learning through advanced placement and transfer credit processes consistent with TBCC Experiential Learning Policy 408 and Oregon State Board of Nursing (OSBN) requirements. Students seeking admission into the TBCC Paramedic or LPN-to-RN Bridge pathway may be awarded advanced placement and transfer credit through evaluation of prior coursework, licensure, certifications, military education, and documented experiential learning.

Experiential Learning Policy (TBCC Policy 408.1)

Experiential learning is the process whereby a student receives credit for experience or information gained outside of the traditional academic setting. Tillamook Bay Community College awards experiential learning credit through the following methods:

- Cooperative Education and Experience courses within the college catalog, including internships, work experiences, and clinical practices;
- Credit by Examination, including:
 - Advanced Placement (AP),
 - International Baccalaureate (IB),
 - College Level Examination Program (CLEP),
 - DANTES/DSST examinations;
- Military service credit;
- Transfer credit from accredited institutions; and
- Credit for Prior Learning (CPL) according to Oregon state guidelines and institutional policy.

Credit for Prior Learning (TBCC Policy 408.2)

Credit for Prior Learning (CPL) allows students to demonstrate knowledge and skills acquired through prior education, employment, military service, certifications, licensure, or other experiential learning.

Students requesting CPL may be required to submit:

- Official transcripts,
- Licensure verification,
- Course descriptions or syllabi,
- Competency assessments,
- Skills validations,
- Professional certifications,
- Portfolio documentation,

- Employment verification,
- Examinations or demonstrations of competency.

CPL is based upon assessment of documented learning and demonstrated competency; it is not a graded process. Awarded credit is documented on the student transcript as Credit for Prior Learning.

Students intending to transfer CPL credits to another institution are responsible for verifying acceptance policies with the receiving institution.

Nursing Program Advanced Placement Requirements

Advanced placement within the TBCC Nursing Program is determined through administrative review of prior education and demonstrated competency consistent with current nursing program outcomes and OSBN Division 21 requirements. For Paramedic-to-RN Bridge applicants, advanced placement evaluation may include:

- Verification of current Oregon paramedic licensure or NREMT certification;
- Verification of current Oregon LPN licensure
- Review of paramedic or LPN education transcripts;
- Assessment of prior healthcare experience;
- Completion of prerequisite coursework;
- Skills competency validation;
- Challenge examinations;
- Dosage calculation assessments;
- Clinical readiness evaluation;
- Completion of designated transition coursework.

Advanced placement credit is awarded course-by-course and only for demonstrated college-level learning equivalent to current TBCC nursing curriculum outcomes.

Transfer Credit Evaluation

Transfer credits from regionally accredited institutions will be evaluated according to:

- TBCC institutional transfer policies,
- Nursing curriculum equivalency,
- Oregon State Board of Nursing standards,
- Course recency requirements,
- Program learning outcomes.

Science and nursing coursework may be subject to recency requirements determined by the Nursing Program.

The Nursing Program reserves the right to require additional competency validation, transition coursework, laboratory evaluation, simulation assessment, or clinical remediation when necessary to ensure student readiness for progression.

Standards for Experiential Learning Credit (TBCC Policy 408.3)

All experiential learning credit awarded by TBCC conforms to the standards of the Council for Adult and Experiential Learning (CAEL), including:

1. Credit is awarded only for learning, not for experience alone;
2. Credit is awarded only for college-level learning;
3. Credit reflects an appropriate balance between theoretical knowledge and practical application;
4. Competency determinations are made by qualified faculty and subject matter experts; and
5. Credit is awarded on a course-by-course basis rather than in block credit formats.

Compliance with OSBN Requirements

The TBCC Nursing Program ensures that all students receiving advanced placement or transfer credit meet the equivalent outcomes of the current nursing curriculum in accordance with:

- OAR 851-021-0055(3),
- OAR 851-021-0050,
- TBCC institutional policy,
- Applicable accreditation standards.

Students admitted through advanced placement pathways must successfully complete all required transition, didactic, laboratory, simulation, and clinical components necessary to achieve program outcomes and eligibility for graduation.

Appendix D

TBCC Nursing Program: Progression and Course Failure Policy

Purpose

To outline the standards required for academic progression in the TBCC Nursing Program and clarify procedures following course failure or withdrawal.

