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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) In regard to rules adopted on or after January 1, 2006, at least 49 days before the effective date of the rule, the Board shall provide notice to the persons specified in ORS 183.335(15); and

(4) 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 & 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; BN 4-2006, f. & cert. ef. 5-8-06

851-001-0005

Model Rules of Procedure

(1) The Model Rules for Contested Cases of the Attorney General under the Administrative Procedures Act in effect on January 1, 2006, 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 between a respondent and the Board 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; BN 4-2006, f. & cert. ef. 5-8-06

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, 678.128 & 678.150
Stats. Implemented: ORS 678.117, 678.128 & 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 & 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 & 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 & 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 — \$145
- (2) Delinquent Renewal — \$12
- (3) License by Endorsement — \$195
- (4) Licensure by Examination — \$160
- (5) Written Verification of License — \$12
- (6) Limited Licenses:
 - (a) License Memorandum — \$25
 - (b) Reentry — \$95
 - (c) Extension of Reentry — \$25
 - (7) 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
- (8) Reexamination for Licensure — \$25
- (9) Reactivation — \$160
- (10) Reinstatement by Reactivation — \$160

Stat. Auth.: ORS 678.150 & 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; BN 5-2007, f. 5-4-07, cert. ef. 7-1-07; BN 5-2009, f. & cert. ef. 10-7-09; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 7-2010, f. & cert. ef. 6-25-10

**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) Prescription Monitoring Fund (Biennial) — \$50.
- (4) Additional Category Renewal — \$50.
- (5) Delinquent Renewal — \$12.
- (6) Nurse Practitioner Prescriptive Authority Initial Application — \$75.
- (7) Limited License for Reentry or Clinical Practicum — \$95.

Stat. Auth.: ORS 678.150 & 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 16-2006, f. & cert. ef. 11-29-06; BN 7-2009, f. 12-17-09, cert. ef. 1-1-10

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 & 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 — \$150.
 (2) Renewal of Certification without Prescriptive Authority — \$75.

- (3) Prescription Monitoring Fund (Biennial) — \$50.
- (4) Renewal of Certification with Prescriptive Authority — \$105.
- (5) Clinical Nurse Specialist Prescriptive Authority Initial Application — \$75.
- (6) Delinquent Renewal — \$12.
- (7) Limited License for Reentry or Clinical Practicum — \$95.
- (8) Extension of Limited License — \$95.

Stat. Auth.: ORS 678.150 & 678.410
 Stats. Implemented: ORS 678.410
 Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 16-2006, f. & cert. ef. 11-29-06; BN 7-2009, f. 12-17-09, cert. ef. 1-1-10

851-002-0040

Nursing Assistant Schedule of Fees

- (1) Certification by Examination — \$106
- (2) Certification by Endorsement — \$60
- (3) Reexamination — Manual Skills — \$45
- (4) Reexamination — Written — \$25
- (5) Oral Administration of Written Examination — \$35
- (6) Written Verification of Certification — \$10
- (7) CNA Certificate Renewal — \$60
- (8) CNA Reactivation Fee — \$5
- (9) CNA Certification for RN or LPN — \$60
- (10) CNA Certification for Student Nurses — \$60
- (11) Initial Approval CNA Training Program — \$100
- (12) Approval of Revised CNA Training Program — \$75
- (13) Reapproval of CNA Training Program — \$50
- (14) CNA Primary Instructor Approval — \$10
- (15) Initial Approval of CNA Program Director — \$25

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; BN 7-2007, f. 6-29-07, cert. ef. 1-1-08; BN 5-2009, f. & cert. ef. 10-7-09; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 8-2010, f. & cert. ef. 6-25-10

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

851-002-0055

Miscellaneous Fees

Fingerprinting — \$52.
 Stat. Auth: ORS 678.150, 678.410
 Stats. Implemented: ORS 678.410
 Hist.: BN 5-2007, f. 5-4-07, cert. ef. 7-1-07

851-002-0060

Access to Public 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) All information shall be disclosed or protected from disclosure in accordance with Chapter 192 of the Oregon Revised Statutes.

(3) Requests for records may be verbal, however, the Board of Nursing may require the request to:

- (a) Be in writing (either U.S. Mail, FAX or e-mail).
- (b) Be dated.
- (c) Be signed.
- (d) Adequately describe the records being requested.
- (e) Indicate the date the records are needed.

