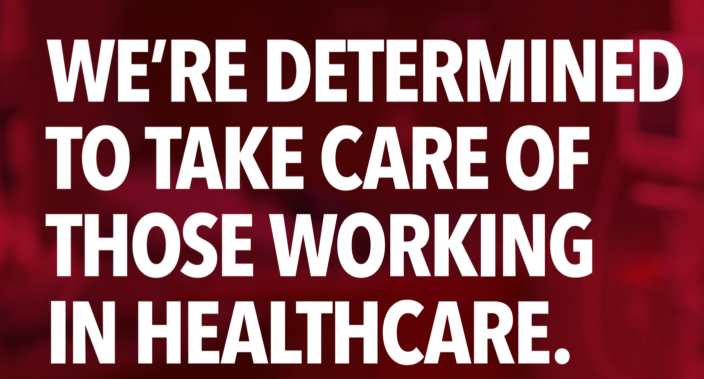
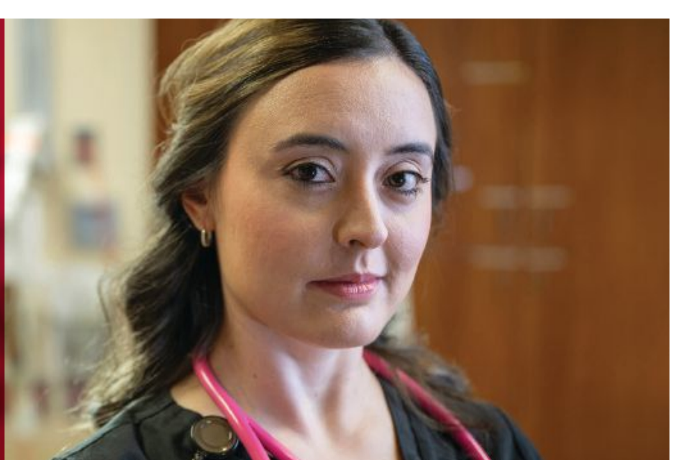
OREGON BOARD OF NURSING
SENTINEL
[VO. 44 • NO. 3 • SUMMER 2025]
inside this issue
-Mini Nurse Academy
-Nursing Program Survey Results
-What Constitutes Practice Hours?
Official Publication of the Oregon State Board of Nursing





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SENTINEL

[VO. 44 • NO. 3 • SUMMER 2025]

Page 18

Page 20

Page 22

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EDITION 67

table of CONTENTS

Director's Message 4

Taking a Closer Look at Oregon's Nursing Workforce 5

Building A Healthier Future: How The Mini Nurse Academy Advances Equity, Representation, And Workforce Resilience 8

Annual Report On Oregon Nursing Education Programs 12

What Counts as Practice Hours for the Purposes Of Licensure? 15

CNA Consolidation – Effective July 1, 2025 17

CNA and CMA Competency Exam Changes Increase Patient Safety 18

Expanding Roles: What Nurse Practitioners Should Know About Oregon's New Medical Examiner Law 20

Test Yourself: APRN Jurisprudence Knowledge Quiz 22

You Ask, We Answer 24

Highlights from the April and June 2025 Board Meetings 27

26 2025 Board Members

28 2025 Board Meeting Dates

30 Board Disciplinary Actions

By OSBN Executive Director ***Rachel Prusak***, MSN, APRN, FNP-C

INCREASED FEES ARE AN INVESTMENT IN NURSE WELLNESS AND PUBLIC PROTECTION

When I stepped into the role of Executive Director on July 23, 2023, I made a commitment to the agency, the Board members, and the state to ensure the Oregon State Board of Nursing (OSBN) continues to fulfill its mission of protecting the public.

Over the past two years the Board has emphasized the importance of prioritizing nurse wellness as a cornerstone of public protection. We embraced a new mission statement that not only reflects OSBN's commitment to regulatory excellence but also underscores the importance of supporting the well-being of our nursing workforce: "The Oregon State Board of Nursing protects the public through regulatory excellence and promoting the wellness of nursing professionals."

To support this updated mission of nurse wellness, the Board advocated for ongoing access for licensees to the Oregon Wellness Program and to re-engage in the Health Professional Services Program, which provides an alternative to disciplinary actions related to substance use.

The Board has not increased nurse licensing fees since 2009, despite our costs increasing by 119% ($15.8 million). For the past 16 years, OSBN has worked diligently to manage these growing costs without burdening our licensees with higher fees. The increasing costs of services and staffing have finally outpaced our financial capacity.

To provide some perspective, the number of licensed professionals in Oregon has nearly doubled since 2009. This increase is reflected in the rising number of applications processed by our Licensing department and in the number of complaints received and cases opened in our Investigations department. At my request, the Department of Administrative Services thoroughly reviewed our agency's structure; this review revealed the OSBN Investigations department required additional staffing and a restructured management approach to enhance the quality and speed of its investigations, which are critical for maintaining public trust and protection.

These two themes, public safety and customer service, were at the heart of our 2025-27 budget and the request that we increase licensing fees to support the needs of the agency and the people we serve. Raising fees isn't something we take lightly; one of our core values is Stewardship, meaning we strive to use our financial, physical, and staff resources effectively. As we move forward with these necessary fee adjustments, I want to reassure you that the Board remains dedicated to fairness and equity.

Oregon's nursing licensing fees have historically been lower than those of neighboring states, such as Washington and California. For instance, Oregon's license renewal fee has remained at $145 every two years, in contrast to Washington's $138 per year and California's $190

Mission Statement:
The Oregon State Board of Nursing protects the public through regulatory excellence and promoting the wellness of nursing professionals.

Vision Statement:
A safe and healthy public promoted through a healthy and diverse nursing workforce.

OSBN Values
- Simplicity
- Integrity
- Stewardship
- Collaboration
- Innovation

continued on page 6 >>

2023

TAKING A CLOSER LOOK AT Oregon's Nursing Workforce

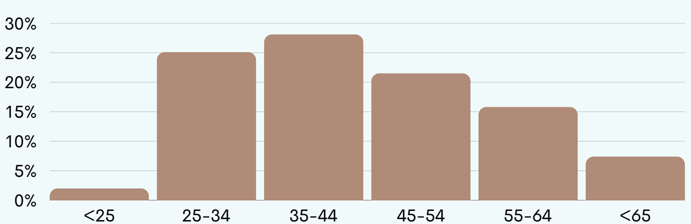
Oregon Center for NURSING

The estimated number of registered nurses (RNs) who currently work in Oregon:

56,200

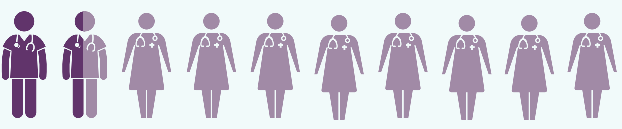
The median age of an Oregon nurse is 42.

More than half of Oregon's nurses are between the ages of 20 and 43.



Approximately 14% of the registered nurse workforce in Oregon is male.

This is higher than the U.S. national average of 11%.

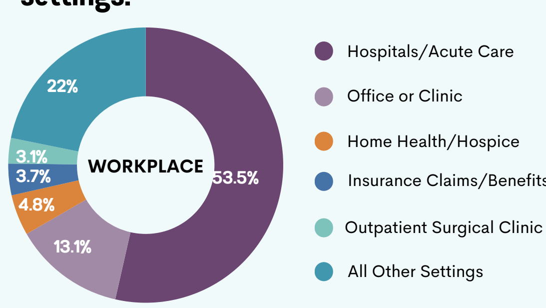


About 62% of Oregon nurses hold a baccalaureate degree as their highest education.

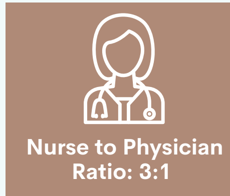
27.0% Associates Degree

61.7% Bachelors Degree

Most of Oregon's nurses work in acute care, and about 22% in a wide variety of settings.

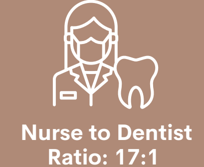


Nursing is the largest sector of the healthcare workforce in Oregon:

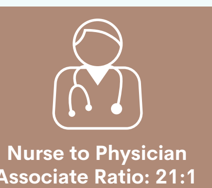


Nurse to Physician Ratio: 3:1

Nurse to Physical Therapist Ratio: 11:1



Nurse to Dentist Ratio: 17:1



Nurse to Physician Associate Ratio: 21:1

This information was compiled and produced by the Oregon Center for Nursing. Sources include the Oregon Health Authority's Public Use Nursing Workforce Datafile, the U.S. Census Bureau, and the American Community Survey

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<< continued from page 4

DIRECTOR'S MESSAGE

every two years. Similarly, Oregon's exam fees are $160, whereas California charges $300 and Washington $203. By implementing a $100 increase in application fees for RNs and APRNs, we aim to balance Oregon's rates with those of neighboring states, ensuring fairness in our fee structure. In addition, the Board recognized LPNs traditionally earn less than RNs and adjusted LPN fees by $35 rather than $100 to better align fees with their economic realities.