Policy Overview

The TBCC Nursing Program is structured in a sequenced manner, with each course building upon the previous one. Students must meet academic and progression standards to continue to the next course in the sequence. Course failure or performance below progression standards may impact a student's ability to remain in or reenter the program.

Courses Requiring Sequential Progression

Students must complete all of the following courses in order and with required minimum grades

- First term: NURS 101, 101C, 101D
- Second Term: NURS 102, 102C, 102D
- Third Term: NURS 103, 103C, 103D
- Fourth Term: NURS 201, 201C, 201N
- Fifth Term: NURS 202, 202C, 202N
- Sixth Term: NURS 203, 203C, 203N

Progression Standards

To move forward in the program, **all** of the following conditions must be met:

1. Minimum Course Grade
 - A 75% cumulative average in all courses.
 - Grades are not rounded (e.g., 74.99% does not round to 75%).
2. Exam Requirements
 - A 75% cumulative exam average in courses with graded exams.
 - For pass/fail exams, the student must pass all exams.
3. Clinical / Application Course Requirement
 - Related clinical or application courses must be passed to progress.

Academic Probation for Exam Average

In special circumstances, a student who does not meet the 75% exam average may progress **once** in the program *on academic probation* if all of the following are met:

1. The student has at least a **75% cumulative course score**.
2. The student passed the related clinical/application course.
3. The student has **never previously been on academic probation**.

4. The student agrees to terms of an individualized probation plan approved by the Dean.
5. The student completes an approved remediation plan with scheduled faculty meetings.
6. The student remains compliant with all probation and remediation requirements.

Students may use academic probation for exam-related deficiencies only once during the program, and students who are exited may reapply if they are otherwise eligible. However, students who are on behavioral probation are held to stricter standards; a student on behavioral probation who is unsuccessful in any course will be permanently exited from the program and will not be eligible to reapply.

Course Failure

1. Failure in First Term Courses

If a student fails any first-term course (NURS 101, 101C, 101D), The student must

- Reapply as a new applicant and undergo the full admission process.
- Submit a letter that discusses
 - Barriers that contributed to unsuccessful performance
 - A specific, measurable success plan for future coursework

2. Failure After First Term

- If a student fails any nursing course after the first term the student will meet with the course instructor(s) and/or the Dean of Nursing & Allied Health.
- The student must petition for reentry by submitting a letter within one week addressing
 - Barriers that contributed to unsuccessful performance
 - A specific, measurable success plan for future coursework

Reentry is not guaranteed and depends on:

- Space availability
- Faculty and Dean approval

3. Second Course Failure

If a student is unsuccessful in any second nursing course, regardless of term

- The student is permanently dismissed from the program
- The student is not eligible to reapply

Withdrawals

If a student withdraws from a course while not in good standing (failing at the time of withdrawal):

- The withdrawal is considered a course failure
- A second failure results in permanent dismissal

Program Completion Timeline

All required nursing courses must be completed **within 3 years** of initial program entry.

Appendix E

Remediation

Purpose

The remediation process aims to support students at risk of failing a course due to difficulties in meeting course objectives and requirements. It supplements the student's learning without replacing the course curriculum or requirements. The process is initiated in the following circumstances:

- Academic Risk: Low quiz or exam scores.
- Lack of Clinical Competency: Failing a clinical competency or math exam, or displaying unsafe behavior in a clinical setting.
- Lapse in Professional Behavior: Tardiness, absenteeism, or unprofessional behavior.

Procedure

For students struggling in multiple areas, separate remediation plans are established for each issue. Faculty initiate the remediation process as soon as an at-risk student is identified. The faculty member meets with the student to discuss the concerns and develop an individualized remediation plan, documented on the "Academic Support and Success" form. The plan must adhere to these guidelines:

- Clear description of deficiencies: Identify specific areas of weakness.
- Measurable goals: Set specific, measurable goals for the student to achieve.
- Individualized activities: Tailor activities to address the student's weaknesses. These may include computer-based practice tests, written review materials, practice questions, instructor-developed materials, hands-on laboratory skill practice, or other methods suggested by the faculty.
- Time frame: Establish and document a completion deadline.
- Signatures: Both faculty and student must sign the Success Plan form.

Once signed, the student has until the established deadline to meet the remediation outcomes. Faculty will support the student, but the student is responsible for requesting additional assistance as needed.