(4) A reasonable period of time, as determined by the Board, shall be allowed for the records custodian or other staff to locate and assemble the requested records.

(5) Fees shall be calculated as follows:

(a) Photocopies: Up to 10 pages at no cost, \$0.05 per page for more than 10 pages.

(b) Actual cost for use of material and equipment for producing copies of non-standard records. Non-standard records include records other than paper records.

(c) Labor (includes locating, compiling, editing or otherwise processing information and records): There shall be no charge for the first 30 minutes of staff time. The labor rate assessed thereafter shall be \$20/per hour.

(d) If the nature of a request requires the Board to seek legal counsel prior to fulfilling a record request, any fees incurred for review of records, redacting material from the records or segregating the records into exempt or non-exempt records, are the responsibility of the requestor.

(e) Actual cost for delivery of records, such as postage, FAX costs and courier fees.

(6) If a records request fee is estimated to be more than \$25, the requestor shall be provided written notice of the estimated amount before the requested records are compiled. The Board will not compile the records until the requestor informs the Board to proceed with responding to the request.

(7) Public records not exempt from disclosure may be inspected during office hours at the Board office upon reasonable notice, but fees as outlined in (5)(a) above still apply.

Stat. Auth.: ORS 678.150 & 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 5-2006, f. & cert. ef. 5-8-06

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.

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; BN 7-2005, f. & cert. ef. 10-13-05

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

851-010-0024

Board Member Compensation

(1) A Board member shall receive up to \$150 for each day or portion thereof during which the member is actually engaged in the performance of official duties.

(2) Performance of official duties is defined as:

(a) Scheduled meetings;

(A) Board meetings, including special Board meetings via conference call,

(B) Board committee meetings.

(b) Appointments with Board staff for Board business;

(c) Legislative testimony;

(d) Conferences and activities that the Board has pre-approved or requested that the member attend as its representative; OR

(e) Additions to this list may be made by the board on a case-by-case basis.

Stat. Auth.: ORS 678.150 & 292.495
 Stats. Implemented: ORS 678.150
 Hist.: BN 1-2010(Temp), f. & cert. ef. 1-21-10 thru 6-18-10; BN 5-2010, f. & cert. ef. 4-21-10

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, 678.340 & 678.360
 Stats. Implemented: ORS 678.150 & 678.360
 Hist.: NB 1-1990, f. & cert. ef. 4-2-90; Renumbered from 851-020-0001; 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) "Accreditation" is a voluntary, non-governmental peer review process by the higher education community. For the purpose of these rules, institutional accreditation applies to the entire institution, whereas nursing program accreditation applies to program accreditation by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC).

(2) "Accrediting agency" means a regional accrediting association or national accrediting agency approved by the U. S. Department of Education (US DOE) and/or the Council on Higher Education Accreditation (CHEA).

(3) "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.

(4) "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.

(5) "Articulation" refers to the process of comparing or matching the coursework completed in one educational institution with the courses or requirements of another institution. For the purpose of these rules, articulation specifically relates to courses completed or required within a nursing education program.

(6) "Basic Master's Program" is a graduate program in nursing leading to initial licensure.

(7) "Board" refers to the Oregon State Board of Nursing.

(8) "Clinical Lab Teaching Assistant" refers to a member of the nursing faculty whose primary responsibility is to assist with clinical lab teaching under the direction of the nurse educator.

(9) "Clinical Teaching Associate" refers to a nurse who has undergone specific education/training to serve as a role model, resource and coach for nursing students. The clinical teaching associate functions under the direction of the nurse educator or nurse educator associate.

(10) "Community-based nursing" is nursing practice that takes place in the context of family and the community.

(11) "Competencies" mean the knowledge, values, attitudes, and interpersonal, clinical reasoning, and psychomotor skills expected for safe and effective nursing practice.

(12) “Controlling Body” is an accredited educational agency planning to conduct or conducting a program in nursing. For purposes of these rules, “institution,” “educational institution,” or “governing institution” are synonymous with “controlling body.”

