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[VO. 45 • NO. 4 • FALL 2026]



Inside this issue

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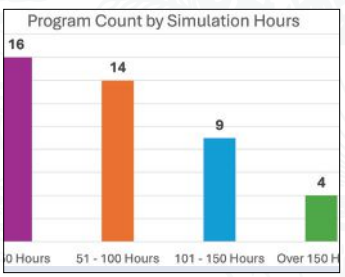
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SENTINEL

[VO. 45 • NO.4 • FALL 2026]



Page 8



Page 12



Page 17

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table of CONTENTS

Preparing Oregon's Nurses:
Why Palliative Care Belongs in Every
Nursing Curriculum 4

To Assign or to Delegate:
That is the Question 8

The 2025 Annual Report of Oregon
Nursing Programs 12

Understanding the Cultural Competency
Education Requirement for
Health Professionals 16

Meet Oregon's 2026 Outstanding
Nurse Preceptors 17

You Ask, We Answer 18

Your Board in Action 22

Oregon Health Licensing
Boards Joint Statement 23

19 2026-27 Board Meeting Dates

20 2026 Board Members

21 Board Disciplinary Actions

By guest authors ***Andra Davis, PhD, MN, RN, CNE***, Associate Professor, and ***Joane Moceri, PhD, RN***, Dean and Professor, from the University of Portland School of Nursing and Health Innovations

PREPARING OREGON'S NURSES: WHY PALLIATIVE CARE BELONGS IN EVERY NURSING CURRICULUM

Somewhere in Oregon tonight, a new graduate nurse is sitting with a patient and family who are facing a diagnosis of serious illness. Their response might be to do something, try to fix it. Instead, they sit in attentive silence, gently guide a conversation about patient and family goals, provide thoughtful symptom assessment, and advocate for priorities with the interprofessional team. The nurse doesn't navigate the moment by instinct alone. Their nursing program prepared them for it.

Palliative care is the work behind these moments, and it is core nursing work. When we teach it well, we give new nurses more than clinical knowledge. We give them the ability to hold space, to be mindful, and to engage families in the honest, therapeutic conversations that serious illness demands.

The Challenge of Serious Illness Care

At least 13 million adults in the United States are living with serious illness, defined as a health condition that carries a high risk of mortality and either limits a person's daily function and quality of life or places significant strain on their caregivers (Center to Advance Palliative Care, 2024). More than three in four American adults now live with at least one chronic condition, and just over half live with more than one (Watson et al., 2025). These are not outliers in nursing practice, rather it is the daily work of nursing across all settings of care, for patients of all ages and diagnoses.

In the Center to Advance Palliative Care's 2024 Serious Illness Scorecard, Oregon earned 4.5 out of 5 stars, tying with Massachusetts for the highest rating in the country. This score is a composite across five domains: the availability of specialty trained palliative care professionals, payment structures that support palliative care services, statewide infrastructure to advance awareness and access, basic palliative care education for all clinicians, not only specialists, and structures in place to support patients' functional needs and the needs of family caregivers. Earning the top rating across that range reflects real, sustained investment by Oregon's health systems, educators, and policymakers, and it is something our nursing workforce should be proud of.

However, inequities in accessing palliative care exist even in the states providing the best serious illness care. Disparities fall along race, geography, diagnosis, and age, with historically marginalized groups, older adults, and rural residents disproportionately underserved (Jones et al., 2022). Nationally, only 34.5 percent of rural hospitals report specialty palliative care availability, compared with 83% of hospitals with 50 or more beds (Center to Advance Palliative Care, 2024).

This is why palliative care education cannot be treated as an elective add on, a single guest lecture, or a topic reserved for oncology or hospice rotations. Every nurse, regardless of specialty or practice setting, will care for people navigating serious illness, and every nurse deserves to enter practice equipped for that reality.

What We Mean by Palliative Care, and Why It Matters

A common point of confusion, among students, faculty, and the public, is what palliative care really is. *Palliative care* is not synonymous with hospice, and it is not reserved for the last days or weeks of life. Rather, it is care focused on improving quality of life for people with serious illness and their families

continued on page 6 >>

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<< continued from page 4

and can begin at the time of a serious illness diagnosis, delivered alongside curative or life prolonging treatment (National Consensus Project for Quality Palliative Care [NCP], 2018). Early integration of palliative care is associated with improved quality, reduced avoidable spending, and care that better reflects patients and families' goals (Lustbader et al., 2017). This is quality care that is also fiscally responsible.

Hospice, by contrast, is a specific care delivery model for patients with an estimated life expectancy of six months or less and for whom treatment for an underlying condition is no longer effective or they have decided to stop treatment. Even as hospice utilization has steadily improved, the national median length of stay has averaged just over two weeks for years, a pattern that reflects how often serious illness conversations happen very late in a disease trajectory (National Alliance for Care at Home and Research Institute for Home Care, 2025).

Primary palliative care, foundational to nursing practice, refers to palliative skills such as symptom management, communication, and psychosocial and spiritual support, that every nurse should provide as part of generalist practice across care settings (Lippe & Davis, 2022; American Nurses Association & Hospice and Palliative Care Nurses Association, 2017; NCP, 2018).

Specialty palliative care, provided to patients with more complex needs, consists of an interprofessional team, physicians, advanced practice nurses, social workers, and chaplains, with formal certification and advanced training in hospice and palliative care (Meier & McCormick, 2019; NCP, 2018). Not every patient facing serious illness needs this level of specialized care, but every patient deserves a nurse equipped with primary palliative skills. Ensuring primary palliative competence in every nursing graduate, as part of generalist education, is essential to meeting the needs of a growing population.

Workforce and Education Implications

There is a workforce reality that deserves to be made clear to educators, clinicians, deans, and legislators. When new graduates enter practice with a lower sense of confidence in caring for people with serious illness and those at the end of life, that lack of preparedness can be a source of real distress, distinct from the reality of our workforce's broader burnout and retention pressures. Teaching students early how to process grief and sustain themselves over a career is itself a direct investment in retention; we cannot ask new graduates to do this work well if we have not also taught them how to care for themselves.