After public hearings and scrutiny, our budget passed both legislative chambers and has been signed by the Governor. The budget and fee increases went into effect July 1, 2025.

Our mission at OSBN to protect the public is best realized when we ensure that our nursing workforce has full access to the Oregon Wellness Program and can participate in the Health Professional Services Program. Moreover, by updating the Investigations Department structure, we can better serve the public and our licensees alike. Therefore, the increase in licensing fees is not merely an adjustment; it is an essential investment in the safety and well-being of all Oregonians. Together, we can reinforce our dedication to protecting the public through regulatory excellence while promoting the wellness of our dedicated nursing professionals.

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By Guest Author ***Danaya Hall,*** MSN, APRN, WHNP-BC

BUILDING A HEALTHIER FUTURE: HOW THE MINI NURSE ACADEMY ADVANCES EQUITY, REPRESENTATION, AND WORKFORCE RESILIENCE

"A child educated is a family elevated" was the call to action by the National Black Nurses Association (NBNA) to assemble the Mini Nurse Academy (MNA) Committee in 2022. As the founding president of the Alliance of Black Nurses Association of Oregon (ABNAO), I answered the call to lead the Pacific Northwest's contribution to this groundbreaking curriculum.

MNA provides students in 3rd through 6th grades coming from underrepresented communities with opportunities to experience the art of nursing. Students explore the Social Determinants of Health (SDOH), and adopt practices for optimal wellbeing. Tthe curriculum is built on immersive learning—implementing hands-on activities, observation oppurtunities, and skills training, in an age-appropriate, simulated nursing environment.

We piloted our first cohort at Highland Haven a community empowerment organization, and then launched a full module implementation at Vestal Elementary, and initiated a residency at Kairos Elementary in the winter and fall. Through these spaces we've introduced a diverse community of students to nursing through engaging, experiential education in STEM, First Aid, CPR, and SDOH.

One of the most powerful moments in the curriculum is when students meet Nefertiti, our anatomy mannequin, a black woman with cornrows. Many students have never seen a life-sized anatomical model that reflects their skin tone and hair texture. Nefertiti draws them in, showing them that they too belong in medical spaces.

We celebrate the foundation of Black nursing in America, teaching students about the contributions of Harriet Tubman and Mary Eliza Mahoney, the first licensed Black nurse. We also highlight the achievements of Black nurses in Oregon today—from bedside nurses to professors, nurse practitioners, entrepreneurs, and even elected leaders like Rep. Travis Nelson, a bedside nurse turned state legislator. This helps students see that the possibilities in nursing are limitless.

The curriculum continues with a bingo game to explore the

Social Determinants of Health, helping students understand how where we live, work, and play impacts our well-being. From there, we build first aid kits, teach CPR, explore Stop the Bleed principles, and go on an AED scavenger hunt. Finally, students transform their classrooms into science labs, conducting pH experiments and learning that the art of caring is rooted in science and a deep understanding of how to support optimal health.

Through MNA, the nursing workforce can be diversified, health equity improvements can be made, and the impending nursing shortage can be reduced.

Addressing the Roots of Inequity in Oregon

In Oregon, the Black population accounts for just 3% of the state's demographics, far below the national average of 13%. This disparity is deeply rooted in Oregon's historical foundation as a so-called white utopia. The state constitution once excluded African Americans from residency, and Oregon delayed ratification of the 14th and 15th Amendments—guaranteeing citizenship and voting rights for formerly enslaved people—until well into the 20th century.

The legacy of exclusion continued through discriminatory practices such as redlining, which denied Black families homeownership and concentrated them in unsafe, underserved neighborhoods. Tragedies like the Vanport flood, construction of the I-5 corridor, and expansion of Emanuel Hospital further displaced Black communities, preventing the accumulation of generational wealth. These systemic policies have contributed to long-standing health disparities that persist today.

Empowering Change Through the Mini Nurse Academy

The Mini Nurse Academy seeks to disrupt this cycle by introducing children from underrepresented communities to the nursing profession early, specifically students in grades 3 through 6. Through culturally responsive education and immersive, hands-on learning, students explore the Social Determinants of Health (SDOH), fostering an understanding of how environment, policy, and access shape wellness.

By teaching students about the impact of systemic racism on health outcomes, MNA cultivates a new generation of healthcare professionals equipped with both empathy and insight. Students aren't just learning biology and anatomy—they're being empowered to recognize injustice and inspired to become agents of change.

Unpacking Health Disparities with Science and History

According to the CDC, 90% of America's annual healthcare spending goes toward treating chronic diseases like diabetes, cardiovascular disease, and mental illness. These conditions disproportionately affect African Americans, Native Americans, and Native Alaskans. Traditional nursing education has often identified race as a risk factor without addressing the underlying causes, leaving future nurses ill-equipped to understand or counteract systemic influences.

This is where MNA changes the narrative. It integrates historical context with emerging science, such as epigenetics, which shows how chronic stress caused by racism can be passed across generations. This foundational knowledge helps young learners understand that health disparities are not the result of poor choices but of deeply embedded inequities.

Furthermore, the curriculum honors the legacy of those harmed by medical racism, such as Henrietta Lacks, Betsy, Lucy and Anarcha, the women experimented on by Dr. Marion Sims, and the victims of

continued on page 10 >>

<< continued from page 9

the Tuskegee Syphilis Study, by teaching students the importance of ethical research, informed consent, and respect for human dignity.

Rebuilding the Nursing Workforce from the Ground Up

In the wake of the COVID-19 pandemic, the nursing profession is experiencing a crisis. The U.S. Surgeon General's Addressing Burnout report highlighted increasing workplace violence and burnout among nurses. The American Nurses Association's Racism in Nursing survey found that minority and LGBTQ+ nurses face even higher levels of stress and emotional fatigue.

At the Alliance of Black Nurses Association of Oregon (ABNAO), we hear these stories often. Black nurses share the burden of being the "only one" in their departments—isolated, overworked, and battling imposter syndrome. Through community, we've developed strategies to build resilience and stay in the profession. But we also know that long-term change requires early intervention.

That's why MNA is essential. Research shows that between ages 8 and 12, children begin to imagine their future careers. By introducing them to nursing during this critical developmental window, MNA plants seeds of possibility and pride. It offers not only representation, but a roadmap to a respected and meaningful career.

A Smart Investment for Healthcare Systems

Healthcare systems often struggle to retain full-time staff, resorting to costly temporary staffing solutions. But investing in the well-being and diversity of the nursing workforce from the beginning can prevent burnout and reduce turnover. MNA is part of that investment. By building a talent pipeline that reflects the communities nurses serve, healthcare systems can increase patient trust, improve care outcomes, and reduce costs over time.

As Dr. Camara Phyllis Jones illustrates in her Gardener's Tale framework, racism stifles innovation and wastes human potential. By removing systemic barriers and embracing diversity, the MNA nurtures the genius within every child and reimagines healthcare as more inclusive, equitable, and just.

In conclusion, the Mini Nurse Academy stands as a vital investment in the future of healthcare and health equity. By engaging young minds from underrepresented communities through immersive, hands-on learning, we are planting seeds of curiosity, confidence, and purpose. Our students don't just learn about nursing—they see themselves in nursing. They learn that their history, their identity, and their dreams matter in medicine.

Programs like MNA don't just introduce children to the nursing profession—they reframe their entire understanding of who can lead in healthcare. From celebrating historical pioneers to highlighting local Black nurse leaders and conducting science-based experiments, our students are given tools to build brighter futures for themselves and their communities.

As we continue to expand the reach of MNA, we are actively shaping a nursing workforce that is more diverse, better informed, and deeply compassionate—one that reflects the people it serves and is better equipped to meet the complex challenges of our healthcare system. Through early intervention and culturally responsive education, we are creating a future where healthcare is more inclusive, equitable, and just for everyone.

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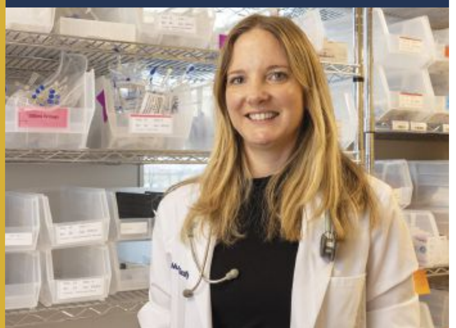

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By OSBN Policy Analyst ***Laura Blackhurst***, MSN, RN, CNL

ANNUAL REPORT ON OREGON NURSING EDUCATION PROGRAMS

Nursing education programs are required to complete an annual report to the Oregon State Board of Nursing (OSBN), providing the Board with updated information regarding their program, curriculum, faculty, and students. This report is facilitated by the National Council of State Boards of Nursing (NCSBN), which develops a standardized electronic survey for Boards across the country to utilize in gathering data from their education programs. The survey is sent to all nursing programs physically located in Oregon, within OSBN's authority to regulate. Sent to programs in January 2025, programs are asked to provide data from 2024, except where a specific time period is mentioned. This article will provide an overview of the results of the most recent annual survey.

