

OREGON BOARD OF NURSING

# SENTINEL

[ VO. 45 • NO. 1 • WINTER 2026 ]

## 2025 Statistical Report

*inside this issue*

Sexual Assault Examination (SAE)  
Scope-of-Practice FAQ for Registered Nurses  
Psilocybin Services & Oregon Nurses  
Oregon's Move to Continuing Education

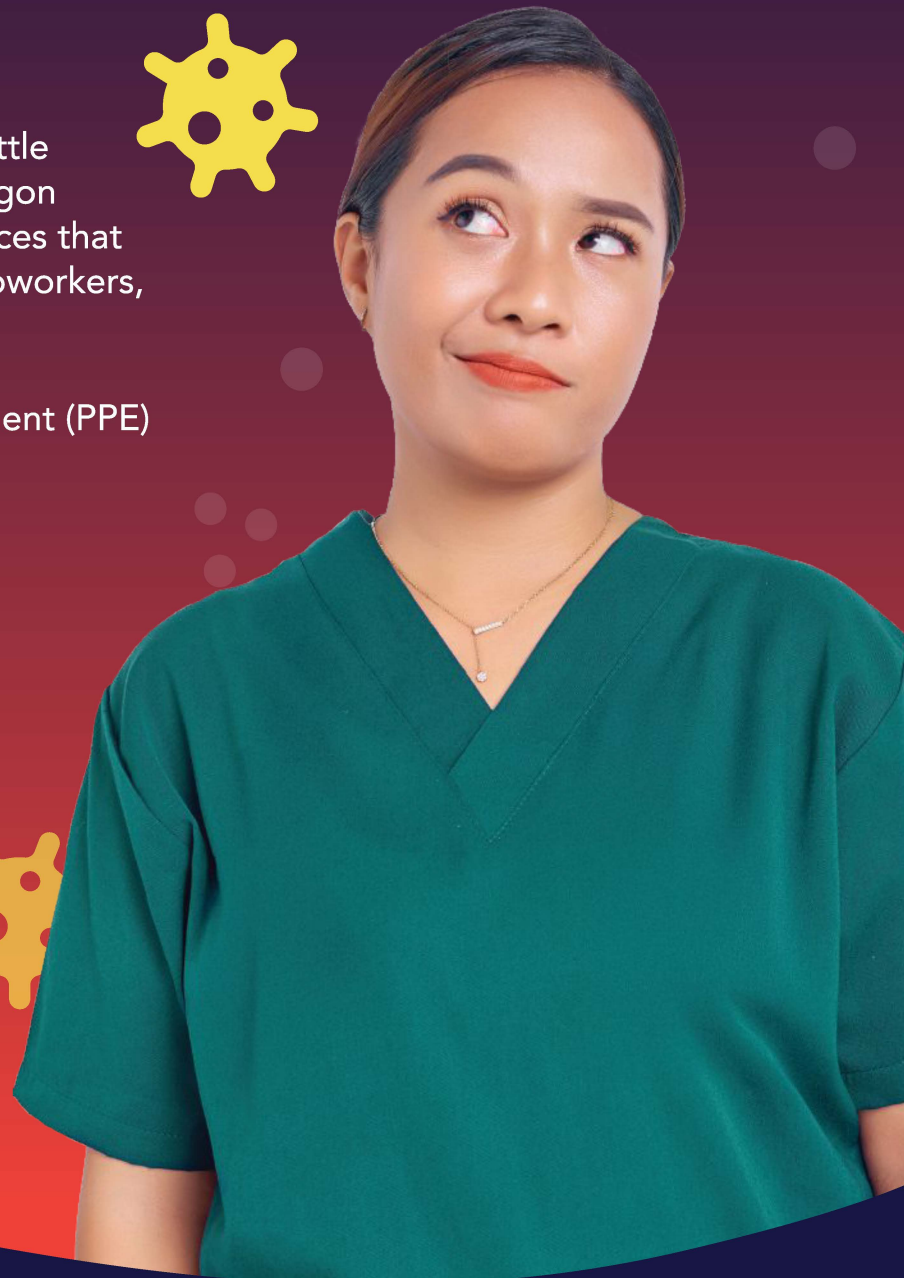
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# SENTINEL

[ VO. 45 • NO.1 • WINTER 2026 ]

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



# SEXUAL ASSAULT NURSE EXAMINER (SANE) CERTIFICATION IN OREGON

## UNDERSTANDING THE ROLE, REQUIREMENTS, AND PROFESSIONAL STANDARDS

**A**s Executive Director of OSBN, I have served on the Sexual Assault Examiner (SAE) and Sexual Assault Nurse Examiner (SANE) Certification Commission for the past two years. The Commission ensures Oregon nurses are properly trained and certified to provide survivor-centered sexual assault care and forensic examinations. This article outlines the Commission's role, OSBN's involvement, and offers guidance to registered nurses on whether engaging in forensic nursing falls within their scope of practice

### **SANE Certification Commission (SCC) Composition and Responsibilities**

Composition of the nine-member SCC is established by OAR 137-084-0500 with appointments being made by the Oregon Attorney General. Membership consists of one Oregon Certified Sexual Assault Examiner or Nurse Examiner; one Oregon Certified Sexual Assault Nurse Examiner representing the Oregon Nurses Association; one representative from the Oregon State Board of Nursing (OSBN); one emergency room physician representing the Oregon Chapter of Emergency Physicians; one licensed independent practitioner; one advocate; one at-large position; one member of law enforcement or prosecution; and one representative from the Oregon State Police Forensic Services Division.

The SCC establishes certification criteria, reviews certification applications, conducts the certification process, and ensures compliance with certification requirements. The SCC holds the authority to conduct chart reviews of certified SANEs and SAEs and provide recommendations for improvement if substandard practices are identified

### **Importance of SANE Certification**

SANE Certification is vital for providing specialized care to survivors of sexual assault. It signifies that a nurse possesses the necessary knowledge, skills, and expertise to respond to and care for sexual assault survivors effectively. SANE-certified nurses are equipped to conduct comprehensive forensic medical examinations, provide trauma-informed care, and collaborate

with multidisciplinary teams to support survivors throughout their medical-forensic care

### **SANE Certification Requirements**

**Licensure:** Candidates must hold a current and unrestricted license as a registered nurse (RN) or nurse practitioner (NP) in the state of Oregon. An LPN is unable to perform a Sexual Assault Exam because it requires a comprehensive examination and data interpretation that exceeds the focused assessment limits of LPN licensure

**Clinical Experience:** Candidates must have at least two years of clinical experience relevant to their licensure

**Clinical Practice:** Candidates must maintain an average of 16 hours per month of active nursing or clinical patient care practice

**Training Program:** Candidates must successfully complete a comprehensive 40-hour Adult/Adolescent Sexual Assault Nurse Examiner (SANE) training program that adheres to the National Training Standards set by the International Association of Forensic Nurses (IAFN). Initial certification requires the application to be submitted within one year of completing the applicant's didactic training. Candidates are required to engage in observations, interactions, and discussions with relevant organizations and agencies. This engagement enhances the candidate's ability to provide comprehensive, survivor-centered care and contribute effectively to the multidisciplinary response to sexual assault.

**Education and Competence:** The Oregon SAE/SANE Certification Commission establishes the education and training standards required for RNs to perform sexual assault exams. The Commission also determines if an RN has met these standards and maintains a record of certified RNs. While SANE certification is not mandatory in Oregon, RNs without certification must provide proof of competence that aligns with the Commission's standards.

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## Oregon's Nurse Practice Act

Oregon's Nurse Practice Act (NPA) does not specifically address whether registered nurses may perform sexual assault examinations. This means the activity is neither explicitly permitted nor prohibited. Under OAR 851-045-0065(2), each RN must determine if the activity falls within their individual scope of practice

To perform a sexual assault examination, the RN must:

- Have the required education and demonstrate competence to provide safe, effective care
- Ensure the examination aligns with professional standards and the policies of the practice setting
- Confirm access to appropriate resources, including personnel and equipment.
- Accept full accountability for actions and outcomes, understanding the legal, ethical, and professional implications.

## Professional Standards

The role of a Sexual Assault Nurse Examiner is consistent with professional nursing standards and evidence-based practices. The International Association of Forensic Nurses (IAFN) provides extensive literature and guidelines on SANE education and certification. Publications such as “Sexual Assault Nurse Examiner Education and Certification” (2022) and “Forensic Nursing: Scope and Standards of Practice” (2017) support this role. Additionally, the US Department of Justice has set National Training Standards for Sexual Assault Medical Forensic Examiners. In Oregon, nurses can train with The Sexual Assault Task Force [Trainings — Oregon SATF](#)

## Institutional Policies and Procedures

Institutions must have policies and procedures that comply with Oregon's rules and regulations, such as the Oregon Revised Statutes (ORS) 147.403, and Federal regulations for hospitals in the Veterans Administration System. These policies must support the RN's performance of Sexual assault exam and cannot override state and federal requirements.