After the deadline, the faculty member meets with the student to evaluate whether the remediation outcomes have been met. If the outcomes are successfully achieved, the Success Plan is completed and signed by both parties. If not, the remediation is deemed unsuccessful. Unsuccessful remediation means the student has not mastered a critical course objective or requirement, resulting in a non-passing grade and the need to repeat the course. For failures in a didactic course with a co-requisite clinical course, the student may need to withdraw from the clinical course. This decision is made by the Dean and course instructor(s) on a case-by-case basis.



Oregon

Tina Kotek, Governor

Board of Nursing
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www.oregon.gov/OSBN

MEMORANDUM

To: Oregon State Board of Nursing Members

From: Dr. Laura Blackhurst, PhD, RN, CNE, CNL, Policy Analyst, Nursing Education

Date: July 30th, 2026

Re: University of Portland OAR 851-021-0045(3)(a) Exception Request

The University of Portland has submitted an exception request to OAR 851-021-0045(3)(a), which requires that APRN program administrators hold current national certification with the same population focus as the educational program.

The University currently offers a Family Nurse Practitioner program and is developing an upcoming proposal for a Psychiatric Mental Health Nurse Practitioner program. They are hoping for approval to appoint an Adult Nurse Practitioner as their graduate program director, with appropriately certified faculty serving as track leads and teaching within the program.

This request is in alignment with recommendations from the National Organization of Nurse Practitioner Faculties, National Task Force for Quality Nurse Practitioner Education, which supports the appointment of an otherwise qualified APRN program administrator if the program faculty has expertise that covers the scope of the population focus.

M.S.C. _____/_____ that University of Portland's nurse practitioner program (be/not be) granted an exception to OAR 851-021-0045(3)(a).

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A Safe and healthy Oregon promoted through a healthy and diverse nursing workforce.

July 31, 2026

Oregon State Board of Nursing

Via: email

RE: request for Exception to OAR 851-021-0045 3.(a)

Dear Board Members,

I am writing to provide supplemental context for my request for an exception to OAR 851-021-0045 3.(a), which indicates that:

A program administrator of a Nurse Practitioner (NP) education program must have a current national certification with the same population focus of the educational program.

I recently notified the Board that Chris Harsell, DNP, ANP, would be the director of graduate programs, and that Joy Mocerri DNP, FNP would be the track lead for the DNP-FNP to adhere to the OSBN rule. As I investigated the national guidelines, I discovered that according to NONPF's National Task Force (NTF) for Quality Nurse Practitioner Education guidelines for program administrators, as long as there are faculty with the needed expertise, which we have, the administrator does not have to have the same NP certification as the track they lead:

National board certification(s) as an NP in the population focused area of the track, specifying primary and/or acute care if certified in adult-gerontology or pediatrics.—If the faculty member is an NP but is not nationally board certified as an NP in the population focus of the NP track, to include primary or acute distinctions, documentation must be provided of the qualifications and experiences of the individual overseeing the track. This documentation should demonstrate that the other NP faculty members teaching in the track have expertise to cover the full scope of the population focus.

I make this request because of the extra burden this will place upon faculty to have to serve as a track lead while maintaining scholarship requirements and teaching responsibilities for what is currently a small program. Very shortly, I will be sending a full proposal for a PMHNP program, and having to find a director who is BOTH a PMHNP and FNP will be nearly impossible. Further the use of an NP for administration of a track, when the director is more than able to lead multiple programs, is a heavy burden on our resources during the faculty shortage crisis, especially at the advanced practice level that we are facing.

I appreciate the Board's decision to be more congruent with national accreditation standards for the BSN, and I would be thrilled if the same could be true for advanced practice degrees.



Please let me know if I can provide additional information.

Sincerely,

Joane

A handwritten signature in black ink that reads "Joane T. Mocerri".

Joane T. Mocerri, PhD, RN
University of Portland
School of Nursing and Health Innovations
University of Portland
mocerri@up.edu
503-943-8144

EBAS delivers evidence-based insight into an examinee's ethical reasoning, decision making and critical thinking so your board can make confident, informed decisions about your licensee's path back to licensure.

Our rigorous assessments ask professionals to navigate real, complex moral dilemmas, revealing how they think critically and solve nuanced problems.

