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DIVISION 1

RULES OF PRACTICE AND PROCEDURE

851-001-0000

Notice of Proposed Rulemaking

Prior to adoption, amendment or repeal of any rule, the Board of Nursing shall give notice of the intended action:

(1) In the Secretary of State's Bulletin referred to in ORS 183.360 at least 21 days before the effective date of the intended action.

(2) By mailing a copy of the notice to persons on the Board of Nursing mailing list(s) established pursuant to ORS 183.335(7) at least 28 days before the effective date of the rule; and

(3) By mailing or furnishing a copy of the notice to:

(a) The Associated Press;

(b) Associations, individuals and entities who have indicated an interest in the agency's rulemaking and have asked to be placed on the agency's mailing list(s); and

(c) The Capitol Press Room.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.335 & ORS 678.150

Hist.: NER 27, f & ef. 12-16-75; NER 3-1985, f & ef. 5-2-85; NB 3-1988, f & cert. ef. 7-5-88; NB 1-1990, f & cert. ef. 11-6-90; BN 4, f. & cert. ef. 4-24-00

851-001-0005

Model Rules of Procedure

(1) The Model Rules of Procedure of the Attorney General under the Administrative Procedures Act in effect on January 15, 2004, and all amendments thereto are hereby adopted by reference as the rules of the State Board of Nursing. These rules shall be controlling except as otherwise required by statute or rule.

(2) Nothing in these rules shall be deemed to deny a person, an applicant, licensee or certified nursing assistant an opportunity to request an appearance before the Board or its Executive Director or designated Board staff for an informal conference to discuss any matter administered by the Board. The Board shall notify the person, applicant, licensee or certified nursing assistant of the time and place of the informal conference. The Board or its Executive Director or designated Board staff may also schedule an informal conference and notify the person.

(3) A request for an appearance before the Board to discuss an issue with the Board or a request to have an item placed on the Board's meeting agenda shall be made at least six weeks prior to the Board meeting. The request shall include all supporting documents the requestor wishes the Board to review. Items shall be placed on the Board's agenda as time is available, at the discretion of the Board President.

(4) Designated Board staff may require that an investigative interview be tape-recorded. To make this decision, the following factors will be considered:

(a) The seriousness of the complaint;

(b) The licensee or applicant's previous cooperation with the Board;

(c) The risk of harm to the public;

(d) Whether licensee or applicant is represented by an attorney;

(e) The availability of a second staff member to record the interview in writing;

(f) The likelihood that the case will result in a contested case hearing.

(5) An order requiring discovery will be limited to a list of witnesses to be called by the parties in their case in chief and the documents that the parties intend to introduce as exhibits at the contested case hearing during the presentation of their case in chief.

(6) Contested case hearings are closed to members of the public who are not parties or representatives of the parties in the proceedings.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or Board of Nursing.]

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 183.341 & 678.150

Hist.: Renumbered from 851-040-0005, 4-1-76; NER 17, f & 6 16-72, ef. 7-1-72; NER 18, f & 3-18-74, ef. 4-11-74; NER 31, f & ef. 3-30-76; NER 20-1980, f. & ef. 6-24-80; NER 1-1982, f & ef. 1-29-82; NER 2-1983, f & ef. 10-4-83; NER 3-1986, f & ef. 6-6-86; NB 3-1988, f & cert. ef. 7-5-88; NB 11-1990, f & cert. ef. 11-6-90; BN 4, f. & cert. ef. 4-24-00; BN 10-2002, f. & cert. ef. 4-25-02; BN 9-2004, f. & cert. ef. 5-4-04; BN 13-2004, f. & cert. ef. 10-26-04

851-001-0006

Requiring an Answer to Charges as Part of Notices to Parties in Contested Cases

In addition to the notice requirements under the Attorney General's Model Rules of Procedure adopted under OAR 851-001-0005, the notice to parties in contested cases may include the statement that an answer to the charges shall be required, and if so, the consequence of failure to answer. A statement of the consequences of failure to answer may be satisfied by enclosing a copy of OAR 851-001-0007 with the Notice.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 183.341 & 678.150

Hist.: NER 1-1985(Temp), f & ef. 3-8-85; NER 6-1985, f & ef. 9-27-85; NB 3-1988, f & cert. ef. 7-5-88; NB 11-1990, f & cert. ef. 11-6-90; BN 4, f. & cert. ef. 4-24-00; BN 9-2004, f. & cert. ef. 5-4-04

851-001-0007

Hearing Request and Answers: Consequences of Failure to Answer; Untimely Hearing Request

(1) A hearing request, and answer if required in the Notice, shall be made in writing to the Board by the party or by the party's authorized representative. To be considered timely, a request for hearing, and answer if required, must:

(a) Be in writing;

(b) Be received by the Board within 20 calendar days (60 calendar for notice of application denial for license or certificate) from the date the Notice was mailed.

(2) An answer, if required in the Notice, shall include the following:

(a) An admission or denial of each factual matter in the Notice;

(b) A short and plain statement regarding each relevant affirmative defense the party may have;

(c) A short and plain statement identifying each legal issue the party may have.

(3) A request for an extension in which to file an answer to the Notice shall be submitted in writing and must be received by the Board within 20 calendar days (60 calendar days for notice of application denial for license or certificate) from the date the Notice was mailed. Extensions shall be granted only upon a showing of good cause.

(4) Amendments to answers must be submitted in writing and must be received by the Board no less than 21 days prior to the contested case hearing.

(5) Except for good cause:

(a) Matters alleged in the Notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense or legal issue in the answer shall be considered a waiver of such defense or legal issue;

(c) New matters raised in the answer that were not alleged in the Notice (affirmative defenses) shall be presumed denied;

(d) Evidence shall not be taken on any issue not raised in the Notice and answer.

(6) A hearing request and answer shall be deemed untimely if it is received by the Board after the close of business (4:30 p.m.) on or after the 20th calendar day from the date the Notice was mailed, and shall be deemed a default by the party. Unless the Board determines that the late filing was beyond the control of the party, the Board may issue a final order by default.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 183.341 & 678.150

Hist.: NER 1-1985(Temp), f & ef 3-8-85; NER 6-1985, f & ef 9-27-85; NB 11-1990, f & cert. ef 11-6-90; BN 4, f. & cert. ef. 4-24-00; BN 9-2004, f. & cert. ef. 5-4-04

851-001-0008

Agency Representation at Hearings

(1) Subject to the approval of the Attorney General, an officer or employee of the Board is authorized to appear on behalf of the Board in Civil Penalty hearings under the following conditions:

- (a) The Notice of Proposed Civil Penalty is \$2,900.00 or less;
- (b) The issue for the contested case hearing is whether or not the licensee continued to practice nursing after the expiration of his/her license; and
- (c) The licensee is not represented by legal counsel at the hearing.

(2) The agency representative may not make legal argument on behalf of the Board.

(a) "Legal argument" includes arguments on:

- (A) The jurisdiction of the Board to hear the contested case;
- (B) The constitutionality of a statute or rule or the application of a constitutional requirement to an agency; and

(C) The application of court precedent to the facts of the particular contested case proceeding.

(b) "Legal argument" does not include presentation of motions, evidence, examination and cross-examination of witnesses or presentation of factual arguments or arguments on:

- (A) The application of the statutes or rules to the facts in the contested case;
- (B) Comparison of prior actions of the Board in handling similar situations;
- (C) The literal meaning of the statutes or rules directly applicable to the issues in the contested case;
- (D) The admissibility of evidence;
- (E) The correctness of procedures being followed in the contested case hearing.

Stat. Auth.: ORS 678.117, ORS 678.128 & ORS 678.150

Stats. Implemented: ORS 678.117, ORS 678.128 & ORS 678.150

Hist.: BN 7-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02; BN 12-2002, f. & cert. ef. 7-17-02

851-001-0010

Post Hearing Procedure

(1) Following a hearing and the Board's decision to censure, reprimand, impose a civil penalty, place on probation, suspend, revoke or deny the nursing license of a Licensed Practical Nurse or Registered Nurse or Certified Registered Nurse Anesthetist, place a disciplinary sanction on the certificate of a Nurse Practitioner or place a disciplinary sanction on a nursing assistant, a copy of the Board's Findings of Fact, Conclusions of Law and Order shall be sent to the licensed nurse or nursing assistant whose license/certificate the Board has sanctioned.

(2) Notice of the Board's disciplinary action shall be sent to the National Council State Boards of Nursing, Inc., the National Practitioner Data Bank and the Health Care Integrity and Protection Data Bank.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 183.341 & ORS 678.150

Hist.: NER, f & ef 11-25-77; NB 3-1988, f & cert. ef 7-5-88; NB 11-1990, f & cert. ef 11-6-90; BN 4, f. & cert. ef. 4-24-00

851-001-0015

Petition for Readmission

A licensee or certificate holder whose license or certificate has been revoked or who voluntarily surrendered the license or certificate in lieu of revocation may seek readmission under the following conditions:

- (1) The license or certificate has been revoked or surrendered for a minimum period of three years;
- (2) The licensee or certificate holder has documented evidence of reformation of the issues that originally brought the licensee or certificate holder to the Board's attention;
- (3) The licensee or certificate holder has made application to the Board for reinstatement of the license/certificate; and

(4) The licensee or certificate holder agrees to additional education/training or other activities necessary to demonstrate competence at the level of licensure/certification for which the applicant is seeking readmission.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 183.341 & 678.150

Hist.: BN 10-2002, f. & cert. ef. 4-25-02; BN 9-2004, f. & cert. ef. 5-4-04

851-001-0020

Orders for an Evaluation to Determine Fitness to Practice

(1) Pursuant to ORS 678.113, during the course of an investigation into the performance or conduct of an applicant, certificate holder or licensee (Respondent), the Oregon State Board of Nursing may order mental health, physical condition or chemical dependency evaluations of the Respondent. The order will only be issued if the Board has a reasonable belief based upon the information available to the Board that the Respondent is unable to practice nursing with reasonable skill and safety to patients due to a mental health problem, physical condition, or chemical dependency.

(2) The Board delegates to the Program Executive the authority to select a health care professional to conduct the evaluation. Within ten calendar days from the issuance of the Order, the Board's Program Executive for Professional Services (hereafter Program Executive) shall select the health care professional to conduct the evaluation.

(3) Following selection of the health care professional, the Program Executive will provide the health care professional the following information:

(a) A copy of the Order for Evaluation.

(b) A letter from the Program Executive, identifying the areas to be assessed and evaluated, to include a set of written questions for the evaluator's response, to include whether Respondent is diagnosed with a mental disorder, physical condition, or chemical dependency, resulting in an impaired ability to practice nursing with reasonable skill and safety to patients or other health care providers.

(c) Other documents, as determined by the Program Executive, to include any questions submitted by Respondent.

(4) Respondent shall sign a written release in a form acceptable to the Program Executive within three days from the date the Program Executive selects the health care professional to conduct the evaluation, thereby allowing the health care professional to speak directly to Board staff throughout the evaluation process.

(5) The health care professional shall produce a written assessment and evaluation, providing a duplicate copy simultaneously to both the Board and the Respondent, unless the health care professional has a good faith belief that providing a copy of the report to the Respondent may be injurious to the Respondent's mental or physical health.

(6) The Respondent shall pay for costs associated with complying with the Board's Order for Evaluation, to include paying the health care professional in a timely manner to ensure that the Board receives the report of assessment and evaluation by the specified due date.

(7) If the health assessment and evaluation is a mental health evaluation that offers a diagnosis of mental disorders, the evaluation shall follow the guidelines of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), published by the American Psychiatric Association. The health care professional shall indicate in the written assessment and evaluation the information relied upon that formed the basis for the findings and conclusions in the report.

(8) If the health assessment is a substance abuse or dependence evaluation that offers a diagnosis of substance abuse or substance dependence, the evaluator shall follow professionally accepted guidelines for the evaluation which may include the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), published by the American Psychiatric Association or ASAM criteria published by the American Society of Addiction Medicine. The health care professional shall indicate in the written assessment and evaluation the information relied upon that formed the basis for the finding and conclusions in the report.

(9) If the health assessment is a physical health evaluation that offers a diagnosis of a physical condition, the evaluator shall follow

the professionally recognized standard of care to arrive at a diagnosis and shall indicate both the diagnosis and the information relied on to make the diagnosis in a written report to the Board.

(10) It is conduct derogatory to the standards of nursing for a Respondent to:

- (a) Violate any provision of this rule.
- (b) Fail to undergo a Board ordered evaluation within the time specified by the terms of this Order.
- (c) Fail to cooperate with any effort by the Board to secure a copy of the written assessment/evaluation prepared by the examining health care professional.

Stat. Auth.: ORS 678.113, 678.150

Stats. Implemented: ORS 678.113

Hist.: BN 20-2002, f. & cert. ef. 12-17-02; BN 9-2004, f. & cert. ef. 5-4-04

851-001-0030

Social Security Numbers

(1) The Board will not issue or renew a license or certificate unless an applicant provides his or her social security number on the application or renewal form. The applicant need not provide the social security number on the application for renewal, if the applicant's social security number has previously been provided to agency and is in the record.

(2) If an applicant has not been issued a social security number by the United States Social Security Administration, the Board will accept a written statement from the applicant to fulfill the requirements of section (1). The applicant may submit a written statement on the form provided by the Board or by written statement. The written statement submitted must:

- (a) Be signed by the applicant;
- (b) Attest to the fact that no social security number has been issued to the applicant by the United States Social Security Administration;
- (c) Acknowledge that knowingly supplying false information under this section is a Class A misdemeanor, punishable by imprisonment of up to one year and a fine of up to \$6250.

(3) The applicant must provide the Board with their social security number within 30 days of obtaining it if it is received subsequent to submitting their renewal application and while the license or certificate is active.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150, 25.785

Hist.: BN 9-2004, f. & cert. ef. 5-4-04

Screening and Selection of Personal Service Contractors for the Oregon State Board of Nursing

851-001-0100

Introduction

The Oregon State Board of Nursing may contract with consultants to provide required services. It is the intent of the Board to publicly announce all requirements for consultant services, and to select consultants on the basis of demonstrated competence and qualification for the type of professional services required. All such contracts will be executed at a fair and reasonable price.

Stat. Auth.: ORS 279.051 & ORS 291.021

Stats. Implemented:

Hist.: NB 9-1993, f. & cert. ef. 10-15-93

DIVISION 2

AGENCY FEES

851-002-0000

Fees

The fees paid to the Oregon State Board of Nursing are not refundable. The licensing/certification fee pays for processing the application, and the license/certificate is valid until the expiration date printed on the license/certificate.

Stat. Auth.: ORS 678.150 & ORS 678.410

Stats. Implemented: ORS 678.410

Hist.: NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-

1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

851-002-0010

RN/LPN Schedule of Fees

- (1) License Renewal — \$85
- (2) Delinquent Renewal — \$12
- (3) License by Endorsement — \$135
- (4) Licensure by Examination — \$100
- (5) Written Verification of License — \$12
- (6) Duplicate License — \$12
- (7) Limited Licenses:
 - (a) License Memorandum — \$25
 - (b) Reentry — \$95
 - (c) Extension of Reentry — \$25
 - (8) Limited Licenses for Educational Experience:
 - (a) International Graduate Nursing Students — \$65
 - (b) Extension of International Graduate Nursing Students — \$25
 - (c) International RN in Short-Term Educational Experience — \$35
 - (d) International Exchange Students — \$25
 - (e) U.S. RNs in Distance Learning — \$15
 - (f) Extension of Distance Learning — \$15
 - (9) Reexamination for Licensure — \$25
 - (10) Reactivation — \$100
 - (11) Reinstatement — \$100
 - (12) Retired Nurse Status — \$20

Stat. Auth.: ORS 678.150, ORS 678.410

Stats. Implemented: ORS 678.410

Hist.: NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200; BN 11-1999, f. & cert. ef. 12-1-99; BN 6-2000, f. & cert. ef. 4-24-00; BN 17-2002, f. & cert. ef. 10-18-02; BN 6-2003, f. & cert. ef. 7-7-03

851-002-0020

Nurse Practitioner Schedule of Fees

- (1) Initial Nurse Practitioner Certification — \$150.
- (2) First Category Renewal (combined with Prescriptive Privilege renewal) — \$105.
- (3) Additional Category Renewal — \$50.
- (4) Delinquent Renewal — \$12.
- (5) Nurse Practitioner Prescriptive Authority Initial Application — \$75.

- (6) Reentry Limited License — \$95.

Stat. Auth.: ORS 678.150 & ORS 678.410

Stats. Implemented: ORS 678.410

Hist.: NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994 f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

851-002-0030

Certified Registered Nurse Anesthetist Schedule of Fees

(1) Initial Certified Registered Nurse Anesthetist License — \$150.

(2) Renewal of CRNA License — \$55.

(3) Delinquent Renewal of CRNA License — \$12.

(4) Combined Limited and Initial License — \$175.

(5) Reentry Limited License — \$95.

Stat. Auth.: ORS 678.150 & ORS 678.410

Stats. Implemented: ORS 678.410

Hist.: NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994, f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

851-002-0035

Clinical Nurse Specialist Schedule of Fees

(1) Initial Clinical Nurse Specialist Certification — \$200.

(2) Renewal of Certification — \$100.

(3) Delinquent Renewal — \$12.

(4) Reentry Limited License — \$95.

(5) Extension of Limited License — \$95.

Stat. Auth.: ORS 678.150 & ORS 678.410

Stats. Implemented: ORS 678.410

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

851-002-0040

Nursing Assistant Schedule of Fees

(1) Certification by Examination — \$106.

(2) Certification by Endorsement — \$40.

(3) Reexamination — Manual Skills — \$45.

(4) Reexamination — Written — \$25.

(5) Oral Administration of Written Examination — \$35.

(6) Written Verification of Certification — \$10.

(7) Duplicate Certificate — \$10.

(8) CNA Certificate Renewal — \$40.

(9) CNA Reactivation Fee — \$5.

(10) CNA Certification for RN or LPN — \$40.

(11) CNA Certification for Student Nurses — \$40.

(12) Initial Approval CNA Training Program — \$100.

(13) Approval of Revised CNA Training Program — \$75.

(14) Reapproval of CNA Training Program — \$50.

(15) CNA Primary Instructor Approval — \$10.

(16) Initial Approval of CNA Program Director — \$25.

(17) CNA 2 Registration (each category) — \$5.

Stat. Auth.: ORS 678.150, 678.410

Stats. Implemented: ORS 678.410

Hist.: NB 9-1989(Temp), f. & cert. ef. 11-24-89; NB 5-1990, f. & cert. ef. 5-7-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 3-1992, f. & cert. ef. 2-13-92; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300; BN 7-1999, f. 8-10-99, cert. ef. 11-1-99; BN 10-1999, f. & cert. ef. 12-1-99; BN 6-2003, f. & cert. ef. 7-7-03; BN 7-2004, f. & cert. ef. 2-26-04; BN 14-2004, f. & cert. ef. 10-26-04

851-002-0050

CMA Schedule of Fees

(1) Medication Administration Certification by Examination \$73

(2) CMA Certification for RN or LPN — \$20.

(3) CMA Certificate Renewal — \$15.

(4) CMA Primary Instructor Approval — \$10.

(5) Initial Approval of CMA Program Director — \$25.

(6) Initial Approval of CMA Training Program — \$100.

(7) Approval of Revised CMA Training Program — \$75.

(8) Reapproval of CMA Training Program — \$50.

Stat. Auth.: ORS 678.150, 678.410

Stats. Implemented: ORS 678.410

Hist.: NB 9-1989(Temp), f. & cert. ef. 11-24-89; NB 5-1990, f. & cert. ef. 5-7-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 9-1990, f. & cert. ef. 10-9-90; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 3-1992, f. & cert. ef. 2-13-92; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300; BN 10-1999, f. & cert. ef. 12-1-99; BN 14-2004, f. & cert. ef. 10-26-04

851-002-0060

Copies of Documents

(1) Fees for lists of nurses and Board meeting packets shall be established by Board office policy and shall not exceed production and mailing costs. These fees shall be published yearly in the Board newsletter.

(2) Charges for information requested but not previously identified above shall be figured using the following formula: Fee = Copying Cost + freight/postage + production cost.

Stat. Auth.: ORS 678.150 & ORS 678.410

Stats. Implemented: ORS 678.410

Hist.: NER 26(Temp), f. & ef. 12-11-75; NER 32, f. & ef. 5-4-76; NER 5-1981, f. & ef. 11-24-81; NER 2-1982, f. & ef. 8-25-82; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 5-1985, f. 7-30-85, ef. 10-1-85; NER 6-1986, f. & ef. 12-3-86; NB 5-1987, f. & ef. 7-1-87; NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 2-1989, f. 6-22-89, cert. ef. 7-1-89; NB 2-1991, f. 6-14-91, cert. ef. 7-1-91; NB 3-1991, f. & cert. ef. 9-25-91; NB 5-1993, f. 6-15-93, cert. ef. 7-1-93; NB 7-1993, f. & cert. ef. 7-1-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 5-1994, f. & cert. ef. 9-15-94; Renumbered from 851-020-0295; NB 8-1994, f. & cert. ef. 12-7-94; NB 7-1995(Temp), f. & cert. ef. 6-23-95; NB 2-1996, f. & cert. ef. 3-12-96; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98; Administrative correction 8-5-98; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1998, f. & cert. ef. 9-22-98; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200

DIVISION 10

ADMINISTRATION

851-010-0005

Officers

The officers of the Board shall consist of a President and a Secretary.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77; BN 4, f. & cert. ef. 4-24-00

851-010-0010

Election

The officers of the Board shall be elected annually as stated in Board policy. Elections shall be held during the regularly scheduled September Board meeting. Terms of office shall run from January 1st to December 31st. No officer may serve more than two successive terms.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77; NB 1-1997, f. & cert. ef. 1-2-97; BN 12-2001, f. & cert. ef. 10-16-01

851-010-0015

Vacancies in Office

A vacancy occurring in the office of the President or Secretary shall be filled by election.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77; BN 4, f. & cert. ef. 4-24-00

851-010-0020

Duties of Officers

(1) The President shall preside at all meetings or shall appoint a Board member as Pro Tem chair of a meeting, or a portion of a meeting, as is necessary or efficient. The President shall confer with the Executive Director of the Board on matters that come up between meeting dates, and matters that need to be placed on the agenda for Board meetings. The ordering or reordering of the agenda is the prerogative of the President.

(2) The Secretary shall call the roll for meetings and record all votes and attendance. In the absence of the Secretary, the President or President Pro Tem shall appoint a Secretary Pro Tem.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77; BN 4, f. & cert. ef. 4-24-00

851-010-0035

Meetings

Regular meetings shall be held five times a year. Additional meetings may be held when necessary. However, if there is not adequate business to justify a meeting, it may be cancelled. Meeting dates are approved by the Board every four years. The agenda for Board members to review shall be sent to them at least five days prior to the regular meeting date.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 1, f. 11-12-57; NER 40, f. & ef. 11-25-77; NER 5-1983, f. 12-9-83, ef. 1-1-84; BN 4, f. & cert. ef. 4-24-00

DIVISION 21

STANDARDS FOR THE APPROVAL OF EDUCATIONAL PROGRAMS IN NURSING PREPARING CANDIDATES FOR LICENSURE AS PRACTICAL OR REGISTERED NURSES

851-021-0000

Purpose of Standards

To foster the safe and effective practice of nursing by graduates of nursing education programs by setting standards that promote adequate preparation of students for nursing practice. These standards will:

- (1) Serve as a guide for the development of new nursing education programs.
- (2) Enable innovative responses of established nursing education programs to a changing health care environment.
- (3) Provide criteria for the approval of new and established nursing education programs.
- (4) Facilitate interstate endorsement of graduates from Board approved nursing programs.
- (5) Provide for sanctions for nursing education programs that do not maintain compliance with Board established standards.

Stat. Auth.: ORS 678.150, ORS 678.340 & ORS 678.360

Stats. Implemented: ORS 678.150 & ORS 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0001; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0005

Definitions

As used in these rules:

- (1) "Approval" is synonymous with accreditation as authorized in ORS 678.150, and means the process by which the Board evaluates and grants official recognition and status to nursing education programs that meet Board established uniform and reasonable standards. The status assigned may be Developmental Approval, Initial Approval or Approval.
- (2) "Approval by the Office of Degree Authorization" means the approval, under ORS 348.606, to provide any part of a program leading to the award of college credit or to an academic degree.
- (3) "Basic Master's Program" — A graduate program in nursing leading to initial licensure.
- (4) "Board" refers to the Oregon State Board of Nursing.
- (5) "Clinical Instructor" means a registered nurse whose primary role is education of students in the skills laboratory or practice site and who may participate in classroom teaching under the direction of an instructor.
- (6) "Community-based nursing" is nursing practice that takes place in the context of family and the community.
- (7) "Controlling Body" is an accredited educational agency planning to conduct or conducting a program in nursing. For pur-

poses of these rules, "institution," or "governing institution" are synonymous with "controlling body."

(8) "Developmental approval" means approval of an application for establishing a new program and authorization to proceed with its development.

(9) "Extended campus site" means any location of an institution, other than the main campus, at which the institution offers at least 50 percent of a nursing education curriculum.

(10) "Faculty" means the nursing faculty as a whole, functioning as a collective body.

(11) "Faculty member" means an individual instructor or clinical instructor.

(12) "Home Board" means the approval or accrediting authority by which a particular nursing program is approved and to which it is accountable.

(13) "Initial Approval" means authorization by the Board to admit students in a new nursing program, or in an extended campus site, when the Board deems the extended campus site to be the equivalent of a new program. Initial approval status continues until the first class has graduated and the Board has taken final action on the application for approval.

(14) "Instructor" is a registered nurse who is responsible for the development and/or implementation of a course or portion of the curriculum. For purpose of these rules, the term "instructor" includes all nurse faculty members regardless of rank within the nursing program who have responsibility for course development and/or implementation.

(15) "Major curriculum change" means a change that results in a refocus of purpose and objectives, or modifies 10% or more of the credit hours in the curriculum.

(16) "May" indicates permission.

(17) "National accreditation" means accreditation granted by the National League for Nursing Accrediting Commission (NLNAC) or Commission on Collegiate Nursing Education (CCNE).

(18) "Nurse Administrator" refers to the registered nurse who is responsible and accountable for the educational unit in nursing (regardless of the official title assigned by any specific institution).

(19) "Nursing experience" means practice as a registered nurse. Specified years of nursing experience mean full time equivalence (FTE).

(20) "Organizing framework" means the mission, philosophy, and/or underlying assumptions upon which the curriculum is based.

(21) "Out-of-State Nursing Program" means a program in the United States that is approved or accredited by the licensing board for nurses in the particular state or U.S. territory, or the appropriate accrediting agency for that state or U.S. territory.

(22) "Population-focused nursing" is nursing practice that merges the body of knowledge from the public health sciences with nursing theories for the purpose of safeguarding and improving the health of populations.

(23) "Practice Site" is a location or situation in which nursing experience with actual patient/client individuals or groups is obtained.

(24) "Practicum" is a course or session in which a student obtains experience in nursing in either a laboratory or practice site.

(25) "Program" means a school of nursing that prepares graduates for licensure as registered or licensed practical nurses. The terms "nursing program," or "nursing education program" as used in these rules, are synonymous with "Program."

(26) "Representative of the Board" means the Education Consultant or Board designee qualified to perform the necessary responsibilities.

(27) "Shall" indicates a requirement.

(28) "Site Visit" means that representative(s) of the Board go to the location of a program for specified purpose(s), which may include a survey for approval.

(29) "Skills Lab Assistant" is a registered nurse who assists an instructor in a nursing skills laboratory.

(30) "Standards for Approval" — Authoritative statements that set expectations for a program to achieve and maintain for approval status. (OAR 851-021-0040 through 0070).

(31) "Statewide Need" — Assessment and documentation of the need for the nursing program in relation to plans for total state resources and the need for entry-level nurses in the state.

(32) "Survey visit" means that representative(s) of the Board go to the location of a program to review the program for compliance with Standards for Approval, and to prepare a report and recommendation regarding approval status.

(33) "Units or Credits" — For programs on academic quarters, one unit or credit is defined as one academic clock hour per week for ten to 12 weeks or three academic clock hours of practicum per week for ten to 12 weeks. For programs on academic semesters, one unit or credit is defined as one academic clock hour per week for 14–16 weeks or three academic clock hours of practicum per week for 14–16 weeks.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 9, f. 8-15-62; NER 15, f. 1-4-71, ef. 1-25-71; NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 2-1985, f. & ef. 4-5-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0005; NB 2-1996, f. & cert. ef. 3-12-96; NB 4-1996, f. & cert. ef. 9-3-96; BN 7-1998, f. & cert. ef. 7-16-98; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0010

Approval of Nursing Education Programs

(1) Application and Developmental Approval:

(a) An institution or consortium of accredited institutions wishing to establish a new program in nursing shall make application to the Board at least 15 months in advance of expected opening date;

(b) The application shall include a statement of intent and a feasibility study with at least the following information:

(A) Evidence of accreditation of the institution, or of all member institutions in a consortium, by the Northwest Association of Schools and Colleges; or another appropriate U.S. Department of Education approved accrediting agency;

(B) Studies documenting the statewide need for the program. The study should also specifically address the need for the program in relation to the nursing needs of the geographical area to be served;

(C) Purpose, size and type of program;

(D) Administration and organizational plan delineating lines of authority and decision-making;

(E) Availability of and ability to recruit and retain qualified faculty members;

(F) Projected number of faculty positions;

(G) Description of available physical facilities and description of proposed facilities with dates of availability;

(H) Availability of adequate practice sites for the program;

(I) Availability of adequate educational facilities, services, and resources for the program;

(J) Evidence of financial resources adequate for planning, implementation and continuation of the program, including proposed operating costs;

(K) Anticipated student enrollment and proposed date of enrollment;

(L) Tentative time schedule for planning and initiating the program;

(M) Current institution and program catalog(s).

(N) For consortium applicants, any charters, contracts and other documents that show:

(i) relationships among member institutions;

(ii) member institution commitment to the consortium and the proposed nursing program; and

(iii) mechanisms within the consortium for attainment and maintenance of Board standards for nursing education programs.

(c) The applicant shall respond to the Board's request(s) for additional information;

(d) A site visit may be conducted by a representative(s) of the Board;

(e) The Board, after timely review and consideration of the information contained in the application and any supplementary information, shall either approve or deny the application and notify the applicant, including rationale for the decision;

(f) If developmental approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply;

(g) If the applicant does not submit an application for initial approval within 12 months after the date designated for initiating the program in the approved plan, the developmental approval shall expire.

(2) Initial Approval:

(a) Initial approval status may be applied for when the following conditions have been met:

(A) Application as described in OAR 851-021-0010(1) has received Board approval;

(B) Evidence of approval for the new program has been obtained from the appropriate agencies or bodies that review and approve new programs for public and private educational institutions.

(i) An institution shall provide one copy of the report that was submitted to each agency and a copy of the letter(s) indicating that approval for the program has been granted;

(ii) A consortium shall provide documentation that each member institution has approved the program, as well as documentation of agency approval as above.

(C) A qualified nurse administrator has been appointed and provided with necessary administrative supports a minimum of nine months prior to the beginning of courses;

(D) There are sufficient qualified faculty and administrative support services to initiate the program a minimum of six months prior to the beginning of the courses;

(E) A tentative written proposed program plan, including curriculum developed in accordance with the Standards for Approval, has been submitted a minimum of three months prior to the offering of the first course to nursing students.

(F) There is evidence of readiness for admission of students in educational and clinical facilities and policies for admission and progression.

(b) Following Board receipt and review of the information required in OAR 851-021-0010(2)(a), the Board may grant or deny initial approval;

(c) Initial approval must be received by a program prior to the admission of the first class of nursing students;

(d) If initial approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply;

(e) Interim visits and/or progress reports may be requested by the Board at any time during the initial approval phase and/or following initial approval as deemed necessary by the Board.

(f) If the institution or consortium does not admit a class within 12 months after the date designated for initiating the program in the initial approval application, the initial approval shall expire.

(3) Approval:

(a) Eligibility for approval occurs after the graduation of the first class of students;

(b) Within six months following graduation of the first class, the program shall submit a self-study report of compliance with the Standards for Approval and a survey visit shall be made for consideration of approval of the program;

(c) The decision of the Board to grant or deny approval shall be based upon review of a self-evaluation report submitted by the program addressing compliance with Board standards, of the success rate of graduates on the national licensure examination, and of a survey report by a representative(s) of the Board;

(d) If approval is denied, the applicant may request a hearing before the Board and the provisions of the Administrative Procedures Act shall apply.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NB 3-1988, f. & cert. ef. 7-5-88; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0021; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2003, f. & cert. ef. 7-7-03; BN 11-2003, f. & cert. ef. 12-9-03

851-021-0015

Periodic Evaluation of Nursing Education Programs

(1) Procedures for Periodic Evaluation:

(a) All nursing education programs shall be required to demonstrate continuing compliance with the Standards for Approval at least every eight years for continued approval; except that continued approval may be granted for up to ten years when the program has received national accreditation for ten years.

(b) The Board shall require a survey visit for consideration of continued approval, and may require survey visits or interim progress reports at any time;

(c) The nursing program may request a survey or site visit. Such request shall be in writing and include the purpose(s) for the visit;

(d) A program shall submit a narrative self-evaluation report(s) that provides evidence of compliance with the Standards for Approval at least one month prior to the scheduled survey visit:

(A) The self-evaluation report prepared for the national nursing education accreditation body may be substituted in lieu of the Board's survey report if a national accreditation survey is scheduled for that year;

(B) If the national self-evaluation report is submitted in lieu of the Board's survey report, the program shall submit an addendum to the self-evaluation report that addresses the Standards for Approval and that provides a guideline as to where the Standards are discussed in the self-evaluation report.

(e) The survey visit shall be made by a representative(s) of the Board on dates mutually acceptable to the Board and the program. A Board survey visit may be conducted in conjunction with the national nursing accreditation body survey visit. The Board representative shall write a separate survey report;

(f) The program shall be asked to participate in scheduling survey visit activities;

(g) A draft of the survey visit report shall be made available to the program for review and corrections in factual data;

(h) The administrator of the program and/or designee(s) shall be invited to be present during the presentation of the survey report to the Board;

(i) Following the Board's review and decision, written notification regarding approval of the program, commendations, recommendations or notice of deficiencies with a specified time frame within which the deficiencies must be corrected, shall be sent to the administrator of the institution and the administrator of the nursing education program.

(2) An approved nursing program that becomes accredited by a national nursing accreditation body between OSBN survey visits, may have the next scheduled survey visit adjusted to provide for a review schedule not to exceed an eight year time period.

Stat. Auth.: ORS 678.340 & ORS 678.360

Stats. Implemented: ORS 678.360

Hist.: NER 37, f. & ef. 7-18-77; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0032; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0020

Denial or Withdrawal of Approval

(1) If, in the opinion of the Board, the standards established for approval of new or existing nursing education programs are not being met, notice thereof shall be given in writing to the controlling body, specifying the deficiency(ies) and prescribing the time within which the deficiency(ies) must be corrected.

(2) Approval may be withdrawn if a program fails to correct the deficiency(ies) within the time specified after a hearing in which such facts are established.

Stat. Auth.: ORS 678.340 & 678.360

Stats. Implemented: ORS 678.360

Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0036; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0025

Reports

(1) Program Changes Requiring Notification to the Board. The program shall notify the Board in writing within 30 days of development of the following circumstances:

(a) Change in the nurse administrator of the program;

(b) Major change in availability of adequate practice sites for the program that results in reduction in student enrollment or faculty positions;

(c) Change in accreditation status of the controlling body;

(d) Major reductions in the financial support for the program;

(e) Appointment of new faculty members.

(2) Program Changes Requiring Board of Nursing Approval:

(a) Change of Administrative Control:

(A) When control of an educational program is transferred from one institution to another, a report must be submitted to the Board by the receiving institution containing the following information:

(i) Rationale for change;

(ii) Anticipated effects on students, faculty and resources;

(iii) Administrative and organizational plans, including a sound operational budget;

(iv) Plans for the orderly transition of the program;

(v) Application for new program as delineated in OAR 851-021-0010, unless this requirement is waived by the Board of Nursing.

(B) The institution relinquishing the program shall notify the Board of Nursing in writing of the intent to transfer the program, and shall submit to the Board the information requested of programs undergoing voluntary termination (OAR 851-021-0035(1)).

(b) Major Curriculum Change:

(A) When a nursing education program anticipates a major curriculum change shall be submitted to the Board for approval at least three months prior to implementation.

(B) The following materials shall be submitted with the request for curriculum changes:

(i) Rationale for proposed changes including the anticipated effect on faculty, students, resources and facilities;

(ii) Presentation of the differences between the current curriculum and the proposed curriculum;

(iii) A timetable for implementation of change;

(iv) Methods of evaluation that will be used to determine the effects of the change.

(c) Exceptions to qualified faculty under OAR 851-021-0045(6);

(d) Addition of an extended campus site:

(A) The program shall submit a letter of intention to expand offerings to an extended campus site at least six months prior to planned implementation;

(B) The letter of intent shall include at least the following information:

(i) Plan for qualified faculty for the program at the extended site;

(ii) Description of available and proposed education facilities, services and resources with dates of availability;

(iii) Availability of adequate practice sites;

(iv) Tentative time schedule for planning and initiating the program.

(C) The Board may deem the addition of an extended campus site as the equivalent of a new program, and require application under OAR 851-021-0010. Notice to the applicant shall include the rationale for the Board decision.

(3) Annual Reports:

(a) Statistical data and qualitative program information shall be required to be submitted to the Board annually on a form supplied by the Board;

(b) The annual report shall include information to enable monitoring of continued compliance with the Board's rules. Required reports may include data for aggregate and trend analysis.

(4) General Guidelines for Reports:

(a) The Board shall review reports for approval, or continued approval of nursing education programs or proposals for major curriculum change only at times when the Board is in formal session;

(b) A copy of the report(s) shall be in the Board Office at least six weeks prior to the Board meeting.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0071; NB 1-1993(Temp), f. & cert. ef. 2-8-93; NB 6-1993,

f. & cert. ef. 6-22-93; NB 2-1996, f. & cert. ef. 3-12-96; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0030

Consultative Services

Consultative services shall be provided by the Board at the request of a program or institution offering or planning to offer a program.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0072; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0035

Closing of an Approved Nursing Education Program

(1) Voluntary closing. When the governing institution anticipates the closing of a nursing education program, it shall notify the Board in writing, stating the reason, plan and date of the intended closing. Notice of intent to discontinue a nursing program shall be transmitted to the Board at least 30 days prior to public announcement. The governing institution shall choose one of the following closing procedures:

(a) The program shall continue until the last class enrolled is graduated:

(A) The program shall continue to meet the standards for approval until all of the enrolled students have graduated;

(B) The date of closure is the date on the degree, diploma or certificate of the last graduate;

(C) The governing institution shall notify the Board of the closing date.

(b) The program shall close after the governing institution has assisted in the transfer of students to other approved programs:

(A) The program shall continue to meet the standards required for approval until all students are transferred;

(B) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing institution;

(C) The date on which the last student was transferred shall be the closing date of the program.

(2) Closing as a result of denial or withdrawal of approval. When the Board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

(a) The program shall close after the institution has made a reasonable effort to assist in the transfer of students to other approved programs. A timeframe for the transfer process shall be established by the Board;

(b) A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the Board by the governing institution;

(c) The date on which the last student was transferred shall be the closing date of the program unless otherwise designated by the Board.

(3) Provision shall be made for custody of records as follows:

(a) Safe storage of vital records, including permanent records of all graduates of the program;

(b) Notification to the Board in writing as to where the records will be stored and how they may be accessed by appropriate request.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0073; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0040

Standards for Approval: Organization and Administration

(1) The controlling body shall be accredited by the Northwest Association of Schools and Colleges or another appropriate U.S. Department of Education accrediting agency and meet all current standards of the agency.

(2) There shall be a description or organizational chart that clearly illustrates communication and decision making processes within the nursing program, and accountability and communication of the nursing program to the controlling body.

(3) There shall be adequate financial support for the development, stability and continuation of the program.

(4) The authority and responsibility for the direction of the program shall be vested in a qualified nurse administrator who is accountable to the controlling body, either directly or through appropriate administrative channels.

(5) The nurse administrator shall be responsible for administration of the program, including:

(a) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum;

(b) Creation and maintenance of an environment conducive to teaching and learning;

(c) Liaison with the central administrator and other units of the institution;

(d) Participation in preparation of the budget;

(e) Administration of the budget;

(f) Facilitation of faculty and faculty member development;

(g) Participation in faculty member performance review;

(h) Recommendation for faculty member appointment, promotion, tenure and retention;

(i) Liaison with the Board related to the program's continuing compliance with the required elements of these rules.

(6) The nurse administrator shall have sufficient time provided for carrying out administrative responsibilities. Instructional responsibilities and responsibilities for administration of other programs shall be consistent with the scope of the administrative responsibility for the nursing program.

(7) Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically.

Stat. Auth.: ORS 678.150 & ORS 678.340

Stats. Implemented: ORS 678.150 & ORS 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1983, f. & ef. 12-1-83; NER 2-1985, f. & ef. 4-5-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0051; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2003, f. & cert. ef. 7-7-03

851-021-0045

Standards for Approval: Nursing Faculty

(1) The nurse administrator and each nurse faculty member shall hold a current, unencumbered license to practice as a registered nurse in Oregon and be academically and experientially qualified for the position to which she/he is appointed.

(2) Each non-nurse faculty member shall be academically and experientially qualified for his/her responsibilities.

(3) The nurse administrator and each faculty member shall demonstrate professional competence in nursing and education through such activities as nursing practice, continuing education programs, academic courses, internet and other web based opportunities, research projects and professional writings.

(4) Qualifications for practical nurse programs:

(a) The nurse administrator shall:

(A) Hold at least a master's degree in nursing with documentation of preparation and/or experience in curriculum and teaching;

(B) Have at least four years of nursing experience, of which two years shall have been in a teaching or administrative position in a nursing education program.