## Shortage of Sexual Assault Nurse Examiners

Oregon is currently facing a severe shortage of Sexual Assault Nurse Examiners (SANEs). This shortage is especially pronounced in rural and frontier communities, where access to certified SANEs is often non-existent.

## References:

- American Nurses Association (2017). *Forensic Nursing: Scope and Standards of Practice*, 2nd ed. (2017).
- International Association of Forensic Nurses. *Sexual Assault Nurse Examiner (SANE) Education and Certification*. [www.forensicnurses.org/page/PositionPapers](http://www.forensicnurses.org/page/PositionPapers)
- National Council of State Boards of Nursing. *Scope of Nursing Practice Decision-Making Framework 2016*. [2016\\_Decision-Making-Framework.pdf](https://www.ncsbn.org/2016_Decision-Making-Framework.pdf)
- Oregon Secretary of State. *Oregon Administrative Rules Chapter 851 Division 45. Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse*. [Oregon Secretary of State Administrative Rules](https://www.oregon.gov/SecretaryofState/Division45/Pages/StandardsandScopeofPracticefortheLicensedPracticalNurseandRegisteredNurse.aspx)
- ORS 147.403 Policies, guidelines and training requirements for providers of medical care to sexual assault patients. [www.oregonlegislature.gov/bills\\_laws/ors/ors147.html](http://www.oregonlegislature.gov/bills_laws/ors/ors147.html)
- ORS 678.010 - 678.448 Professional Nurses. [www.oregonlegislature.gov/bills\\_laws/ors/ors678.html](http://www.oregonlegislature.gov/bills_laws/ors/ors678.html)

This workforce shortage is a critical factor in the frequent scope-of-practice questions encountered. The limited availability of certified SANEs has dire consequences for survivors of sexual assault. It often results in delayed or completely absent evidence-based medical-forensic care. Additionally, survivors in these areas face reduced access to trauma-informed providers, which is essential for their recovery and well-being

Moreover, the strain on emergency departments in these communities is significantly increased as they lack specialized support. Emergency departments are often left to manage cases without the expertise that certified SANEs can provide, which can lead to suboptimal care for survivors.

Addressing this shortage is crucial for ensuring that all survivors, regardless of their location, receive the timely and specialized care they need

## Interested in becoming a Sexual Assault Nurse Examiner?

Oregon needs more nurses certified as Sexual Assault Nurse Examiners. For details, visit the Oregon SANE Resources:

- SANE Certification Commission (SCC): <https://oregonsatf.org/sane-certification-commission>
- SANE Certification & Competency: <https://oregonsatf.org/scc-certification-competency>
- Available trainings: <https://oregonsatf.org/sati-trainings>
- For certification or practice questions, contact: [sane@oregonsatf.org](mailto:sane@oregonsatf.org)

## Conclusion

The care of patients who have experienced sexual assault involves both comprehensive healthcare and the preservation of evidentiary material for the criminal justice system. The nurse performing a sexual assault examination must ensure proper collection and preservation of evidence

SANE Certification signifies that a nurse possesses the knowledge, skills, and expertise to provide high-quality care to survivors of sexual assault. SANE-certified nurses can conduct comprehensive forensic medical examinations, provide trauma-informed care, and collaborate with multidisciplinary teams to support survivors throughout their medical-forensic care. This certification applies to the care of the adult/adolescent population, serving survivors aged 15 and older

# SEXUAL ASSAULT EXAMINATION (SAE) SCOPE-OF-PRACTICE FREQUENTLY ASKED QUESTIONS FOR REGISTERED NURSES

**Q: Does the Nurse Practice Act prohibit the activity, intervention, or role of a SANE?**

A: No. Oregon's Nurse Practice Act does not preclude the performance of a Sexual Assault Examination from the scope of practice of the Registered Nurse (RN). As such, it is the opinion of the Board that a Sexual Assault Examination is within the RN scope when the nurse has:

- Completed the required education and training, and
- Established and maintains documented competency to support the specialized exam and evidence collection.

**Q: Does the practice setting have policies and procedures in place to support the nurse's performance of the activity, intervention, or role?**

A: Institutional, organizational, or facility policies and procedures must be formulated to adhere to prevailing rules and regulations of the state of Oregon, e.g., Oregon Revised Statutes (ORS) 147.403. Policies, guidelines, and training requirements for providers of medical care to sexual assault victims and prevailing Federal regulations for hospitals in the Veterans Administration System. Institutional, organizational, or facility policies may not supersede state and federal requirements. Any policy that describes the education, training, and competency validation for an RN performing a sexual assault examination contrary to the Oregon SAE/SANE Certification Commission violates the requirements of the Oregon State Attorney General.

**Q: What responsibilities do nurse supervisors have when developing SAE policies or assigning SAEs?**

A: Nurse Supervisors must ensure that any RN assigned to perform an SAE has documented education, competency validation, and access to required resources. Assigning an SAE to a nurse without established competency or adequate resources may constitute unsafe practice under Oregon nursing standards

**Q: Has the nurse completed the necessary education to perform the activity safely?**

A: The Oregon SAE/SANE Certification Commission has established standards for the training and education requirements of all Oregon RNs who wish to perform the sexual assault exam. The commission has also established SANE certification requirements to ensure that RNs have the necessary training and

qualifications to provide medical forensic care that meets the highest standards using a victim-centered approach.

Whether certified or not, an RN must demonstrate competency congruent with Commission standards to perform the exam safely. The Oregon SAE/SANE Certification Commission is the determiner of whether the person requesting to perform the sexual assault exam has met the standards.

**Q: Is there documented evidence of the nurse's current competence (knowledge, skills, abilities, and judgment) to safely perform the role, intervention, or activity?**

A: Pursuant to statute, the Oregon SAE/SANE Certification Commission is responsible for the state certification of RNs who perform Sexual assault exams. The Commission also maintains a record of RNs who hold current OR-SANE certification. While it is not required in Oregon to be a Certified SANE to perform a Sexual assault exam, RNs without certification must provide proof of current SANE competency that is congruent with the Commission's standards.

**Q: If I am assisting an advanced practice provider, do SANE requirements still apply?**

A: Yes. If an RN performs any part of the medical-forensic examination, including evidence collection, photography, anogenital assessment, or forensic documentation, the same education and competency requirements apply.

**Q: Does the nurse have the appropriate resources to perform the exam in the practice setting safely?**

A: Pursuant to OAR 851-006, the term "appropriate resources" means the human and material support necessary to perform the activity, intervention, or role safely, including any necessary emergency management.

**Q: Is the nurse prepared to accept accountability for the role and related outcomes?**

A: The individual RN remains accountable for their nursing actions and for the outcome of nursing services provided. The RN who proceeds to perform a sexual assault exam understands the requirements of the assignment. Education, training, and

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## NURSING PRACTICE

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competency validation can provide the RN with the knowledge of how to manage consequences, whereby appropriate, effective, and timely application of consequence management becomes an RN self-regulatory issue

### **Q: Can an LPN perform a sexual assault examination?**

**A:** No. Sexual assault examinations require a comprehensive assessment and interpretation of findings, which exceed the focused assessment parameters permitted under LPN licensure.

### **Q: Is performing the role of a SANE, intervention, or activity consistent with professional nursing standards, evidence-based nursing, and other health care literature?**

**A:** The International Association of Forensic Nurses (IAFN) has published an authoritative body of literature and knowledge specific to SANE and related topics. The American Nurses Association (ANA), in conjunction with the IAFN, has published Forensic Nursing: Scope and Standards of Practice. The peer-reviewed publication of the IAFN, Journal of Forensic Nursing, contains empirical studies, reviews, and theoretical articles, methodological and concept papers, and case reports that address the provision of care to victims and perpetrators of

violence, trauma, and abuse. The US Department of Justice has also established National Training Standards for Sexual Assault Medical Forensic Examiners, and professional certification exists for both the Adult and Pediatric SANE.

As such, it is the opinion of the Board that the performance of a sexual assault exam by an RN who has completed education and training to complete a sexual assault exam is consistent with professional nursing standards, evidence-based nursing, and health care literature.

### **Q: Does adult/adolescent SANE training qualify a nurse to perform pediatric sexual assault examinations?**

**A:** No. Adult/adolescent SANE training does not prepare a nurse to independently perform pediatric SAEs. Pediatric cases require specialized pediatric-specific education and documented competency validation.

An RN may perform pediatric SAEs only after completing appropriate pediatric training and establishing/maintaining competency. In most settings, consultation or formal partnership with pediatric medical-forensic experts or Children's Advocacy Centers is required to ensure safe, developmentally appropriate care.