In terms of aligning with national education standards, the American Association of Colleges of Nursing (AACN) Essentials named hospice, palliative, and supportive care as one of only four required Spheres of Care in nursing education (AACN, 2021a). Additionally, competency statements defining expectations for both undergraduate and graduate students have been developed to support schools of nursing in achieving this expectation (AACN, 2021b). Employers prefer that graduates are prepared for this work, and programs across Oregon are doing just that.

A Long History of Palliative Care Nursing Education

Palliative care rests on a whole-person framework. Serious illness care is whole-person care. A quality-of-life model that addresses physical, psychological, social, and spiritual domains gives nurses a structure for holistic assessment and helps them see how these interact. Pain, for example, is rarely only physical and must be addressed holistically. Didactic and practice-based opportunities to develop competence in all these areas are central to palliative care education.

For nearly three decades, national and international education efforts have educated practicing nurses in primary palliative care, work that has moved upstream into schools of nursing now reaching students and the faculty who teach them. In 2000, Dr. Betty Ferrell at the City of Hope partnered with the American Association of Colleges of Nursing to found the End-of-Life Nursing Education Consortium, ELNEC, an evidence-based educational curriculum (AACN, 2026), beginning with the ELNEC Core curriculum. ELNEC has since expanded into population specific curricula in pediatrics, geriatrics, critical care, and advanced practice, including an oncology-specific APRN track. It is from here that the academic nursing educational curriculum was developed, now reaching over 1,200 undergraduate and 430 graduate nursing programs nationwide, with a revised edition of the Undergraduate and New Graduate curriculum set to launch in January 2027.

What the University of Portland Is Doing, and Why It Matters to This Region

With support from the Cambia Health Foundation, the University of Portland is now in the third year of a grant to help schools of nursing integrate palliative care education using a competency-based approach and evidence-based evaluation tools. The annual national Faculty Development Workshop hosted at the University of Portland, most recently held in July 2026, welcomed 91 faculty across the Undergraduate and Graduate tracks from across the U.S., as well as Canada and Thailand. Since first hosting these workshops in 2024, we have welcomed 312 faculty, with participants reporting strengthened confidence in teaching this content, and we are tracking outcomes at six and twelve months to evaluate curricular change. Monthly webinars and a free online resource center, Faculty Corner, housed on AACN's ELNEC website, sustain this national community of educators year-round.

University of Portland Associate Professor Andra Davis, PhD, MN, RN, CNE, and Dr. Megan Lippe of the University of Texas, Rio Grande Valley, have led this work for more than five years.

ELNEC's undergraduate and new graduate curriculum has now surpassed 110,000 student completions nationwide, and through our team's ongoing tracking as part of this grant, every undergraduate and graduate nursing program in Oregon now incorporates some aspect of the ELNEC curricula.

How You Can Help

To the nurse educators across Oregon: Is palliative care threaded across your program, or is it confined to a single unit near the end? Are your students practicing goals of care conversations? Are you naming and addressing the disparities your own community sees in who receives quality end of life care?

To practicing nurses across Oregon: Students and soon-to-be graduates coming to your units will only be as prepared as we can make them. If you are willing to serve as a preceptor, a guest speaker, or simply a mentor who models presence and compassionate communication for a student, you are extending this education in a way no classroom can replicate alone. All of us are nurses, and all of us are educators. We need each other to successfully build and sustain our profession.

Faculty champions interested in learning more should consider attending the free workshop scheduled July 8-9, 2027, at the University of Portland; you can learn more at https://www.aacnnursing.org/elnec/elnec-faculty-corner/upcoming-events/workshops.

The Oregon Nurse Practice Act includes broad curriculum requirements for registered nurses, including "to promote, restore and maintain wellness in a variety of care settings or for palliation across the lifespan." [OAR 851-021-0050(6)(d)(E)] For more information about the Oregon State Board of Nursing's curriculum requirements, please see Division 21 of the Nurse Practice Act.

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By Guest Author ***Gretchen Koch, MSN, RN***, Former OSBN Policy Analyst

TO ASSIGN OR TO DELEGATE: THAT IS THE QUESTION



Imagine if you will, *the practice of nursing*. You unlock this door with the key of knowledge and an active nursing license. Beyond the door is another dimension: A dimension of sound, a dimension of sight, a dimension of mind. You're moving into a land of human behavior, biology, and environment; of things and ideas; of science and art; and of permissions and responsibilities. You have just crossed over into *the practice zone. (Credit to Rod Serling and The Twilight Zone, Columbia Broadcasting System, Intro 1963 – 1964.)*

To Assign or Delegate, Maybe Neither, Maybe Both

Having lived 39 years in the practice zone, I've learned a few things. One of the top 10: Bring up the topic of a nurse directing practice team members to carry out plan of care interventions, and lively collegial debates amongst nurses regarding *assignment verses delegation* are ignited.

The fuel behind the discourse is multifaceted. Broadly speaking, both terms communicate the transfer of responsibility to carry out a plan of care intervention from a nurse to a practice team member. Anecdotally speaking, a fair number of nurses use the terms interchangeably. Hypothetically speaking, a position description, policy, or practice setting regulation on nursing services, might improperly identify one or both of the nursing actions. Legally speaking, the 50-plus nurse practice acts (NPAs) across the United States and four US territories can differ on how the respective terms are defined and operationalized. Practically speaking, one can see how the conversational debate continues...

When it comes to the practice of nursing in Oregon, the conversation is quelled. How? Through a nurse's application of the laws and rules of Oregon's NPA. The NPA contents applicable to the conversation include the following Chapter 851 Oregon Administrative Rules (OARs):

- Division 6 Definitions,
- Division 45 Scope and Standards of Practice for the LPN and RN, and
- Division 47 Standards for RN Delegation Process.