(b) Each nurse instructor shall:

(A) Hold at least a baccalaureate degree in nursing;

(B) Have at least three years of nursing experience.

(c) Each clinical instructor shall:

(A) Hold at least a baccalaureate degree in nursing; and

(B) Have at least two years of nursing experience.

(d) Each skills lab assistant shall:

(A) Hold at least an associate degree in nursing; and

(B) Have at least two years of nursing experience.

(e) If the institutional program in practical nursing articulates with a program in registered nursing, all faculty member appointments shall meet the qualifications required for registered nurse programs.

(5) Qualifications for registered nurse programs:

(a) The nurse administrator shall:

(A) Hold at least a master's degree in nursing with documentation of preparation and/or experience in curriculum and teaching. In addition, for baccalaureate degree nursing programs, the nurse administrator shall hold an earned doctorate degree;

(B) Have at least five years of nursing experience, of which two years shall have been in a teaching or administrative position in a nursing education program.

(b) Each nurse instructor shall:

(A) Hold at least a master's degree in nursing or a baccalaureate degree in nursing, and master's in a related field with a post-master's certificate in nursing from a program that is at least two semesters or three quarters in length;

(B) Have at least three years of nursing experience.

(c) Each clinical instructor shall hold at least a bachelor's degree in nursing with no less than two years of nursing experience.

(d) Each skills lab assistant shall:

(A) Hold at least the level of preparation for which students are being taught; and

(B) Have at least two years of nursing experience.

(6) Any exceptions to subsections (4)(a), (b), (c), (d) and (5)(a), (b), (c), (d) of this rule shall be submitted in writing to the Board and shall include rationale for the request. The Board may grant exceptions for any of the following circumstances:

(a) The education and experience qualifications are deemed equivalent to the requirements; or

(b) The individual has a baccalaureate in nursing, a masters or doctorate in a related field, and relevant nursing experience. The background of the individual is related to the teaching assignment and is complementary to the faculty mix, or

(c) Substantial effort has been made to recruit a qualified faculty member, and the appointed individual is pursuing the needed qualifications; or

(d) Substantial effort has been made to recruit a qualified faculty member, and the individual without full qualification is appointed for one year. The exception may be extended for one year with documentation of either continued and unsuccessful recruitment for a qualified replacement, or a plan to establish eligibility under exception (c) above.

(7) Special Provision for Nursing Faculty. Nurse administrators and faculty members employed as such in Oregon during the 1984-85 academic year may be appointed after September 1, 1985 without meeting new requirements under paragraphs (4)(a)(A), (4)(b)(A), (5)(a)(A) and (5)(b)(A) of this rule.

(8) Faculty Member/Student Ratio:

(a) The number of faculty members appointed shall be not less than one faculty member to every ten students having experience in one or more practice sites at any given time. Effective September 1, 2002, the ratio shall be one faculty member to nine students. A lower ratio shall apply when faculty determine that student/client safety and learning effectiveness warrant.

(b) Factors to be considered in determining the faculty member/student ratio shall be:

(A) Objectives to be achieved;

(B) Preparation and expertise of faculty member;

(C) Level of students;

(D) Number, type and condition of clients;

(E) Number, type, and location of practice sites; and

(F) Adequacy of the ratio for nurse faculty to:

(i) Assess students's capability to function safely within the practice situation;

(ii) Select and guide student experience; and

(iii) Evaluate student performance.

(c) Preceptors may be used within the following guidelines:

(A) There shall be a written plan for the preceptorship consistent with these rules and including at least the selection of preceptors, faculty member and preceptor roles, and frequency and method of faculty/preceptor contact during the preceptorship;

(B) Preceptors shall be selected according to written criteria developed by faculty, and agreed to by responsible person(s) in the practice site;

(C) A faculty member shall be available to the preceptor(s) while students are involved in a preceptorship experience;

(D) The faculty member shall confer with each preceptor and student (individually or in groups) regularly during the precepted learning experience;

(E) Use of preceptors does not modify the requirement for faculty member/student ratio, except that the ratio may be modified for final practicums.

(9) Principal responsibilities of the faculty shall be to:

(a) Develop, implement and evaluate the organizing framework and learning goals/outcomes/objectives of the program;

(b) Construct, implement, evaluate and revise the curriculum;

(c) Develop and evaluate policies and standards for the selection, admission, advanced placement, promotion and graduation of nursing students within the framework of the policies of the college or university;

(d) Develop, implement and evaluate student practice experiences including selection of learning activities, assessment and guidance of the student, and evaluation of client and student safety and learning outcomes;

(e) Evaluate student achievement in terms of course and program learning goals/outcomes/objectives, assign grades for courses according to policies, and recommend successful candidates for the degree or certificate;

(f) Develop, implement and evaluate statements of policy necessary for the operation of the program;

(g) Participate in academic advising of students;

(h) Provide for student evaluation of teaching effectiveness;

(i) Provide for evaluation of faculty members within the framework of the college or university;

(j) Interpret the program goals and learning objectives for the students with the staff of the practice sites;

(k) Participate in periodic review of the total nursing program;

(l) Participate in determining academic policies and procedures of the institution; and

(m) Participate cooperatively with other nursing programs and agencies to develop appropriate and equitable access to practice sites.

(10) Faculty Organization:

(a) The nursing faculty shall participate through faculty meetings or other methods in developing, implementing and evaluating the program and curriculum and other responsibilities of the faculty;

(b) Minutes of faculty and committee meetings, including actions taken, shall be recorded and available for reference;

(c) Faculty participation in decisions related to developing, implementing, and evaluating the curriculum, and to establishing or modifying nursing program policies shall be documented;

(d) There shall be provision for student participation.

Stat. Auth.: ORS 678.150, ORS 678.340 & ORS 678.360

Stats. Implemented: ORS 678.150 & ORS 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 3-1984, f. & ef. 10-4-84; NER 2-1985, f. & ef. 4-5-85; NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0061; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-2001, f. & cert. ef. 7-9-01

851-021-0050

Standards for Approval: Curriculum

(1) Curriculum shall reflect the organizing framework and learning goals/outcomes/objectives of the nursing education program; and shall be consistent with the law governing the practice of nursing.

(2) Curriculum plan shall identify:

(a) Course content and practice experience required for the major in nursing. Relevant theory and practicum shall have sufficient proximity in time so that the student can form necessary links between the two;

(b) Competencies of the graduates and competencies for each nursing course;

(c) Requirements of the controlling body for graduation, electives, and any additional learning experiences in nursing; and

(d) Total units required for graduation.

(3) Practical Nurse Programs:

(a) In practical nursing programs, the course content and clinical experience required shall be a minimum of 42 quarter units or 28 semester including:

(A) Biological and Applied Sciences, Social Sciences and Humanities: minimum of 18 quarter units or 12 semester units; and
(B) Practical Nursing: minimum of 24 quarter units or 16 semester units of which no less than 12 quarter or eight semester units shall be clinical experience.

(b) The Practical Nurse program shall provide theory and practice in nursing encompassing:

(A) Fundamentals of nursing practice and procedure, administration of medications, patient teaching in relation to self-care hygiene practices, and reinforcement of patient teaching presented by other healthcare professionals;

(B) Scope of nursing practice, legal/ethical perspectives, working within an interdisciplinary team; and

(C) Major areas of basic general nursing consistent with the program's organizing framework, and learning goals/outcomes/objectives and with the practical nurse scope of practice.

(4) Registered Nurse Program:

(a) In registered nurse programs, the course content and clinical experience required shall be a minimum of 84 quarter units or 56 semester units including:

(A) Physical, Biological, Social and Applied Sciences and Humanities: minimum of 36 quarter units or 24 semester units; and

(B) Nursing: minimum of 48 quarter units or 32 semester units of which no less than 24 quarter units or 16 semester units shall be clinical experience.

(b) The Registered Nurse program shall provide theory and practice in nursing encompassing:

(A) Critical thinking, decision making, and creativity in nursing practice;

(B) The prescribing/directing, management, delegation and supervision of nursing care;

(C) Nursing procedures, including those supportive to and restorative of life and physical and mental well-being;

(D) Teaching and counseling that promotes optimum health;

(E) Scope of nursing practice, legal/ethical perspectives, working within an interdisciplinary team;

(F) Major areas of general nursing practice, consistent with the organizing framework, and learning goals/outcomes/objectives of the program within the registered nurse scope of practice;

(G) By September 2003, each program shall include curriculum in community-based nursing;

(H) Baccalaureate and basic master's programs shall also include:

(i) The study and practice of leadership;

(ii) The study of research principles; and

(iii) Population-focused nursing.

(5) Programs that provide for advanced placement of students shall develop and use policies designed to assure that such students meet the equivalent of the program's current curriculum and standards.

Stat. Auth.: ORS 678.150, ORS 678.340 & ORS 678.360

Stats. Implemented: ORS 678.150 & ORS 678.360

Hist.: NER 30, f. & ef. 1-27-76; NER 37, f. & ef. 7-18-77; NER 2-1985, f. & ef. 4-5-85; NB 3-1988, f. & cert. ef. 7-5-88; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0056; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0055

Standards for Approval: Students

The program in nursing is accountable to students by providing that:

(1) Admission, readmission, transfer, progression, retention, dismissal and graduation requirements are available to the students in written form and are consistent with those of the sponsoring institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

(2) Students are admitted without discrimination as to age, race, religion, gender, sexual preference, national origin or marital status.

(3) Facilities and services of the program and its sponsoring institution are documented and available to students.

(4) Student rights and responsibilities are available in written form.

(5) Reasonable assurance that expectations of becoming a licensed practical or registered nurse will be met, as evidenced by a 15% or less failure rate for first-time candidates taking the National Council Licensure Examination.

(6) Opportunities are provided to students for appropriate participation in the development, implementation and evaluation of the nursing program.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0068; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0060

Standards for Approval: Records

(1) Program records — A system of records shall be maintained and be made available to the Board representative and shall include:

(a) Data relating to accreditation by any agency or body;

(b) Course outlines;

(c) Minutes of faculty and committee meetings;

(d) Reports of standardized tests; and

(e) Survey reports.

(2) Record(s) shall be maintained for each student, available to the Board representative, and shall include:

(a) Student application;

(b) Student transcript, which must be maintained indefinitely;

(c) Current record of achievement; and

(d) Other records in accordance with program or institution policy, record retention schedule or statute of limitations.

(3) The program shall make provisions for the protection of student and graduate records against loss, destruction and unauthorized use.

(4) Information describing the curriculum shall be published in the college catalog, maintained in archives, and made available upon request.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 678.360

Hist.: NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0074; NB 4-1996, f. & cert. ef. 9-3-96

851-021-0065

Standards for Approval: Facilities and Services

(1) Educational facilities shall include:

(a) Classrooms, laboratories and conference rooms adequate in number, size and type according to the number of students and educational purposes for which the rooms are used;

(b) Offices and conference rooms available and adequate in number and size to meet faculty needs for individual student counseling and faculty meetings;

(c) Space provided for secretarial staff, files, storage and equipment;

(d) Telephones and computers adequate in number and capacity to conduct program business.

(2) Educational services and resources shall include:

(a) Adequate secretarial services;

(b) Adequate library services and holdings;

(c) Adequate audiovisual and computer resources.

(3) Selection of practice sites shall be based on written criteria established by faculty including a requirement that the practice sites shall be fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

(4) There is a written agreement that is in effect between the authorities responsible for the educational program and the nursing service or other relevant service of the practice site. The agreement shall include but not be limited to provisions that:

(a) Ensure that faculty members have control of and freedom to select appropriate learning experiences; and

(b) Clearly identify whether or not preceptors will be provided by the site, and how they will be selected and function.

Stat. Auth.: ORS 678.150 & ORS 678.360

Stats. Implemented: ORS 678.150, ORS 678.340 & ORS 678.360

Hist.: NER 4-1985, f. & ef. 7-10-85; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0076; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0070

Standards for Approval: Evaluation

(1) There is a systematic plan for evaluation of the nursing education program that includes:

- (a) Organization and administration;
- (b) Faculty;
- (c) Curriculum;
- (d) Instruction;
- (e) Resources;
- (f) Students.

(2) There is evidence that the evaluation plan is being implemented and that faculty review evaluative data and take corrective action as needed.

(3) Outcome standards for NCLEX first time pass rate — The pass rate will be calculated annually on the basis of a program's pass rate for the total number of first time candidates examined over a one year period and a revolving two year period of time.

(a) A program shall present a written plan, in conformance with Board policy, to improve graduate performance on the licensing examination in the event that the program fails to maintain an average of:

- (A) An 85% pass rate or higher over a two year period; or
- (B) A 70% pass rate or higher over a one year period.

(b) Effective February 1, 2002, the process for notice of withdrawal of approval described in OAR 851-021-0020 shall be initiated in the event that the program:

(A) Fails to maintain a pass rate of 60% or higher over a one year period,

(B) Fails to maintain a pass rate of 70% or higher over two consecutive one year periods, or

(C) Fails to maintain a two-year average pass rate of 85% or higher over three consecutive years.

(c) The notice of withdrawal shall include a time within which the pass rate must be improved according to OAR 851-021-0020.

(d) Notwithstanding the identified time frames in this section, the Board may issue a notice of withdrawal of approval at any time according to OAR 851-021-0020.

Stat. Auth.: ORS 678.150, ORS 678.340 & ORS 678.360

Stats. Implemented: ORS 678.150 & ORS 678.360

Hist.: NER 30, f. & ef. 1-27-76; NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0081; NB 4-1996, f. & cert. ef. 9-3-96; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0090

Standards for Out-of-State Student Clinical Experience in Oregon

(1) Out-of-State Nursing Programs who seek to routinely send groups of students for clinical experience in Oregon

(a) The program shall petition the Board for approval to provide clinical experience in Oregon. The petition shall include:

(A) Justification or rationale for use of Oregon facilities including description of clinical sites and experiences and the provisions that will be used for client/student safety;

(B) Documentation of home board approval including time frame and any recommendations that are outstanding;

(C) National accreditation status of school;

(D) List of all faculty members with academic and licensure credentials;

(E) NCLEX pass rate, number of candidates and number passing for past 2 years ending on the most recent September 30;

(F) Proof of approval by the Office of Degree Authorization; and

(b) The program shall provide an annual report on a form supplied by the Board to include at least the following information:

(A) Curriculum change that affects the use of Oregon facilities for clinical experience;

(B) Any change in provisions for client/student safety;

(C) List of all faculty members with academic and licensure credentials;

(D) Any change in approval/ accreditation status during the annum;

(E) Copy of progress reports (if any) to the home board during the annum;

(F) NCLEX pass rate, number of candidates and number passing for the year ending September 30.

(c) The OSBN may conduct a complete visit to the program of nursing to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state.

(2) Nursing programs with faculty and facilities located in Oregon and approved by another state as of April 1, 1998.

(a) The program shall meet the reporting requirements established in OAR 851-021-0025 for Oregon approved nursing programs.

(b) In addition, the program shall:

(A) Report any change in approval/accreditation status within thirty (30) days of such change;

(B) Submit a copy of progress reports (if any) to the home board; and

(C) Annually submit the NCLEX pass rate, number of candidates and number passing for the year ending September 30; and

(D) Demonstrate attainment of OSBN standards for approval through OSBN participation in the regular survey visit conducted by the home board;

(E) Report any change in Office of Degree Authorization approval status of the program.

(c) The OSBN may conduct a complete visit to the program to determine its eligibility for approval at any time, or may accept all or part of the survey and findings on approval from the home state.

(3) Nursing programs that do not regularly send clinical sections to Oregon sites, and that seek to place an individual student for pre-cepted experience

(a) The program shall petition the Board for approval to provide clinical experience in Oregon. The petition shall include:

(A) Justification or rationale for use of Oregon facilities including description of clinical sites and experiences and the provisions that will be used for client/student safety;

(B) Documentation of home board approval including time frame and any currently outstanding recommendations;

(C) National accreditation status of school;

(D) Name and credentials of the contact faculty member;

(E) Name and credentials of a contact person within the Oregon clinical facility;

(F) Proof of approval by the Office of Degree Authorization and

(b) The program shall have a written contract with the Oregon clinical facility including but not limited to:

(A) Learning objectives to guide the student experience;

(B) Provisions for client/student safety;

(C) Faculty member of record with provision for availability;

(D) Qualifications for selection of preceptor(s);

(E) Provision that the agency may unilaterally nullify the contract in the event of issues with client safety.

Stat. Auth.: ORS 678.031 & ORS 678.150

Stats. Implemented: ORS 678.031

Hist.: BN 7-1998, f. & cert. ef. 7-16-98; BN 1-2001, f. & cert. ef. 2-21-01

851-021-0120

Nursing-Critical Shortage Area Defined for the Purpose of the Oregon Nursing Services Program

(1) For the purposes of the Oregon Nursing Services Program, a student loan repayment program administered by the Oregon Student Assistance Commission, a "nursing-critical shortage area" means:

(a) A locality or practice setting in a county defined by the Office of Rural Health as "frontier" or "rural", as follows:

(A) "Frontier" counties (counties with a population density of six people per square miles or less) include: Baker, Crook, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Wallowa and Wheeler;

(B) "Rural" counties (counties with a geographical area ten or more miles from a population center of 30,000 or more) include: Clatsop, Columbia, Coos, Curry, Douglas, Hood River, Jefferson, Josephine, Klamath, Lincoln, Polk, Tillamook, Umatilla, Union, Wasco and Yamhill;

(C) Areas of Benton, Clackamas, Deschutes, Jackson, Lane, Linn, Marion, Multnomah and Washington Counties that are 40 or more miles outside a Metropolitan Statistical Area; and/or

(b) A practice specialty determined to be "critical" by the Board of Nursing, in consultation with the Office of Rural Health.

(2) A complete list of practice settings and/or practice specialties considered to be "critical" will be identified annually in Board policy.

Stat. Auth.: ORS 348.115

Stats. Implemented: ORS 348.115 & ORS 348.117

Hist.: BN 1-2002, f. & cert. ef. 3-5-02; BN 3-2003, f. & cert. ef. 4-23-03

DIVISION 31

STANDARDS FOR LICENSURE OF REGISTERED NURSES AND LICENSED PRACTICAL NURSES

851-031-0005

Definitions

(1) "Address of Record" means the home address of a licensee, submitted on the initial application or by written notification of change.

(2) "Application" means a request for licensure including all information identified on a form supplied by the Board and payment of required fee.

(3) "Approved Nursing Program" means a pre-licensure educational program approved by the Board for registered or practical nurse scope of practice; or an educational program in another state or jurisdiction approved by the licensing board for nurses or other appropriate accrediting agency for that state.

(4) "Clinical Component" means a course or session in which a student obtains nursing experience in a practice site. The course or session may relate to activities that use nursing knowledge but not in a direct client/patient interaction, or may relate to nursing practice directly with clients/patients.

(5) "Commission on Graduates of Foreign Nursing Schools (CGFNS)" is a credentials evaluation/testing service for graduates of schools outside the U.S.

(6) "Completed application" means an application and all supporting documents related to licensure requirements.

(7) "Credentials Evaluation" means an independent determination, by a Board approved service, through review of transcripts and other relevant material, whether an educational program is or is not equivalent to nursing education in the United States.

(8) "Delinquent Renewal" means late receipt of a renewal application and fee up to 30 days following license expiration.

(9) "English Language Proficiency" means the ability to use and comprehend spoken and written English at a level sufficient for safety within the scope of practice.

(10) "Examination" means the licensing examination endorsed by the National Council of State Boards of Nursing, Inc. which may be the State Board Test Pool Examination (SBTPE) or the NCLEX-RN® or -PN®.

(11) "Expired license" means that the license has lapsed and is void, the nurse has not renewed Oregon licensure or been granted Retired or Inactive status and is not authorized to practice nursing but may elect to return to active status by meeting the Board's standards.

(12) "Graduate" means to qualify in the field of nursing by completing an approved program from a university, college or school that offers an academic degree, a diploma, a certificate or a transcript denoting fulfillment of an approved program.

(13) "Inactive Nurse" status means that the nurse has applied for inactive status, is not currently authorized to practice nursing in Oregon but may elect to return to active practice by meeting the Board's standards.

(14) "International Nurse" means an individual who is credentialed to practice as a nurse in a country other than the United States or its jurisdictions.

(15) "Limited License" means a registered nurse or practical nurse license with conditions which specifically limit its duration or full use for practice.

(16) "Long Term Care Facility" means a licensed skilled nursing facility or intermediate care facility as those terms are used in ORS 442.015, an adult foster home as defined in ORS 443.705 that has residents over 60 years of age, a residential care facility as defined in ORS 443.400 or an assisted living facility.

(17) "Name Change" means establishing the legal basis through documentation for a change in the name of record.

(18) "Name of Record" means the name to which the applicant is legally entitled, submitted on the initial application, or changed at the written request of the applicant with documentation of the legal basis for the change.

(19) "Official Transcript" means a transcript received directly from the school, bearing the official seal or other designation the school identified, showing the date of graduation or program completion and the degree, diploma or certificate awarded, if applicable.

(20) "Reexamination" means subsequent examination(s) after one or more failures.

(21) "Reactivation" is the process of relicensing after the license has expired 31 or more days.

(22) "Reinstatement" is the process of relicensing when the license has been subject to disciplinary sanction by the Board.

(23) "Retired Nurse" is an honorary title given a nurse previously licensed in good standing in Oregon and does not authorize the nurse to practice nursing.

(24) "United States" or "U.S." includes all states and jurisdictions of the United States.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.040, 678.050, 678.101, 678.150 & 678.410

Hist.: NB 4-1997, f. 3-6-97, cert. ef. 5-1-97; BN 10-1998, f. & cert. ef. 8-7-98; BN 11-1999, f. & cert. ef. 12-1-99; BN 6-2000, f. & cert. ef. 4-24-00; BN 2-2002, f. & cert. ef. 3-5-02; BN 17-2002, f. & cert. ef. 10-18-02; BN 1-2003, f. & cert. ef. 3-6-03; BN 9-2003, f. & cert. ef. 10-2-03

851-031-0006

General Eligibility, Limits on Eligibility, and Requirements

(1) Eligibility:

(a) Graduation or program completion from an approved nursing program as documented in an official transcript or credentials evaluation:

(A) An applicant for the practical nurse examination shall show evidence of having completed a state approved Practical Nursing, Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program in Nursing.

(B) An applicant for the registered nurse examination shall show evidence of having completed, a state approved pre-licensure, Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program in Nursing.

(C) An applicant who graduated from a nursing program outside the United States shall show evidence that the program is equivalent to Practical Nursing, Diploma, Associate Degree, Baccalaureate Degree or Master's Degree Program in Nursing in the U.S.

(b) Successful completion of the examination; and

(c) Current or recent nursing practice as defined in OAR 851-031-0006(3)(e); and

(d) English language proficiency as defined in OAR 851-031-0006(3)(f).

(2) Limits on Eligibility:

(a) If an applicant has a major physical or mental condition that could affect the applicant's ability to practice nursing safely, a physical or psychological assessment may be required, to assist in the determination as to whether or not the applicant's physical or mental health is adequate to serve the public safely.

(b) If an applicant has been arrested, charged or convicted of any criminal offense a determination shall then be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the practice of nursing, in which case licensure may be denied.

(c) If the applicant has past, current or pending disciplinary action in another licensing jurisdiction, the Board shall investigate and may deny licensure.

(d) If the applicant falsifies an application, supplies misleading information or withholds information, such action may be grounds for denial or revocation.

(e) No state constructed examination, challenge examination or other method of licensure examination will be accepted.

(f) The Board shall be the sole judge of all credentials.

(3) General Requirements:

(a) Completed application using forms and instructions provided by the Board, and payment of appropriate fees established by the Board.

(b) Official transcript or credentials evaluation:

(A) Graduates of United States schools of nursing must document graduation or program completion.

(B) Graduates of schools of nursing outside the United States must document graduation and educational equivalency with a credentials evaluation.

(c) Picture Identification:

(A) Passport photograph taken within six months of the date of application;

(B) Submitted on a form, provided by the Board, that has been signed by the applicant;

(C) With photograph and signature of applicant verified by the Dean/Director of school or a Notary Public.

(d) Documentation of successful completion of the examination:

(A) A registered nurse applicant for licensure shall have achieved the following minimum score on the licensure examination:

(i) Between June 1951 up to and including February 1982, a standard score of 350 or above in each of the five test sections comprising the examination;

(ii) Between July 1982 through June 1988, a comprehensive standard minimum score of 1600 or above;

(iii) Beginning February 1989, a designation of a "Pass" score.

(B) A practical nurse applicant for licensure shall have achieved the following minimum standard score on the licensure examination:

(i) Between June 1951 up to and including April 1988, a comprehensive standard score of 350 or above;

(ii) Beginning October 1988, a designation of a "Pass" score.

(e) Documentation of meeting the nursing practice requirement.

(A) 960 hours of nursing practice, at the level of license sought, within the five years immediately preceding application for licensure; or

(B) Graduation from a Board-approved school of nursing or completion of an approved program within the five years immediately preceding application for licensure; or

(C) Completion of an Oregon State Board of Nursing approved reentry program at the level of license sought, within the two years immediately preceding issuance of licensure.

(f) Demonstration of English proficiency by:

(A) Graduation from or completion of an approved program in the United States in which:

(i) All classroom instruction was in English; and

(ii) All nursing textbooks were in English; and

(iii) the preponderance of clinical experience was in English; or

(B) Graduation from a school of nursing outside of the United States in which:

(i) All classroom instruction was in English; and

(ii) All nursing textbooks were in English; and

(iii) The preponderance of clinical experience was in English;

or

(C) Documentation of nursing practice, in English, at level of license sought, in another state in the United States, for at least 960 hours, in the two years preceding application for licensure; or

(D) Demonstration of English proficiency by:

(i) CGFNS Certificate; or

(ii) Passing the Test of English as a Foreign Language (TOEFL) with a minimum score of 560 for the paper version or a minimum score of 220 for the computer version; or

(iii) Passing the Test of English for International Communication (TOEIC) examination with a minimum score of 780; or

(iv) Passing the Michigan English Language Assessment Battery (MELAB) examination with a minimum cut score of 78; or

(v) VISA screen certificate.

(vi) TOEFL, TOEIC and MELAB examinations must be taken within two years of application for licensure;

(vii) Passing the NCLEX examination in another state;

(viii) Graduation from a post-licensure nursing education program in the United States.

(g) Use of documented legal name for licensure. Documents which may be submitted to document a legal name change include birth certificate, marriage license, court order or decree.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.040, ORS 678.050 & ORS 678.150

Hist.: BN 10-1998, f. & cert. ef. 8-7-98; BN 1-2003, f. & cert. ef. 3-6-03; BN 9-2003, f. & cert. ef. 10-2-03

851-031-0010

Licensure by Examination

(1) Eligibility for Licensure by Examination:

(a) An applicant for registered nurse or practical nurse licensure by examination shall meet all standards for eligibility as established in OAR 851-031-0006; and

(b) Graduates of United States schools shall be allowed to take the licensing examination prior to receipt of an official transcript provided that the school has verified, in writing, completion of all requirements for graduation or program completion. An official transcript shall be on file with the Board before the license is issued.

(2) Authorization of Graduating Students to Schedule the Licensure Examination:

(a) The sole purpose of this rule is to allow students to schedule the national licensure examination before graduation or program completion, thereby permitting the student to take said examination any time after graduation.

(b) A student in a Board approved registered nurse or practical nurse education program may be approved for eligibility to test prior to graduation or program completion if the student has met the following conditions:

(A) The examination application and fee is on file with the testing service authorized to administer the examination; and

(B) The licensure application and fee is on file with the Oregon State Board of Nursing; and

(C) An official letter documenting that the student has substantially completed all requirements for graduation from the nursing education program is submitted by the dean or director of the nursing education program, no earlier than six weeks prior to the students' graduation date.

(c) A student granted such approval may schedule the examination but shall not take the examination until after the date of graduation or program completion.

(d) Board approval of the student's eligibility to test does not mean the student has met all the qualifications for licensure. Regardless of the examination results, the license will not be issued until all eligibility standards and requirements have been met.

(3) Limits on Eligibility for Licensure by Examination:

(a) Applicants for licensure by examination who have been previously licensed in another state or country shall be permitted to test no more than three years following application and shall meet the practice and/or reentry requirements as stated in Board rules. For applicants for licensure by examination who have been previously licensed in another state or country re-entry requirements shall be determined from the date the applicant passes the examination.

(b) Applicants for initial licensure by examination (not previously licensed in another state or country) shall be permitted to test no more than three years following graduation or program completion.

(c) An applicant who fails to pass the examination in three years shall not be eligible to reapply for licensure by examination, except that the applicant may subsequently enroll and successfully complete an approved program of nursing in order to be eligible to reapply for licensure by examination.

(4) Requirements and Procedures — Application for Licensure by Examination:

(a) An applicant for registered nurse or practical nurse licensure by examination shall meet all requirements as established in OAR 851-031-0006;

(b) The examination registration and fee shall be filed with the testing service authorized to administer the examination; and

(c) The licensure application and fee shall be filed with the Oregon State Board of Nursing.

(d) A completed application which establishes eligibility for examination shall be valid for the three years of eligibility as described in 851-031-0010(3).

(5) Results of Examination:

(a) Results of the examination shall be reported to the applicant at the applicant's address of record on file.

(b) An applicant who passes the examination shall be granted a license to practice nursing in Oregon provided all other requirements for licensure have been met.

(c) An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Oregon.

(d) Reexamination following one or more failure(s):

(A) An applicant for reexamination shall file the required application and fee with the Board before being eligible to take the examination.

(B) The examination registration and fee shall be filed with the testing service under contract with the National Council of State Boards of Nursing (NCSBN) to develop and administer NCLEX.

(C) An applicant will be permitted to test no sooner than the 46th day following the previous test date.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.040, 678.050, 678.150

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 3-1978, f. & ef. 6-30-78; NER 15-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 4-1983, f. & ef. 12-1-83; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0156; NB 4-1997, f. 3-6-97, cert. ef. 5-1-97; BN 10-1998, f. & cert. ef. 8-7-98; BN 14-1999, f. & cert. ef. 12-1-99; BN 7-2000, f. & cert. ef. 7-3-00; BN 5-2001(Temp), f. & cert. ef. 4-3-01 thru 9-25-01; BN 14-2001, f. & cert. ef. 10-16-01; BN 1-2003, f. & cert. ef. 3-6-03; BN 9-2003, f. & cert. ef. 10-2-03; BN 12-2003, f. & cert. ef. 12-9-03

851-031-0030

License by Endorsement

(1) Eligibility for License by Endorsement:

(a) Applicant shall meet all standards for eligibility established in 851-031-0006(1)(2)(3); and

(b) Applicant shall be or have been licensed in another state or jurisdiction.

(2) Requirements and procedures for Licensure by Endorsement:

(a) An applicant for registered nurse or practical nurse licensure by endorsement shall meet all requirements as established in OAR 851-031-0006; except the requirement for Picture Identification.

(b) Using instructions provided by the Board, the applicant shall provide for verification of:

(A) Successful completion of an approved examination; and

(B) Licensure status in the current or most recent state of practice.

(c) An application for licensure by endorsement which has not resulted in the issue of a license within one (1) calendar year shall be considered void.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.040, ORS 678.050 & ORS 678.150

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 5-1981, f. & ef. 11-24-81; NER 4-1978, f. & ef. 6-30-78; NER 4-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1987, f. & ef. 7-1-87; NB 5-1989, f. & cert. ef. 10-4-89; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0171; NB 5-1995(Temp), f. & cert. ef. 6-15-95; NB 10-1995, f. & cert. ef. 10-9-95; BN 10-1998, f. & cert. ef. 8-7-98; BN 1-2003, f. & cert. ef. 3-6-03

851-031-0040

Nurses Not Licensed in Oregon Hired to Meet a Temporary Staffing Shortage

(1) Nurses who are hired in Oregon to meet a temporary staffing shortage in a coronary care unit, intensive care unit, emergency department (see ORS 678.031 and 678.034), or in a long term care facility as defined in these rules, and who do not hold a current Oregon license may be temporarily employed if the following conditions are met:

(a) Employer submits written notification to the Board of Nursing by the day the nurse is placed on staff indicating:

(A) Date nurse(s) placed on staff;

(B) Name(s) of nurse(s);

(C) Jurisdiction(s) of current licensure of nurse(s) so hired indicating evidence used to determine current unencumbered licensure;

(D) Nature of staffing shortage; and

(E) There is no labor dispute affecting nurses at the place of employment.

(b) A nurse hired under ORS 678.031(6)(e):

(A) Must apply for an Oregon license to practice nursing (see OAR 851-031-0030) by the day the nurse is placed on staff.

(B) A nurse not applying for an Oregon license by the day placed on staff shall be subject to a civil penalty for practicing nursing without an Oregon license as indicated in OAR 851-045-0025.

(2) The Board shall notify the Oregon Department of Human Resources of any hospital not complying with subsection (1)(a) of this rule or any hospital hiring nurses not complying with subsection (1)(b) of this rule.

(3) The Board shall notify the Department of Human Services of any long term care facility not complying with subsection (1)(a) of this rule or any long term care facility hiring nurses not complying with subsection (1)(b) of this rule.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.031 & ORS 678.150

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0172; BN 10-1998, f. & cert. ef. 8-7-98; BN 2-2002, f. & cert. ef. 3-5-02; BN 1-2003, f. & cert. ef. 3-6-03

851-031-0045

Limited License for Certain Students in Oregon Educational Programs

(1) RNs from other countries who enroll for graduate study in Oregon.

(a) Required licensure:

(A) When the nature of the graduate program includes no clinical component or a clinical component which requires no direct patient care, the international nurse is required to hold either a limited or full Oregon RN license.

(B) When the nature of the graduate program includes a clinical component with direct patient care experience (e.g. nurse practitioner programs) an Oregon RN license is required prior to clinical experience.

(b) Limited License Requirements:

(A) Completed application using forms and instructions provided by the Board and payment of appropriate fees established by the Board.

(B) Graduation from an educational program that is equivalent to nursing education in the United States documented by a Board approved credentials evaluation service.

(C) Competence in oral and written English demonstrated by:

(i) Passing the Test of English as a Foreign Language (TOEFL) with a minimum score of 540 on the paper version, or a minimum score of 207 on the computer version; or

(ii) Documentation of holding a Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate; or

(iii) Graduation from a school of nursing outside of the United States in which all classroom instruction was in English; and all nursing textbooks were in English; and the preponderance of clinical experience was in English; or

(iv) Documentation of practice as a registered nurse, in English, in another state in the United States, for at least 960 hours, in the two (2) years preceding application for licensure.

(D) A passing score on the licensing examination as defined in OAR 851-031-0005(10) or on the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination.

(c) Limited licenses issued under this section shall be valid for a period of two (2) years from the date of issuance. After that period, the limited license may be extended annually for a one (1) year period upon application by licensee, payment of the appropriate fee, and demonstration of continued enrollment in the graduate program.

(d) The limited license issued under this section is to be used only for study in the graduate program.

(2) RNs from other countries who seek short term educational experience in Oregon:

(a) Required licensure:

(A) When the nature of the short-term educational experience includes the practice of nursing, the international nurse is required to hold a limited RN license.

(B) When the nature of the short-term educational experience is observation only, the international nurse does not require an Oregon license. "Observation only" means that the individual is not responsible for nor a participant in any aspect of nursing practice.

(b) Limited license requirements:

(A) Completed application using forms and instructions provided by the Board and payment of appropriate fees.

(B) Competence in oral and written English demonstrated by:

(i) Passing the Test of English as a Foreign Language (TOEFL) with a minimum score of 540 on the paper version, or a minimum score of 207 on the computer version; or

(ii) Documentation of holding a Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate; or

(iii) Graduation from a school of nursing outside of the United States in which all classroom instruction was in English; and all nursing textbooks were in English; and the preponderance of clinical experience was in English; or

(iv) Documentation of practice as a registered nurse, in English, in another state in the United States, for at least 960 hours, in the two (2) years preceding application for licensure.

(C) Graduation from an educational program that is equivalent to nursing education in the United States documented by a Board approved credentials evaluation service.

(D) A passing score on the licensing examination as defined in OAR 851-031-0005(10) or on the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination.

(E) A contract with an organization or agency in Oregon for a planned learning experience including at least the planned learning outcomes, dates for the experience, and how the outcomes will be achieved.

(c) Limited licenses issued under this section shall be valid for practice only within the contracted learning experience, and shall be issued to the last date of the learning contract up to a maximum of six (6) months.

(3) Students from other countries in established exchange programs with Oregon schools:

(a) When a nursing student from another country engages in clinical experience as part of an established exchange program, a limited license is required.

(b) Limited license requirements:

(A) Completed application using forms and instructions provided by the Board and payment of appropriate fees established by the Board;

(B) Enrollment in a pre-licensure nursing program in another country;

(C) Acceptance by an approved Oregon nursing program for exchange experience; and

(D) Competence in oral and written English demonstrated by:

(i) Passing the Test of English as a Foreign Language (TOEFL) with a minimum score of 520 on the paper version, or a minimum score of 190 on the computer version; or

(ii) Documentation of holding a Commission on Graduates of Foreign Nursing Schools (CGFNS) Certificate; or

(iii) Graduation from a school of nursing outside of the United States in which all classroom instruction was in English; and all nursing textbooks were in English; and the preponderance of clinical experience was in English; or

(iv) Documentation of practice as a registered nurse, in English, in another state in the United States, for at least 960 hours, in the two (2) years preceding application for licensure.

(c) Limited licenses issued under this section shall be valid only for student experience within the exchange program, and shall be valid for the term of the exchange agreement up to a maximum of one (1) year.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.040, 678.050, 678.101, 678.150 & 678.410

Hist.: BN 11-1999, f. & cert. ef. 12-1-99; BN 6-2000, f. & cert. ef. 4-24-00; BN 1-2003, f. & cert. ef. 3-6-03

851-031-0060

Renewal of License

(1) Eligibility for Renewal of License:

(a) An applicant for renewal of license shall meet the practice requirement as established in OAR 851-031-0006(3)(e).

(b) An applicant for renewal of license who does not meet the practice requirement, and who is otherwise eligible for renewal, may satisfy the practice requirement through successful completion of a Board approved re-entry program with a limited license for the clinical portion of the program pursuant to OAR 851-031-0070 and 851-030-0080.

(2) Requirements and procedures for renewal of license:

(a) The licensee shall submit, prior to the expiration date as set forth in ORS 678.101, an application and fee as prescribed by the Board. An application for renewal not completed within two calendar years shall be considered void.

(b) The licensee shall answer all mandatory questions on the renewal form concerning employment and education.

(c) A renewal application and fee postmarked up to 60 days following expiration of the license, shall be considered delinquent and the applicant shall pay the delinquent fee.

(d) A renewal application and fee postmarked 61 or more days following expiration shall be considered a request for reactivation.

(3) Reactivation of license. An applicant for reactivation of license shall:

(a) Submit a completed application and fee, including the delinquent fee;

(b) Meet the nursing practice requirement as set forth in OAR 851-031-0006(3)(e); and

(c) Submit written verification of license from the most recent state of practice if licensed in another state since Oregon license has expired.

(4) Reinstatement. An applicant for reinstatement of license shall:

(a) Submit evidence that Board has issued an Order for reinstatement;

(b) Submit a completed application and fee, including the delinquent fee;

(c) Meet the nursing practice requirement as set forth in OAR 851-031-0006(3)(e); and

(d) Submit written verification of license in the most recent state of practice if licensed in another state since Oregon license has expired.

(5) If a licensee fails to make application for renewal on or before the deadline prescribed, the license shall be considered delinquent:

(a) In order to reinstate a delinquent license, a delinquent fee in addition to a renewal fee shall be required as prescribed by the Board.

(b) In addition, the delinquent licensee may be required to engage in a re-entry program as defined in OAR 851-031-0070 and 851-031-0080.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.021, ORS 678.040, ORS 678.101 & ORS 678.150
Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 3-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0186; NB 12-1997, f. & cert. ef. 9-29-97; BN 10-1998, f. & cert. ef. 8-7-98; BN 1-2003, f. & cert. ef. 3-6-03; BN 9-2003, f. & cert. ef. 10-2-03

851-031-0070

Re-entry into Nursing

(1) Standards for Nurses Needing Re-entry

(a) An applicant for licensure by examination, endorsement, renewal, delinquent renewal, reactivation or reinstatement who does not meet the practice requirement as stated in OAR 851-031-0006(3)(e)(A)(B)(C) within the scope of practice for which licensure is sought, is required to complete a re-entry program approved by the Board.

(b) Process for completion of a Re-entry Program:

(A) The applicant submits a complete application for licensure;

(B) The Board determines that all requirements for licensure, other than the practice requirement, have been met;

(C) The applicant enrolls in a Board approved re-entry program or submits a plan and obtains approval for supervised clinical practice;

(D) The applicant obtains a limited license and completes the program or supervised clinical practice.

(E) The complete application for licensure remains valid for two years for purpose of the applicant's meeting the re-entry requirements.

(F) An application for re-entry and limited license remains valid for two years for completion of the re-entry program.

(G) An application for re-entry and limited license remains valid for one year for completion of an approved plan for supervised clinical experience.

(c) Except as otherwise provided in these rules, all re-entry requirements must be at the level of licensure being sought.

(d) If an applicant for RN licensure has completed a Board approved LPN re-entry program within the past two years, and the theory component was passed at the RN level, the applicant may meet all other requirements without repeating the 80 hour theory component.

(2) A Limited License for re-entry clinical experience shall be issued to a nurse who has:

(a) Submitted a current complete application and fee for re-entry and limited license; and

(b) Met all requirements for licensure except for completion of the re-entry program; and

(c) Obtained verification from an instructor that the applicant is enrolled in an approved re-entry program; or

(d) Submitted a plan and obtained approval from the Board for supervised clinical practice.

(3) The limited license issued under these rules is to be used only for the clinical practice component of the nursing re-entry program or approved plan for supervised clinical experience.

(a) The limited license expires six months from date of issue or upon completion of the re-entry program, whichever comes first.

(b) One extension of the limited license will be granted upon request and payment of fee, provided there is a current valid application for licensure on file.

(4) Required hours of supervised clinical practice.