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The advertisement features a background image of two female nurses in white coats and stethoscopes, smiling and looking at a tablet. The text is overlaid on this image. The top part says "Become A Nursing Leader!" with "Become" in a cursive font and "A Nursing Leader!" in a bold, red, sans-serif font. Below that, it says "Accredited Online Programs" and "RN-BSN | MSN | DNP". There is a QR code with a red "S" logo in the center. At the bottom, there is the USD logo (a stylized "S" and "D" in a square) followed by "UNIVERSITY OF SOUTH DAKOTA SCHOOL OF HEALTH SCIENCES". The bottom of the ad has the website "usd.edu/online-nursing" and the email "nursing@usd.edu".

**Q: How should an RN determine whether performing a sexual assault examination (SAE) is within their individual scope of practice?**

**A:** An SAE is within an RN's individual scope of practice only when all scope-of-practice criteria are met, including appropriate education and training, documented competency validation, supportive institutional policies, and access to required resources.

If any criterion cannot be met, including gaps in education, inadequate competency validation, lack of supportive policies, or insufficient resources, the RN must not proceed with the examination. The RN is expected to decline the assignment and escalate to appropriate leadership to identify an alternative plan that protects patient safety and meets legal and professional standards.

**Q: Where can I find additional guidance, training, or support related to SANE/SAE practice in Oregon?**

**A:** The following resources provide regulatory guidance, education, competency tools, and direct support for nurses and employers involved in sexual assault medical-forensic care:

**Regulatory Guidance & Standards**

Oregon SAE/SANE Certification Commission (SCC)

Certification standards, competency requirements, and scope guidance. Link: <https://oregonsatf.org/sane-certification-commission>

**SCC Liaison (standards, certification, competency questions)**

Email: [sane@oregonsatf.org](mailto:sane@oregonsatf.org)

**Education, Training & Competency**

SATF SANE Training & Education Didactic, clinical skills, pediatric content, and CE opportunities. Link: <https://oregonsatf.org/sati-trainings>

**Technical Assistance & Case Support**

SANE Technical Assistance (TA) – SATF Case consultation, documentation support, and program development. Email: [sane@oregonsatf.org](mailto:sane@oregonsatf.org)

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Scope of practice, assignment safety, and nursing standards questions. Email: [oregon.bn.info@osbn.oregon.gov](mailto:oregon.bn.info@osbn.oregon.gov)

**OSBN Practice Concerns / Complaint Reporting**

Reporting unsafe assignments, policy issues, or practice violations. Link:

<https://www.oregon.gov/osbn/Pages/complaint.aspx>

**Statewide Support & Collaboration**

Oregon Sexual Assault Task Force (SATF) Resources for SANE programs, SARTs, policies, and multidisciplinary coordination. <https://oregonsatf.org>

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# 2025 STATISTICAL REPORT

## ANNUAL LICENSING STATISTICS

### AS OF JANUARY 2, 2026

#### 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

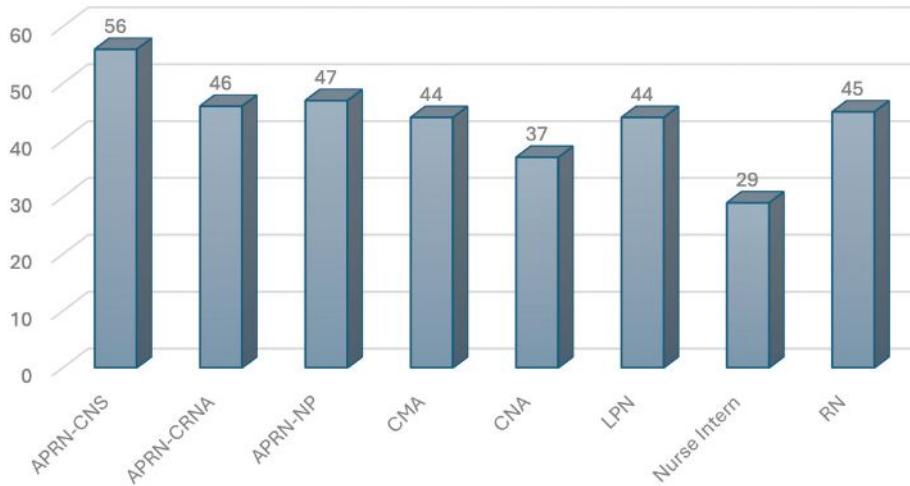
License Type	Active	Percent
APRN-CNS	119	0.1%
APRN-CRNA	1,108	0.8%
APRN-NP	10,246	7.7%
CMA	1,083	0.8%
CNA	22,119	16.7%
LPN	6,743	5.1%
Nurse Intern	19	0.0%
RN	91,016	68.7%
RN-Emeritus	50	0.0%
<b>Total:</b>	<b>132,503</b>	

#### Licenses by Type

License Type	Active Licenses	Avg Age
APRN-CNS	119	56
APRN-CRNA	1108	46
APRN-NP	10246	47
CMA	1083	44
CNA	22119	37
LPN	6743	44
Nurse Intern	19	29
RN	91016	45
RN-Emeritus	50	70
<b>Total:</b>	<b>132503</b>	<b>43</b>



## Average Age



## Active Nurse Practitioner Licenses by Specialty

Nurse Practitioner Type	Active Licenses	Percent
Acute	99	0.9%
Adult	339	3.1%
Adult-Gerontology Acute Care	435	4.0%
Adult-Gerontology Primary Care	469	4.3%
Family	5,849	54.2%
Geriatric	23	0.2%
Neonatal	100	0.9%
Nurse Midwife	487	4.5%
Pediatric	9	0.1%
Pediatric Acute Care	50	0.5%
Pediatric Primary Care	208	1.9%
Psychiatric / Mental Health	2,546	23.6%
Women's Health	183	1.7%
Total:	10,797	

## 2025 Investigative Statistics

Number of complaints received: 2,265

Number of cases opened: 1,279

Number of Cases Presented to the Board: 730

Number of Cases Closed with No Discipline Action: 652

### Number of disciplinary actions taken:

Discipline Action Type	Total
Civil Penalty	5
Denial	7
Probation	20
Stayed Probation	1
Reprimand	21
Revocation	4
Suspension	5
VS	15
<b>Total</b>	<b>78</b>



**Number of Licenses by Type by County**

County	CNA	CMA	LPN	RN	CRNA	NP	CNS	NI
Outside Oregon	2557	59	1644	41290	604	5682	43	0
Baker	44	0	8	134	1	8	0	0
Benton	378	5	57	801	5	70	0	0
Clackamas	1493	83	486	6111	80	450	11	0
Clatsop	109	8	17	474	10	57	0	0
Columbia	166	19	74	459	1	15	4	0
Coos	323	14	66	807	13	72	1	0
Crook	143	6	20	190	2	13	0	0
Curry	50	2	25	185	4	23	0	0
Deschutes	565	10	115	3114	14	318	8	1
Douglas	618	29	168	1144	0	93	1	0
Gilliam	5	2	2	6	0	2	0	0
Grant	33	0	4	51	2	6	0	0
Harney	22	0	5	52	1	5	0	0
Hood River	89	7	10	350	13	31	0	0
Jackson	1575	51	337	3051	13	373	5	1
Jefferson	145	5	21	184	0	6	0	0
Josephine	722	30	129	826	9	94	0	0
Klamath	269	19	62	627	2	63	1	10
Lake	31	1	5	56	0	6	0	0
Lane	2202	76	724	4235	24	399	9	0
Lincoln	121	3	50	450	10	46	1	0
Linn	1030	46	284	1485	15	79	1	1
Malheur	113	0	29	164	0	14	0	0
Marion	1750	69	606	3237	16	251	4	1
Morrow	49	7	5	62	0	7	0	0
Multnomah	3758	269	760	10606	162	1214	12	1
Polk	407	12	178	981	2	82	0	0
Sherman	8	0	3	16	0	0	0	0
Tillamook	45	2	15	251	5	14	0	0
Umatilla	297	25	24	584	9	39	0	3
Union	64	5	14	314	5	39	0	1
Wallowa	12	1	0	83	2	8	0	0
Wasco	237	31	29	237	2	17	0	0
Washington	2222	145	595	7434	65	581	16	0
Wheeler	2	0	0	5	0	2	0	0
Yamhill	460	42	170	978	16	62	2	0
Total:	22114	1083	6741	91034	1107	10241	119	19

