

OREGON BOARD OF NURSING

# SENTINEL

[VO.43 • NO 1 • WINTER 2024]



## **Part 2: OSBN Journey to Removing Barriers to Becoming a CNA in Oregon Continues**

*Also in this issue*

**APRN Practices and Pitfalls in Oregon:  
Is it Ever Okay to Prescribe to Family or Friends?**

**Oregon's Nurse Practice Act:  
Part Two**

*Official Publication of the Oregon State Board of Nursing*



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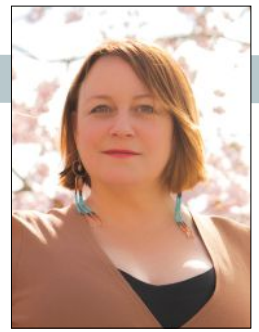
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# PHONES OPEN AT THE OREGON STATE BOARD OF NURSING

In the November 2023 Sentinel, I shared the Oregon State Board of Nursing organizational values in our Mission and Value Statement.

- **Integrity:** We inspire trust and excellence through professionalism and accountability.
- **Collaboration:** We are inclusive and respectfully accept and contribute valuable ideas to achieve goals.
- **Stewardship:** We serve the public through responsiveness and effective use of financial, physical, and people resources.
- **Simplicity:** We reduce barriers to clear communication and streamlined processes.
- **Innovation:** We empower change in teamwork and transparency.

I'm excited about the future of the Board of Nursing in Oregon. Throughout 2024, I will share my commitment to uphold our organizational values by highlighting how OSBN will live these values. Let's begin with Integrity and Stewardship.

***Integrity: Inspiring trust and excellence through professionalism and accountability.*** Organizations must align decisions and actions consistently with their adopted social values and demonstrate modernized responsiveness to their external environment. At the Board of Nursing, we will build trust between staff and the public by reopening our call center. By the time you read this article, after years without phone access, **OSBN public service representatives will again be accessible by phone.** Our vision is a contact center that provides

an informed central point of access for customer contacts. This requires coordinating and integrating the agency's people, processes, information, and technology. Agency staff will strive for the long-term success of our contact center by realizing another significant OSBN value: Stewardship.

***Stewardship: Serving the public through responsiveness and using financial, physical, and human resources effectively.*** OSBN is approaching the first three months of our call center as a pilot project. Stewardship is an ethical value encompassing collaborative planning and responsible management of resources. The pilot will begin with a smaller group of representatives and be open for fewer hours so we can troubleshoot and solve potential problems before a more significant contact center launch in April. Throughout the pilot project, we will remain committed to centering our organizational mission and values as we analyze challenges and develop solutions.

I am honored to lead the work to uphold our organizational values and pledge that Oregonians work daily to partner with you in solving big and small problems. Please sign up to be notified from the OSBN Listserv (available at the bottom of our homepage at [www.oregon.gov/osbn](http://www.oregon.gov/osbn)) as we increase our outreach and collaboration with the community. Please feel free to reach out to me at [rachel.prusak@osbn.oregon.gov](mailto:rachel.prusak@osbn.oregon.gov).

You may reach the OSBN office at 971-673-0685.

I am honored to lead the work to uphold our organizational values...

—OSBN Executive Director  
*Rachel Prusak*



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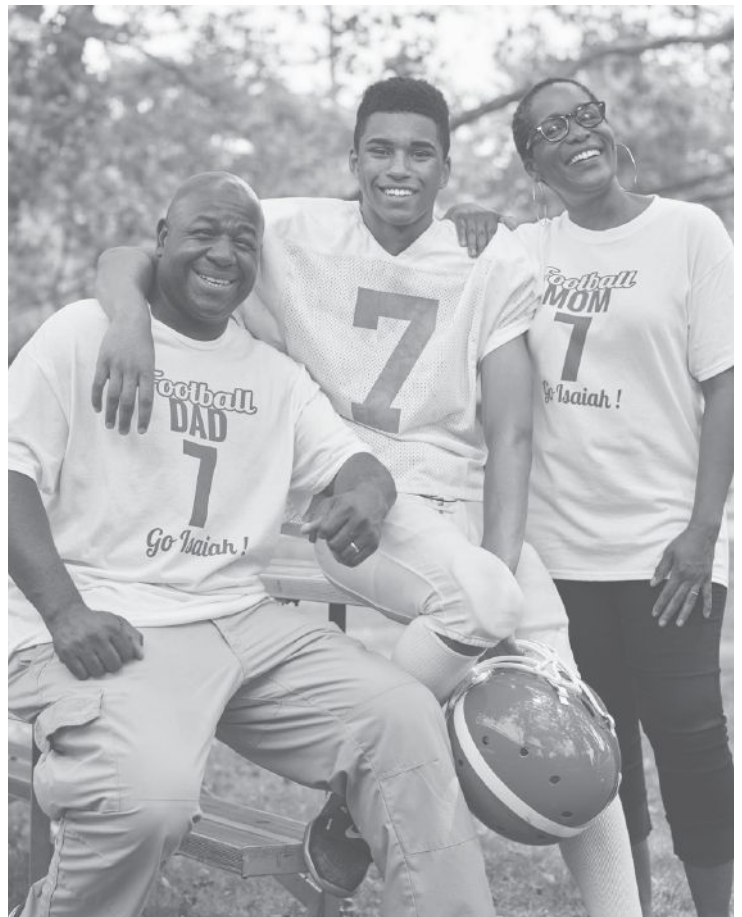


**His first football  
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everyone to know  
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Darnell and Denna, adopted 16-year-old Isaiah

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# PART 2: OSBN JOURNEY TO REMOVING BARRIERS TO BECOMING A CNA IN OREGON CONTINUES

*See Sentinel Article, Vo 42 No 1 Winter 2023 issue for Part 1 of the OSBN Journey to Removing Barriers to Becoming a CNA in Oregon.*

## January-March 2023: Exam Changes and Task Force Discussions

Effective January 1, 2023, the skills testing time limit was approved by the Board to be reduced from 45 minutes to 35 minutes. This change was recommended for several reasons. For those states with competency testing administered by Headmaster, the average time to complete skills testing was noted to be about 25 minutes. The “testing time saved” from the reduction then would be applied toward testing scheduling to improve test scheduling availability for individuals. The impact on the first-time pass rates for the skills testing remain insignificant comparing 2022 and 2023 with 78.1% with 2,607 skills testing in 2023 compared to 79.8% with 1,808 skills testing in 2022.

As directed by the Board at the November 17, 2022, Board meeting, a nursing assistant (NA) curriculum task force of 13 members (including Board staff) was convened on January 27, 2023, after a thorough selection process to ensure balanced membership representation across the state and education program types. The NA curriculum task force’s goal was to, “Identify key NA curriculum objectives and revise the NA curriculum content that only include essential knowledge and skills the NA needs.” Between January 27, 2023, to March 24, 2023, the task force met for about 35 hours and made the following recommendations (see Exhibit 1):

- Revision of the current NA curriculum (Board approved 8/1/2021) to include only essential knowledge and skills the NA needs to know as an entry level CNA1.
- Reorganization of skills and tasks under appropriate domains and align Division 63 Authorized Duties with the proposed curriculum changes.
- Changes in the required education hours and to keep the education hour requirements the same for both classroom instruction and online program.

## April-June 2023: Public Input

The Board approved the NA Task Force recommendations at the April 21, 2023, Board meeting and directed staff to host a public listening session to gather information about possible consolidation of CNA1 and CNA2 into one CNA certification. A public listening session was held May 30, 2023, with 50 attendees and a summary report from the 15 public member comments was presented at the June 22, 2023, Board meeting. The opposition for consolidation voiced concerns about possible additional changes to the NA curriculum that was approved by the Board in April, needs of acute care vs long term care (LTC) are different which may result in losing “specialty/uniqueness” of frail elderly client population if combined, work force tension between acute care vs LTC settings, and CNAs in general prefer to work in acute care settings who are taught additional advanced acute care skills in their CNA2 education.