(a) A nurse with at least 480 hours of nursing practice but fewer than 960 hours of nursing practice during the four year period preceding application for license, may submit a plan for additional hours of supervised nursing practice with a Board approved preceptor.

(A) The documented practice hours and additional hours of supervised practice shall total no less than 960 hours.

(B) In no case shall the supervised practice be less than 160 hours.

(C) The Board shall respond with written approval or disapproval of the plan for additional hours of supervised nursing practice within thirty days of its submission; and

(D) Approval of the plan for additional hours of supervised nursing practice is valid for one year from the date of the approval; and

(E) The supervised nursing practice must be completed within the year for which approval is valid.

(b) 160 hour Requirement. A nurse needs at least 160 hours of supervised clinical experience when:

(A) The nurse has fewer than 960 hours of nursing practice in the last five years but at least 960 hours of nursing practice in the ten years immediately preceding application for licensure; or

(B) The nurse has graduated from an approved nursing education program in the United States or an equivalent nursing education program in another country in the ten years immediately preceding application for licensure.

(c) 320 hour Requirement. A nurse needs at least 320 hours of supervised clinical experience when:

(A) The nurse has fewer than 960 hours of nursing practice in the last ten years but at least 960 hours of nursing practice in the 15 years immediately preceding application for licensure; or

(B) The nurse has graduated from an approved nursing education program in the United States or an equivalent nursing education

program in another country in the 15 years immediately preceding application for licensure.

(d) A nurse with fewer than 960 hours of nursing practice within the 15 years preceding application, must complete a Board approved nursing program, and pass the licensing examination;

(e) Supervised clinical experience of the nursing re-entry program or approved plan for supervised clinical experience shall be in a student role and unpaid.

(5) Successful completion of re-entry requirements means the applicant has:

(a) Completed an approved plan for supervised clinical experience as described in 851-031-0070(4)(a)(A)–(E) within one year of the date of plan approval; or

(b) Enrolled in and completed a formal Board approved re-entry program within two years of the date of application for licensure; and

(c) Successfully completed the clinical hours in a formal Board approved re-entry program within the program according to the 851-031-0070(4)(a)–(g); and

(d) Satisfied a pharmacology requirement by successful completion of one of the following within the 12 months prior to enrollment or concurrent with enrollment in the formal re-entry program:

(i) Independent pharmacology course specifically approved for re-entry; or

(ii) Two semester credit basic nursing pharmacology course; or

(iii) Three (3) quarter credit basic nursing pharmacology course; or

(iv) At least 30 clock hours of continuing education in pharmacology.

(6) Failure to successfully complete.

(a) Failure to successfully complete the formal re-entry program within two years means the applications and limited license are no longer valid. The applicant may reapply for licensure and for limited licensure and re-entry. Required clinical hours will be recalculated based on the later application(s).

(b) Failure to successfully complete the supervised clinical practice in an approved plan within one year means the applications and limited license are no longer valid. The applicant may reapply for licensure and for limited licensure and re-entry. Required clinical hours will be recalculated based on the later application(s). The applicant is required to submit a new plan for supervised clinical experience.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.113 & ORS 678.150

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 2-1980, f. & ef. 3-3-80; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0187; NB 12-1997, f. & cert. ef. 9-29-97; BN 10-1998, f. & cert. ef. 8-7-98; BN 1-2003, f. & cert. ef. 3-6-03; BN 9-2003, f. & cert. ef. 10-2-03

851-031-0080

Standards for Re-Entry Programs

Formal re-entry programs may be offered by persons, health care facilities, or educational facilities which meet the program standards identified in subsections (a)(b)(c)(d)(e) and (f) of this section:

(1) A new re-entry program shall be approved by the Board at least eight (8) months in advance of the expected date of implementation; and programs shall be reviewed for continuing approval at least every five (5) years. Programs which have been approved prior to the adoption of these rules, shall have up to eight (8) months for making any program changes required by the rules.

(2) Program changes requiring notification of the board and board approval:

(a) Change in program director;

(b) Major change in program content;

(c) Major change in instructional design.

(3) Philosophy, purpose and objectives:

(a) Philosophy, purpose and objectives of the course shall be clearly stated and available in written form. They shall be consistent with standards for registered nurse scope of practice and licensed practical nurse scope of practice as defined in OAR 851-045-0005 and 851-045-0010;

(b) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the

graduate differentiated for registered nurse and practical nurse scope of practice.

(4) Faculty:

(a) Each nurse faculty member shall hold a current unencumbered license to practice as a registered nurse in the State of Oregon, or state in which the program is located;

(b) The re-entry program director shall have:

(A) A minimum of a baccalaureate degree in nursing, and

(B) Three (3) years experience as a registered nurse; and

(C) Evidence of academic preparation for teaching, or evidence of equivalent experience in teaching.

(c) Each instructor shall have:

(A) Two (2) years experience as a registered nurse; and

(B) Evidence of preparation or experience in teaching.

(d) A clinical preceptor shall be a Registered Nurse who:

(A) Holds an unencumbered license to practice in Oregon.

(B) Has practiced the previous two (2) years on a full-time basis or at least half time during the previous four (4) years;

(C) Has a recommendation from the nurse executive of the facility where the clinical experience is to occur;

(D) Has been employed at least six (6) months in that practice setting;

(E) Has at least one (1) year of current experience in medical-surgical nursing, or in the practice area in which the re-entry student is being precepted; and

(F) Agrees to directly supervise and evaluate the re-entry nurse.

(5) Course content:

(a) The course content, length, methods of instruction and learning experiences shall be consistent with the philosophy and objectives of the course.

(b) The course content shall include, but not be limited to, a minimum of eighty (80) hours of theory in current basic concepts of:

(A) Overview of current health care system (e.g. managed care, shortened stays, higher acuity levels in all settings);

(B) Overview of current issues in professional nursing practice (e.g. critical thinking, transcultural awareness, case management, supervision and management of unlicensed workers, patient teaching);

(C) Legal and ethical issues (e.g. biogenetics, physician assisted suicide, right to life, freedom of choice, legal basis of nursing practice in Oregon);

(D) Overview and new dimensions of treatment and nursing practice (e.g. review of major areas of nursing emphasizing new information, review of nursing management of stress and pain, HIV/AIDS and issues related to bloodborne pathogens, changes in treatment and care in diabetes and cancer);

(E) Management of care issues (e.g. differentiation of roles - CNA, LPN, RN and various unlicensed workers, delegation and supervision, leadership);

(F) Health assessment;

(G) Documentation including legal issues;

(H) Application of pharmacologic knowledge and administration of medications.

(6) Clinical practice program:

(a) The program shall determine that each student:

(A) Holds a current full or limited license at the level for which the re-entry course is being taken;

(B) Works with a qualified preceptor as defined in OAR 851-031-0080(c)(D);

(C) Meets the clinical hours requirement as determined by the Board pursuant to OAR 851-031-0070(2); and

(D) Has completed at least thirty (30) contact hours of pharmacology within twelve (12) months prior to or concurrent with the re-entry program.

(b) Standard acute care medical-surgical clinical experience:

(A) Clinical experience for the re-entry student shall be appropriate to the student's level of licensure;

(B) At least one-half of the clinical practice experience shall be in medical/surgical nursing;

(C) The clinical experiences shall occur in an acute care hospital, or a skilled unit of a long term care facility;

(D) The student may seek clinical experiences in a specialized field of choice once half of the required clinical hours have been met.

(E) Prior to re-entry clinical experience the facility shall provide relevant orientation appropriate to the individual's planned clinical experience.

(c) Specialized re-entry: When the re-entry student gives evidence of advanced preparation and/or five (5) or more years of most recent practice in a specialized area of practice, and indicates the intention of continuing to practice in that specialized area, the student may choose to meet the required clinical practice hours solely in that specialized area subject to availability of a preceptor and facility willing to provide the experience and ability/willingness of the program director to supervise/coordinate the experience (e.g. operating room, pediatrics, oncology).

(A) Clinical experience for the re-entry student shall be appropriate to the student's level of licensure;

(B) The applicant shall submit a request for approval to the Board including the preparation and prior practice history, and a statement of indication for future practice;

(C) The objectives and arrangements for the specialized clinical experience are subject to approval and supervision by the program director.

(7) Documentation of successful completion of the re-entry program:

(a) Documentation of successful completion of the program shall include that the student has:

(A) Completed the required number of clinical hours;

(B) Met the program objectives;

(C) Passed a comprehensive final examination;

(D) Completed all required skills in a Board approved skills checklist; and

(E) Been recommended for licensure by the re-entry program director and the clinical preceptor.

(b) The program shall notify the Board in writing of the successful completion of each student, and shall include the signed skills checklist, clinical evaluation, and information about the pharmacology course requirement for each student.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.113 & ORS 678.150

Hist.: NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0189; NB 12-1997, f. & cert. ef. 9-29-97; BN 10-1998, f. & cert. ef. 8-7-98; BN 1-2003, f. & cert. ef. 3-6-03

851-031-0085

Inactive Nurse

(1) Inactive Nurse status does not authorize nursing practice, either for compensation or as a volunteer or the use of the title "nurse." A full license to practice nursing is required to practice nursing in Oregon.

(2) A nurse currently licensed in good standing in Oregon may apply for Inactive Nurse status.

(1) To receive Inactive Nurse status a nurse shall:

(a) Request inactive status; and

(b) Notify the Board of the reason for requesting this status; and

(c) Sign a disclaimer acknowledging that Inactive Nurse status is not an authorization to practice nursing.

(4) To reactivate a license from Inactive Nurse status a nurse must:

(a) Meet all requirements for licensure.

(b) Provide nursing history if applicable. A nurse who does not meet the nursing practice requirement is required to complete the re-entry requirements specified in Board rules.

(c) Pay fee established by the Board.

(5) For two (2) years from the effective date of these rules, a nurse whose license has expired within the last two (2) years may apply for Inactive Nurse status by meeting the requirements of 851-031-0085(3).

Stat. Auth.: ORS 678.021, ORS 678.031

Stats. Implemented: ORS 678.021, ORS 678.031

Hist.: BN 1-2003, f. & cert. ef. 3-6-03

851-031-0086

Retired Oregon Nurse Status

Retired Nurse is an honorary status and does not authorize the practice of nursing, either volunteer or for compensation. A full license to practice nursing is required to practice nursing in Oregon.

(1) A nurse currently or previously licensed in good standing in Oregon is eligible to apply for Retired Nurse status if the nurse held an unencumbered Oregon nursing license.

(2) All licenses shall be retired simultaneously.

(3) To receive Retired Nurse status a nurse shall:

(a) Hold a current unencumbered license to practice nursing in Oregon; or

(b) Have been licensed in good standing in Oregon; and

(c) Indicate an intent to retire from nursing practice; and

(d) Apply using forms and instructions provided by the Board; and

(e) Sign a disclaimer acknowledging that Retired Nurse status is not an authorization to practice nursing; and

(f) Pay fee established by the Board.

(4) A nurse with Retired Nurse status must indicate “retired” when using the title nurse. (e.g. RN, Retired, LPN, Retired, NP, Retired, CNS, Retired, CRNA, Retired).

(5) To rescind Retired Nurse status a nurse must apply to reactivate the Oregon license and meet all requirements for licensure.

Stat. Auth.: ORS 678.031 - 678.050

Stats. Implemented: ORS 678.031 & 678.050

Hist.: BN 17-2002, f. & cert. ef. 10-18-02; BN 1-2003, f. & cert. ef. 3-6-03

851-031-0090**Name and/or Address of Record**

(1) Name of Record:

(a) A licensee of the Board shall keep his/her current legal name on file with the Board at all times.

(b) At the time of a change of name, the licensee shall send a signed, written notification of change of name to the Board of Nursing, accompanied by legal proof of that name change. Legal proof shall be in the form of a birth certificate, marriage certificate or a court order/decreed.

(c) Upon receipt of written notification of name, the Board will change its licensing records to reflect the licensee’s name change.

(d) The licensee shall submit an application for a duplicate license/certificate and appropriate fee to the Board to obtain a duplicate license/certificate reflecting the change of name.

(2) Address of Record:

(a) Licensee shall keep his/her current home address as the licensee’s address of record on file with the Board at all times.

(b) Upon receipt of notification from the licensee of a change of home address, the Board will change its licensing records to reflect the licensee’s current address.

(c) The Board will send all correspondence, the Board Newsletter and all official documents, including license renewal notices and Notices of Proposed Disciplinary Action to the licensee’s address of record with the Board.

(d) A Notice of Proposed Disciplinary Action sent to the licensee at the licensee’s address of record by certified mail or registered mail, is sufficient notice even if the licensee fails to or refuses to respond to the postal service “return receipt” and never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for a hearing.

(3) When a licensee of the Board has his/her license stolen or lost, the licensee shall apply to the Board for a duplicate license/nurse practitioner certificate and submit the appropriate fee to the Board for a duplicate license/certificate.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NER 25, f. 9-22-75, ef. 10-10-75; NER 5-1981, f. & ef. 11-24-81; NER 6, 1983, f. & ef. 12-9-83; NB 5-1987, f. & ef. 7-1-87; NB 1-1994, f. & cert. ef. 4-1-94; Renumbered from 851-020-0191; BN 10-1998, f. & cert. ef. 8-7-98; BN 1-2003, f. & cert. ef. 3-6-03

DIVISION 45

**STANDARDS AND SCOPE OF PRACTICE
FOR THE LICENSED PRACTICAL
NURSE AND REGISTERED NURSE**

851-045-0000**Introduction to Standards and Scope of Nursing Practice and Definitions**

(1) Purpose of Standards and Scope of Practice:

(a) To establish acceptable levels of safe practice for the licensed practical nurse and registered nurse;

(b) To serve as a guide for the Board to evaluate safe and effective nursing care as well as a guide to determine when nursing practice is below the expected standard of care;

(c) To interpret standards and the scope of practice for the licensed practical nurse and the registered nurse.

(2) The Board recognizes that the role of the license practical nurse and registered nurse will change over time. Basic education which leads to licensure as a licensed practical nurse or registered nurse establishes entry level competencies. The licensee may add technical skills to practice following initial licensure through such methods as inservice education, on the job training or continuing education. Advanced roles or specialization in nursing may be achieved through a formal program of study or graduate education. The addition of either technical skills to practice or specialization in an advanced role in nursing requires documentation of the method by which competency was gained and evidence that competence has been maintained.

(3) Definitions:

(a) “Activities of Daily Living” means those self-care activities which must be accomplished each day in order for clients to care for their own needs and participate in society;

(b) “Assessment” means the systematic collection of data about an individual client for the purpose of judging that person’s health/illness status and actual or potential health care needs. Assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Assessment includes taking a nursing history and appraisal of the person’s health/illness through interview, physical examination and information from family/significant others and pertinent information from the person’s past health/medical record. The data collected during the assessment process provides the basis for a diagnosis(es), plan for intervention and evaluation;

(c) “Assignment” means that a licensed nurse authorizes another health care provider, including an unlicensed person, to perform a task of nursing care with knowledge that the provider has previously been taught the task, is competent in performance of the task and the task is within the provider’s scope of practice or scope of duties;

(d) “Critical/Fluctuating Condition” means a situation where the client’s clinical and behavioral state is of a serious nature, expected to rapidly change, and in need of continuous reassessment and evaluation;

(e) “Delegation” in its broadest sense, means that a registered nurse authorizes another licensee to perform tasks or assignments which are not usually within the licensee’s duties, but are within the licensee’s scope of practice. “Delegation” in the context of settings where a registered nurse is not regularly scheduled, means that a registered nurse authorizes an unlicensed person to perform a specific task of nursing care in a selected situation with knowledge that the task is not within the usual scope of duties for the unlicensed person. “Delegation” in settings where a registered nurse is not regularly scheduled, may occur only after the registered nurse follows all steps of the delegation process as outlined in the Board’s administrative rules (Division 47);

(f) “Direct Supervision” means that the registered nurse, nurse practitioner, licensed physician, or dentist, is physically present and accessible in the immediate client care area and available to intervene if necessary;

(g) “Minimal Supervision” means that a registered nurse, nurse practitioner, licensed physician, dentist or other independent health

care provider recognized by the Board is physically on the premises where the client is being cared for or readily available by telephone;

(h) "Nursing Diagnosis" means the judgment or conclusion which occurs as a result of nursing assessment. A nursing diagnosis is a statement which describes a client's actual or potential health problems which are amendable to resolution by means of nursing interventions;

(i) "Nursing evaluation of care" means reassessment of the client to determine the extent to which client objectives and goals have been met and whether further intervention is needed;

(j) "Nursing Interventions" means actions deliberately designed, selected and performed to implement the plan of care. Nursing interventions may include:

- (A) Measures to maintain comfort;
- (B) Measures to support human functions and responses;
- (C) Maintaining an environment conducive to well being;
- (D) Health teaching and counseling;
- (E) Client advocacy.

(k) "Nursing Orders" means prescriptions for specific nursing interventions initiated by the registered nurse which are intended to produce the desired outcome or objective, be it short term or long term, as defined in the plan of care;

(l) "Nursing Process" means the systematic problem solving method licensed nurses use when they provide nursing care. The nursing process includes assessing, making nursing diagnoses, planning, intervening, and evaluating. The steps of the nursing process are inter-related and together form the basis for the practice of nursing;

(m) "Plan of Care" means the written guidelines developed to identify specific problems of the individual and intervention/regimen necessary to assist individuals or groups to achieve optimal health potential. Developing the plan of care includes establishing client and nursing goals and determining nursing interventions to meet care objectives;

(n) "Stable/Predictable Condition" means a situation where the client's clinical and behavioral state is known, not characterized by rapid changes, and does not require continuous reassessment and evaluation.

Stat. Auth.: ORS 678.111, ORS 678.117, ORS 678.135 & ORS 678.150

Stats. Implemented:

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NER 5-1986, f. & ef. 12-3-86; NB 6-1994, f. & cert. ef. 9-28-94

851-045-0005

Standards for Licensed Practical Nurse Scope of Practice

(1) Standards related to the licensed practical nurse's contribution to the nursing process. The licensed practical nurse shall:

(a) Collect data regarding a client's status, record objective and subjective data in an accurate and timely manner, and report the data in a timely manner to the registered nurse to utilize in completing a nursing assessment of the client. Data collection includes, but is not limited to:

(A) Observation about the condition or change in condition of the client;

(B) Signs and symptoms of deviation from normal health status.

- (b) Contribute to the establishment of the nursing diagnosis;
- (c) Participate in the development of the plan of care by:

- (A) Providing data;
- (B) Contributing to the identification of priorities;
- (C) Contributing to setting realistic and measurable goals;
- (D) Assisting in the identification of nursing interventions.

(d) Participate in the implementation of the plan of care by:

(A) Following nursing orders;

(B) Providing care for clients whose conditions are stable or predictable under minimal supervision of the registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board;

(C) Assisting with the provision of care for clients whose conditions are critical and/or fluctuating under direct supervision of the registered nurse, nurse practitioner, licensed physician, or dentist;

(D) Providing an environment conducive to safety and health;

(E) Implementing nursing care according to the established priority of needs and according to accepted standards of nursing practice

(F) Providing, under the direction of the registered nurse, health teaching to clients utilizing established protocols;

(G) Documenting nursing interventions and responses to care. All documentation shall be accurate, legible, and intelligible;

(H) Communicating nursing interventions and responses to care to appropriate members of the health team;

(I) Providing client advocacy by defending the client's right to receive care which includes receiving complete and accurate information.

(e) Contribute to the evaluation of the responses of individuals or groups to nursing interventions by:

(A) Documenting and communicating evaluation data to appropriate members of the health care team;

(B) Contributing to the modification of the plan of care on the basis of the evaluation;

(c) Evaluating the responses of individuals to nursing interventions.

(2) Standards related to the licensed practical nurse's responsibilities as a member of the health team. The licensed practical nurse shall:

(a) Have knowledge of statutes and regulations governing nursing and function within the legal boundaries of practical nursing practice;

(b) Accept responsibility for individual nursing actions and maintain competence in one's area of practice;

(c) Consult with the registered nurse and/or other health team members and seek guidance as necessary;

(d) Obtain instruction and supervision as necessary when implementing nursing techniques or practices;

(e) Function as a member of the health team;

(f) Accept only client care assignments from the registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board for which one is educationally prepared and when competency has been maintained;

(g) Act as an advocate for the client;

(h) Report unsafe nursing practices either directly to the Board of Nursing through appropriate channels and unsafe practice conditions to the appropriate regulatory agency(s);

(i) Contribute to the formulation, interpretation, implementation and evaluation of the objectives and policies within the employment setting.

(j) Practice under the direction and orders for client care of a registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board;

(k) Retain accountability for those tasks when assigning tasks of client care by:

(A) Directing a subordinate to perform only those nursing tasks which the person is prepared and qualified to perform;

(B) Supervising only subordinates to whom tasks of client care have been assigned;

(C) Providing instruction in health care practices to other health care providers under the direction and orders of a registered nurse, nurse practitioner, licensed physician, dentist or other independent health care provider recognized by the Board.

(3) Standards related to the licensed practical nurse's authority to accept and implement orders for client care/treatment:

(a) The licensed practical nurse may accept and implement orders for client care from licensed health care professionals who are authorized to independently diagnose and treat. These health care professionals are:

(A) Nurse Practitioners licensed under ORS 678;

(B) Chiropractors licensed under ORS 684;

(C) Dentists licensed under ORS 679;

(D) Naturopaths licensed under ORS 685;

(E) Physicians licensed under ORS 677;

(F) Podiatrists licensed under ORS 677.

(b) The license practical nurse has the authority and responsibility to question any order which is not clear, perceived as unsafe,

contraindicated for the client, or not within the health care professional's scope of practice;

(c) The licensed practical nurse may implement recommendations for care issued by health care professionals other than those indicated in subsection (a) of this rule under the direction of a registered nurse.

Stat. Auth.: ORS 678.111, ORS 678.117, ORS 678.135 & ORS 678.150

Stats. Implemented:

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95

851-045-0010

Standards for Registered Nurse Scope of Practice

(1) The Board recognizes that the scope practice for the registered nurse encompasses a variety of roles, including, but not limited to:

- (a) Provision of client care;
- (b) Supervision of others in the provision of care;
- (c) Development and implementation of health care policy;
- (d) Consultation in the practice of nursing;
- (e) Nursing administration;
- (f) Nursing education;
- (g) Case management;
- (h) Nursing research;
- (i) Teaching health care providers and prospective health care providers;

(j) Specialization in advanced practice.

(2) Standards related to the registered nurse's responsibility to apply the nursing process. The registered nurse shall:

(a) Conduct and document nursing assessments of the health status of individuals and groups by:

(A) Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner as appropriate to the client's health care needs. The data include, but are not limited to:

- (i) Physical and emotional status;
- (ii) Growth and development;
- (iii) Cultural, religious, and socioeconomic background;
- (iv) Client and family health history;
- (v) Information collected by other health team members;
- (vi) Information gathered from family or significant others;
- (vii) Client knowledge and perception about health status and potential for maintaining health status;
- (viii) Ability to perform activities of daily living;
- (ix) Patterns of coping and interacting;
- (x) Consideration of client's health goals;
- (xi) Environmental factors, e.g., physical, social, emotional, and ecological;
- (xii) Available and accessible human and material resources.

(B) Sorting, selecting, reporting, and recording the data;

(C) Validating, refining and modifying the data by utilizing available resources including interactions with the client, family and health team members.

(b) Establish and document nursing diagnoses which serve as a basis for the plan of care;

(c) Develop and modify the plan of care based on assessment and nursing diagnosis. This includes:

- (A) Identifying priorities in the plan of care;
- (B) Setting realistic and measurable goals to implement the plan of care;

(C) Identifying nursing intervention(s) based on the nursing diagnosis;

(D) Prescribing nursing orders based on the nursing diagnosis;

(E) Identifying measures to maintain comfort, to support human functions and responses, to maintain an environment conducive to well being and to provide health teaching and health counseling.

(d) Implement the plan of care by:

(A) Initiating nursing interventions through:

- (i) Giving direct care;
- (ii) Assisting with care;
- (iii) Following nursing orders;
- (iv) Assigning delegating and supervising care;

(v) Teaching clients, family members or significant others;

(vi) Referring to appropriate resources.

(B) Providing an environment conducive to safety and health;

(C) Documenting nursing interventions and responses to care;

(D) Communicating nursing interventions and responses to care to other members of the health team;

(E) Providing client advocacy by defending the client's right to receive care based on the plan of care, which includes receiving complete and accurate information and ensuring that this right is protected.

(e) Evaluate the responses of individuals or groups to nursing interventions. Evaluation should involve the client, family, significant others, and health team members:

(A) Evaluation data shall be documented and communicated to appropriate members of the health care team;

(B) Evaluation data shall be used as a basis for reassessing the client's status, modifying nursing diagnoses, revising the plan of care, prescribing changes in nursing interventions and issuing nursing orders.

(3) Standards related to the registered nurse's responsibilities as a member of the nursing profession. The registered nurse shall:

(a) Have knowledge of the statutes and regulations governing nursing and function within the legal boundaries of registered nurse practice;

(b) Accept responsibility for individual nursing actions and maintain competence in one's area of practice;

(c) Obtain instruction and supervision as necessary when implementing nursing techniques or practices;

(d) Function as a member of the health team;

(e) Collaborate with other members of the health team to provide optimum client care;

(f) Consult with nurses and other health team members and make referrals if necessary;

(g) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting;

(h) Report unsafe nursing practices either directly to the Board or through appropriate channels and unsafe practice conditions to the appropriate regulatory agency(s);

(i) Accept only client care assignments for which one is educationally prepared and when competency has been maintained;

(j) Act as an advocate for the client;

(k) Assign or delegate to others only those nursing measures which that person is prepared to perform and qualified to perform and are within the person's scope of practice/scope of duties;

(l) Delegate, in settings where a registered nurse is not regularly scheduled, specific tasks of nursing care to an unlicensed person only as described in the Board's delegation rules (division 47)

(m) Supervise others to whom nursing interventions have been assigned or delegated;

(n) Retain professional accountability for nursing care when assigning or delegating nursing interventions;

(o) Teach health care practices to other health care providers;

(p) Contribute to policy development and implement policies in a manner which meets the needs of the clients served by the agency/facility in which the nurse practices.

(4) Standards related to the registered nurse's authority to accept and implement orders for client care/treatment:

(a) The registered nurse may accept and implement orders for client care from licensed health care professionals who are authorized to independently diagnose and treat. These health care professionals are:

(A) Nurse Practitioners licensed under ORS 678;

(B) Chiropractors licensed under ORS 684;

(C) Dentists licensed under ORS 679;

(D) Naturopaths licensed under ORS 685;

(E) Physicians licensed under ORS 677;

(F) Podiatrists licensed under ORS 677.

(b) In addition to the health care professionals identified in subsection (a) of this rule, the registered nurse may accept and implement recommendations for care in collaboration with the following health care professionals:

(A) Psychologists;

- (B) Social Workers;
- (C) Occupational Therapists;
- (D) Physical Therapists;
- (E) Speech Therapists;
- (F) Respiratory Therapists;
- (G) Dietitians;
- (H) Pharmacists;
- (I) Optometrists.

(c) In accepting and implementing orders or recommendations for client care from the individuals listed in subsections (a) and (b) of this section, the registered nurse must have knowledge that the order or recommendation is within the health care professional's scope of practice and determine that the order or recommendation is consistent with the overall plan for the client's care;

(d) The registered nurse has the authority and responsibility to question any order or recommendation which is not clear, perceived as unsafe, contraindicated for the client or inconsistent with the plan of care.

Stat. Auth.: ORS 678.111, ORS 678.117, ORS 678.135 & ORS 678.150

Stats. Implemented:

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NER 5-1986, f. & ef. 12-3-86; NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95

851-045-0015

Conduct Derogatory to the Standards of Nursing Defined

Nurses, regardless of role, whose behavior fails to conform to the legal standard and accepted standards of the nursing profession, or who may adversely affect the health, safety, and welfare of the public, may be found guilty of conduct derogatory to the standards of nursing. Such conduct shall include, but is not limited to, the following:

- (1) Conduct related to the client's safety and integrity:
 - (a) Developing, modifying, or implementing standards of nursing practice/care which jeopardize patient safety.
 - (b) Failing to take action to preserve or promote the client's safety based on nursing assessment and judgment.
 - (c) Failing to implement and/or follow through with the plan of care.
 - (d) Failing to modify, or failing to attempt to modify the plan of care as needed based on nursing assessment and judgment, either directly or through proper channels.
 - (e) Assigning persons to perform functions for which they are not prepared or which are beyond their scope of practice/scope of duties.
 - (f) Improperly delegating tasks of nursing care to unlicensed persons in settings where a registered nurse is not regularly scheduled.
 - (g) Failing to supervise persons to whom nursing tasks have been assigned.
 - (h) Failing to teach and supervise unlicensed persons to whom nursing tasks have been delegated.
 - (i) Leaving a client care assignment during the previously agreed upon work time period without notifying the appropriate supervisory personnel and confirming that nursing care for the client(s) will be continued.
 - (j) Leaving any nursing assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that nursing assignment responsibilities will be met.
 - (k) Failing to report through proper channels facts known regarding the incompetent, unethical, unsafe or illegal practice of any health care provider.
 - (l) Failing to respect the dignity and rights of clients, regardless of social or economic status, age, race, religion, sex, sexual preference, national origin, nature of health problems or disability.
 - (m) Engaging in sexual contact with a client.
- (2) Conduct related to other federal or state statute/rule violations:
 - (a) Abusing a client. The definition of abuse includes but is not limited to intentionally causing physical harm or discomfort, striking a client, intimidating, threatening or harassing a client.

(b) Neglecting a client. The definition of neglect includes but is not limited to carelessly allowing a client to be in physical discomfort or be injured.

(c) Engaging in other unacceptable behavior towards or in the presence of a client such as using derogatory names or gestures or profane language.

(d) Failing to report actual or suspected incidents of client abuse through the proper channels in the work place and to the appropriate state agencies.

(e) Unauthorized removal or attempted removal of narcotics, other drugs, supplies, property, or money from clients, the work place, or any person.

(f) Soliciting or borrowing money, materials, or property from clients.

(g) Using the nurse client relationship to exploit the client by gaining property or other items of value from the client either for personal gain or sale, beyond the compensation for nursing services.

(h) Possessing, obtaining, attempting to obtain, furnishing, or administering prescription or controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs.

(i) Aiding, abetting, or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of nurses or other health care providers.

(j) Failing to conduct practice without discrimination on the basis of age, race, religion, sex, sexual preference, national origin, nature of health problems or disability.

(k) Violating the rights of privacy, confidentiality of information, or knowledge concerning the client unless required by law to disclose such information or unless there is a "need to know."

(l) Violating the rights of privacy, confidentiality of information, or knowledge concerning the client by obtaining the information without proper authorization or when there is no "need to know."

(m) Unauthorized removal of client records, client information, facility property, policies or written standards from the work place.

(n) Dispensing or administering Methadone except as permitted under state and federal law.

(3) Conduct related to communication:

(a) Inaccurate recordkeeping in client or agency records.

(b) Incomplete recordkeeping regarding client care; including but not limited to failure to document care given or other information important to the client's care or documentation which is inconsistent with the care given.

(c) Falsifying a client or agency record; including but not limited to filling in someone else's omissions, signing someone else's name, recording care not given, fabricating data/values.

(d) Altering a client or agency record; including but not limited to changing words/letters/numbers from the original document to mislead the reader of the record, adding to the record after the original time/date without indicating a late entry.

(e) Destroying a client or agency record.

(f) Directing another person to falsify, alter or destroy client or agency records.

(g) Failing to maintain client records in a timely manner which accurately reflects management of client care, including failure to make a late entry within a reasonable time period.

(h) Failing to communicate information regarding the client's status to members of the health care team (physician, nurse practitioner, nursing supervisor, nurse co-worker) in an ongoing and timely manner.

(i) Failing to communicate information regarding the client's status to other individuals who need to know; for example, family, facility administrator.

(4) Conduct related to achieving and maintaining clinical competency:

(a) Performing acts beyond the authorized scope or the level of nursing for which the individual is licensed.

(b) Failing to conform to the essential standards of acceptable and prevailing nursing practice. Actual injury need not be established.

(c) Assuming duties and responsibilities within the practice of nursing for direct client care, supervisory, managerial or consulting

roles without documented preparation for the duties and responsibilities and when competency has not been established and maintained.

(d) Performing new nursing techniques or procedures without documented education specific to the technique or procedure and clinical preceptored experience to establish competency.

(5) Conduct related to impaired function:

(a) Practicing nursing when unable/unfit to perform procedures and/or make decisions due to physical impairment as evidenced by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose physical condition/status.

(b) Practicing nursing when unable/unfit to perform procedures and/or make decisions due to psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting and/or by the assessment of a health care provider qualified to diagnose mental condition/status.

(c) Practicing nursing when physical or mental ability to practice is impaired by use of drugs, alcohol or mind-altering substances.

(6) Conduct related to licensure or certification violations:

(a) Practicing nursing without a current Oregon license or certificate.

(b) Practicing as a nurse practitioner or clinical nurse specialist without a current Oregon certificate.

(c) Allowing another person to use one's nursing license or certificate for any purpose.

(d) Using another's nursing license or certificate for any purpose.

(e) Resorting to fraud, misrepresentation, or deceit during the application process for licensure, while taking the exam for licensure or certification while obtaining initial licensure or certification or renewal of licensure or certification.

(f) Impersonating any applicant or acting as a proxy for the applicant in any nurse licensure or certification examination.

(g) Disclosing the contents of the examination or soliciting, accepting or compiling information regarding the contents of the examination, before, during or after its administration.

(7) Conduct related to the licensee's relationship with the Board:

(a) Failing to provide the Board with any documents requested by the Board.

(b) Failing to answer truthfully and completely any question asked by the Board on an application for licensure or during the course of an investigation or any other question asked by the Board.

(c) Failing to fully cooperate with the Board during the course of an investigation, including, but not limited to, waiver of confidentiality privileges, except client-attorney privilege.

(d) Violating the terms and conditions of a Board order.

(8) Conduct related to the client's family:

(a) Failing to respect the rights of the client's family regardless of social or economic status, race, religion or national origin.

(b) Using the nurse client relationship to exploit the family for the nurse's personal gain or for any other reason.

(c) Theft of money, property, services or supplies from the family.

(d) Soliciting or borrowing money, materials or property from the family.

(9) Conduct related to co-workers: Violent, abusive or threatening behavior towards a co-worker which either occurs in the presence of clients or otherwise relates to the delivery of safe care to clients.

Stats. Auth.: ORS 678.111

Stats. Implemented: ORS 678.111

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 1-1989, f. & cert. ef. 1-5-89; NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95; NB 9-1996, f. & cert. ef. 12-2-96; BN 6-2001, f. & cert. ef. 4-24-01; BN 8-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02; BN 13-2002, f. & cert. ef. 7-17-02

851-045-0016

Criminal Conviction History/Falsification of Application — Denial of Licensure

As of the effective date of this rule, the Board will issue a Notice to Deny Licensure to an applicant for initial licensure or relicensure as a practical nurse or registered nurse, following the provisions of the Administrative Procedure Act in contested case hearings, to persons who have been convicted as an adult, or found responsible except for mental illness, or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable law in other jurisdictions:

(a) Aggravated murder, as in ORS 163.095 and 115;

(b) First Degree Manslaughter, as in ORS 163.118;

(c) Second Degree Manslaughter as in ORS 163.125;

(d) First Degree Assault, as in ORS 163.185;

(e) Second Degree Assault, as in ORS 163.175;

(f) First Degree Criminal Mistreatment, as in ORS 163.205;

(g) Second Degree Criminal Mistreatment, as in ORS 163.200;

(h) First Degree Kidnapping, as in ORS 163.235;

(i) First Degree Rape, as in ORS 163.375;

(j) Second Degree Rape, as in ORS 163.365;

(k) Third Degree Rape, as in ORS 163.355;

(l) First Degree Sodomy, as in ORS 163.405;

(m) Second Degree Sodomy as in ORS 163.395;

(n) Third Degree Sodomy, as in ORS 163.385;

(o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;

(p) Second Degree Unlawful Sexual Penetration, as in ORS 163.408;

(q) First Degree Sexual Abuse, as in ORS 163.427;

(r) Second Degree Sexual Abuse, as in ORS 163.425;

(s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;

(t) Sexual Misconduct, as in ORS 163.445;

(u) Child Abandonment, as in ORS 165.535.

(2) Any individual who applies for initial licensure or relicensure as a practical nurse or registered nurse from the effective date of these rules, who has a history of arrests and convictions over an extended period of time will be issued, a Notice to Deny Licensure following the provisions of the Administrative Procedure Act in contested case hearings.

(3) All other applicants with conviction histories, other than those listed above, including crimes which are drug and alcohol related, will be considered on an individual basis. The following factors will be considered by the Board:

(a) Evidence of rehabilitation;

(b) The length of time since the conviction to the time of application for licensure as a practical nurse or registered nurse;

(c) The circumstances surrounding the commission of the crime which demonstrate that a repeat offense is not likely;

(d) Character references.

(4) As of the effective date of these rules, any individual who applies for initial licensure or relicensure as a practical nurse or registered nurse, and supplies false or incomplete information to the Board on an application for licensure regarding the individual's criminal conviction record, will be issued a Notice to Deny Licensure under the provisions of the Administrative Procedure Act in contested case hearings.

Stat. Auth.: ORS 678.111, ORS 678.117, ORS 678.135 & ORS 678.150

Stats. Implemented:

Hist.: NB 6-1994, f. & cert. ef. 9-28-94; NB 1-1995, f. & cert. ef. 1-3-95

851-045-0020

Mandatory Reporting Defined

(1) It is not the intent of the Board of Nursing that each and every nursing error be reported.

(2) It is not the intent of the Board of Nursing that mandatory reporting take away the disciplinary ability and responsibility from the employer of the nurse.

(3) Anyone knowing of a licensed nurse whose behavior or nursing practice fails to meet accepted standards for the level at which the nurse is licensed, shall report the nurse to the person in the work setting who has authority to institute corrective action. Anyone who has knowledge or concern that the nurse's behavior or practice presents a potential for, or actual danger to the public health,

safety and welfare, shall report or cause a report to be made to the Board of Nursing. Failure of any licensed nurse to comply with this reporting requirement may in itself constitute a violation of nursing standards.

(4) Any organization representing licensed nurses shall report a suspected violation of ORS Chapter 678 or the rules adopted thereunder in the manner prescribed by sections (5) and (6) of this rule.

(5) The decision to report a suspected violation of ORS Chapter 678 or the rules adopted thereunder shall be based on, but not limited to the following:

(a) The past history of the licensee's performance;
(b) A demonstrated pattern of substandard practice, errors in practice or conduct derogatory to the standards of nursing, despite efforts to assist the licensee to improve practice or conduct through a plan of correction;

(c) The magnitude of any single occurrence for actual or potential harm to the public health, safety and welfare.

(6) The following shall always be reported to the Board of Nursing:

(a) A nurse imposter. As used here "nurse imposter" means an individual who has not attended or completed a nursing education program or who is ineligible for nursing licensure as a LPN or RN and who practices or offers to practice nursing or uses any title, abbreviation, card, or device to indicate that the individual is licensed to practice nursing in Oregon;

(b) Practicing nursing when the license has become void due to nonpayment of fees;

(c) Practicing nursing as defined in ORS 678.010 unless licensed as a registered nurse or licensed practical nurse or certified as a nurse practitioner;

(d) Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice nursing;

(e) Dismissal from employment due to unsafe practice or conduct derogatory to the standards of nursing;

(f) Client abuse;

(g) A pattern of conduct derogatory to the standards of nursing as defined by the rules of the Board or a single serious occurrence;

(h) Any violation of a disciplinary sanction imposed on the licensee by the Board of Nursing;

(i) Failure of a nurse not licensed in Oregon and hired to meet a temporary staffing shortage to apply for Oregon licensure by the day the nurse is placed on staff;

(j) Substance abuse as defined in ORS 678.111(e);

(k) Any other cause for discipline as defined in ORS 678.111.

Stat. Auth.: ORS 678.111, ORS 678.117, ORS 678.135 & ORS 678.150

Stats. Implemented:

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 6-1994, f. & cert. ef. 9-28-94

851-045-0025

Imposition of Civil Penalties

(1) Imposition of a civil penalty does not preclude disciplinary sanction against the nurse's license. Disciplinary sanction against the nurse's license does not preclude imposing a civil penalty. Criminal conviction does not preclude imposition of a civil penalty for the same offense.

(2) Civil penalties may be imposed according to the following schedule:

(a) Practicing nursing as a Licensed Practical Nurse (LPN), Registered Nurse (RN), Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), or Clinical Nurse Specialist (CNS) without a current license or certificate; or prescribing, dispensing, or distributing drugs without current nurse practitioner prescription writing authority, due to failure to renew and continuing to practice — \$100 each 30 day period up to \$5,000.

(b) Using a limited license to practice nursing for other than its intended purpose — \$100 per day.

(c) Nurses not licensed in Oregon hired to meet a temporary staffing shortage who fail to make application for an Oregon license by the day placed on staff — \$100 per day up to \$3,000.

(d) Practicing nursing prior to obtaining an Oregon license by examination or endorsement — \$100 per day.

(e) Nurse imposter — up to \$5,000. "Nurse Imposter" means an individual who has not attended or completed a nursing education program or who is ineligible for nursing licensure as a LPN or RN and who practices or offers to practice nursing or uses any title, abbreviation, card or device to indicate that the individual is licensed to practice nursing in Oregon.

(f) Conduct derogatory to the standards of nursing — \$500–\$5,000. The following factors will be considered in determining the dollar amount, to include, but not be limited to:

(A) Intent;

(B) Damage and/or injury to the client;

(C) History of performance in current and former employment settings;

(D) Potential danger to the public health, safety and welfare;

(E) Prior offenses or violations including prior complaints filed with the Board and past disciplinary actions taken by the Board;

(F) Severity of the incident;

(G) Duration of the incident;

(H) Economic impact on the person.

(g) Violation of any disciplinary sanction imposed by the Board of Nursing — \$500–\$2,500.