## Number of NP Licenses by Specialty by County

County	Acute	Adult	Adult-Gerontology Acute Care	Adult-Gerontology Primary Care	Family	Neonatal	Nurse Midwife	Pediatric	Pediatric Acute Care	Pediatric Primary Care	Psychiatric / Mental Health	Women's Health
Outside Oregon	51	164	208	283	3345	60	101	2	14	50	1590	66
Baker	0	2	0	0	4	0	0	0	0	0	3	0
Benton	0	2	2	4	40	1	14	0	1	1	11	2
Clackamas	6	19	27	19	228	10	35	0	3	12	103	10
Clatsop	1	0	2	4	36	0	6	0	0	1	10	0
Columbia	1	1	0	0	11	1	0	0	0	0	2	0
Coos	0	0	1	2	54	0	6	0	0	1	11	2
Crook	0	0	0	1	8	0	0	0	0	1	4	0
Curry	1	0	0	2	19	0	1	0	0	0	1	0
Deschutes	3	13	8	12	193	4	21	2	0	11	62	12
Douglas	1	2	1	4	64	0	6	0	0	1	14	5
Gilliam	0	0	1	0	2	0	0	0	0	0	0	0
Grant	0	0	0	0	6	0	0	0	0	0	1	0
Harney	0	0	0	0	4	0	1	0	0	0	1	0
Hood River	0	1	0	0	22	0	0	0	0	3	6	0
Jackson	4	6	17	11	263	0	34	1	0	7	32	13
Jefferson	0	0	0	0	3	0	1	0	0	0	3	0
Josephine	0	3	4	5	65	0	3	0	1	4	8	5
Klamath	0	2	1	2	49	0	0	0	0	0	8	1
Lake	0	0	0	1	4	0	0	0	0	0	1	0
Lane	5	12	26	24	224	0	24	1	0	7	78	10
Lincoln	1	1	2	3	28	0	0	0	0	0	12	1
Linn	0	4	1	5	56	0	2	0	1	2	11	0
Malheur	0	0	0	0	11	0	1	0	0	0	5	0
Marion	0	11	8	11	132	0	22	0	1	3	75	3
Morrow	0	0	0	0	6	0	1	0	0	0	0	0
Multnomah	19	58	83	39	509	10	159	2	15	59	315	27
Polk	0	5	0	5	51	1	4	0	2	2	19	0
Sherman	0	0	0	0	0	0	0	0	0	0	0	0
Tillamook	1	0	1	0	9	0	1	0	0	2	3	1
Umatilla	0	1	0	1	27	0	0	0	1	2	9	1
Union	0	1	3	4	27	0	0	0	0	1	4	1
Wallowa	0	0	0	0	6	0	0	0	0	0	2	0
Wasco	0	2	0	0	8	0	1	0	0	2	5	0
Washington	5	28	39	25	287	13	36	1	11	34	123	20
Wheeler	0	0	0	0	2	0	0	0	0	0	0	0
Yamhill	0	1	0	2	43	0	6	0	0	2	12	3
<b>Total:</b>	<b>99</b>	<b>339</b>	<b>435</b>	<b>469</b>	<b>5846</b>	<b>100</b>	<b>486</b>	<b>9</b>	<b>50</b>	<b>208</b>	<b>2544</b>	<b>183</b>

# 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.

## 2025 Budget Statistics

Staff & Board  
Member Salaries  
**40.70%**



Benefits

**21%**



Health Professionals'  
Services Program (HPSP)

**3.67%**



Oregon Center  
for Nursing

**3.07%**



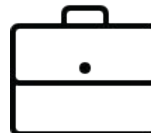
Oregon Wellness  
Program

**1.6%**



State Government  
Services

**3.63%**



Attorney General  
Costs

**4.66%**



Services and  
Supplies

**7.82%**



Professional  
Services

**7.19%**



Fingerprinting  
Services

**6.66%**



# DID YOU KNOW?

Division 31 of the Nurse Practice Act (OAR 851-031-0001) requires all nurses to keep their **legal name, current mailing address, and employer name** up to-date with the OSBN. Division 62 (OAR 851 062-0011) **requires the same for nursing assistants.** If you've recently moved, switched jobs, or changed your name, login to your account in the [OSBN online licensing portal](#) and go to your Dashboard. You can easily update all the information as needed.



Nurses House, Inc. is a national 501(c)(3) organization helping registered nurses in need. Nurses House assists RNs with housing expenses, including rent or mortgage payments. If you or a nurse you know are in need of assistance due to a health crisis or other dire situation, visit the Nurses House website or email today for more information.

Nurses House relies on donations from nurses, the nursing community, and others who care. Please email or visit our website to learn how you can help.



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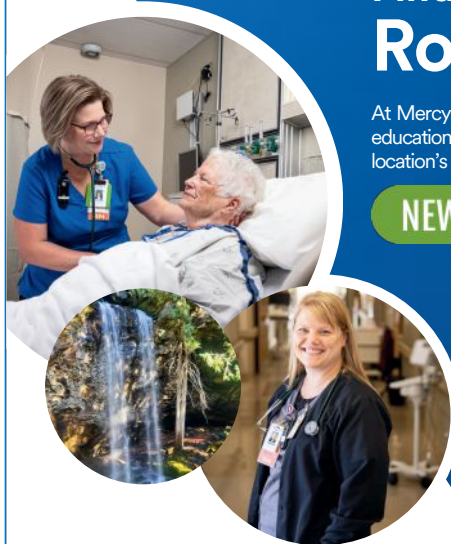


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## LISTENING TO OREGON'S NURSING WORKFORCE: WHAT WE HEARD DURING THE FRIDAY HUDDLE IN 2025

In this time of constant change in healthcare, Oregon's nursing workforce needs a forum to talk honestly about what they are seeing, to pressure-test ideas, and to learn from one another in real time. Since 2020, the Oregon Center for Nursing's (OCN) Friday Huddle has served this critical function for many – from nurses, educators, and leaders to regulators, workforce leaders, and a host of other industry stakeholders.

The Friday Huddle is an hour-long Zoom call that I host on behalf of OCN every Friday morning at 8 am, before many participants officially start their workdays. Anyone who is affiliated with the nursing profession is welcome to join. There is no formal agenda. Participants are invited to share what they

are seeing in their work, staffing challenges, policy changes, education questions, emerging concerns, and the like, and the conversation unfolds from there. What started as a pandemic support has evolved into a valuable resource for shared sense-making across Oregon's nursing workforce.

In 2025, participation in the Friday Huddle remained strong and consistent. Attendees included nurses from a variety of practice settings, nurse educators, workforce researchers, health system leaders, state agency staff, legislators, and representatives from the Oregon State Board of Nursing (OSBN). While no two Friday discussions were the same, several topics dominated these conversations over the course of the year.

- **Workforce challenges and retention pressures** were the most common topics. Participants talked openly about vacant nursing roles that remained hard to fill, especially in rural and community-based settings. It's clear that Oregon's nursing workforce is in a period of active redesign.
- **Policy and regulatory changes** were another frequent focus. As many state and federal policies shifted, Friday Huddle participants used the space to ask practical questions: What does this change mean for daily practice? How will it affect education pipelines or staffing models? Participation from OSBN representatives and leaders provided valuable context and a chance to engage with regulatory updates in real time
- **Education and the transition to practice** also featured prominently. Educators and employers discussed challenges related to clinical placements, preceptorship capacity, and preparing new graduates for increasingly complex care environments. The Huddle allowed people working on different parts of the nursing workforce pipeline to hear directly from one another, often for the first time
- **Healthcare system strain** emerged as a growing concern in 2025. Strain looks different across the system, including post-acute discharge delays, maternity unit closures and system financial instability. These conversations highlighted how nursing workforce issues rarely sit in isolation; they are deeply connected to broader system design and funding decisions.

*“The Friday Huddle helps me see the whole system, not just my corner of it. I leave with a better understanding of what others are dealing with and how our decisions ripple outward.”*

The format of the Friday Huddle is just as valuable as the topics that are discussed. It is one of the few spaces where nurses in different roles and with varying levels of authority can speak candidly, listen closely, and adjust their thinking in real time. Participants often report that simply hearing they are not alone in their challenges helps reduce isolation and fatigue

For regulators, educators, and workforce planners, the Huddle offers something equally important: early insight. Trends often emerge in these conversations weeks or even months before they are formally identified, whether that's in the news or industry reports. Questions raised on a Friday morning frequently signal issues that deserve closer attention or proactive planning

As Oregon's nursing workforce continues to navigate uncertainty, the Friday Huddle remains a trusted way to stay connected to what is actually happening on the ground for nursing stakeholders across the state. In 2026, OCN will continue to host the Huddle weekly and publish an annual summary so that the insights from these conversations can inform broader workforce discussions.

Practicing nurses, nurse educators, nursing leaders, and truly anyone who is interested in the nursing workforce and the healthcare industry are welcome. You can register for the Huddle by visiting OCN's website; I look forward to meeting you the next time you have a few extra minutes on a Friday morning: <https://www.oregoncenterfornursing.org/programs/friday-huddle/>.