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

(14) “Distance nursing education” means the provision of nursing course(s) to students in settings physically separate from the faculty and the campus-based setting. Distance nursing education includes on-line and web-based portals, videostreaming, interactive television, and use of other electronic course delivery methods.

(15) “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.

(16) “Faculty” means the nursing faculty as a whole, functioning as a collective body.

(17) “Faculty member” means an individual nurse educator, nurse educator associate, or clinical lab teaching assistant.

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

(19) “Initial Approval” means authorization by the Board to accept students for admission 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.

(20) “Major curriculum change” means a change that results in a refocus of purpose and objectives, a substantive change in program structure or method of instructional delivery, or a change that modifies 10% or more of the credit hours in the curriculum.

(21) “May” indicates permission.

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

(23) “Nurse Administrator” refers to the registered nurse who is responsible and accountable for the nursing educational department, division or program, regardless of the official title assigned by any specific institution.

(24) “Nurse Educator” refers to a registered nurse who, as a member of the nursing faculty, is responsible for the development and/or implementation of the nursing program, including curriculum, policies, student advising, and evaluation, mentoring and collaborating with nurse educator associates and clinical teaching associates. For the purpose of these rules, the term “nurse educator” includes all nurse faculty members regardless of rank who have responsibility for development and implementation of the program.

(25) “Nurse Educator Associate” refers to a registered nurse who may contribute to classroom and clinical instruction in collaboration with and under the direction of the nurse educator.

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

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

(28) “Outcomes” are statements of the expected knowledge, skills, attitudes, values and abilities to be gained by students through completion of the nursing education program or a segment thereof.

(29) “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.

(30) “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.

(31) “Post-master’s certificate” means a certificate from an accredited graduate nursing education program that prepares licensed nurses who hold a master’s degree for an advanced nursing role.

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

(33) “Practicum” is a course or session in which a student obtains experience in nursing in either a laboratory or practice site.

(34) “Program” means a nursing education program 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.”

(35) “Representative of the Board” means the Education Consultant or Board designee qualified to perform the necessary responsibilities.

(36) “Shall” indicates a requirement.

(37) “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.

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

(39) “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.

(40) “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.

(41) “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; BN 3-2008, f. & cert. ef. 6-24-08

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 develop the program to the Board in advance of anticipated 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 an appropriate regional or national accrediting association or agency; institutions seeking to establish a registered nursing program shall show evidence of

(i) Approval as a degree-granting institution of higher education in Oregon, and

(ii) Accreditation by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA).

(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) Evidence that written notice of intent to establish a nursing education program has been provided to the nurse administrator and academic administrator of all Oregon-approved nursing education programs a minimum of 30 days prior to submission of the application;

(D) Purpose, size and type of program;

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

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

(G) Projected number of faculty positions;

(H) Description of proposed instructional modalities, available and proposed facilities and resources with dates of availability;

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

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

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

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(L) Evidence of support for the program and intended program outcomes by the institution, administration, and academic officers;

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

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

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

(P) 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) A school or program concerned about potential adverse impact of the proposed program shall respond to the proposer with a copy to the Board within 15 days of receiving the notice of intent to establish a new program or location.

(f) The Board, after timely review and consideration of the information contained in the application and any supplementary information, including statements of potential adverse impact by other programs, shall either approve or deny the application and notify the applicant, including rationale for the decision;

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

(h) 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;

(iii) An institution licensed by the Oregon Department of Education, Private Career Schools section shall provide documentation of current licensure.

(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 nurse educators 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;

(G) There is a signed agreement(s) for the articulation of program graduates into the next level of nursing education:

(i) Programs leading to a certificate or degree in practical nursing shall have an agreement with an Oregon-approved program preparing candidates for licensure as a registered nurse;

(ii) Programs leading to an associate degree in nursing shall have an agreement with an Oregon-approved program leading to a baccalaureate or higher degree in nursing.

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

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

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

(f) 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.