Those in support of consolidation, mostly leaders from acute care health systems and some community colleges provided the following rationale:

- Confusion about CNA1 and CNA2 roles making assignments difficult both by RNs and CNAs.
- Two levels add complexity especially moving in and out of state and travelers from most states reported having one CNA level.
- Section 9 in Division 63 can be utilized for additional tasks/skills that can be added by employers depending on the organizational needs which may vary depending on the geographic location and patient/client population.
- Minimum entry level CNA role to make it seamless and expand over time, similar to having one entry level RN practice thus eliminating education curriculum revisions.

At the April 21, 2023, Board meeting, the Board also approved NA knowledge testing option to include virtual testing as a pilot effective May 1, 2023. This virtual testing option is available to provide scheduling and testing flexibility for those who want this alternative option instead of in person testing. This methodology since has been approved as a permanent option and as of December



31, 2023, approximately 203 virtual NA knowledge tests have been administered.

At the June 22, 2023, Board meeting, the Board approved the formation of a RAC for Division 63, to allow a broader group of stake holders separate from the work of the NA Curriculum Task Force. The Board asked that this new RAC’s scope include developing consolidation plans for the Board to consider. A notice to solicit RAC membership was sent out on July 10, 2023, with only one individual allowed for each organization to be seated as a RAC member.

**July-November 2023: Exam Changes and a RAC**

The 2023 NA Test Advisory Panel (TAP) met on July 26, 2023, to review the Oregon testing data including minimum passing score, testing trends, testing trends, attrition summary, test reliability, exit survey summaries, selected knowledge test items and the steps of the skill exam. The TAP recommended many changes to the NA test plan to align with the curriculum changes approved by the Board effective August 1, 2023, and a significant reduction of skills testing scenarios from 29 to 16 possible testing scenarios. All these changes were approved by the Board at the September 22 and November 16, 2023, Board meetings. When the journey began in the summer of 2022, there were 522 vocabulary words, and with the work of the NA TAP and program directors, the vocabulary words have reduced to 168 as of November 16, 2023.

At the September 22, 2023, Board meeting, the Board approved adopting virtual testing as a permanent testing methodology option for those seeking this option. Also, at this meeting, the Board approved a change in the testing process to eliminate the requirement of having completed both the knowledge and skills exam on the same day. This change in the testing process allows individuals to choose whether to take both exams on the same day or on separate days. These additional options continue to provide flexibility for the individuals taking the state competency exams as well as opening additional testing scheduling availability.

An 18-member rule advisory committee (RAC) was convened; between August to October 2023, the RAC met a total of 15 hours over six meetings plus several subgroup meetings to develop a set of recommendations for consolidation and rule changes to align Division 63 with the consolidation plan. The proposed consolidation plan recommended by the RAC was not approved by the Board at the November 2023 Board meeting. Instead,

the Board directed the RAC to reconvene to approach the consolidation plan in a phased approach for smoother transitions and adoption. The Board did approve reactivating the NA Curriculum Task Force. The two groups will merge and form an expanded RAC with 22 members with plans to meet January 26, 2024, to develop a new set of recommendations for consolidation as directed by the Board.

	Current (Board approved 8/1/21)		Effective Aug 1, 2023		
Domain Name	Weight	Didactic/ Lab Hrs.	Weight	Didactic/ Lab Hrs.	Lab Hrs.
Collaboration with Health Care Team	7%	5.6	5%	2	1
Communication and Interpersonal Skills	7%	5.6	5%	2	1
Person-Centered Care	14%	11.2	10%	4	1
Infection Prevention including Standard or Transmission Based Precautions	7%	5.6	0%	0%	1
Safety and Emergency Procedures	7%	5.6	0%	0%	1
Activities of Daily Living (ADL)	14%	11.2	0%	0%	1
Mental Health and Social Service Need	14%	11.2	0%	0%	1
Technical Skills	7%	5.6	0%	0%	1
Observation and Reporting	14%	11.2	0%	0%	1
Documentation	3%	2.4	0%	0%	1
End-of-Life Care	3%	2.41	0%	0%	1
Self-Care (incorporated with Collaboration with Heath Care team)	3%	2.4	0%	0%	1
<b>Didactic/LAB Hours</b>	100%	80	100%	37	28
<b>Clinical Hours</b>	75		<b>40</b>		
<b>Total Education Hours</b>	80.0		<b>105</b>		

# APRN PRACTICES AND PITFALLS IN OREGON: IS IT EVER OKAY TO PRESCRIBE TO FAMILY OR FRIENDS?

In Oregon, advanced practice registered nurses (APRNs) have enjoyed the independence to prescribe for several years, contributing positively to healthcare. However, it's imperative to highlight the potential risks associated with this privilege. **Oregon APRNs must adhere to the Nurse Practice Act (NPA) 851-055-0072, specifically (2)(c), which prohibits prescribing to individuals outside the established APRN client relationship.** Violating this standard can result in disciplinary actions by the Oregon State Board of Nursing (OSBN), including the forfeiture of your APRN license and prescribing privileges.

Although prescribing for friends or family members may sound like a compassionate gesture, it may quickly become a serious risk and ethical concern. The NPA emphasizes the importance of a comprehensive client assessment, treatment plan documentation, and ongoing evaluation before issuing prescriptions. While the convenience of prescribing for minor issues may seem harmless, the potential consequences can be severe. Inappropriate medication prescriptions can lead to adverse reactions, complications, addiction, or drug overdose.

Caring for loved ones, friends, or co-workers blur professional boundaries. It is not possible to be objective about diagnosis or treatment decisions where personal relationships are involved. Those close to us will likely not share their full medical history, which may have serious consequences. Mixing professional and personal relationships can create tension when expectations are not fully understood. Professional codes of ethics are likely to be violated when treating those close to us.

Legal repercussions for violating the NPA extend beyond the OSBN. The Drug Enforcement Agency (DEA) may seize your license, publish your name on their website, and subject you to criminal and civil penalties. All disciplinary actions are public in Oregon, searchable on Google, listed on the OSBN license verification page, reported to NURSYS and the National Provider Databank.

For APRNs in Oregon, embracing best practice prescribing is crucial. Resources available include the OSBN APRN Prescriptive and Dispensing



Video and the Oregon Prescription Drug Monitoring Program (PDMP), which aids in preventing prescription drug abuse. In addition, APRNs are encouraged to refer to guidelines from the Department of Human Services and the Oregon Health Authority Programs for specific prescription scenarios.

Staying informed about these regulations and utilizing available resources will help APRNs navigate the prescribing landscape responsibly, ensuring the highest standard of care, avoiding potential disciplinary actions, and ensuring that nursing decisions are impartially based on the best interests of the client.

## References:

1. Oregon Nurse Practice Act (NPA) - OAR 851-055-0072. Oregon State Board of Nursing.
2. OSBN APRN Prescriptive and Dispensing Video
3. Prescription Drug Monitoring Program (PDMP). Oregon Health Authority.
4. Department of Human Services Guidelines for Expedited Partner Therapy.
5. Oregon Health Authority Programs for Allergic Response, Hypoglycemia, or Opiate Overdose - ORS 433.800–433.830.
6. Drug Enforcement Agency (DEA). U.S. Department of Justice.





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# OREGON'S NURSE PRACTICE ACT: PART TWO

This is the second in a series of articles designed to communicate general information on Oregon's Nurse Practice Act (NPA). The first article (OSBN Sentinel, Fall 2023) presented the purpose of Oregon's NPA and discussed the Chapter 678 Oregon Revised Statutes on professional nurses that serve as the foundation of the NPA. This article will discuss the Chapter 851 Oregon Administrative Rules (OARs) that combined with ORS 678, complete the body of administrative law known as Oregon's Nurse Practice Act.

## **Oregon Administrative Rules**

Oregon Administrative Rules are generated by Oregon government agencies and serve to implement or interpret agency requirements as directed by Oregon Revised Statutes. All OARs are organized by chapter numbers with each chapter number being assigned to a specific state agency.