Overall Results:

OSBN received 41 completed survey responses. Importantly, nursing programs are directed to complete the survey for each NCLEX code they utilize. Large programs with multiple campuses, such as Oregon Health and Science University (OHSU), have an NCLEX code for each campus; thus, their survey responses reflect data from each campus. Some nursing programs offer multiple educational paths to a degree, with an NCLEX code for each; for example, Linfield University offers a bachelor's degree RN program, as well as an accelerated option, and a master's entry into nursing. With each track having an NCLEX code, the program completes the survey for each track. Finally, several Oregon RN programs have an approved embedded practical nursing programs; Klamath Community College, Lane Community College, Sumner College, and Umpqua Community College completed the survey for both programs. One program with initial approval, Corban University, does not yet have students enrolled in their nursing courses.

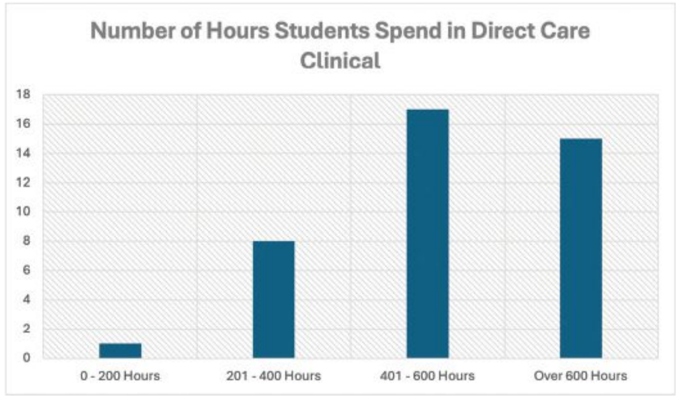
Program Information

- **Number of Programs:**
  - Practical Nursing Programs: 7
  - Registered Nursing Programs (Associate's Degree): 15
  - Registered Nursing Programs (Bachelor's Degree): 17
  - Registered Nursing Programs (Master's Degree): 1
- **NCLEX Pass Rates:** While most programs experienced a dip in NCLEX pass rates in the last five years, likely attributed to the impact of the COVID-19 pandemic on nursing education, nearly all have seen pass rates trend back up. All programs with students are currently meeting OSBN NCLEX standards. You can find program pass rates on the OSBN website here: https://www.oregon.gov/osbn/Documents/Resource_NCLEXPassrates.pdf.
- **Location:** 46% of responses identified programs as rural; 34% were urban and 17% suburban. One program, Walla Walla University, identified that their Oregon campus was rural, however their main campus in Washington is urban. You can find the location of Oregon nursing programs here: https://osbnpublic.osbn.oregon.gov/approvedprograms.
- **Ownership**: 66% of responses were from publicly owned institutions. 24% of responses came from private not-for-profit institutions, and 10% came from private for-profit institutions.
- **Accreditation:** As of March 2025, 24 responses (59%) indicated a program had national nursing accreditation through either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE). The survey did not have an option for those programs currently in "Candidate" status.

Clinical Experiences

Student hours in direct patient care vary by program, ranging from 130 hours (in a practical nursing program) to 1,104 hours (in a registered nursing program). Division 21 of the Nurse Practice Act does not establish a specific number of clinical hours required, however programs must provide students with sufficient clinical experience to support learning outcomes.

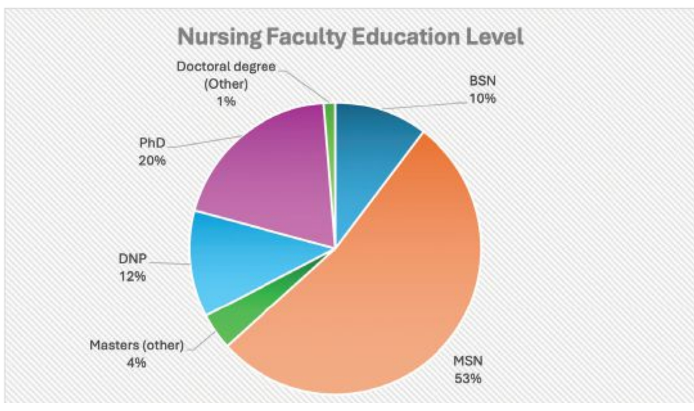
In terms of clinical placements, programs utilized predominantly weekday day-shift offerings. Only six programs reported any usage of night shift clinical placements; 11 programs reported using some weekend placements.



All nursing programs but one offered students simulated clinical experiences, with responses indicating an average of 88.4 hours of simulation. Depending on the program and their overall clinical hours, schools reported that the simulation component of clinical varied from 2.34% of clinical experiences to as much as 41.44% of clinical experiences. On average, across the state, 10.5% of clinical experience hours are replaced with simulation.

Faculty

The number of full-time faculty varies by program, and may overlap between education tracks, however schools reported approximately 462 full-time nursing faculty across the state. These full-time faculty are supported by 325 part-time faculty and 351 clinical adjunct faculty: again, with the possibility of some overlap between roles.



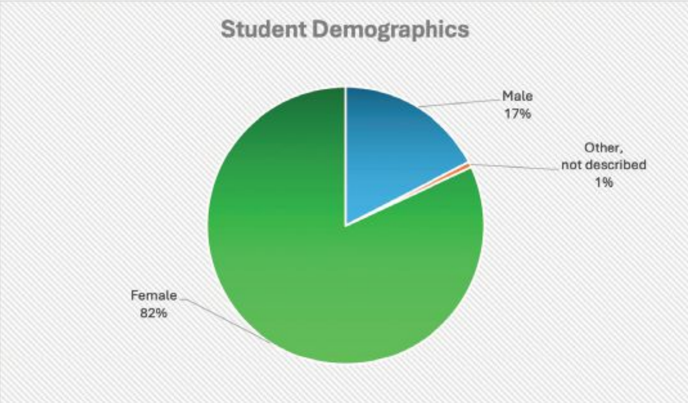
The average full-time nursing faculty is master's prepared, and approximately 1/3 of faculty have some form of doctoral education.

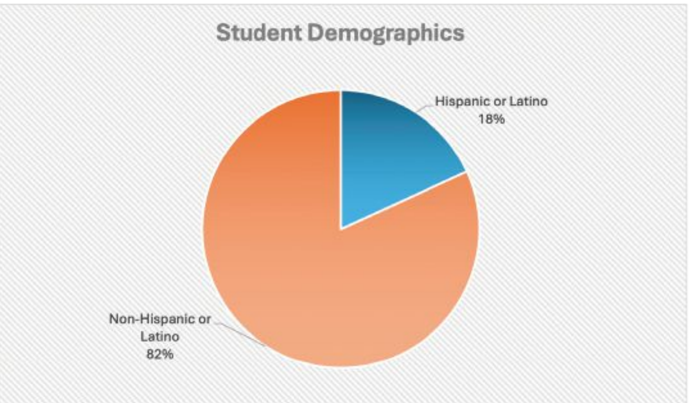
Students

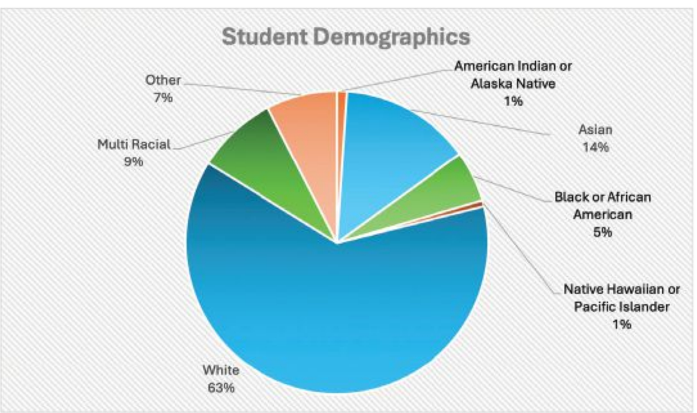
For the 2024-2025 academic year, programs reported a total enrollment of 4,694 students. This number may include students who are in pre-nursing courses and does not account for the variable length of the nursing program.

For the 2024-2025 academic year, programs also reported:

- **5,638 qualified applications were received**
- **3,173 students were admitted**
- **2,079 students graduated**







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NURSING EDUCATION

Programs reported the following student demographics for 2024-2025.

Programs reported that among their currently enrolled students 3,816 students identify themselves as female, 813 students identify themselves as male, and 30 students identify themselves as other, not described.

