



OREGON BOARD OF NURSING

SENTINEL

[VO.44 • NO. 1 • WINTER 2025]

2024 Statistical Report

also in this issue

**Updates to Division 31 of the
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A LOOK BACK AT 2024

As we bid farewell to the past year, a mix of emotions and feelings may arise. We've faced challenges, celebrated successes, and learned valuable lessons. I want to acknowledge the hurdles we've overcome and the hard work each of you has put in. This transition is a time to reflect on our journey and look forward to future opportunities. I want to thank the OSBN Board, staff, and community partners for your unwavering commitment and dedication in 2024. It was instrumental in upholding our mission, vision, and values.

In 2024, the public service representatives that make up the licensing department achieved a significant milestone by processing 18,223 new applications. OSBN is processing applications within three business days of receiving all required documentation. The Law Enforcement Data System team stayed current on fingerprints to ensure criminal background checks never hold up an application.

Last year, as I went into my fourth month, I sent out a New Year message and mentioned that we were gearing up for our contact center to kick off in 2024 to provide timely, compassionate support to the community we serve and protect. Well, they have answered just over 13,400 calls during 2024. This accomplishment alone has improved OSBN's relationship with the public as we communicate with them daily. The licensing staff continues communicating through our messaging center and has sent over 51,000 messages to applicants and licensees.

The policy analysts answered hundreds of practice-related questions to support the thousands of nurses in the state in practicing safely. Policy analysts also presented many divisions of the Nurse Practice Act to the Board as we work to update our rules. This includes work done pre- and post-board meetings, where policy analysts lead dozens of rule advisory committee meetings to collaborate with external partners and then deliver updates to the community through presentations.

The IT department processed approximately 800 staff support request tickets over the year. The IT team is also busy modernizing how OSBN meets its strategic goals, ensuring our staff can provide excellent customer service to the public we protect.

The investigation department received 1,796 complaints, 200 more than in 2023. Investigators brought 880 completed investigations before the Board for review. Of the 880 investigations, 114 ended in discipline. The department is hard at work on hundreds of active investigations, and we look forward to adding investigators in 2025 to improve the timeliness of investigations.

The compliance specialists monitored approximately 100 licensees on probation and are working to update policies as we prepare to reengage in HPSP in 2025. This will allow qualifying nurses to enter an alternative discipline program instead of probation, aligning with our updated mission.

Also, in 2024, OSBN's accomplishments include:

- Completing a DEIA plan and setting up a DEIA committee reinforcing our commitment to these critical values.
- Voting to reengage in the Health Professional Service Program in 2025.
- Completing a listening tour of the rural parts of the state.
- Beginning training on trauma-informed investigations, customer service, and team building.
- The Senate confirmation of five new Board Members in February.
- Establishing a policy and procedure committee to update internal policies collaboratively and transparently.
- Transitioning to GovDelivery to improve communication with every licensee and community partner, launching a monthly electronic news bulletin.

- Advocating for staff equity by reclassifying positions.
- Preparing for the 2025 legislative session to update our antiquated statutes and increase budget expenditure.
- Adding Mental Health Resources for nurses to the website.
- Approving the removal of intrusive mental health questions from our licensure applications, which will take effect in 2025.
- Beginning work to build desk manuals and a new employee orientation.
- Representing OSBN at local and national conferences, including the National Organization of Alternative Programs, National Council of State Board of Nursing, Council on Licensing Enforcement and Regulation, and Washington Board of Nursing Wellness Conference.
- Completing the 25-27 Budget for consideration by the Oregon Legislature. This meticulously prepared budget reflects our commitment to effectively using financial resources and will guide our operations in the upcoming years.

OSBN also updated the mission and added a vision while maintaining the core values the agency incorporated years ago. Over the next year, OSBN will focus even more on incorporating

our values into our organizational practices, including hiring, onboarding, communicating, decision-making, and public interaction.

The leadership team will center our values as we focus on culture, which is how work happens between people. As a reminder, the following are our organizational values:

- 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.

The relentless efforts of the OSBN Board, staff, and community partners have not gone unnoticed. Your hard work and dedication have significantly improved our operations over the past year, reinforcing the value of your contributions to our mission and strategic plans. I look forward to the work we will accomplish together in 2025.

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

ANNUAL LICENSING STATISTICS AS OF JANUARY 2, 2025

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
RN=Registered Nurse
NI=Nurse Intern

Count of Oregon Nursing Licenses

License Type	Active
APRN-CNS	125
APRN-CRNA	1038
APRN-NP	9359
CMA	980
CNA	20627
LPN	6537
NI	16
RN	86440
RN-Emeritus	24
Total:	125146

Licenses by Type

License Type	Active Licenses	Avg Age
APRN-CNS	125	57
APRN-CRNA	1038	46
APRN-NP	9359	47
CMA	980	45
CNA	20627	37
LPN	6537	44
NI	16	26
RN	86440	45
Total:	125122	43

Number of Licenses by Type by Gender

License Type	Female	Male	Other/ Non-Binary
APRN-CNS	119	6	0
APRN-CRNA	510	521	2
APRN-NP	7988	1338	18
CMA	847	129	3
CNA	17170	3331	90
DP	704	100	2
LPN	5599	916	13
NI	12	4	0
RN	73146	12983	196
Total:	106095	19328	324

Active Nurse Practitioner Licenses by Specialty

Nurse Practitioner Type	Active Licenses
Acute	104
Adult	349
Adult-Gerontology Acute Care	368
Adult-Gerontology Primary Care	399
Family	5127
Geriatric	25
Neonatal	74
Nurse Midwife	454
Pediatric	9
Pediatric Acute Care	46
Pediatric Primary Care	203
Psychiatric/Mental Health	2031
Women's Health	170
Total:	9359