Assign

What does it mean for a nurse to *assign*? First, the definition. Division 6 establishes the term to mean "…the action of directing and distributing the work that each practice team

member is already authorized by license or certification and organizational position description to perform." With knowledge of what the term means when used in an NPA OAR Division, we turn to Division 45 where standards on the practice authority are codified by license type.

The RN who Assigns: The minimum expected actions and behavior of the RN who assigns are located in Division 45, rule number 0060 *Standards Related to RN Scope in the Practice of Nursing*. Section (3) of this rule number is dedicated to the RN who assigns.

It bears repeating that the OAR 851-045-0060(3) statements comprising the standards are minimum expected actions and behaviors. In other words, the standards do not tell a nurse how to assign nor do they contain lists of plan of care interventions approved for assignment.

Instead of reproducing the full verbatim standards here, we encourage readers to visit the OSBN website (www.oregon.gov/osbn) to review them directly. Below, you'll find helpful guidance for RNs who make assignments, based on the most common questions our Board staff receive:

- The standards identify five types of practice team members to whom an RN may assign plan of care interventions. The RN who finds the standards do not list their specific type of practice team member would apply nursing practice standards at OAR 851-045-0065(2)(b)(A) through (H) to determine whether assigning to their unique practice team member is within their individual scope of practice in their context of care.
- The standards identify the RN may assign work the practice team member is already authorized by license and organizational position description to perform in the setting. Making an assignment outside of these parameters is recognized as conduct derogatory to the standards of nursing. Additional assignment-related actions and behaviors determined to demonstrate conduct derogatory to the standards of nursing are located at OAR 851-045-0070.
- The standards are silent on where the RN may assign the work. This means the standards do not expressly limit the RN's authority to assign only in specific types of practice settings.

The LPN who Assigns: The minimum expected actions and behavior of the LPN who assigns their focused plan of care interventions to practice team members are located in Division 45, rule number 0050 *Standards Related to LPN Scope in the Practice of Nursing*. Section (5) of this rule number is dedicated to the LPN who assigns and readers are strongly encouraged to access these standards directly.

Underpinning the LPN's authority to assign is the *clinical direction* of their practice. Those familiar with the construct of clinical direction may skip the next paragraph. For those not familiar with the construct, please read on.

Per Division 45, LPN practice is permitted to occur only at the clinical direction of an RN plan of care, or a health care provider treatment plan. The list of provider types recognized as a health care provider (for the sole purpose of NPA standards application) is located in Division 6. What follows is an example of clinical direction: The RN develops a plan of care for their client then assigns the LPN to carry out RN plan of care interventions. The LPN accepts the assignment. At the time of the LPN's interaction with the client, the LPN conducts a focused assessment. This means that within the parameters (i.e., as focused by) the RN's plan of care, the LPN collects, validates, and analyzes client data for the purpose of identifying the client's priority condition at the time of their interaction. Based on the LPN's focused assessment, they generate a focused plan of care which identifies prioritized interventions from the RN's plan of care to be carried out with the client. These are the focused plan of care interventions the LPN is permitted to assign per the OAR 851-045-0050(5) standards.

Again, the verbatim standards are not reproduced in this article and readers are strongly encouraged to access the Division 45 LPN scope of practice standards directly. However, the following information is provided based on common LPN assignment-related questions:

- The standards identify four types of practice team members to whom an LPN may assign focused plan of care interventions. The LPN who finds the standards do not list their specific type of practice team member would apply nursing practice standards at OAR 851-045-0065(2)(b)(A) through (H) to determine whether assigning to their unique practice team member is within their individual scope of practice in their context of care.
- The standards identify the LPN may assign to a practice team member, work (i.e., a focused plan of care intervention) the team member is already authorized by license and organizational position description to perform in the setting. Making an assignment outside of these parameters is recognized as conduct derogatory to the standards of nursing. Additional actions and behaviors determined to demonstrate conduct derogatory to the standards of nursing are located at OAR 851-045-0070.
- The standards are silent on where the LPN may assign. This means the standards do not expressly limit the LPN's authority to assign only in specific types of practice settings.

Delegation

This brings us to delegation. While delegation also involves a nurse's transfer of responsibility to carry out a plan of care intervention, it is different from assignment.

What is delegation according to Oregon's NPA?

continued on page 10 >>

<< continued from page 9

The answer starts in Division 6. For the purpose of NPA standards, Division 6 defines *delegation process* to mean "…the process used by an RN in a community-based setting to delegate the performance of a plan of care nursing procedure to an unregulated assistive person practice team member."

While a definition cannot compel nursing actions, it can tell us a lot. Based on this definition we see that delegation in Oregon is limited to RN licensure, to practice that occurs in a community-based setting, the plan of care intervention delegated is a nursing procedure, and the team member to whom the procedure is delegated is a UAP. This is in contrast to assignment which is permitted with RN and LPN licensure, is not restricted to a specific type of practice setting, and encompasses work the recipient of the assignment is already authorized to perform.

Those familiar with Division 6 may notice the delegation process definition contains a handful of terms that are also defined in the Division. Some of those terms are shared here to provide additional context:

- Community-based setting: a setting that does not exist for the primary purpose of medical or nursing services delivery, but where nursing services could be required intermittently. For example, community-based settings can include foster homes, schools, private residences, and congregate living environments, but exclude settings such as hospitals, ambulatory clinics, and nursing facilities.
- Nursing procedure: a health-related procedure identified within the RN plan of care.
- Unregulated assistive person (UAP): a practice team member whose position description or job within an organization does not require licensure or certification by a state of Oregon health related licensing agency. The term does not apply to team members who are client family members.

What is expected of the RN who delegates? The minimum expected actions and behaviors of the RN who delegates are in Division 47 Standards for RN Delegation Process.