Conclusion

The annual report highlights the nursing education options available to Oregonians. While schools must meet the programmatic standards established in the Nurse Practice Act, the report also illustrates the flexibility in educational offerings. For more information on the programs currently approved by the OSBN, visit our website at https://osbnpublic.osbn.oregon.gov/approvedprograms

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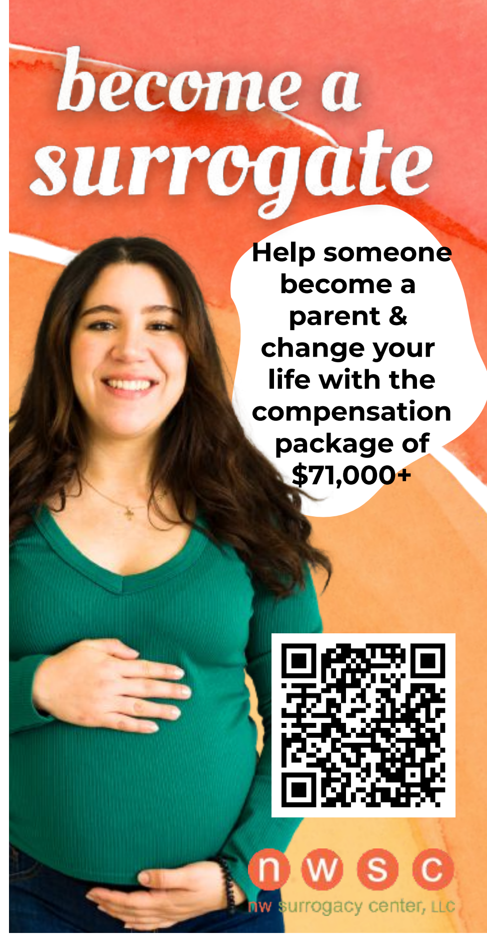


By OSBN RN/LPN Policy Analyst ***Gretchen Koch***, RN, MSN

WHAT COUNTS AS PRACTICE HOURS FOR THE PURPOSES OF LICENSURE?

Several Oregon State Board of Nursing (OSBN) license types require an applicant to attest they have completed a specific number of hours in the practice of nursing within the two years immediately preceding application. For most applicants, the practice hour attestation is made with ease. For some, especially those who no longer practice at the bedside, it's more difficult.

The purpose of this article is to present the Nurse Practice Act's definition of the practice of nursing and identify where the definition is further described for each license type. This information may then be used by individual applicants to determine whether their actions in their role are the practice of nursing for the license type sought.

A Question of Practice

Questions received by OSBN concerning practice hours are far-ranging and include:

- Does my RN care management job count as practice?
- I provide first aid and blood pressure checks during community events, does that count?
- I've been told that because I don't do direct patient care anymore, I can't renew my license. Is this true?
- Can I count time spent providing care to a family member as practice hours?
- I've been helping my neighbor with their medications, meals, and peritoneal dialysis. Can I claim this time as practice hours?
- I hold a full-time nursing practice position but was assigned to other duties two years ago. Because my position description hasn't changed, am I still able to claim this as practice?

The answer to all these questions: It depends. It depends because there is no work environment, practice setting, job title, role, or position description which expressly and automatically makes all time spent there the practice of nursing.

Practice of Nursing

The term *practice of nursing* is defined in Oregon Revised Statutes (ORS) 678.010:

"Practice of nursing means autonomous and collaborative care of persons of all ages, families, groups and communities, sick and well, and in all settings to promote health and safety, including prevention and treatment of illness and management of changes throughout a person's life."

In addition to this statutory definition, OSBN describes the practice of nursing for the registered nurse (RN), the advanced practice registered nurse (APRN), and the licensed practical nurse (LPN) in the Oregon Administrative Rules (OAR) cited below.

Practice by License Type

To learn the specific actions which demonstrate the *practice of nursing* for the type of license sought, the reader is directed to access the applicable OAR cited below. In the interim, presented below is a summary of those actions.

Registered Nurse

The practice of nursing for the RN is described in OAR 851-045-0060 (1) and (2) and communicates the practice as the independent engagement in the nursing process – the critical thinking model applied by the RN which directs the development and revision of the plan of care. The practice of nursing for the RN occurs through the following actions:

- Assessment of the client to identify their overall response to their current state of health that brought them into contact with the RN.
- Identification of reasoned conclusions based on validation, analysis, and synthesis of assessment data.
- Identification of expected outcomes for reasoned conclusions.

continued on page 16 >>

<< continued from page 15

- Development of a plan of care to communicate prioritize reasoned conclusions, expected outcomes, and interventions to attain expected outcomes.
- Implementation of the plan of care.
- Evaluation of client progress toward expected outcomes.

Advanced Practice Registered Nurse

The practice of nursing for the APRN is described in OAR 851-055-0010 (3) and (4) and communicates the practice as the independent engagement in nursing process. The cited OARs further describe the practice of nursing for the APRN occurring within the context of the APRN's educational preparedness, national certification, and role, as they independently provide health care services through the following actions:

- Assessment of client through the collection, synthesis and analysis of data, and application of nursing principles and therapeutic modalities.
- Identification of reasoned conclusions. For nurse practitioners and clinical nurse specialists with prescriptive authority, formulating diagnosis.
- Development of a treatment plan (e.g., management of health care during acute and chronic phases of illness, prevention of illness, counselling, coordination of care, etc.).
- Intervention.
- Evaluation.

Licensed Practical Nurse

The practice of nursing for the LPN is described in OAR 851-045-0050 (3) and communicates a clinically directed practice which contributes to the nursing process. Clinical direction means the LPN's practice of nursing is directed by an established plan of care that has been developed by an RN, or an established treatment plan that has been developed by an APRN, medical doctor, doctor of osteopathic medicine, podiatric physician, naturopathic doctor, or dentist.

The following actions demonstrate the practice of nursing for the LPN:

- Focused assessment of the client that recognizes the client's priority condition at the time of the interaction with the LPN.
- Development of a focused plan of care which identifies prioritized interventions from the RN's plan of care, or from the health care provider's (as listed above) treatment plan, to be carried out with the client.
- Implement prioritized focused plan of care interventions.
- Evaluate client's response(s) to focused plan of care interventions, and the client's progress toward expected outcomes as identified in the RN's plan of care or in the health care provider's treatment plan.
- Communicate the client's status with the RN or health care provider providing clinical direction of the LPN's practice of nursing.

Note: The RN, APRN, or LPN applicant who is uncertain whether their work is the *practice of nursing*, should compare their own documented actions (in the role), against the practice of nursing as described for their license type in the cited OARs. This self-evaluation exercise allows the applicant to determine whether they have been engaging in the practice of nursing.

Key Points of Application

The practice of nursing is not limited to direct patient care and can occur in roles including administration, leadership, advocacy, management, research, health coaching, nursing education, nursing consultation, health promotion, wellness counselling, public service, informatics, care coordination, utilization review, authorship, etc.

The practice of nursing is not limited to practice with an individual person. A client (i.e., the recipient of nursing services) could be a family, group, community, student cohort, or population.

The practice of nursing is not exclusive to health care settings and can occur anywhere.

Practice hours are not exclusive to paid work and may be accrued in volunteer and other non-paid roles, such as, engaging in the practice of nursing with a family member or neighbor.

Practice hours may be accrued through continuing education that includes the clinical application of nursing knowledge. Examples of this include clinical nursing courses taken as part of a RN to BSN program and precepted clinical experiences associated with a specialty nursing certification.

Important information for the APRN licensure applicant: The practice of nursing for the APRN is not exclusively limited to diagnosing conditions, providing treatment, and prescribing medications. For more information, the reader is directed to access OAR 851-055-0010 (6), (7), and (8).

Other Considerations

Remember that a 40-hour work week does not necessarily translate into 40 hours in the practice of nursing, e.g., vacation time, sick leave, family and medical leave, etc.

Work performed under a license issued by another Oregon health licensing Board or a non-nursing regulatory body cannot be counted as hours in the practice of nursing. The applicant with such licensure is responsible for differentiating their

practice of nursing from activities performed under the secondary license and jurisdiction of the other Board.

Summary

The practice of nursing is the application of nursing knowledge through engagement in nursing process and is not limited to any specific work environment, practice setting, job title, role, or position description.

An applicant who is uncertain whether work done in their role is the practice of nursing for the license type sought, is responsible for evaluating their own documented actions in their role against the license-specific standards identified in the article.

Resources

OAR 851-045-0060 (1) and (2):

https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=Uy7w1gxK7ZHnk14U1CvgkDF5rmzfTOi1vQNNAhbBgTtwsXgFJdqN!99228750?ruleVrsnRsn=314755

OAR 851-045-0050 (3): https://secure.sos.state.or.us/oard/viewSingleRule.action;JSESSIONID_OARD=Uy7w1gxK7ZHnk14U1CvgkDF5rmzfTOi1vQNNAhbBgTtwsXgFJdqN!99228750?ruleVrsnRsn=314754

OAR 851-055-0010 (6), (7), and (8): https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=305342

OAR 851-055-0010 (3) and (4): https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=305342

NURSING ASSISTANT

By OSBN NA Policy Analyst ***Barbara Ju***, MPH, RN, NE-BC

CNA CONSOLIDATION – EFFECTIVE JULY 1, 2025

On July 1, 2025, after almost three years of public process work and input from employers, CNAs, and educators, the CNA1 and 2 designations were retired and there is one level of CNA in Oregon. Nursing assistants who had the additional CNA2 designation now appear on the OSBN license verification portal as CNA.