Whether you're a leader in healthcare, law, financial services, or beyond, we'll help you make disciplinary decisions with confidence, build public trust in your profession, and chart a course to industry-wide growth.

FAQ

Our Evidence-Backed Approach, Explained

› How does the EBAS assessment process work?

The board will select which EBAS assessment domains are required for their examinee. The examinee then registers for the assessment at ebas.org.

The assessment is conducted at proctored testing centers nationwide. Examinees have 60 minutes to complete the assessment, and results are sent to the board and the examinee within 7–10 business days. The examinee is responsible for the assessment cost.

› Can we customize the assessment to a specific profession or violation?

Yes. EBAS scenarios can be tailored to professions and violations, ensuring that each examinee is evaluated on situations relevant to their own conduct and scope of practice. The strength of EBAS lies in how it measures an examinee's ability to apply critical thinking and sound judgment to scenarios that mirror the types of violations they've faced in a professional setting.

› What happens if an examinee fails the EBAS assessment?

A failing score indicates that an examinee doesn't fully understand a violation, its consequences, and how to work toward a solution. If a test-taker fails, they have the option to redo the assessment one time within a three-month window to demonstrate adequate improvement in their ethical reasoning abilities.

› How do examinees prepare for the EBAS assessment? Is there a study guide?

While we don't provide a detailed study guide, as that would interfere with the validity of the assessment, we encourage examinees to review the example scenarios and assessment prompts posted on our website. This will give them an idea of the types of critical thinking we'll be assessing in our exam.



What Is EBAS?

EBAS is a scenario-based ethics assessment tool developed to help regulatory boards make informed, confident decisions after a licensee violation.

Unlike traditional multiple-choice ethics exams, EBAS presents real-world, open-ended case scenarios that assess how a licensee critically thinks through complex ethical dilemmas. There is never a cost for the board to receive results or refer their licensees, and results are typically sent to licensees and the referring board within 5-7 business days.

With any questions about EBAS assessments or inquiries about partnership, please **reach out to us online** or email Bradley Guye at BGuye@ebas.org. Thank you!

About Our Evidence-Backed assessments

EBAS has five unique categories of assessment areas: Fraud, Boundaries, Substance, Unprofessional Conduct, and Professional Standards.

Your licensee is required to provide essay-based answers that are specific to four unique sections: Introduction, Consequences, Solutions, and Public Protection. We assess not only the individual's ethical decision-making as it relates to their own actions, but also how those decisions impact secondary stakeholders, including patients, colleagues, and the broader community.

Each assessment costs \$400 per scenario and is paid directly by the licensee.



How EBAS Empowers Regulatory Boards

Boards appreciate EBAS because it provides:

- Objective, third-party evaluation
- Detailed scoring rubrics tied to professional judgment, risk assessment, and ethics
- Clear documentation to support board decisions and case closure
- Flexibility to customize scenarios to a specific profession or type of violation

EBAS assessments are designed to help boards:

- Evaluate a licensee's insight into a violation
- Understand their reasoning and recognition of consequences
- Determine their readiness for continued or reinstated practice

EBAS is used by regulatory boards across professions as part of:

- Consent Orders
- Remediation Strategies
- Reinstatement Requirements
- Monitoring Agreements
- Disciplinary Orders

Boards frequently assign the EBAS assessment to licensees who have violated ethical or professional boundaries. It becomes a **key component of a corrective action plan**, helping boards assess not only whether the licensee acknowledges the infraction, but also whether they've gained the ethical insight needed to avoid future violations.

Assessment Logistics

On the day of the EBAS assessment, the licensee will arrive at a secure, proctored Prometric testing center. They must bring a valid, government-issued photo ID that matches the name used during registration. They should arrive at least 30 minutes early to allow time for check-in and security procedures.

The assessment will be administered in a quiet, monitored environment and must be completed within 60 minutes. The licensee will be presented with a real-world ethical scenario that is related to their violation and asked to provide written responses that demonstrate their reasoning, boundary recognition, and professional judgment.

Once complete, their responses will be submitted for review and scored by trained assessors, then sent to both the licensee and their regulatory board within 5-7 business days.

Interested in Partnership?

EBAS provides an efficient, objective foundation for your organization to make sound decisions. If you'd like to take the next step, [reach out online](#) or email Bradley Guye at BGuye@ebas.org

Thank you!



