



March 4, 2026

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224

Honorable Board Members,

I am writing to express concern regarding the proposed rulemaking change that would allow entry into Advanced Practice Registered Nurse (APRN) practice through master's degree programs in Oregon. By previously establishing doctoral education as the standard for entry into APRN practice, the Oregon State Board of Nursing demonstrated national leadership in recognizing the level of preparation necessary for advanced clinical roles.

The American Association of Colleges of Nursing (AACN) strongly advocates for the Doctor of Nursing Practice (DNP) as the appropriate level of education for APRNs. Several advanced practice disciplines have already adopted this standard; for example, nurse anesthesia programs accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) now require the doctoral degree for entry into practice. Additionally, the National Organization of Nurse Practitioner Faculties (NONPF) has endorsed the transition of nurse practitioner education to the DNP level for over a decade.

The complexity of today's healthcare environment further reinforces the need for doctoral preparation. Rapid expansion of clinical knowledge, increasing patient acuity, national concerns related to quality and patient safety, workforce shortages, and rising expectations for interprofessional leadership all require advanced practitioners to possess the highest level of clinical, scientific, and systems-based expertise.

Doctor of Nursing Practice programs are now widely established across the United States. DNP programs are available in all 50 states and the District of Columbia. As of 2025, over 439 schools of nursing are currently enrolling students in Doctor of Nursing Practice (DNP) programs and more than 100 additional programs are now planning to transition to the DNP as an entry level to practice.

Advanced practice nurses are critically needed, particularly in rural and underserved communities. Ensuring these providers receive the highest level of preparation is essential to meeting the complex healthcare needs of the populations they serve. Doctoral education equips



APRNs with advanced clinical, leadership, quality improvement, and systems-level competencies necessary to improve healthcare delivery and patient outcomes.

For these reasons, George Fox University remains committed to developing Doctor of Nursing Practice programs as the entry pathway for APRN preparation to help address workforce needs across Oregon and beyond. I respectfully urge the Board to reconsider this proposed rulemaking change. By remaining in alignment with currently nationally recognized standards of practice guidelines, Oregon will continue to serve as a leader in high quality healthcare delivery and practice. Eventually, it would be hoped that the DNP program would be identified as the standard for entry to practice for out of state and online programs currently working with students in Oregon as well.

I thank you in advance for your time and consideration regarding this matter. Your service as a leader on the Oregon Board of Nursing is greatly appreciated. Please feel free to contact me should you have any questions or require additional information regarding this letter.

Cordially,

April Phillips, DNP, PMHNP-BC, FNP-C
Director, DNP-PMHNP Program
George Fox University
aphillips@georgefox.edu
505-577-8993

Reference

AACN (June, 2025). AACN Fact Sheet: The Doctor of Nursing Practice (DNP).
<https://www.aacnnursing.org/news-data/fact-sheets/dnp-fact-sheet#:~:text=In%20a%202005%20report%20titled,statement%20issued%20in%20April%202023.>

National Organization of Nurse Practitioner Faculties (NONPF). NONPF Nurse Practitioner Role Competencies Table. Updated 2022.



National Organization of Nurse Practitioner Faculties (NONPF)(April 2023). Reaffirming the Doctor of Nursing Practice Degree: Entry to Nurse Practitioner Practice by 2025.



March 4, 2026

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224

Dear Board Members,

I am writing to express concern about the potential rule making change to APRN education in Oregon, allowing master's degree programs for entry into practice for APRN's. By requiring entry into practice APRN's to have a doctoral education, OSBN was a front runner in seeing the needs and high-level education necessary for APRN's. While the master's degree remains a current, valid route into APRN practice, other nursing education organizations see the need for doctoral education as entry into practice for APRNs. AACN heavily promotes the Doctor of Nursing Practice (DNP) as the appropriate level of education for advanced practice. Many organizations, including those for Nurse Anesthesia (COA), have already moved to the DNP for entry-level practice by 2025. And the National Organization of Nurse Practitioner Faculties (NONPF) made the commitment to move all entry-level nurse practitioner (NP) education to the DNP degree.

Additionally, the changing demands of this nation's complex healthcare environment require the highest level of scientific knowledge and practice expertise to ensure quality patient outcomes. Some of the many factors building momentum for change in nursing education at the graduate level include: the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; and increasing educational expectations for the preparation of other members of the healthcare team.