After receiving feedback in June 2022 from CNAs and legislators that there were too many barriers to becoming a CNA in Oregon, the Board began a lengthy public process of listening sessions and rule advisory committee (RAC) meetings to determine the best way forward. Based on information received during this process, the Board determined that maintaining two levels of nursing assistant no longer made sense in the current healthcare landscape and did not significantly impact patient safety. This process also resulted in reducing the number of nursing assistant education hours, as well as curriculum and exam question updates.

In June 2024, the Board voted to combine the two CNA levels with an implementation date of July 1, 2025, to give employers, education programs, and CNAs time to prepare. Most of the skills that had been designated for CNA2s in Division 63 of the Nurse Practice Act are now available as "additional authorized duties." It is up to each employer to determine which additional authorized duties are appropriate for their facility based upon their client population needs. It is required that a Registered Nurse (RN) representing the CNA employment site teach and perform competency validation.

In addition to Division 63 (Standards and Authorized Duties for the Certified Nursing Assistant and Certified Medication Aide), two other updated rule divisions regarding CNAs, Division 61 (Standards for NA/ MA Education Programs) and Division 62 (Standards for NA/ MA Certification) became effective July 1.

For more information, please visit the Oregon State Board of Nursing's webpage on the CNA consolidation: https://www.oregon.gov/osbn/Pages/CNA-Consolidation.aspx.

By OSBN NA Policy Analyst ***Barbara Ju***, MPH, RN, NE-BC

CNA AND CMA COMPETENCY EXAM CHANGES INCREASE PATIENT SAFETY

During its June 2025 meeting, the Oregon Board of Nursing approved the May nursing assistant (NA) and medication aide (MA) Test Advisory Panel (TAP) recommendations. The TAP members who are current program directors and faculties of NA and MA education programs met to review the Oregon testing data including the minimum passing score, testing trends, attrition summary, test reliability, exit survey summaries, selected knowledge test items, and the steps of the manual NA skill examination (exam). Changes to the NA and MA competency exams will go into effect August 1, 2025.

CNA Competency Exam:

- Candidates will be required to wear clinical attire (scrubs) for NA skills testing only. The NA knowledge competency exam will continue to have 80 questions with no changes to the test plan. Changes to the NA skills include:
- Perineal Care for a Male Client, Change Their Soiled Brief with Hand Washing: changed for safety reasons. One of the existing steps has been updated as a key step.
- Put on a Gown and Gloves, Measure and Record the Output from the Urinary Drainage Bag and Remove the Gown and Gloves with Handwashing: removed an unnecessary step of "Does not touch the graduate with any portion of the tubing."
- Range of Motion (ROM) for a Client's Lower Extremities (Hip and Knee): removed as a separate skill and combined with ROM upper extremities as one skill.
- Range of Motion (ROM) for a Client's Upper Extremities (One Shoulder): removed as a separate skill and combined with ROM lower extremities as one skill.
- Range of Motion (ROM) for a Client's Upper (One Shoulder) and Lower (Hip and Knee) Extremities: a new skill with combined ROM lower and upper extremities. No correct side specified allowing the candidate to perform the skill a side of their choice. The skill steps are arranged to perform flexion, extension for both extremities first, followed by abduction and adduction for both extremities. The step of "Ask the client if causing any discomfort or pain at some point during the ROM demonstration" will be replaced with "The candidate must ask the client if they are having any pain or discomfort during the ROM procedure." Removed an unnecessary step of "Does not force any of the client's joints beyond the point of free movement."
- Reposition a Client on their Side in the Bed: changed to provide clarity. The step of "Places support devices under the client's upside arm" will be replaced with "Places

support devices under the top side arm of the client."

- Transfer a Client from a Wheelchair to their Bed using a Gait Belt: removed an unnecessary step of "Asks the client to place their hands on the wheelchair armrests."
- Taking and Recording a Client's Temperature (using a touchless infrared thermometer), Radial Pulse, and Respirations: updated to follow current practice guidelines. Removed the step "Holds the thermometer at a length of 3 fingers put together from the client's temple (3-5cm)." "Points the thermometer at the end of the client's eyebrow" will be replaced with "Points the thermometer at the forehead."

CMA Competency Exam:

The MA test remains at 60 questions. The Headmaster subject areas changed to align with the OSBN curriculum domains:

Headmaster Subject Area	OBN Curriculum Domain
Authorized Duties/Regulations	Ethical and Legal
Documentation/Terminology	Communication and Documentation
Error Reporting/Role and Responsibility	Ethical and Legal
Medication Administration/Client Rights	Medication Fundamentals
Medication Administration/Client Rights	Medication Administration
Medication Effects	Safety
Medication Effects	Medication Administration

Additionally, the MA test plan has been updated:

Previous MA Test Plan:

Headmaster Subject Area	# of Questions
Authorized Duties/Regulations	9
Documentation/Terminology	10
Error Reporting/Role and Responsibility	10
Medication Administration/Client Rights	18
Medication Effects	13
Total	60

New MA Test Plan:

Headmaster Subject Area	# of Questions
Medication Fundamentals	20
Safety	5
Communication and Documentation	5
Medication Administration	26
Ethical and Legal	4
Total	60

NA Test Advisory Panel Participants:

- Anne Newman, Oregon EmpRes Healthcare NA
- Bonnie Marshall, Rogue Valley Manor NA/MA
- Bonnie Wilkinson, Caregiver Training Institute NA/MA
- Bradely Brown, Marquis Companies NA/MA
- Julie Bucher, Long Term CareWorks NA
- Lyn Chase, Clackamas NA Training
- Carole Nice, Dallas Retirement Village NA
- Karla Ramirez, Long Term CareWorks NA
- Keri Bennett, Treasure Valley Tech NA
- Lisa Rye, Mt Hood Community College NA
- LaDonna Seeley, EMT Associates NA
- Mary Ann Vaughan, EMT Associates NA
- Patricia Winter, Sapphire Health Services NA
- Rebecca Wilson-Linn Benton Community College NA
- Susan Craw, Avamere Health Services NA
- Stacy Tolich, Volare Health NA
- Amy Owens, Headmaster
- Brenah Quinn, Headmaster
- Jessica Ray, Headmaster
- Teresa Whitney, Headmaster
- Public Member:
  Jamie Bartlett, Dalles Retirement Village NA

MA TAP Participants:

- Bonnie Marshall, Rogue Valley Manor NA/MA
- Bonnie Wilkinson, Caregiver Training Institute NA/MA
- Mary Ann Vaughan, EMT Associates NA
- Bradely Brown, Marquis Companies NA/MA
- Paula Love, Sapphire Health Services NA
- Stacy Tolich, Volare Health NA
- Susan Craw, Avamere Health Services NA
- Lisa Rye, Mt Hood Community College NA
- Brenah Quinn, Headmaster
- Katie Gilbert, Headmaster
- Public Member: Megan Phelps, Oregon Veterans Home-the Dalles NA/MA

The new NA Testing and Certification candidate handbook is available at Oregon CNA Testing and Certification and the current Medication Aide Testing and Certification candidate handbook is available at Oregon Medication Aide Testing and Certification.

By OSBN Policy Analyst ***Sarah Wickenhagen***, DNP, APRN, FNP-C

EXPANDING ROLES: WHAT NURSE PRACTITIONERS SHOULD KNOW ABOUT OREGON'S NEW MEDICAL EXAMINER LAW

In a move that reflects the evolving landscape of healthcare and public service, Oregon's 2025 Legislature passed Senate Bill 536—an unexpected but important change to the state's death medical examination system. This bill allows licensed nurse practitioners (NPs) and physician associates (PAs) to be appointed as district or assistant district medical examiners. While the change received little public attention, it has meaningful implications for advanced practice nurses, particularly those working in rural settings.

Understanding the Change

Traditionally, only physicians could be appointed to the role of medical examiner in Oregon. Faced with rising caseloads and a shortage of forensic professionals, particularly in rural areas, lawmakers advanced this bill to broaden the pool of eligible professionals. NPs and PAs were added as qualified candidates, provided they meet the expectations of the State Medical Examiner's Office under the Oregon State Police.

Scope of Practice and Oversight

This development does not alter the core nursing scope of practice as defined in Oregon Administrative Rules (OAR) Division 55, nor does it impose new requirements on all NPs. The medical examiner role is distinct from traditional clinical practice and is governed by separate regulatory bodies. The appointment, responsibilities, and operational oversight of medical examiners remain under the jurisdiction of the Oregon State Medical Examiner's Office—not OSBN.

Because of this separation, Division 55 does not currently require updates to accommodate this new eligibility pathway. However, the intersection of nursing licensure and state forensic roles raises important questions about competency, preparation, and professional boundaries.

Educational Expectations and Clinical Preparedness

While SB 536 makes NPs eligible for appointment, it does not specify any additional training or credentials that may be

necessary. Historically, physicians in the medical examiner role possess specialized training in forensic pathology or death investigation. In the absence of parallel requirements outlined in statute or rule, it is reasonable to anticipate that NPs appointed to serve as medical examiners will be held to similar standards of competence and professional preparation.