Number of Licenses by Type by County

County	CNA	CMA	LPN	RN	CRNA	NP	CNS	NI
Outside Oregon	2494	51	1586	38393	576	4761	46	1
Baker County	45	0	10	137	3	10	0	0
Benton County	364	6	56	784	3	72	0	0
Clackamas County	1395	85	498	5966	81	443	13	0
Clatsop County	99	6	16	464	9	57	0	0
Columbia County	159	17	71	442	1	15	4	0
Coos County	302	13	66	803	12	74	1	0
Crook County	138	7	20	1889	2	12	0	0
Curry County	38	1	22	168	4	21	0	0
Deschutes County	537	15	114	3037	14	326	4	0
Douglas County	562	31	146	1120	2	99	1	0
Gilliam County	6	1	2	5	0	3	0	0
Grant County	24	1	3	53	2	7	0	0
Harney County	23	0	6	51	1	5	0	0
Hood River County	86	7	10	341	11	31	0	0
Jackson County	1497	43	322	2959	10	374	6	0
Jefferson County	130	3	20	176	0	7	0	0
Josephine County	668	30	115	785	9	97	0	0
Klamath County	269	17	56	587	0	59	1	12
Lake County	33	1	6	60	0	7	0	0
Lane County	2065	72	705	4133	27	385	9	1
Lincoln County	123	3	45	445	9	49	1	0
Linn County	1002	48	277	1456	15	81	1	0
Malheur County	114	0	25	156	0	17	0	0
Marion County	1574	63	592	3098	15	242	5	0
Morrow County	45	7	5	55	0	5	0	0
Multnomah County	3332	237	728	10072	139	1235	14	2
Polk County	367	11	181	941	2	86	0	0
Sherman County	10	0	3	15	0	0	0	0
Tillamook County	43	3	11	239	5	14	0	0
Umatilla County	280	25	28	585	8	40	0	0
Union County	73	6	15	314	5	43	0	0
Wallowa County	12	1	0	85	2	11	0	0
Wasco County	234	29	26	239	1	17	0	0
Washington County	2029	108	589	7142	57	585	17	0
Wheeler County	1	0	0	6	0	1	0	0
Yamhill County	442	32	161	947	13	64	2	0
Total:	20615	980	6536	86448	1038	9355	125	16

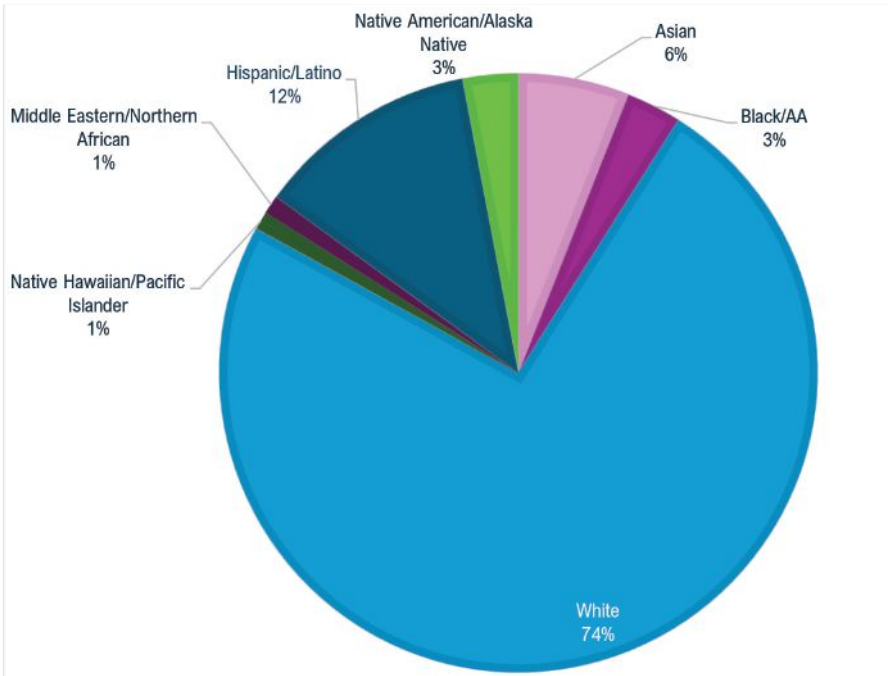
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Number of NP Licenses by Specialty by County

County	Acute	Adult	Adult Gerontology Acute Care	Adult Gerontology Primary Care	Family	Neonatal	Nurse Midwife	Pediatric	Pediatric Acute Care
Outside Oregon	54	157	162	233	2725	34	73	2	11
Baker County	0	2	1	0	4	0	0	0	0
Benton County	0	2	0	3	38	1	15	0	1
Clackamas County	6	18	21	17	218	10	32	0	5
Clatsop County	0	0	3	2	35	0	7	0	0
Columbia County	1	1	0	0	10	1	0	0	0
Coos County	0	0	0	1	54	0	7	0	0
Crook County	0	0	0		0	8	0	0	0
Curry County	1	0	0	2	16	0	1	0	0
Deschutes County	3	17	6	10	168	4	19	2	0
Douglas County	1	3	1	4	64	0	6	0	0
Gilliam County	0	0	1	0	2	0	0	0	0
Grant County	0	0	0	0	6	0	0	0	0
Harney County	0	0	0	0	4	0	0	0	0
Hood River County	0	2	0	0	21	0	1	0	1
Jackson County	5	7	15	10	249	0	34	1	0
Jefferson County	0	0	0	0	4	0	1	0	0
Josephine County	0	4	4	5	62	0	3	0	1
Klamath County	0	2	1	2	46	0	0	0	0
Lake County	0	0	0	0	5	0	0	0	0
Lane County	6	14	22	22	209	1	25	1	0
Lincoln County	0	1	1	1	31	0	2	0	0
Linn County	0	4	2	5	56	0	3	0	0
Malheur County	0	0	0	0	12	0	1	0	0
Marion County	0	13	4	10	119	0	24	0	0
Morrow County	0	0	0	0	5	0	0	0	0
Multnomah County	20	64	81	35	493	10	154	2	15
Polk County	0	5	0	5	51	1	4	0	1
Sherman County	0	0	0	0	0	0	0	0	0
Tillamook County	1	0	1	0	9	0	0	0	0
Umatilla County	0	1	0	1	27	0	0	0	0
Union County	0	1	4	4	28	0	0	0	0
Wallowa County	0	0	0	0	9	0	0	0	0
Wasco County	0	2	0	0	7	0	1	0	0
Washington County	6	28	37	26	269	12	33	1	11
Wheeler County	0	0	0	0	1	0	0	0	0
Yamhill County	0	1	0	1	40	0	7	0	0
Total:	104	349	368	399	5125	74	453	9	46