## **Oregon State Board of Nursing OARs**

Why is it important to know about Oregon State Board of Nursing (OSBN) OARs? It is important because every OSBN-licensed nurse is responsible to be knowledgeable of the laws and rules governing their license and practice.

Chapter 851 OARs contain all rules enacted by OSBN. These Chapter 851 OARs are the regulatory and administrative corollary to the Chapter 678 Professional Nurses statutes and carry the force of law in the state of Oregon.

The Board's Chapter 851 OARs are organized into separate divisions. Each

division is titled based on its contents. For example, Division 002 Agency Fees and Division 45 Standards and Scope of Practice for the LPN and RN.

A division's contents are then organized under separate rule numbers. Each rule number given a title (again) based on its contents. With rare exception, rule number contents are written in statements of actions, behaviors, conduct, or established measures – commonly known as standards.

There are currently 18 Chapter 851 OAR Divisions beginning with Division 1 and ending with Division 70. Presented below is a brief description of each division's contents.

### **Division 1 Rules of Practice and Procedure**

Division 1 of the NPA contains information applicable to all persons licensed or certified by the Board. Division 1 contains standards related to rule making processes and the adoption of rules; posting final orders of discipline on the OSBN's website; posting summaries of final discipline in the quarterly newsletter (I'm guessing you read that section of this Sentinel before reading this article); and the Board's authority to delegate signature authority for specific actions to the OSBN Executive Director or designee.

Division 1 contains standards on criminal background checks and fitness determinations; Governor's Executive Order for a declared emergency; petition for licensure reinstatement; and social security numbers.

Division 1 also contains standards on

hearing requests and contains a schedule that establishes the amount of civil penalty that may be imposed for any violation of ORS 678.010 to 678.448. For a more in-depth look at Division 1 of the NPA, see the OSBN Sentinel Summer 2022 article: *Division 1 of the Oregon Nurse Practice Act is for Everyone*.

### **Division 2 Agency Fees**

Division 2 of the NPA sets the schedule of fees for licensing and certification related actions. This Division also identifies the amount of three surcharge fees that the Board is required by statute to collect from licensees and then release to another agency/organization. FYI: These surcharge fees are collected for the Workforce Data Analysis Fund, Oregon Nursing Advancement Fund, and Prescription Monitoring Fund.

### **Division 6 Standard**

**Definitions** Division 6 contains more than 140 Board-defined words and terms used throughout the Chapter 851 OARs. Whenever a Division 006-defined word or term appears in any Board rule, the Division 6 meaning applies. Knowing the Board's definition of specific words and terms is critical for the proper application of the Chapter 851 rules.

### **Division 10 Administration**

Rules in Division 10 identify the nine-member Governor-appointed board officer election schedule, board officer duties, board per diem stipend compensation, parameters for filling board officer vacancies, and board-related timelines.

### **Division 21 Standards for the Approval of Education Programs in Nursing Preparing**

### **Candidates for Licensure as Practical or Registered Nurses**

Division 21 of the NPA contains the following: Standards for the approval of Oregon nursing education programs that prepare candidates for licensure as a practical nurse or registered nurse, standards for the approval of re-entry programs, and standards for out-of-state student clinical experience in Oregon. Fun fact: Division 21 is the longest Division in the NPA.

### **Division 31 Standards for Licensure of Registered Nurses and Licensed Practical Nurses**

Division 31 identifies minimum standards of education, competency, and background checks that must be met by every applicant who seeks licensure to practice in Oregon as a registered nurse (RN) or as a licensed practical nurse (LPN). While one might think this means licensure standards for two distinct license types, think again.

Division 31 sets standards for the following license types: RN, RN Emeritus (RN-E), LPN, and LPN Emeritus (LPN-E). The rule also contains standards on temporary RN and LPN licensure for the person who is a spouse or domestic partner of and active-duty Armed Forces member who is stationed in Oregon and on limited licensure for the internationally educated and licensed nurse who is attending a continuing education program or clinical experience in Oregon as part of precepted experience in nursing practice.

This set of rules also contains standards on licensure renewal, reactivation, reinstatement, and on obtaining inactive license status and retired nurse status. Note: Access Division 6 for the Board's definitions of *reactivation*, *reinstatement*, *inactive license* and *retired nurse*.

**Did you Know:** Division 31 rules require every RN and LPN to keep current with the Board their legal name of record, current mailing address, current email address, and their current nursing employer's name and mailing address.

### **Division 45 Standards and Scope of Practice for the LPN and RN**

The Division 45 rules identify scope in the practice of nursing for the RN, scope in the practice of nursing for the LPN, and practice standards applicable to both the RN and the LPN. Standards on conduct derogatory to the practice of nursing and on nurse responsibilities for reporting suspected violation of the NPA to the Board are also in Division 045.

**Did you know:** Division 45 rules apply to every Oregon RN and LPN. This includes the RN who also holds licensure as a nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist.

### **Division 47 Standards for RN Delegation Process**

The Division 47 rules identify RN practice standards for the RN who authorizes an unregulated assistive person to perform a health-related procedure for their client in a community-based setting. The Division

47 rules are to be applied by an RN secondary to their application of Division 45 rules.

### **Division 48 Standards for the RN who Teaches a Designated Caregiver How to Execute a Medical Order**

The Division 48 rules identify RN practice standards for the RN who teaches a client's designated caregiver how to execute a medical order for the client. Division 48 rules are applied by an RN secondary to their application of Division 45 rules. Note: For those unfamiliar with the term designated caregiver, the term is described in the rule.

### **Division 49 Standards for Licensed Nurse Protocol Development and Utilization, Communicating a Prescriber's Re-Authorization of a Prescription and RN Dispensing**

Division 49 rules contain standards with application to the following licensees and

*continued on page 12 >>*



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## NURSING PRACTICE

are to be applied by a nurse secondary to their application of Division 45 rules:

- The RN who practices in an environment where a protocol is used in the execution of a medical order for a client;
- The LPN who accepts an assignment to execute a medical order contained within a protocol;
- The RN or the LPN who communicates a prescriber's reauthorization of a client's prescription to a pharmacy; and
- The RN who dispenses medication in a setting certified by the Board of Pharmacy as a Community Health Clinic.

For those not familiar with the Board definition of the term protocol, please access Division 6 Standard Definitions.

### **Division 51 Standards for Approval of Education Programs**

#### **Preparing Nurses for Advanced Practice**

The Division 51 rules contain curriculum and faculty standards for existing Oregon-based advanced practice registered nurse (APRN) education programs and contain standards for the approval of new Oregon based APRN education programs. The rules also contain standards on program accreditation requirements and on clinical practicum in Oregon for students who are enrolled in a non-Oregon based graduate program.

### **Division 51 Standards for Approval of Education Programs**

#### **Preparing Nurses for Advanced Practice**

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### **Division 53 Standards for Licensure as an APRN.**

Division 53 contains standards for licensure as a nurse practitioner (NP), clinical nurse specialist (CNS), and certified registered nurse anesthetist (CRNA). The rules also contain standards on application for APRN prescriptive authority, license renewal, licensure reactivation, licensure reinstatement, and re-entry into practice.

### **Division 55 Scope and Standards for the APRN.**

Division 55 contains scope and standards of practice for the NP, CNS and CRNA and standards on APRN prescriptive privilege. Division 55 also contains standards on conduct derogatory related to APRN prescriptive and dispensing privilege.

### **Division 61 Standards for Education Programs for Nursing**

#### **Assistants and Medication Aides**

Division 61 rules contain standards for the approval of new and existing nursing assistant and medication aide education programs. This rule also contains standards for out-of-state nursing assistant education programs that seek to send a student for nursing assistant clinical experience in Oregon.

### **Division 62 Standards for Certification of the Nursing Assistant and Medication Aide**

Division 62 identifies minimum standards of education, competency, and background checks that must be met by every applicant who seeks certification as a certified nursing assistant (CNA) and certification as a certified medication aide (CMA) in Oregon. This rule includes standards on certification renewal, reactivation, and re-entry. This rule also contains standards on temporary certification for the person who is a spouse or domestic partner of an active-duty Armed Forces member who is stationed in Oregon.