(h) Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice — \$1,000–\$5,000.

(i) Gross incompetence in the practice of nursing — \$2,500–\$5,000.

(j) Gross negligence in the practice of nursing — \$2,500–\$5,000.

(k) Employing any person without a current Oregon LPN, RN or CRNA license, nurse practitioner or clinical nurse specialist certificate to function as a LPN, RN, CRNA, nurse practitioner, or clinical nurse specialist subject to the following conditions:

(A) Knowingly hiring an individual in a position of a licensed nurse when the individual does not have a current, valid Oregon license — \$500–\$5,000;

(B) Allowing an individual to continue practicing as a LPN, RN, NP, CRNA, or CNS knowing that the individual does not have a current, valid Oregon license — \$500–\$5,000.

(l) Employing a LPN, RN, NP, CRNA, or CNS without a procedure in place for checking the current status of that nurse's license to ensure that only those nurses with a current, valid Oregon license be allowed to practice nursing — \$500–\$5,000.

(m) Supplying false information regarding conviction of a crime, discipline in another state, physical or mental illness/physical handicap, or meeting the practice requirement on an application for initial licensure or relicensure — \$500–\$5,000.

Stat. Auth.: ORS 678.117 & ORS 678.370

Stats. Implemented: ORS 678.117 & ORS 678.370

Hist.: NER 1-1986, f. & ef. 4-3-86; NER 2-1986, f. & ef. 4-9-86; NB 1-1988, f. & cert. ef. 4-18-88; NB 6-1989, f. & cert. ef. 10-4-89; NB 8-1993, f. & cert. ef. 8-23-93; NB 6-1994, f. & cert. ef. 9-28-94; BN 1-2000, f. & cert. ef. 2-25-00; BN 3-2002, f. & cert. ef. 3-5-02

DIVISION 46

STANDARDS FOR NURSE MONITORING PROGRAM

851-046-0000

Statement of Purpose and Intent

(1) The Oregon Board of Nursing recognizes that alcoholism and drug addiction are primary, progressive, chronic diseases.

(2) The Board recognizes that problems resulting from the diseases of substance dependence or abuse, psychiatric or physical disorders may impair the nurse's ability to safely practice nursing.

(3) The Board believes that nurses who develop these diseases can, with appropriate treatment, be assisted with recovery and return to the practice of nursing.

(4) It is the intent of the Board that nurses who have the diseases of substance dependence/abuse and psychiatric or physical disorders be given the opportunity to seek treatment and return to or continue the practice of nursing in a manner which benefits the public health, safety and welfare, as well as benefits the nurse's recovery.

(5) It is the intent of the Board to fully cooperate with employers of these nurses in order to facilitate the nurse's return to nursing practice. It is also the intent of the Board to closely monitor the nurse's ability to practice safely.

(6) It is the intent of the Board that any nurse with no disciplinary action taken by the Board shall have the opportunity to enter the Nurse Monitoring Program regardless of the number of treatment programs the nurse has attended.

(7) Any nurse with three or less disciplinary actions for substance dependence/abuse in Oregon or in any state is eligible for the Nurse Monitoring Program provided the nurse has not been previously enrolled in the program and discharged for non-compliance.

(8) It is the intent of the Board that all information related to treatment for substance dependence/abuse, psychiatric, or physical disorders and monitoring of these nurses be kept confidential. The Board may disclose general information regarding the nurse's participation in treatment and in the Nurse Monitoring Program only to those in the employment setting who are in a position of direct or general supervision of the nurse and need to know to ensure adequate monitoring, with the consent of the nurse. Information regarding the nurse's participation in treatment and in the Nurse Monitoring Program may be disclosed only with the nurse's written consent. The Board expects the employer to protect the confidentiality of information supplied by the Board regarding participants in the Nurse Monitoring Program.

(9) The Board of Nursing supports a voluntary Nurse Monitoring Program for nurses who would otherwise be charged with violating the Nurse Practice Act due to substance dependence/abuse, psychiatric or physical disorders.

(10) It is the intent of the Board that any nurse with the disease of substance dependence/abuse, a psychiatric disorder or a physical disorder may have the opportunity to enter the voluntary Nurse Monitoring Program. The nurse will not have the opportunity to enter into the Nurse Monitoring Program if the nurse's circumstances disqualify him or her as outlined in OAR 851-046-0005.

(11) The Nurse Monitoring Program is an alternative to formal disciplinary action against the nurse's license but is not a treatment program. The purpose of the Nurse Monitoring Program is to monitor the nurse's compliance with treatment and ability to safely practice nursing. Investigation for possible disciplinary action will be initiated when the nurse fails to comply with the requirements of the Nurse Monitoring Program.

(12) Participation in the Nurse Monitoring Program does not shield the participant from formal disciplinary action not related to the participant's substance dependence/abuse, psychiatric disorder or physical disorder.

Stat. Auth.: ORS 678.112

Stats. Implemented: ORS 678.112

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 10-1993, f. & cert. ef. 10-15-93; NB 2-1997, f. & cert. ef. 1-2-97; NB 2-1997, f. & cert. ef. 1-2-97; BN 11-2001, f. & cert. ef. 7-24-01

851-046-0005

Criteria which Disqualify Nurses from Admission to or Continuation in the Nurse Monitoring Program

(1) Persons with criminal histories which involve injury or endangerment to others.

(2) Persons diagnosed as requiring treatment because of sexual offenses/misconduct.

(3) Persons previously enrolled in the Nurse Monitoring Program and referred to the Board for disciplinary action, including voluntary surrender of their nursing license due to noncompliance with the Nurse Monitoring Program. However, a person may be re-admitted for a condition other than the condition for which the person had previously been enrolled in the Nurse Monitoring Program.

Stat. Auth.: ORS 678.112

Stats. Implemented: ORS 678.112

Hist.: NB 10-1993, f. & cert. ef. 10-15-93; NB 2-1997, f. & cert. ef. 1-2-97; BN 11-2001, f. & cert. ef. 7-24-01

851-046-0010

Definitions

For the purpose of the rules in Division 46, the following definitions apply:

(1) "Abstinence" means the avoidance of alcohol, mind-altering, or potentially addictive drugs.

(2) "Approved Treatment Program" means an organized program that meets the Board's standards, in an inpatient, outpatient, or residential setting whose primary function is the evaluation and treatment of clients with substance dependence/abuse, psychiatric or physical disorders. The treatment program shall meet the following criteria:

(a) Employ staff qualified by education and experience to treat the client's disorder;

(b) Have a formalized plan of care which includes:

(A) Assessment and diagnosis;

(B) Treatment goals including establishing and evaluating treatment outcomes;

(C) Discharge criteria;

(D) Guidelines for continuing recovery; and

(c) Provide a written report addressing all parts of the plan of care.

(3) "Body Fluid Testing" means the collection of blood, urine, or by other means utilized for the purpose of evaluating the presence of prescription or non-prescription drugs and alcohol. The collection and testing shall be performed by a preapproved laboratory, in a manner which preserves the integrity of the specimen.

(4) "Confidentiality of Records" means that no information pertaining to the nurse's participation in the monitoring program is subject to discovery, subpoena, or public disclosure.

(5) Confidentiality of records may be waived by a written release signed by the nurse on a Board of Nursing approved form. The signed release must specify what information and to whom the information will be disclosed. Treatment records shall not be redisclosed.

(6) "Contract" means an individualized written agreement between the nurse and the Nurse Monitoring Program. The contract shall include the criteria for entrance and the terms and conditions for successful completion of the Nurse Monitoring Program.

(7) "Intake Evaluation" means an assessment of the nurse's disorder by a qualified health care professional for the purpose of treatment recommendations and referral.

(8) "Nurse Monitoring Program" means a program administered by the Board which allows nurses with substance dependence/abuse, psychiatric or physical disorders to voluntarily seek treatment and participate in monitored practice without formal disciplinary action by the Board for such substance dependence/abuse, psychiatric or physical disorder.

(9) "Qualified Health Care Professional" means an individual who has specialized education/training to diagnose and treat the condition for which the nurse is seeking an assessment.

(10) "Relapse" means the use of alcohol, mind-altering, or potentially addictive drugs for non-therapeutic reasons after sobriety has been demonstrated.

(11) "Relapse behavior" means a series of events that point towards a potential return to inappropriate use of substances. Examples include, but are not limited to, failure to follow the terms and conditions of the Nurse Monitoring Program contract; mood swings, unpredictability or changes in behavior in the employment setting; decreased participation in recovery activities; and avoiding contact with treatment personnel or the Nurse Monitoring Program coordinator.

(12) "Substance" means alcohol and other depressants, cannabis, cocaine and other stimulants, opiates, hallucinogens, inhalants and abusable gases, and over-the-counter drugs with a potential for abuse.

(13) "Substance abuse" means a pattern of substance use leading to clinically significant impairment or distress as manifested by one or more of the following within a 12-month period:

(a) Recurrent substance use resulting in failure to fulfill obligations at work, school or home.

(b) Recurrent substance use when such use is physically hazardous;

(c) Recurrent substance-related legal problems; or
 (d) Continued substance use despite recurrent consequences socially or interpersonally. Substance abuse, if left untreated, may progress to substance dependence.

(14) "Substance dependence" means a pattern of substance use leading to clinically significant impairment or distress as manifested by three or more of the following, occurring at any time in the same 12-month period:

- (a) Increased tolerance to the substance;
- (b) Withdrawal symptoms when not using the substance;
- (c) Increased use of the substance;
- (d) Unsuccessful efforts to decrease or eliminate use;
- (e) Increased time spent either obtaining the substance or recovering from its' effects;
- (f) Decreased social, occupational or recreational activities because of substance use; or
- (g) Continued use of substances despite evidence of physical or psychological harm or consequences.

(15) "Substance Dependence/Abuse Specialist" means a health care professional who has specialized education in the evaluation and treatment of substance dependence/abuse and other addictive disorders. They may include, but are not limited to:

- (a) Certified alcohol and drug counselor;
- (b) Nurse Practitioner;
- (c) Physician;
- (d) Psychologist.

(16) "Support Group" means an organized meeting of individuals with similar disorders for the purpose of encouraging wellness and continued recovery.

(17) "Voluntary Participation" means that the nurse requests admission to the Nurse Monitoring Program or agrees to enter the Nurse Monitoring Program upon identification of a substance abuse, substance dependence, psychiatric, or physical disorder.

Stat. Auth.: ORS 678.112

Stats. Implemented: ORS 678.112

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 2-1997, f. & cert. ef. 1-2-97; BN 11-2001, f. & cert. ef. 7-24-01

851-046-0020

Criteria for Admission and Completion of the Nurse Monitoring Program for Nurses with Substance Dependence and/or Substance Abuse

(1) A registered nurse or licensed practical nurse may seek admission to the Nurse Monitoring Program in one of the following ways:

- (a) By self-referral or admission to the addiction to alcohol or prescription drugs, the diversion and use of unauthorized drugs, or the abuse of other potentially addicting substances;
- (b) By identification of substance dependence/abuse in conjunction with a complaint filed against the licensee;
- (c) By referral from a family member, friend, nurse peer, or employer.

(2) Upon identification of a problem of substance dependence/abuse, and the nurse's admission to the same, the nurse shall:

- (a) Obtain an intake evaluation from a substance dependence /abuse specialist;
- (b) Enter an approved treatment program specific for substance dependence/abuse.

(3) The nurse shall enter into a contract with the Nurse Monitoring Program which shall include, but is not limited to:

- (a) Successful completion of an approved treatment program and continuing care or approved alternative for a period of one year;
- (b) Continued abstinence from mind-altering or potentially addictive drugs, including both over-the-counter and prescription drugs;

(c) The Board may require an additional evaluation from a substance dependence/abuse specialist or other qualified health care professional if the nurse continues to use prescription drugs from a valid prescription to determine whether the prescribed drug is the treatment of choice for the nurse's condition, for a relapse, or if there is evidence of relapse behavior.

(d) Random body fluid testing. The Board may require that urine collection be witnessed;

(e) Attendance at support groups, e.g., 12-Step groups and nurse support groups;

(f) Notification of all his/her health care providers of the nature of the nurse's addiction;

(g) Agreement to cease nursing practice if necessary, and not return to practice until the Nurse Monitoring Program, in consultation with the substance dependence/abuse specialist, determines that the nurse is able to safely return to practice;

(h) Notification to the current employers and to a school of nursing, if applicable, of participation in the Nurse Monitoring Program and of any practice restrictions in the nurse's contract with the Nurse Monitoring Program;

(i) Disclosure to a prospective employer of participation in the Nurse Monitoring Program once a job offer has been made or to a school of nursing upon acceptance into the program;

(j) Notification to the Nurse Monitoring Program if the nurse is hospitalized or must undergo any surgical procedure;

(k) Notification to the Nurse Monitoring Program of relapse, use of prescribed drugs or use of over-the-counter drugs that may affect recovery (within 24 hours);

(l) Regular contact with the Nurse Monitoring Program;

(m) A signed release of information with treatment and after-care providers or counselors so the Nurse Monitoring Program may receive and provide information;

(n) Notification to the Nurse Monitoring Program if the nurse applies for endorsement to any state;

(o) Notification to all states of current licensure of participation in the Nurse Monitoring Program;

(p) Disclosure of participation in the Nurse Monitoring Program when the nurse applies for licensure in any other state either by endorsement or renewal.

(q) Agreement that the nurse will cease practice for failure to comply with the terms and conditions of the contract pending further action by the Board or following the third relapse.

(4) The Board shall enter into a separate contract with the nurse's employer to address conditions of the workplace, confidentiality of information, reporting requirements and other conditions necessary for the nurse to successfully complete his/her participation in the Nurse Monitoring Program. For a nurse who is enrolled in a nursing education program, the Board shall enter into a contract with the school of nursing to address conditions of clinical experience, confidentiality of information, reporting requirements and other conditions necessary for successful completion of the Nurse Monitoring Program. The contract shall address the following issues:

- (a) Access to narcotics;
- (b) Level of supervision;
- (c) Worksite and working conditions;

(d) Immediate notification to the Nurse Monitoring Program by the employer regarding any change in employment status, e.g., resignation, termination or change in position/responsibility. In addition to the contract, the Board will supply the employee or school of nursing with a summary of the nurse's history and reasons he/she is in the Nurse Monitoring Program to assist the employer or school of nursing in their supervision of the nurse.

(5) The nurse is financially responsible for all costs of participation in the Nurse Monitoring Program, including the cost of random body fluid testing and the cost of treatment.

(6) The length of time in the Nurse Monitoring Program shall be a minimum of five (5) years with a yearly review of the content of the nurse's contract with the Nurse Monitoring Program. Of the five (5) years, at least three (3) years must include monitored nursing practice. Participation in a monitoring program in another state may be credited towards the five (5) year period in Oregon.

(7) Participants in the Nurse Monitoring Program and their records may be referred to an investigator for the Board for investigation and possible disciplinary action under the following conditions:

(a) Failure to comply with the terms and conditions of the contract;

(b) Failure to correct deficiencies in the nurse's recovery program which lead to relapse;

(c) The occurrence of a third relapse after receiving treatment specific for substance dependence/abuse.

(8) Successful completion of the Nurse Monitoring Program is contingent on a minimum of five (5) years participation, of which three (3) years must be monitored nursing practice and compliance with all terms and conditions of the contract. If a nurse does not practice nursing during the five (5) year period, participation in the Nurse Monitoring Program will resume upon entrance into a re-entry program and/or employment in nursing.

(9) Relapse during the final year of participation in the Nurse Monitoring Program will extend the period of participation in the program for a minimum of an additional year.

(10) Any exception to the minimum of five (5) years of participation in the Nurse Monitoring Program shall be considered on an individual basis and may be granted by the Nurse Monitoring Program under one or more of the following conditions:

(a) The nurse has successfully completed a minimum of three (3) years of monitored nursing practice;

(b) The public health, safety and welfare is not compromised by early release from the Nurse Monitoring Program.

(11) A graduate of the Nurse Monitoring Program who has a relapse may be readmitted to the Nurse Monitoring Program for a minimum of one (1) year. A nurse will be permitted a maximum of three admissions to the Nurse Monitoring Program.

Stat. Auth.: ORS 678.112

Stats. Implemented: ORS 678.112

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 10-1993, f. & cert. ef. 10-15-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 2-1997, f. & cert. ef. 1-2-97; BN 11-2001, f. & cert. ef. 7-24-01

851-046-0030

Criteria for Admission and Completion of the Nurse Monitoring Program for Nurses with Physical Disabilities

(1) A registered nurse or licensed practical nurse may seek admission to the Nurse Monitoring Program in one of the following ways:

(a) By self-referral or admission to a physical disorder which prevents the nurse from safely practicing nursing;

(b) By identification of a physical disorder which prevents safe practice in conjunction with a complaint filed against the licensee;

(c) By referral from a family member, friend, nurse peer, or employer.

(2) Upon identification of a physical disorder which prevents safe practice, the nurse shall obtain an evaluation from a health care professional who is qualified to evaluate the nurse's physical disorder and make recommendations for treatment of the disorder.

(3) The nurse shall enter into a contract with the Nurse Monitoring Program which shall include, but it is not limited to:

(a) Compliance with treatment recommendations including medication management;

(b) Agreement to cease nursing practice if necessary, and not return to practice until the Nurse Monitoring Program, in consultation with the nurse's primary health care provider, determines that the nurse is able to safely return to the practice of nursing;

(c) Random body fluid testing for compliance with medical management, if appropriate;

(d) Notification to the current employers or to a school of nursing, if applicable, of participation in the Nurse Monitoring Program and of any practice restrictions in the nurse's contract with the Nurse Monitoring Program;

(e) Disclosure to a prospective employer of participation in the Nurse Monitoring Program once a job offer has been made or to a school of nursing upon acceptance into the program.

(f) Regular contact with the Nurse Monitoring Program;

(g) A signed release of information with the primary health care provider or other health care professional so the Nurse Monitoring Program may receive and provide information;

(h) Notification to the Nurse Monitoring Program if the nurse applies for endorsement or renewal of licensure to any state;

(i) Disclosure of participation in the Nurse Monitoring Program when the nurse applies for licensure in any other state;

(j) Notification to all states of current licensure of participation in the Nurse Monitoring Program.

(k) Agreement that the nurse will cease practice for failure to comply with terms and conditions of the contract pending further action by the Board.

(4) The Board shall enter into a separate contract with the nurse's employer to address conditions of the workplace, confidentiality of information, reporting requirements and other conditions necessary for the nurse to successfully complete his/her participation in the Nurse Monitoring Program. For a nurse who is enrolled in a nursing education program, the Board shall enter into a contract with the school of nursing to address conditions of clinical experience, confidentiality of information, reporting requirements and other conditions necessary for successful completion of the Nurse Monitoring Program. The contract shall address the following issues:

(a) Level of supervision;

(b) Worksite and working conditions;

(c) Immediate notification to the Nurse Monitoring Program by the employer regarding any change in employment status, e.g., resignation, termination or change in position responsibility. In addition to the contract, the Board will provide the employer or school of nursing a summary of the nurse's history and reasons for entrance into the Nurse Monitoring Program to assist in supervision of the nurse.

(5) The nurse is financially responsible for all costs of participating in the Nurse Monitoring Program, including the cost of random body fluid testing and treatment.

(6) The length of time in the Nurse Monitoring Program shall be a minimum of five (5) years, of which three (3) years must be monitored nursing practice, with a yearly review of the content of the nurse's contract with the Nurse Monitoring Program.

(7) Participants in the Nurse Monitoring Program and their records may be referred to an investigator for the Board for investigation and possible disciplinary action if the nurse fails to comply with the terms and conditions of the contract.

(8) Successful completion of the Nurse Monitoring Program is contingent on a minimum of five (5) years participation, three (3) years of monitored nursing practice and compliance with all terms and conditions of the contract.

(9) Any exception to the minimum of five (5) years of participation in the Nurse Monitoring Program shall be considered on an individual basis and may be granted if the public health, safety and welfare is not compromised by early release from the Nurse Monitoring Program.

Stat. Auth.: ORS 678.112

Stats. Implemented: ORS 678.112

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 10-1993, f. & cert. ef. 10-15-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 2-1997, f. & cert. ef. 1-2-97; BN 11-2001, f. & cert. ef. 7-24-01

851-046-0040

Criteria for Admission and Completion of the Nurse Monitoring Program for Nurses with Psychiatric Disorders

(1) A registered nurse or licensed practical nurse may seek admission to the Nurse Monitoring Program in one of the following ways:

(a) By self-referral or admission of a psychiatric disorder which prevents the nurse's ability to safely practice nursing;

(b) By identification of the psychiatric disorder in conjunction with a complaint filed against the licensee;

(c) By referral from a family member, friend, nurse peer, or employer.

(2) Upon identification of a psychiatric disorder which prevents safe practice, the nurse shall:

(a) Obtain an evaluation from a health care professional qualified to evaluate psychiatric disorders and make treatment recommendations;

(b) Participate in a treatment program specific for the psychiatric disorder.

(3) The nurse shall enter into a contract with the Nurse Monitoring Program which shall include, but is not limited to:

(a) Compliance with the treatment program recommendations, including medication management;

STANDARDS FOR REGISTERED NURSE DELEGATION AND ASSIGNMENT OF NURSING CARE TASKS TO UNLICENSED PERSONS

851-047-0000

Rule Summary, Statement of Purpose and Intent

These rules provide standards and guidance for nurses to delegate specific tasks of nursing care and teach administration of non-injectable medications to unlicensed persons. Registered Nurses have a broad scope of practice in teaching and delegating tasks of nursing care to unlicensed persons and providing periodic supervision. Licensed Practical Nurses' scope of practice includes teaching and supervision of unlicensed persons at the discretion and under the direction of the Registered Nurse. It is the responsibility of the Registered Nurse to decide when, how and if it is appropriate for unlicensed persons to be delegated tasks of nursing care. The Registered Nurse, when delegating to an unlicensed person, is authorizing that person to perform a task of nursing care normally within the Registered Nurse's scope of practice. Prior to agreeing to delegate tasks of nursing care, the Registered Nurse has the responsibility to understand these rules for delegating tasks of nursing care and achieve the competence to delegate and supervise. This may be accomplished by attending a class on delegation, obtaining one to one instruction or using other methods to understand delegation. These rules describe the type of settings in which delegation may occur, define delegation of tasks of nursing care, who may delegate, describe the process for delegation and describe the process for teaching the administration of noninjectable medications.

(1) These rules apply only in settings where a Registered Nurse is not regularly scheduled and not available to provide direct supervision. These are home and community-based settings as described in OAR 851-047-0010(6) and local corrections, lockups, juvenile detention, youth corrections, detoxification facilities, adult foster care and residential care, training and treatment facilities as described in ORS 678.150(9).

(2) These rules have no application in acute care or long-term care facilities or any setting where the regularly scheduled presence of a registered nurse is required by statute or administrative rule.

(3) The purpose of these rules is to govern nurses (Registered Nurses, Licensed Practical Nurses, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists and Nurse Practitioners) who practice in settings where delegation may occur. These rules are not intended to govern the setting itself. The Board recognizes that some settings do not provide nursing services. The Board believes that settings which provide nursing services or advertise that they provide nursing services should have consistent nursing practice standards in place that the public may rely on, including the delegation of nursing care tasks consistent with the provisions of these administrative rules.

(4) Pursuant to ORS 678.036, a Registered Nurse who delegates tasks of nursing care to an unlicensed person shall not be held responsible for civil damages for the actions of the unlicensed person in performing a task of nursing care unless:

(a) The unlicensed person is acting on specific instructions from the nurse; or

(b) The nurse fails to leave instructions when the nurse should have done so.

(5) The Registered Nurse is responsible for:

(a) Assessing a client situation to determine whether or not delegation of a task of nursing care could be safely done;

(b) Safely implementing the delegation process;

(c) Following the Board's process for delegation as described in these rules; and

(d) Reporting unsafe practices to the facility owner, administrator and/or the appropriate state agency(ies).

(6) Failure to follow the provisions of these rules may subject the nurse to disciplinary sanctions by the Board.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renum-

(b) Random body fluid testing for compliance with medication management, if appropriate;

(c) Agreement to cease nursing practice if necessary, and not return to practice until the Nurse Monitoring Program, in consultation with the nurse's mental health treatment provider, determines that the nurse is able to safely return to the practice of nursing;

(d) Notification to the current employer and to a school of nursing, if applicable, of participation in the Nurse Monitoring Program and of any practice restrictions in the nurse's contract with the Nurse Monitoring Program;

(e) Disclosure to a prospective employer of participation in the Nurse Monitoring Program once a job offer has been made or school of nursing upon acceptance into the program.

(f) Regular contact with the Nurse Monitoring Program;

(g) A signed release of information with the mental health treatment providers so the Nurse Monitoring Program may receive information upon request;

(h) Notification of the Nurse Monitoring Program if the nurse applies for endorsement or renewal of licensure to any state;

(i) Disclosure of participation in the Nurse Monitoring Program when the nurse applies for licensure in any other state;

(j) Notification of all states of current licensure of participation in the Nurse Monitoring Program.

(k) Agreement that the nurse will cease practice for failure to comply with the terms and conditions of the contract pending further action by the Board.

(4) The Board shall enter into a separate contract with the nurse's employer to address conditions of the workplace, confidentiality of information, reporting requirements and other conditions necessary for the nurse to successfully complete his/her participation in the Nurse Monitoring Program. For a nurse who is enrolled in a nursing education program, the Board shall enter into a contract with the school of nursing to address conditions of clinical experience, confidentiality of information, reporting requirements and other conditions necessary for successful completion of the Nurse Monitoring Program. The contract shall address the following issues:

(a) Level of supervision;

(b) Worksite and working conditions;

(c) Immediate notification to the Nurse Monitoring Program by the employer regarding any change in employment status, e.g., resignation, termination or change in position responsibility. In addition to the contract, the Board will provide the employer or school of nursing a summary of the nurse's history and reasons for entrance into the Nurse Monitoring Program to assist in supervision of the nurse.

(5) The nurse is financially responsible for all costs of participation in the Nurse Monitoring Program, including the costs of random body fluid testing and the cost of mental health treatment.

(6) The length of time in the Nurse Monitoring Program shall be a minimum of five (5) years, of which three (3) years must be monitored nursing practice, with a yearly review of the content of the nurse's contract with the Nurse Monitoring Program.

(7) Participants in the Nurse Monitoring Program and their records may be referred to an investigator for the Board for investigation and possible disciplinary action if the nurse fails to comply with the terms and conditions of the contract.

(8) Successful completion of the Nurse Monitoring Program is contingent on a minimum of five (5) years participation, three (3) years of monitored nursing practice and compliance with all terms and conditions of the contract.

(9) Any exception to the minimum of five (5) years of participation in the Nurse Monitoring Program shall be considered on an individual basis and may be granted if the public health, safety and welfare is not compromised by early release from the Nurse Monitoring Program.

Stat. Auth.: ORS 678.112

Stats. Implemented: ORS 678.112

Hist.: NB 3-1991, f. & cert. ef. 9-25-91; NB 10-1993, f. & cert. ef. 10-15-93; NB 13-1993, f. & cert. ef. 12-20-93; NB 2-1997, f. & cert. ef. 1-2-97; BN 11-2001, f. & cert. ef. 7-24-01

bered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 2-1999, f. & cert. ef. 3-16-99; BN 5-2004, f. & cert. ef. 2-26-04

851-047-0010

Definitions

For the purpose of rules in this division, the following definitions apply:

(1) "Activities of Daily Living" means those self-care activities which a person performs independently, when able, to sustain personal needs and/or to participate in society. Activities of daily living include activities such as bathing, dressing, eating, drinking, ambulating, and toileting.

(2) "Administration of Medications" means removal of an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's or nurse practitioner's order, giving the individual dose to the proper client at the proper time by the proper route and promptly recording the time and dose given.

(3) "Assisting with Administration of Medications" means helping the client with one or more steps in the process of taking medications, but does not mean "administration of medications" as defined in these rules. Examples of "assisting" include, but are not limited to, opening the medication container, reminding the client of the proper time to take the medication, helping the client to self-administer their own medication, assisting the client with one or more steps of medication administration at the client's direction and setting up medications for future administration by another person.

(4) "Certified Nursing Assistant (CNA)" means a person who holds a current Oregon CNA certificate by meeting the requirements specified in Division 61; whose name is listed on the CNA Registry; and who assists licensed nursing personnel in the provision of nursing care. The phrase Certified Nursing Assistant and the acronym CNA are generic and may refer to CNA 1, CNA 2 or all CNAs.

(5) "Client-Directed Care" means that a person requiring care fully self-directs or manages his/her own care even though he/she is not physically able to perform the care. The care that may be client directed includes activities of daily living, administration of noninjectable medications and tasks of nursing care.

(6) "Community Based Care" means a setting that does not exist primarily for the purpose of providing nursing/medical care, but where nursing care is incidental to the setting. These settings include adult foster homes, assisted living facilities, child foster homes, private homes, public schools and twenty-four hour residential care facilities.

(7) "Delegation" means that a registered nurse authorizes an unlicensed person to perform tasks of nursing care in selected situations and indicates that authorization in writing. The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed persons and re-evaluating the task at regular intervals. For the purpose of these rules, the unlicensed person, caregiver or certified nursing assistant performs tasks of nursing care under the Registered Nurse's delegated authority.

(8) "Initial Direction for Administration of Noninjectable Medications" means giving explicit instructions regarding administration of noninjectable medications.

(9) "Initial Direction for a Task of Nursing Care" means that the Registered Nurse gives explicit instructions regarding the provision of the task of nursing care.

(10) "Injectable Medications," for the purpose of division 47, means any medication administered by intravenous or subcutaneous routes.

(11) "Noninjectable Medication" means any medication, including controlled substances, which is not administered by the arterial, intradermal, subcutaneous, intramuscular, intraosseous, epidural, intrathecal or intravenous route.

(12) "Nursing Assessment" means the systematic collection of data about an individual client for the purpose of judging that person's health/illness status and actual or potential health care needs. Nursing assessment involves collecting information about the whole person including the physical, psychological, social, cultural and

spiritual aspects of the person. Nursing assessment includes taking a nursing history and an appraisal of the person's health/illness through interview, physical examination and information from family/significant others and pertinent information from the person's past health/medical record. The data collected during the nursing assessment process provides the basis for a diagnosis(es), plan for intervention and evaluation.

(13) "Nursing Process" means a systematic problem-solving method licensed nurses use when they provide nursing care. The nursing process includes the steps of assessing, making a nursing diagnosis, establishing a plan of care, carrying out the plan of care by completing client/nursing care procedures and evaluating the effectiveness of the plan of care.

(14) "Periodic Inspection, Supervision and Evaluation of the Administration of Noninjectable Medications" means that either a physician or Registered Nurse determines the frequency at which review of medication administration practices should occur within a setting in accordance with the rules and policies of that setting.

(15) "Periodic Inspection, Supervision and Evaluation of a Task of Nursing Care" means that the Registered Nurse, at regular intervals, assesses and evaluates the condition of the client for whom a task of nursing care has been delegated, reviews the procedures and directions established for the provision of the nursing care and reviews the competence of the care-giver(s).

(16) "Rescind" means to cancel or take back.

(17) "P.R.N. (pro re nata) medications and treatments" means those medications and treatments which have been ordered to be given as needed.

(18) "Procedural Guidance" means written instructions that the Registered Nurse leaves as a specific outline of how the task of nursing care or administration of medications is to be performed.

(19) "Regularly Scheduled" means that the presence of a licensed nurse is required by statute and administrative rule 24 hours each day in a setting where client care is being continuously delivered.

(20) "Stable/Predictable Condition" means a situation where the client's clinical and behavioral state is known, not characterized by rapid changes, and does not require frequent reassessment and evaluation. This includes clients whose deteriorating condition is predictable.

(21) "Supervision of Unlicensed Persons" means that the Registered Nurse periodically monitors by direct observation on-site or by use of technology that enables the Registered Nurse to visualize the unlicensed person's skill and ability to perform a task, reassesses the client and assesses the need for continued supervision.

(22) "Tasks of Nursing Care" means procedures that require nursing education and a license as a Registered Nurse or Licensed Practical Nurse to perform.

(23) "Teaching," for the purpose of division 47, means providing instructions for the proper way to administer noninjectable medications and/or perform a task of nursing care. Teaching may include presentation of information in a classroom setting or informally to a group, discussion of written material and/or demonstration of a technique/procedure.

(24) "Unlicensed Person," for the purpose of division 47, means an individual who is not licensed to practice nursing, medicine, or any other health occupation requiring a license in Oregon, but who provides tasks of nursing care or is taught to administer noninjectable medications. A certified nursing assistant, as defined by these rules, is an unlicensed person. For the purpose of these delegation rules, unlicensed persons do not include members of the client's immediate family. Family members may perform tasks of nursing care without specific delegation from a Registered Nurse. The terms "unlicensed person" and "caregiver" may be used interchangeably.

(25) "Unstable Condition" means a situation where the client's clinical and behavioral status is of a serious nature, critical, fluctuating, expected to rapidly change, and in need of the continuous reassessment and evaluation of a licensed nurse.

(26) "Written Parameters" means directions that are so specific that the unlicensed caregivers use no discretion in administering p.r.n. medications or treatments.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

851-047-0020

Assignment of Basic Tasks of Nursing Care, Including Noninjectable Medications

These rules for teaching administration of noninjectable medications apply only when a Registered Nurse is designated by the facility or client to provide training and consultation. Unlicensed persons administer noninjectable medications in community-based care settings. Many of these settings are regulated and the unlicensed persons who function in them are regulated from the standpoint of training requirements for them to be caregivers. Training to administer noninjectable medications may or may not be part of the caregiver's orientation program and the training is not required to be done by a Registered Nurse. Community-based care settings may or may not require nurse consultation or the involvement of a licensed nurse. In these settings, the nurse is encouraged to review the facility license requirements that reference the duties of a licensed nurse.

(1) A physician may provide the initial direction for administration of noninjectable medications.

(2) A Registered Nurse, or Licensed Practical Nurse at the direction of a Registered Nurse, may provide the initial direction for administration of noninjectable medications. When a Registered Nurse provides initial direction for the administration of noninjectable medications, the Registered Nurse must ensure that procedural guidance for administration of noninjectable medications is available to caregivers who administer medications. Initial direction shall include the following:

(a) The proper methods for administration of noninjectable medications;

(b) The reasons for the medications;

(c) The potential side-effects of the medications;

(d) Observation of the client's response;

(e) Expected actions if side-effects are observed;

(f) Documentation of the administration of the medications; and

(g) Verification of the physician's or nurse practitioner's order and accurately transcribing the order onto the medication administration record.

(3) Administration of noninjectable medication may or may not be periodically inspected, at the discretion of the Registered Nurse, and must be in accordance with the regulations for the setting in which the medications are administered. Individual clients within the setting may require more frequent review as determined by the judgment of the Registered Nurse. Factors to consider in determining more frequent review include:

(a) The client's condition and medical diagnoses;

(b) The number of medications prescribed and their potential for interaction;

(c) The type and amount of medication administered;

(d) The potential side-effects of the medications; and

(e) The client's history of medication side-effects.

(4) Assisting with the administration of medications does not include administration of noninjectable medications and is not subject to the requirements of OAR 851-047-0020.

(5) Administration of noninjectable p.r.n. medications and treatments may be taught to unlicensed caregivers by a Registered Nurse or a Licensed Practical Nurse at the direction of a Registered Nurse and in accordance with the regulations of the setting in which medications are administered, provided:

(a) Initial direction for administration of noninjectable medications as described in OAR 851-047-0020(2) is provided for the p.r.n. medications;

(b) The Registered Nurse writes parameters to clarify the physician's or nurse practitioner's p.r.n. order;

(c) The Registered Nurse or Licensed Practical Nurse leaves written parameters for the unlicensed caregiver(s) who administer medications; and

(d) The Registered Nurse or Licensed Practical Nurse leaves information for the caregivers who administer medications about the

medications/treatments to be administered, including the purpose of the medications/treatments, their side effects and instructions for action if side effects are observed.

(6) The Registered Nurse and Licensed Practical Nurse have the responsibility to report unsafe practices that come to their attention related to administration of noninjectable medications to the proper person or agency even though the nurse may not have the primary responsibility for review of medication administration practices or supervision of the caregivers who administer noninjectable medications.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

851-047-0030

Delegation of Special Tasks of Client/Nursing Care

These rules for delegation of tasks of nursing care, in particular the process for initial direction described in OAR 851-047-0030(3)(g), the first supervisory visit within at least 60 days described in OAR 851-047-0030(4)(d) and the documentation requirements described in OAR 851-047-0030(3)(k), apply only to those tasks of nursing care delegated after the date these rules are adopted and in effect. Any new delegation of a task of nursing care undertaken after the effective date of these rules shall be in accordance with OAR 851-047-0030(2) and (3). After the effective date of these rules, the next scheduled periodic inspection, supervision and re-evaluation shall be in accordance with OAR 851-047-0030(4).

(1) The Registered Nurse may delegate tasks of nursing care, including the administration of subcutaneous injectable medications.

(a) Under no circumstance may the Registered Nurse delegate the nursing process in its entirety to an unlicensed person.

(b) The responsibility, accountability and authority for teaching and delegation of tasks of nursing care to unlicensed persons shall remain with the Registered Nurse.

(c) The Registered Nurse may delegate a task of nursing care only to the number of unlicensed persons who will remain competent in performing the task and can be safely supervised by the Registered Nurse.

(d) The decision whether or not to delegate a task of nursing care, to transfer delegation and/or to rescind delegation is the sole responsibility of the Registered Nurse based on professional judgment.

(e) The Registered Nurse has the right to refuse to delegate tasks of nursing care to unlicensed person if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision.

(2) The Registered Nurse may delegate a task of nursing care to unlicensed persons, specific to one client, under the following conditions:

(a) The client's condition is stable and predictable.

(b) The client's situation or living environment is such that delegation of a task of nursing care could be safely done.

(c) The selected caregiver(s) have been taught the task of nursing care and are capable of and willing to safely perform the task of nursing care.

(3) The Registered Nurse shall use the following process to delegate a task of nursing care:

(a) Perform a nursing assessment of the client's condition;

(b) Determine that the client's condition is stable and predictable prior to deciding to delegate;

(c) Consider the nature of the task, its complexity, the risks involved and the skills necessary to safely perform the task;

(d) Determine whether or not an unlicensed person can perform the task safely without the direct supervision of a Registered Nurse;

(e) Determine how often the client's condition needs to be reassessed to determine the appropriateness of continued delegation of the task to the unlicensed persons; and

(f) Evaluate the skills, ability and willingness of the unlicensed persons.

(g) Provide initial direction by teaching the task of nursing care, including:

- (A) The proper procedure/technique;
- (B) Why the task of nursing care is necessary;
- (C) The risks associated with;
- (D) Anticipated side effects;
- (E) The appropriate response to untoward or side effects;
- (F) Observation of the client's response; and
- (G) Documentation of the task of nursing care.

(h) Observe the unlicensed persons performing the task to ensure that they perform the task safely and accurately.

(i) Leave procedural guidance for performance of the task for the unlicensed persons to use as a reference. These written instructions shall be appropriate to the level of care, based on the previous training of the unlicensed persons and shall include:

(A) A specific outline of how the task of nursing care is to be performed, step by step;

- (B) Signs and symptoms to be observed; and
- (C) Guidelines for what to do if signs and symptoms occur.

(j) Instruct the unlicensed persons that the task being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers.

(k) Document the following:

(A) The nursing assessment and condition of the client;

(B) Rationale for deciding that this task of nursing care can be safely delegated to unlicensed persons;

(C) The skills, ability and willingness of the unlicensed persons;

(D) That the task of nursing care was taught to the unlicensed persons and that they are competent to safely perform the task of nursing care;

(E) The written instructions left for the unlicensed persons, including risks, side effects, the appropriate response and that the unlicensed persons are knowledgeable of the risk factors/side effects and know to whom they are to report the same;

(F) Evidence that the unlicensed person(s) were instructed that the task is client specific and not transferable to other clients or providers;

(G) How frequently the client should be reassessed by the registered nurse regarding continued delegation of the task to the unlicensed persons, including rationale for the frequency based on the client's needs;

(H) How frequently the unlicensed persons should be supervised and reevaluated, including rationale for the frequency based on the competency of the caregiver(s); and

(I) That the Registered Nurse takes responsibility for delegating the task to the unlicensed persons, and ensures that supervision will occur for as long as the Registered Nurse is supervising the performance of the delegated task.

(4) The Registered Nurse shall provide periodic inspection, supervision and re-evaluation of a delegated task of nursing care by using the following process and under the following conditions:

(a) Assess the condition of the client and determine that it remains stable and predictable; and

(b) Observe the competence of the caregiver(s) and determine that they remain capable and willing to safely perform the delegated task of nursing care.

(c) Assessment and observation may be on-site or by use of technology that enables the Registered Nurse to visualize both the client and the caregiver.

(d) Evaluate whether or not to continue delegation of the task of nursing care based on the Registered Nurse's assessment of the caregiver and the condition of the client within at least 60 days from the initial date of delegation.

(e) The Registered Nurse may elect to re-evaluate at a more frequent interval until satisfied with the skill of the caregiver and condition of the client.

(f) The subsequent intervals for assessing the client and observing the competence of the caregiver(s) shall be based on the following factors:

(A) The task of nursing care being performed;

(B) Whether the Registered Nurse has taught the same task to the caregiver for a previous client;

(C) The length of time the Registered Nurse has worked with each caregiver;

(D) The stability of the client's condition and assessment for potential to change;

(E) The skill of the caregiver(s) and their individual demonstration of competence in performing the task;

(F) The Registered Nurse's experience regarding the ability of the caregiver(s) to recognize and report change in client condition; and

(G) The presence of other health care professionals who can provide support and backup to the delegated caregiver(s).

(g) The less likely the client's condition will change and/or the greater the skill of the caregiver(s), the greater the interval between assessment/supervisory visits may be. In any case, the interval between assessment/supervisory visits may be no greater than every 180 days.