Pediatric Primary Care	Psychiatric/ Mental Health	Women's Health
47	1197	55
0	3	0
1	9	2
15	90	9
1	9	0
0	1	1
1	10	1
0	3	0
0	1	12
10	53	12
1	14	5
0	0	0
0	1	0
0	1	0
2	4	0
6	33	14
0	2	0
4	8	6
1	6	1
0	2	0
8	64	9
0	11	1
1	10	0
0	4	0
3	67	2
0	0	0
59	272	27
1	17	0
0	0	0
2	0	1
1	9	1
1	4	1
0	2	0
2	4	0
33	109	19
0	0	0
2	10	3
203	2030	170

Percentage of Licensees by
Racial and Ethnic Background

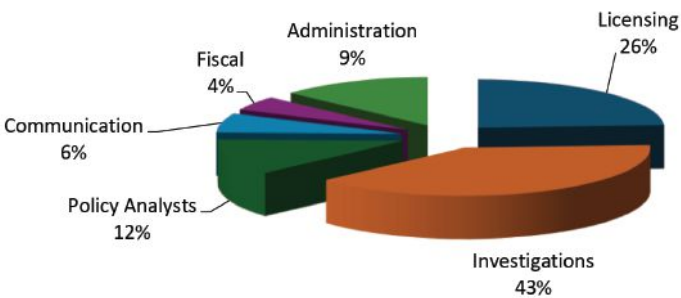


2024 Investigative Statistics

Number of complaints received: 1,796
 Number of cases opened: 1,079
 Number of cases closed: 761
 Number of disciplinary actions taken

Reprimand	26
Suspension	13
Revocation	10
Voluntary Surrender	23
Denial of Application	13
Civil Penalty	9
Probation	19
Limitation on Practice	1
Total	114

2023 - 2025 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

40.75%



Benefits

21.11%



Health Professionals'
Services Program (HPSP)

3.29%



Oregon Center
for Nursing

3.14%



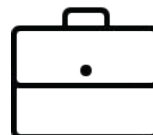
Oregon Wellness
Program

1.65%



State Government
Services

3.71%



Attorney General
Costs

4.00%



Services and
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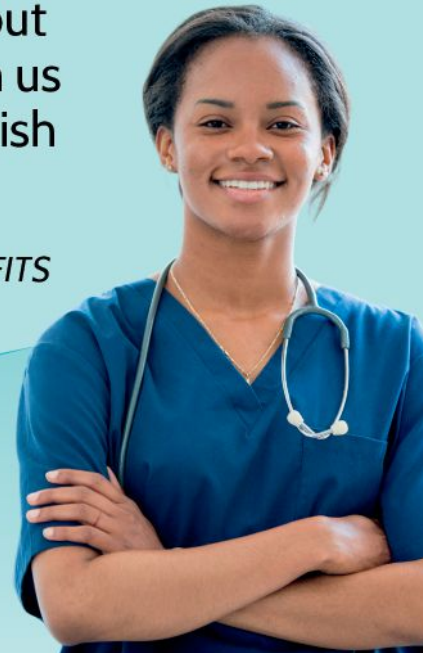
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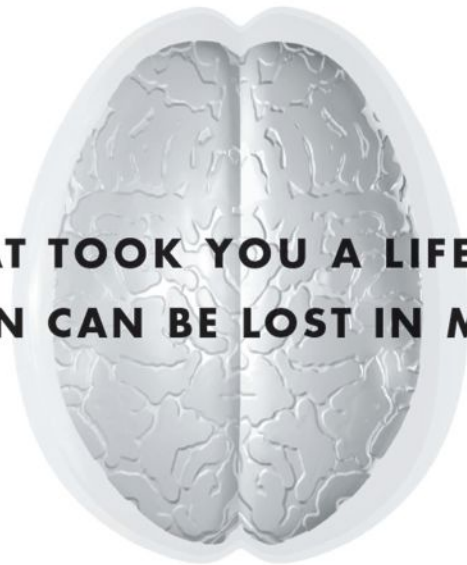


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OREGON'S NURSE PRACTICE ACT: PART THREE



This article is the third in a series designed to communicate general information on Oregon's Nurse Practice Act (NPA). The first two articles respectively discussed the Chapter 678 Oregon Revised Statutes (ORS) and the Chapter 851 Oregon Administrative Rules (OARs) that comprise the body of administrative law known as Oregon's NPA. This article discusses *ORS 678.135 Duty to report violations*.

Oregon's NPA: Public Protection

The statutes and rules that comprise Oregon's NPA exist to protect people who receive nursing services in our state. The responsibility to adhere to the NPA's statutes and rules is held by both the OSBN and the OSBN license owner.

For the OSBN, public protection responsibilities are met through the regulation of nursing education programs; ensuring only duly qualified applicants receive a license to practice nursing; establishing scope of nursing practice for the different license types; establishing nursing practice standards; and acting upon complaints received.

For the OSBN license owner, public protection responsibilities are met through self-regulation of one's actions, behavior, and conduct in a manner consistent with NPA statutes and rules. This includes engaging in practice within scope authorized by license type in a manner consistent with nursing practice standards and one's context of care.

ORS 678.135 Duty to Report Violations

The vast majority of OSBN licensees are competent professionals who provide safe nursing services that are within the scope of practice established for their license type and consistent with other requirements of the NPA. However, sometimes a nurse's actions, behavior, or conduct may deviate from these legal boundaries.

In the 1980s, Oregon's Legislative Assembly enacted a key NPA public protection statute to address such instances: *ORS 678.135 Duty to report violations*. This statute establishes the individual nurse's legal responsibility to report suspected violations of the NPA to the OSBN (and a bit more). As the statute is relatively short and straight forward, it is presented here in its entirety:

678.135 Duty to report violations.

- (1) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, any health care facility licensed as required by ORS 441.015, or any person licensed by the Oregon State Board of Nursing, shall report to the board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the board.
- (2) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, the Oregon Nurses Association or any other organization representing registered or licensed practical nurses shall report to the board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the board.
- (3) Any person may report to the board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the

board, association or other organization representing registered or licensed practical nurses.