Multiple graders with regulatory experience thoroughly review each EBAS exam and quantify how well the examinees' responses adhere to the scoring rubric.

➤ **How often do scenarios get evaluated and updated?**

Continuously. EBAS is committed to staying in stride with ethical best practices across all sectors, and our exams evolve to fulfill that commitment.

➤ **How does EBAS ensure that the assessment accurately measures an examinee's moral and ethical compass?**

The EBAS assessment is designed to go beyond basic ethics questions and scenarios, instead evaluating how the examinee thinks through real-world ethical challenges. The assessment presents realistic scenarios where the correct answer isn't obvious, mirroring the daily challenges examinees face. Each assessment is graded by trained evaluators using a structured rubric to quantify boundary recognition, professional judgment, and ethical reasoning.

➤ **Does the EBAS assessment accurately measure recidivism?**

The EBAS assessment is not designed to measure recidivism. However, it plays a vital role in helping boards understand a professional's grasp of ethical reasoning. EBAS evaluates whether an examinee can recognize violations, understand their consequences, and articulate corrective solutions.

EBAS strengthens your board's ability to make informed, defensible decisions.

➤ **How many EBAS assessments do you recommend examinees take?**

We recommend administering at least three EBAS assessments during the examinee's monitoring or remediation period. However, we've seen strong benefits when boards choose to implement four or more assessments.

Assigning more EBAS assessments provides a clearer, more consistent picture of an examinee's ethical decision-making patterns and a more accurate baseline of their ethical and moral compass. By conducting multiple assessments, the board gains a more reliable understanding of how the examinee comprehends ethical principles and applies them.

Take the Guesswork Out of Ethics with EBAS

EBAS empowers regulatory boards to make confident, defensible decisions by providing clear insight into how professionals approach real-world ethical challenges. **Ready to elevate your board's ethical oversight?** Email us at admin@ebas.org or [reach out to us online](#).

Thank you!





How to Interpret EBAS Results: A Guide for Boards

The EBAS assessment shows how a licensee analyzes real-world ethical dilemmas. The EBAS assessment uses open-ended scenarios to reveal reasoning, judgment, and recognition of boundaries. This gives boards objective evidence to support confident, defensible decisions.

How to Read Results

The report provides results across five domains: Boundaries, Fraud, Professional Standards, Substance Abuse, and Unprofessional Conduct.

Each domain is evaluated through four sections that represent key aspects of ethical reasoning: Opinion, Consequences, Protection, and Solutions. Each section is scored on a scale from 0 to 4, resulting in a total domain score between 0 and 16.

A passing score requires a minimum of 12 points in each domain. Section scores highlight areas of strength and those needing improvement in ethical reasoning, as defined in the scoring rubric.

FURTHER READING

See the **EBAS Sample Assessment & Rubric** for definitions and scoring criteria.

What the Results Mean

A Passing Score

shows the licensee has sufficient ethical reasoning. It also sets an accountability baseline: if issues come up later, boards can treat them as willingness problems, not knowledge gaps.

A Not-Passing Score

highlights a knowledge gap and points to remediation and future reassessment.

Both outcomes create a defensible record for board judgment. Final decisions stay with the board.

Sample Score Reports

Each report clearly shows whether the standard was met. Passing requires 12 total points (green highlight). Scores below 12 do not meet the standard (red highlight).

Ethics and Boundaries Assessment Services Score Report																													
Name: JESSICA ALVARADO		Exam Date: 2/28/2024 08:47																											
Agency: Ohio COWAIT Board		DOB: 10/19/1993																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Section</th> <th style="width: 10%;">Score</th> <th style="width: 10%;">Passing Score</th> <th style="width: 10%;">Status</th> <th style="width: 10%;">Comments</th> </tr> </thead> <tbody> <tr> <td>Identifying Significant Situations</td> <td>1</td> <td>2</td> <td>Fail</td> <td></td> </tr> <tr> <td>Consequences</td> <td>1</td> <td>2</td> <td>Fail</td> <td></td> </tr> <tr> <td>Intuition</td> <td>1</td> <td>2</td> <td>Fail</td> <td></td> </tr> <tr> <td>Public Protection</td> <td>1</td> <td>2</td> <td>Fail</td> <td></td> </tr> </tbody> </table>					Section	Score	Passing Score	Status	Comments	Identifying Significant Situations	1	2	Fail		Consequences	1	2	Fail		Intuition	1	2	Fail		Public Protection	1	2	Fail	
Section	Score	Passing Score	Status	Comments																									
Identifying Significant Situations	1	2	Fail																										
Consequences	1	2	Fail																										
Intuition	1	2	Fail																										
Public Protection	1	2	Fail																										
Please note: - Test questions are randomized; this document reflects results. - Minimum passing score: 3/4.																													