(5) It is expected that the Registered Nurse who delegates tasks of nursing care to unlicensed persons will also supervise the unlicensed person(s). However, supervision may also be provided by another Registered Nurse who was not the delegator provided the supervising nurse is familiar with the client, the skills of the unlicensed person and the plan of care. The acts of delegation and supervision are of equal importance for ensuring the safety of nursing care for clients. If the delegating and supervising nurses are two different individuals, the following shall occur:

(a) The reasons for separation of delegation and supervision shall be justified from the standpoint of delivering effective client care;

(b) The justification shall be documented in writing;

(c) The supervising nurse agrees, in writing, to perform the supervision; and

(d) The supervising nurse is either present during teaching and delegation or is fully informed of the instruction, approves of the plan for teaching and agrees that the unlicensed person who is taught the task of nursing care is competent to perform the task.

(6) The Registered Nurse may transfer delegation and supervision to another Registered Nurse by using the following process. Transfer of delegation and supervision to another Registered Nurse, if it can be done safely, is preferable to rescinding delegation to ensure that the client continues to receive care:

(a) Review the client's condition, teaching plan, competence of the unlicensed person, the written instructions and the plan for supervision;

(b) Redo any parts of the delegation process which needs to be changed as a result of the transfer;

(c) Document the transfer and acceptance of the delegation/supervision responsibility, the reason for the transfer and the effective date of the transfer, signed by both Registered Nurses; and

(d) Communicate the transfer to the persons who need to know of the transfer.

(7) The Registered Nurse has the authority to rescind delegation. The decision to rescind delegation is the responsibility of the Registered Nurse who originally delegated the task of nursing care. The following are examples of, but not limited to, situations where rescinding delegation is appropriate:

(a) The unlicensed person demonstrates an inability to perform the task of nursing care safely;

(b) The condition of the client has changed to a level where delegation to an unlicensed person is no longer safe;

(c) The Registered Nurse determines that delegation and periodic supervision of the task and the unlicensed person is no longer necessary due to a change in client condition or because the task has been discontinued;

(d) The Registered Nurse is no longer able to provide periodic supervision of the unlicensed person, in which case the registered nurse has the responsibility to pursue obtaining supervision with the appropriate person or agency;

(e) The skill of the unlicensed person, the longevity of the relationship and the client's condition in combination make delegation no longer necessary.

(8) The Registered Nurse may delegate the administration of medications by the intravenous route to unlicensed person(s), specific to one client, provided the following conditions are met:

(a) The delegation is done by a Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider.

(b) The tasks related to administration of medications which may be delegated are limited to flushing the line with routine, pre-measured flushing solutions, adding medications, and changing bags of fluid. Bags of fluid and doses of medications must be pre-measured and must be reviewed by a licensed health care professional whose scope of practice includes these functions.

(c) A Registered Nurse is designated and available on call for consultation, available for on-site intervention 24 hours each day and regularly monitors the intravenous site.

(d) The agency has clear written policies regarding the circumstances for and supervision of the delegated tasks.

(e) Delegation does not include initiating or discontinuing the intravenous line.

(9) A Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider may delegate the administration of a bolus of medication by using a preprogrammed delivery device. This applies to any route of intravenous administration.

(10) The Registered Nurse may not delegate medications by the intravenous route other than described in subsections (8) and (9) of this rule.

(11) The Registered Nurse may not delegate the administration of medications by the intramuscular route, except as provided in ORS 433.800–433.830, Programs to Treat Allergens and Hypoglycemia.

(12) The Registered Nurse has the right to refuse to delegate administration of medications by the intravenous route if the Registered Nurse believes it would be unsafe to delegate or is unable to provide the level and frequency of supervision required by these rules.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: NB 2-1988, f. & cert. ef. 6-24-88; NB 7-1989(Temp), f. & cert. ef. 10-4-89; NB 2-1990, f. & cert. ef. 4-2-90; NB 8-1992, f. & cert. ef. 7-27-92; Renumbered from 851-045-0011; BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

851-047-0040

Teaching the Performance of Tasks for an Anticipated Emergency

The Registered Nurse may teach tasks to unlicensed persons which prepare the persons to deal with an anticipated emergency under the following conditions:

(1) The Registered Nurse assesses the probability that the unlicensed persons will encounter an emergency situation. Teaching for an anticipated emergency should be limited to those who are likely to encounter such an emergency situation.

(2) The Registered Nurse teaches the emergency procedure.

(3) The Registered Nurse leaves detailed step-by-step instructions how to respond to the anticipated emergency.

(4) Preparation for an anticipation of an emergency includes the administration of injectable medications by the intramuscular route as provided in ORS 433.800–433.830, Programs to Treat Allergens and Hypoglycemia.

(5) The Registered Nurse periodically evaluates the unlicensed persons' competence regarding the anticipated emergency situation.

(6) The responsibility, accountability and authority to teach for an anticipated emergency remains with the Registered Nurse.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: BN 3-1998, f. & cert. ef. 3-13-98; Administrative Correction 5-12-98; BN 5-2004, f. & cert. ef. 2-26-04

DIVISION 48

STANDARDS FOR PROVISION OF NURSING CARE BY A DESIGNATED CARE-GIVER

851-048-0010

Statement of Intent

(1) These rules are to be used only in situations where a person who requires nursing care in a private home or home-like setting designates a person who is like a family member as a care-giver. The designated care-giver is not paid or compensated in any way for the nursing care that he/she provides. Examples of designated care-givers are persons who live in the same household as the person requiring nursing care such as a significant other; or persons who live outside the household of the person requiring nursing care but who have a significant relationship with the person such as a neighbor, friend or relative who is not a member of the immediate family.

(2) Prior to providing the nursing care, the care-giver is taught by a licensed nurse who has expertise related to the person's care needs and is practicing within his/her scope of practice.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.010

Hist.: BN 2-1998, f. & cert. ef. 1-26-98; BN 8-2001, f. & cert. ef. 7-9-01

851-048-0020

Statement of Purpose

(1) The Board believes that consumers of nursing care have the right to designate family and family-like individuals to participate in the provision of their health care.

(2) The Board recognizes that there are situations where immediate family members are not available to provide nursing care for persons requiring such care.

(3) The Board believes that persons who are "like a family" to a person needing nursing care, and who have a significant, caring relationship with that person, can provide safe care in the best interest of the patient as would a member of the immediate family who is enabled to provide care by exclusion from the statutory definition of the practice of nursing.

Stat. Auth.: ORS 678.150 & HB 2779, 1997

Stats. Implemented: ORS 678.010

Hist.: BN 2-1998, f. & cert. ef. 1-26-98

851-048-0030

Applicability of the Rules

(1) These rules apply in situations where a person requires nursing care and designates a care-giver who is able and willing to provide the necessary nursing care. Examples include but are not limited to situations where members of the immediate family are not readily available or able to provide care, or the person needing the nursing care prefers to designate someone other than members of the immediate family to provide his or her nursing care.

(2) These rules apply in situations where a person requires nursing care, the person cannot provide his/her own care, and someone who has the authority to act on behalf of the person needing care designates a care-giver who is able and willing to provide the necessary nursing care.

(3) These rules apply in settings of a private home or home-like environment where a person requires nursing care and that care is provided by a designated care-giver without monetary or other compensation.

(4) These rules do not apply to licensed health care facilities which provide nursing services or general supervision over activities of daily living and where the presence of licensed nurses and/or trained/certified care-givers is required. The settings where these rules do not apply include but are not limited to:

(a) Acute care facilities;

(b) Long term care facilities;

(c) Adult foster homes;

(d) Assisted living facilities;

(e) Residential care facilities.

(5) These rules do not prohibit the delegation of nursing care to paid care-givers under the provisions of Division 047 (OAR 851-047-0000 through 0030).

Stat. Auth.: ORS 678.150 & HB 2779, 1997

Stats. Implemented: ORS 678.010

Hist.: BN 2-1998, f. & cert. ef. 1-26-98

851-048-0040

Definitions

(1) “Designated Care-Giver” means a person who is not a member of the immediate family and who has been selected by the person needing care or by an individual authorized to act on behalf of the person needing nursing care, to provide nursing care. The designated care-giver shall not be compensated, either directly or indirectly, for the nursing care he/she provides. Examples of designated care-givers include, but are not limited to: persons who live in the same household as the person requiring nursing care such as a significant other; or persons who live outside the household of the person requiring nursing care but who have a significant relationship with the person such as a neighbor, friend or relative who is not a member of the immediate family.

(2) “Licensed Nurse” means a Registered Nurse or Licensed Practical Nurse licensed by the Oregon State Board of Nursing.

(3) “Members of the Immediate Family” mean father, mother, grandfather, grandmother, husband, wife, son, daughter, sister, brother or other persons related to the person needing nursing care by blood, by marriage or through legal adoption.

(4) “Teaching” means that the Licensed Nurse instructs the designated care-giver in the correct method of performing a selected task of nursing care or the provision of nursing care.

Stat. Auth.: ORS 678.150 & HB 2779, 1997

Stats. Implemented: ORS 678.010

Hist.: BN 2-1998, f. & cert. ef. 1-26-98; BN 8-2001, f. & cert. ef. 7-9-01

851-048-0050**Responsibilities of the Care-Giver**

The designated care-giver shall not:

(1) Accept monetary or other compensation, either directly or indirectly, for providing the specific tasks of nursing care;

(2) Transfer the authority of nursing care to other persons or other care-givers. Only the person needing nursing care, or a person who has the authority to act on behalf of the person needing nursing care, has the authority to designate another care-giver to provide nursing care.

Stat. Auth.: ORS 678.150 & HB 2779, 1997

Stats. Implemented: ORS 678.010

Hist.: BN 2-1998, f. & cert. ef. 1-26-98

851-048-0060**Responsibilities of the Licensed Nurse in Working with the Designated Care-Giver**

The Licensed Nurse whose responsibility it is to teach the designated care-giver the provisions of nursing care shall:

(1) Determine that the person who is to be taught the tasks of nursing care meets the definition of a designated care-giver as stated in OAR 851-048-0030;

(2) View the designated care-giver as they would a member of the immediate family.

(3) Teach the designated care-giver as they would a member of the immediate family.

(4) Teach the designated care-giver any task of nursing care necessary for the person to receive care.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.010

Hist.: BN 2-1998, f. & cert. ef. 1-26-98; BN 8-2001, f. & cert. ef. 7-9-01

DIVISION 50**NURSE PRACTITIONERS****851-050-0000****Definitions**

(1) “Addiction” means a combination of cognitive, physiological, and behavioral symptoms (such as compulsive craving and compulsive use of a controlled substance) in which the individual continues the use of a substance despite harm or adverse consequences. Neither physical dependence nor tolerance alone, as defined by these rules, constitutes addiction.

(2) “Administer” means the direct application of a drug or device, whether by injection, inhalation, ingestion or any other means to the body of a patient or research subject.

(3) “Assessment” means a process of collecting information regarding a client’s health status including, but not limited to, illness; response to illness; health risks of individuals, families and groups; resources; strengths and weaknesses, coping behaviors; and the environment. The skills employed during the assessment process include, but are not limited to: obtaining client histories, conducting physical examinations, ordering, interpreting and conducting a broad range of diagnostic procedures (e.g., laboratory studies, EKGs, and x-rays).

(4) “Client(s) or patient(s)” means a family, group or individual who has been assessed by and has a client/patient record established by the nurse practitioner.

(5) “Collaboration” means working with another health care provider to jointly provide client care.

(6) “Consultation” means discussion with another health care provider for the purpose of obtaining information or advice in order to provide client care.

(7) “Counseling” means a mutual exchange of information through which advice, recommendations, instruction, or education are provided to the client.

(8) “Delinquent Renewal” means the renewal of a nurse practitioner certificate previously held in Oregon which is expired.

(9) “Diagnosis” means identification of actual or potential health problems or need for intervention, based on analysis of the data collected.

(10) “Direct Supervision” means the licensed/certified nurse practitioner or physician is physically present at the practice site, and able to intervene if necessary.

(11) “Discrete pharmacology course” means an advanced pharmacology course with pharmacologically specific requirements, objectives, and content, which is offered for credit or continuing education, and is not integrated into other coursework offered.

(12) “Dispense” or “dispensing” means the labeling and distribution of a medication to the nurse practitioner’s client which is prepackaged by a manufacturer registered with the State Board of Pharmacy, or repackaged by a pharmacist licensed with the State Board of Pharmacy.

(13) “Dispensing Authority” means to prepare and deliver substances to the client provided the authority is exercised in compliance with applicable federal and state laws.

(14) “Distance learning” means education provided by written correspondence or electronic medium for students not located at the site of the school.

(15) “Distribute” means the delivery of a drug other than by administering or dispensing, such as prepackaged samples.

(16) “Evaluation” means the determination of the effectiveness of the intervention(s) on the client’s health status.

(17) “Holistic Health Care” means an approach to diagnosis and treatment of clients, which considers the status of the whole person (physical, emotional, social, spiritual, and environmental).

(18) “Initial certification” means the first certification granted by the Board. This may follow the applicant’s completion of a nurse practitioner program or be granted to an applicant in Oregon who has been recognized by and has practiced as a nurse practitioner in another state or jurisdiction.

(19) “Intervention” means measures to promote health, to protect against disease, to treat illness in its earliest stages, and to manage acute and chronic conditions and/or illness. Interventions may include, but are not limited to: issuance of orders, direct nursing care, prescribing or administering medications or other therapies, and consultation or referral.

(20) “Management” means the provision and/or coordination of the care that the client receives related to physical and psycho-social health-illness status;

(21) “Nurse Practitioner” (NP) means a registered nurse who provides health care in an expanded specialty role. The title nurse practitioner and specialty category of practice shall not be used unless the individual is certified by the Board.

(22) “Nurse Practitioner Orders” means written or verbal instructions or directions by the nurse practitioner for interventions, diagnostic tests, evaluations, drugs, or treatment modalities. Nurse practitioners may establish protocols and standing orders.

(23) "Pain" means an unpleasant sensory and emotional experience related to adverse nociceptive or neuropathic stimuli.

(a) "Acute pain" is brief and responds to timely intervention, or subsides as healing takes place.

(b) "Chronic pain" is on going or frequently recurring, and may become unresponsive to intervention over time.

(c) "Intractable pain" means a pain state in which the cause cannot be removed or otherwise treated, and no relief or cure has been found after reasonable efforts.

(24) "Pharmacodynamics" means the study of the biochemical and physiologic effects of drugs and their mechanism of action.

(25) "Pharmacokinetics" means the action of drugs in the body over a period of time.

(26) "Pharmacotherapeutics" means the study of the uses of drugs in the treatment of disease.

(27) "Physical Dependence" means the physiologic adaptation to the presence of a controlled substance, characterized by withdrawal when its use is stopped abruptly.

(28) "Practice requirement" in an expanded specialty role means independent clinical practice in the specialty role of certification providing health care or other such activities, which have a clinical focus and are at an advanced nursing level. These activities include, but are not limited to, teaching, consulting, supervision and research related to the specialty area of certification.

(29) "Prescribing authority" means the legal permission to determine which legend drugs and controlled substances shall be used by or administered to a client.

(30) "Provision of Care" means holistic health care, which is continuous and comprehensive. Health care includes:

- (a) Health promotion;
- (b) Prevention of disease and disability;
- (c) Health maintenance;
- (d) Rehabilitation;
- (e) Identification of health problems;
- (f) Management of health problems;
- (g) Referral.

(31) "Referral" means directing the client to other resources for the purpose of assessment or intervention.

(32) "Target audience" means a population for whom an educational program is designed.

(33) "Therapeutic device" means an instrument or an apparatus intended for use in diagnosis or treatment, and in the prevention of disease or maintenance or restoration of health.

(34) "Tolerance" means the physiologic adaptation to a controlled substance over time, resulting in the need to increase the dose to achieve the same effect, or in a reduction of response with repeated administration.

Stat. Auth.: ORS 678.375, 678.385, 678.380, 678.385 & 678.390
 Stats. Implemented: ORS 678.375, 678.385 & 678.380
 Hist.: NB 3-1987, f. & ef. 3-12-87; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96; BN 5-2000, f. & cert. ef. 4-24-00; BN 6-2001, f. & cert. ef. 4-24-01; BN 10-2003, f. & cert. ef. 10-2-03; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0001

Standards for Nurse Practitioner Programs

The Board's standards for nurse practitioner programs for initial applicants are as follows:

(1) The nurse practitioner program shall be a minimum of one academic year in length; however, programs completed before January 1, 1986 and post-Masters programs completed for the purpose of changing category of nurse practitioner certification may be less than one academic year in length if the program otherwise meets all requirements.

(2) Faculty who teach within the nurse practitioner program shall be educationally and clinically prepared in the same specialty area(s) as the theory and clinical areas they teach and shall include advanced practice nurses.

(3) The curriculum content shall contain theory and clinical experience in the nurse practitioner specialty role/category specified in OAR 851-050-0005(6) for which application is being made, preparing the graduate to meet all competencies within the scope

including physical assessment, pharmacology, pathophysiology, differential diagnosis and clinical management.

(4) The number of contact hours of clinical experience shall be equal to or greater than the number of contact hours of nurse practitioner theory.

(5) Programs that provide for advanced placement of students shall provide documentation that such students meet the equivalent of the program's current curriculum and standards.

(6) Written program materials shall accurately reflect the mission, philosophy, purposes, and objectives of the program.

(7) Programs shall demonstrate appropriate course sequencing, including completion of all precicensure nursing curriculum requirements before advancement into nurse practitioner clinical coursework.

(8) Preceptors shall meet clinical and licensure qualifications for the state in which they practice.

(9) Distance learning programs shall meet all standards of OAR 851-050-0001.

(10) Coursework taken within the nurse practitioner program must be taken at the graduate level, if completed after January 1, 1986.

(11) Nurse practitioner programs outside of the United States must meet all standards of OAR 851-050-0001. Such programs shall be determined by Board credentials review to be equivalent to graduate nurse practitioner programs offered in the United States which prepare the nurse practitioner for practice within the advanced nursing specialty scope. Nationally recognized accreditation standards may be applied by the Board at the Board's discretion, in accordance with the Oregon Office of Degree Authorization regulations.

Stat. Auth.: ORS 678.380
 Stats. Implemented: ORS 678.380
 Hist.: NB 3-1990, f. & cert. ef. 4-2-90; NB 8-1993, f. & cert. ef. 8-23-93; BN 10-2003, f. & cert. ef. 10-2-03

851-050-0002

Application for Initial Certification as a Nurse Practitioner

Application For Initial Certification as a Nurse Practitioner

(1) An applicant for initial certification in Oregon as a nurse practitioner, shall:

(a) Hold a current unencumbered registered nurse license in the State of Oregon, and

(b) Meet the following educational requirements:

(A) A Master's Degree in Nursing or a Doctorate in Nursing from a CCNE (Commission on Collegiate Nursing Education) or NLNAC (National League for Nursing Accreditation Commission) accredited graduate nursing program; and

(B) Satisfactory completion of a Nurse Practitioner Program that meets OAR 851-050-0001 requirements and is specific to the expanded specialty role/category for which application is made.

(C) Nurse practitioner programs completed after January 1, 2005 shall be within a CCNE or NLNAC accredited graduate level program at the Masters or post-masters graduate level; or an equivalent non-U.S. graduate program as specified in OAR 851-050-0001(11); and

(c) Meet the practice requirement in OAR 851-050-0004.

(2) An applicant for initial certification in Oregon who has been certified in another state as an advanced practice nurse, and who meets all other requirements for certification, may be certified in Oregon if their program meets the standards of OAR 851-050-0001 and was completed within the following time frames:

(a) Prior to January 1, 1981, completion of a nursing educational program leading to licensure as a registered nurse and subsequent completion of a nurse practitioner program.

(b) As of January 1, 1981, a nurse obtaining Oregon certification shall have a minimum of a baccalaureate degree with a major in nursing and, in addition, satisfactory completion of an educational program in the nurse practitioner specialty area. Specialty preparation obtained within a baccalaureate nursing program does not meet this requirement.

(c) As of January 1, 1986, the minimum educational requirement for Oregon shall be a Masters degree in Nursing with satis-

factory completion of an educational program in the nurse practitioner specialty area.

(3) The graduate degree requirement may be met prior to, concurrent with, or after completion of the nurse practitioner program.

(4) The following documents shall be submitted as part of the initial application process:

(a) An official transcript of the graduate program, showing degree granted and received directly from the registrar of the university or college.

(b) An official transcript, or other evidence of satisfactory completion of the nurse practitioner program showing all courses, grades, quality points, grade point average, degree granted, date of graduation, appropriate registrar's signature or program director's signature received by the Board directly from the program or registrar.

(c) Evidence that the nurse practitioner program meets the Board's standards as described in OAR 851-050-0001.

(5) An applicant for initial certification in Oregon as a nurse practitioner shall meet all requirements for prescribing authority described in OAR 851-050-0125 and obtain prescribing authority under the provisions of OAR 851-050-0120.

(6) Revocation, suspension, or any other encumbrance of a registered nurse license held in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of certification in Oregon.

(7) The applicant shall submit the required fees with the application. Fees are not refundable. An application which remains incomplete after one calendar year shall be considered void.

Stat. Auth.: ORS 678.375, ORS 678.380 & ORS 678.390

Stats. Implemented: ORS 678.380 & ORS 390

Hist.: NER 34, f. & ef. 10-1-76; NER 8-1985, f. & ef. 12-9-85; NB 3-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0300; NB 12-1990, f. & cert. ef. 12-28-90; NB 3-1993(Temp), f. & cert. ef. 2-26-93; NB 8-1993, f. & cert. ef. 8-23-93; NB 7-1996, f. & cert. ef. 10-29-96; Administrative correction 3-23-98; BN 10-2003, f. & cert. ef. 10-2-03

851-050-0004

Nurse Practitioner Practice Requirements

(1) The practice requirement as a nurse practitioner must be met through practice, which meets the definition in OAR 851-050-0000(27) in the following manner:

(a) Completion of a nurse practitioner program within the past one year; or

(b) Completion of a nurse practitioner program within the past two years and a minimum of 192 hours of practice as a nurse practitioner; or

(c) 960 hours of nurse practitioner practice within the five years preceding certification application or renewal; or

(d) Completion of a Board supervised advanced practice re-entry program which meets the requirements of OAR 851-050-0006 within two years immediately preceding issuance of certification under a limited or registered nurse license and a limited nurse practitioner certificate.

(2) As of July 1, 2005, prior practice as a registered nurse requirement for nurse practitioner applicants will be as follows:

(a) All initial applicants must provide documentation of a minimum of 384 hours of registered nurse practice, which includes assessment and management of clients and is not completed as an academic clinical requirement or continuing education program.

(b) The applicant shall verify completion of the required hours before issuance of the nurse practitioner certificate.

(c) This requirement shall be waived for individuals practicing in the specialty area as a licensed certified nurse practitioner in another state for at least 384 hours in the advanced practice role.

(3) All practice hours claimed are subject to audit and disciplinary action for falsification.

(4) A nurse practitioner student may practice in Oregon provided he or she meets the following requirements:

(a) A current, unencumbered registered nurse license in Oregon;

(b) Enrollment in a nurse practitioner program accredited by a state approved national accrediting body;

(c) Submission of a written, signed agreement between the student and a nurse practitioner or physician who has agreed to serve as a preceptor;

(d) Identification of the faculty advisor accountable for general supervision from the nurse practitioner program; and

(e) Proof of program approval by the Office of Degree Authorization of Oregon Department of Education.

Stat. Auth.: ORS 678.375, 678.380 & 678.390

Stats. Implemented: ORS 678.380 & 390

Hist.: BN 10-2003, f. & cert. ef. 10-2-03; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0005

Nurse Practitioner Scope of Practice

(1) Purpose of Scope of Practice:

(a) To establish acceptable levels of safe practice for the nurse practitioner.

(b) To serve as a guide for the Board to evaluate nurse practitioner practice.

(c) To distinguish the scope of practice of the nurse practitioner from that of the registered nurse.

(2) The role of the nurse practitioner will continue to expand in response to societal demand and new knowledge gained through research, education, and experience.

(3) The nurse practitioner provides holistic health care to individuals, families, and groups across the life span in a variety of settings, including hospitals, long term care facilities and community-based settings.

(4) Within his or her specialty, the nurse practitioner is responsible for managing health problems encountered by the client and is accountable for health outcomes. This process includes:

(a) Assessment;

(b) Diagnosis;

(c) Development of a plan;

(d) Intervention;

(e) Evaluation.

(5) The nurse practitioner is independently responsible and accountable for the continuous and comprehensive management of a broad range of health care, which may include:

(a) Promotion and maintenance of health;

(b) Prevention of illness and disability;

(c) Assessment of clients, synthesis and analysis of data and application of nursing principles and therapeutic modalities;

(d) Management of health care during acute and chronic phases of illness;

(e) Admission of his/her clients to hospitals and/or health services including but not limited to home health, hospice, long term care and drug and alcohol treatment;

(f) Counseling;

(g) Consultation and/or collaboration with other health care providers and community resources;

(h) Referral to other health care providers and community resources;

(i) Management and coordination of care;

(j) Use of research skills;

(k) Diagnosis of health/illness status;

(l) Prescription and/or administration of therapeutic devices and measures, including legend drugs and controlled substances as provided in OAR 851-050-0131 and dispensing drugs as provided in OAR 851-50-0133, 0134 and 0145, consistent with the definition of the practitioner's specialty category and scope of practice.

(6) The nurse practitioner scope of practice includes teaching the theory and practice of advanced practice nursing.

(7) The nurse practitioner is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond his/her nurse practitioner expertise by consulting with or referring clients to other health care providers.

(8) The nurse practitioner will only provide health care services within the nurse practitioner's scope of practice for which he/she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic coursework, workshops or seminars, provided both theory and clinical experience are included.

(9) The scope of practice as previously defined is incorporated into the following specialty categories and further delineates the population served:

(a) Acute Care Nurse Practitioner (ACNP) — The Acute Care Nurse Practitioner independently provides health care to persons who are acutely or critically ill;

(b) Adult Nurse Practitioner (ANP) — The Adult Nurse Practitioner independently provides health care to adolescents and adults;

(c) Nurse Midwife Nurse Practitioner (NMNP) — The Nurse Midwife Nurse Practitioner independently provides health care to women, focusing on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases, and reproductive health. Counseling related to sexuality, relationship, and reproductive issues is included in this scope.

(d) College Health Nurse Practitioner (CHNP) — The College Health Nurse Practitioner independently provides health care to essentially normal clients in the college setting. As of March 12, 1987, no additional College Health Nurse Practitioners shall be initially certified.

(e) Family Nurse Practitioner (FNP) — The Family Nurse Practitioner independently provides health care to families and to persons across the lifespan;

(f) Geriatric Nurse Practitioner (GNP) — The Geriatric Nurse Practitioner independently provides health care to older adults;

(g) Neonatal Nurse Practitioner (NNP) — The Neonatal Nurse Practitioner independently provides health care to neonates and infants;

(h) Pediatric Nurse Practitioner (PNP) — The Pediatric Nurse Practitioner independently provides health care to persons newborn to young adulthood;

(i) Psychiatric/Mental Health Nurse Practitioner (PMHNP) — The Psychiatric/Mental Health Nurse Practitioner independently provides health care to clients with mental and emotional needs and/or disorders;

(j) Women's Health Care Nurse Practitioner (WHCNP) — The Women's Health Care Nurse Practitioner independently provides health care to adolescent and adult females. The scope of practice includes treating the male partners of their female clients for sexually transmitted diseases and reproductive health. Counseling related to sexuality, relationship, and reproductive health is included in this scope.

Stat. Auth.: ORS 678.380 & 678.395

Stats. Implemented: ORS 678.380

Hist.: NB 3-1987, f. & ef. 3-12-87; NB 3-1990, f. & cert. ef. 4-2-90; NB 1-1992, f. & cert. ef. 2-13-92; NB 7-1992, f. & cert. ef. 7-15-92; NB 4-1994, f. & cert. ef. 8-2-94; NB 9-1994, f. & cert. ef. 12-7-94; NB 2-1995, f. & cert. ef. 4-12-95; NB 7-1996, f. & cert. ef. 10-29-96; NB 6-1997, f. & cert. ef. 5-13-97; BN 10-2003, f. & cert. ef. 10-2-03

851-050-0006

Re-Entry Requirements

(1) If the practice requirement in OAR 851-050-0004 has not been met, applicants should:

(a) Obtain a limited license as a registered nurse in the State of Oregon; or hold a current, unencumbered Oregon registered nurse license.

(b) Submit an application for a limited license, which meets educational requirements of OAR 851-050-0002(1), or an application for delinquent renewal of previous certification as a nurse practitioner in Oregon. An application, which is not completed, becomes void after one year from date of receipt.

(c) Submit a plan of study for approval, which specifies:

(A) Clinical sites, patient population, objectives, competency evaluation, and supervisory relationship of preceptor;

(B) Number of practice hours required and how their completion shall be met.

(d) Submit names and qualifications for approval of preceptors which are Oregon certified nurse practitioners and/or Oregon licensed MD/DO physicians in the same specialty area as the nurse practitioner certification specialty.

(e) Determine practice hours in consultation with the Board to ensure one of the following options have been met:

(A) 300 hours of supervised practice if the applicant has practiced less than 960 hours in the last five years, or has completed a

nurse practitioner program within the last two years and has not worked a minimum of 192 hours. Advanced practice hours completed during these time frames may be applied to reduce the total number of supervised clinical practice hours required, except that in no case shall the precepted practice be less than 150 hours.

(B) 600 hours of supervised practice if the applicant has not practiced 960 hours in the last five years, but has practiced at least 960 hours in the last six years. Advanced practice hours completed during the six year time frame may be applied to reduce the total number of supervised clinical practice hours required except that in no case shall the precepted practice be less than 300 hours.

(C) 1000 hours of supervised practice if the applicant has not practiced at least 960 hours in the last ten years. Advanced practice hours completed during the ten year time frame may be applied to reduce the total number of supervised clinical practice hours required except that in no case shall the precepted practice be less than 500 hours.

(D) If the applicant has not practiced at least 960 hours within the last ten years, the re-entry requirement shall be met through successful completion of a nurse practitioner post masters certificate program which meets the requirements of OAR 851-050-0001, or of a comprehensive series of nurse practitioner courses within a CCNE or NLNAC accredited nurse practitioner program in the specialty sought. The plan of study shall be submitted in advance for Board approval before enrollment. The plan of study shall cover the entire scope of the advanced specialty area under which the applicant was previously certified/licensed, and must include both clinical and didactic hours. The program of study shall include advanced pharmacology which meets the requirements of OAR 851-050-0125, pathophysiology, physical assessment, differential diagnosis, and clinical management. The institution shall provide documentation, which demonstrates previous credits, courses, or competency testing applied to meet final completion. Proof of completion of this plan of study shall be provided to the Board in the form of official transcripts documenting completion of all required coursework.

(2) In addition to meeting the re-entry practice requirement, all participants will submit evidence of 100 hours of continuing education completed within the last two years by the completion of their re-entry precepted practice. The continuing education hours must include an advanced pharmacology course meeting the criteria in OAR 851-050-0125, physical assessment, treatment modalities, client management and laboratory/diagnostic studies with content related to the NP scope of practice being sought. The continuing education may be obtained in the following ways:

(a) Independent learning activities, e.g. reading professional journals;

(b) Unstructured learning activities, e.g. professional meetings and clinical rounds;

(c) Structured learning activities, e.g. seminars and workshops.

(3) The re-entry participant shall practice under a limited certificate, and successfully complete clinical practice directly supervised by the approved preceptor in the same area of practice. Application for a limited certificate shall be made prior to the beginning of the supervised clinical practice. The limited certificate shall be valid for one year, with one renewal of an additional one year permitted. The supervising practitioner shall submit a final evaluation to the Board to verify that the applicant's knowledge and skills are at a safe and acceptable level and verify the hours of supervised practice. An application for a limited license for re-entry without issuance after one calendar year shall be considered void.

(4) Supervised practice hours shall be without compensation.

(5) Upon successful completion of the supervised practice hours, the nurse practitioner certificate will be issued with an expiration date that coincides with the applicant's registered nurse license.

(6) Re-entry hours must be completed within a two-year time frame from the issuance of the limited license.

(7) Successful completion of Board approved advanced practice re-entry will satisfy requirements for the registered nurse re-entry.

(8) Prescriptive authority will be issued only upon completion of precepted hours to applicants meeting all criteria in OAR 851-050-

0120. Written documents during precepted practice shall be signed with the nurse practitioner specialty title, followed with "Re-entry" and the preceptors co-signature.

(9) The applicant shall submit all fees required by the Board with the application. The fees are not refundable.

Stat. Auth.: ORS 678.375, 678.380 & 678.390

Stats. Implemented: ORS 678.380 & 390

Hist.: BN 10-2003, f. & cert. ef. 10-2-03; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0010

Special Provisions

State of Oregon:

(1) Any nurse practitioner who has been certified by the Oregon State Board of Nursing is eligible for re-certification, renewal, re-entry, or reactivation in that same category.

(2) Any nurse practitioner active in practice, whether with direct or indirect patient care, shall report their current practice address or addresses. Each change in practice setting and mailing address must be submitted to the Board no later than 30 days after the change.

Stat. Auth.: ORS 678.375 & ORS 678.380

Stats. Implemented: ORS 678.380

Hist.: NB 3-1987, f. & ef. 3-12-87; NER 34, f. & ef. 10-1-76; NER 8-1985, f. & ef. 12-9-85; NB 3-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0320; NB 12-1990, f. & cert. ef. 12-28-90; NB 11-1992, f. & cert. ef. 12-15-92; NB 3-1993(Temp), f. & cert. ef. 2-26-93; NB 8-1993, f. & cert. ef. 8-23-93; NB 2-1995, f. & cert. ef. 4-12-95; NB 7-1996, f. & cert. ef. 10-29-96; BN 10-2003, f. & cert. ef. 10-2-03

851-050-0120

Application Requirements for Initial Prescriptive Authority In Oregon

(1) Current, unencumbered nurse practitioner certificate in the State of Oregon.

(2) Evidence of satisfactory completion of 40 contact hours of pharmacology as defined in OAR 851-050-0125 including content related to the specialty scope of practice, within two years prior to the application date. An exception may be made to the requirement that the 40 contact hours of pharmacology be within two years, provided the applicant has demonstrated a working knowledge of pharmacotherapeutics through prior practice. As of June 1, 2005 this requirement will be 45 contact hours.

(3) Submit application and fees required by the Board. Fees are nonrefundable. An application not completed after one calendar year will be considered void.

(4) Applicants for initial certification as a nurse practitioner shall meet all requirements for prescriptive authority.

(5) Nurse practitioners who were certified in Oregon prior to July 1, 1997 and who did not have prescriptive authority as of that date are not required to obtain prescriptive authority.

(6) Initial applicants not meeting Oregon's pharmacology requirements shall complete a pharmacology course from a list approved by the Board, equal to a minimum of 40 contact hours.

(7) A nurse practitioner who holds current prescriptive authority in another state or U.S. jurisdiction need not meet the requirement of OAR 851-050-0120(2) for initial prescriptive authority in Oregon, provided there is evidence of the following:

(a) A minimum of 200 hours of practice in an expanded specialty role within the preceding two years;

(b) A minimum of thirty (30) contact hours of pharmacology equivalent to the requirements of OAR 850-050-0125(2).

(8) If the nurse practitioner has not been prescribing drugs for more than two years, the nurse practitioner shall provide evidence of satisfactory completion of a discrete pharmacology course from a list approved by the Board within two years prior to the application for prescriptive authority.

Stat. Auth.: ORS 678.375 & ORS 678.390

Stats. Implemented: ORS 678.375 & ORS 390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96; BN 10-2003, f. & cert. ef. 10-2-03

851-050-0125

Pharmacology Course Requirements

(1) 40 contact hours may be obtained as part of a discrete offering within the formal advanced educational program or through

structured continuing education programs from a list approved by the Board.

(2) The pharmacology course shall be approved by the Board according to the following standards:

(a) The course content shall include:

(A) Applicable federal/state laws;

(B) Prescription writing;

(C) Pharmacokinetic, pharmacodynamic and pharmacotherapeutic principles;

(D) Use of prescriptive pharmacological agents in the prevention of illness, restoration and maintenance of health;

(E) Informational resources; and

(F) Clinical application related to specific scope of practice.

(b) Specific tests are used to determine successful completion of the course.

(c) The target audience includes advanced practice nurses.

(d) Learner objectives include the specialty scope of advanced practice for which the applicant seeks certification.

(e) Written verification of participation and successful completion of the course is provided by the course sponsor.

Stat. Auth.: ORS 678.375 & ORS 678.390

Stats. Implemented: ORS 678.375 & ORS 390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 7-1996, f. & cert. ef. 10-29-96; BN 10-2003, f. & cert. ef. 10-2-03

851-050-0130

Requirements for Prescription Writing

(1) A written prescription shall include the date, printed name, legal signature, specialty category, business address and telephone number of the prescribing nurse practitioner in addition to the required patient and drug information.

(2) Prescriptions may be written for over-the-counter drugs, durable medical equipment (DME) and devices.

(3) Prescriptions written by nurse practitioners shall be signed by the prescriber with the abbreviated specialty title of the nurse practitioner as per OAR 851-050-0005(9).

(4) Drugs in the formulary may be prescribed, administered, or distributed in combination.

(5) The nurse practitioner shall comply with all applicable laws and rules in prescribing, administering, and distributing drugs, including compliance with the labeling requirements of ORS Chapter 689.

(6) A nurse practitioner shall only prescribe controlled substances if the nurse practitioner has a valid and current DEA registration number appropriate to the classification level of the controlled substance.

Stat. Auth.: ORS 678.375 & ORS 678.390

Stats. Implemented: ORS 678.375 & ORS 390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 7-1996, f. & cert. ef. 10-29-96; BN 5-2000, f. & cert. ef. 4-24-00 BN 10-2003, f. & cert. ef. 10-2-03

851-050-0131

Formulary for Nurse Practitioners with Prescriptive Authority

(1) The following definitions apply for the purpose of these rules:

(a) "Appliance or device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, which is required under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

(b) "Formulary" means a specific list of drugs determined by the Board. The formulary for nurse practitioners with prescriptive authority shall be all the drugs in the Drug Facts and Comparisons dated August 2004 with the exception of certain drugs and drug groups, which are listed below.

(c) "Board" means the Oregon State Board of Nursing.

(2) The Board as authorized by ORS 678.385 (1993), shall determine the drugs which nurse practitioners may prescribe, shall periodically revise the formulary by rulemaking hearing at each regular Board meeting and shall transmit the list of those drugs which are exceptions to the formulary, and which nurse practitioners may not prescribe, to nurse practitioners with prescriptive authority and other interested parties.

(3) The formulary is constructed based on the following premises:

(a) Nurse practitioners may provide care for specialized client populations within each nurse practitioner category/scope of practice;

(b) Nurse practitioner prescribing is limited by the nurse practitioner's scope of practice and knowledge base within that scope of practice;

(c) Nurse practitioners may prescribe the drugs appropriate for patients within their scope of practice as defined by OAR 851-050-0005;

(d) Nurse practitioners may prescribe drugs for conditions the nurse practitioner does not routinely treat within the scope of their practice provided there is ongoing consultation/ collaboration with another health care provider who has the authority and experience to prescribe the drug(s);

(e) Nurse practitioners shall be held strictly accountable for their prescribing decisions;

(f) All drugs on the formulary shall have Food and Drug Administration (FDA) approval.

(4) Nurse practitioners with prescriptive authority are authorized to prescribe:

(a) All over the counter drugs;

(b) Appliances and devices.

(5) Nurse practitioners are authorized to prescribe the following drugs as listed in Drug Facts and Comparisons dated August 2004:

(a) Nutrients and Nutritional Agents — all drugs;

(b) Hematological Agents — all drugs except Drotrecogin Alfa (Xigris); and Trepstinil Sodium (Romodulin).

(c) Endocrine and Metabolic Agents — all drugs except:

(A) I 131;

(B) Gallium Nitrate; and

(C) Mifepristone (Mifeprex); and

(D) Abarelix (Plenaxis).

(d) Cardiovasculars — all drugs except:

(A) Cardioplegic Solution;

(B) Fenoldopam Mesylate (Corlopam);

(C) Dofetilide (Tikosyn); and

(D) Bosentan (Tracleer).

(e) Renal and Genitourinary Agents — all drugs;

(f) Respiratory Agents — all drugs;

(g) Central Nervous System Agents:

(A) Class II Controlled Substances — Only the following drugs:

(i) Tincture of opium;

(ii) Codeine;

(iii) Hydromorphone;

(iv) Morphine;

(v) Oxycodone, Oxymorphone;

(vi) Topical Cocaine Extracts and Compounds;

(vii) Fentanyl;

(viii) Meperidine;

(ix) Amphetamines;

(x) Methylphenidates;

(xi) Pentobarbital;

(xii) Secobarbital;

(xiii) Methadone Hydrochloride (in accordance with OAR 851-045-0015(2)(n) and 851-050-0170); and

(xiv) Levorphanol.

(B) General Anesthetic Agents — no drugs which are general anesthetic barbiturates, volatile liquids or gases, with the exception of nitrous oxide; and

(C) Chymopapain is excluded.

(h) Gastrointestinal Agents — all drugs except: Monoctanoin;

(i) Anti-infectives, Systemic — all drugs;

(j) Biological and Immunologic Agents — all drugs except Basiliximab (Simulect);

(k) Dermatological Agents — all drugs except Psoralens;

(l) Ophthalmic and Otic Agents — all drugs except:

(A) Punctal plugs;

(B) Collagen Implants;

(C) Indocyanine Green;

(D) Hydroxypropal (Methyl) Cellulose;

(E) Polydimethylsiloxane;

(F) Fomivirsin Sodium (Vitravene);

(G) Verteporfin;

(H) Levobetaxolol HCL (Betaxon);

(I) Travoprost (Travatan);

(J) Bimatoprost (Lumigan); and

(K) Unoprostone Isopropyl (Rescula).