(g) 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; BN 3-2008, f. & cert. ef. 6-24-08

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. The following situations may be cause for a survey visit to determine if the minimum standards for nursing programs are being met:

(A) Reports relating to violations of OAR 851-021-0040 through 851-021-0070;

(B) Denial, withdrawal or change of program or institution accreditation status by an accrediting agency recognized by the U. S. Department of Education;

(C) Providing false or misleading information to students or the public concerning the nursing program;

(D) Violation of Board rules;

(E) Inability to secure or retain a qualified director or faculty, resulting in substandard supervision and instruction of students; or

(F) Failure to achieve NCLEX pass rate standards:

(i) A first attempt pass rate of 60% or higher on the licensing examination over a one year period;

(ii) A first attempt pass rate of 70% or higher over two consecutive one year periods, or

(iii) A two-year pass rate of 85% or higher over three consecutive years.

(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 a ten year time period.

Stat. Auth.: ORS 678.340 & 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; BN 3-2008, f. & cert. ef. 6-24-08

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) or achieve specified NCLEX pass rate standards 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; BN 3-2008, f. & cert. ef. 6-24-08

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) A significant increase or decrease in planned enrollment that may affect the overall faculty-student ratio or the capacity of institutional facilities or regional practice sites;

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

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

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

(f) 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, such 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 members under OAR 851-021-0045(6);

(d) Addition of an extended campus site or distance nursing education option:

(A) The program shall submit a letter of intention to expand offerings to an extended campus site or using distance education technology 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 or with addition of distance education technology;

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

(iii) Availability of adequate practice sites and provisions for faculty supervision of clinical experiences;

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

(C) The Board may deem the addition of an extended campus site or distance nursing education option 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.

(e) Proposed demonstration project(s) that significantly alter the approved curriculum, model of clinical practica or faculty-to-student ratio.

(A) The program shall submit a letter of intention to implement such a project at least three months prior to the planned implementation.

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

(i) Description of the proposed project, including purpose;

(ii) Description of mechanisms and procedures for and student safety and learning effectiveness;

(iii) Plan for evaluation of the project and reporting findings back to the Board; and

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

(3) NCLEX first attempt pass rate standards and reports.

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

(b) A program shall present a written plan, in conformance with Board policy, to evaluate and 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.

(4) 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.

(5) 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; BN 3-2008, f. & cert. ef. 6-24-08

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 an appropriate regional or national accrediting association or agency and meet all current standards of the accreditor.

(a) Institutions offering registered nurse programs shall be approved as a degree-granting institution of higher education in Oregon, and

(b) Accredited by a regional association or national agency recognized by the Council on Higher Education Accreditation (CHEA).

(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, implementation, stability and continuation of the program, including required prerequisite and support courses if applicable.

(4) The authority and responsibility for the direction of the program shall be vested in a qualified nurse administrator as specified in OAR 851-021-0045.

(5) The nurse administrator shall have institutional authority and administrative responsibility for the program, including:

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

(b) Creation and maintenance of an environment conducive to teaching and learning, including coordination and support of faculty assignments;

(c) Liaison with executive administrators and administrative and student service units of the institution;

(d) Participation in institutional policy and program decisions that affect teaching and learning within the nursing program;

(e) Participation in preparation of the budget;

(f) Administration of the budget;

(g) Facilitation of faculty and faculty member development;

(h) Participation in faculty member performance review;

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

(j) 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 & 678.340
Stats. Implemented: ORS 678.150 & 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; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0045

Standards for Approval: Nursing Faculty

(1) The faculty shall include a sufficient number of qualified nurse educators and nurse educator associates to meet the identified learning outcomes of the nursing education program.

(2) 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.

(3) Faculty teaching in clinical settings shall also hold a registered nurse license to practice and meet requirements in the state in which the clinical experience is occurring.

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

(5) The nurse administrator and each faculty member shall demonstrate professional competence and continued development in nursing, nursing education, and assigned teaching responsibilities.

(a) The nurse administrator and each faculty member shall periodically review assigned teaching responsibilities, evaluating and revising professional development plans as indicated.

(b) The institution and nurse administrator shall support faculty in developing and maintaining competence in assigned teaching responsibilities.