See our [Board Frequently Asked Questions](#) for guidance on interpreting results and applying them in board processes.

Sample Scenario

A physician engaged in a personal relationship with a patient. During the course of the personal relationship, the physician prescribed Ativan, Tylenol III, Lorazepam, and, Vicodin medications. The physician wrote a prescription order to the patient for Ativan on a prescription order form from one of the medical offices which had been closed for some time. The physician did not record or maintain a patient record of his evaluation and treatment of this patient, nor chart prescription orders prescribed to this patient.

EXAMINEE INSTRUCTIONS

Compose an essay response for the case scenario below. The essay response is divided into four components: introductory opinion statements, consequences, public protection, and solutions. One hour is allotted for completion. While grammar, punctuation, and spelling are considered, the content and expression of your response carry more weight in scoring.

Introductory Opinion Statements

Present statements about the ethical issues and concerns involved in the given scenario. Additionally, identify when and how the licensee in the scenario disregarded professional conduct standards.

Consequences

Discuss the consequences that could arise from the scenario to all direct and indirect parties.

Public Protection

Explain how and why the actions of the licensee in the scenario compromise community safety and welfare.

Solutions

Identify the actions needed to resolve the ethical violation(s) described in the scenario and include what could prevent such violation(s) from occurring in the future.



Rubric

	Intro opinion statements	Consequences	Public protection	Solutions
Outstanding SCORE: 4	- comprehensively identifies and summarizes the ethical issues - comprehensively explains when and how the ethical issues are problematic or questionable - identifies embedded or implicit issues, addressing their relationships to each other	- comprehensively identifies short-term, long-term, tangible, and intangible consequences of the ethical violation(s), including those implicit in the assumptions and implications of positions and arguments - identifies all directly involved parties - comprehensively identifies indirectly involved parties	provides comprehensive explanation on how and why the ethical violation(s) compromise community safety and welfare	- comprehensively explains how, why, and which main methods are needed to resolve and prevent the ethical violation(s) - describes potential alternative methods of working on the problem(s)
Sufficient to pass SCORE: 3	- identifies and summarizes the main ethical issues - explains when and how the ethical issues are problematic or questionable	- identifies the main short-term, long-term, tangible, and intangible consequences of the ethical violation(s) - identifies all directly involved parties - identifies the majority of indirectly involved parties	explains how and why the ethical violation(s) compromise community safety and welfare	explains how, why, and which methods are most relevant for resolving and preventing the ethical violation(s)
Insufficient to pass SCORE: 2	- identifies the main ethical issues - fails to summarize or adequately explain when and how the ethical issues are problematic or questionable	- fails to adequately identify the main short-term, long-term, tangible, and intangible consequences of the ethical violation(s) - identifies all directly involved parties - fails to adequately identify indirectly involved parties.	provides an incomplete explanation on how and why the ethical violation(s) compromise community safety and welfare	incompletely explains how, why, and which methods are most relevant for resolving and preventing the ethical violation(s)
Extremely insufficient SCORE: 1	fails to identify, summarize, and explain any of the ethical issues	- fails to identify any of the short-term, long-term, tangible, and intangible consequences of the ethical violation(s) - fails to identify all directly involved parties - fails to identify any of the indirectly involved parties	fails to provide any explanation on how and why the ethical violation(s) compromise community safety and welfare	fails to provide any explanation on how, why, and which methods are most relevant for resolving and preventing the ethical violation(s)

How Our Ethics Assessment Gives Boards a Strong, Objective Foundation for Decision-Making

The Ethics and Boundaries Assessment (EBAS) is designed to measure how well professionals understand and respond to ethical challenges.

It covers five key areas: Boundaries, Fraud, Professional Standards, Substance Abuse, and Unprofessional Conduct. In this study, over 100 participants completed the full assessment, and each response was scored by multiple trained graders. Overall, the scores were solid as most responses were relevant and thoughtful, showing that the tool can capture a range of ethical thinking and judgment.