While the Division 47 delegation process standards are not repeated here, a few are described to illustrate individual RN practice responsibilities with delegation process. The standards identify the RN's responsibility for teaching the UAP about the client's condition, why the procedure is needed, and how to perform the procedure. The RN is responsible to then validate the UAP's safe performance of the procedure and, when determined safe, may authorize the UAP to perform the procedure for the client for a specific and limited period of time. The RN's authorization of the UAP is not transferable – this means the UAP is only authorized to perform the procedure on the one client.

The RN is responsible to provide the UAP with step-by-step instructions on the procedure's performance. Per the standards, the instructions must include infection control practices, identify client risks, desired effects, side effects, potential adverse reactions, and the actions to take in response to observations.

The RN who delegates is responsible to provide ongoing nursing services for their client. This responsibility includes the continued evaluation of the client's response to their condition; the provision of ongoing supervision and evaluation of the safety of the UAP's performance of the procedure; and, determining whether the delegation continues to remain a safe care delivery option for the client. The Division 47 standards allow the RN to reauthorize the UAP's performance of the procedure for the client only when, per the RN's clinical judgment, such action is determined safe for the client.

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The following information is provided based on common RN delegation-related questions received by Board staff:

1. The NPA does not contain a list of health-related procedures expressly approved for delegation by an RN, nor are any health-related procedures proprietary to the practice of nursing in Oregon. Expressed limitations on the delegation of nursing procedures related to the administration of intravenous medication are located in Division 47.
2. It is only when an individual RN's plan of care for their client identifies the performance of a specific health-related procedure, is the procedure recognized as a *nursing procedure* – and only for the purpose of application of RN delegation process standards.
3. It is through the individual RN's own application of the Division 47 standards, that their plan of care-identified nursing procedure will be determined appropriate, or not, for delegation.
4. There is no scope of practice authority for an LPN to delegate.
5. Medications are not procedures and are not delegated. It is the health-related procedure related to a medication's administration (i.e., that places the medication into the body) that may be considered for delegation. Examples of procedures related to the administration of medication include subcutaneous injections, muscular injections, bolus administration of medication(s) through a gastric or jejunostomy tube, etc.
6. The NPA does not categorize RN plan of care interventions as a "taught task" or a "delegated task". Those terms do not exist in the NPA. A nursing services policy, procedure, or guideline that categorizes a potential RN plan of care intervention into one of these *either-or* categories, potentially directs RN practice in a manner that fails to conform with Division 45 and Division 47 standards.
7. Failing to adhere to Division 47 when delegating the performance of a nursing procedure is conduct derogatory to the standards of nursing.

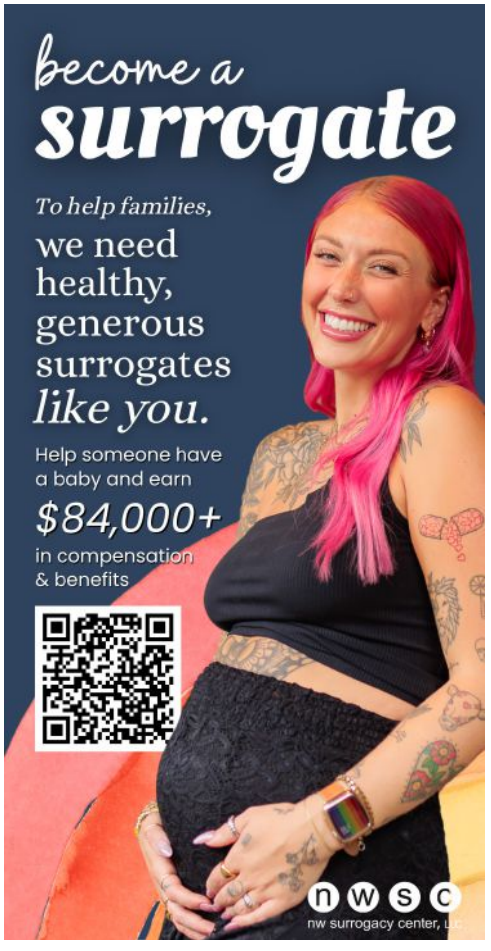
One last point: Based on the NPA's laws and rules, the RN does not delegate to another RN, to an LPN, or to a certified nursing assistant (CNA). This is because the other RN, the LPN and the CNA are already authorized, by their license/certificate type and their position description, to perform specific work in their practice setting. Therefore, the RN would assign plan of care interventions to these practice team members per Division 45 standards.

In Conclusion

It is hoped the information presented here has afforded you an increased understanding of Oregon's distinct nursing practice authorities related to RN and LPN assignment and RN delegation.

With your refreshed knowledge, take this opportunity to evaluate your practice setting policies, procedures, and/or guidelines, pertinent to the practice of nursing for terms associated with both authorities. Do the documents communicate and operationalize the practice authorities in a manner consistent with the laws and rules of Oregon's NPA? Are they within the scope of nursing practice authorized for license type and consistent with the practice setting and services provided therein? If not, flex your leadership competencies by taking action to address issues you've identified. Doing so demonstrates your commitment to client safety and your adherence to the laws and rules of Oregon's NPA. Be brilliant in the practice zone!





By OSBN Policy Analyst ***Laura Blackhurst, PhD, RN, CNE, CNL***

THE 2025 ANNUAL REPORT OF OREGON NURSING PROGRAMS

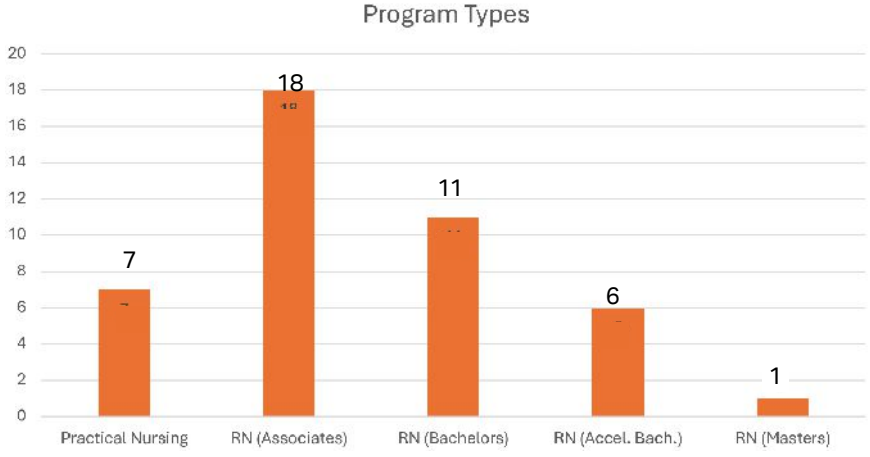
At the August 2026 meeting of the Oregon State Board of Nursing (OSBN), Board members received a summary of the 2025 nursing program annual reports. In this article, we'll share highlights of those reports and offer a look at how Oregon's nursing programs are progressing.