- (4) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a person licensed by the board who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150. [1985 c.23 §5; 2009 c.536 §14]

Application of ORS 678.135 to the OSBN Licensee

ORS 678.135 applies equally to each OSBN license owner. In other words, its application is not limited by employment status, volunteer status, job title, role responsibilities, or whether the suspected NPA violation was at the hands of another nurse or oneself.

ORS 678.135 applies to each license owner twenty-four hours a day. This means before, during, and after work; when unemployed; when on vacation in Oregon; when on family or medical leave; when on the receiving end of nursing services; and when on the receiving end of services provided by a licensee of another Oregon licensing board.

ORS 678.135 applies regardless of whether a nurse is aware of the statute or possesses the knowledge necessary to recognize *a suspected violation* of "ORS 678.010 to 678.410 or any rule adopted by the board".

ORS 678.135 applies even when a nurse is told that someone else will make a report of the alleged action or incident on behalf of, or in lieu of, the nurse. As such, a prudent nurse would review their employer's mandatory reporting policies applicable to nurses to ensure such policies do not compel nursing actions or inactions in violation of the NPA.

Important information specific to ORS 678.135 (4): This section of the duty to report statute identifies the responsibility of the nurse to adhere to a statute published outside of Oregon's NPA. This non-NPA statute is *ORS 676.150 Duty to report prohibited or unprofessional conduct, arrests and convictions*. To identify and understand the specific reporting responsibilities

continued on page 14 >>

NURSING PRACTICE

established in this non-NPA statute, all nurses are directed to access and read ORS 676.150 in its entirety. ORS 676.150 may be accessed by using the Oregon State Legislature Search Oregon Revised Statutes link at www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx.

Important information specific to ORS 678.135 (1), (2), and (4): The qualifying statement “*Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure...*” precedes each statutory directive that follows. Questions concerning the applicability or content of such laws cannot be answered by Board staff and should be directed to one’s employer and/or attorney.

Additional Information

While most nurses “just know” when the actions or conduct of another nurse, or those of their own, are not consistent with the legal boundaries of the NPA, a few remain unsure. For the latter, it is important to keep in mind that a nurse does not need to be certain that a NPA statute or rule was violated to make a report.

For all nurses, it is always a good time to refresh one’s knowledge of the NPA to more readily identify a suspected violation. Refresh your knowledge by re-visiting

[OAR 851-045 Standards and Scope of Practice for the Licensed Practical Nurse \(LPN\) and Registered Nurse \(RN\)](#). This Division of the NPA is comprised of distinct *statements of actions, behaviors, and conduct* (i.e., standards) expected of nurses and organized by subject - for example: RN scope in the practice of nursing, LPN scope in the practice of nursing, nursing practice, and conduct derogatory to the practice of nursing.

Knowledge of the conduct derogatory standards (OAR 851-045-0070) is especially helpful. These standards consist of a (not all inclusive) list of nurse actions, behaviors, and conduct the OSBN has identified as adversely affecting the health, safety, and welfare of the public, failing to conform to OAR 851-045 scope and standards of practice, and failing to conform to accepted standards of the nursing profession. Division 45 may be accessed at www.oregon.gov/osbn/Pages/laws-rules.

Based on one’s license type and practice setting, additional Chapter 851 OAR Divisions will apply and provide more standards for reflection and evaluation. All NPA Divisions are accessible at the URL provided above.

It is known that some nurses may hesitate or decline to report another nurse or other

health professional. Reasons identified in the literature include not wanting to get anyone in trouble; loyalty to a colleague who is a friend; loyalty to the profession; uncertainty or doubt; and fear of retaliation. A passage from American Nurses Association (ANA) *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015*) addresses these concerns:

“Reporting questionable practice, even when done appropriately, may present substantial risk to the nurse; however, such risk does not eliminate the obligation to address threats to patient safety (p. 13).”

Reports can be made using the OSBN online complaint form at www.oregon.gov/osbn/pages/complaint or by US mail sent to the OSBN office at 17938 SW Upper Boones Ferry Road, Portland, OR 97224. Reports may be anonymous.

Note: While exceeding the scope of this article, please be aware there exists additional duty to report statutes *outside of the NPA* that place mandatory reporting requirements on nurses. Most of these statutes will be presented in a future *Sentinel* article.

In Closing

It is the responsibility of each OSBN license owner to report suspected violations of the NPA to the OSBN and to report prohibited or unprofessional conduct. While not an easy action for some nurses, it is an action required by the NPA and one critical for the protection of people who receive nursing services.

*ANA’s 2015 *Code of Ethics for Nurses* is cited in this article as ANA’s 2025 edition had not been released prior to the authorship of this article.

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STATUS OF THE DOCTORATE OF NURSING PRACTICE (DNP) DEGREE IN OREGON



The Doctorate of Nursing Practice (DNP) degree represents a critical advancement in nursing education and practice, designed to equip nurses with the highest level of expertise in clinical practice and leadership. This article explores the current status of DNP programs in Oregon, their historical evolution, and their significance in improving healthcare outcomes.

Historical Context

In 2004, the American Association of Colleges of Nursing (AACN) issued a position statement advocating for transitioning the preparation for advanced nursing practice from the master's level to the doctorate level. This recommendation was supported by foundational reports, including the Institute of Medicine (IOM) reports

in 2001 and 2011, which emphasized the need for advanced education to address the complexities of modern healthcare systems.

Current Status of DNP Education in Oregon

Oregon has seen significant growth in DNP education, aligning with national trends. According to the Oregon Health Authority (OHA) and the Oregon Center for Nursing (OCN), DNP-prepared nurses are increasingly contributing to leadership roles, clinical expertise, and academic settings. These programs ensure that Oregon's nursing workforce is equipped to meet the demands of a rapidly evolving healthcare environment.

Three universities offer the DNP in Oregon:

- Oregon Health & Science University
- George Fox University (CRNA DNP Opening in Fall of 2025)
- University of Portland

Why the DNP?