***Did you know:*** Division 62 rules require every CNA or CMA to keep current with the Board their legal name of record, current mailing address, current email address, phone number, and employer's name and address.

### **Division 63 Standards and Authorized Duties for the CNA and CMA**

Division 63 rules identify the specific duties authorized for performance by a nursing assistant based on their certification type. The Division 63 rules also contain standards on conduct unbecoming a nursing assistant.

### **Division 70 Monitoring Behavioral Health and Cognitive or Physical Impairment**

The Division 70 rules contain standards related to Board-ordered discipline that includes the monitoring of behavioral health and cognitive or physical impairment. This includes standards on Board approval of independent third-party evaluators, treatment providers, and worksite monitors, as well as standards on licensee responsibilities.

### **In Closing**

Always remember that a foundational responsibility of the Oregon-licensed nurse is to be knowledgeable of the laws and rules governing their license type. Take a moment to look over the Chapter 851 OARs that contain rules specific to your license. You will find a Nurse Practice Act & Rules link in the top banner of OSBN's homepage.

*The next installment of this series will present NPA laws and rules on duty to report and mandatory reporting.*

Eli D. Stutsman  
ATTORNEY AT LAW



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# ANNUAL LICENSING STATISTICS



**TABLE 1: Count of Oregon Nursing Licenses**

License Type	Active
APRN-CNS	130
APRN-CRNA	871
APRN-NP	8,042
CMA	933
CNA	19,307
LPN	6,330
NI	5
RN	84,097
RN-Emeritus	24

**TABLE 2: Licenses by Type**

License Type	Active Licenses	Average Age
APRN-CNS	130	58
APRN-CRNA	871	47
APRN-NP	8,042	47
CMA	933	45
CNA	19,307	37
LPN	6,330	44
NI	5	24
RN	84,097	45

## Glossary of License Types

APRN-CNS = Clinical Nurse Specialist

APRN-CRNA = Certified Registered Nurse Anesthetist

APRN-NP = Nurse Practitioner

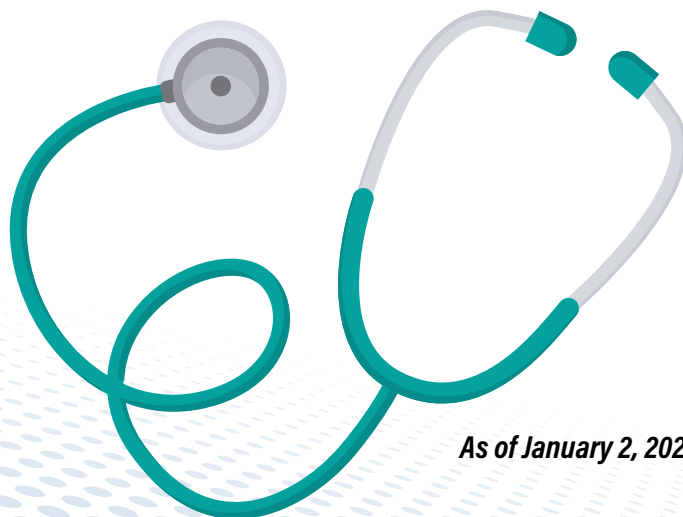
CMA = Certified Medication Aide

CNA = Certified Nursing Assistant

LPN = Licensed Practical Nurse

NI = Nurse Intern

RN = Registered Nurse



*As of January 2, 2024*



**TABLE 3: Number of Licenses by Type by Gender**

License Type	Female	Male	Other/ Non-Binary
APRN-CNS	123	7	0
APRN-CRNA	417	449	2
APRN-NP	6,899	1,121	15
CMA	818	111	3
CNA	1,6215	3,000	68
DP	631	91	0
LPN	5,454	862	11
NI	3	2	0
RN	7,1393	1,2476	157

**TABLE 4: Number of Licenses by Racial and Ethnic Background**

Racial/Ethnic Background	CNA/ CMA	LPN	RN	NP	CNS	CRNA
Asian	791	245	2,916	258	4	29
Black	1,100	298	1,670	289	2	5
Hawaiian/Pacific Islander	124	23	168	9	0	1
Hispanic	1,873	371	2,283	186	2	17
Native American/ Alaskan	202	61	423	38	0	2
White*	5,518	2,712	35,743	3,795	81	402
Multi-Racial	547	226	2,224	239	5	19
Other	165	53	500	50	1	7
Unknown	477	153	1,317	121	0	8
Decline**	1,689	635	8,886	1,035	26	140

*This data reflects nurses with an active OSBN license as of 1/8/2024 who completed a license renewal survey between 1/1/22 - 1/8/24*

**TABLE 5: Active Nurse Practitioner Licenses by Specialty**

Nurse Practitioner Type	Active Licenses
Acute	104
Adult	353
Adult-Gerontology Acute Care	301
Adult-Gerontology Primary Care	310
Family	4,373
Geriatric	29
Neonatal	68
Nurse Midwife	437
Pediatric	11
Pediatric Acute Care	43
Pediatric Primary Care	196
Psychiatric/Mental Health	1,582
Women's Health	164
<b>Total:</b>	<b>7971</b>

*continued on page 16 >>*

**TABLE 6: Number of Licenses by Type by County**

County	CNA	CMA	LPN	RN	CRNA	NP	CNS	NI
Outside Oregon	2394	47	1511	36903	438	3702	44	0
Baker	40	0	10	147	3	10	0	0
Benton	353	6	59	795	3	76	0	0
Clackamas	1306	81	480	5900	73	420	12	0
Clatsop	93	6	17	460	8	61	1	0
Columbia	147	17	74	424	1	13	5	0
Coos	292	10	63	788	11	74	1	0
Crook	110	7	22	190	2	11	0	0
Curry	28	0	22	165	4	24	0	0
Deschutes	486	13	107	2952	12	296	5	0
Douglas	507	39	139	1110	2	94	1	0
Gilliam	5	1	3	6	0	3	0	0
Grant	26	1	3	55	2	8	0	0
Harney	21	0	6	52	2	6	0	0
Hood River	93	6	9	352	12	29	0	0
Jackson	1398	36	307	2926	9	342	6	0
Jefferson	113	2	15	181	1	7	0	0
Josephine	600	28	118	790	9	95	0	0
Klamath	266	16	56	564	0	57	1	3
Lake	44	1	5	62	0	7	0	0
Lane	1996	76	710	4080	31	361	10	1
Lincoln	103	4	40	453	7	44	1	0
Linn	938	47	274	1426	11	76	0	0
Malheur	109	0	22	151	0	18	0	0
Marion	1510	65	566	2988	16	221	7	0
Morrow	38	5	4	58	0	5	0	0
Multnomah	3061	220	690	9859	119	1173	17	1
Polk	350	12	170	924	2	81	0	0
Sherman	8	0	2	15	0	0	0	0
Tillamook	46	4	11	236	5	17	0	0
Umatilla	232	22	31	577	8	38	0	0
Union	78	6	13	307	5	41	0	0
Wallowa	13	1	1	86	2	11	0	0
Wasco	226	24	25	241	0	19	0	0
Washington	1863	102	573	6961	60	535	18	0
Wheeler	1	0	0	6	0	1	0	0
Yamhill	404	28	170	919	13	66	1	0
<b>Total:</b>	<b>19298</b>	<b>933</b>	<b>6328</b>	<b>84109</b>	<b>871</b>	<b>8042</b>	<b>130</b>	<b>5</b>

continued on page 18 &gt;&gt;

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**TABLE 7: Number of NP Licenses by Specialty by County**