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[santiamhospital.org](http://santiamhospital.org)



# PSILOCYBIN SERVICES & OREGON NURSES

## CLARIFYING WHAT'S PROTECTED, WHAT'S NOT, AND HOW TO DOCUMENT WITH CONFIDENCE

Oregon continues to lead in developing regulated psilocybin services. With the passage of House Bill 2387, effective January 1, 2026, the state has taken another step toward defining how licensed healthcare professionals can ethically and safely engage with clients around psilocybin use

This bill clarifies what many nurses have asked since Measure 109 first authorized psilocybin services: *what is the nurse's role?* HB 2387 directly answers that question by protecting nurses and other licensed professionals from disciplinary action when they discuss psilocybin services in, neutral manner or, in certain cases, hold dual licensure as both facilitator and healthcare provider

For nurses, this means greater clarity and reduced professional risk when engaging in conversations about emerging therapies. It also reinforces the importance of documentation, transparency, and role boundaries—ensuring patients receive accurate information without crossing into advocacy or endorsement.

Oregon's approach is the first of its kind in the nation and serves as a model where state-level regulation can coexist with professional licensing standards. Understanding the limits and opportunities created by HB 2387 helps nurses remain compliant, informed, and confident as new integrative care models emerge

Anyone interested in following this body of work more closely can follow the Oregon Psilocybin Advisory Board at: <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/Pages/Psilocybin-Advisory-Board-Meetings.aspx>.

*Please Note: The following article is intended to provide general information about how HB2387 may affect nursing practice and does not constitute legal advice.*

### Summary of House Bill 2387

HB 2387 provides statutory clarity for Oregon-licensed health and behavioral health professionals regarding their ability to discuss psilocybin services and, when appropriately licensed, to hold dual licensure with the Oregon Health Authority (OHA)

as psilocybin facilitators. It reduces disciplinary uncertainty and aligns professional licensing statutes with Oregon's existing psilocybin framework under Measure 109.

### Protected Clinical Communication

Health professionals (including nurses, APRNs, physicians, psychologists, and social workers) may discuss psilocybin services with patients or clients within their scope of practice. Such discussions are not subject to disciplinary action if:

- They are neutral,
- The licensed professional does not encourage, induce, or guarantee participation, and;
- The conversation complies with professional and ethical standards.

### Dual Licensure Authorization

- HB 2387 allows a licensee to simultaneously hold a professional license (e.g., nursing, psychology, or counseling) and an OHA psilocybin facilitator license
- Dual-licensed individuals that are a part of one of the seven Oregon licensing boards named in HB 2387 (including the boards of nursing, medicine, naturopathic medicine, psychology, professional counselors and therapists, social work, and pharmacy) may operate as a psilocybin facilitator and simultaneously provide healthcare or behavioral healthcare services during psilocybin "preparation" and "integration" sessions only—not during the psilocybin administration session itself
- Licensees must give written disclosure to clients that distinguishes the scope of practice for each role (facilitator vs healthcare provider).
- OHA is responsible for adopting rules governing disclosure, notification, and conduct of dual-licensed facilitators.

## Protections and Enforcement

Oregon health licensing boards, including the OSBN, may not discipline or penalize a licensee *solely* for discussing psilocybin services or holding an OHA-issued facilitator license. However, the OSBN retains full authority to investigate or sanction behavior that violates Nurse Practice Act standards. This ensures a balance between innovation in care and ongoing patient safety protections.

## Legislative Intent

The Legislature recognized that regulated psilocybin services represent a new and evolving therapeutic model that overlaps with established health care professions. The goal of HB 2387 is to remove barriers to open, ethical communication and establish boundaries for dual licensed practice so patients can make informed decisions in collaboration with their clinicians. Oregon remains the first state to provide this level of professional clarity and regulatory alignment.

## Implementation Timeline

- Effective Date: January 1, 2026
- OHA Rulemaking: Ongoing through 2025 to finalize notification and documentation requirements.
- OSBN Action: The Board will continue to monitor implementation and issue guidance to APRNs and RNs about communication standards, documentation expectations, and dual-role boundaries.

## Scope and Boundaries

When acting as a facilitator, nurses cannot exercise the privileges of their nursing license except during the defined preparation and integration sessions. Psilocybin administration remains outside the scope of nursing practice. Role separation, documentation, and informed consent remain critical for compliance and patient safety.

### Example Scenario: Staying within Scope

A psychiatric mental health nurse practitioner (PMHNP) is licensed by the OSBN and also holds an Oregon Health Authority psilocybin facilitator license. One of their long-term therapy clients expresses interest in exploring psilocybin services.

The PMHNP provides neutral education about what psilocybin facilitation involves, how Oregon's regulated program works, and potential risks and contraindications. They document the conversation in the client's health record and clarify to the patient that they are not recommending or prescribing psilocybin—only informing the patient about a legal service.

Later, the client schedules a psilocybin session at a service center where the PMHNP also works as a facilitator. The nurse

practitioner conducts the preparation and integration sessions in their facilitator role, providing supportive care and helping the client process the experience, but they do not provide medical or prescriptive services during the psilocybin administration itself.

Throughout, they maintain separate documentation for their clinical and facilitation roles and ensure that the client receives written disclosure explaining these boundaries.

**Key Takeaways:** This approach aligns with HB 2387. The nurse remains within scope by:

- Keeping clinical and facilitation roles distinct,
- Avoiding nursing interventions and
- Upholding professional ethics and transparency

## Federal Considerations: DEA and Controlled Substance Status

Although Oregon law allows regulated psilocybin services, it's important to remember that psilocybin remains a Schedule I controlled substance under the U.S. Controlled Substances Act.

This means psilocybin has no recognized medical use at the federal level and a high potential for abuse, as classified by the Drug Enforcement Administration (DEA).

Nurses and APRNs with a DEA registration should exercise caution. Any activity involving psilocybin—even outside of prescribing—could raise federal compliance concerns, especially if tied to documentation or practice activities under their DEA number.

Participation in psilocybin facilitation may also impact credentialing or contracting with federal health programs or carriers, such as Medicare, Medicaid, the VA, or other insurance companies depending on institutional policies.

Federal employers or entities operating under federal funding may prohibit participation in any state-authorized psilocybin activities.

Even with HB 2387's protections at the state level, nurses should consult with their employer, malpractice insurer, and legal or compliance advisors before engaging in psilocybin-related activities, especially if they hold a DEA license or work in federally regulated environments.

Most professional liability and malpractice policies exclude activities involving federally illegal substances— even when those activities are state-authorized.

**Example:** *An APRN who discusses psilocybin services with a patient documents the conversation neutrally and within scope. However, when they later provide integration support at an OHA-licensed center, their insurer denies coverage for that portion of work because psilocybin remains federally controlled.*

continued on page 20 >>

## ADVANCED PRACTICE

<< continued from page 19

Clarify coverage in writing with your malpractice insurer (private and health systems). If engaging in facilitation, consider a separate business entity and policy that clearly defines covered activities.

### Dual Relationships:

Holding both an OSBN and facilitator license can blur boundaries between therapeutic, coaching and supportive roles.

*Example: A nurse who has a long-standing counseling relationship with a client agrees to facilitate that client's psilocybin session. Because of the power imbalance and potential for emotional dependence, this dual role could violate professional boundaries—even if both parties consent.*

Avoid facilitating for current or former patients. Refer clients to another facilitator and maintain the traditional therapeutic relations instead

### Data Privacy:

Psilocybin session records are not covered by HIPAA unless the activity occurs under a HIPAA-regulated entity

*Example: A nurse facilitator uploads integration session notes into a client's medical chart through the employer's electronic health record (HER) system. This inadvertently mixes state-regulated psilocybin data with protected medical records, creating privacy and regulatory conflicts.*

Keep psilocybin-related documentation separate from clinical records. Use password protected storage and clarify what is (and is not) part of the health record when obtaining consent.

### Ethical Neutrality:

*Example: A nurse tells a client, "I've seen people have great breakthroughs with psilocybin—it might really help you." Though casual, this statement may be perceived as recommending unapproved treatment.*

To avoid this, use standard scripts (consistent language and documentation) emphasizing that psilocybin services are optional, non-prescriptive, and not a substitute for established care. There are still a lot of unknowns and a need for more research

### Recordkeeping and Disclosure:

Documentation that clearly distinguishes between clinical and facilitation roles is essential

*Example: A nurse facilitator fails to provide written disclosure clarifying when they are acting as a facilitator versus a nurse practitioner. The client later files a complaint, citing confusion over who was responsible for follow-up care.*

Use OHA-approved disclosure forms, maintain distinct documentation for each role, and ensure clients understand when professional licensure does or does not apply

Maintain ethical boundaries and avoid conflicts of interest. To maintain data privacy, keep psilocybin and health records separately and securely

### Documentation Self-Check:

#### Supporting Safe and Transparent Practice

This sample checklist is a good reminder when documenting discussions or activities related to psilocybin services. **These are good-practice considerations, not Board requirements.**

#### Before the Discussion

- Confirm that the topic is relevant to the patient's care or inquiry
- Review current OHA regulations and your professional scope of practice
- Prepare neutral, language (avoid recommendations or endorsements).