(m) Antineoplastic Agents - all drugs except:

(A) NCI Investigational Agents;

(B) Samarium Sm53;

(C) Denileukin Diftitox (Ontak);

(D) BCG, Intravesical (Pacis);

(E) Arsenic Trioxide (Trisenox);

(F) Ibritumomab Tiuxetan (Zevalin);

(G) Tositumomab and Iodine 131 I-Tositumomab (Bexxar); and

(H) Sclerosol.

(n) Diagnostic Aids:

(A) All drugs except Arbutamine (GenESA);

(B) Thyrotropin Alfa (Thyrogen);

(C) Miscellaneous Radiopaque agents — no drugs from this category except:

(i) Iopamidol;

(ii) Iohexol; and

(iii) Ioxilan (Oxilan).

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 678.375 & 678.385

Stats. Implemented: ORS 678.385

Hist.: NB 11-1993(Temp), f. 10-26-93, cert. ef. 11-4-93; NB 2-1994, f. & cert. ef. 4-15-94; NB 7-1994, f. & cert. ef. 9-28-94; NB 3-1995, f. & cert. ef. 4-12-95; NB 6-1995(Temp), f. & cert. ef. 6-15-95; NB 8-1995, f. & cert. ef. 6-29-95; NB 11-1995, f. & cert. ef. 10-9-95; NB 1-1996, f. & cert. ef. 2-29-96; NB 3-1996, f. & cert. ef. 6-11-96; NB 8-1996, f. & cert. ef. 10-30-96; NB 10-1996, f. & cert. ef. 12-2-96; NB 5-1997, f. & cert. ef. 3-6-97; NB 7-1997, f. & cert. ef. 5-13-97; NB 8-1997, f. & cert. ef. 7-1-97; NB 13-1997, f. & cert. ef. 9-29-97; NB 14-1997, f. & cert. ef. 12-11-97; BN 4-1998, f. & cert. ef. 3-13-98; BN 5-1998, f. & cert. ef. 5-11-98; BN 8-1998, f. & cert. ef. 7-16-98; BN 12-1998, f. & cert. ef. 9-22-98; BN 13-1998, f. & cert. ef. 12-1-98; BN 1-1999, f. & cert. ef. 3-4-99; BN 3-1999, f. & cert. ef. 5-4-99; BN 5-1999, f. & cert. ef. 7-1-99; BN 9-1999, f. & cert. ef. 10-20-99; BN 13-1999, f. & cert. ef. 12-1-99; BN 3-2000, f. & cert. ef. 2-25-00; BN 5-2000, f. & cert. ef. 4-24-00; BN 8-2000, f. & cert. ef. 7-3-00; BN 9-2000, f. & cert. ef. 9-18-00; BN 10-2000, f. & cert. ef. 12-15-00; BN 2-2001, f. & cert. ef. 2-21-01; BN 6-2001, f. & cert. ef. 4-24-01; BN 9-2001, f. & cert. ef. 7-9-01; BN 13-2001, f. & cert. ef. 10-16-01; BN 4-2002, f. & cert. ef. 3-5-02; BN 11-2002, f. & cert. ef. 4-25-02; BN 14-2002, f. & cert. ef. 7-17-02; BN 19-2002, f. & cert. ef. 10-18-02; BN 21-2002, f. & cert. ef. 12-17-02; BN 2-2003, f. & cert. ef. 3-6-03; BN 4-2003, f. & cert. ef. 4-23-03; BN 8-2003, f. & cert. ef. 7-7-03; BN 10-2003, f. & cert. ef. 10-2-03; BN 13-2003, f. & cert. ef. 12-9-03; BN 6-2004, f. & cert. ef. 2-26-04; BN 10-2004, f. & cert. ef. 5-4-04; BN 12-2004, f. & cert. ef. 7-13-04; BN 15-2004, f. & cert. ef. 10-26-04

Dispensing in the College Health Setting

851-050-0138

Renewal and Reactivation of Nurse Practitioner Certification

(1) Renewal of certification shall be on the same schedule as the renewal system of the registered nurse license. The requirements for recertification are:

(a) Current unencumbered license as a registered nurse in the state of Oregon.

(b) Submission of all required application fees. Fees are not refundable. An application that has not been completed during the current biennial renewal cycle shall be considered void.

(c) Completion of 100 clock hours of continuing education related to advanced practice nursing and to the area(s) of specialty certification.

(A) Continuing education must be obtained in the following ways:

(i) Independent learning activities e.g., reading professional journals;

(ii) Unstructured learning activities, e.g. professional meetings and clinical rounds;

(iii) Structured learning activities, e.g. seminars and workshops.

(B) Continuing education hours shall be documented on the renewal form.

(C) An applicant for renewal who has graduated from the nurse practitioner program less than two years prior to his/her first renewal will not be required to document the full 100 clock hours of continuing education. The applicant's continuing education will be prorated on a monthly basis based on the length of time between graduation and the date of the first renewal.

(D) Nurse practitioners shall maintain accurate documentation and records of any claimed continuing education and practice hours for no less than five years from the date of submission to the Board.

(2) Verification of practice hours which meet the practice requirement in OAR 851-050-0004.

(3) Renewal may be denied if the applicant does not meet the practice requirement or the continuing education requirement for renewal.

(4) Applications for renewal up to 60 days past the expiration date shall meet all requirements for renewal and pay a delinquent fee.

(5) Any individual whose nurse practitioner certification is expired may not practice or represent themselves as a nurse practitioner in Oregon until certification is complete, subject to civil penalty.

Stat. Auth.: ORS 678.375 & 678.380

Stats. Implemented: ORS 678.380

Hist.: NER 34, f. & ef. 10-1-76; NER 5-1981, f. & ef. 11-24-81; NER 8-1985, f. & ef. 12-9-85; NB 3-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0310; NB 2-1992, f. & cert. ef. 2-13-92; NB 8-1993, f. & cert. ef. 8-23-93; NB 7-1996, f. & cert. ef. 10-29-96; BN 10-2003, f. & cert. ef. 10-2-03; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0140

Renewal of Nurse Practitioner Prescriptive Authority

Nurse practitioner prescriptive authority may be renewed by the Board provided there is satisfactory compliance with the following:

(1) Evidence that all requirements for renewal of the Oregon nurse practitioner certificate have been met and the certificate has been renewed;

(2) Evidence that there are no encumbrances on the nurse practitioner certificate which would affect prescription writing;

(3) Nurse practitioners who have the authority from the Drug Enforcement Administration (DEA) to prescribe controlled substances shall submit evidence of the most current DEA Certificate to the Board office. Prescriptive authority renewal must be accompanied by evidence of DEA certification, if held.

(4) Nurse practitioners who do not hold DEA certification must verify this to the Board at the time of renewal.

(5) Submission of an application and fees required by the Board. Fees are nonrefundable.

(6) If more than two years have elapsed since the nurse practitioner has held and utilized prescriptive authority, the nurse shall:

(a) Meet all the renewal requirements of OAR 851-050-0140; and

(b) Show evidence of satisfactory completion within the two years preceding reactivation of 40 contact hours of pharmacology as defined in OAR 851-050-0125, or 45 contact hours as of June 1, 2005.

(c) Nurse practitioners providing proof of current unencumbered prescriptive authority and application of pharmacotherapeutics through practice in another state may be exempted from 6(b).

(7) Nurse practitioners who fail to renew their prescriptive authority on or before the biennial birthdate deadline shall be delinquent and pay a delinquent fee. Successful renewal requires that all other criteria for eligibility is met. Practice with expired prescriptive authority is subject to a civil penalty and potential discipline.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 3-1990, f. & cert. ef. 4-2-90; BN 5-2000, f. & cert. ef. 4-24-00; BN 10-2003, f. & cert. ef. 10-2-03; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0150

Renewal of Emergency Drug Dispensing Authority

(1) Emergency dispensing authority may be renewed with each renewal of prescriptive privileges, provided that the nurse practitioner continues to meet criteria in OAR 851-050-0145(1).

(2) Documentation that the clinic continues to meet criteria shall be provided by the nurse practitioner seeking authority, and by the dispensing site itself if requested.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.390

Hist.: NB 7-1987, f. & ef. 10-5-87; BN 10-2003, f. & cert. ef. 10-2-03; Suspended by BN 14-2003(Temp), f. & cert. ef. 12-23-03 thru 6-19-04

851-050-0155

Termination of Prescriptive or Dispensing Authority

(1) The Board may deny, suspend or revoke the authority to write prescriptions or dispense drugs for the causes identified in ORS 678.111(1) or proof that the authority has been abused.

(2) The abuse of the prescriptive or dispensing authority constitutes conduct derogatory to nursing standards and is defined as:

(a) Prescribing, dispensing or distributing drugs not listed in the formulary;

(b) Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes;

(c) Prescribing, dispensing, or distributing drugs to an individual whom is not the nurse practitioner's client or is not within the scope of practice or type of client population served;

(d) Prescribing, dispensing, administering, or distributing drugs in an unsafe or unlawful manner or without adequate instructions to the client according to acceptable and prevailing standards or practice;

(e) Selling, purchasing, trading, or offering to sell, purchase or trade any drug sample;

(f) Failure to notify the Board as required in OAR 851-050-0145(3).

(g) Dispensing medications without dispensing authority granted by the Board or other dispensing authority issued by the state of Oregon.

Stat. Auth.: ORS 678.375 & 678.390

Stats. Implemented: ORS 678.390

Hist.: NB 7-1987, f. & ef. 10-5-87; NB 1-1988, f. & cert. ef. 4-18-88; NB 3-1990, f. & cert. ef. 4-2-90; NB 7-1996, f. & cert. ef. 10-29-96; BN 6-2001, f. & cert. ef. 4-24-01; BN 10-2003, f. & cert. ef. 10-2-03; BN 14-2003(Temp), f. & cert. ef. 12-23-03 thru 6-19-04; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0160

Distributing Drug Samples

(1) Any nurse practitioner who has prescription writing authority may receive prepackaged complimentary samples of drugs included in the formulary for nurse practitioner prescription writing and distribute these samples to clients.

(2) Drug samples which are controlled substances must be maintained in accordance with OAR 851-050-0170.

Stat. Auth.: ORS 689.765

Stats. Implemented: ORS 689.765

Hist.: NB 1-1988, f. & cert. ef. 4-18-88; NB 3-1990, f. & cert. ef. 4-2-90; BN 5-2000, f. & cert. ef. 4-24-00

851-050-0162

Dispensing Authority for Nurse Practitioners

(1) An "applicant" for dispensing authority must be an unencumbered Oregon certified nurse practitioner with prescriptive authority in good standing with the Oregon State Board of Nursing.

(2) Applicants may make application to the Board after June 1, 2004 for authority to dispense under this rule.

(3) The previous authority of nurse practitioners to dispense pursuant to OAR 851-050-0161 expires June 22, 2004, and requires reapplication and reissuance of such authority for all nurse practitioners who want to continue to dispense after that date.

(4) Applicants shall submit an application and information as required by the Board.

(5) Applicants must demonstrate, through a description of the nurse practitioner's patient population, a lack of readily available access to pharmacy services as provided in ORS 678.390 and that the grant of dispensing authority to the applicant would correct this lack of access.

(6) The applicant shall show evidence of completion of the following dispensing program:

(a) Documented review of content regarding safe dispensing listed below:

(A) Board of Nursing handbook "Nurse Practitioner Prescriptive Authority in Oregon";

(B) The Drug Enforcement Administration Pharmacist's Manual (2001);

(C) OAR 851 division 50;

(D) ORS Chapter 689 and OAR chapter 855;

(E) US Consumer Product Safety Commission publication "Poison Prevention Packaging: A Text for Pharmacists and Physicians," and;

(F) The Institute for Safe Medication Practices (ISMP) "List of Error-Prone Abbreviations, Symbols, and Dose Designations" (Nov.2003); and

(G) Information on available electronic or hard copy prescription drug references which provide information to professionals authorized to dispense prescription medications

(b) Successful self examination as provided by the Board on these materials.

(7) Dispensing under this authority is limited to patients that meet any of the following criteria:

(a) Lack of patient access to a pharmacy due to the following:

(A) The patient lives outside the boundaries of a metropolitan statistical area as defined by the federal Office of Management and Budget;

(B) The patient lives 30 or more highway miles from the closest hospital within the major population center in a metropolitan statistical area as defined by the federal Office of Management and Budget; or

(C) The patient lives in a county with a population of less than 75,000.

(b) The patient faces a financial barrier to purchase prescriptions, including but not limited to:

(A) The patient receives services from a health care safety net program;

(B) The patient is eligible for participation in a patient assistance program of a pharmaceutical company;

(8) The staff of the Board shall provide written notice to the Oregon Board of Pharmacy upon receipt and again upon approval of such application.

(9) Applicants must provide complete and accurate information requested by the Board. Failure to complete application material as requested, or failure to meet criteria in this rule shall be grounds for denial, suspension, or revocation of dispensing authority.

Stat. Auth: ORS 678.375, 678.380, 678.390

Stats. Implemented: ORS 678.390, 689.605

Hist.: BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0163

Renewal of Nurse Practitioner Dispensing Authority

(1) Dispensing authority may be renewed with each renewal of prescriptive authority upon submission of application, and documentation that the nurse practitioner and their patients continue to meet criteria in OAR 851-050-0162(5) and (7).

(2) Failure to complete application material as requested, or failure to meet criteria in this rule shall be grounds for denial, suspension, or revocation of dispensing authority.

Stat. Auth: ORS 678.375, 678.380, 678.390

Stats. Implemented: ORS 678.390, 689.605

Hist.: BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0164

Drug Delivery and Dispensing by the Nurse Practitioner

(1) Policies and Procedures: A nurse practitioner with dispensing authority shall follow procedures established by federal and state law for:

(a) Drug dispensing, storage, security and accountability;

(b) Maintenance of all drug records;

(c) Procedures for procurement of drugs.

(2) Dispensing:

(a) Drugs shall be prepackaged by a pharmacy or manufacturer registered with the Oregon State Board of Pharmacy, and provide on the label:

(A) The name and strength of the drug. If the drug does not have a brand name, then the generic name of the drug and the drug manufacturer must be on the label.

(B) The quantity of the drug;

(C) Cautionary statements, if any, required by law;

(D) The name, address, and phone number of the practitioner's practice site; and

(E) The manufacturer's expiration date, or an earlier date if preferable, after which the patient should not use the drug.

(b) The nurse practitioner shall label prescription drugs with the following information:

(A) Name of the patient;

(B) Name of the prescriber;

(C) Date of dispensing;

(D) Directions for use; and

(E) Initials of the person dispensing.

(F) Dispensed prescription medication shall be pre-labeled or, in the absence of this, hand-labeled with its physical description, including any identification code that may appear on tablets and capsules.

(c) The nurse practitioner shall personally dispense drugs to the patient.

(d) Drugs shall be dispensed in containers complying with the federal Poison Prevention Packaging Act, unless the patient requests a non-complying container.

(e) The nurse practitioner shall provide a means for patients to receive verbal and written information on drugs dispensed to the patient. The written drug information shall include:

(A) Drug name and class;

(B) Proper use and storage;

(C) Common side effects;

(D) Precautions and contraindications; and

(E) Significant drug interactions.

(3) Drug security, storage and disposal:

(a) In the absence of the nurse practitioner, drugs shall be kept in a locked cabinet or drug room which is sufficiently secure to deny access to unauthorized persons.

(b) Controlled substances shall be maintained in a secure, locked container at all times.

(c) All drugs shall be stored in areas which will assure proper sanitation, temperature, light, ventilation, and moisture control.

(d) Drugs which are outdated, damaged, deteriorated, misbranded, or adulterated shall be physically separated from other drugs until they are destroyed or returned to their supplier.

(e) Controlled substances, which are expired, deteriorated, or unwanted, shall be disposed of in conformance with current State and Federal Regulations including but not limited to **21 CFR 1307.21** and OAR 855-080-0105.

(4) Drug records:

(a) A drug dispensing record shall be maintained separately from the patient record and kept for a minimum of three years. The dispensing record shall show, at a minimum, the following:

(A) Name of patient;

(B) Brand name of drug, or generic name and manufacturer or distributor;

(C) Date of dispensing; and

(D) Initials of nurse practitioner.

(b) A physical copy of the prescription for each medication dispensed shall be retained in the patient chart, and shall be produced upon request.

(c) All records required by these rules or by federal or state law shall be readily retrievable and available for inspection by the Board and the Board of Pharmacy.

(d) A patient record shall be maintained for all patients to whom the nurse practitioner dispenses medications.

(5) Nurse practitioners with dispensing authority shall be responsible for safe storage, distribution, and destruction of all drugs under their authority.

(6) Nurse practitioners granted dispensing authority under this rule shall comply with the labeling and, record keeping requirements of OAR 851-050-0164.

(7) A nurse practitioner granted dispensing authority under this rule shall have available at the dispensing site a hard copy or electronic version of prescription drug reference works commonly used by professionals authorized to dispense prescription medications.

(8) Nurse practitioners granted dispensing authority under this rule shall permit representatives of the Oregon State Board of Pharmacy, upon receipt of a complaint about that nurse practitioner's dispensing practices and notice to the Board of Nursing, to inspect a dispensing site.

[Publications: Publications referenced are available from the agency.]

Stat. Auth: ORS 678.390

Stats. Implemented: ORS 673.390

Hist.: BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

851-050-0170

Rules Relating to Controlled Substances

(1) In the administration, distribution, storage, prescribing, and dispensing of controlled substances, nurse practitioners shall comply with all applicable requirements in the Code of Federal Regulations (CFR), Title 21, and state law including but not limited to ORS Chapter 430 and 475 and OAR chapter 415 and 855.

(2) Nurse practitioners shall not dispense a controlled substance without current nurse practitioner dispensing authority which meets the requirements of OAR 851-050-0162. Distribution of prepackaged, complimentary drug samples is not considered dispensing (ORS 689.005(9)).

(3) Nurse practitioners who have authority from the Drug Enforcement Administration (DEA) to prescribe controlled substances must verify evidence of such with their prescriptive authority renewal application. A nurse practitioner may choose to decline DEA certification, and must verify so in writing.

(4) Storage and Inventory of Controlled Substances:

(a) Samples or quantities of controlled substances shall be stored in a securely locked cabinet on the premises of the nurse practitioner's practice location.

(b) Nurse practitioners who receive samples or quantities of controlled substances shall be responsible for the security and inventory of these drugs.

(c) Nurse practitioners shall maintain inventory records of controlled substances that they receive or distribute, for a period of three years. The records shall include:

(A) Drug name, amount received, date received, drug expiration date;

(B) Drug name, amount distributed, date distributed, to whom distributed;

(C) Drug name and the date and place where it was returned for destruction.

(d) Controlled substances that are expired, deteriorated, or unwanted shall be returned to a DEA registered disposal facility. This does not include controlled substances which are properly wasted at the facility where they were to be administered. In this context, "properly wasted" means the on-site destruction of a controlled substance in conformance with applicable state and federal law. Nurse practitioners shall not personally destroy controlled substances.

(e) Controlled substances must be transported in a secured, locked container.

(f) Client records shall state the distribution of controlled substance samples.

(g) Nurse practitioners who receive controlled substances shall cooperate with the Board in their inspection of records and physical inventory of controlled substances. Inventory of all controlled substances shall be taken by nurse practitioners responsible for their receipt and storage every year on the same date as the biennial inventory required by 21 CFR 1304.13.

(h) If requested by the Board, any nurse practitioner who receives controlled substances shall submit a copy of inventory records from the preceding two years for review.

(5) Prescribing Controlled Substances:

(a) Nurse practitioners shall only prescribe the controlled substances from Schedules II-V, as authorized by the Oregon State Board of Nursing. Nurse practitioners shall only prescribe at the level provided for on their DEA certificate.

(b) No controlled substances shall be prescribed by nurse practitioners unless included on the nurse practitioner formulary.

(c) Schedule II controlled substances shall not be prescribed for the purposes of weight reduction or control. Schedule III- IV controlled substances may be prescribed by nurse practitioners for weight reduction in accordance with FDA product guidelines.

(d) Nurse practitioners shall not prescribe or order controlled substances, including Methadone, for narcotic addiction treatment.

(6) Intractable Pain Management:

(a) Nurse practitioners may prescribe or administer controlled substances to a person in the course of their treatment for a diagnosed condition causing intractable pain, defined in OAR 851-050-0000.

(b) The diagnosis and treatment of intractable pain requires documentation of the following:

(A) Recent diagnosis of the condition (if acute or unstable), or past diagnosis (if chronic and stable) causing pain, by one or more licensed practitioners specializing in the treatment of the body area, system, or organ perceived as the source of intractable pain; and

(B) Consultation and review of the treatment plan with a licensed nurse practitioner or physician who is a recognized expert in pain management.

(c) Nurse practitioners must have a complete discussion with the patient or person authorized to make health care decisions for the patient regarding the diagnosis, as well as the risk, benefits, alternatives, side effects and potential for addiction and withdrawal of the controlled substance, along with any other applicable precautions. These discussions must be documented in the patient record. Documentation must include a plan for periodic review of patient response and follow-up.

(d) Nurse practitioners shall document patient use of controlled substances for chronic or intractable pain, including history and assessment to rule out substance abuse. Evidence of patient addiction to or abuse of controlled substances requires referral and/or transfer of care for diagnosis and treatment of the addiction.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 678.375, 678.380, 678.385 & 678.390

Stats. Implemented: ORS 678.375, 678.380, 678.385 & 678.390

Hist.: BN 5-2000, f. & cert. ef. 4-24-00; BN 6-2001, f. & cert. ef. 4-24-01; BN 10-2003, f. & cert. ef. 10-2-03; BN 14-2003(Temp), f. & cert. ef. 12-23-03 thru 6-19-04; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04

DIVISION 52

CERTIFIED REGISTERED NURSE ANESTHETISTS

851-052-0000

Purposes and Definitions

(1) Purposes of these rules:

(a) To implement the provisions of ORS 678.245 to 678.285 governing the licensing of Certified Registered Nurse Anesthetists (CRNA) by the Oregon State Board of Nursing.

(b) To establish standards for safe practice for the CRNA.

(c) To serve as a guide for the Board to evaluate CRNA practice.

(d) To define the scope of practice of the CRNA.

(2) Definitions as used in these rules:

(a) "Adjuvant drug" means medications not specifically classified as anesthetics that are auxiliary or necessary to maintain safe, effective patient care during the anesthesia plan.

(b) "Anesthesia plan" means a plan of intervention by a CRNA for services within the CRNA scope of practice (851-052-0010).

(c) "Anesthesiologist" means a physician who has completed a residency program in anesthesiology that meets or exceeds the standards adopted by the Board of Medical Examiners. ORS 678.245(1)

(d) "Approved accrediting body" means a national organization with deemed status by the U.S. Department of Education to accredit nurse anesthesia programs, and recognized by the Oregon State Board of Nursing for purpose of identifying qualified nurse anesthesia educational programs.

(e) "Approved certifying body" means a national organization which engages in certification and/or recertification of nurse anesthesia.

thetists and is approved by the Oregon State Board of Nursing for purpose of recognition of such certification.

(f) "Certified registered nurse anesthetist" means a registered nurse licensed by the Oregon State Board of Nursing as a certified registered nurse anesthetist. ORS 678.245(2).

(g) "Collaboration" means a process involving two or more parties working together, each responsible for his or her own particular area of expertise.

(h) "Direct supervision" means the CRNA or anesthesiologist is physically present in the facility and available to intervene if necessary.

(i) "Graduate Registered Nurse Anesthetist (GRNA means an individual who has graduated from an accredited nurse anesthesia program, and is eligible to receive a limited Oregon license to practice within the CRNA scope of practice prior to attaining full certification, subject to the requirements of 851-052-0020(3) and (4).

(j) "National Certification Examination" means the examination given by an approved certifying body for purpose of determining eligibility for certification.

(k) "Nurse Anesthesia Student" means a student in good standing in a nurse anesthesia program accredited by an approved accrediting body.

(l) "Physician" means a doctor of medicine or osteopathy licensed in Oregon under ORS Chapter 677. ORS 678.245(4)

Stat. Auth.: ORS 678.245 & ORS 678.285

Stats. Implemented: ORS 678.245 & ORS 678.285

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

851-052-0010

CRNA Scope of Practice

(1) Except as provided to the contrary by the rules and regulations or bylaws governing medical procedures in a hospital or ambulatory surgical center, a CRNA shall collaborate with a physician or dentist, or with other health care professionals whose scope of practice includes the authority to provide anesthesia care to a patient.

(2) *Assessment of the health status of the patient as that status relates to the relative risks associated with anesthetic management of the patient* (ORS 678.275(a)). The CRNA may:

(a) Perform and document a preanesthetic assessment and evaluation of the patient;

(b) Request and obtain consultations, laboratory and diagnostic studies;

(c) Select, obtain, order or administer pre-anesthetic medications and fluids; and

(d) Obtain informed consent or confirm that the patient has given informed consent for the services to be furnished.

(3) *Determination and administration of an appropriate anesthesia plan, including but not limited to selection, ordering and administration of anesthetic agents, airway management and monitoring and recording of vital signs, life support functions, mechanical support use, fluid management and electrolyte and blood component balance* (ORS 678.275(b)). The CRNA may:

(a) Select and initiate the anesthetic technique;

(b) Select, apply and insert invasive and non-invasive monitoring modalities;

(c) Select and provide supports for airway management;

(d) Select, obtain, order or administer anesthetic agents and adjuvant drugs;

(e) Select and provide mechanical support; and

(f) Select and provide fluids, electrolytes and blood components.

(4) *Action necessary to counteract problems that may develop during implementation of the anesthesia plan* (ORS 678.275(c)). The CRNA may:

(a) Conduct ongoing assessment to identify problems and provides corrective or preventive action;

(b) Order laboratory tests, blood gases and other necessary interventions;

(c) Select, obtain, order or administer drugs, fluid, blood and electrolyte components;

(d) Direct and implement emergency resuscitative techniques; and

(e) Provide clinical support functions.

(5) *Necessary or routine post anesthesia care* (ORS 678.275(d)). The CRNA may:

(a) Select, obtain, order or administer drugs for implementing and managing pain management techniques during the post anesthesia period, and to prevent or manage complications; and

(b) Perform post anesthesia evaluation, discharge from post anesthesia care unit, and follow-up evaluation and care.

(6) A CRNA shall practice in accordance with the bylaws, rules and regulations of the practice setting, Oregon statute, and Oregon State Board of Nursing administrative rules.

(7) The CRNA is responsible for recognizing his or her limits of knowledge and experience, and for consulting with or referring clients to other health care practitioners as appropriate.

(8) The CRNA may only provide anesthesia services within the scope of practice for which he or she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic course work, workshops or seminars, provided both theory and clinical experience are included.

Stat. Auth.: ORS 678.285

Stats. Implemented: ORS 678.255, ORS 678.265, ORS 678.275 & ORS 678.285

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

851-052-0020

Eligibility for Licensure

(1) As of September 1, 1998, an individual shall meet the requirements and receive a license as a CRNA in order to use the title CRNA, Certified Registered Nurse Anesthetist or Nurse Anesthetist, and engage in the scope of practice of a CRNA.

(2) An applicant for licensure as a CRNA shall:

(a) Hold or obtain a current registered nurse license in Oregon;

(b) Be a graduate of nurse anesthesia educational program accredited by an approved accrediting body;

(c) Meet the practice requirement, which is to either have:

(A) Graduated from the nurse anesthesia program within the past two years; or

(B) Practiced 850 hours as a CRNA within the two years preceding the application for licensure, including but not limited to direct care, teaching, consulting, supervision and research related to CRNA scope of practice; and

(d) Hold current full certification or recertification from an approved certifying body; or

(3) A Graduate Registered Nurse Anesthetist (GRNA) may receive a limited license to practice within the CRNA scope of practice prior to attaining full certification if the applicant:

(a) Is a graduate of an accredited nurse anesthesia educational program;

(b) Meets all requirements for CRNA licensure other than full certification;

(c) When providing anesthesia care, a GRNA shall have available for consultation a CRNA or anesthesiologist in the facility, until full certification from an approved certifying body is achieved.

(d) The limited license shall expire 9 months following the date of graduation, or on issue of the CRNA license after full certification is attained, whichever is earlier.

(4) Applicants who graduate from an approved anesthesia educational program on or after January 1, 2001 shall be required to hold a Master's degree in anesthesia practice, or in a related practice area approved by the board.

(5) If an applicant does not meet the practice requirement in 851-052-0030(2)(c), the applicant shall:

(a) Submit for Board approval, a detailed plan for supervised practice which includes objectives, names and qualifications of preceptor(s), and describes the nature of the clinical experience.

(A) If the applicant has practiced at least 850 hours within the past five (5) years, the practice plan shall provide for 850 hours of preceptorship. Documented practice hours within the past two (2) years may be recognized and may reduce the required hours, except that, in no case shall the supervised practice be less than 400 hours.

(B) If the applicant has practiced at least 850 hours within the past ten (10) years, the practice plan shall provide for 1275 hours.

(C) If the applicant has not practiced at least 850 hours within the past (10) years, the practice plan shall provide for 1700 hours, and the applicant shall pass the certification examination offered by an approved certifying body.

(b) Submit evidence of continuing education credits granted by an approved accrediting body to total 20 hours for each year out of practice, completed within the period the applicant was out of practice or concurrent with the preceptorship.

(c) Obtain a limited license for supervised practice. For purpose of this section, the limited license will be issued and valid for one (1) year from the date of issue:

(A) Upon application and payment of fee; and

(B) Board approval of the plan for supervised practice; and

(C) Evidence of provisional certification by an approved certifying body.

(d) Successfully complete the planned hours of clinical practice supervised by a CRNA or anesthesiologist. Successful completion shall be verified by a final evaluation submitted by the supervising practitioner to the Board to verify that the applicant's knowledge and skills are at a safe and acceptable level and that the number of required hours of supervised practice were completed.

(e) Obtain full certification from an approved certifying body.

(6) Revocation, suspension, or any other encumbrance of a registered nurse license, or any special authority to practice anesthesia care, in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of CRNA licensure in Oregon.

(7) The applicant shall submit all fees required by the Board with the application. The fees are not refundable. An application which remains incomplete after one calendar year shall be considered void.

Stat. Auth.: ORS 678.285

Stats. Implemented: ORS 678.285

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

851-052-0030

Renewal of CRNA License

Renewal of the CRNA license shall be on the same schedule as the renewal of the registered nurse license. The requirements for renewal are:

(1) Current unencumbered license as a registered nurse in Oregon; and

(2) Current active practice as a CRNA for no less than 850 hours within the two (2) years prior to renewal or preceptorship as established in OAR 851-052-0030(5); and

(3) Current certification or recertification as provided for in 851-052-0030(2)(d); and

(4) 40 hours of continuing education credit granted by an approved accrediting body, and accumulated during the current licensure period.

(5) The applicant shall affirm completion of the continuing education on the renewal form; verification of continuing education credits is subject to random audits by the Board.

(6) An applicant for renewal who has graduated from the nurse anesthesia program less than two (2) years prior to the first renewal will not be required to document 40 hours of continuing education. Continuing education will be prorated based on the length of time between graduation and the date of the first renewal.

(7) The applicant shall submit the required fees with the application. Fees are not refundable. An application shall be void if not completed during the current biennial renewal cycle.

Stat. Auth.: ORS 678.285

Stats. Implemented: ORS 678.285

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

851-052-0040

Provision for Nurse Anesthesia Student Practice

(1) A nurse anesthesia student may practice in Oregon provided he or she meets the following requirements:

(a) A current, unencumbered registered nurse license in Oregon;

(b) Enrolled in a nurse anesthesia program accredited by an approved accrediting body;

(c) Submits a written signed agreement between the student and a CRNA or anesthesiologist who holds licensure in Oregon, and has agreed to serve as preceptor; and

(d) Identification of the faculty member accountable for general supervision, from either a nurse anesthesia program accredited by an approved accrediting body, or an anesthesiologist with a faculty appointment in a recognized medical school.

(2) A nurse anesthesia student shall practice under the direct supervision of a CRNA or anesthesiologist who agrees to serve as preceptor, and general supervision of a faculty member as specified in 0050(1)(d).

Stat. Auth.: ORS 678.285

Stats. Implemented: ORS 678.285

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

851-052-0100

Disciplinary Action on CRNA License

(1) The Board may deny, suspend or revoke the authority of a CRNA to administer anesthesia agents, including adjuvant drugs, for the causes identified in ORS 678.111(1).

(2) In addition to standards identified in 851-045-0015, the abuse of the anesthesia or authority to select, obtain, order, or administer drugs constitutes conduct derogatory to nursing standards and is defined as:

(a) Selecting, obtaining, ordering, administering, or distributing anesthesia agents or other drugs for purposes other than anesthesia care;

(b) Selecting, obtaining, ordering, administering, or distributing anesthesia agents or adjuvant drugs to an individual who is not the CRNA's client;

(c) Selecting, obtaining, ordering, administering, or distributing anesthesia agents or adjuvant drugs in an unsafe manner or without adequate instructions to the client according to acceptable and prevailing standards of practice;

(d) Selling, purchasing, trading, or offering to sell, purchase or trade any drug sample.

Stat. Auth.: ORS 678.111 & ORS 678.150

Stats. Implemented: 678.111

Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

DIVISION 54

CLINICAL NURSE SPECIALISTS

851-054-0010

Purposes and Definitions

(1) Purposes of these rules:

(a) To implement the provisions of ORS 678.370 to 678.372 governing the certification of Clinical Nurse Specialists (CNS) by the Oregon State Board of Nursing.

(b) To define the scope of practice of the CNS.

(c) To establish standards for safe practice for the CNS.

(d) To serve as a guide for the Board to evaluate CNS practice.

(2) Definitions as used in these rules:

(a) "Assessment" means a process of collecting information regarding a client's health status using tools, techniques, and methodologies based on nursing theory and research. The skills employed during the assessment process include collecting, analyzing and evaluating data in order to diagnose symptoms, functional problems, risk behaviors and health status, and to develop interventions and plans of care.

(b) "Client" means the recipient of CNS services for whom the CNS has established a provider relationship. A provider relationship is established through assessment and planning for the recipient.

(c) "Clinical Nurse Specialist" (CNS) is a registered nurse who has been approved and certified by the Board to provide health care in an expanded specialty role.

(d) "Collaboration" is a process involving the CNS and one or more members of the health care team working together to achieve

common goals, each responsible for their particular area of expertise.

(e) "Consultation" means interaction between the CNS and the consultee for the purpose of transmitting or obtaining information or advice.

(f) "Continuing Education hours" are contact hours of education. One contact hour is equal to fifty (50) minutes of instruction. Ten (10) contact hours are equal to one Continuing Education Unit (CEU).

(g) "Medical equipment" means medical supplies and durable or disposable equipment ordered by the CNS which are related to or required for self-care, or the plan of care.

(h) "National Certification" means a certificate of recognition in a specialty area issued by a national nursing organization.

(i) "Order" means written or verbal directives by the CNS to other members of the health care team.

(j) "Organization" means a system or network that provides patient care.

(k) "Population" means the collection of individuals in a community or a group of individuals defined by age, health status, lifestyle, disease and/or geographic location.

(l) "State Certification" means certification to practice advanced nursing as authorized by the Oregon State Board of Nursing.

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

851-054-0015

Use of the Clinical Nurse Specialist Title

As of 10-01-2001 an individual shall meet the requirements and receive state certification as a Clinical Nurse Specialist in order to use the title Clinical Nurse Specialist or CNS. Pursuant to ORS 678.370, no person shall hold themselves out to the public as a Clinical Nurse Specialist or CNS without recognition and certification from the Oregon State Board of Nursing.

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

851-054-0020

Clinical Nurse Specialist Scope of Practice

The Clinical Nurse Specialist (CNS) independently provides advanced theory and research-based care to clients, and facilitates attainment of health goals. Within the practice of advanced nursing, the CNS provides innovation in nursing practice, based upon clinical expertise, evidence-based decision making, and leadership skills. The CNS practices within three (3) spheres of influence. These three spheres of influence are: individual clients and populations; nurses and other multidisciplinary team members; and organizations. Practice may target one or more spheres of influence.

(1) The CNS may practice with individual clients and populations of clients.

(a) Individual client care includes, but is not limited to:

(A) Assessing the client using tools, techniques, and methodologies based on theory and research;

(B) Diagnosing symptoms, functional problems, risk behaviors, and health status of the client;

(C) Developing a mutually derived therapeutic plan of care with the client;

(D) Designing, implementing, and evaluating nursing interventions by using data, research, and theoretical knowledge;

(E) Selecting, recommending, and ordering medical equipment, laboratory and screening or diagnostic tests for the client;

(F) Establishing standing orders related to nursing interventions and specific plans of care;

(G) Encouraging disease prevention, health promotion and health maintenance;

(H) Providing referrals for the client to other health care services or providers as indicated.

(b) Population care includes, but is not limited to:

(A) Planning, implementing and evaluating data collection;

(B) Selecting, ordering, and recommending screening and diagnostic tests for individuals within the population;

(C) Interpreting and analyzing population data to formulate diagnoses in the area of needs, functional problems, risks, and health issues;

(D) Reviewing and revising diagnoses based on subsequent data collection;

(E) Innovating, implementing, guiding, evaluating, and revising population-focused plans and programs;

(F) Encouraging disease prevention, health promotion and health maintenance;

(G) Establishing criteria for referral within a population;

(H) Establishing algorithms, standing orders, or practice guidelines related to specific populations;

(I) Informing the population about its health and promoting other community systems that influence health;

(J) Assessing need for and participating in activities to change health and social policies that affect the health of the community.

(2) The CNS may practice with nurses and other members of the multidisciplinary care team to advance the practice of nursing and improve client care. This practice includes, but is not limited to:

(a) Consulting and collaborating to identify and manage health care issues;

(b) Providing leadership in the utilization of research in practice;

(c) Coaching nursing staff in clinical practice development;

(d) Identifying knowledge deficits of target groups providing health care;

(e) Developing, providing and evaluating educational and other programs that enhance the practice of nursing personnel and/or other members of the health care team.

(3) The CNS may practice with organizations to provide clinical expertise and guidance. This practice includes, but is not limited to:

(a) Using system-wide change strategies based on an assessment of the needs and strengths of the organization;

(b) Initiating collaborative relationships among teams to facilitate interdisciplinary practice;

(c) Collaboratively developing and evaluating research-based and client-driven systems and processes;

(d) Creating, advising, and influencing system-level policy that affects programs of care;

(e) Evaluating and recommending equipment and products being used in patient care for efficacy, efficiency, cost-effectiveness, and client/consumer satisfaction.

(4) The CNS may provide expertise that includes, but is not limited to:

(a) Summarizing, interpreting, and applying research results;

(b) Teaching, coaching, and mentoring health care members in the evaluation and use of research;

(c) Planning, directing, and evaluating multidisciplinary programs of care for clients;

(d) Evaluating client outcomes and cost effectiveness of care to identify needs for practice improvement;

(e) Conducting and participating in research and research protocols;

(f) Designing and establishing standing orders related to nursing interventions.

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

851-054-0021

Standards for Clinical Nurse Specialist Scope of Practice

The Clinical Nurse Specialist (CNS), shall meet the standards for Registered Nurse practice, and shall also meet the practice standards of advanced practice, including but not limited to:

(1) Recognize and practice within the limits of knowledge and experience of the individual CNS, and consult with or refer clients to other health care providers when indicated;

(2) Develop and practice within jointly derived statements of agreement, or jointly derived practice protocols, pre-printed orders, or algorithms to facilitate interdependent practice when CNS practice overlaps with the scope of medical practice;

(3) Provide and document nursing services within the scope of practice and specialty for which the individual CNS is educationally prepared, and for which competency has been established and maintained. Educational preparation includes academic coursework, workshops or seminars, or other supervised, planned learning, provided both theory and clinical experience are included.

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

851-054-0040

Eligibility for Initial Certification

(1) An applicant for certification as a Clinical Nurse Specialist (CNS) shall:

(a) Hold or obtain a current unencumbered registered nurse license in Oregon;

(b) Hold a graduate degree in nursing, or a post-masters certificate in nursing demonstrating evidence of CNS theory and clinical concentration. The program shall meet the following educational standards:

(A) The program shall be at least one (1) academic year in length;

(B) There shall be faculty and/or clinical instructors who are academically and experientially qualified in nursing, and who maintain expertise within the CNS scope of practice;

(C) NLNAC or CCNE accreditation.

(D) Applicants who graduate or obtain a post-masters certificate on or after January 1, 2006 shall have completed five-hundred (500) hours of clinical practice within the program; or prior to state certification:

(i) Complete a formal academic program offering any remaining hours of clinical practice; or

(ii) Complete a Board approved clinical continuing education course offering supervised clinical practice for any remaining hours.

(c) Meet the practice requirement through verification of:

(A) Graduation from a CNS educational program within the past five (5) years; or

(B) Practice within the CNS scope of practice for at least nine-hundred sixty (960) hours within the five (5) years preceding the application. Verification of practice hours is subject to random audit.

(2) If an applicant does not meet the practice requirement in 851-054-0040(1)(c), the applicant shall:

(a) Submit for Board approval, a detailed plan for precepted practice that includes: competencies that support the CNS scope of practice; names and qualifications of CNS preceptor(s); and a description of the nature of the proposed unpaid, voluntary, precepted clinical experience.

(A) If the applicant has practiced at least nine-hundred sixty (960) hours within the six (6) years prior to the date of application, the practice plan shall provide for two-hundred fifty (250) hours of preceptorship. Documented practice hours within the CNS scope for the past two (2) years may be recognized and may reduce the required hours, except that, in no case shall the precepted practice be less than one-hundred twenty (120) hours.

(B) If the applicant has practiced at least nine-hundred sixty (960) hours within the CNS scope for the ten (10) years prior to the date of application, the practice plan shall provide for four-hundred (400) hours.

(C) If the applicant has not practiced at least nine-hundred sixty (960) hours within the CNS scope for the ten (10) years prior to the date of application, the practice plan shall provide for five-hundred (500) hours.

(b) Obtain a limited certification for precepted practice. The limited certification shall be issued only upon receipt of a completed CNS application, application for limited certification, Board approval of the plan for supervised practice, and payment of all applicable fees. The limited certification is valid only for precepted practice that has been approved in advance by the Board, and will be valid for one (1) year from the date of issue. One extension of the limited certificate may be granted upon approval and payment of fee, provided there is a current valid application for certification on file

and no disciplinary action has been taken against the applicant. This extension will be valid for one (1) year from date of approval.