County	Acute	Adult	Adult Gerontology Acute Care	Adult Gerontology Primary Care	Family	Neonatal	Nurse Midwife	Pediatric	Pediatric Acute Care	Pediatric Primary Care	Psychiatric/ Mental Health	Women's Health
Outside Oregon	50	139	133	163	2095	28	74	2	13	39	849	51
Baker	0	2	0	0	5	0	0	0	0	0	3	0
Benton	0	2	0	3	40	1	15	0	1	1	10	3
Clackamas	7	20	19	13	217	10	30	0	4	14	74	7
Clatsop	0	0	2	2	38	0	8	0	0	1	9	0
Columbia	1	1	0	0	9	1	0	0	0	0	0	1
Coos	0	0	0	1	53	0	7	0	0	1	11	1
Crook	0	0	0	0	7	0	0	0	0	1	3	0
Curry	1	1	0	2	16	0	2	0	0	0	2	0
Deschutes	4	17	6	7	172	4	16	2	0	11	44	11
Douglas	1	5	2	3	58	0	7	1	0	1	10	4
Gilliam	0	0	1	0	2	0	0	0	0	0	0	0
Grant	0	1	0	0	7	0	0	0	0	0	0	0
Harney	0	0	0	0	5	0	0	0	0	0	1	0
Hood River	0	2	0	0	21	0	0	0	1	2	3	0
Jackson	5	6	10	11	236	0	28	1	0	5	27	13
Jefferson	0	0	0	0	5	0	1	0	0	0	1	0
Josephine	0	6	4	6	59	0	3	0	0	3	7	7
Klamath	0	2	0	2	44	0	0	0	0	1	6	1
Lake	0	0	0	0	5	0	0	0	0	0	2	0
Lane	8	18	16	20	195	1	26	1	0	7	54	9
Lincoln	0	0	2	0	28	0	2	0	0	0	10	1
Linn	0	5	2	5	52	0	3	1	0	1	7	0
Malheur	0	0	0	0	12	0	2	0	0	0	4	0
Marion	0	13	1	10	112	0	22	0	0	3	56	3
Morrow	0	0	0	0	5	0	0	0	0	0	0	0
Multnomah	18	70	67	32	464	8	148	2	15	60	248	30
Polk	0	6	0	4	45	1	5	0	1	1	16	1
Sherman	0	0	0	0	0	0	0	0	0	0	0	0
Tillamook	1	1	1	0	11	0	0	0	0	2	0	1
Umatilla	0	1	0	1	26	1	0	0	0	1	7	1
Union	0	1	2	4	29	0	0	0	0	1	3	1
Wallowa	0	0	0	0	9	0	0	0	0	0	2	0
Wasco	0	2	1	0	9	0	1	0	0	2	3	0
Washington	8	30	31	19	242	12	31	1	8	35	100	16
Wheeler	0	0	0	0	1	0	0	0	0	0	0	0
Yamhill	0	2	1	2	39	1	6	0	0	3	2	2

# FAQS ABOUT THE NURSE INTERN LICENSE

**Q. I'm a new graduate. May I obtain a nurse intern license while I wait for my LPN/RN license?**

**A.** No. Only currently enrolled nursing students are eligible for the nurse intern license. Oregon does not currently offer a graduate nursing license.

**Q. When does an NI license expire?**

**A.** An NI license expires 30 days after the end of the term or semester listed on the Dean's confirmation. To renew an NI license, a renewal application and new Dean confirmation must be received before the expiration of the license. No extensions are offered.

**Q. Can I start working as an NI while I wait for my NI license to be issued?**

**A.** No. You must be licensed to work as a nurse intern or to use the title of nurse intern.

**Q. Do I have to have a nurse intern license to continue in my nursing program?**

**A.** No. The Oregon State Board of Nursing does not require nursing student to hold a nurse intern License to participate in a nursing program.

**Q. Will I get additional credit from my nursing program for my work as an NI?**

**A.** Nursing programs are not required to offer additional credit to nursing students working as nurse interns. However, they are not prohibited from doing so. It is up to the program to determine if additional credit will be offered.

**Q. Is there more that I should know about the nurse intern license?**

**A.** The Oregon Nurse Practice Act has an entire division devoted to the nurse intern license. This article and FAQ are not meant to be an exhaustive resource regarding this license type. Please see OAR 851-041 on the Oregon State Board of Nursing or Oregon Secretary of State website for all information about nurse intern licenses.



# 2023 INVESTIGATIVE STATISTICS

Final Disciplinary Actions 2023	Count
Revocation of License	7
Probation of License	23
Suspension of License	17
Reprimand or Censure	41
Voluntary Surrender of License	15
Denial of License	7
Civil Penalty	19
Voluntary Withdrawal of License	15
<b>TOTAL</b>	<b>144</b>

## Number of Cases Opened - for 2023

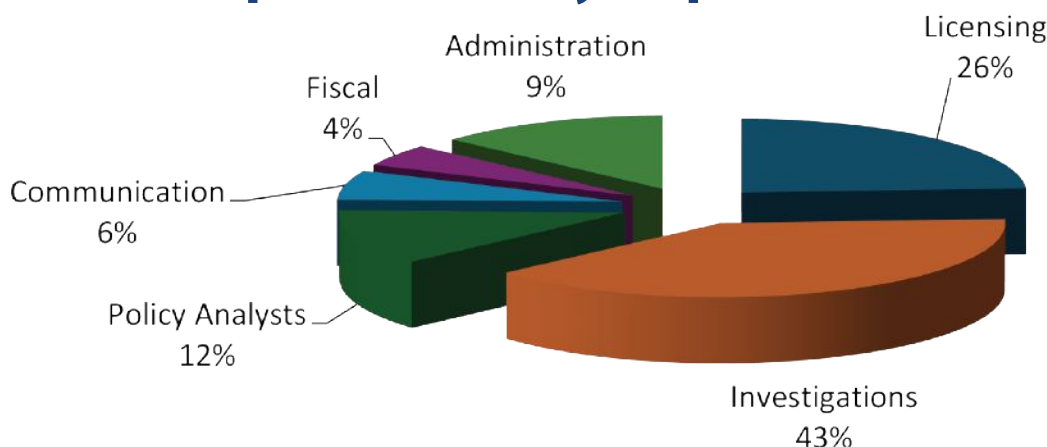
Count	909
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## Number of cases closed - for 2023

Count	902
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# 2023-2025 BUDGET STATISTICS

## Expenditures by Department





# WHERE THE MONEY GOES

The Oregon State Board of Nursing is an other-funded agency, meaning that the majority of revenue is generated from licensing fees. The numbers below are a breakdown of how that money is utilized.

Staff & Board  
Member Salaries

**36%**



Benefits

**21.10%**



Health Professionals'  
Services Program  
(HPSP)

**4.46%**



Oregon Wellness  
Program

**2.05%**



Oregon Center  
for Nursing

**3.08%**



State Government  
Services

**5.31%**



Attorney General  
Costs

**4.37%**



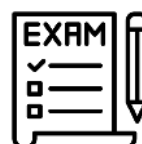
Services and  
Supplies

**5.98%**



Professional  
Services

**7.58%**



Fingerprinting  
Services

**8.22%**



# RETIREMENT: TO PRACTICE OR NOT TO PRACTICE



For those who are recently enjoying retirement or preparing to begin the retirement journey, an important question must be answered: To practice or not to practice? Whether the answer is yes or no, there are considerations to be explored for both based on the laws and rules of Oregon's Nurse Practice Act (NPA).

## Option 1: Do Nothing

Not renewing one's nursing license is always an option for the licensee who knows with 100% certainty that once retired, they will no longer be practicing nursing. Plainly stated: no nursing license equals no nursing practice.

This nursing practice prohibition is the real deal. Without ownership of a valid and current Oregon nursing license, it is unlawful to refer to oneself as a nurse; represent oneself as a nurse; use the title nurse; engage in nursing practice; or make an offer of nursing services. Each of these statements hold true regardless of how many years one has devoted to the profession.

## Option 2: Honorary Title of Retired Nurse

For the nurse who knows that their practice journey is ending yet wishes to continue to identify with the nursing

profession in title only, Retired Nurse status is your option. Important here is that Retired Nurse status is purely an honorary title and holds no nursing practice authority.