#### During the Discussion

- Record the date and context of the conversation.
- Note that information was provided for educational purposes only
- Identify the key points covered—risks, benefits, and available alternatives.
- Document that the client expressed understanding and that no inducement occurred

#### After the Discussion

- Store documentation securely, following privacy standards appropriate to your setting
- Keep any psilocybin-related notes separate from the medical record unless integrated per facility policy
- If dual-licensed, maintain distinct records for facilitator and professional roles.
- Retain copies of any disclosure or consent forms required by OHA.
- Review notes periodically for clarity and neutrality

#### Reflection

- Would another clinician reading this entry understand your role and the boundaries observed?
- Does your documentation show neutrality, professionalism, and informed consent?

#### Looking Ahead

Oregon's psilocybin framework continues to evolve as state agencies refine rules and professional boards align guidance with emerging practice models. Nurses play a critical role in ensuring that patient conversations about psilocybin remain safe, ethical, and evidence informed

As the field develops, staying informed and engaged is essential. Nurses are encouraged to:

- Monitor OSBN and OHA communications for rule updates, interpretive statements, and policy clarifications.
- Seek continuing education on integration and alternative therapies, ethics, and documentation standards
- Participate in professional discussions or workgroup meetings

exploring the intersection of nursing and emerging therapeutic modalities.

- Share lessons learned within professional networks to strengthen collective understanding and clarity

The OSBN will continue to provide resources, educational outreach, and collaborative opportunities to support nurses as Oregon leads the way in safe, ethical implementation of psilocybin services.

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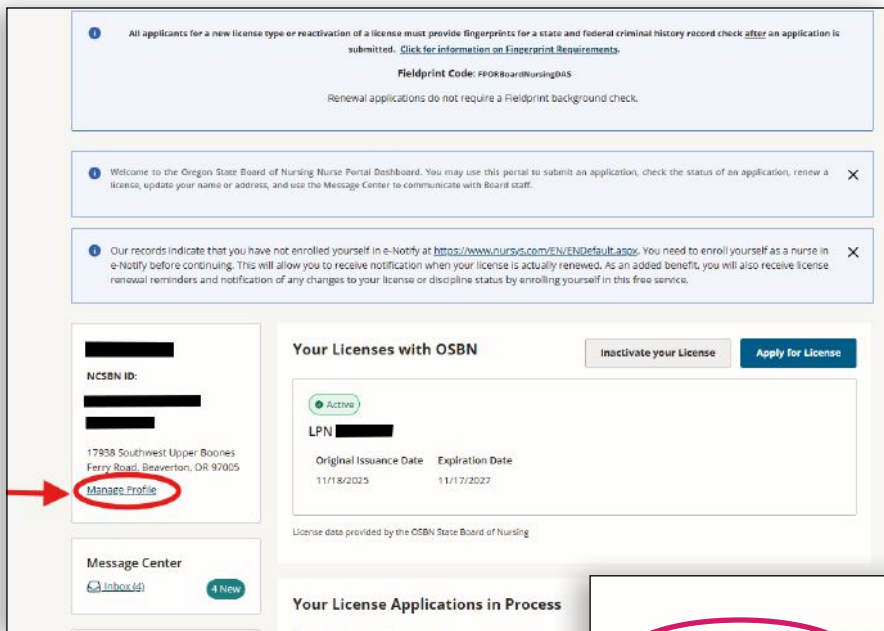
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**501.725.3781**

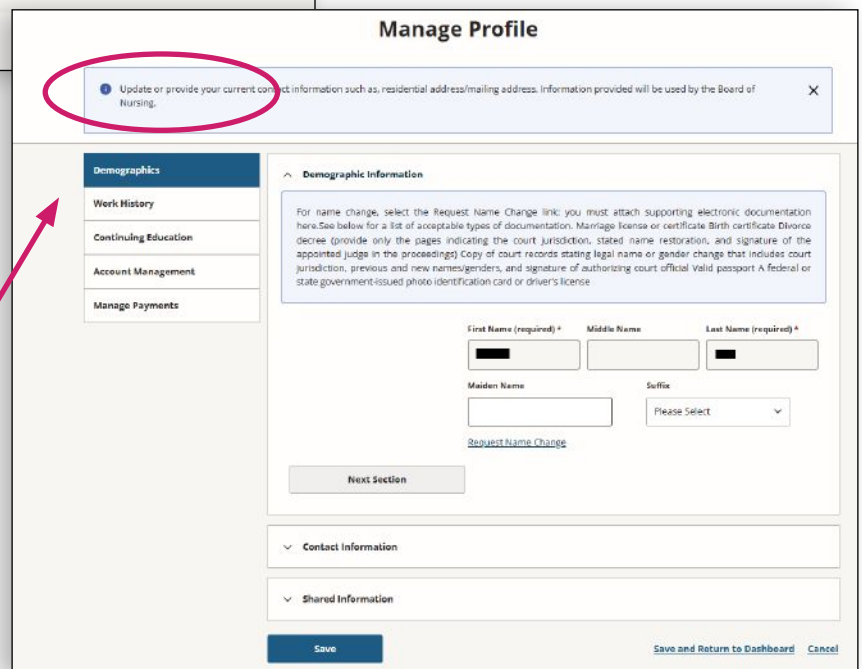
**jkordsmeier@pcipublishing.com**

# UPDATING YOUR NAME WITH THE OSBN

The Oregon Nurse Practice Act requires nurses and nursing assistants to keep their names up to date with the Oregon state board of nursing. When you experience a name change, here are the steps to update it easily in the online licensing portal.



**Step 1:** after logging into your online portal account, select **manage profile** which is found in the box with your name & demographic information within the box.



**Step 2:** when you select manage profile, the system will automatically take you to account management. Select **demographics**.

### Manage Profile

i Update or provide your current contact information such as, residential address/ mailing address. Information provided will be used by the Board of Nursing. ✕

**Demographics**

Work History

Continuing Education

Account Management

Manage Payments

**Demographic Information**

For name change, select the Request Name Change link; you must attach supporting electronic documentation here. See below for a list of acceptable types of documentation. Marriage license or certificate Birth certificate Divorce decree (provide only the pages indicating the court jurisdiction, stated name restoration, and signature of the appointed judge in the proceedings) Copy of court records stating legal name or gender change that includes court jurisdiction, previous and new names/genders, and signature of authorizing court official Valid passport A federal or state government-issued photo identification card or driver's license

First Name (required) \*

Middle Name

Last Name (required) \*

Maiden Name

Suffix

Please Select

[Request Name Change](#)

**Step 3:**  
Select  
Request Name Change

**Step 4:** enter in the fields for how you want your name to be displayed. Include supporting documentation, showing proof. Then at the bottom of the page hit 'save'

Approved supporting documentation:

- State issued driver's license/identification
- Passport
- Social security card
- Legal documentation

### Manage Profile

i Update or provide your current contact information such as, residential address/ mailing address. Information provided will be used by the Board of Nursing. ✕

**Demographics**

Work History

Continuing Education

Account Management

Manage Payments

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For name change, select the Request Name Change link; you must attach supporting electronic documentation here. See below for a list of acceptable types of documentation. Marriage license or certificate Birth certificate Divorce decree (provide only the pages indicating the court jurisdiction, stated name restoration, and signature of the appointed judge in the proceedings) Copy of court records stating legal name or gender change that includes court jurisdiction, previous and new names/genders, and signature of authorizing court official Valid passport A federal or state government-issued photo identification card or driver's license

First Name (required) \*

Middle Name

Last Name (required) \*

Maiden Name

Suffix

Please Select

[Remove Name Change Request](#)

New First Name (required) \*

New Middle Name

New Last Name (required) \*

Supporting Documents: (required) \*

[Upload](#)

Next Section

### Manage Profile

i Update or provide your current contact information such as, residential address/ mailing address. Information provided will be used by the Board of Nursing. ✕

**Demographics**

Work History

Continuing Education

Account Management

Manage Payments

✓ You have successfully updated your profile. ✕

**Demographic Information**

For name change, select the Request Name Change link; you must attach supporting electronic documentation here. See below for a list of acceptable types of documentation. Marriage license or certificate Birth certificate Divorce decree (provide only the pages indicating the court jurisdiction, stated name restoration, and signature of the appointed judge in the proceedings) Copy of court records stating legal name or gender change that includes court jurisdiction, previous and new names/genders, and signature of authorizing court official Valid passport A federal or state government-issued photo identification card or driver's license

First Name (required) \*

Middle Name

Last Name (required) \*

Maiden Name

Suffix

[REDACTED]

Name Change Request submitted - pending board approval.

After submitting your name change request, you will see the acknowledgement that your information was successfully submitted and OSBN staff will review it in the order it was received.