This expectation is rooted in the principles of public safety and professional integrity. Licensees considering this pathway should carefully evaluate their own education, consult the State Medical Examiner's Office for guidance, and recognize that holding an NP license alone does not guarantee qualification for forensic responsibilities.

National Perspective

To date, Oregon is among the first states to take this step. While NPs have been recognized as independent practitioners in many jurisdictions, the use of NPs as medical examiners is a novel development. As with other pioneering efforts in practice expansion, Oregon may serve as a model for how to approach integrated public health solutions during workforce shortages.

What This Means for Licensees

This bill does not take effect until January 1, 2026, providing agencies time for rulemaking, policy updates, and cross-professional training. NPs should be aware that this statutory change does not obligate them to serve as medical examiners, nor does it create a blanket approval for such roles without appropriate training or evaluation. As with any expanded function, careful consideration must be given to scope of practice, liability, ethics, and interdisciplinary collaboration.

Resources & References

Oregon State Legislature. (2025). Senate Bill 536: Relating to medical examiners; and prescribing an effective date. https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB536

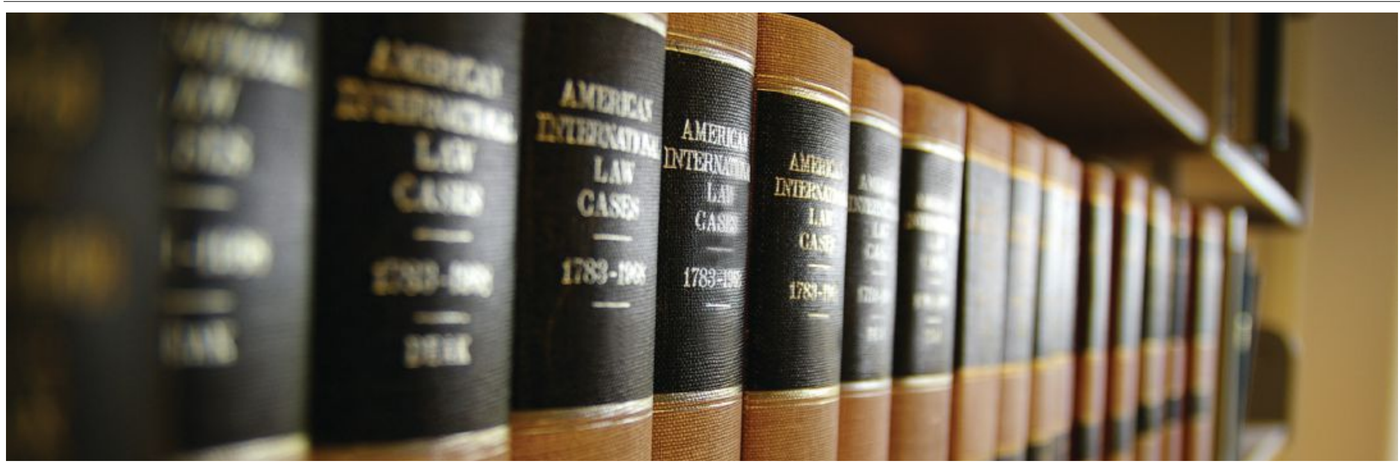
Oregon Revised Statutes. (2023). ORS 146.003 – Definitions for ORS 146.003 to 146.189. https://www.oregonlegislature.gov/bills_laws/ors/ors146.html

Oregon State Board of Nursing. (n.d.). Oregon Administrative Rules: Division 55 – Scope and Standards of Practice for the Advanced Practice Registered Nurse https://www.oregon.gov/osbn/pages/laws-rules.aspx

Oregon State Police – Medical Examiner Division. (n.d.). Medical examiner program overview. https://www.oregon.gov/osp/programs/pages/ med.aspx

By OSBN APRN Practice & Education Policy Analyst ***Sarah Wickenhagen***, DNP, APRN, FNP-C

TEST YOURSELF: APRN JURISPRUDENCE KNOWLEDGE QUIZ



Understanding the laws and rules that govern nursing practice is a professional responsibility for every licensee, but many nurses are never formally assessed on their knowledge of the Nurse Practice Act (NPA). In several states, boards of nursing require a jurisprudence (JP) exam as part of the initial licensure or endorsement process. These exams are designed to ensure that licensees understand the legal framework, regulatory expectations, and professional standards that govern their practice in a given state.

Oregon does not currently require a jurisprudence exam for any level of nursing licensure. However, this absence should not be mistaken for a lack of importance. Oregon's NPA is a comprehensive legal structure that includes multiple divisions beyond an individual's specialty or role. For example, while APRNs are directly regulated by Divisions 53 (Licensure) and 55 (Scope of Practice), they are also subject to the general standards of conduct in Division 45, licensing fees in Division 2, and possibly monitoring under Division 70.

This mock jurisprudence exam was developed to support APRNs in reviewing relevant legal standards and understanding how their licensure fits within the larger NPA. By engaging in this type of self-assessment, APRNs can ensure they are meeting their professional obligations, maintaining public trust, and remaining up to date with Board expectations—even in areas outside their routine clinical practice.

Resources & References

Oregon State Board of Nursing. (n.d.). Oregon Administrative Rules, Division 2 –Agency Fees. https://www.oregon.gov/osbn/pages/laws-rules.aspx

Oregon State Board of Nursing. (n.d.). Oregon Administrative Rules, Division 45 – Standards and Scope of Practice for Licensed Practical Nurses and Registered Nurses. https://www.oregon.gov/osbn/pages/laws-rules.aspx

Oregon State Board of Nursing. (n.d.). Oregon Administrative Rules, Division 53 – Standard for Licensure of Advanced Practice Registered Nurses. https://www.oregon.gov/osbn/pages/laws-rules.aspx

Oregon State Board of Nursing. (n.d.). Oregon Administrative Rules, Division 55 – Scope of Standards of Practice for the Advanced Practice Registered Nurse. https://www.oregon.gov/osbn/pages/laws-rules.aspx

Oregon State Board of Nursing. (n.d.). Oregon Administrative Rules, Division 70 – Monitoring Behavioral Health and Cognitive or Physical Impairment. https://www.oregon.gov/osbn/pages/laws-rules.aspx

Oregon APRN Mock Jurisprudence Exam

This mock exam is intended to help APRNs assess their knowledge of Oregon Administrative Rules Division 53 (Licensure) and Division 55 (Scope and Standards of Practice). Each question has one correct answer. Refer to the Oregon Nurse Practice Act and this article as needed.

1. **Which of the following is the requirement for an initial APRN licensure in Oregon?**
   A. Completion of a 30-hour pharmacology course
   B. Holding an active RN license in Oregon
   C. Graduation from a board-approved APRN program within the last two years
   D. Completion of 200 hours of supervised clinical practice

2. **According to Division 55, an APRN's scope of practice must be:**
   A. Limited to primary care services
   B. Congruent with their educational preparation and national certification
   C. Determined by their employer's policies
   D. Identical to that of a physician in the same specialty

3. **Which of the following is true regarding prescriptive authority for APRNs in Oregon per Division 53?**
   A. It is mandatory for all APRNs
   B. It requires completion of a 45-hour pharmacology course
   C. It is granted upon APRN licensure without requirements
   D. It allows prescribing of all controlled substances without restriction

4. **To expand their scope of practice beyond their original population focus, an APRN must:**
   A. Notify the Oregon State Board of Nursing (OSBN) in writing
   B. Provide OSBN with evidence to support their additional education (post-master's degree) and national certification (primary source verification) in the new population
   C. Complete 100 hours of continuing education
   D. Demonstrate competency through peer-reviewed publications

5. **Under Division 55, APRNs are responsible for:**
   A. Collaborating with a supervising physician for all clinical decisions
   B. Providing care only within hospital settings
   C. Utilizing the nursing process, including assessment, diagnosis, planning, intervention, and evaluation
   D. Delegating all patient education to registered nurses

6. **Which of the following activities is within the APRN scope of practice as per Division 55?**
   A. Performing surgical procedures independently
   B. Prescribing medications without any pharmacology training
   C. Engaging in research and providing leadership in nursing practice
   D. Providing care exclusively for pediatric populations

7. **An APRN wishing to reactivate a lapsed license must:**
   A. Retake the national certification examination
   B. Submit a new application and meet current licensure requirements
   C. Complete an additional 500 hours of clinical practice
   D. Provide a letter of recommendation from a supervising physician

8. **The process of documenting services provided by an APRN must:**
   A. A. Be completed weekly
   B. B. Follow the standards outlined in OAR 851-045-0060
   C. C. Be approved by a supervising physician
   D. D. Include only positive patient outcomes

9. **Which of the following statements is true regarding APRN practice in Oregon?**
   A. APRNs can practice independently without physician oversight
   B. APRNs are limited to prescribing non-controlled substances
   C. APRNs must renew their license every five years
   D. APRNs cannot provide telehealth services

10. **APRNs in Oregon are expected to be familiar with the following aspects of the Nurse Practice Act?**
   A. Only the sections related to advanced practice certification
   B. Only federal nursing laws and rules
   C. All divisions including fees, background checks, general conduct (Division 45), and HPSP eligibility and participation
   D. Only the practice standards listed in Division 55

Answer key on page 30.