To apply for Retired Nurse status, several requirements must be met. The applicant must hold a current unencumbered Oregon nursing license or have previously held an Oregon nursing license in good standing. The applicant cannot be the subject of any current or pending investigation or action by the Board. The applicant must also sign a disclaimer acknowledging that Retired Nurse status is not an authorization to practice nursing.

The benefit of Retired Nurse status is that the holder may legally identify themselves as "Retired" in conjunction with their former license type: RN, Retired; LPN, Retired; NP, Retired; CNS, Retired; or CRNA, Retired. Plus, there is no fee for requesting Retired Nurse status.

It bears repeating that the person granted Retired Nurse status *cannot practice nursing in any way, shape or form*.

To learn more about Retired Nurse status, see Oregon Administrative Rule (OAR) 851-031 Standards for Licensure of RNs and LPNs using the Nurse Practice Act & Rules link on

the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN). To apply for Retired Nurse status, use the same URL, and click on “Apply for a License or Exam.”

If one is not quite ready for disconnecting from nursing practice, Oregon’s Nurse Practice Act holds additional options for consideration.

### Option 3: Renewal of License

Plain and simple, this is a regular renewal of one’s Oregon nursing license. Licensure renewal is an option for the nurse who meets licensure renewal requirements set forth in OAR 851-031 and is not quite ready to release the practice.

Practice-wise, this full scope of practice option provides the nurse with two additional years to choose a course of action (or inaction). It bears mentioning however that post-renewal and under the current licensing rules, without active engagement in the practice of nursing, one’s licensure options at the following renewal cycle diminish.

### Option 4: Nurse Emeritus License

The RN or the LPN who has applied for and been granted Retired Nurse status by the Board may apply for a Nurse Emeritus (E) license that is commensurate with their former license type: RN-E or LPN-E. The Nurse Emeritus license allows for full scope in the practice of nursing for their license type in a voluntary capacity only.

Oregon’s NPA does not provide for Nurse Emeritus licensure for the nurse practitioner, clinical nurse specialist, or certified registered nurse anesthetist. This means that the advanced practice RN’s option would be to apply for RN-E licensure, which would only grant registered nursing scope of practice.

Application for an initial Nurse Emeritus license is completed using the OSBN

Licensing Portal. The application process involves several steps including attestation to 400 hours of nursing practice under the type of license sought in the two years immediately preceding application; attestation to 10,000 lifetime nursing practice hours; and submission of a completed *Volunteer Nurse Emeritus Professional Practice Competency Plan*.

The applicant’s professional practice competency plan must identify:

- A specific volunteer nursing practice role;
- The setting/location where the volunteer practice will occur;
- How their nursing practice competencies for the volunteer practice role have been attained; and
- A plan for ongoing education to maintain competency in their specific volunteer role.

The Board is the final determiner of whether the applicant’s competency plan is adequate for the identified volunteer nursing practice role.

Important here is that with an RN-E or LPN-E license, there is no minimum nursing practice hour requirement. This is because it is the Emeritus licensee’s active implementation of their professional practice competency plan that demonstrates their continued competency in nursing practice.

The RN-E and LPN-E license is valid for two years. At the time of publication, the fee for application for RN-E or LPN-E is set at \$50.

### Live Long and Prosper

It is hoped that the non-licensure and licensure options presented have been informative. Whether you are gracefully stepping away from the profession or are looking to licensure options that complement your retirement lifestyle, OSBN staff are available to help you navigate the possibilities.



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# Nurse Corps Loan Repayment Program

<b>Program Description</b>	Loan repayment is available to Registered Nurses (RN) and Advanced Practice Registered Nurses (APRN) working in a public or private eligible Critical Shortage Facility (CSF) OR Nurse Faculty employed at an eligible school of nursing. A Critical Shortage Facility is a health care facility located in, designated as, or serving a primary medical care or mental health Health Professional Shortage Area (HPSA).
<b>Financial Assistance</b>	Awarded participants will receive payments totaling 60 percent of their outstanding qualifying educational loan balance incurred while pursuing an education in nursing in exchange for a two-year service commitment. Qualifying participants may receive an additional 25 percent of their original loan balance for an optional third year of service.
<b>Service Commitment</b>	2-year minimum with an optional third year
<b>Eligibility Requirements</b>	To be eligible for loan repayment, all applicants must: <ul style="list-style-type: none"> <li>• Be a U.S. citizen, U.S. national, or lawful permanent resident;</li> <li>• Have a current, full, permanent, unencumbered, unrestricted license;</li> <li>• Have earned a diploma, associate, baccalaureate, graduate or doctorate degree in nursing and have outstanding nursing educational loans;</li> <li>• Be employed as a full-time RN or APRN working at least 32 hours per week at an eligible CSF or an eligible school of nursing.</li> </ul>
<b>Where Participants Serve</b>	Registered Nurses and Advanced Practice Registered Nurses: Public or private Critical Shortage Facility located in a HPSA designation <ul style="list-style-type: none"> <li>• Disproportionate Share Hospital (DSH)</li> <li>• Public Hospital</li> <li>• Private Hospital</li> <li>• Federally Qualified Health Center (FQHC)</li> <li>• American Indian Health Facilities</li> <li>• Native Hawaiian Health Center</li> <li>• Rural Health Clinic</li> <li>• School Based Clinic</li> <li>• Small Rural Hospital</li> <li>• State or Local Health Department</li> <li>• Nurse Managed Health Clinic/Center</li> <li>• Urgent Care Center</li> <li>• Community Mental Health Center</li> <li>• Free and Charitable Clinics</li> <li>• End Stage Renal Disease (ESRD) Dialysis Centers</li> <li>• Ambulatory Surgical Center</li> <li>• Residential Nursing Home</li> <li>• Home Health Agency</li> <li>• Hospice Program</li> </ul> Nurse Faculty: Public or private schools of nursing accredited by a national nursing or State agency
<b>Funding Preference</b>	Registered Nurses and Advanced Practice Registered Nurses: Preference will be given to nurses based on the greatest financial need, the type of facility where employed, and the mental health or primary care HPSA designation. Nurse Faculty: Preference will be given to nurse faculty members with the greatest financial need working at schools of nursing with at least 50 percent enrollment of students from a disadvantaged background.
<b>Tax Liability</b>	The full loan repayment award is taxable.
<b>Websites</b>	<a href="https://bhw.hrsa.gov/loans-scholarships/nurse-corps/loan-repayment-program">https://bhw.hrsa.gov/loans-scholarships/nurse-corps/loan-repayment-program</a> <a href="https://www.connector.hrsa.gov">https://www.connector.hrsa.gov</a>



*Before you go*

# CHECKLIST



Oregon Center for  
NURSING

Getting support and supporting yourself to "leave work at work" is important to help create a work-life balance. Mentally preparing to leave work can make a big difference. Here are some ideas to consider as you end your day.



## TAKE A MOMENT

Look around you and reflect on the day.



## IDENTIFY ONE THING

Recall one thing that was difficult today. Let the feelings be present for a moment...then allow them to pass by you and be released.



## FIND THREE THINGS

Think of three things to be grateful for about your work day. It can be a patient's smile, a colleague's help, or a deep breath you took.



## ACKNOWLEDGE

Today may have been hard, but it's not forever. Breathe.



## ARE YOU OK?

Really ok? Don't struggle in silence. Connect with someone.



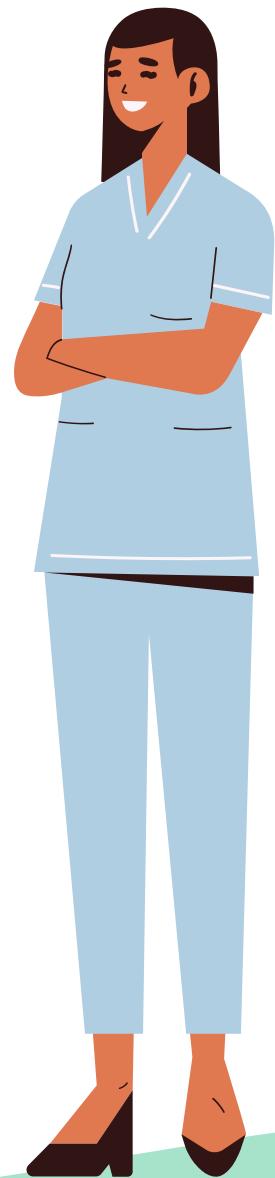
## LOOK AT YOUR COLLEAGUES

Are they ok? Don't let them struggle either. Be their support.