(6) 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 educator shall:
 - (A) Hold at least a baccalaureate degree in nursing;
 - (B) Have at least three years of nursing experience.
- (c) Each nurse educator associate shall:
 - (A) Hold at least a baccalaureate degree in nursing; and
 - (B) Have at least two years of nursing experience.
- (d) Each clinical lab teaching assistant shall:
 - (A) Hold a degree or certificate that is, at a minimum, equivalent to that for which students are being prepared; and
 - (B) Have at least two years of nursing experience.
- (e) If the institutional program in practical nursing is embedded within a program in registered nursing, all faculty member appointments shall meet the qualifications required for registered nurse programs.
- (7) 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 three years shall have been in a nurse educator or administrative position in a nursing education program.
 - (b) Each nurse educator 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 nurse educator associate shall hold at least a bachelor's degree in nursing with no less than two years of nursing experience.
 - (d) Each clinical lab teaching assistant shall:
 - (A) Hold at least the educational level of preparation for which students are being taught; and
 - (B) Have at least two years of nursing experience.
- (8) Any exceptions to subsections (6)(a), (b), (c), (d), (e) and (7)(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.
- (9) 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 (6)(a)(A), (6)(b)(A), (7)(a)(A) and (7)(b)(A) of this rule.
- (10) Faculty Member/Student Ratio:
 - (a) The number of faculty members appointed shall be not less than one faculty member to every nine students having experience in one or more practice sites at any given time. Effective July 1, 2010, the ratio shall be one faculty member to eight students. A lower ratio shall apply when nursing 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) Use of clinical teaching associates;
 - (D) Level of students;
 - (E) Number, type and condition of clients;
 - (F) Number, type, and location of practice sites; and
 - (G) Adequacy of the ratio for nurse faculty to:
 - (i) Assess students' capability to function safely within the practice situation;
 - (ii) Select and guide student experience; and
 - (iii) Evaluate student performance.
 - (c) Clinical teaching associates may be used within the following guidelines:
 - (A) There shall be a written plan for the clinical learning experience consistent with these rules;
 - (B) Clinical teaching associates 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 clinical teaching associate(s) while students are involved in the clinical learning experience;
 - (D) The faculty member shall confer with each clinical teaching associate and student (individually or in groups) regularly during the clinical learning experience;
 - (E) Use of clinical teaching associates does not modify the requirement for faculty member/student ratio, except that the ratio may be modified for final practica.
- (11) Principal responsibilities of the faculty shall be to:
 - (a) Develop, implement and evaluate the organizing framework and learning outcomes of the program;
 - (b) Construct, implement, evaluate and revise the curriculum;
 - (c) Develop, implement and evaluate policies and standards for the advising, selection, admission, advanced placement, progression and graduation of nursing students within the framework of the policies of the educational institution;
 - (d) Develop, integrate and evaluate student learning experiences including selection of learning activities, appropriate use of emerging teaching and learning methodologies, assessment and guidance of the student and evaluation of client and student safety;
 - (e) Mentor/guide nurse educator associates and clinical teaching associates;
 - (f) Develop, implement and evaluate policies for assessing student achievement in terms of course and program learning outcomes;
 - (g) Evaluate student learning and performance, assign grades for courses according to policies, determine student progression within the program, and recommend successful candidates for the degree or certificate;
 - (h) Develop, implement and evaluate policies and procedures necessary for the operation of the program;
 - (i) Provide for student evaluation of teaching effectiveness;
 - (j) Provide for evaluation of faculty members within the framework of the educational institution;
 - (k) Orient nurse educator associates, clinical teaching associates, and nursing staff in practice sites to the program goals, learning outcomes and expected competencies of the students;
 - (l) Participate in review of the total nursing program;
 - (m) Participate in determining academic policies and procedures of the institution;
 - (n) Participate cooperatively with other nursing programs and agencies to develop appropriate and equitable access to practice sites; and
 - (o) Provide mechanisms for student input into and/or participation in decisions related to the nursing program.
- (11) 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.

