

Oregon State Board of Nursing: Interpretive Statement

Practice Requirements for the Licensed Practice Nurse, Registered Nurse & Advanced Practice Registered Nurse

Statement of Purpose

The purpose of this interpretive statement is to assist the licensee to recognize the types of practice roles that a licensee may use to meet practice hour requirements set forth in the Nurse Practice Act.

Background/Significance

The Oregon State Board of Nursing currently utilizes the licensee's accrual of 960 practice hours over a five-year period as a measurement of the licensee's competency for continued practice and eligibility for renewal of licensure.

Board Statement

The Board acknowledges that nursing practice occurs in a variety of settings. It is not the setting, job title, or reimbursement for services that makes a role nursing practice; it is the application of the body of nursing knowledge and the individual licensee's engagement in actions and behaviors that demonstrate the practice of nursing as defined by ORS 678.010(8):

“Practice of nursing means diagnosing and treating human responses to actual or potential health problems through such services as identification thereof, health teaching, health counseling and providing care supportive to or restorative of life and well-being and including the performance of such additional services requiring education and training which are recognized by the nursing profession as proper to be performed by nurses licensed under ORS 678.010 to 678.410 and which are recognized by rules of the board...”

The Board asserts the following:

1. The RN and the LPN are required to practice 960 hours, at the level of license sought, in the five years preceding application for licensure or the renewal of an existing license.
2. The advanced practice registered nurse (APRN) is required to meet additional practice qualifications consistent with their licensing category.
3. Practice hours may be accrued in a paid or volunteer practice role.
4. Practice hours are based on the application of nursing knowledge.
5. The burden of proof that activities meet the practice requirement remains with the applicant.
6. The Board has the authority to validate practice hours through an audit process. The Board will consider the following elements when auditing applicants for adherence to licensure practice hour requirements:
 - a) Are the recorded activities within the statutory definition of the practice of nursing?
 - b) Are the recorded activities within the scope of practice for the licensure type for which application for licensure is made?
 - c) Are the recorded activities consistent with the scope of practice standards of the Nurse Practice Act?
 - d) Do the recorded activities require application of the knowledge, skill, ability, ethical principle, and clinical reasoning gained from nursing education?
 - e) Does the LPN's documentation demonstrate adherence to LPN nursing practice standards as codified in Division 45? Can the LPN describe its application to practice?

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- f) Does the RN's documentation demonstrate adherence to RN nursing practice as codified in Division 45? Can the RN describe its application?
- g) For nursing practice with a family member or friend, do the recorded activities require education as a nurse and a license as a nurse to perform?

Documentation

The licensee is responsible to maintain documentation that shows practice hours accrued and the work performed while accruing practice hours. This applies to the paid and volunteer licensee alike.

The documentation of practice hours accrued may be accomplished in a variety of ways. Some examples include:

- Documentation of the dates and hours of practice
- Employment contracts with specified dates/hours
- Pay stubs
- Schedules demonstrating the licensee's assigned work hours

Documentation of the work performed when accruing practice hours may be accomplished in a variety of ways. Some examples include:

- Listing of job duties and responsibilities for the position held
- Summary of job activities
- Position Description

Examples of documentation of engagement in nursing practice for the self-employed licensee might include:

- Documents reflecting nursing practice implementation
- Work products such as nursing policies and procedures, teaching materials, professional papers, presentation outlines, etc.

Continuing Clinical Education Post Licensure

A licensee may count post-licensure continuing education that includes specific clinical application of nursing knowledge as practice hours. Examples include clinical nursing courses taken as part of a RN-BSN program and precepted clinical experiences associated with a specialty nursing certification (such as for Wound, Ostomy and Continence certification courses). Documentation of the experience may include:

- Clinical preceptor log sheets
- College transcripts and course syllabi
- Certificates of completion.

Dual Licensure in a Discipline Outside of Nursing

When a licensee holds a separate license in a discipline outside of nursing, this is referred to as dual licensure. When the licensee with dual licensure engages in the practice of nursing, the licensee is responsible to differentiate professional practice activities that are nursing from those which fall under the secondary license (and under the authority of a separate health licensing Board). The nurse with dual licensure is responsible to document those hours that are being counted as nursing practice based on the scope of practice defined in the Nurse Practice Act.

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Preparing for Licensure Renewal

It is the responsibility of the licensee to take appropriate steps to prepare for licensure renewal and complete the required practice hours before the license expiration date. The required 960 hours required is roughly equivalent to six months full-time employment.

Frequently Asked Questions

Q: What happens if the nurse does not meet the practice requirement?

A: The nurse must complete an approved re-entry program or individualized plan prior to issuance of license. Another option for the registered nurse or licensed practical nurse is to complete the licensing exam for the level of licensure sought and satisfactorily complete required supervised clinical practice. The standards on re-entry into nursing are found in OAR 851-031.

Q: How does the Board enforce this requirement?

A: Board staff evaluate all licensure applications to verify that all licensure standards have been met. One of those standards is completion of practice hours. If the applicant does not meet the practice hour requirement, the applicant is referred to one of the options mentioned in FAQ above.

Additionally, Board staff may exercise audit authority to validate practice hours as previously discussed in this interpretive statement.

Q: What if a licensee does not agree with the decision regarding evaluation of their practice hours?

A: The licensee has contested case rights as outlined in ORS chapter 183 related to Board actions taken against a license.

Q: What other helpful tips does the Board have for counting practice hours?

A: Most nursing employers maintain records showing time worked and the nurse could request a copy of those records. With volunteer work or other unpaid nursing practice, the nurse should maintain ongoing personal documentation regarding hours practiced and the type of work performed.

Q: My position requires me to be on-call frequently. Do I count all on-call hours as practice hours?

A: No; not all on-call hours result in actual nursing practice hours. Only the time spent engaged in nursing practice may be counted as nursing practice hours.

References: Arizona State Board of Nursing Advisory Opinion: Dual Profession and Dual Health Care Licensure/Certification.

Authority for Approval: ORS 678

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of Policy and Interpretive Statements. These policies and interpretive statements are advisory in nature and issued as guidelines for safe nursing practice.