## BREATHE

With a renewed breath, head home to reset and recharge.



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# 2024 OSBN BOARD MEMBERS



## **MICHELLE CHAU, LPN**

TERM: 1/1/19 – 12/31/21, 1/1/22 – 12/31/24

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



## **MARCUS COOKSEY, RN, FNP**

TERM: 2/8/24 – 12/31/26

Mr. Cooksey is a family nurse practitioner working in the Transitions Services Program for Multnomah County Corrections Health department and has more than 20 years of nursing experience. He received his Master of Science in Nursing from the University of California in San Francisco, Calif. Mr. Cooksey serves as one of the two direct-care RN positions on the Board. He resides in Portland, Ore.



## **YVONNE DUAN, RN, FNP**

TERMS: 1/1/22 – 12/31/24

Ms. Duan is a family nurse practitioner and CEO of Renew Aesthetic Clinic in Portland, Ore. She received her medical doctor degree from North China Coal Medical College in Tang Shan, China, her Master's degree in Nursing from the University of Manitoba in Winnipeg, Canada, and her FNP post-master certificate from the University of Kentucky in Lexington, Ky. She resides in Beaverton, Ore.



## **AARON GREEN, CNA PRESIDENT**

TERM: 10/1/20 – 12/31/21, 1/1/22 – 12/31/24

Mr. Green is a CNA2 at McKenzie Willamette Medical Center in Springfield, Ore. He serves in the CNA position on the Board. He has eight years of experience as a CNA and resides in Springfield.



## **MARGARET HILL BOARD SECRETARY**

TERM: 7/15/23 – 12/31/25

Ms. Hill has almost 30 years of experience in commercial real estate and securities compliance for financial institutions. She has also volunteered for more than 10 years at the Oregon Museum of Science and Industry. She received her Bachelor of Arts degree in economics from California State University in Sacramento, Calif. Ms. Hill serves as one of two public members on the Board and resides in Portland, Ore.



## **JONI KALIS, MPT, MS, PT PUBLIC MEMBER**

TERM: 2/8/24 – 12/31/26

Ms. Kalis is a physical therapist and manager of the physical rehabilitation department at Samaritan North Lincoln Hospital in Lincoln City, Ore. She has more than 30 years of experience in physical therapy and more than 20 years of experience on regulatory bodies; she most recently served on the board of directors for the Federation of State Boards of Physical Therapy. She received her Bachelor of Science degree from Mankato State University in Mankato, Minn., her Master of Science degree from the University of Arizona in Tucson, Ariz., and her Master of Physical Therapy degree from Northern Arizona University in Flagstaff, Ariz. Ms. Kalis serves as one of two public members on the Board and resides in Lincoln City, Ore.



## **LINDA STANICH, RN**

TERM: 2/8/24 – 12/31/26

Ms. Stanich is the director of Health Services at Hearthstone at Murrayhill in Beaverton, Ore., and has more than 30 years of nursing experience. She received her Bachelor of Science in Nursing degree from Purdue University in West Lafayette, Ind. Ms. Stanich serves in the Nurse Administrator position on the Board. She resides in Forest Grove, Ore.



## **OLANIKE TOWOBOLA, RN, DNP**

TERM: 2/8/24 – 12/31/26

Ms. Towobola is a registered nurse at the Veterans Affairs Hospital and has 10 years of nursing experience. She received her Bachelor of Science in Nursing degree from Morgan State University in Baltimore, Md., and her Doctor of Nursing Practice degree from Capella University in Minneapolis, Minn. Ms. Towobola serves in one of the two direct-care RN positions on the Board. She resides in Corvallis, Ore.



## **CLAIRE MCKINLEY YODER, PHD, RN, CNE**

TERM: 2/8/24 – 12/31/26

Ms. McKinley Yoder is director and assistant professor at the University of Portland School of Nursing in Portland, Ore., and has more than 25 years of nursing experience. She received her Bachelor of Science degree from Oregon State University, Corvallis, Ore, her Bachelor of Science in Nursing and her Master of Nursing degrees from the University of Pennsylvania in Philadelphia, Pa., and her PhD in Nursing from Villanova University in Villanova, Pa. Ms. McKinley Yoder serves in the Nurse Educator position on the Board. She resides in Portland, Ore.

# CNAs!

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# YOUR BOARD IN ACTION

## HIGHLIGHTS FROM THE NOVEMBER AND DECEMBER 2023 BOARD MEETINGS

### Rules Adopted

The board adopted the following proposed rule changes during the November 2023 meeting:

- Permanent rules for Division 53 (APRN Licensing Standards): Changes allow prescriptive authority to be optional for APRNs, updates the re-entry process, and more.
- Division 70 (Alternative to Discipline Program): Changes impose Board's previous decision to stop allowing new participants in the HPSP.
- Temporary rules for Division 62 (CNA/CMA Certification Standards): Change creates a limited CNA certificate that may be issued during governor-declared emergencies to comply with Senate Bill 227.
- Temporary rules for Division 31 (RN/LPN Licensure Standards): Change creates limited LPN and RN licenses that

may be issued during governor-declared emergencies to comply with Senate Bill 227.

During the December 2023 meeting, the board adopted temporary rule changes to Division 31 (RN/LPN Licensure Standards): Changes clarify requirements for license renewal.

### Proposed Rulemaking

The board also approved changes to the following Nurse Practice Act divisions to go forward to a Rule Hearing, to be held January 16, 2024:

- 10 (Administration): Change increases the number of days for which board members may receive a stipend.
- 63 (CNA/CMA Standards and Authorized Duties): Changes to CNA authorized duties.

### Nursing Education

In November 2023, Mt. Hood Community

College's associate degree education program and the Colorado Center for Nursing Excellence nurse re-entry program were approved by the board for five years (until 2028). In addition, Rogue Community College and Umpqua Community College's associate degree programs were approved for eight years (until 2031).

### Administration

The Board held officer elections in November 2023; results included Aaron Green, CNA, as president, Sarah Horn, RN, as president-elect, and Margaret Hill, public member, as secretary. Officer terms of office began January 1, 2024.

*For complete meeting minutes or a list of scheduled stakeholder events, please visit the OSBN website at [www.oregon.gov/OSBN/meetings](http://www.oregon.gov/OSBN/meetings).*

## 2024 OSBN BOARD MEETING DATES

February 21, 2024	9 a.m.	Board Meeting (Primarily Executive Session)	July 17, 2024	4:30 p.m.	Board Meeting (Primarily Executive Session)
February 22, 2024	9 a.m.	Board Meeting	August 14, 2024	4:30 p.m.	Board Meeting (Primarily Executive Session)
March 13, 2024	4:30 p.m.	Board Meeting (Primarily Executive Session)	September 18, 2024	9 a.m.	Board Meeting (Primarily Executive Session)
April 24, 2024	9 a.m.	Board Meeting (Primarily Executive Session)	September 19, 2024	9 a.m.	Board Meeting
April 25, 2024	9 a.m.	Board Meeting	October 16, 2024	4:30 p.m.	Board Meeting (Primarily Executive Session)
May 15, 2024	4:30 p.m.	Board Meeting (Primarily Executive Session)	November 20, 2024	9 a.m.	Board Meeting (Primarily Executive Session)
June 19, 2024	9 a.m.	Board Meeting (Primarily Executive Session)	November 21, 2024	9 a.m.	Board Meeting
June 20, 2024	9 a.m.	Board Meeting	December 18, 2024	4:30 p.m.	Board Meeting (Primarily Executive Session)

*Please visit the OSBN website meeting page at [www.oregon.gov/osbn/Pages/board-meetings](http://www.oregon.gov/osbn/Pages/board-meetings) for agendas, materials, and logistical details.*