By OSBN Policy Analysts ***Gretchen Koch***, MSN, RN, ***Laura Blackhurst***, MSN, RN, CNL
Sarah Wickenhagen, DNP, APRN, FNP-C, and ***Barbara Ju***, MPH, RN, NE-BC

YOU ASK, WE ANSWER

Question: Can a CNA measure and empty nephrostomy tubes?

Answer: According to OSBN's NPA Division 63 (Standards and Authorized Duties for the Certified Nursing Assistant and Certified Medication Aide), tasks associated with technical skills include measuring, recording, and emptying output from drainage devices and closed drainage systems. Most common closed drainage systems are hemovac and Jackson Pratt (JP) drains, however, nephrostomy tube is also a type of closed drainage system. This broad rule language supports technological advances that may bring future changes in the types of drainage devices and closed drainage systems.

Question: Can a CNA be trained to administer contrast dye during a procedure with RN and doctor present (The dye would be pre-mixed by RN)?

Answer: No. The CNA may only administer over-the-counter (OTC) bowel evacuation suppositories, topical barrier skin creams/ointments, anti-fungal ointments/powders, and pediculicides (treatment for lice) as directed by a licensed nurse. The CNA may not administer medications beyond the items listed above even if given specific instructions by the nurse or provider.

Question: I live outside of Oregon and do telenursing with Oregon residents. My company told me since I don't do hands-on care, I don't need an Oregon nursing license. Is this correct?

Answer: No. To provide nursing

services to people who reside in Oregon, you need an OSBN-issued nursing license. Regulation in the practice of nursing is based on the location of the person at the time of their interaction with the nurse.

In addition, the modality of a nurse's practice does not factor into Oregon licensure requirements. One's practice could be through telenursing, hands-on, or with a 10-foot pole. When the client is in Oregon, an Oregon nursing license is required.

Question: My employer is now requiring all nurses to work overtime and take on extra shifts. Can they do that?

Answer: This question is not answered by Oregon's Nurse Practice Act which does not regulate staffing or matters of employment.

The Oregon Health Authority holds jurisdiction over hospital nurse staffing. The Oregon Department of Human Services holds jurisdiction over staffing in nursing facilities. For general labor laws, the regulatory agency is Oregon Bureau of Labor and Industries. If you are represented by a labor union, you might find provisions addressing your question within the bargaining agreement or labor contract.

Question: I noticed that my nursing program has a different NCLEX pass rate on the OSBN website than they have listed on their website. Which one is correct?

Answer: The OSBN website presents the first-time pass rate for nursing programs. For each calendar year, this represents the percentage of test takers who pass the NCLEX on the first attempt.

Nursing programs may calculate their total pass rate, which is the percentage of test-takers who ultimately pass the NCLEX within a calendar year. This total pass rate is not posted on the OSBN website but is likely the information provided by the nursing program.

Division 21 of the Oregon Nurse Practice Act establishes that programs must maintain a 75% first-time pass rate or a 90% total-pass rate as a component of their approval. The OSBN is currently considering flexibility in these standards, particularly for nursing programs that maintain national nursing accreditation.

Question: My nursing program hasn't given me a clinical placement in a hospital yet. Is this allowed?

Answer: There is no specific requirement in the Nurse Practice Act that nursing students receive clinical experiences in a hospital setting. The

practice of nursing can occur in a wide range of roles and settings, and thus Division 21 (OAR 851-021) stipulates that clinical experiences must, "Occur in a variety of settings." Additionally, the Nurse Practice Act does not establish requirements for any specific clinical setting. However, student clinical experiences must align with their course and program outcomes, and these broad curricular outcomes must align with OSBN standards.

Question: What's the difference between APRN roles in Oregon, and why are CNMs licensed as NPs?

Answer: Oregon recognizes three APRN roles for licensure:

- Nurse practitioner (APRN-NP)
- Clinical nurse specialist (APRN-CNS)
- Certified registered nurse anesthetist (APRN-CRNA)

Certified nurse midwives (CNMs) are licensed under the NP designation due to a historical decision made when the APRN framework was first adopted. While the national Licensure, Accreditation, Certification, and Education (LACE) model includes CNM as a fourth distinct APRN role, Oregon law integrates midwifery practice within the nurse practitioner license category.

Licensees certified in multiple NP specialties (e.g., FNP and PMHNP) do not need separate licenses, but they must inform the Board of each certification and maintain national certification in each role they practice. Clarity in your role protects your license and ensures alignment with Oregon scope of practice expectations.

Question: I'm an APRN faculty member and worried about the future of our program. What's happening with APRN education in Oregon?

Answer: Faculty shortages, clinical site limitations, and small cohort sizes are creating real stress on Oregon APRN programs. Some programs have paused admissions, while others are exploring curriculum redesigns or new partnerships.

The OSBN is committed to maintaining high standards while supporting innovation. This includes:

- Approving new nursing education programs (e.g., George Fox's first DNP-NA).
- Encouraging simulation-based learning.
- Supporting use of dedicated education units (DEUs).
- Advocating for sustainable academic-practice partnerships.
- APRNs can help by precepting, mentoring future faculty, and serving on program advisory or rulemaking committees.

Question: What's considered valid APRN practice for meeting renewal requirements?

Answer: APRNs must demonstrate 400 hours of practice in their role and population focus within the two years preceding renewal. But practice isn't limited to direct patient care.

Depending on your license and certification, teaching, leadership, research, consulting, and policy work may count as practice hours. For example:

- A PMHNP teaching in a graduate PMHNP program.
- A CNS leading quality improvement projects.
- A CRNA consulting on anesthesia policy at the state level.

The key is that your work reflects your education, licensure, and certification, and maintains competence in your role. Always retain documentation in case of audit.

Stay Connected

We look forward to hearing from you! Submit your questions for future editions to: osbn.practicequestion@osbn.oregon.gov.

2025 OSBN BOARD MEMBERS

MARCUS COOKSEY, RN, APRN-NP
PRESIDENT

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.

MARGARET HILL
PRESIDENT-ELECT
PUBLIC MEMBER

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.

RACHEL DENNIS, CNA

TERM: 3/1/25-12/31/27

Ms. Dennis is a CNA and monitor technician at PeaceHealth Sacred Heart Medical Center Riverbend in Springfield, Ore., and has more than 10 years of experience as a CNA. She received her CNA training and Associate of Science degree from Lane Community College in Eugene, Ore., and her CNA2 training from EMT Associates in Springfield. Ms. Dennis serves in the CNA position on the Board and resides in Springfield, Ore.

JONI KALIS, MPT, MS, PT
PUBLIC MEMBER

TERM: 2/8/24 – 12/31/26

Ms. Kalis 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.

FELIPA NESTA, LPN

TERM: 3/1/25-12/31/27

Ms. Nesta is a licensed practical nurse at Kaiser Permanente Sunnyside Medical Center in Clackamas, Ore., and has more than 17 years of healthcare experience. She received her practical nursing diploma from Concorde Career College in Portland, Ore. Ms. Nesta serves in the LPN position on the Board and resides in Happy Valley, Ore.

RACHEL MITZEL, RN, APRN-CRNA, APRN-NP

TERM: 3/1/25-12/31/27

Ms. Mitzel is a certified registered nurse anesthetist at Cascade Anesthesia Services in Powell Butte, Ore., and has more than 20 years of nursing experience. She received her Bachelor of Science degree in Zoology from Oregon State University in Corvallis, Ore., her Bachelor of Science in Nursing from the University of Colorado in Colorado Springs, Colo., her Master of Science in Nursing Anesthesia from the University of Cincinnati in Cincinnati, Ohio, and her Master of Science in Nursing in mental health from the University of Pueblo, in Pueblo, Colo. Ms. Mitzel serves in one of the two direct-care RN positions on the Board. She resides in Powell Butte, 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
BOARD SECRETARY

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.

YOUR BOARD IN ACTION
HIGHLIGHTS FROM THE APRIL AND JUNE 2025 BOARD MEETINGS

Rulemaking

In April, the Board adopted the following proposed rule changes:

- Permanent rule changes for Division 61 (Standards for NA and MA Education Programs): the changes clarify language and align rules with Division 63 changes that go into effect July 1, 2025.
- Permanent rule changes for Division 62 (Standards for Certification of NAs and MAs): the changes align rules with Division 63 changes that go into effect July 1, 2025.
- Permanent rule changes for Division 49 (Scope of Practice and Standards for Protocol Utilization): the changes align rules with Division 45.

The Board in April also approved the following draft rules to move forward to an administrative rule hearing. The hearing was held May 20, and the Board adopted the changes during the June 26 board meeting.