The DNP degree addresses the complexity of healthcare systems, improves patient outcomes, and prepares nurses for leadership roles. Key reasons include enhancing clinical expertise, integrating evidence-based practices, and fostering interprofessional collaboration. The Accreditation Commission for Education in Nursing (ACEN), has highlighted the importance of this degree in preparing nurse leaders for advanced practice and academic roles.

Support for the DNP

The DNP has gained support from various stakeholders, including professional organizations, academic institutions, and healthcare systems. This support underscores the degree's value in bridging the gap between academic preparation and practical application.

OSBN adopted rules in 2021 that set out a timeline for any new Oregon Based Programs to implement a DNP curriculum.

Approval of a **New Oregon Based APRN Educational Program**, 851-051-0030 (1)

(j) Exit level for an APRN program must be a Board-approved clinical nursing doctorate for:

(A) CNS programs: by

January 1, 2031

(B) NP programs: by January 1, 2025

(C) CRNA programs: by January 1, 2025

These rules do not impact APRN Educational program requirements for online programs offering master's level of preparation.

Challenges and Solutions

Despite its benefits, the DNP faces challenges such as financial barriers, faculty shortages, and misconceptions about its purpose. Proposed solutions include increasing funding for nursing education, fostering faculty development, and promoting the value of DNP-prepared nurses in practice.

Expectations for DNP Graduates and Faculty

Accreditation bodies like the ACEN, Commission on Collegiate Nursing Education (CCNE), and Council on Accreditation (COA) have established clear expectations for DNP-prepared faculty and graduates. These standards ensure that DNP programs produce competent professionals ready to lead in various settings.

Future Directions

Looking ahead, DNP programs in Oregon aim to expand their scope and influence. By integrating DNP graduates into leadership roles and addressing healthcare challenges, these programs will continue to enhance nursing practice and healthcare delivery.

Conclusion

The DNP degree is a pivotal step in advancing nursing practice and leadership in Oregon. By addressing challenges and fostering collaboration, DNP programs will play a crucial role in shaping the future of healthcare.

References

1. Oregon Revised Statutes (ORS) 678.
2. American Association of Colleges of Nursing (AACN). (2004,2006). Position Statement on the Practice Doctorate in Nursing.
3. Institute of Medicine (IOM) Reports. (2001, 2011).
4. Oregon Health Authority (OHA). Public Use Nursing Workforce Data File. (2023).
5. Oregon Center for Nursing. Workforce Reports. (2024).
6. McCauley, L. et al. (2020). Advancing Nursing Practice Through the DNP.



Licensing Tip: Use a Personal Email Address

When adding or changing your email in the OSBN License Portal, remember to use a personal email address, such as Gmail or Comcast. If you use a school, company, or hospital email address, you may miss important notifications from the board. Companies or schools may not recognize OSBN as an approved sender. You could miss the online account validation email or courtesy renewal reminders

OSBN'S COMMITMENT TO DEIA IN ACTION



Following the Board's June 2024 approval of the OSBN's diversity, equity, inclusion, and accessibility plan, agency staff have organized to establish a DEIA committee. The committee is comprised of staff volunteers from every department within the agency, with active participation from the leadership team. The DEIA committee's initial meetings have been centered on identifying actionable steps to advance the overarching goals of the DEIA plan.

In the Summer 2024 *Sentinel*, Director Prusak highlighted how the new DEIA plan directly supports the OSBN mission, visions, and values. The agency's DEIA plan and committee work also aligns the OSBN with key professional nursing organizations. The Tri-Council for Nursing — comprised of the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization for Nursing Leadership (AONL), the National Council of State Boards of Nursing (NCSBN), and the National League for

Nursing (NLN) — has emphasized the need for diversity, equity, inclusion, and belonging in nursing education, practice, and the healthcare sector.

“By integrating DEIB education and programs in academic and health care institutions, we prepare nurses and nursing students to understand and effectively address the complex needs of an increasingly diverse patient population. An inclusive work environment helps recruit and retain a diverse nursing workforce reflective of the varying cultural perspectives, backgrounds, and lived experiences of the patients and communities that they serve. Effective communication and enhanced trust between the patient and nurse lead to improved patient engagement and health literacy — all key factors in successful health outcomes.” (Tri-Council for Nursing, 2024, para.3)

As we move forward with the implementation of our DEIA plan and newly established DEIA committee, OSBN is committed to fostering a diverse, equitable, inclusive, and accessible environment that reflects the values of our agency and the broader nursing profession.

Reference:

Tri-Council for Nursing (2024, July 19). DEIB statement. <https://img1.wsimg.com/blobby/go/3d8c2b58-0c32-4b54-adbd-efe8f931b2df/downloads/Tri-Council-July-19-2024-DEIB-Statement.pdf> Statement from the Tri-Council for Nursing - The Imperative Need for Diversity, Equity, Inclusion and Belonging in Nursing

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UPDATES TO DIVISION 31 OF THE OREGON NURSE PRACTICE ACT



Introduction

The Oregon State Board of Nursing (OSBN) is committed to maintaining a robust regulatory framework that supports public safety, aligns with statutory requirements, and removes barriers for nurses across the state. As part of this effort, updates to Division 31 (Standards for Licensure of RNs and LPNs) of the Oregon Nurse Practice Act (NPA) have been proposed, reflecting the Board's dedication to staying current with Oregon Revised Statute 678 and addressing evolving needs in the nursing profession.

Background

Division 31 governs critical licensing requirements for nurses in Oregon, influencing pathways for new graduates, internationally educated nurses, and those seeking to re-enter the profession. In 2024, a rules advisory committee (RAC) was convened to review and comment on proposed changes to Division 31, meeting on multiple occasions to ensure stakeholder input was aligned with legal and professional standards.

Key Changes

Significant updates to Division 31 include:

- Adjustments to examination requirements and re-examination limits.
- Clarification of licensure pathways for international graduates and non-traditional candidates.
- Introduction of an exception clause allowing case-by-case flexibility for unique applicant circumstances.
- Updates to retired and emeritus nurse licensing statuses to increase clarity and accessibility.

These changes were crafted to reduce unnecessary barriers while maintaining a steadfast commitment to public safety and competency.