How the Annual Report is Conducted

The annual report process for Oregon nursing education programs is coordinated in partnership with the National Council of State Boards of Nursing (NCSBN). Each year, all practical nursing (PN) and registered nursing (RN) programs complete a standardized survey covering a wide range of topics, including program operations, faculty qualifications, and student enrollment. Board staff review the reports to verify compliance with OSBN's Standards for Approval of Nursing Education Programs found in Division 21 of the Nurse Practice Act. Responses are submitted for each NCLEX code and evaluated against NCSBN's evidence-based key quality indicators, such as accreditation status, faculty composition, and organizational leadership.

Programs

OSBN received 43 program responses, representing 29 colleges and universities. Each institution can request multiple NCLEX codes to effectively track their different program offerings, such as a different code for a traditional education track versus an accelerated program. Therefore, one institution may provide multiple responses to the annual report. The 2025 Annual Report confirms seven PN programs,



and 36 RN programs; the RN programs can be further categorized as offering an associate's degree (18), bachelor's degree (11), accelerated bachelor's degree (six), or master's degree (one).

General Information

Relatively unchanged from the 2024 Annual Report is the data surrounding location, ownership, accreditation, and NCLEX:

- **Location:** Nursing programs are predominantly rural (49%), followed by urban (28%) and suburban (21%).
- **Ownership:** 67% of programs were publicly owned, while 21% percent of programs report private not-for-profit, and 12% were private for-profit.
- **Accreditation:** 60% of programs have nursing programmatic accreditation, through either the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE). Importantly, this survey did not include the option for programs to report "candidate status," to distinguish those programs working towards accreditation. Board staff is closely monitoring this statistic, as OSBN's

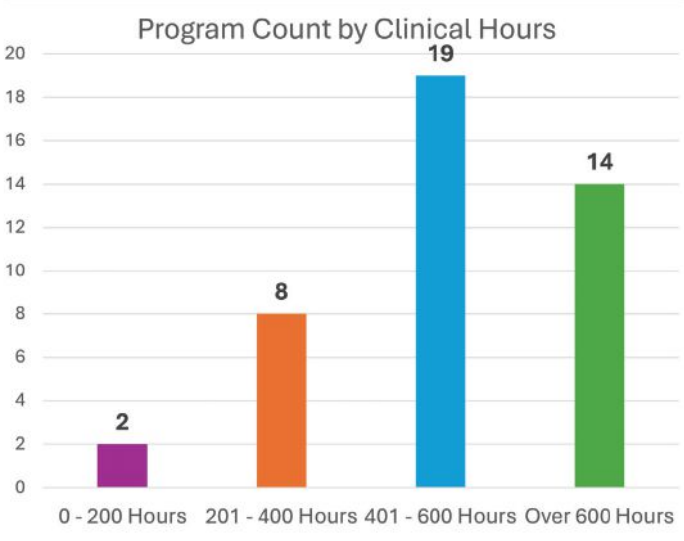
standards for approval found in Division 21 of the Nurse Practice Act require all programs to achieve accreditation by July 1, 2029.

- **NCLEX Pass Rates:** All programs met OSBN pass rate standards for 2025. When comparing Oregon graduates' performance to national averages:
  - First-time NCLEX-RN test takers in Oregon achieved an 88.8% pass rate, *higher* than the national average of 86.7%
  - First-time NCLEX-PN test takers in Oregon achieved an 84.9% pass rate, *lower* than the national average of 86.6%

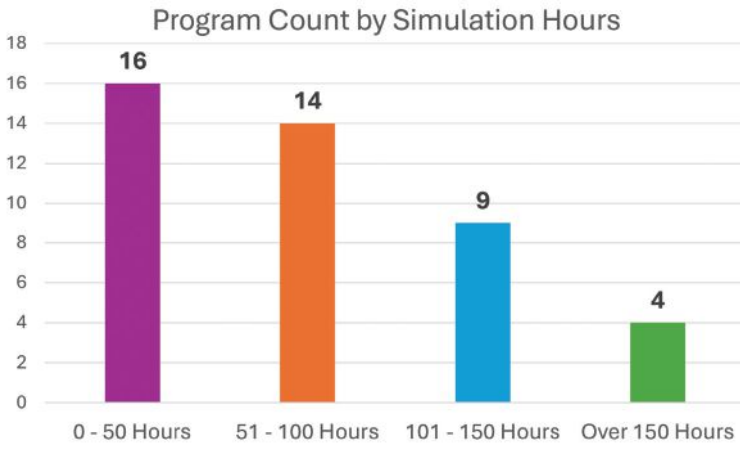
Clinical and Simulation

Programs continue to report a wide range of hours for clinical and simulation. Programs average 555 direct patient care clinical hours, with a range of 115 hours to 1,104 hours. Division 21 does not establish a specific number of clinical hours required, however programs must provide students with sufficient clinical experience to support course and program learning outcomes. Students must receive a variety of clinical experiences, including across settings and across the client's lifespan.