100
Participants

562
Total Evaluations

KEY FINDINGS

- > **Excellent Validity and Reliability**
- > **Strong Structure**
- > **Appropriate Dimensionality**

Generating Detailed Insights

EBAS uses several research methods to confirm the strength of its design. Together, they show the assessment delivers both detailed category-level insights and a reliable overall picture of ethical awareness.

CONFIRMATORY FACTOR ANALYSIS

A confirmatory factor analysis tested whether the five domains stand independently while still forming one larger picture of ethical awareness. Results confirmed both: the test provides clarity within each domain and also captures an overall measure of ethical mindset.

RELIABILITY ACROSS DOMAINS

Each domain showed high internal consistency, meaning items within a domain measure the same skill without redundancy. The domains are related yet distinct, striking the right balance of overlap and separation so EBAS captures different dimensions of ethics without repetition.

ITEM RESPONSE THEORY

A modern scoring method, item response theory, showed the assessment distinguishes performance across a wide range, from early understanding to advanced reasoning.

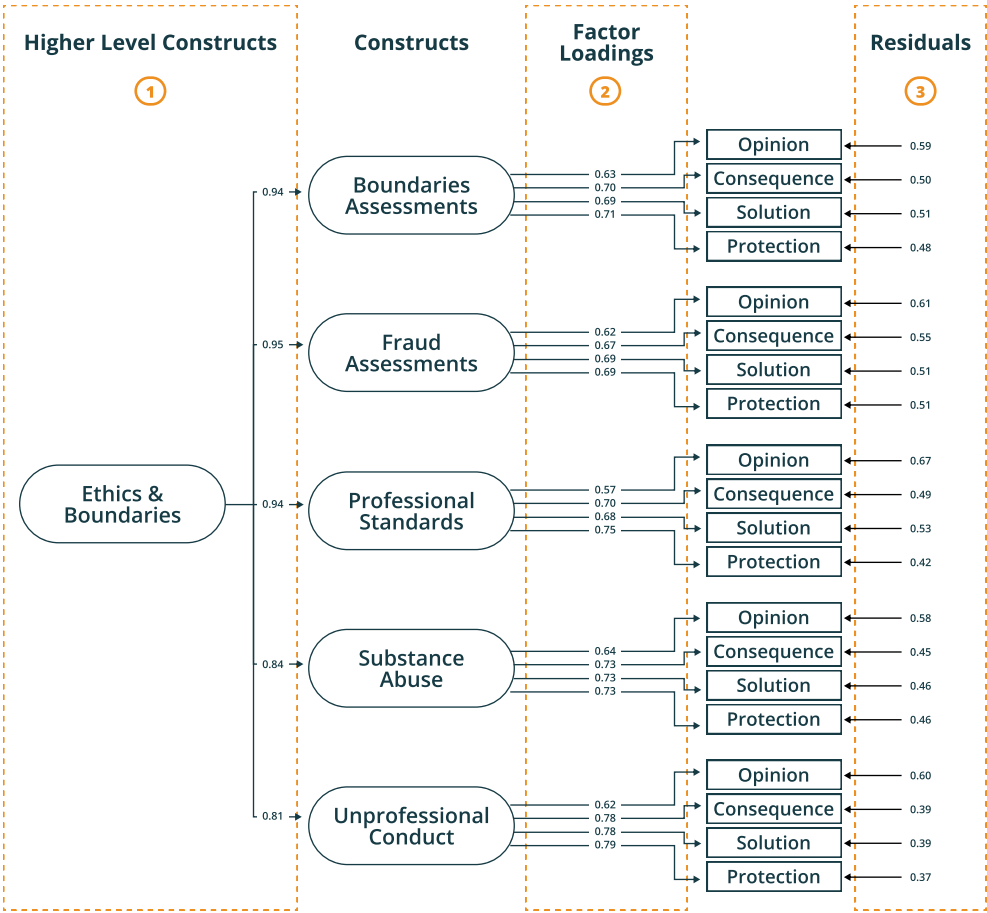
The EBAS structure is multi-dimensional and unified. Scores can highlight where someone excels or struggles, while an overall score captures their broader ethical approach. This flexibility serves many contexts, from screening to post-violation evaluation.