(c) Successfully complete the precepted hours of practice supervised by the CNS preceptor. Successful completion shall be verified by a final evaluation submitted by the supervising CNS to the Board to verify that the applicant is competent to practice in the CNS scope at a safe and acceptable level, and that the number of required hours of precepted practice were completed.

(d) Submit evidence of continuing education to total twenty (20) contact hours for each year out of practice. Continuing education taken concurrent with the reentry plan may be applied towards the total continuing education requirement, provided all hours are complete by the end of the preceptorship.

(3) The applicant shall submit all fees required by the Board with the application. The fees are not refundable. An application that remains incomplete after one (1) year shall be considered void.

(4) Prior to October 1, 2005, an applicant for Clinical Nurse Specialist (CNS) certification who meets all requirements for initial certification, except the masters in nursing or post-masters certificate in nursing (as specified in 851-054-0040(1)(b)), may be eligible for certification. In addition to other initial certification requirements, the applicant shall:

(a) Document practice in the CNS scope, as defined in 851-054-0020, a minimum of four-hundred (400) hours within the two (2) years prior to the effective date of these rules; and

(b) Prior October 1, 2001, hold a baccalaureate degree in nursing and hold a masters degree in a related field from an institution accredited by the nationally recognized, regional accrediting agency, with a clinical specialty focus supporting the CNS scope of practice; and

(c) Meet the general practice requirement of nine-hundred sixty (960) hours within the past five (5) years.

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 10-2001, f. & cert. ef. 7-9-01

851-054-0050

Renewal of Clinical Nurse Specialist Certification

Renewal of the Clinical Nurse Specialist (CNS) certification shall be on the same schedule as the renewal of the registered nurse license. The requirements for renewal are:

(1) Current unencumbered license as a registered nurse in Oregon; and

(2) Practice as a CNS for no less than nine-hundred sixty (960) hours within the five (5) years prior to renewal or have completed a preceptorship as established in OAR 851-054-0040(2); and

(3) Forty (40) contact hours of continuing education accumulated during the current certification period.

(4) The CNS shall affirm and document completion of the continuing education and practice hours on the application renewal form. Verification of all hours and credits is subject to random audits by the Board. Falsification of continuing education or practice hours is grounds for disciplinary action.

(5) The CNS shall maintain accurate records of any claimed CE hours and practice hours for no less than five (5) years from date of submission to the Board.

(6) An applicant for renewal who has graduated from the CNS program less than two (2) years prior to the first renewal will not be required to document the full forty (40) contact hours of continuing education. Continuing education will be prorated on a monthly basis based on the length of time between graduation and the date of the first renewal.

(7) The applicant shall submit the required fees with the application. Fees are not refundable. An application shall be void if not completed during the current biennial renewal cycle.

(8) An applicant for renewal up to thirty (30) days past the expiration date shall meet all requirements for renewal and pay a delinquent fee.

(9) Any individual whose CNS certification is delinquent may not practice as a CNS until certification is complete, subject to civil penalty.

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

851-054-0055**Reactivation of Clinical Nurse Specialist Certification**

(1) Any applicant for renewal who applies more than thirty (30) days past the expiration date of their CNS certificate shall be considered delinquent, and required to demonstrate eligibility for renewal.

(2) Requirements for eligibility include:

(a) Current unencumbered licensure as a Registered Nurse;

(b) Verification of continuing education hours equal to twenty

(20) contact hours per year since the last renewal.

(c) Evidence of practice as a CNS in an expanded nursing role equal to nine-hundred sixty (960) hours in the past five (5) years. If the applicant does not meet this practice requirement, he or she must apply for re-entry and submit a supervised practice plan as established in OAR 851-054-0040(2).

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

851-54-0100**Disciplinary Action on Clinical Nurse Specialist Certification**

(1) The Board may deny, suspend or revoke the authority of a Clinical Nurse Specialist (CNS) to practice under a limited or full certificate for the causes identified in ORS 678.111(1), and OAR 851-045-0015 and 0016.

(2) Revocation, suspension, or any other encumbrance of a registered nurse license, or any special authority to practice as a CNS, in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of Clinical Nurse Specialist certification in Oregon.

(3) In addition to standards identified in OAR 851-045-0015, it shall be conduct derogatory to nursing standards for the CNS to:

(a) Charge the client or any third-party payer in a grossly negligent manner;

(b) Use ordering authority without sufficiently documented evidence of advanced nursing assessment and establishment of the client/provider relationship;

(c) Prescribe or dispense medications requiring specific authority under state or federal law;

(d) Practice as a CNS in a specialty area or scope of practice not supported by the licensee's clinical and didactic training.

Stat. Auth.: ORS 678.370, ORS 678.372 & ORS 678.150

Stats. Implemented: ORS 678.370, ORS 678.372 & 678.150

Hist.: BN 4-2001, f. & cert. ef. 2-21-01

DIVISION 61**STANDARDS FOR TRAINING PROGRAMS FOR NURSING ASSISTANTS AND MEDICATION AIDES****851-061-0010****Purpose of Standards**

To foster the safe and effective performance of duties by graduates of nursing assistant and medication aide training programs by setting standards which promote adequate preparation of students. These standards will:

(1) Serve as a guide for the development and approval of new nursing assistant and medication aide training programs.

(2) Create minimum standards and provide general parameters for Board-approved curriculum of established nursing assistant and medication aide training programs.

(3) Allow flexibility in the manner of teaching the required curriculum when not in conflict with the parameters of Board-approved curriculum.

Stat. Auth.: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.440 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

851-061-0020**Definitions**

As used in these rules:

(1) "Board-approved Curriculum" means content required in nursing assistant and medication aide training programs established by Board policy.

(2) "Certified Medication Aide (CMA)" means a Certified Nursing Assistant who has had additional training in administration of noninjectable medication and holds a current unencumbered Oregon CMA certificate.

(3) "Certified Nursing Assistant (CNA)" means a person who holds a current Oregon CNA certificate by meeting the requirements specified in these rules; whose name is listed on the CNA Registry; and who assists licensed nursing personnel in the provision of nursing care. The phrase Certified Nursing Assistant and the acronym CNA are generic and may refer to CNA 1, CNA 2 or all CNAs.

(4) "Certified Nursing Assistant 1 (CNA 1)" means a person who holds a current Oregon CNA certificate and who assists licensed nursing personnel in the provision of nursing care.

(5) "Certified Nursing Assistant 2 (CNA 2)" means a CNA 1 who has met requirements specified in these rules for one or more of the CNA 2 categories.

(6) "Client" means the individual who is provided care by the CNA or CMA including a person who may be referred to as "patient" or "resident" in some settings.

(7) "Clinical Instructor" means a registered nurse whose role is education of students in the skills laboratory or clinical site and who may participate in classroom teaching under the direction of the program director or primary instructor.

(8) "Clinical Preceptor" means a licensed nurse who provides direct clinical supervision of students during their clinical experience under the direction of the program director or a primary instructor.

(9) "Clinical Site" is a location or situation in which hands on experience with actual clients is obtained.

(10) "CNA Registry" means the listing of Oregon Certified Nursing Assistants maintained by the Board.

(11) "Competency evaluation" means the Board approved process for determining competency.

(12) "Criminal History Check" means the Oregon Criminal History Check and when required, a National Criminal History Check and/or a State-Specific Criminal History Check, and processes and procedures equivalent to the Department of Human Services (DHS) rules.

(13) "Direct supervision" means that the registered nurse, clinical nurse specialist, or nurse practitioner is physically present and accessible in the immediate client care area and is available to intervene if necessary.

(14) "Facility-Based Program" means an approved nursing assistant or medication aide training program in a licensed nursing facility.

(15) "Full-time" means at least 32 hours of regularly scheduled work each week.

(16) "Independent Training Program" means an approved nursing assistant or medication aide training program that is not a facility-based program.

(17) "Level 1 training" is the minimum training required to prepare a graduate to take the state certification examination for CNA 1.

(18) "Level 2 training" is training available to a CNA 1 to prepare them for a role in one or more of the Board approved category areas.

(19) "Licensed Nursing Facility" means a licensed nursing home or a Medicare or Medicaid certified long term care facility.

(20) "Medication Pass" means the time spent and the process of preparing and administering time scheduled medications to a group or groups of clients and documenting the medication administration.

(21) "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care. ORS 678.440(4)

(22) "Program" means a training program that prepares graduates for certification as a nursing assistant level 1, level 2, or medication aide. The terms "nursing assistant program," or "medication aide program" as used in these rules, are synonymous with "Program."

(23) "Representative of the Board" means the Nursing Assistant Program Consultant or Board designee qualified to perform the necessary responsibilities.

(24) "Self-Evaluation" means a review of a basic nursing assistant or medication aide training program conducted by the program director using forms provided by the Board and submitted to the Board.

(25) "Site Visit" means that representative(s) of the Board go to the location of a program for specified purpose(s) which may include a survey for approval.

(26) "Standards for Approval" means authoritative statements which set expectations for a program to achieve and maintain approval status. (OAR 851-061-0080 through 0130).

(27) "Survey Visit" means that representative(s) of the Board go to the location of a program to review the program for compliance with Standards for Approval, and to prepare a report and recommendation regarding approval status.

(28) "Waiver of Prohibition" authorizes a program to be taught in but not by a facility that has had its approval denied or withdrawn pursuant to OAR 851-061-0050(2).

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS 678.440, 678.442 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04;

BN 11-2004, f. & cert. ef. 7-13-04

851-061-0030

Process for Program Approval

(1) Nursing assistant or medication aide training programs shall be Board-approved prior to being offered. Retroactive approval shall not be granted.

(2) Pilot level 1 training programs may be approved to test various settings for clinical experience.

(a) Such programs shall meet the same standards and requirements as current rules for program approval with the exception of Board-approved criteria for pilot status, and the variation in clinical setting(s) approved for the specific pilot program.

(b) Approval may be granted for a minimum of four cohort groups over a maximum of two years.

(c) The applicant must implement the program within six months from approval of the application for pilot status, and the two year maximum will start with the implementation date.

(d) Early withdrawal of approval may occur if the Board determines that public safety or student/graduate rights are affected. The program may withdraw from pilot status with written notice to the Board and evidence of meeting any relevant Board requirements for closure of a program.

(e) The provision for pilot testing clinical site variations will sunset three years from its effective date of March 1, 2002. Applications must be received for approval within a time frame that enables the program to complete its objectives, and to contribute to evaluation of effectiveness.

(3) Application for Initial Approval of level 1, level 2, and medication aide training programs. A facility, agency or individual wishing to establish a new nursing assistant program, a new pilot program, or medication aide training program shall make application to the Board at least 45 days in advance of expected start date. An established program in good standing, shall submit a proposal for pilot status at least 14 days in advance of the expected start date. The application for initial approval of a training program shall include:

- (a) A completed form provided by the Board;
- (b) Appropriate fees;
- (c) Faculty names and qualifications;
- (d) Names of classroom and clinical facilities;
- (e) Name of person authorized to accept service of notices issued by the Board;

- (f) Program rationale, philosophy and purpose;
- (g) Program outline:

- (A) Objectives;
- (B) Curriculum content divided into number and sequence of didactic and clinical hours; and

- (C) Teaching methodology.

- (h) Evaluation method:

(A) Laboratory and clinical skills checklist approved by the Board;

(B) Final exam; and

(C) In addition, for level 2 training programs, a Board approved competency evaluation.

(i) Certificate of completion; and

(j) Tentative time schedule for initiating the program.

(4) A site visit may be conducted by a representative(s) of the Board;

(5) The program director will be notified of approval or non-approval. Following receipt of notification from the Board of approval or non-approval:

(a) A program that is approved may begin classes according to the schedule submitted;

(b) A program that is not approved will be notified of the deficiencies and will be re-evaluated after appropriate modifications are made;

(c) A program denied approval may petition the Board for reconsideration.

(6) An approved nursing assistant level 1 or medication aide training program:

(a) Shall be required to demonstrate ongoing compliance with the standards of approval at least every two years for continued approval.

(b) Shall be surveyed for consideration of continued approval and may have a survey visit or interim self-evaluation report required by the Board at any time.

(c) May be subject to scheduled or non-scheduled site visits for continued approval or any other purpose at any time.

(d) Shall submit an interim self evaluation during the intervening year or as requested by the Board on forms provided by the Board.

(e) Shall have records available for review.

(7) Following initial approval, level 2 training programs remain approved unless specifically withdrawn by the Board.

(8) Program changes requiring Board approval:

(a) Change of program ownership:

(A) If the change only causes minor changes, there is no need to seek new approval of the program.

(B) If the change causes a substantial difference as determined by the Board through the impact on the students, faculty, or program resources, an application and approval for the program shall be required.

(b) Changes in course content, lab/clinical skill checklist, final exam, certificate of completion, program director, primary instructor, clinical instructor, clinical preceptor, or classroom or clinical training sites shall be submitted to the Board for approval.

Stat. Auth.: ORS 678.440 & 678.444

Stats. Implemented: 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 5-2002, f. & cert. ef. 3-5-02; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

851-061-0040

Inactive Status or Closure of a Program

(1) Voluntary Inactive Status. A training program may be granted temporary inactive status for up to two years:

(a) The program director shall notify the Board in writing of the intended inactive date and the plan for allowing the currently enrolled students to complete the program.

(b) The program shall be continued until the committed class schedule of currently enrolled students is completed.

(2) Involuntary Inactive Status. A training program shall be placed on temporary inactive status for up to one year for the following reasons:

(a) To allow an opportunity for the program to take corrective action; or

(b) After a period of 12 months during which no classes were taught.

(3) Process to reinstate active status:

(a) A training program may be reinstated during the year of voluntary or involuntary inactive status by submitting satisfactory evidence that the program meets Board standards.

(4) Voluntary Closing. When a facility, institution or individual considers closing a nursing assistant training program, the program director shall:

(a) Notify the Board in writing of the intended closing date and the plan for allowing the currently enrolled students to complete the program.

(b) Continue the program until the committed class schedule of currently enrolled students is completed.

(c) Provide for the custody of the records:

(A) If the nursing assistant or medication aide training program closes but the educational institution or licensed health care agency continues to function, the institution shall assume responsibility for the records of the students and the graduates. The Board of Nursing shall be advised of the arrangements made to safeguard the records.

(B) If the facility-based or independent training program ceases to exist, the Board of Nursing shall be consulted about the maintenance of student records.

Stat. Auth.: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.440 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

851-061-0050

Denial or Withdrawal of Program Approval

(1) The Board may deny or withdraw approval if standards for approval of new or existing nursing assistant level 1, level 2, or medication aide training programs are not being met:

(a) Notice of the deficiency(ies) shall be given in writing to the program director;

(b) The program director may submit evidence of correction to the Board;

(c) The Board may withdraw program approval immediately or prescribe the time within which the deficiency(ies) shall be corrected;

(d) The approval may be withdrawn, if the program fails to correct the deficiency(ies) within the time specified;

(e) A program may request a hearing if the approval is withdrawn; and

(f) The withdrawal may be effective after the last currently enrolled student has completed the program.

(2) Pursuant to Federal Regulations the Board shall deny approval to a nursing assistant training program and shall withdraw approval from a previously approved nursing assistant training program offered by or in a licensed nursing facility or a skilled nursing facility which, in the previous two years:

(a) Has operated under a waiver of the federal requirement for nursing facilities and skilled nursing facilities to have 24 hour a day licensed nurse staffing with eight hour a day registered nurse staffing when such waiver is in excess of 48 hours per week; or

(b) Has been determined by surveyors from the state Seniors and People with Disabilities Division or federal Center for Medicare and Medicaid Services to have conditions which pose an immediate threat to resident health and safety; or

(c) Has been subject to an extended or partial extended survey, a restriction of admissions or an impending restriction of admissions for provision of substandard quality of care; or

(d) Was subject to a denial of payment under federal law; or

(e) Has had its Medicare participation terminated under federal or state law; or

(f) Was assessed a civil penalty of \$5,000 or more for deficiencies in nursing facility standards; or

(g) Has operated under trusteeship appointed to oversee the operation of the nursing facility and to ensure the health and safety of its residents; or

(h) As a result of state action terminated the operation of the facility or was closed or has had its residents transferred.

(3) A program or facility that has had its approval denied or withdrawn pursuant to OAR 851-061-0050(2) may apply for waiver of prohibition if:

(a) The facility has received written notice from Seniors and People with Disabilities Division's Client Care Monitoring Unit that it is in compliance with regulations governing licensure and/or certification; and

(b) There is not another program within ten road-miles from the facility submitting the request.

(4) The letter of request for waiver of prohibition shall:

(a) Address the distance in road-miles from the sanctioned facility to the closest program or facility that is willing and eligible for approval to serve as a clinical site for the training program; and

(b) Include a written statement of compliance with the standards for licensure and certification.

(5) The Board shall grant or deny the waiver based upon information received from applicant and Seniors and People with Disabilities Division's Client Care Monitoring Unit.

(6) The Board may withdraw program approval of a nursing assistant level 1 or medication aide training program if:

(a) The program cannot provide satisfactory evidence that the standards for nursing assistant or medication aide training programs are consistently maintained; or

(b) No classes have been taught for 24 consecutive months; or

(c) The average pass rate for graduates of the program falls below 85% over a two year period; or

(d) The clinical facility fails to permit a site visit of the training program.

(7) The Board may withdraw program approval of a nursing assistant level 2 training program if:

(a) Standards for program approval are not met as determined by a survey visit or interim self evaluation report which may be required by the Board at any time, for any purpose, and may be announced or unannounced; and

(b) A site visit is not permitted or records are not available for review.

(8) When program approval is withdrawn, the program shall:

(a) Submit a plan to the Board within ten working days for completion of the currently enrolled students;

(b) Allow students who have started a training program from which approval has been withdrawn to complete the course; and

(c) Submit the course summary form when the students have completed the course.

(9) The Board may reinstate approval of the nursing assistant or medication aide training program upon submission of satisfactory evidence that the program meets the Board standards.

Stat. Auth.: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

851-061-0060

Consultation and Technical Assistance by a Representative of the Board

(1) A program may request consultation or technical assistance from Board staff in meeting standards for nursing assistant or medication aide training programs.

(2) Requests for site visit shall be in writing and include the purpose(s) for the visit.

Stat. Auth.: ORS 678.440 & ORS 678.444

Stats. Implemented: ORS 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99

851-061-0070

Reports

(1) When ownership of a nursing assistant or medication aide training program changes, a report must be submitted to the Board containing the following information:

(a) Anticipated effects on students, faculty and resources; and

(b) Plans for the orderly transition of the program.

(2) Program data to be sent to Board:

(a) Nursing assistant level 1 and medication aide training programs shall submit to the Board:

(A) By the end of the second class day, a course summary form that includes students':

(i) Names;

(ii) Dates of birth;

(iii) Social security numbers if provided by the students; and

(iv) Current addresses.

(B) Within two weeks of completion of a class, a course summary form that includes students':

- (i) Names;
 - (ii) Dates of birth;
 - (iii) Social security numbers if provided by the students;
 - (iv) Current addresses; and
 - (v) Dates of program completion.
- (b) Nursing assistant level 2 training programs shall submit to the Board, within two weeks of completion of a class, verification of competency evaluation on the Board approved form.
- Stat. Auth.: ORS 678.440 & 678.444
 Stats. Implemented: ORS 678.440 & 678.444
 Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

851-061-0080

Standards for Program Approval: Faculty Qualifications and Responsibilities

- (1) The training of nursing assistants level 1 shall be by or under the supervision of a program director or primary instructor who has at least one year of nursing experience in a licensed nursing facility.
- (2) The program director shall hold a current, unencumbered license to practice as a registered nurse in Oregon; and
- (a) For a nursing assistant level 1 and level 2 training program, have at least three years of nursing experience, including at least one year of working in direct patient care; and one of the following:
 - (A) One year of experience on a nursing faculty;
 - (B) One year of experience in staff development;
 - (C) Evidence of academic preparation for teaching adults; or
 - (D) Evidence of equivalent experience.
 - (b) For a medication aide training program, have at least three years of experience as a Registered Nurse in the last five years, including at least one year as a nurse educator or nurse administrator.
- (3) The program director shall:
- (a) Act as liaison with the Board related to the program's continuing compliance with the required elements of these rules;
 - (b) Implement and maintain a program that complies with all Board standards;
 - (c) Assume the ultimate responsibility for the implementation of the Board-approved curriculum;
 - (d) Recruit, supervise, and evaluate qualified primary instructors and clinical instructors or preceptors;
 - (e) Develop and implement written policies necessary for the operation of the program, including those maintained under OAR 851-061-0110(1)(c)(G);
 - (f) Ensure that all students have initiated a criminal history check prior to entering the program and that all students are eligible pursuant to laws governing the clinical site facility to participate in the program's clinical experiences.
 - (g) Coordinate classroom and clinical sites and activities;
 - (h) Ensure that a Board-approved primary instructor, clinical instructor, or clinical preceptor is on the premises at all times during scheduled clinical hours;
 - (i) Supervise or coordinate supervision of students in the clinical setting or assign this responsibility to the primary instructor;
 - (j) Provide or arrange for the orientation of the clinical instructor or clinical preceptor to their role and responsibilities;
 - (k) Assess students' reactions to course content, instructional effectiveness, and other aspects of the learning experience;
 - (l) Submit program data upon request of the Board on forms provided by the Board;
 - (m) Submit required reports;
 - (n) Verify that the training facility in which the training program is offered or utilized for the clinical experience is licensed under the appropriate licensing agency and is in substantial compliance with all standards for licensure;
 - (o) Verify that a facility utilized for out-of-state clinical experience:
 - (A) Has not been found within the preceding two years, by the state survey and certification agency, using the currently applicable Center for Medicare and Medicaid Services regulations, to be categorized as providing substandard quality of care;
 - (B) Is no more than 50 miles from an Oregon border; and

- (C) Has given permission for site visit(s) by Board staff.
- (p) For medication aide training programs, determine student eligibility by verifying that the applicant:
 - (A) Holds a current certificate to practice as a CNA 1 on the CNA Registry;
 - (B) Has graduated from an approved basic nurse aide training program at least six months prior to enrollment in the medication aide training program; and
 - (C) Meets the employment requirement of at least six months of full time experience as a nursing assistant or the equivalent in part time experience since graduation from a basic nursing assistant training program unless the applicant is exempt under OAR 851-062-0090.
- (4) The primary instructor shall hold a current, unencumbered license to practice as a registered nurse in Oregon; and
 - (a) For a nursing assistant level 1 and level 2 training program, have two years experience as a registered nurse and teaching experience or educational preparation for teaching adults.
 - (b) For a medication aide training program, have at least three years of nursing experience in the last five years, to include:
 - (A) One year as a nurse educator, a primary instructor in a nursing assistant training program or as a nurse administrator, and
 - (B) One year working with the particular type of clientele or providing clinical instruction in a setting with the particular type of clientele with whom students will have their clinical experience.
 - (c) May be the director of nursing service in a long term care facility only if there is evidence of formal arrangements for the director of nursing position to be filled by another qualified nurse during the period of instruction.
- (5) The primary instructor shall:
 - (a) Implement the required Board-approved curriculum;
 - (b) Provide effective teaching strategies in an environment that encourages student and instructor interaction;
 - (c) Supervise and be present in the classroom at least 75% of the time that classes are being taught;
 - (d) Evaluate competency of students; and
 - (e) In addition, for medication aide training programs, the primary instructor shall:
 - (A) Obtain approval from a facility prior to using a facility employee as a clinical preceptor. The facility has the right to refuse such approval;
 - (B) Ensure that each student's clinical experience includes administration of medications by all approved routes of administration and includes administration of a variety of medications; and
 - (C) Supervise the clinical experience for all medication aide students. Clinical preceptors may be used as appropriate.
- (6) Other personnel from the healthcare professions may supplement the instructor in their area of expertise:
 - (a) For a nursing assistant level 1 and level 2 training program, the program director or primary instructor may:
 - (A) Involve as trainers for a specific portion of the nursing assistant training, other licensed nursing personnel or other licensed health care professionals who have at least one year of experience in their field.
 - (B) Use an approved clinical instructor who shall:
 - (i) Hold a current, unencumbered license to practice as a registered nurse in Oregon; and
 - (ii) Have the equivalent of one year full time experience as a registered nurse.
 - (C) Use an approved clinical preceptor who shall:
 - (i) Hold a current, unencumbered license to practice nursing in Oregon; and
 - (ii) Have the equivalent of at least one year of experience as a licensed nurse.
 - (b) For a medication aide training program, the clinical preceptor shall:
 - (A) Hold a current, unencumbered license to practice nursing in Oregon;
 - (B) Have the equivalent of one year full time experience as a licensed

nurse and shall have three months' nursing experience in the setting in which the medication aide student will be passing medications;

(C) Provide direct supervision; and

(D) Have only the responsibility for clinical precepting during the scheduled clinical experience.

(c) Certified medication aides, resident care managers, and directors of nursing are prohibited from acting as clinical preceptors for medication aide students.

Stat. Auth.: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.440 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 18-2002, f. & cert. ef. 10-18-02; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2004, f. & cert. ef. 7-13-04

851-061-0090

Standards for Program Approval: Curriculum

(1) Board-approved curriculum shall be used in approved nursing assistant level 1 and medication aide training programs.

(2) A nursing assistant level 1 training program shall consist of:

(a) At least 150 hours of instruction divided into 75 hours of classroom instruction and 75 hours of supervised clinical experience;

(b) At least 24 hours of classroom/laboratory instruction with return student demonstrations of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students' care of clients; and

(c) At least 40 hours of clinical experience in a licensed nursing facility, except that pilot programs (OAR 851-061-0030) shall provide clinical experience as approved for pilot status.

(3) A nursing assistant level 2 training program will have Board approved:

(a) Standardized category curriculum that may vary in training hours from other Board approved standardized category curricula; and

(b) Competency evaluation.

(4) Medication aide training program classroom and clinical instruction hours:

(a) A medication aide training program shall consist of at least 80 hours of instruction divided into at least 24 hours of classroom instruction and at least 24 hours of 1:1 supervised clinical experience.

(b) All clinical hours shall be completed at one site (licensed nursing facility, hospital, or assisted living facility).

(c) All required clinical hours shall be in medication administration related activities.

(5) Admission requirements for medication aide training programs shall be:

(a) Current, unencumbered CNA 1 status on the Oregon CNA Registry maintained by the Board;

(b) Documentation of graduation from an approved basic nursing assistant level 1 training program at least six months prior to enrollment in the medication aide training program; and

(c) Documentation of at least six months full time experience as a nursing assistant level 1 or the equivalent in part time experience since graduation from a basic nursing assistant training program.

(6) Classroom and clinical faculty/student ratios for nursing assistant level 1 and medication aide training programs:

(a) Classroom: The ratio of students per instructor shall be such that each trainee is provided with registered nurse assistance and supervision and be no more than 20 students per instructor for classroom.

(b) Clinical:

(A) The ratio of students per instructor in a nursing assistant level 1 training program shall be no more than 10 students per instructor at all times during the clinical experience.

(B) The ratio of students per instructor in a medication aide training program shall begin with a ratio of one clinical preceptor to one medication aide student during the first 24 hours of the clinical experience. Less intensive supervision (either more students per preceptor or less direct supervision by preceptor) may occur with satisfactory evaluation and approval of the clinical preceptor and primary instructor.

(7) Clinical experience and demonstration of competency for nursing assistant level 1 and medication aide training programs:

(a) A clinical schedule shall be prepared for all students prior to the beginning of the clinical experience, and provided to the clinical facility director of nursing, the clinical instructor/preceptor, and the student.

(b) Student practice and demonstration of competency for nursing assistant level 1 and medication aide training programs:

(A) Students may provide direct client care within their authorized duties under the supervision of an approved instructor.

(B) Students shall be identified as students at all times while in the clinical area.

(C) Students must not be counted as staff or utilized as staff during the hours that are scheduled for clinical experience.

(D) Students may be on a unit, floor or wing of a facility only under direct supervision of a qualified instructor.

(E) Students shall not be on a unit, floor, or wing without a CNA or licensed nurse.

(F) Students shall provide care only to the level they have been taught and determined competent by the approved clinical instructor.

(c) In addition, for medication aide training programs, the clinical experience shall consist of a minimum of 10 medication passes to a minimum of five residents/patients during the first 20 hours of supervised clinical experience;

(8) Program completion:

(a) Completion of a nursing assistant level 1 or medication aide training means that:

(A) The student has successfully completed 100% of the required classroom and clinical hours and content in the curriculum;

(B) The student has successfully demonstrated the required skills on the laboratory and clinical skills checklist;

(C) The student has achieved a score of 75% or higher on the program's final examination;

(D) The student has successfully completed the clinical portion of the program no later than four months following the last date of classroom instruction; and

(E) In addition, for nursing assistant level 1 training programs, the student has successfully completed current, adult CPR certification in accordance with Board-approved curriculum.

(b) Completion of a nursing assistant level 2 training means that:

(A) The student has successfully completed 100% of the required classroom and clinical hours and content in the curriculum; and

(B) The student has successfully completed the competency evaluation.

Stat. Auth.: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 15-2002, f. & cert. ef. 7-17-02; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2004, f. & cert. ef. 7-13-04

851-061-0100

Standards for Program Approval: Responsibility to Students

The nursing assistant level 1 and medication aide training programs will be accountable to students by:

(1) Providing reasonable assurance that expectations of becoming a certified nursing assistant or medication aide will be met, as evidenced by an 85% pass rate for first-time candidates taking the Board-approved competency examination.

(2) Informing students of the following information:

(a) That for facility-based nursing assistant level 1 programs, no student who is employed by, or who has received an offer of employment from a facility on the date on which the student begins training will be charged for any portion of the program, including any fees for textbooks or other required course materials in accordance with 42 CFR § 483.152(c)(1).

(b) The Department of Human Resources and Board of Nursing's criminal history requirements and policies. This information shall be provided to students prior to admission to the program.

(3) Issuing a certificate of completion or making an appropriate notation on a transcript for a graduate who has successfully com-

pleted the training. The certificate is to be printed on one side of a standard letter-sized piece of paper and is to include:

- (a) Name of individual;
- (b) Social Security number if provided by the student;
- (c) Date of birth;
- (d) Name of training program;
- (e) Number of classroom hours;
- (f) Number of clinical hours;
- (g) Date the training program was most recently approved by the Board;

- (h) Signature of the program director or primary instructor; and
- (i) Date of completion.

Stat. Auth.: ORS 678.440 & ORS 678.444

Stats. Implemented: 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

851-061-0110

Standards for Program Approval: Records

Nursing assistant level 1, level 2, and medication aide training program records shall:

- (1) Be maintained for a period of seven years;
- (2) Be maintained in a secure and dry manner;
- (3) Include the following program files that are dated and contain:

(a) Faculty name and qualifications;

(b) Curricula, including the teaching methodology;

(c) Course schedules, including classroom and supervised clinical hours;

- (d) Laboratory and clinical skill checklists;
- (e) Final exams;
- (f) Documentation of Board approvals and re-approvals; and
- (g) Policies, including but not limited to attendance, behavioral expectations, course requirements, criminal history checks, dress code, and administration of examinations.

- (4) Include student records that contain:

- (a) Course start date;
- (b) Student progress record;
- (c) Laboratory and clinical skills checklist;
- (d) Attendance record;
- (e) Examination scores;
- (f) Proof of CPR certification (nursing assistant level 1 training program);

- (g) Proof of the criminal history check;
- (h) Date of completion; and
- (i) Record of student completion:

(A) Facility-based and independent programs shall maintain a copy of the student certificate of completion;

(B) Community College and High School programs may meet this standard by appropriate notation on student transcript.

- (j) Date the student was employed (if applicable).

Stat. Auth.: ORS 678.440 & 678.444

Stats. Implemented: ORS 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 11-2004, f. & cert. ef. 7-13-04

851-061-0120

Standards for Approval: Facilities and Services

(1) Facilities used for training shall be in compliance with all applicable federal and state standards.

(2) The training classroom shall be large enough to meet the students' and instructor's basic needs and shall have:

- (a) Temperature controlled environment;
- (b) Adequate ventilation;
- (c) A clean, quiet, and undisturbed environment;
- (d) Conditions that are safe and conducive to learning;
- (e) Functional and adequate lighting; and
- (f) Seating and note-taking surfaces for each student.

(3) Laboratory facilities shall have materials, equipment, and supplies needed for student practice of all required skills and be available for the students' and instructor's use during instructional hours throughout the training period.

- (4) Resources shall include:

- (a) Needed A-V equipment or modules; and

- (b) Access to library resources.

Stat. Auth.: ORS 678.440 & ORS 678.444

Stats. Implemented: ORS 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99

851-061-0130

Interstate Programs

(1) Out-of-State Programs who seek to send student(s) for clinical experience in Oregon shall meet the requirements established in OAR 851-061-0090(7)(b) and 851-061-0090(8)(b).

(2) Programs with faculty and facilities located in Oregon and approved by another state shall be required to obtain approval as a program in Oregon.

Stat. Auth.: ORS 678.440 & ORS 678.444

Stats. Implemented: ORS 678.444

Hist.: BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

DIVISION 62

STANDARDS FOR CERTIFICATION OF NURSING ASSISTANTS AND MEDICATION AIDES

851-062-0005

Effective Dates for References to CNA 1 and CNA 2 in these Rules

References to CNA 1 and CNA 2 in Division 62, including but not limited to OAR 851-062-0015 and 851-062-0016, are not effective until the Board adopts the curriculum and competency evaluation for the first level 2 category. Until the Board adopts the curriculum and competency evaluation for the first level 2 category, references to CNA 1 in OAR 851-062-0010 through 851-062-0130 mean current CNA certification.

Stat. Auth.: ORS 678.150, 678.440

Stats. Implemented: ORS 678.440

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0010

Definitions

(1) "Application" means a request for certification including all information identified on a form supplied by the Board and payment of required fee.

(2) "Approved Nursing Program" means a pre-licensure educational program approved by the Board for registered or practical nurse scope of practice, or an educational program in another state or jurisdiction approved by the licensing board for nurses or other appropriate accrediting agency for that state.

(3) "Certificate of Completion" means a document meeting the standards set in OAR 851-061-0100(3)(a-i) and awarded upon successfully meeting all requirements of a nursing assistant or medication aide training program.

(4) "Certified Medication Aide (CMA)" means a Certified Nursing Assistant who has had additional training in administration of noninjectable medication and holds a current unencumbered Oregon CMA Certificate.

(5) "Certified Nursing Assistant (CNA)" means a person who holds a current Oregon CNA certificate by meeting the requirements specified in these rules; whose name is listed on the CNA Registry; and who assists licensed nursing personnel in the provision of nursing care. The phrase Certified Nursing Assistant and the acronym CNA are generic and may refer to CNA 1, CNA 2 or all CNAs.

(6) "Certified Nursing Assistant 1 (CNA1)" means a person who holds a current Oregon CNA 1 certificate and who assists licensed nursing personnel in the provision of nursing care.

(7) "Certified Nursing Assistant 2 (CNA 2)" means a CNA 1 who has met requirements specified in these rules for one or more of the CNA 2 categories.

(8) "Client" means the individual who is provided care by the CNA or CMA including a person who may be referred to as "patient" or "resident" in some settings.

(9) "CNA Registry" means the listing of Oregon Certified Nursing Assistants maintained by the Board.

(10) "Competency evaluation" means the Board-approved process for determining competency.

(11) "Completed Application" means a signed application, paid application fee and submission of all supporting documents related to certification requirements.

(12) "Completed Application Process" means a completed application, a Law Enforcement Data System (LEDS) check including any subsequent investigation; successful competency examination, if required; and final review for issue or denial.

(13) "Endorsement" means the process of certification for an applicant who is trained and certified as a CNA in another state or jurisdiction.

(14) "Enrolled" means making progress toward completion of a RN or LPN nursing program, whether or not registered in the current quarter or semester, as verified by the director or dean of the program.

(15) Examinations:

(a) "Competency Examination" means the Board-approved examination administered to determine minimum competency for CNA 1 authorized duties. The competency examination consists of a written examination and a manual skills examination. The examination is administered in English.

(b) "Medication Aide Examination" means the Board-approved examination administered to determine minimum competency for CMA authorized duties. The examination is administered in English.

(16) "Full-time" means at least 32 hours of regularly scheduled work each week.

(17) "Licensed Nursing Facility" means a licensed nursing home or a Medicare or Medicaid certified long term care facility.

(18) "Monitoring" means that a Registered Nurse assesses and plans for care of the client, delegates duties to the nursing assistant according to OAR 851-040-0000 through 851-047-0040 and monitors client outcomes as an indicator of CNA/CMA competency.

(19) "Nurse Aide Registry" means the listing of Certified Nursing Assistants maintained by the appropriate state agency in another state or jurisdiction of the United States.

(20) "OBRA" means the Omnibus Budget Reconciliation Act of 1987, successor legislation and written directives from the Center for Medicare and Medicaid Services (CMS).

(21) "Qualifying Disability" means a diagnosed physical or mental impairment which substantially limits one or more major life activities, and is subject to the protection of the Americans with Disabilities Act (ADA).

(22) "Reactivation" is the process of renewing certification after the certificate is expired.

(23) "Reinstatement" is the process of activating a certificate after it has been subject to disciplinary sanction by the Board.

(24) "Supervision" means that the licensed nurse periodically observes and evaluates the skills and abilities of the CNA/CMA to perform authorized duties.

(25) "Unlicensed Persons" means individuals who are not necessarily licensed or certified by this Board or another Oregon health regulatory agency but who are engaged in the care of clients.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 4-2004, f. & cert. ef. 2-20-04

851-062-0015

Transition to CNA 1 and CNA 2

The Board hereby establishes two levels of CNA, each with its own distinct curriculum requirements, evaluation method and authorized duties, effective when the first level 2 category curriculum and competency evaluation are adopted.

(1) Any person certified as a CNA on the effective date established by OAR 851-062-0005 shall become a CNA 1.

(2) Requirements for recognition as a CNA 2:

(a) Hold a current, unencumbered CNA 1 certificate; and

(b) Complete the nursing assistant level 2 training program specified in Division 61 of these rules; and

(c) Pass the corresponding competency evaluation.

Stat. Auth.: ORS 678.150, 678.440

Stats. Implemented: ORS 678.440

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0016

CNA 2 Categories

(1) Acute Care Category. The acute care category becomes available after the Board adopts the curriculum and competency evaluation for this category.

(2) Dementia Care Category. The dementia care category becomes available after the Board adopts the curriculum and competency evaluation for this category.

(3) Restorative Care Category. The restorative care category becomes available after the Board adopts the curriculum and competency evaluation for this category.

(4) Other categories as subsequently established by the Board.

(5) For two years following the implementation date of each CNA 2 category, a person with a current unencumbered CNA 1 may become a CNA 2 in that category by successfully completing the competency evaluation and such additional training as may be deemed necessary by the nursing assistant level 2 training program director. After that date, a CNA 1 may become a CNA 2 only by successfully completing the entire level 2 training program and competency evaluation.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0020

Certification of Nursing Assistants Required

(1) A CNA must have a current Oregon CNA 1 certificate and be listed on the Oregon CNA Registry prior to performing CNA 1 authorized duties.

(2) A nursing assistant, never certified in any jurisdiction, who performs CNA 1 authorized duties as an employee of a licensed nursing facility in the State of Oregon must obtain initial Oregon CNA 1 certification according to these rules no later than four months after the date of hire.

(3) A nursing assistant who is enrolled in an approved nursing assistant level 1 training program that meets the standards set forth in OAR 851-061-0010–851-061-0130 may perform nursing assistant duties with appropriate supervision.

(4) Unlicensed persons who are performing tasks that have been delegated to them by a Registered Nurse according to OAR 851-047-0000 through 851-047-0040 may be certified or may be exempted from the requirement for certification.

(5) Successful completion of a Board-approved training program, alone, does not result in the granting of a CNA certificate. The training program is one element of certification requirements. All requirements must be met before the Board grants certification.

(6) An RN, LPN, student nurse or unlicensed graduate of a school of nursing is required to have current CNA 1 certification before assuming a CNA position and identifying himself or herself as a CNA.

Stat. Auth.: ORS 678.440 & ORS 678.442

Stats. Implemented: ORS 678.440 & ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0030

Limits on Eligibility for Certification

(1) If an applicant has a major physical or mental condition that could affect his/her ability to safely perform the duties of a nursing assistant, a physical or psychological assessment may be required. If the Board determines that the applicant's physical or mental health could interfere with the safe performance of nursing assistant duties, certification may be denied.

(2) If an applicant has been arrested, charged or convicted of any criminal offense, a determination shall then be made as to whether the arrest, charge or conviction bears a demonstrable relationship to the performance of nursing assistant duties, in which case certification may be denied.

(3) If the applicant has past, current or pending disciplinary action in Oregon or in another jurisdiction, the Board shall investigate and may deny certification.

(4) If the applicant falsifies an application, supplies misleading information or withholds information, such action may be grounds for denial or revocation.

(5) The Board shall be the sole judge of eligibility for certification.