# YOU ASK, WE ANSWER

**Q: Is an in-person evaluation required prior to prescribing a controlled substance after 12/21/2025?**

**A:** No; the DEA and HHS have extended the temporary telehealth flexibilities through December 31, 2026. This means DEA-registered practitioners can continue prescribing Schedule II-V controlled substances via telemedicine without a prior in-person visit under certain conditions. This is a federal DEA requirement, not an OSBN requirement.

**Q: Can APRNs issue prescriptions using telehealth if the patient already has a controlled-substance prescription and their regular provider is unavailable?**

**A:** Yes, An APRN may continue or issue a controlled-substance prescription via telehealth from January 1, 2026, to December 31, 2026, based on the recent DEA and HHS extension.

**Q: Do the federal prescribing rules apply to all license types?**

**A:** Yes. DEA regulations apply equally to MDs, DOs, APRNs, and PAs. The rule is tied to DEA registration, not the license type. APRNs with a valid DEA registration must comply with the exact same prescribing rules as physicians.

**Q: Does the VA follow DEA prescribing rules?**

**A:** Yes and no. The VA typically follows DEA prescribing rules; however, the VA is a federal system, and VA providers often function under a federal scope of practice. The VA may have additional internal policies regarding telehealth and controlled substances.



**Q: Is it true that the NCLEX is going to be available online in 2026?**

**A:** The National Council of State Boards of Nursing (NCSBN) is developing new technology that would allow graduates to take the NCLEX online, increasing accessibility while ensuring exam security. However, no further information is available about a potential launch date or roll-out plan, including whether the online option will be available nationwide. Those applying for licensure by exam through the Oregon State Board of Nursing will continue to need to take the NCLEX at a Pearson Vue testing center for the foreseeable future. For more information, see the latest NCSBN Press Release: [The Necessity of Innovation: Protecting the Public Through Progress | NCSBN](#)

**Q: Did the passing threshold for the NCLEX change?**

**A:** No. There have been no changes to the passing threshold for the NCLEX-PN or NCLEX-RN. The passing standard is reviewed by the NCSBN Board of Directors every three years. Current standards were last reviewed in December 2022, and the NCSBN recently announced the standard would not change with the publication of the 2026 Test Plans.

**Q: I have been asked to complete an assignment I feel I can't accept because it goes against my moral beliefs. Can I decline?**

**A:** The decision to decline an assignment for any reason rests with the individual nurse. As your question identifies a moral opposition to the assignment, you are directed to Oregon Administrative Rule (OAR) 851-045-0065(1)(i). This standard identifies a nurse must: "Accept responsibility for notifying one's employer of an ethical objection to the provision of a specific nursing activity, intervention, or role"

**Q: I am an RN who provides nursing services to a child who is scheduled to go on a two-week trip to Colorado. The family has asked me to attend the trip to provide needed nursing services for their child. My question is: Will my Oregon RN license cover my practice in Colorado?**

**A:** Your question is not answered by Oregon's Nurse Practice Act and can only be answered by the Colorado State Board of Nursing (CSBN). This is because jurisdiction over the practice of nursing is based on the location of the client at the time of interaction with the nurse. When you reach out to CSBN, be sure to describe your situation, as there might be Colorado statutes or rules related to temporary practice assignments in their state

**Q: Are RNs and LPNs permitted to re-authorize prescriptions for patients?**

**A:** It depends. You are directed to access OAR 851-049-0020 Scope of Practice

Standards Related to Communicating a Re-authorization of a Client's Prescription. These standards identify minimum determinations that must be made by a nurse prior to communicating a re-authorization of a client's prescription.

**Q: I am an LPN and work at a physician's office. I recently declined to carry out a medical order for one of my patients because the order was not safe. I am now being told that in the future I must implement all medical orders. The reason I was provided was that if something goes wrong, I will be protected under the license of the prescriber. I always thought I was accountable under my own license for my own decisions and actions. Who is right?**

**A:** You are. Each individual nurse is accountable under their own license for their own decisions and actions. This applies regardless of who told whom to do what.

The nurse who carries out medical orders is always responsible for adhering to OAR 851-045-0065(9) Standards related to the licensee's responsibility in the acceptance and execution of medical orders. These standards identify several determinations that must be made by the individual nurse prior to carrying out the order. One of these determinations is that the medical order is safe for the client. Thank you for protecting your client.

**Q: I was under the impression that RNs cannot delegate the performance of certain procedures to direct-support staff in a community-based setting, such as replacing a client's g-tube that has accidentally come out. Is this a procedure that can now be delegated to my unregulated staff?"**

**A:** Oregon's Nurse Practice Act Division 47 standards for registered nurse delegation process are silent on g-tube replacement – meaning this specific health-related

procedure is neither expressly permitted nor prohibited from delegation by an RN to an unregulated assistive person (UAP) practice team member

The individual RN's decision to authorize a specific UAP to perform a specific "nursing procedure" (i.e., a health-related procedure identified within the RN's plan of care), is a clinical judgment the RN must arrive at independently. Standards for RN delegation process, including 10 standards which--when all are determined met--establish the RN's decision to delegate as a safe care delivery option for their client, are in OAR 851-047.

### Stay Connected

We look forward to hearing from you! Submit your questions for future edition to: [osbn.practicequestion@osbn.oregon.gov](mailto:osbn.practicequestion@osbn.oregon.gov)

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# YOUR BOARD IN ACTION

## HIGHLIGHTS FROM THE NOVEMBER 2025 BOARD MEETING

### Rulemaking

The Board adopted the following proposed rule changes during the November 2025 meeting:

- Division 1, Rules of Practice and Procedure (OAR 851-001)
- Division 2, Agency Fees (OAR 851-002)
- Division 6, Standard Definitions (OAR 851-006)
- Division 21, Standards for Nursing Education Programs (OAR 851-021)
- Division 31, Standards for Licensure of RNs and LPNs (OAR 851-031)
- Division 41, Standards for the Nurse Intern: Licensure and Functions (OAR 851-041)
- Division 45, Standards and Scope of Practice for the LPN and RN (OAR 851-045)
- Division 49, Standards for Licensed Nurse Protocol Development and Utilization, Communicating A Prescriber's Re-Authorization of a Prescription, and RN Dispensing (OAR 851-049)
- Division 53, Standards for Licensure as an Advanced Practice Registered Nurse (OAR 851-053):  
Division was repealed
- Division 55, Scope and Standards of Practice for the Advanced Practice

Registered Nurse (OAR 851-055)

- Division 62, Standards for Certification of the Nursing Assistant and Medication Aide (OAR 851-062)

All the proposed changes support the legislative changes made by HB 3044 during the 2025 legislative session. *Please see article on page 27 for more information, or visit the OSBN website at <https://www.oregon.gov/osbn/Pages/NPA-Modernization.aspx>.*

### Nursing Education

The Board:

- Approved Rogue Community College's request to offer the option of a practical nursing certificate to students in its registered nurse education program.
- Granted continuing approval through September 2033 to Concorde Career College's practical nursing education program.
- Granted initial approval for the admission of students to the Institute of Technology's registered nursing education program.

### Administration

The Board delegated authority to the Executive Director and Investigations Manager to sign:

- Interim Orders by Consent when there is current or imminent harm to the

public identified during the ongoing investigative process.

- Notices for Proposed Discipline following a Board vote to issue a notice based on evidence presented in a Board meeting
- Amend Stipulated Final Orders for Probation to extend the probation up to 12 months when a participant needs additional time to complete monitored practice and there are no compliance concerns.

Officers for 2026 were elected; Board members elected Olanike Towobola, DNP, RN, as president, and re-elected Margaret Hill as president-elect and Claire McKinley Yoder, PhD, RN, as secretary

*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](http://www.oregon.gov/OSBN/meetings).*



# MAJOR NURSE PRACTICE ACT CHANGES EFFECTIVE JANUARY 1

The Nurse Practice Act (NPA) has evolved over the last 70 years, resulting in a mix of laws and rules that didn't always match how nursing is practiced today. To fix this, the Oregon State Board of Nursing along with the Oregon Legislature updated several statutes and divisions to clarify rules, improve customer service, and remove outdated requirements. **The changes went into effect January 1, 2026.**

## Key Changes

1. **Continuing education:** You no longer need practice or work hours to renew your license or certificate. Cultural competency and pain management will continue to be required and, beginning January 1, 2028, nursing renewal applicants will need 20 CEs per renewal cycle. Please check the OSBN website ([www.oregon.gov/osbn](http://www.oregon.gov/osbn)) to learn how many hours are required for renewal or reinstatement of a license or certificate. Endorsement applicants with expired licenses are required to complete CE as defined in OAR 851-031-0008.
2. **Full two-year licenses for everyone:** Licenses will now expire based on their issue date—not your birthday—so new licensees get a full two years before first renewal. This only applies to brand-new licenses or licenses that are being reinstated
3. **Emeritus license updates:** Nurse Emeritus licenses are now good for two years instead of one, and renewal is simpler
4. **Licensure standards in one place:** All licensure requirements for nurses—LPNs, RNs, and APRNs—are now located in Division 31, eliminating confusion over where to find the requirements. Division 53 has been repealed
5. **“Healthcare provider” replaces “licensed independent practitioner”:** This change broadens the type of providers who can give clinical direction to LPNs and whose orders RNs employed by schools or long-term care facilities can accept, making care coordination easier

You can learn more by reviewing the information on the **OSBN's NPA Modernization webpage** (<https://www.oregon.gov/osbn/Pages/NPA-Modernization.aspx>) or watching the OSBN's NPA Modernization Lunch & Learn recording on the **OSBN YouTube Channel** (<https://www.youtube.com/@OregonStateBoardOfNursing>).