Future Changes

The updates to Division 31 represent only the beginning. Following the completion of the 2025 Legislative Session, further revisions to the rest of Division 31 will be proposed to ensure full alignment with ORS 678. The Board is dedicated to

continuous improvement and will provide additional updates as these changes develop.

Encouraging Participation

The OSBN recognizes the value of active nurse involvement in the rulemaking process. Nurses are encouraged to contribute by:

- Volunteering to serve on a Rules Advisory Committee.
- Attending public meetings to provide feedback.
- Offering testimony to the Board regarding proposed updates.

This collaborative process ensures that the voices of nurses across Oregon shape the regulatory framework that governs their practice.

Implementation Timeline

Draft rules were presented to the Board on November 21, 2024, followed by a public hearing on December 16, 2024. The proposed rules will be considered for permanent adoption during the February 20, 2025, Board meeting, with an effective date of March 1, 2025.

Notifications will be sent to licensees if the rules are adopted, and the updated rules will be posted online for easy access.

Conclusion

These updates signify a pivotal step in advancing nursing practice in Oregon while ensuring public safety and accessibility for nurses at every stage of their careers. The Board remains committed to collaboration and transparency and welcomes ongoing input from the nursing community.

References

1. Oregon Revised Statutes (ORS) 678.
2. Oregon State Board of Nursing Meeting Minutes, November 21, 2024.
3. Public Hearing Documentation, December 16, 2024.
4. Rules Advisory Committee Meeting Records, 2024.



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LICENSING FREQUENTLY ASKED QUESTIONS

RN/LPN Endorsement

1. *What do I need to qualify for licensure by endorsement?*

- Graduation from a pre-licensure nursing program.
- Successfully pass the NCLEX.
- Have 400 practice hours within the past two years or have graduated from a pre-licensure nursing program in the past two years.

2. *What else is needed before I apply?*

In addition to the requirements outlined in the Nurse Practice Act, Oregon requires all nurses to complete and attest to:

- Completion of one hour of Pain Management continuing education within the past two years
- Completion of two hours of Cultural Competency continuing education within the past two years

3. *What do I need to do after I submit my application for licensure by endorsement?*

- Arrange to have your school send transcript to OSBN
- Release your Nursys endorsement verification report to Oregon
- Complete fingerprinting through Fieldprint

Transcripts

1. *Where do I send my transcripts?*

Transcripts should be sent directly from the primary source to OSBN, either by mail or email.

Email Address: OSBN.Transcripts@osbn.oregon.gov

Mailing Address: Oregon Board of Nursing, 17938 SW Upper Boones Ferry Rd. Portland, OR 97224

2. *When should I send my transcripts?*

Transcripts can be sent to OSBN at or before the time you submit your application to allow for processing and mailing times.

3. *What if my school has closed?*

If your school has closed, your state likely has laws governing the custodianship of educational records. If the organization/agency that took custodianship of the records cannot locate your transcripts, you can make a

public records request for the records through your initial board of nursing. The board can release your educational records to OSBN. If they do not have the transcripts, we can accept notification from that board that you graduated from a program that was approved by them allowing you to sit for the NCLEX.

It is important to make your requests in print (rather than over the phone) so that they can be documented and referenced.

License Verification

1. *Why haven't you received my license verification?*

- Nursys.com provides options for e-Notify, QuickConfirm, and endorsement verification reports. OSBN does not accept e-Notify or QuickConfirm.
- If your initial state of licensure is a Nursys participating state, you will need to release the full Nursys endorsement verification report to Oregon.
- If you released your endorsement verification report but we are unable to find your account in Nursys, you may have multiple accounts due to demographics not matching up. Even if we receive verification of your SSN or DOB, you may need to update your information with other Boards so that the Nursys administrator can merge your accounts.

2. *Why wouldn't my demographics match in Nursys?*

- There are a variety of reasons for a demographics mismatch. For some international applicants, a common delay is that one Nursys account was established under a visa when applying for licensure but not updating that state's information with a SSN when issued.

3. *What do I do if my jurisdiction is not participating in Nursys?*

- Canadian College of Nursing and non-Nursys participating state license verifications may be sent to OSBN.LicenseVerifications@osbn.oregon.gov.

Fingerprinting

1. *Why haven't you received the results from my fingerprinting?*

- Each time you are fingerprinted the results are sent to a unique recipient. OSBN does not have access to results from other state boards, employers, or schools.
- If you used the scheduling code for the Oregon Medical Board or Health Licensing Office (or any other Oregon agency) you will need to be reprinted using the correct scheduling code.

2. *What is the Fieldprint code for OSBN?*

- OSBN's scheduling code for Fieldprint is FPORBoardNursingDAS
- If you are not within 75 miles of Fieldprint, please request instructions for hard copy prints. Take note that prints submitted in this manner will delay the processing of your application. In addition, the Oregon State Police may reject the inked card and cause additional delays.

- If you see a Fieldprint location when you search for locations, but cannot schedule an appointment at that location, check to see if there is an asterisk "*" before the street address. If there is, that location does not offer livescan services and is not contracted with Fieldprint.

3. *When is the best time to schedule my Fieldprint appointment?*

- It is best to schedule an appointment shortly before you apply for your license. This will allow for the results to make it to OSBN near the time you submit your application.

4. *How long are the results of my Fieldprint background check valid?*

- Results received by OSBN are valid for one calendar year from them being received.



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Question: Are there any standards of practice or legal regulations that the OSBN is aware of that require or encourage BLS certification for primary care providers? I did see that BLS is not a requirement by the board.

Answer: Basic life support (BLS) certification is not a requirement for nursing licensure or license renewal in Oregon. Licensed nurse competencies in cardio-pulmonary resuscitation and/or first aid are typically a requirement of practice setting policies, rules governing a setting/service, and/or a specific position description within an organization.

Question: According to 851-050-0005 (I), "The scope of practice includes treating the male partners of their female clients..." What can I do as an individual WHNP whose practice is impacted by this limitation to get the board to change this language?