All but one nursing program utilized simulation for a portion of their clinical experiences. On average, Oregon students received 81 hours of simulation, with a range of 0 hours to



258 hours. Based on national guidance and evidence to support the efficacy of simulation, OSBN allows programs to replace up to 50% of clinical experiences with simulation. A small number of programs are utilizing this flexibility; however, the 2025 Annual Report illustrates that the average usage of simulation across the state is closer to 14.6%.



Nursing Faculty

Across Oregon's 43 nursing programs are approximately 1,223 faculty members. Of these, 403 faculty are employed full time, while 335 faculty hold a part-time appointment (defined as less than 37.5 hours per week). Programs also employed 350 adjunct faculty and utilized 135 non-employee adjuncts, who commonly serve through academic-practice partnerships with their local health systems.

The highest degree earned by full-time faculty was also reviewed. Two hundred twenty-eight nursing faculty hold a Master of Science in Nursing as their highest degree. A smaller number of faculty hold doctoral degrees, including PhD, DNP, EdD, or other doctorates. In Oregon, a graduate degree or higher is required to serve as a nurse educator. However, faculty with a Bachelor of Science in Nursing (BSN) may serve in nurse educator associate roles, provided they are overseen by a fully qualified nurse educator. Approximately 54 nursing faculty members hold a BSN as their highest degree.

Enrollment and Capacity

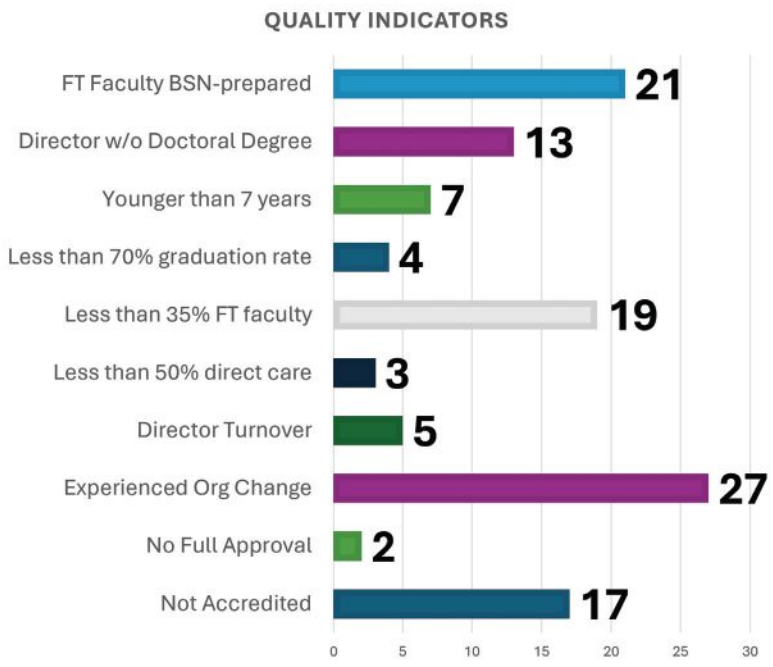
During the academic year 2024–2025, Oregon nursing programs produced 2,237 new graduates. In the following academic year, 2025–2026, programs reported 6,635 applicants, resulting in 2,954 admissions. It is important to note that applicant numbers often inflate the true number of individuals pursuing nursing school, as any one individual can apply to multiple nursing programs.

In terms of nursing educational capacity, programs reported a total of 6,061 seats with 5,478 students currently enrolled. Several factors may cause the gap between capacity and seats, such as lowered admissions due to lack of resources (including faculty, clinical sites, physical space) or student attrition (both academic and personal reasons).

Once enrolled in the nursing program, student-to-faculty ratios vary greatly across programs. The average student-to-faculty

continued on page 14>>

<< continued from page 13



ratio in theory courses is 28.7 students to 1 faculty, with a range from 8.5 students to 64 students in a class. In clinical settings, the average ratio is 7.8 students to 1 faculty, ranging from 5 students to 8 students. This significantly lower ratio for students to faculty in clinical experiences is mandated by OSBN standards with Nurse Practice Act and is intended to ensure that faculty can safely oversee students while in clinical settings.

Quality Indicators

The National Council of State Boards of Nursing have identified 10 evidence-based quality indicators for nursing programs. These indicators are intended to give Boards of Nursing awareness of program status or challenges programs may be experiencing, which can serve as an early alert regarding program status and stability. These indicators include:

- Program does not have national nursing accreditation.
- Program does not have full Board approval.
- Experiencing organizational changes.
- Director turnover.

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- Less than 50% of clinicals are in direct patient care.
- Less than 35% of faculty employed full-time.
- Less than 70% graduation rate.
- Program is less than seven years old.
- RN Program Director holds less than a Doctoral Degree.
- RN Program FT Faculty hold less than a Graduate Degree.

The 2025 Annual Report highlighted a significant amount of organizational change across the state, with 27 programs reporting some changes to leadership within their institution. Full-time faculty holding less than a graduate degree was the second most common flag, followed by programs with less than 35% of their faculty full-time. While indicators of program status, these two items are allowed by OSBN standards.

Most programs were flagged for review based on two quality indicators, with an average of 2.67 for all programs.

Closing

While the Annual Report currently focuses on PN and RN programs, Board staff are actively working to develop ways to capture APRN education data in future reports. These programs have been historically excluded from the Annual Report, as the NCSBN survey tool relies on unique program NCLEX codes, which are not utilized by APRN programs. A new tool to capture Oregon's nurse practitioner, certified registered nurse anesthetist, and clinical nurse specialist programs should be available by January 2027, when data collection for 2026 begins.

The annual report only highlights the wide range of nursing education opportunities available in Oregon but also reflects the ongoing commitment to quality and flexibility in our programs. For more information about approved nursing programs, please visit the Oregon State Board of Nursing website at https://osbnpublic.osbn.oregon.gov/approvedprograms.