# OREGON'S MOVE TO CONTINUING EDUCATION

**W**ith the passage of House Bill 3044, Oregon State Board of Nursing requirements around how nurses and nursing assistants demonstrate competence are changing. Beginning January 1, 2026, tracking of practice hours will no longer be required for license or certification renewal for certified nursing assistants, certified medication aides, licensed practical nurses, registered nurses, and advanced practice registered nurses. Instead, OSBN is phasing in requirements for continuing education (CE). (See related article on page 27)

## A National Look

Throughout 2024 and 2025, OSBN staff reviewed regulations across the United States to examine how different Boards of Nursing assure that their license and certificate holders remain competent for practice. With help from National Council of State Boards of Nursing (NCSBN, 2024) resources, OSBN staff found that approximately 75% of Boards of Nursing require some indicator of competence from license and certificate holders, with every license or certificate renewal. Of these, over 90% of Boards allow or required continuing education! Across the United States, many health professional regulatory bodies also require evidence of CE. This includes professions such as medical doctors, pharmacists, social workers, and more.

## The Value of CE

The American Nurses Association's *Code of Ethics for Nurses* (2025) outlines that nurses are responsible for the delivery of safe, competent care. Staying up to date "with new nursing knowledge, research, practice, and information" is essential to safe patient care (Cusack & Verdonk, 2020, p.5)! By requiring evidence of continuing education, Boards of Nursing can be assured that license and certificate holders are staying current on topics related to their professional practice (Cusack & Verdonk, 2020). Importantly, CE mandates have been shown to increase participation in CE (Neimeyer et al., 2019), further ensuring nursing professionals engage in ongoing education throughout their careers.

## What CE is Accepted in Oregon?

Any type of continuing education that is related to one's level of licensure and the practice of nursing meets the CE requirement. This can include training by an employer/institution, self-study training, or accredited courses. Nursing professional organizations may be able to offer CE and guidance on documenting educational activities.

The current requirements for CE specific to Pain Management and Cultural Competency are not changing. This CE continues to be required.

## Where to Find More Information

Continuing competence requirements can be found in Division 31 of Oregon's Nurse Practice Act. Evidence of CE will be required starting January 1, 2028, as part of license or certificate renewal. As of Jan. 1, 2026, those wishing to reinstate an expired license or certificate must supply evidence of CE. More information about specific CE requirements for your type of license and certificate is available on the OSBN website: <https://www.oregon.gov/osbn/Pages/Competency-Requirements.aspx>.

### References

- American Nurses Association (Ed.). (2025). *Code of ethics for nurses*. American Nurses Association.
- Cusack, L., & Verdonk, N. (2020). Bibliographic exploration of the influence of nursing regulation on continuing professional development. *Journal of Nursing Regulation*, 11(3), 5–12. [https://doi.org/10.1016/S2155-8256\(20\)30129-0](https://doi.org/10.1016/S2155-8256(20)30129-0)
- Neimeyer, G. J., Taylor, J. M., Zemansky, M. F., & Rothke, S. E. (2019). Exploring the impact of continuing education mandates: A longitudinal look. *Professional Psychology: Research and Practice*, 50(3), 168–175. <https://doi.org/10.1037/pro0000242>
- National Council of State Boards of Nursing (2024). *Member board profiles*. <https://ncsbn.org/nursing-regulation/national-nursing-database/profiles.page>

# DISCIPLINARY ACTIONS

Actions taken in November 2025 and January 2026. Public documents for all disciplinary actions listed below are available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Deborah S. Brinkerhoff	083042658RN	Civil Penalty	11-12-25	\$3,000 civil penalty. Practicing without a current Oregon license.
Sabrina J. Din	10018480	Revocation	1-8-26	Performing CNA duties while impaired and failing to cooperate with the Board during an investigation.
Mari P. Dominguez	202111998NP-PP	Reprimand	11-12-25	Prescribing medications to herself and failing to conform to the essential standards of acceptable nursing practice.
Rosa L. Gonzalez-Calderon	201608735CNA	Revocation	1-8-26	Stealing money from a client and demonstrated incidents of dishonesty and fraud.
Heather R. Jackson	201606758LPN	Reprimand	11-12-25	Failing to report the board the licensee's conviction for a felony crime within 10 days of the conviction.
Sara E. Lay	201602512RN	Probation	11-12-25	36-month probation. Falsifying data, using intoxicants to the extent injurious to the licensee or others, and conviction of a crime that bears a demonstrable relationship to the practice of nursing.
Kent A. Madruga	201041994RN	Reprimand	11-12-25	Failing to take action to preserve client safety and failing to conform to the essential standards of acceptable nursing practice.
Aidan T. Maxwell	10016768	Reprimand	11-12-25	Engaging in violent, abusive, or threatening behavior toward a coworker and failing to conform to the essential standards of acceptable nursing practice.
Samantha N. Navlyt	201707080RN	Suspension	11-12-25	60-day suspension. Exceeding her licensed scope of practice and failing to conform to the essential standards of acceptable nursing practice.
Alexis P. Pugh	202208081RN	Reprimand	11-12-25	Failing to document nursing practice implementation in a timely manner and failing to conform to the essential standards of acceptable nursing practice.
Warren T. Roseland	201811353NP-PP	Voluntary Surrender	11-12-25	Failing to properly document patient assessments when prescribing drugs and prescribing drugs to an individual outside the licensee's scope of practice or client population.
Marie Sanchez	10042441	Civil Penalty	11-12-25	\$36 civil penalty. Practicing without a current Oregon license.
Crystal M. Wise	10015645	Voluntary Surrender	11-12-25	Failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel and confirming that nursing assistant responsibilities will be met.



## 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

# 2026 OSBN BOARD MEMBERS



**OLANIKE TOWOBOLA, RN, DNP**  
**BOARD PRESIDENT**

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.



**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.



Photo  
unavailable  
at press time.

**MATTHEW CALZIA, RN**

TERM: 1/1/26 – 12/31/28

Mr. Calzia is a registered nurse at PeaceHealth Sacred Heart Medical Center with 14 years of nursing experience. He received his Associate Degree in Applied Science Nursing from Lane Community College in Eugene, Ore., and his Bachelor of Science in Nursing degree from Boise State University, Boise, Idaho. Mr. Calzia serves in one of the two direct-care RN positions on the Board. He resides in Eugene, Oregon.



**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 – 12/31/25

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 the nurse practitioner position 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.



**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.

# 2026 OSBN BOARD MEETING DATES

February 18, 2026	9 a.m.	Board Meeting (Primarily Executive Session)	August 19, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
February 19, 2026	9 a.m.	Board Meeting	August 20, 2026	9 a.m.	Board Meeting
April 14, 2026	9 a.m.	Annual Board Retreat	October 14, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
April 15, 2026	9 a.m.	Board Meeting (Primarily Executive Session)	October 15, 2026	9 a.m.	Board Meeting
April 16, 2026	9 a.m.	Board Meeting	December 16, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
June 24, 2026	9 a.m.	Board Meeting (Primarily Executive Session)	December 17, 2026	9 a.m.	Board Meeting
June 25, 2026	9 a.m.	Board Meeting			

Please visit the OSBN website at [www.oregon.gov/osbn/Pages/board-meetings](http://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.

### Eli D. Stutsman ATTORNEY AT LAW



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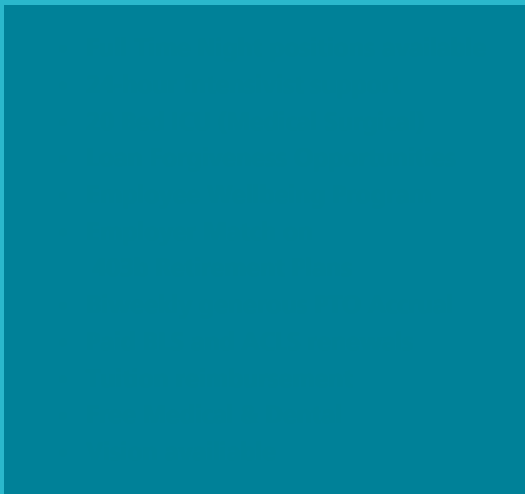
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