Answer: Divisions 50, 52, 54 and 56 of the Oregon NPA are no longer in existence; they were all repealed in 2021. The current APRN divisions are as follows:

- Division 51-APRN Nursing Education
- Division 53- APRN Licensing
- Division 55- APRN Scope of Practice

Board staff use your national certification to guide us in understanding specific roles and tasks performed by a WHNP.

Additionally, we get questions often regarding WHNPs providing gender affirming care that is not described in the NPA. The Oregon Nurse Practice Act (NPA) is silent on this topic. Typically, the scope of practice for NPs (CNMs in our state) includes reproductive health care for men, transgender, and non-gender binary clients. Reproductive health care is a range of services that support sexual and reproductive health, including:

- Abortion care
- Contraception, such as birth control pills, implants, IUDs, and condoms
- Emergency contraception
- Gender affirming care
- Gynecology
- HIV testing
- Pregnancy testing and counseling
- Preconception health counseling
- Sexual health counseling
- STI and reproductive tract infection testing

The most important consideration for all patient safety for Oregonians, is that all nurses must practice within their scope of practice. In the event there was ever a concern or complaint about your

client care, you will need to be prepared to demonstrate your knowledge, skills, and abilities to work in these area. It is your responsibility to make this determination.

Question: I'm attending an LPN or RN education program outside of Oregon. Will OSBN approve my school?

Answer: OSBN has no authority over schools that are based outside of Oregon and does not approve out-of-state programs. However, if you are attending an out-of-state program and wish to understand if the education received outside of Oregon is acceptable for licensure, it is important to consider you will have two routes to obtaining your Oregon license.

New graduate applicants may apply for licensure by examination. This is reserved for applicants applying for initial licensure, and who have not been previously licensed in another state or country. These applicants will need to have graduated from a nursing program that has been approved by the state Board in the state which the program is located. The nursing program must have included a clinical component that is comparable to Oregon standards. These applicants will need to pass the NCLEX prior to receiving their license.

New graduate applicants can choose to apply for a license in the state where their program is located and then apply for an Oregon license by

endorsement. To be eligible for licensure by endorsement, these applicants must have graduated within the last two years or have practiced at least 400 hours. The applicant will need to provide transcripts that demonstrate they graduated from a nursing program that was approved by its home-state board of nursing and met Oregon's clinical component standards. Applicants should consult Division 31 of the Nurse Practice Act as the primary source for rules surrounding LPN or RN licensing, including the educational requirements.

Question: I am an LPN interested in being an instructor for nursing assistant education programs. How do I go about getting a license to teach?

Answer: As an LPN, you can qualify to teach as a clinical teaching associate; there is no special license required to teach. See the Oregon Administrative Rule 851-061-0080(11)(a) (visit the OSBN website and click on Nurse Practice Act). The Oregon State Board of Nursing does not hire nursing assistant faculty; each program hires their own.

Question: Are nursing assistants expected to share abnormal vital sign results to nursing?

Answer: Yes. "Observing and reporting changes of condition to licensed nurse" is on the CNA1 authorized duties found in Oregon Administrative Rule (OAR) 851-063-0030(3)(i) (visit the OSBN website and click on Nurse Practice Act). CNA2 authorized duties include all CNA1 authorized duties as stated in OAR 851-063-0035(1).

Question: May a social worker supervise an RN?

Answer: Oregon's Nurse Practice Act (NPA) is silent on this question. First, the NPA does not mandate that an

RN's practice be supervised by anyone. The RN is 100% independent in their practice of registered nursing. Any supervisory requirements placed on an RN's practice would be a function of the RN's context of care (e.g., federal and state laws applicable to the setting or services provided, policies of the setting, RN's position description, etc.). Second, the NPA does not regulate employment relationships. This means the NPA does not identify who can provide a functional employment supervision relationship of an RN (e.g., for purposes such as time and attendance, HR issues, schedules, time off, etc.).

Question: I live in Oregon and just accepted a two-year remote nursing practice position

providing nursing services to people in Pullman, Washington. Since I will not physically be in the state of Washington, does my Oregon nursing license cover me?

Answer: No. The legal regulation of the practice of nursing is based on the location of the patient at the time of their interaction with the nurse. This is known as state-based regulation.

This means when a person receives nursing services inside of Washington's borders (e.g., telenursing or hands-on), it is the Washington State Board of Nursing (WSBN) that holds legal jurisdiction over the practice of nursing that occurs with that person.



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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.

2025 OSBN BOARD MEETING DATES

February 19, 2025	9 a.m.	Board Meeting
February 20, 2025	9 a.m.	Board Meeting
March 19, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
April 16, 2025	9 a.m.	Board Meeting
April 17, 2025	9 a.m.	Board Meeting
May 21, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
June 25, 2025	9 a.m.	Board Meeting
June 26, 2025	9 a.m.	Board Meeting
July 23, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
August 20, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
September 16, 2025	9 a.m.	Board Meeting—Strategic Planning
September 17, 2025	9 a.m.	Board Meeting
September 18, 2025	9 a.m.	Board Meeting
October 15, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
November 12, 2025	9 a.m.	Board Meeting
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/>.



Licensing Tip: National Certifications

All nurse practitioners and CRNAs must have proof of current national certification on file in the OSBN office to renew their Oregon nursing license. When you renew your national certification, remember to send a copy to OSBN.