DNP programs are now available in all 50 states plus the District of Columbia. In 2024, post-baccalaureate DNP programs were offered in 307 schools; post-master's DNP programs in 403 schools; and entry-level DNP programs (prelicensure) in 6 schools. From 2023 to 2024, the number of students enrolled in DNP programs increased from 41,831 to 42,767. During that same period, the number of DNP graduates increased from 11,718 to 12,336. (AACN, 2025)

APRN's are needed, especially in rural and underserved areas. These providers need to be well educated to manage the complexity of their clients' healthcare needs. I believe the DNP as entry into practice for APRNs is the best route to achieve quality healthcare outcomes. This is why



George Fox University is committed to developing DNP APRN programs as entry into practice to help meet the needs for APRNs across the state and beyond. I respectfully request you reconsider this rulemaking change.

Sincerely,



Pamela Fifer, EdD, MS, RN, CNE
Dean, College of Nursing
George Fox University
pfifer@georgefox.edu
503-554-2951

Reference

AACN (June, 2025). AACN Fact Sheet: The Doctor of Nursing Practice (DNP).
<https://www.aacnnursing.org/news-data/fact-sheets/dnp-fact-sheet#:~:text=In%20a%202005%20report%20titled,statement%20issued%20in%20April%202023.>

From: [Bill Prosser](#)
To: [RITTER Brandy * OSBN](#); [Pam Fifer](#)
Subject: Rule making for entry to practice for APRNs in Oregon
Date: Wednesday, March 4, 2026 9:30:15 PM

You don't often get email from bprosser@georgefox.edu. [Learn why this is important](#)

Dear Board Members, Thank you for the opportunity to comment. I believe that the proposed reduction in education requirements for APRN entry to practice is a huge step backwards for professional nursing education and public health in the state of Oregon. Lowering the standards for entry to practice will not serve the public and will reduce the capability of APRNs in general and thus negatively impact the quality of care delivered to Oregonians. This policy change is a temporary fix to a much more complex access problem. The long term impact of this strategy is a disservice to the citizens of Oregon and the greater healthcare community which is currently in desperate need of quality healthcare providers. I strongly urge the board to reconsider this policy change.

Entry to practice for CRNAs is currently decided at a national level subsequently the impact for our profession will be negligible but the overall quality of care delivered by other APRNs will be generally lower. Typically the removal of the 3 Ps from APRN education results in a less capable and grounded provider. A master's level of education for APRNs will remove elements of policy development and professional leadership that are sorely needed. I am sincerely interested in whether the board used any scientific evidence or outcome data to develop this policy change. I believe the people of Oregon deserve the best care that a doctorally prepared APRN can provide. Please reconsider this regressive rule change

Sincerely Dr. Bill Prosser

Bill Prosser DNAP,MSN,CRNA,ASPMF
Program Director
[DNP-CRNA Program](#)
bprosser@georgefox.edu
503-554-6001



From: [Moceri, Joane](#)
To: [RITTER Brandy * OSBN](#)
Subject: Testimony for Rule hearing 01-18-26--APRN Education
Date: Thursday, March 5, 2026 1:58:00 PM
Attachments:

You don't often get email from moceri@up.edu. [Learn why this is important](#)

Dear Brandy,

I am the Dean of Nursing at the University of Portland where along with our BSN program, we also have a DNP-level Family Nurse Practitioner program, and are in the process of creating a Psych Mental Health Nurse Practitioner program.

I strongly support the rule change to allow APRN programs to be offered at the masters, doctoral certificate level. I will present several reasons;

1. Oregon is the only state that requires APRN education to be at the doctoral level. An unintended consequence of this decision is that many Oregon residents seek APRN education at the masters level outside of Oregon. They are then licensed to practice in Oregon. This does not make educational nor economic sense, when there are currently three Oregon universities offering APRN education (UP, OHSU, and George Fox).
2. There is a critical shortage of primary care and mental health providers in Oregon. Allowing APRN education to be at the masters or certificate level (both of which are allowed by our national accrediting body, CCNE) will increase the pipeline and ultimately increase the number of APRNs educated in and practicing in Oregon.
3. Different student have different educational interests and needs. Allowing the OPTION of offering a DNP, masters, or certificate would allow more students to obtain their education at the level, and for the length of time, that works for them. Further, there are numerous Family Nurse Practitioners who desire additional certification in Psych/Mental health. Requiring a doctorate, when they could get a masters or certificate and begin to serve the public faster only narrows the pipeline.
4. A model that has been proven is for students to earn their APRN at the masters level, then take a DNP completion course, which we have offered in the past and will do again. This model has worked well with the ADN to BSN, and this is much the same.

In summary, I support adding masters and certificate options to provide more choice for prospective students, allow faster time to practice to address critical shortages, and to increase the pipeline of much needed APRN practitioners. This has been successfully done at the masters-DNP level elsewhere, and the ADN-BSN level in Oregon.

Thank you for your consideration.

Joane
Joane T. Moceri, PhD, RN
Dean and Professor
School of Nursing & Health Innovations
University of Portland

moceri@up.edu

(she/her)