Stat. Auth.: ORS 678.442
Stats. Implemented: ORS 678.442
Hist.: BN 6-1999, f. & cert. ef. 7-8-99

851-062-0050

CNA Certification

An applicant for certification must submit a completed application using forms and instructions provided by the Board and pay fees established by the Board. Certification may be obtained in one of the following ways:

- (1) Training and Competency Examination.
- (a) Complete an approved nursing assistant level 1 training program.
- (b) Pass the competency examination within two years of the date of completion of the training program and within three attempts.
- (2) Military corpsman or medic training and experience and competency examination.
- (a) Complete a training course equal in content to OBRA curriculum for nursing assistants; and
- (b) Document evidence of at least 400 hours of paid employment in a nursing related capacity within the last two years; and
- (c) Pass the competency examination within two years of application and within three attempts.
- (3) RN or LPN licensure.
- (a) Hold a current unencumbered license in any U.S. state or jurisdiction.
- (b) Provide verification of current unencumbered licensure.
- (c) A nurse in any U.S. state or jurisdiction who has had disciplinary action taken against the license will be considered on an individual basis to determine whether the individual is able to safely perform CNA 1 authorized duties.
- (4) Enrollment in an approved nursing education program in the United States.
- (a) Provide verification of enrollment in an approved nursing program; and
- (b) Complete required course work equivalent to a Board-approved nursing assistant level 1 training program documented by:
 - (A) An official transcript from the nursing program; or
 - (B) Written verification of completion of equivalent coursework from the nursing program director or dean.
- (5) Graduation from an approved nursing program in the United States.
- (a) Within one year after graduation, submit an official transcript documenting graduation from an approved nursing program.
- (b) Between one and three years after graduation:
 - (A) Submit an official transcript documenting graduation from an approved nursing program; and
 - (B) Pass the competency examination within two years and three attempts.
- (c) Three or more years after graduation. The individual shall meet requirements for initial CNA 1 certification by training and competency examination.
- (6) Graduation from a nursing program outside of the United States and competency examination.
- (a) Submit a transcript or other documentation, in English, of nursing education which includes nursing knowledge and skills necessary to perform the CNA 1 authorized duties; and
- (b) Pass the competency examination; or
- (c) Complete the training and competency examination as provided in OAR 851-062-0050(1).
- (7) Nursing assistant training outside of the United States. Complete training and competency examination as provided in OAR 851-062-0050(1).
- (8) Endorsement.
- (a) Provide the following:
 - (A) Documentation of successful completion of a nursing assistant training program that met OBRA standards.
 - (i) Certificate of completion meeting the standards set in OAR 851-061-0100(3)(a)-(i); or

(ii) Letter from facility where training was completed, on letterhead, indicating the date that program was completed and the number of classroom and clinical hours; or

(iii) Information from the appropriate state agency attesting to program completion.

(B) Evidence of at least 400 hours of paid employment within CNA 1 authorized duties under the supervision of a nurse in another state where the individual held current certification in the two years immediately preceding application for endorsement. A CNA who has graduated from a nursing assistant training program within the previous two years has satisfied this requirement.

(C) Verification of current certification by the state agency in which CNA certification is held.

(b) An individual who cannot satisfy these requirements may be eligible for CNA 1 certification by training and competency examination as provided in OAR 851-062-0050(1).

(9) CNA Testing Eligibility

(a) An applicant who has completed a nursing assistant training program in Oregon or another of the United States, that met OBRA standards, shall be eligible for examination for two years from the date of completion of the nursing assistant training program.

(b) An applicant who is eligible for the competency examination as provided in OAR 851-062-0050(2)(5)(6) shall be eligible for examination for two years from the date of application.

(c) A completed application shall be valid for the period of eligibility to test.

(d) An incomplete application becomes void in one year.

(e) An applicant who fails to pass the competency examination within two years of eligibility and within three attempts shall not be eligible to re-apply for the examination except that the applicant may regain eligibility enrolling in and successfully completing a Board-approved nursing assistant training program.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0055

Competency Examination Accommodations, Controls, Results, Reexamination

(1) An applicant for the competency examination must be able to perform nursing assistant duties safely, without risk to his/her own health and safety or to the health and safety of others.

(a) An applicant with a qualifying disability, who requires accommodation at the test site, shall:

(A) Submit a Request for Accommodation; and

(B) Submit documentation from the provider who rendered the diagnosis including:

- (i) Specific diagnosis and testing limitations; and
- (ii) Specific recommendation for accommodations;

(iii) Printed name, signature and business telephone number of the health care provider or professional; and

(iv) Signed release necessary to speak to provider about the condition as it relates to test taking.

(b) An applicant who has been ill or had a prescription from a healthcare provider or professional for temporary restriction of activities must present a medical release for full return to normal activity prior to taking the manual skills portion of the exam.

(c) English as a second language does not qualify for special testing accommodation.

(2) Controls

(a) Reference materials, including dictionaries, are prohibited at the test site.

(b) Translators, unless as an approved accommodation for a qualifying disability, are prohibited at the test site. This includes written materials or documents used for translating one language to another and electronic devices used for translation purposes.

(3) Examination results shall be mailed to the applicant at the applicant's address of record and shall not be released by telephone.

(4) Re-examination:

(a) An applicant who fails and is eligible to retake the competency examination shall submit the appropriate application and examination fee.

(b) An applicant who fails the competency examination three times must complete another Board-approved nursing assistant level 1 training program prior to reexamination.

(5) Failure to take the examination or to reschedule the examination at least 24-hours in advance will result in re-examination fees.

(6) Current certification may be verified using the Board's automated verification line or internet verification system.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0070

Renewal of Certification

(1) The expiration date of a CNA certificate occurs biennially the midnight before the individual's birthdate:

(a) For individuals born in odd numbered years the certificate expires in odd numbered years.

(b) For individuals born in even numbered years the certificate expires in even numbered years.

(c) Persons whose birthdate falls on February 29 shall be treated as if the birthdate were March 1 for purpose of establishing the expiration date.

(2) The certificate shall automatically expire if the CNA fails to renew by the expiration date.

(a) A CNA may not work as a CNA with an expired certificate.

(b) Failure to receive the application for renewal shall not relieve the CNA of the responsibility of renewing the certificate by the expiration date.

(3) To renew certification a CNA shall, prior to the certificate expiration date:

(a) Submit a completed application using forms and instructions provided by the Board;

(b) Pay renewal fees established by the Board;

(c) Document paid employment:

(A) Document at least 400 hours of paid employment as a CNA within the CNA or CMA authorized duties, under supervision or monitoring by a nurse, in the two years immediately preceding the certificate expiration date.

(B) A CNA who has been certified for less than two years is exempt from the requirement in OAR 851-062-0070(3)(c)(A).

(d) A nursing assistant who cannot meet all the practice requirements for renewal in OAR 851-062-0070(3)(c)(A) may renew certification upon passing the competency examination.

(A) A nursing assistant has three attempts within two years of the expiration date on the certificate to pass the competency examination.

(B) A nursing assistant who fails to pass the competency examination in three attempts or within two years of the expiration date on the certificate may become certified by completing a Board-approved nursing assistant training program and then passing the competency examination.

(4) To reactivate certification, within two years after the certificate expiration date:

(a) Submit a completed application using forms and instructions provided by the Board;

(b) Pay the fees established by the Board; and

(c) Document at least 400 hours of paid employment as a CNA under supervision or monitoring by a nurse, or the successful completion of the competency exam, within two years immediately preceding receipt of application.

(d) A nursing assistant who cannot meet all the requirements for reactivation in OAR 851-062-0070(4)(c) must apply for and pass the competency examination within three attempts and within two years of the expiration date on the certificate.

(e) A nursing assistant who fails to pass the competency examination in three attempts or within two years of the expiration date on the certificate may become certified by completing a Board-approved training program and then passing the competency examination.

(5) Individuals whose CNA certificate has been expired for more than two years are required to take a Board-approved nursing

assistant training program and pass the competency examination according to OAR 851-062-0050(1) to reactivate certification.

(6) An enrolled nursing student may renew without documentation of paid employment.

(7) A former nursing student may use clinical practice hours in the nursing program within the last two years as part or all of the required 400 hours in lieu of paid employment.

(8) Information provided to the Board to establish eligibility for renewal is subject to audit. Falsification of an application is grounds for disciplinary action.

(9) An applicant for renewal must answer all mandatory questions on the application form, including those about employment and education.

Stat. Auth.: ORS 678.150, 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 4-2004, f. & cert. ef. 2-20-04

851-062-0075

Reinstatement

An applicant for reinstatement of a CNA certification shall:

(1) Meet all terms and conditions of reinstatement;

(2) Submit a completed application and fee; and

(3) Meet the requirements of OAR 851-062-0070.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0080

Certification of Medication Aides Required

A CMA must have a current unencumbered Oregon CMA certificate and be listed on the Oregon CNA Registry prior to performing medication aide duties.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0090

CMA Certification

An applicant for CMA certification must submit a completed application using forms and instructions provided by the Board and pay the examination fee established by the Board. CMA certification may be obtained in one of the following ways:

(1) Training and competency examination.

(a) Hold a current unencumbered Oregon CNA certificate. An applicant with an encumbered CNA certificate may be considered on an individual basis.

(b) Submit evidence of completion of an 80-hour Board-approved medication aide training program.

(c) Document within the two years preceding application for medication aide examination:

(A) Six months full-time experience as a nursing assistant; or

(B) Equivalent experience in part-time employment as a nursing assistant.

(d) Pass the Board-administered medication aide examination.

(2) Enrollment in an approved nursing program in any U.S. state or jurisdiction.

(a) Obtain CNA 1 certification according to these rules;

(b) Show evidence of satisfactory completion of three terms of nursing school, each of which must have included a clinical nursing component.

(A) The three terms combined must have included:

(i) Basic clinical skills;

(ii) Basic pharmacology;

(iii) Principles of medication administration; and

(iv) Math competency.

(B) The following will be considered satisfactory evidence of meeting the requirements for satisfactory completion of three terms:

(i) Official transcript of the nursing program verifying successful completion of three terms; or

(ii) A letter from the Dean or Director of the school of nursing verifying the completion of the required course content.

(c) Submit application and fee for CMA certification;

(d) Pass the medication aide examination.

- (e) Nursing students are exempt from the requirement to:
 - (A) Complete a medication aide training program;
 - (B) Have six months experience as a nursing assistant.
- (3) Graduation from an approved nursing education program in the U.S.

- (a) Obtain CNA 1 certification according to these rules; and
 - (b) Pass the medication aide examination.
- (c) A graduate nurse is exempt from the requirements to:
 - (A) Complete a medication aide training program;
 - (B) Have six months experience as a nursing assistant.
- (4) Medication aide training in another state.
- (a) Obtain Oregon CNA 1 certification according to these rules; and

(b) Submit evidence of successful completion of a medication aide training program equal in content to the Board-approved medication aide curriculum; and

(c) Document at least six months full time experience performing CNA 1 authorized duties, or the equivalent in part time experience, since completion of nursing assistant training and within the last two years preceding application; and

(d) Pass the medication aide examination.

(5) Military corpsman or medic training and experience and competency examination. Obtain Oregon CNA 1 certification according to these rules;

(b) Submit evidence of training that is equal in content to the Board-approved medication aide curriculum;

(c) Verify at least six months full-time experience performing CNA 1 authorized duties or the equivalent in part-time experience in the two years prior to application.

(d) Pass the medication aide examination.

(6) RN or LPN Licensure in Oregon.

(a) Obtain CNA 1 certification according to OAR 851-062-0050(3); and

(b) Submit application and fee for CMA certification.

(c) A RN or LPN is exempt from the requirements to:

(A) Complete a medication aide training program;

(B) Have six months experience as a nursing assistant; and

(C) Pass the medication aide examination.

(7) CMA Testing Eligibility

(a) An applicant shall be eligible for examination for one year from the date of completion of the medication aide training program.

(b) A completed application shall be valid for the period of eligibility to test.

(c) An application process not completed within one year becomes void.

(d) An applicant who fails to pass the Board-administered medication aide examination within one year of completion of the training program and within three attempts shall not be eligible to reapply for the examination except that the applicant may re-enroll and successfully complete a Board-approved medication aide training program.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0100

Medication Aide Examination

(1) The medication aide examination shall be administered and evaluated only by the Board or by a Board-approved entity.

(2) Examination sites and dates shall be determined by the Board or a Board-approved entity.

(3) An applicant shall be eligible for examination for one year from the date of completion of the medication aide training program.

(4) An application shall be valid for the period of eligibility to test.

(5) An applicant who fails to pass the Board-administered medication aide examination within one year of completion of the training program and within three attempts shall not be eligible to reapply for the examination except that the applicant may re-enroll and successfully complete a Board-approved medication aide training program.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

851-062-0110

CMA Renewal and Continuing Education

Renewal of the CMA certificate is concurrent with the renewal of CNA 1 as described in these rules.

(1) The CMA is required to:

(a) Participate in at least eight hours of medication related continuing education in the 24 months immediately prior to expiration of certificate and to submit documentation of attendance with the application for Renewal of CMA Certification.

(A) The following are acceptable methods of meeting the medication aide continuing education requirement:

(i) Facility based classes dealing with the medications used at that facility;

(ii) Medication classes taught by a licensed nurse, pharmacist or representative of a pharmaceutical company;

(iii) Repeating classes offered for medication aide students;

(iv) Video material when used as part of a presentation by an instructor;

(v) Infection control classes when the content is medication related;

(vi) Noninjectable medication related continuing education in recognized nursing journals; or

(vii) Individual tutoring sessions by a nurse or pharmacist.

(B) The following are not acceptable toward meeting the medication aide continuing education requirement:

(i) TV programs;

(ii) Reading articles in non-nursing magazines;

(iii) CPR classes;

(iv) Classes dealing with injectable medications or IV medications; or

(v) Job orientation.

(C) A CMA who is enrolled in a basic nursing education program has satisfied the requirement for medication related continuing education.

(b) Perform at least 400 hours of authorized medication aide duties under supervision or monitoring by a nurse in the 24 months immediately prior to expiration of certification.

(c) Affirm and document paid employment as a CMA under supervision or monitoring by a nurse and completion of continuing education.

(d) For a CMA who has been certified less than two years:

(A) The continuing education requirement will be prorated; and

(B) The paid employment requirement is waived.

(2) A CMA who has not performed at least 400 hours of authorized medication aide duties under supervision or monitoring by a nurse or has not completed the eight hours of medication related continuing education in the 24 months immediately prior to expiration of certification must successfully complete the medication aide examination as a condition of renewing CMA certification. A CMA is eligible to renew by examination only if the individual has completed a CMA training program that was at least 80 hours in length.

(3) Employment and continuing education are subject to audit by the Board. Falsification of employment or continuing education is grounds for disciplinary action.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0120

Change of Name and Address of Record

(1) Change of name:

(a) A certificate holder shall keep his/her current legal name on file with the Board at all times.

(b) The legal name currently on file with the Board shall be considered the name of record.

(c) At the time of a legal name change the CNA/CMA shall send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof shall be in the form of a copy of a birth certificate, marriage certificate or a court order/decreed.

(d) Upon receipt of written notification and legal proof of change of name the Board will change its records to reflect the CNA/CMA's name change.

(e) To obtain a duplicate certificate reflecting the name change the CNA/CMA shall submit an application and fee for a duplicate certificate.

(2) Change of address:

(a) A certificate holder shall keep his/her current home address on file with the Board at all times.

(b) The home address currently on file with the Board shall be considered the address of record.

(c) Upon receipt of notification from the CNA/CMA of a change of home address, the Board will change its records to reflect the CNA/CMA's current address.

(d) The Board will send all correspondence and all official documents, including certificate renewal notices and Notices of Proposed Disciplinary Action to the CNA/CMA's address of record.

(e) A Notice of Proposed Disciplinary Action sent to the CNA/CMA at the person's address of record by certified mail or registered mail is sufficient notice even if the person fails to or refuses to respond to the postal service "return receipt" and never receives the Notice. Such mailing permits the Board to proceed with disciplinary action in the absence of a request for hearing.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0130

CNA Registry

In accordance with 42 CFR § 483.156 the Board maintains a CNA Registry. The Registry contains:

(1) Identifying demographic information on each CNA;

(2) Date of initial and most recent certification;

(3) Board sanctions against a CNA certificate; and

(4) Findings of resident abuse, neglect or misappropriation of resident property, made by Seniors and People with Disabilities (SPD) against a CNA.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

DIVISION 63

STANDARDS AND AUTHORIZED DUTIES FOR CERTIFIED NURSING ASSISTANTS AND CERTIFIED MEDICATION AIDES

851-063-0010

Purpose of Authorized Duties and Standards

(1) To identify the range of tasks which may be performed by the nursing assistant/medication aide in the process of assisting a licensed nurse;

(2) To serve as a guide to the Board to evaluate safe and effective assistance in nursing care; and

(3) To establish standards and authorized duties for Certified Nursing Assistants (CNAs) and Certified Medication Aides (CMAs).

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS 678.440, 678.442 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0020

Definitions

(1) "Activities of Daily Living" means self-care activities which a person performs independently, when able, to sustain personal needs and/or to participate in society.

(2) "Additional Task(s) of Nursing Care" means task(s) of nursing care which exceed the authorized duties for CNAs as defined in OAR 851-063-0030 but may be performed by CNAs when taught and assigned according to these rules.

(3) "Assessment" means the systematic collection of data about an individual client for the purpose of judging that person's health/illness status and actual or potential health care needs.

(4) "Certified Medication Aide (CMA)" means a Certified Nursing Assistant who has had additional training in administration of noninjectable medication and holds a current Oregon CMA Certificate.

(5) "Certified Nursing Assistant (CNA)" means a person who holds a current Oregon CNA certificate by meeting the requirements specified in these rules; whose name is listed on the CNA Registry; and who assists licensed nursing personnel in the provision of nursing care. The phrase Certified Nursing Assistant and the acronym CNA are generic and may refer to CNA 1, CNA 2 or all CNAs.

(6) "Certified Nursing Assistant 1 (CNA 1)" means a person who holds a current, Oregon CNA certificate and who assists licensed nursing personnel in the provision of nursing care.

(7) "Certified Nursing Assistant 2 (CNA 2)" means a CNA 1 who has met requirements specified in these rules for one or more of the CNA 2 categories.

(8) "Client" means the individual who is provided care by the CNA or CMA including a person who may be referred to as "patient" or "resident" in some settings.

(9) "CNA Registry" means the listing of Oregon Certified Nursing Assistants maintained by the Board.

(10) "Hand Hygiene" means those measures recommended by the Centers for Disease Control (CDC) and used by the CNA or CMA to protect themselves and others from infection. Hand hygiene includes handwashing with soap and water, use of alcohol-based hand rubs and proper use of disposable gloves.

(11) "Monitoring" means that a Registered Nurse assesses and plans for the care of the client, delegates duties to the nursing assistant according to OAR 851-047-0000 through 851-047-0040 and monitors client outcomes as an indicator of CNA/CMA competency.

(12) "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care. ORS 678.440(4)

(13) "Periodic Assessment and Evaluation" means that the RN, at regular intervals, assesses and evaluates the condition of the client and reviews, and modifies if necessary, the procedures and directions established for the provision of care. The interval shall be determined by the RN based on the condition of the client and the nature of the nursing care task(s) being performed.

(14) "PRN" means as necessary.

(15) "Site" means the specific geographic location of the facility or institution.

(16) "Site specific" means that the CNA may perform the additional task(s) of nursing care only at the site at which the task was learned or validated.

(17) "Stable/Predictable Condition" means a situation where the client's clinical and behavioral state is known, not characterized by rapid changes, and does not require frequent reassessment and evaluation. This includes clients whose deteriorating condition is predictable.

(18) "Supervision" means that the licensed nurse periodically observes and evaluates the skills and abilities of the CNA/CMA to perform authorized duties.

Stat. Auth.: ORS 678.440, 678.442 & 678.444

Stats. Implemented: ORS 678.440, 678.442 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0030

Authorized Duties and Standards for Certified Nursing Assistants

(1) Under the supervision of a licensed nurse, the CNA may provide care and assist clients with the following tasks related to the activities of daily living:

(a) Tasks associated with personal care:

(A) Bathing;

(B) Dressing;

(C) Grooming;

(D) Shaving;

(E) Shampooing and caring for hair;

(F) Providing and assisting with oral hygiene and denture care;

(G) Caring for the skin;

(H) Caring for the nails;

- (I) Providing peri care;
- (J) Bedmaking and handling linen; and
- (K) Maintaining environmental cleanliness.
- (b) Tasks associated with maintaining mobility:
 - (A) Ambulating;
 - (B) Transferring;
 - (C) Transporting;
 - (D) Positioning;
 - (E) Turning;
 - (F) Lifting;
 - (G) Elevating extremities;
 - (H) Performing range of motion exercises; and
 - (I) Maintaining alignment.
- (c) Tasks associated with nutrition and hydration:
 - (A) Feeding and assisting client with eating; and
 - (B) Assisting client with drinking.
- (d) Tasks associated with elimination:
 - (A) Toileting;
 - (B) Assisting with use of bed pan and urinal;
 - (C) Providing catheter care, including the application of and removal of external urinary catheters;
 - (D) Administering enemas;
 - (E) Collecting specimens;
 - (F) Emptying ostomy bags or changing ostomy bags which do not adhere to the skin; and
 - (G) Inserting bowel evacuation suppositories available without a prescription.
- (e) Tasks associated with use of assistive devices:
 - (A) Caring for, assisting with and removing:
 - (i) Dentures;
 - (ii) Eyeglasses; and
 - (iii) Hearing aids.
 - (B) Caring for, applying and removing:
 - (i) Antiembolus stockings;
 - (ii) Prosthetic devices;
 - (iii) Orthotic devices; and
 - (iv) Braces.
 - (C) Assisting with wheelchairs, walkers, or crutches;
 - (D) Using footboards;
 - (E) Assisting with and encouraging the use of self-help devices for eating, grooming and other personal care tasks; and
 - (F) Utilizing and assisting clients with devices for transferring, ambulation, and alignment.
- (f) Tasks associated with maintaining environment and client safety.
- (g) Tasks associated with data gathering, recording and reporting:
 - (A) Measuring temperature, pulse, respiration and blood pressure;
 - (B) Measuring height and weight;
 - (C) Measuring and recording oral intake;
 - (D) Measuring and recording urinary output, both voided and from urinary drainage systems;
 - (E) Measuring and recording emesis;
 - (F) Measuring and recording liquid stool;
 - (G) Measuring and recording pulse oximetry; and
 - (H) Collect responses to pain using a facility approved pain scale.
- (2) The CNA may, as an unlicensed person, provide care as delegated or assigned by a nurse pursuant to the terms and conditions in OAR 851-047-0000 through 857-047-0040.
- (3) ORS 678.440(4) defines the term "nursing assistant" as a person who assists licensed nursing personnel in the provision of nursing care. Consistent with that definition, a CNA must either:
 - (a) Be regularly supervised by a licensed nurse; or
 - (b) Work in a community-based care setting or other setting where there is no regularly scheduled presence of a licensed nurse provided there is periodic supervision and evaluation of clients under the provisions of OAR 851-047-0000 through 851-047-0040.
- (4) Under no circumstance shall a CNA work independently without supervision or monitoring by a licensed nurse who provides assessment of clients as described in OAR 851-063-0030(3)(a)(b).

(5) A CNA may accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat only when working in the following settings under the specified administrative rule:

- (a) When working in Adult Foster Homes, as permitted under OAR 411-050-0447(4)(b);
 - (b) When working in Residential Care Facilities, as permitted under OAR 411-055-0210(f)(D); and
 - (c) When working in Assisted Living Facilities, as permitted under OAR 411-056-0015(4).
 - (6) Standards of Care for Certified Nursing Assistants. In the process of client care the CNA shall consistently:
 - (a) Apply standard precautions according to the Centers for Disease Control and Prevention guidelines;
 - (b) Use hand hygiene between episodes of care;
 - (c) Use appropriate body mechanics to prevent injury to self and client;
 - (d) Follow the care plan as directed by the licensed nurse;
 - (e) Use appropriate communication with client, client's family and friends, and coworkers;
 - (f) Use alternatives to physical restraints, or apply physical restraints as directed by the licensed nurse;
 - (g) Determine absence of pulse and/or respiration, and initiate an emergency response;
 - (h) Report to the licensed nurse any recognized abnormality in client's signs and symptoms;
 - (i) Record observations and measurements, tasks completed, and client statements about condition or care;
 - (j) Apply safety concepts in the workplace;
 - (k) Report signs of abuse, neglect, mistreatment, misappropriation or exploitation;
 - (l) Demonstrate respect for rights and property of clients and coworkers; and
 - (m) Maintain client confidentiality.
- Stat. Auth.: ORS 678.440, 678.442 & 678.444
 Stats. Implemented: ORS 678.440, 678.442 & 678.444
 Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0040

Teaching and Assignment of Additional Task(s) of Nursing Care to CNAs in Settings Where an RN is Always Available for Client Assessment and Supervision of CNA(s)

Notwithstanding OAR 851-063-0030, a CNA may be taught and perform those additional tasks as authorized by the Board and listed in OAR 851-063-0060 in accordance with these rules. Such additional tasks may be taught and performed only in settings where there is continuous on-site RN or LPN supervision of CNAs, including an RN who is always available for the purpose of client assessment. Additional task(s) of nursing care are site specific. A CNA who is trained to perform additional task(s) of nursing care in one facility is not authorized to perform those task(s) in another facility without validation of skills for that facility.

- (1) A CNA may perform additional tasks of nursing care when:
 - (a) The CNA has been taught to do those additional tasks according to these rules;
 - (b) The CNA has demonstrated initial competency to perform additional tasks as they were taught;
 - (c) The CNA performs the additional task(s) of nursing care under the assignment and supervision of an RN or LPN; and
 - (d) The CNA has maintained competency to perform additional tasks.
- (2) Role of RN and LPN at a site that allows a CNA to perform additional tasks of nursing care:
 - (a) A RN at the site must document competency of the CNA to perform additional task(s) of nursing care;
 - (b) A RN at the site must assess the client and determines that assignment of the additional task(s) of nursing care to the CNA by an RN or LPN is appropriate for the client care situation and for the CNA;
 - (c) The RN or LPN who makes the specific assignment must periodically assess and evaluate the client care situation and the abilities of the CNA;

(d) The RN at the site must determine the interval for periodic assessment and evaluation based on the condition of the client and the nature of the nursing care task(s) being performed; and

(e) A RN at the site must ensure that there is RN or LPN supervision of CNAs performing additional task(s) of nursing care according to these rules.

(3) Program of Training for additional tasks:

(a) A RN who has the knowledge and skills necessary to teach additional task(s) is responsible to:

(A) Develop the training curriculum according to these rules;

(B) Teach the curriculum to CNAs employed at that site; and

(C) Develop the mechanisms for validating that a CNA has initial and ongoing competency to perform additional task(s) of nursing care.

(b) Additional tasks of nursing care may be taught at the site where additional tasks are to be performed or at a community college under terms and conditions specified in these rules.

(A) Each site specific training program for additional tasks shall:

(i) Be specific to that site;

(ii) Be specific to the needs of its specific client population(s); and

(iii) Specify those tasks which may be performed at the specific site.

(B) A community college may enter into a written agreement to teach additional tasks under the following conditions:

(i) There is a written agreement between the site and the community college for a RN to teach additional tasks;

(ii) Tasks taught are specific to the site that has the written agreement with the college for the teaching; and

(iii) A mechanism exists that is satisfactory to both the college and the site which documents that the CNA has demonstrated competency in the additional tasks of nursing care.

(4) Additional Tasks sunset December 30, 2008.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.440 & 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0050

Criteria for Selection, Teaching, Assigning Additional Task(s) of Nursing Care for a CNA

(1) Criteria to be utilized by employers, facilities, institutions in selecting, teaching and assigning an additional task of nursing care from the Board-approved list:

(a) The task is considered safe and routine for the specific client population(s);

(b) The task poses little potential hazard for the client;

(c) The task can be performed with a predictable outcome;

(d) The task does not require assessment, interpretation or decision-making while being performed;

(e) The task involves limited degree of potential client discomfort; and

(f) The task does not require a substantial amount of scientific knowledge and technical skill.

(2) Site specific policy may limit the number and types of task(s) from the Board-approved list that CNAs can perform in the specific facility.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.440 & 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0060

List of the Additional Task(s) of Nursing Care Which May Be Assigned to CNAs

If the additional task(s) of nursing care have been taught and assigned according to these rules, CNAs may perform the following tasks:

(1) Tasks associated with skin care:

(a) Change simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;

(b) Clean ostomy sites and change dressings or appliances for established, non-acute ostomies; and

(c) Apply topical over-the-counter creams and ointments for prophylactic treatment of skin conditions.

(2) Tasks associated with monitoring intake and output:

(a) Discontinue Foley catheters;

(b) Perform clean intermittent straight urinary catheterization for chronic conditions;

(c) Collect clean-catch urine specimen; and

(d) Empty, measure and record output from other drainage devices.

(3) Tasks associated with vaginal care:

(a) Administer douches; and

(b) Insert over-the-counter vaginal suppositories and vaginal creams.

(4) Tasks associated with testing and monitoring:

(a) Perform tests on urine specimens;

(b) Perform hemocult test for occult blood;

(c) Perform capillary blood glucose (CBGs);

(d) Perform phlebotomy;

(e) Place electrodes and leads for electrocardiogram, cardiac monitoring and telemetry;

(f) Run 12-lead EKGs or rhythm strips;

(g) Assist with incentive spirometer; and

(h) Perform newborn hearing screening.

(5) In addition, if the additional task(s) of nursing care have been taught and assigned according to these rules, CNAs may:

(a) Suction oral pharynx;

(b) Set up traction equipment;

(c) Add fluid to established jejunostomy and gastrostomy tube feedings and change established tube feeding bags;

(d) Assist clients in and out of Continuous Passive Motion machines if previously applied and regulated by a qualified health care professional;

(e) Apply pediculicides;

(f) Remove casts; and

(g) Turn oxygen on and off at predetermined, established flow rate.

Stat. Auth.: ORS 678.440, 678.442

Stats. Implemented: ORS 678.440, 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99, BN 12-1999, f. & cert. ef. 12-1-99; BN 6-2002, f. & cert. ef. 3-5-02; BN 5-2003, f. & cert. ef. 4-23-03; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0070

Authorized Duties and Standards for Certified Medication Aides

(1) Under supervision by a licensed nurse, CMAs may administer:

(a) Oral, sublingual and buccal medications;

(b) Eye medications with the exception of eye medications to new post-operative eye clients;

(c) Ear medications;

(d) Nasal medications;

(e) Rectal medications;

(f) Vaginal medications;

(g) Skin ointments, topical medications including patches and transdermal medications;

(h) Medications by gastrostomy and jejunostomy tubes;

(i) Premeasured medication delivered by Aerosol/Nebulizer; and

(j) Medications delivered by metered hand-held inhalers.

(2) Administration of PRN Medications. CMAs may administer PRN medications (including controlled substances) to stable clients according to physician's or nurse practitioner's orders in the following circumstances:

(a) In response to specific client requests:

(A) Client request must be reported to licensed nurse; and

(B) Client response must be reported to licensed nurse.

(b) At the direction of the licensed nurse, when:

(A) A licensed nurse assesses the patient prior to administration of the PRN medications; and

(B) A licensed nurse assesses the patient following the administration of the PRN medication.

(3) CMAs may:

(a) Administer regularly scheduled controlled substances;

(b) Jointly witness wasted controlled substances with a licensed nurse;

(c) Count controlled substances with a licensed nurse or another CMA;

(d) Perform capillary blood glucose (CBG);

(e) Turn oxygen on and off at predetermined, established flow rate;

(f) Add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags; and

(g) Accept verbal or telephone orders for medication from a licensed health care professional who is authorized to independently diagnose and treat. Such acceptance can occur only when the CMA is working in the following settings under the specified administrative rule(s):

(A) Adult Foster Homes, as permitted under OAR 411-050-0447(4)(b);

(B) Residential Care Facilities, as permitted under OAR 411-055-0210(f)(D); and

(C) Assisted Living Facilities, as permitted under OAR 411-056-0015(4).

(4) CMAs may not administer medications by the following routes:

(a) Central lines;

(b) Colostomy;

(c) Intramuscular;

(d) Intrathecal;

(e) Intravenous;

(f) Nasogastric;

(g) Nonmetered inhaler;

(h) Subcutaneous;

(i) Intradermal;

(j) Urethral;

(k) Epidural; or

(l) Endotracheal.

(5) CMAs may not administer the following kinds of medications:

(a) Barium and other diagnostic contrast media; or

(b) Chemotherapeutic agents except oral maintenance chemotherapy.

(6) Certified Medication Aides may not administer medication by, nor assume responsibility for, medication pumps, including client controlled analgesia.

(7) A CMA may not act as a preceptor to a student in a medication aide training program.

(8) The CMA may, as an unlicensed person, provide care as delegated or assigned by a licensed nurse pursuant to the terms and conditions in OAR 851-047-0000 through 851-047-0040.

(9) Standards of Care for Certified Medication Assistants. In the process of client care the CMA shall consistently apply standards set for CNAs and:

(a) Establish competency as a CMA;

(b) Maintain competency as a CMA;

(c) Perform within Authorized Duties;

(d) Follow written instructions of a licensed health care professional authorized to independently diagnose and treat as transcribed in the Medication Administration Record (MAR); and

(e) Accurately record on the Medication Administration Record (MAR) medications administered, medications withheld or refused and the reason why a medication was withheld or refused.

Stat. Auth.: ORS 678.440, 678.442, 678.444 & 678.445

Stats. Implemented: ORS 678.440, 678.442 & 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0080

Causes for Denial, Reprimand, Suspension, Probation or Revocation of CNA Certificate

Under the contested case procedure in ORS 183.310 to 183.550 the Board may deny, reprimand, suspend, place on probation or revoke the certificate to perform duties as a CNA for the following causes:

(1) Conviction of the nursing assistant of a crime where such crime bears demonstrable relationship to the duties of a nursing assistant; ORS 678.442(2)(a).

(2) Any willful fraud or misrepresentation in applying for or procuring a certificate or renewal thereof; ORS 678.442(2)(b).

(3) Use of any controlled substance or intoxicating liquor to an extent or in a manner injurious to the certificate holder or others or to an extent that such use impairs the ability to conduct safely the duties of a nursing assistant; ORS 678.442(2)(c).

(4) Violation of any provision of ORS 678.010 to 678.445 or rules adopted thereunder; ORS 678.442(2)(d).

(5) Physical or mental condition that makes the certificate holder unable to perform the duties of a nursing assistant; or ORS 678.442(2)(e).

(6) Conduct unbecoming a nursing assistant in the performance of duties ORS 678.442(2)(f).

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0090

Conduct Unbecoming a Nursing Assistant

A CNA, regardless of job location, responsibilities, or use of the title "CNA," who, in the performance of nursing related duties, may adversely affect the health, safety or welfare of the public, may be found guilty of conduct unbecoming a nursing assistant. Conduct unbecoming a nursing assistant includes but is not limited to:

(1) Conduct related to the client's safety and integrity:

(a) Leaving a nursing assistant assignment without properly notifying appropriate supervisory personnel;

(b) Failing to report to proper authorities information regarding incompetent, unethical or illegal practice of any health care provider;

(c) Failing to respect client rights and dignity regardless of social or economic status, personal attributes or nature of health problems or disability;

(d) Failing to report actual or suspected incidents of client abuse; or

(e) Engaging in sexual misconduct related to the client or to the workplace.

(2) Conduct related to other federal or state statutes/rule violations:

(a) Knowingly aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of health care providers;

(b) Violating the rights of privacy, confidentiality of information or knowledge concerning the client, unless required by law to disclose such information;

(c) Discriminating against a client on the basis of age, race, religion, sex, sexual preference, national origin or disability;

(d) Abusing a client. The definition of abuse includes but is not limited to intentionally causing physical harm or discomfort, striking a client, intimidating, threatening or harassing a client;

(e) Neglecting a client. The definition of neglect includes but is not limited to unreasonably allowing a client to be in physical discomfort or be injured;

(f) Engaging in other unacceptable behavior or verbal abuse towards or in the presence of a client such as using derogatory names or gestures or profane language;

(g) Using the client relationship to exploit the client by gaining property or other items of value from the client either for personal gain or sale, beyond the compensation for services;

(h) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; or

(i) Removing or attempting to remove drugs, supplies, property or money from the workplace without authorization.

(3) Conduct related to communication:

(a) Inaccurate recordkeeping in client or agency records;

(b) Incomplete recordkeeping regarding client care; including but not limited to failure to document care given or other information.

tion important to the client's care or documentation which is inconsistent with the care given;

(c) Falsifying a client or agency record; including but not limited to filling in someone else's omissions, signing someone else's name, recording care not given, fabricating data/values;

(d) Altering a client or agency record; including but not limited to changing words/letters/numbers from the original document to mislead the reader of the record, adding to the record after the original time/date without indicating a late entry;

(e) Destroying a client or agency record;

(f) Failing to maintain client records in a timely manner which accurately reflects management of client care, including failure to make a late entry within a reasonable time period; or

(g) Failing to communicate information regarding the client's status to the supervising nurse or other appropriate person in a timely manner.

(4) Conduct related to the client's family:

(a) Failing to respect the rights of the client's family regardless of social or economic status, race, religion or national origin;

(b) Using the CNA client relationship to exploit the family for the CNA's personal gain or for any other reason;

(c) Stealing money, property, services or supplies from the family; or

(d) Soliciting or borrowing money, materials or property from the family.

(5) Conduct related to co-workers: violent, abusive, threatening, harassing or intimidating behavior towards a co-worker which either occurs in the presence of clients or otherwise relates to the delivery of safe care to clients.

(6) Conduct related to achieving and maintaining clinical competency:

(a) Failing to competently perform the duties of a nursing assistant;

(b) Performing acts beyond the authorized duties for which the individual is certified; or

(c) Assuming duties and responsibilities of a nursing assistant without nursing assistant training or when competency has not been established or maintained.

(7) Conduct related to impaired function:

(a) Using intoxicants, prescription, over the counter or controlled drugs to an extent or in a manner injurious to the nursing assistant or others or to the extent that such use impairs the ability to conduct safely the duties of a nursing assistant; or

(b) Having a physical or mental condition that makes the nursing assistant unable to perform safely the duties of a nursing assistant.

(8) Conduct related to certificate violations:

(a) Providing, selling, applying for or attempting to procure a certificate by willful fraud or misrepresentation;

(b) Functioning as a medication assistant without current certification as a medication assistant;

(c) Altering a certificate of completion of training and/or nursing assistant certification issued by the Board;

(d) Disclosing contents of the nursing assistant competency examination;

(e) Allowing another person to use one's nursing assistant certificate for any purpose;

(f) Using another's nursing assistant certificate for any purpose; or

(g) Representing oneself as a CNA without current, valid CNA certification.

(9) Conduct related to the certificate holder's relationship with the Board:

(a) Failing to cooperate with the Board during the course of an investigation. The duty to cooperate does not include waiver of confidentiality privileges, except if a client is harmed. This waiver of confidentiality privileges does not apply to client-attorney privilege.

(b) Failing to answer truthfully and completely any question asked by the Board on an application for initial certification, renewal of certification or recertification;

(c) Failing to provide the Board with any documents requested by the Board; or

(d) Violating the terms and conditions of a Board order.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 9-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02; BN 16-2002, f. & cert. ef. 7-17-02

851-063-0100

Conduct Unbecoming a Certified Medication Aide

Certified Medication Aides are subject to discipline as CNAs as described in these rules. In addition, CMAs are subject to discipline for conduct unbecoming a medication aide. Conduct unbecoming a medication aide includes but is not limited to:

(1) Failing to administer medications as ordered by a health care professional authorized to independently diagnose and treat;

(2) Failing to document medications as administered, medications withheld or refused and the reason a medication was withheld or refused.

(3) Altering/falsifying medication administration record;

(4) Altering/falsifying CNA or CMA certificate;

(5) Diverting drugs for use by self or others;

(6) Accepting a verbal order or telephone order for medication from a licensed health care professional who is authorized to independently diagnose and treat, except as allowed in authorized duties;

(7) Performing acts beyond the authorized duties for which the individual is certified;

(8) Working as a CMA without CMA Certification;

(9) Performing client care tasks other than authorized in these rules;

(10) Representing oneself as a CMA without current CMA certification; or

(11) Failing to conform to the standards and authorized duties in these rules.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04

851-063-0110

Criminal Conviction History/Falsification of Application — Denial of Certification

(1) The Board has determined that the following crimes bear a demonstrable relationship to the role of a CNA and will issue a Notice to Deny Certification to an applicant for certification, renewal of certification or for reactivation of certification as a nursing assistant, following the provisions of the Administrative Procedure Act in contested case hearings, to persons who have been convicted as an adult, or found responsible except for mental illness, or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable law in other jurisdictions:

(a) Aggravated murder, as in ORS 163.095 and 115;

(b) First Degree Manslaughter, as in ORS 163.118;

(c) Second Degree Manslaughter, as in ORS 163.125;

(d) First Degree Assault, as in ORS 163.185;

(e) Second Degree Assault, as in ORS 163.175;

(f) First Degree Criminal Mistreatment, as in ORS 163.205;

(g) Second Degree Criminal Mistreatment, as in ORS 163.200;

(h) First Degree Kidnapping, as in ORS 163.235;

(i) First Degree Rape, as in ORS 163.375;

(j) Second Degree Rape, as in ORS 163.365;

(k) Third Degree Rape, as in ORS 163.355;

(l) First Degree Sodomy, as in ORS 163.405;

(m) Second Degree Sodomy, as in ORS 163.395;

(n) Third Degree Sodomy, as in ORS 163.385;

(o) First Degree Unlawful Sexual Penetration, as in ORS 163.411;

(p) Second Degree Unlawful Sexual Penetration, as in ORS 163.408;

(q) First Degree Sexual Abuse, as in ORS 163.427;

(r) Second Degree Sexual Abuse, as in ORS 163.425;

(s) Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;

(t) Sexual Misconduct, as in ORS 163.445;

(u) Child Abandonment, as in ORS 165.535.

(2) Any individual who applies for certification as a nursing assistant, who has a history of arrests and convictions over an extended period of time, will be issued a Notice to Deny Certification following the provisions of the Administrative Procedure Act in contested case hearings.

(3) All other applicants with conviction histories, other than those listed above, including crimes which are drug and alcohol related, will be considered on an individual basis. The following factors will be considered by the Board:

(a) Evidence of rehabilitation;

(b) The length of time since the conviction to the time of application for certification as a nursing assistant;

(c) The circumstances surrounding the commission of the crime which demonstrate that a repeat offense is not likely; and

(d) Character references.

(4) Any individual who applies for certification as a nursing assistant, and supplies false or incomplete information to the Board on an application for certification regarding the individual's criminal conviction record, may be issued a Notice to Deny Certification under the provisions of the Oregon Administrative Procedure Act in contested case hearings.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 6-1999, f. & cert. ef. 7-8-99