- Incorporating Division 51 (Standards for Approval of Education Programs Preparing Nurses for Advanced Practice) into Division 21 (Standards for Approval of RN & PN Education Programs): the changes repeal Division 51 and combine advanced practice education program standards into Division 21, thus streamlining the rules overall and eliminating confusion for those schools with more than one level of nursing program.
- Division 6 (Standard Definitions): the changes impact 10 terms across six rule numbers and support the changes adopted in Divisions 21 and 51.

In June, the Board approved the following draft rules to move forward to a July 17, 2025, rule hearing:

- Division 10 (Administration): the proposed changes will adjust the board stipends in accordance with the new meeting schedule.
- Division 70 (Monitoring Behavioral Health and Cognitive or Physical Impairment): the changes allow the Board to resume admitting eligible licensees to the Health Professionals' Services Program, Oregon's alternative to discipline program.

During the June meeting, the Board also adopted the following temporary rules (effective July 1, 2025):

- Division 1 (Rules of Practice and Procedure): the changes implement a new state law (ORS 670.280(4)) that allows individuals to petition a licensing board prior to beginning an educational program for a determination as to whether a criminal conviction would prevent the individual from receiving a professional license or certificate.
- Division 2 (Agency Fees): the changes include license fee increases as allowed by the legislatively approved 2027-27 budget (See the OSBN Executive Director's message on page 4.) and a new fee for the predetermination review mentioned above.

Nursing Education

During the April meeting, the Board approved the Bushnell University RN program until June 2032, the Clackamas Community College RN program until June 2028, and the Portland Community College RN program until June 2027. The Board also approved Carrington College's preliminary application for a RN program.

In June, the Board approved the Warner Pacific University RN program until December 2031, and the Southwestern Oregon Community College RN program until May 2033. The Board also approved Treasure Valley Community College's developmental application for a practical nurse program.

Nursing Assistants

In April, the board approved changes to both the nursing assistant and medication aide curriculums. The changes to the MA curriculum update content to reflect current best practice and patient safety while removing barriers and streamlining the curriculum. Changes to the NA curriculum remove references to CNA 1 in anticipation of the July 1 consolidation of CNA levels 1 and 2.

Administration

To ensure that all members of the public, regardless of their location, can participate in an in-person Board meeting, the Board in April agreed to hold hybrid board meetings physically

continued on page 28 >>

2025 OSBN BOARD MEETING DATES

August 20, 2025	9 a.m.	Board Meeting
September 16, 2025	9 a.m.	Board Meeting—Strategic Planning
September 17, 2025	9 a.m.	Board Meeting (Primarily Executive Session)
September 18, 2025	9 a.m.	Board Meeting
November 12, 2025	9 a.m.	Board Meeting (Primarily Executive Session)
November 13, 2025	9 a.m.	Board Meeting
December 17, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)

Please visit the OSBN website at www.oregon.gov/osbn/Pages/board-meetings for agendas, materials, time changes, and logistical details. To view all board meetings, visit https://www.youtube.com/@OregonStateBoardOfNursing/.

continued from page 27 >>

in Southern Oregon (Ashland) in June 2025, the Oregon Coast (Tillamook) in September 2025, and Eastern Oregon in April 2026. The Board also adjusted its meeting schedule, removing virtual meetings to allow investigative staff more time between meetings to prepare cases.

During the June board meeting, which was held at Southern Oregon University in Ashland, the Board voted to add one meeting to its 2026 schedule. The six meetings will be held in February, April, June, August, October, and December 2026. The April 2026 meeting will be located in La Grande. Specific sites will be listed on the OSBN website when confirmed.

For a copy of meeting materials, complete meeting minutes, or a list of scheduled events, please visit the OSBN website at www.oregon.gov/OSBN/meetings.

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Portland OR 97201
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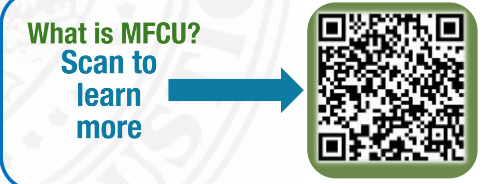

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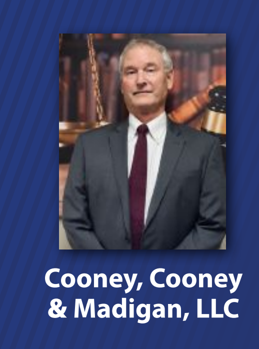

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DISCIPLINARY ACTIONS

Actions taken in April and June 2025. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Christopher H. Aichele	201340891RN/ 201350066NP	Reprimand	6-25-25	Failing to maintain professional boundaries with a client.
Dina M. Arrollo	094005045LPN	Voluntary Surrender	4-16-25	Violating the terms and conditions of a Board Order.
Donna M. Barkdoll	200441004RN	Voluntary Surrender	4-16-25	Failing to comply with the terms and conditions of a Board Order or stipulated agreement.
Amber L. Blackmore	10020471	Reprimand	6-25-25	Failing to report to the Board a conviction for a felony crime within 10 days of the conviction.
Leotia C. Davis	CNA Applicant	Application Denied	6-25-25	Fraud during the application process for certification.
Dawn R. Garcia	095006995RN	Probation	6-25-25	24-month probation. Previously practicing nursing while unfit due to a mental impairment.
Esther W. Gitau	RN Applicant	Application Denied	6-25-25	Failing to meet educational requirements for licensure.
James Gitundu	202113590LPN	Suspension	6-25-25	180-day suspension with conditions. Engaging in abusive behavior towards a coworker and failing to report to the Board a conviction for a crime within 10 days of the conviction.
Beverley N. Heslope	RN Applicant	Application Denied	6-25-25	Failing to meet educational requirements for licensure.
Katherine E. Howard	10043502	Probation	4-16-25	For conduct related to impaired function.
John G. Inman	201243030RN	Voluntary Surrender	4-16-25	Misrepresentation during the license application process.
Lorry A. Jacques	RN Applicant	Application Denied	6-25-25	Failing to meet educational requirements for licensure.
Audrey C. Jaramillo	201607683RN	Suspension/ Probation	6-25-25	30-day suspension with conditions, to be followed by 36-month probation. Misrepresentation during the application process for licensure, failing to answer questions truthfully, and failing to recognize standards of acceptable and prevailing nursing practice.
Pamela E. Lewis	200742577RN	Probation	6-25-25	24-month probation. Falsifying data, demonstrated incidents of dishonesty, and failing to conform to the essential standards of acceptable and prevailing nursing practice.
Autumn H. Parsons	10020308	Probation	4-16-25	24-month probation. Practicing nursing while impaired.
Johnson Pierre-Louis	202208738CNA	Revocation	6-25-25	Violating the terms and conditions of a Board Order.
Renee D. Reiser	200742941RN	Voluntary Surrender	4-16-25	Failing to comply with the terms and conditions of a Board Order or stipulated agreement.
Maria H. Santacruz	200910703CNA	Revocation	4-16-25	Failing to take action to preserve client safety and failing to respect client dignity.
Latanya Scott-Henry	RN Applicant	Application Denied	6-25-25	Failing to meet educational requirements for licensure.
Adam J. Sommer	RN Applicant	Application Denied	6-25-25	Failing to answer questions truthfully during the license application process.
Angela M. Southard	201603683LPN	Probation	6-25-25	24-month probation. Using substances in a manner dangerous or injurious to the licensee or others, or to an extent that such use impairs the ability to practice nursing safely.
Janet C. Surban	200540734RN	Reprimand	6-25-25	Failing to communicate client status information to members of the healthcare team and failing to conform to the essential standards of acceptable nursing practice.
Jade T. Wageman	200442413RN	Probation	4-16-25	24-month probation. Practicing nursing while impaired and failing to answer questions truthfully during the licensure process.
Brian P. I. Webber	201701658LPN	Voluntary Surrender	4-16-25	Violating the terms and conditions of a Board Order.
Chelsea L. Whitmore	201802364RN	Probation	6-25-25	24-month probation. Conviction of a crime that bears demonstrable relationship to the practice of nursing.
Dana M. Wood	202106420NP-PP	Probation	4-16-25	24-month probation. Practicing nursing while impaired.
Michael J. Wrinkle	202202028RN	Reprimand	4-16-25	Failing to take action to preserve client safety and failure to accurately document nursing interventions and nursing practice implementation.
Crystal J. Yarnall	202100029NP-PP	Reprimand	6-25-25	Practicing beyond the licensee's authorized scope of practice, prescribing drugs in an unsafe manner, and failing to properly assess and document client assessment when prescribing drugs.

APRN Jurisprudence Knowledge Quiz Answer Key from page 22

1. B (OAR 851-053-0005 (1)(b))
2. B (OAR 851-055-0010 (2))
3. B (OAR 851-053-0010 (1) (a)(b))
4. B (OAR 851-055-0050 (5))
5. C (OAR 851-055-0020 (4)(a)(b)(c)(d)(e))
6. C (OAR 851-055-0010 (6))
7. B (OAR 851-053-0020 (1)(a)(b)(c)(d))
8. B (OAR 851-045-0060 (2)(c))
9. A (OAR 851-055-0010 (1))
10. C (Article and OSBN Website)

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