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DISCIPLINARY ACTIONS

Actions taken in October, November, and December 2024. 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
Esther Alcegueire	RN Applicant	Application Denied	10-16-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Sheryl A. Aldstadt	200140617RN	Civil Penalty	11-20-24	\$875 civil penalty. Practicing without a current license.
Cheri R. Atkinson	200740681RN	Voluntary Surrender	11-20-24	Unauthorized removal of medications from the workplace and directing another individual to falsify client data.
Laurelei A. Bailey	200740325RN	Revocation	12-18-24	Improperly delegating the performance of a nursing procedure to a UAP, failing to cooperate with the Board during an investigation, and violating the terms and conditions of a Board Order.
Elise E. Baldrige	201230378LPN	Reprimand/Civil Penalty	10-16-24	\$100 civil penalty. Violating a person's right to privacy and confidentiality by accessing information without authorization.
Alexa A. Benson	202102011RN	Revocation	11-20-24	Violating the terms and conditions of a Board Order.
Christine O. Broxton	201705996RN	Voluntary Surrender	11-20-24	Abusing a client and failing to answer questions truthfully on an application for licensure.
Kevin M. Campbell	200730369LPN	Voluntary Surrender	10-16-24	Abusing a client and failing to answer questions truthfully on an application for licensure.
Kaylie V. Clear	10031660	Voluntary Surrender	11-20-24	Performing CNA authorized duties while impaired.
Kathleen M. Day	081055156LPN	Revocation	12-18-24	Neglecting a client, failing to maintain professional boundaries with a client, and failing to conform to the essential standards of acceptable nursing practice.
Kate E. DeBellis	201909221RN	Probation	11-20-24	24-month probation. Unauthorized removal of medications from the workplace and failing to conform to the essential standards of acceptable nursing practice.
Phyllis A. Dodds	090005204RN	Voluntary Surrender	11-20-24	Conviction of a crime that bears demonstrable relationship to the practice of nursing."
Steven Fierro	10009255	Reprimand	12-18-24	Failing to conform to the essential standards of acceptable nursing practice and violating a client's rights to privacy and confidentiality.
Cathy M. Fleury	099000335RN	Revocation	10-16-24	Violating the terms and conditions of a Board Order.
Lesley K. Heinsch	200342294RN	Civil Penalty	12-18-24	\$1,900 civil penalty. Practicing without a current license.
Teresa M. Horn	201130336LPN	Reprimand	12-18-24	Practicing nursing without a current Oregon license and failing to cooperate with the Board during an investigation.
Mary B. Hughes	000034999CNA	Reprimand	12-18-24	Failing to respect the dignity and rights of clients.
Benita C. Ikengah	RN Applicant	Application Denied	10-16-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Wendy S. Johnson	200441557RN	Civil Penalty	11-20-24	\$3,850 civil penalty. Practicing without a current license.
Lucy A.A. Jones	201407111RN	Reprimand	10-16-24	Failing to take action to preserve client safety and failing to recognize standards of acceptable and prevailing nursing practice.
Jennifer Laforest	RN Applicant	Application Denied	10-16-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Heidi E. Lavoie	201604839RN	Probation	11-20-24	12-month probation. Failing to document nursing practice in a timely manner and failing to conform to the essential standards of acceptable nursing practice.
Kayla A. Martinez	202209012RN	Probation	12-18-24	24-month probation. Falsifying data and obtaining unauthorized medications.
Sheena R. Newman	201809675NP-PP	Reprimand	12-18-24	Failing to document data pertinent to the client's care and failing to conform to the essential standards of acceptable nursing practice.
Jean B. Nicolas	RN Applicant	Application Denied	10-16-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Eke J. Onuoha	RN Applicant	Application Denied	11-20-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Giuriadi L. Patrascu	RN Applicant	Application Denied	10-16-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Cynthia A. Rabideau	082012846RN	Reprimand	11-20-24	Practicing nursing without a current license.
Genevieve M. Randall	201802454LPN	Probation	10-16-24	24-month probation. Falsifying data and the unauthorized removal of medications from the workplace.
Jennie A. Roberts	201802271CNA	Revocation	10-16-24	Violating the terms and conditions of a Board Order.
Katrina Sanford	CNA Applicant	Application Denied	10-16-24	Failing to answer questions truthfully on an application for certification.
Holly B. Vandoren	RN Applicant	Application Denied	12-18-24	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.
Ashley E. Wolfe	097000569RN	Civil Penalty	12-18-24	\$1,250 civil penalty. Practicing without a current license.

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YOUR BOARD IN ACTION

HIGHLIGHTS FROM THE NOVEMBER AND DECEMBER 2024 BOARD MEETINGS

Rulemaking

In November, the board adopted the following proposed rule changes:

- Permanent rule changes for Division 31 (Licensure Standards for RNs and LPNs): Changes ensure language aligns with the intent of Oregon Revised Statute 678 and removes barriers to the licensing process while maintaining public safety.
- Permanent rule changes for Division 62 (Standards for Certification of CNAs and CMAs):

Makes permanent temporary rules that were approved in June.

- Permanent rule changes for Division 41 (Nurse Interns): The changes clarify timeframes for eligibility requirements and license renewal.

In December, the board adopted a rule change to Division 21 (Standards for the Approval of RN and PN Prelicensure Programs) to allow Board staff to grant exceptions to the nurse administrator role.

Nursing Education

During the November meeting, the Board approved the University of Portland prelicensure RN program and the nurse practitioner program until September 2034. The board also approved Central Oregon Community College's request for an extended campus site.

Administration

Oregon State Board of Nursing board members make significant decisions on nursing education, discipline, licensing, and policy. In November 2024, this dedicated group elected new officers; president Marcus Cooksey, RN, ARNP, president-elect Margaret Hill, and secretary Claire McKinley-Yoder, RN. Their terms of office begin January 1, 2025.

In addition, the board celebrated the service of three board members whose terms ended on December 31, 2024: Yvonne Yuan, APRN, Michelle Chau, LPN, and president Aaron Green, CNA. The board thanks them for their combined 13 years and three months of steadfast service to protect the public.

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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Before you go

CHECKLIST



Oregon Center for
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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.



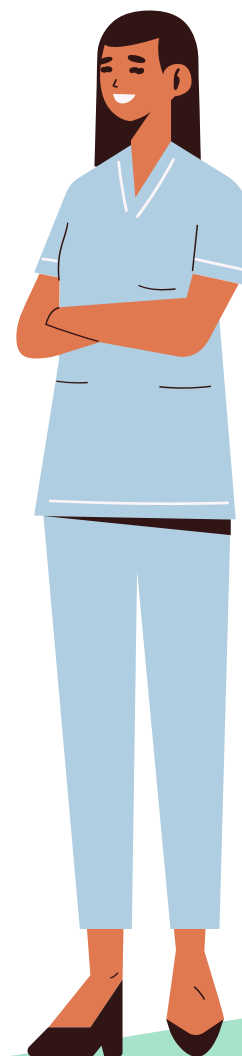
LOOK AT YOUR COLLEAGUES

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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