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By OSBN Contact Center Supervisor ***Sonja Hultsman***

UNDERSTANDING THE CULTURAL COMPETENCY EDUCATION REQUIREMENT FOR HEALTH PROFESSIONALS

Cultural competency education is an essential licensure requirement for all Oregon health professionals—not just nurses and CNAs. Every licensed provider, including physicians, physician assistants, acupuncturists, podiatrists, chiropractors, naturopaths, psychologists, nurses, CNAs, and others must complete two hours of cultural competency education. This training supports high-quality, culturally responsive care and helps ensure public protection in Oregon's diverse healthcare landscape.

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The requirement applies to all initial license applications, renewals, and reactivations. Each time you renew your license, you must complete the two-hour training and confirm completion by checking the box during the renewal process. If you indicate that you have not yet completed the education, your licensing board will pause processing until the training is finished.

Health professionals have flexibility in choosing how to meet this requirement. You may take courses offered through your employer, independent providers, or programs listed on the Oregon Health Authority website: https://www.oregon.gov/oha/ei/pages/ccce.aspx. Licensing boards—including the Oregon State Board of Nursing—do not approve or maintain their own list of courses.

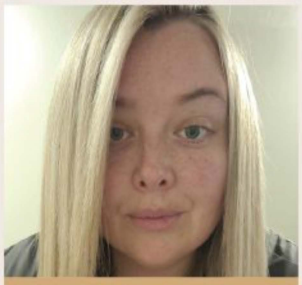
You do not need to submit proof of completion when you apply or renew. However, if selected for a licensure audit, you must provide documentation confirming that you completed the required education. Be sure to keep records of all continuing education activities.

For additional information about the cultural competency education requirement, please visit the OSBN website: https://www.oregon.gov/osbn/Pages/Cultural-Competency.aspx.

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RN, BSN, CNOR
BAY AREA HOSPITAL



Kalean Boltz
BSN, RN
GRANDE RONDE HOSPITAL



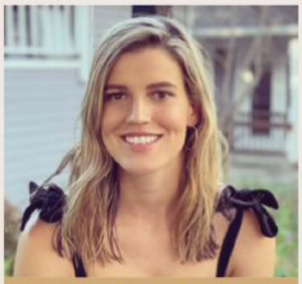
Madelynn Eubanks
ADN, RN
LEGACY HEALTH SYSTEM MERIDIAN PARK MEDICAL CENTER



Heather Gatchet
BSN, RN, CEN
SALEM HEALTH HOSPITAL



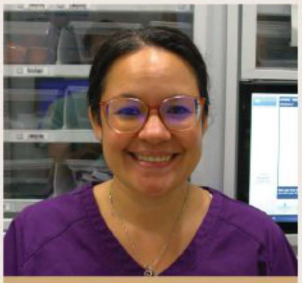
Tam Ha
BSN, RN
VAPORHCS



Lexy Henninger
BSN, RN, PCCN
OHSU AND OHSU'S NURSING SCHOOL



Luis Herrera
RN, MSN
KAISER PERMANENTE WESTSIDE



Crystal Huerta
RN, BSN
OREGON STATE HOSPITAL



Dominic Meyers
RN, BSN
KAISER PERMANENTE WMC



Holly Parsons
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VAPORHCS



Omar Sandoval
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VA PORTLAND HEALTH CARE SYSTEM



Erin Strickler
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SCAN TO LEARN MORE

By OSBN Policy Analyst ***Laura Blackhurst, PhD, RN, CNE, CNL***

YOU ASK, WE ANSWER

Q: I am a nursing student in an RN program. Can I apply for an LPN license while I am in school?

A: It depends. Oregon law, ORS 678.040. requires that applicants for licensure have graduated from an education program. Practical nursing licensure typically requires the applicant hold a practical nursing certificate or diploma.

Some Oregon nursing programs have been approved by the Oregon State Board of Nursing, and the Higher Education Coordinating Commission to offer a practical nursing certificate or diploma to students enrolled in their registered nursing programs, if the program provides evidence that it meets OSBN's curriculum requirements.

Students in a registered nursing program should reach out to their nursing program to determine if their program is able to award the practical nursing certificate or diploma, as well as confirming any eligibility or graduation requirements. Unfortunately, if your program does not offer a practical nursing path, OSBN is unable to grant an exception or allow students to challenge the NCLEX-PN.



Q: Things are changing in my nursing program. Did OSBN approve of the changes?

A: It depends on the nature and scope of the change. The Nurse Practice Act establishes standards for nursing education programs, as well as nursing assistant and medication aide training programs.

For nursing programs, OAR 851-021-0025, Reports and Approvals, describes the changes that must be reported to the Board or have approved by the Board. For nursing assistant and medication aide training, these requirements are described in OAR 851-061-0070. When changes require Board approval, OSBN's rules also established the timeframe within which the change must occur.

The Board considers and deliberates on program changes during their routine public meetings. To find past Board meetings, please see the OSBN website (www.oregon.gov/osbn) or access recorded meetings posted on the OSBN YouTube channel oregonstateboardofnursing.



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 Yahoo. If you use a school, company, or employer email address (emails with a .edu or .org at the end), you may miss important notifications from the board. Companies or schools may not recognize OSBN as an approved sender. In addition, OSBN Licensing staff report several instances recently where a licensee has changed jobs and missed renewal notifications because they still had their old employer email on listed on their portal account. Check your online License Portal (https://osbn.boardsofnursing.org/orbn) account today to ensure you are using a personal email address.

2026 - 2027
OSBN BOARD MEETING DATES

December 16, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
December 17, 2026	9 a.m.	Board Meeting
February 17, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
February 18, 2027	9 a.m.	Board Meeting
April 20, 2027	9 a.m.	Annual Board Planning Session
April 21 2027	9 a.m.	Board Meeting (Primarily Executive Session)
April 22, 2027	9 a.m.	Board Meeting
June 23, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
June 24, 2027	9 a.m.	Board Meeting
August 18, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
August 19, 2027	9 a.m.	Board Meeting
October 20, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
October 21, 2027	9 a.m.	Board Meeting
December 15, 2027	9 a.m.	Board Meeting (Primarily Executive Session)
December 16, 2027	9 a.m.	Board Meeting

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/

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Nurses!