# DISCIPLINARY ACTIONS

Actions taken in October, November, and December 2023. Public documents for all disciplinary actions listed below are available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Sarah K. Amani	202207526CNA	Suspension	11-15-23	90 days. Demonstrated incidents of reckless behavior and engaging in abusive behavior towards a coworker.
Hannah E. Blatchley	201141819RN	Probation	10-18-23	24 months. Practicing nursing while impaired and using intoxicants to the extent injurious to herself or others.
Karizma M. Colon	10007784	Civil Penalty/Reprimand	11-15-23	\$2,000 civil penalty. Engaging in unsecured transmission of protected client data and violating the client's rights of privacy and confidentiality.
Patrick D. Cruz	200242860RN	Voluntary Surrender	10-18-23	Failing to document nursing interventions and practice
Robert J. Driscoll	200540603RN	Reprimand	12-20-23	Failing to accurately document nursing interventions and failing to conform to the essential standards of acceptable nursing practice.
Teresa J. Edwards	201405956NP-PP	Civil Penalty	11-15-23	\$1,850 civil penalty. Practicing nursing without a current license.
Elizabeth S. Feustel	201704588RN	Probation	12-20-23	20 months. Previously using intoxicants to the extent injurious to herself or others.
Codey W. Fields	202106836RN	Probation	10-18-23	24 months. Unauthorized removal of medications from the workplace.
Margaret Golec	201230373LPN	Voluntary Surrender	10-18-23	Failing to conform to the essential standards of acceptable nursing practice.
Rhonda S. Halladay	201501335RN	Suspension/Probation	10-18-23	60-day suspension, followed by one-year probation. Failing to accurately document nursing interventions and practice implementation and failing to conform to the essential standards of acceptable nursing practice.
Lauren E. Hunter	10001161	Civil Penalty	10-18-23	\$500 civil penalty. Practicing nursing without a current license.
Christine Joachim	RN Applicant	Voluntary Withdrawal	10-18-23	Failing to provide documents requested by the Board.
Sabin J. Johnson	201807180RN	Reprimand	11-15-23	Failing to properly delegate tasks of nursing care.
Marie A. Kalal	088006806RN	Reprimand	10-18-23	Failing to conform to the essential standards of acceptable nursing practice.
Janae N. McDaniel	RN/NP Applicant	Voluntary Withdrawal	12-20-23	Conviction of a crime that bears demonstrable relationship to nursing.
Karen L. Metz	093003166LPN	Probation	10-18-23	12 months. Failing to document nursing interventions and practice implementation in a timely manner and failing to conform to the essential standards of acceptable nursing practice.
Randal S. Ralston	200842170RN	Reprimand	11-15-23	Failing to conform to the essential standards of acceptable nursing practice.
Luis A. Sanchez	201707519NP-PP	Voluntary Surrender	10-18-23	Violating the terms and conditions of a Board Order.
Derek D. Smith	201900412RN	Probation	12-20-23	24 months. Using intoxicants to the extent injurious to himself or others.
Kayla M. Smith	201802893CNA	Revocation	10-18-23	Violating a person's rights of privacy and confidentiality by accessing information without proper authorization and failing to cooperate with the Board during an investigation.
Brandon P. Stinnett	20111868CNA	Civil Penalty	12-20-23	\$500 civil penalty. Violating a person's rights of privacy and confidentiality.
Krystal R. Sullivan	201804665RN	Probation	11-15-23	24 months. Using intoxicants to the extent injurious to herself or others and practicing nursing while impaired.
Beverly K. Thigpin	200330400LPN	Voluntary Surrender	11-15-23	Failing to conform to the essential standards of acceptable nursing practice.
Denise Damian Torj	200741579RN	Civil Penalty	10-18-23	\$3,500 civil penalty. Failing to keep her legal name on file with the Board at all times.
Robin L. Will	087003146RN	Probation	11-15-23	12 months. Failing to accurately document nursing interventions and failing to conform to the essential standards of acceptable nursing practice.
Marcelline A. Wilson	202200757CNA	Suspension	11-15-23	At least 14 days. Failing to cooperate with the Board

## BEING "CARDLESS" PROMOTES PUBLIC SAFETY

To promote public safety and help prevent fraud, theft, and misuse of nursing licenses, the Oregon State Board of Nursing no longer issues plastic license cards. There are several ways nurses and employers can look up license numbers and verify the current status of licenses: OSBN online verification system: <https://osbn.boardsofnursing.org/licenselookup>

1. Use the free e-Notify service to keep track of large numbers of licensees with regular updates: <https://www.nursys.com/EN/ENDefault.asp>
2. National Council for State Boards of Nursing NURSIS license verification and E-NOTIFY systems: <https://www.ncsbn.org/license-verification.htm>

# Nurses!

Don't forget to sign up to receive renewal reminders via Nursys eNotify! It's free and easy. Go to [Nursys.com](https://nursys.com), click on e-Notify, and follow the directions for Services for Nurses.



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## Thomas M. Cooney Attorney

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# YOU ASK, WE ANSWER

**Question:** How can I keep informed about what's happening at the Oregon State Board of Nursing?

**Answer:** One of the best ways to stay informed about what is happening at the OSBN is to subscribe to the new OSBN Listserv. You will find a subscription link at the bottom of OSBN's website ([www.oregon.gov/osbn](http://www.oregon.gov/osbn)).

The OSBN utilizes the new listserv to send out announcements of new and amended rules; Rule Advisory Committee (RAC) membership opportunities; task force opportunities; updated interpretive statements; notices of RAC meetings, public rule hearings, Board meetings, and more. Just be sure to subscribe with your current email address.

**Question:** Is it possible that two nurses in the same position may differ in how they interpret and follow a medical order?

**Answer:** Yes, it is possible that two nurses may reach differing clinical judgments regarding the appropriateness and safety of a specific medical order for the same client or for different clients.

For the purposes of client safety (i.e., in adherence to Oregon Administrative rules 851-045-0040(5) standards on accepting and implementing orders), any nurse who finds a medical order for a client to be unclear, unsafe, or contraindicated must decline to implement the order, contact the prescriber to discuss the situation, and arrive at a mutual decision with the prescriber on how to move forward. The same actions for



promoting client safety apply when there is a disagreement between two or more nurses on how a medical order for a client is interpreted.

**Question:** I am an RN and am thinking about performing lymphedema therapy independently. My plan is to get certified as a lymphedema therapist through the Lymphology Association of North America (CLT – LANA®). Would my time spent performing lymphedema therapy count as hours in the practice of nursing to renew my license?

**Answer:** The most accurate answer is: “it depends.” It depends because the Nurse Practice Act (NPA) does not contain a list of interventions, procedures, or therapies that when performed by nurses automatically count as hours in the practice of nursing.

Using your described situation as an example, an RN must ask themselves, “What makes my performance of lymphedema therapy the practice of nursing as opposed to the practice of physical therapy (when it's performed by a physical therapist), the practice

of massage therapy (when performed by a massage therapist), or the practice of occupational therapy (when performed by an occupational therapist)? Note: Peer-reviewed literature and professional standards recognize the appropriateness of all three of these license types to engage in lymphedema therapy.

An RN's answer to the above question should be: “That which makes my performance of lymphedema therapy the practice of nursing is my application of nursing knowledge and my engagement in the practice of nursing.”

The actions and behaviors that demonstrate the practice of nursing for the RN are found in Oregon Administrative rules 851-045-0060(3). Spoiler alert: An RN will recognize these actions and behaviors as nursing process, i.e., assessment, identification of client needs or risks, identification of expected outcomes, planning how care will be implemented, implementation of the plan, and evaluation of the plan for continuation or revision.

Whether your proposed performance of lymphedema therapy will occur through your application of nursing knowledge and implementation of plan of care strategies designed to assist a client in attaining expected and measurable outcomes, or occur as an isolated service, is up to you. Documentation of the former would serve as defensible evidence of your engagement in the practice of nursing.

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