RECOMMENDED NUMBER OF ASSESSMENTS

Research shows EBAS yields the clearest insights when examinees complete at least three assessments during monitoring or remediation. Boards that assign four or more often see stronger results because patterns become clearer and single outliers matter less. Multiple data points create a more consistent picture of ethical reasoning and a more reliable baseline for decisions.

The Evidence-Backed Power of EBAS: A Visual Breakdown

FACTOR ANALYSIS: PROVING EBAS’S FIVE DISTINCT DOMAINS



WHAT THIS MEANS

The factor analysis confirms EBAS measures five distinct ethical domains with strong reliability. Each domain stands on its own while also connecting to a broader picture of ethical awareness. Minimal residuals indicate the assessment avoids bias and redundancy, producing dependable, balanced results.

		Boundaries Assessments				Fraud Assessments				Professional Standards				Substance Abuse				Unprofessional Conduct			
		O	C	S	P	O	C	S	P	O	C	S	P	O	C	S	P	O	C	S	P
BA	Opinion	(0.79)																			
	Consequence	0.47	(0.78)																		
	Solution	0.37	0.50	(0.8)																	
	Protection	0.42	0.46	0.56	(0.81)																
FA	Opinion	0.45	0.33	0.37	0.44	(0.84)															
	Consequence	0.40	0.51	0.40	0.39	0.36	(0.81)														
	Solution	0.44	0.39	0.47	0.43	0.48	0.48	(0.84)													
	Protection	0.44	0.43	0.45	0.56	0.43	0.45	0.49	(0.87)												
PS	Opinion	0.42	0.34	0.30	0.39	0.44	0.34	0.41	0.35	(0.81)											
	Consequence	0.39	0.52	0.43	0.41	0.32	0.55	0.41	0.45	0.94	(0.81)										
	Solution	0.39	0.46	0.44	0.42	0.42	0.41	0.44	0.42	0.94	0.94	(0.82)									
	Protection	0.41	0.45	0.42	0.54	0.46	0.49	0.51	0.54	0.94	0.94	0.94	(0.86)								
SA	Opinion	0.36	0.31	0.32	0.26	0.35	0.28	0.28	0.30	0.34	0.31	0.31	0.31	(0.82)							
	Consequence	0.33	0.42	0.36	0.34	0.32	0.40	0.32	0.33	0.33	0.42	0.35	0.42	0.54	(0.83)						
	Solution	0.29	0.34	0.46	0.32	0.33	0.34	0.37	0.31	0.31	0.32	0.37	0.35	0.55	0.62	(0.82)					
	Protection	0.32	0.39	0.40	0.42	0.32	0.36	0.35	0.37	0.31	0.36	0.35	0.51	0.54	0.58	0.58	(0.82)				
UC	Opinion	0.32	0.24	0.27	0.19	0.27	0.24	0.22	0.24	0.26	0.21	0.23	0.23	0.48	0.40	0.47	0.41	(0.81)			
	Consequence	0.38	0.40	0.42	0.35	0.32	0.45	0.35	0.34	0.31	0.45	0.36	0.42	0.48	0.57	0.55	0.50	0.59	(0.84)		
	Solution	0.32	0.35	0.45	0.33	0.28	0.31	0.30	0.31	0.28	0.34	0.38	0.35	0.47	0.50	0.63	0.50	0.62	0.68	(0.87)	
	Protection	0.37	0.39	0.42	0.39	0.29	0.33	0.32	0.39	0.31	0.36	0.37	0.45	0.47	0.52	0.57	0.57	0.62	0.66	0.70	(0.86)



WHAT THIS MEANS

The MTMMM is a psychometric method that checks whether an assessment measures what it claims. For EBAS, the matrix shows:

- **Consistency:** Responses within each domain line up reliably.
- **Validity:** The five domains remain distinct, not blurred together.
- **Reliability:** Patterns hold steady across method variants.
- **Fairness:** Minimal overlap between unrelated categories reduces bias.

Together, these results confirm EBAS produces trustworthy, repeatable outcomes across professions.

The Bottom Line

EBAS is a trustworthy, research-backed tool that delivers a clear view of ethical decision-making across five key areas.

It is reliable, well structured, and grounded in solid data. For professional regulation, HR, and healthcare administration, it offers a defensible way to measure and support decisions about ethical behavior.