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.

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.



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.



MARGARET HILL
PRESIDENT-ELECT
PUBLIC MEMBER
TERM: : 7/15/23 - 12/31/25, 1/1/26 - 12/31/28

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



JONI KALIS, MPT, MS, PT
PUBLIC MEMBER
TERM: 2/8/24 – 12/31/26

Ms. Kalis 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 a PMHNP at Cascade Mind and Body Clinic in Redmond. She 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 Colorado State University, 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 an associate professor at the Oregon Health and Science University 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.

DISCIPLINARY ACTIONS

Actions taken in August and September 2026. 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
Samarah Allen	CNA Applicant	Application Denied	9/4/26	Failing to cooperate with the Board during the course of an investigation.
Susan J. Allen	200241604RN	Reprimand	8/19/26	Failing to conform to the recognized standards of acceptable and prevailing nursing practice and failing to take action to preserve or promote a client's safety based on nursing assessment and clinical judgment.
Zoey D. Berggren	201041669RN	Voluntary Surrender	8/19/26	Failing to comply their monitoring agreement.
Hailey A. Coquet	201701801CNA	Revocation	9/24/26	Performing nursing assistant duties while impaired and using intoxicants to the extent injurious to herself or others.
Camra E. Eppler	202112211RN	Suspension	8/19/26	90-day suspension. Failing to document data and information pertinent to a client's status, failing to conform to the recognized standards of acceptable and prevailing nursing practice, and failing to take action to preserve or promote a client's safety based on nursing assessment and clinical judgment.
Katherine S. Harms	200611079CNA	Reprimand	8/19/26	Altering or changing words or characters within an existing document to mislead the reader.
Donna L. Millan	201350009NP	Reprimand	8/19/26	Failing to accurately document nursing interventions and nursing practice implementation and failing to conform to the essential standards of acceptable and prevailing nursing practice.
Gabrielle E. Miranda	201907702RN	Voluntary Surrender	8/19/26	Violating the terms and conditions of a Board Order.
Laurie M. Otte	201404951NP-PP	Reprimand	8/19/26	Failing to conform to the essential standards of acceptable and prevailing nursing practice.
Susan A. Pendergast	200242252RN	Reprimand	8/19/26	Documenting nursing practice implementation that did not occur and failing to conform to the essential standards of acceptable and prevailing nursing practice.
Christine E. Rivera	200841405RN	Application Denied	9/4/26	Failing to provide the Board with any documents requested by the Board and violating the terms and conditions of a Board order.
Jamie W. Simmons	200742354RN	Civil Penalty	8/19/26	$132 civil penalty. Practicing nursing without a current Oregon license.
Allyson M. Tingle	202208759CNA	Reprimand	8/19/26	Failing to maintain professional boundaries and violating the rights of privacy, confidentiality of information, or knowledge concerning the person, unless required by law to disclose such information.

BEING "CARDLESS" PROMOTES PUBLIC SAFETY

To promote public safety and help prevent fraud, theft, and misuse of nursing licenses, the Oregon State Board of Nursing no longer issues plastic license cards. There are several ways nurses and employers can look up license numbers and verify the current status of licenses:

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

YOUR BOARD IN ACTION
HIGHLIGHTS FROM THE AUGUST 2026 BOARD MEETING

Rulemaking
During the August 2026 board meeting, the Board adopted proposed permanent rule changes to Division 2 (Agency Fees) to increase the Workforce Data Analysis surcharge per Oregon Health Authority. Temporary rule changes to Division 2 were also adopted to increase fingerprint fees by $3, raising the total fee to $61. The fingerprint change reflected a recent $3 increase by the FBI for fingerprint processing.

Nursing Education
The Board approved George Fox University's application for initial approval of an advanced practice psychiatric mental health nurse practitioner program. Initial approval was also granted to Western University of Health Sciences' application for a pre-licensure RN program.

Administration
During the August meeting, the Board approved OSBN Chief of Staff Kimberly Goddard to fill the role of Interim Executive Director while the search for a new director is conducted. Previous director Rachel Prusak resigned as of August 20.

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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Oregon Health Licensing Boards Recognized as 2026 Wellbeing First Champions, Strengthening the State's Commitment to Healthcare Provider Wellness

Oregon Medical Board | Oregon State Board of Nursing | Oregon Board of Pharmacy | Oregon Board of Dentistry

The Oregon State Board of Nursing, Oregon Medical Board, Oregon Board of Pharmacy, and Oregon Board of Dentistry have each been recognized as ***2026 Wellbeing First Champions*** by the Dr. Lorna Breen Heroes' Foundation. This distinction signifies that these health professional licensing boards are committed to reducing stigma and encouraging professionals to seek the care and support they need.

As Wellbeing First Champions, these boards collectively affirm a shared commitment to protecting the mental and emotional wellbeing of Oregon's health care workforce. By eliminating invasive and stigmatizing application questions that historically discouraged clinicians from accessing mental health care, the boards have aligned state licensing practices with national bestpractice standards and Americans with Disabilities Act guidance.

The Oregon Medical Board has long led in this effort, having removed similarly intrusive questions in 2023. Its early participation in the Wellbeing First initiative established a foundation now strengthened by the state's nursing, pharmacy, and dental boards. In alignment with this commitment, **all four licensing boards also participate in and support the Oregon Wellness Program**, reinforcing a unified statelevel approach to improving access to confidential wellness resources and strengthening provider resilience.

Together, these recognitions mark a major milestone for Oregon's health care community. The unified action of the state's medical, nursing, pharmacy, and dental boards sends an unequivocal message: **Health care providers deserve a regulatory environment that supports their wellbeing, honors their privacy, and empowers them to seek help without jeopardizing their careers.**

With all four boards now designated as Wellbeing First Champions, Oregon continues to advance a culture where clinician wellness is understood as essential to patient safety and community health.

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