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; 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; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0050

Standards for Approval: Curriculum

- (1) Curriculum shall:
 - (a) Prepare the student to achieve the nursing competencies necessary for safe practice based on current standards of care;
 - (b) Reflect the identified mission, goals, and learning outcomes of the nursing education program; and
 - (c) Be consistent with the law governing the practice of nursing.
- (2) Curriculum plan shall identify:
 - (a) Competencies or learning outcomes at the course and program level;
 - (b) Learning activities to develop identified competencies. Courses, learning activities and clinical practicum shall be organized in such a manner to have sufficient proximity in time to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and deliberate practice;
 - (A) Clinical practica shall include sufficient direct patient care hours to achieve identified competencies, course and program outcomes.
 - (B) All clinical practica shall be directed and supervised by a nurse educator or nurse educator associate.
 - (C) All programs shall include no less than six (6) contact hours of learning activities related to pain management.
 - (c) Requirements of the educational institution for graduation; 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 units including:
 - (A) Biological, applied, social, and behavioral 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 practicum.
 - (b) The Practical Nurse program shall provide theory and faculty-supervised clinical practice in nursing to achieve competencies within the practical nurse scope of practice, including those related to:
 - (A) Creating and maintaining a safe environment of care;
 - (B) Demonstrating professional, legal, and ethical behavior in nursing practice;
 - (C) Applying knowledge and problem-solving skills;
 - (D) Providing safe, clinically competent, culturally sensitive, and client-centered care for the promotion, restoration and maintenance of wellness or for palliation across the lifespan and settings of care;
 - (E) Functioning as a member of the interdisciplinary healthcare team;
 - (F) Applying leadership and management skills to assign, direct and supervise care provided by nursing assistive personnel;
 - (G) Using technology to facilitate communication, manage information, and document care; and
 - (H) Providing cost-effective nursing care and participating in quality improvement strategies.
 - (4) Registered Nurse Program:
 - (a) Registered nurse curricula shall meet all institutional requirements for and culminate in the award of an associate, baccalaureate, masters, or doctoral degree.
 - (b) 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 behavioral 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.
 - (c) The Registered Nurse program shall provide theory and faculty-supervised clinical practice in nursing to develop competencies at the registered nursing scope of practice related to:
 - (A) Creating and maintaining a safe environment of care;
 - (B) Demonstrating professional, ethical and legal behavior in nursing practice
 - (C) Using problem-solving skills, reflection, and clinical judgment in nursing practice;

- (D) Prescribing/directing, managing, delegating and supervising nursing care for individuals, families, or groups;
- (E) Providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness or for palliation across the lifespan and settings of care;
- (F) Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for individuals, families and groups;
- (G) Participating within and providing leadership for an interdisciplinary team;
- (H) Applying leadership skills to identify the need for and to promote change;
 - (I) Using communication and information technology effectively and appropriately;
 - (J) Applying and integrating principles of community health and community-based care into practice; and
 - (K) Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery.
- (L) Baccalaureate and basic masters or doctoral programs shall also include competencies related to:
 - (i) Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;
 - (ii) Assuming leadership and effecting change through participation in teams and beginning application of management knowledge.
 - (iii) Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;
 - (iv) Using the principles and practice of research to validate and improve nursing care for individuals, families, and groups; and
 - (v) Using teaching-learning principles to assist colleagues and healthcare providers to improve nursing care quality.
- (5) Programs providing distance nursing education shall:
 - (a) Deliver the approved curriculum through learning activities designed to allow students to achieve stated learning outcomes or competencies;
 - (b) Provide learning activities that are sufficiently comprehensive to achieve stated program outcomes and competencies; and
 - (c) Support instructor-student interaction and meaningful student interaction.
- (6) 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 competencies.

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; 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; BN 3-2008, f. & cert. ef. 6-24-08

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) Distance nursing education programs are effectively supported through accessible modes of delivery, resources, and student support.
 - (5) Student rights and responsibilities are available in written form.
 - (6) Students are required to submit to a criminal background check to identify criminal convictions that may:
 - (a) Pose a risk to public safety;
 - (b) Preclude the ability to complete required clinical practicum;
 or
 - (c) Result in Notice to Deny Licensure on application for initial licensure in Oregon.

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(7) By July 1, 2010, there is a signed agreement for the articulation of program graduates into the next level of nursing education:

(a) Programs leading to a certificate or degree in practical nursing shall have an agreement with an Oregon-approved program preparing candidates for licensure as a registered nurse;

(b) Programs leading to an associate degree in nursing shall have an agreement with an Oregon-approved program leading to a baccalaureate or higher degree in nursing.

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; BN 3-2008, f. & cert. ef. 6-24-08

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) Reports relating to institutional and program 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 state or federal guidelines, 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; BN 3-2008, f. & cert. ef. 6-24-08

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, computers, equipment and support adequate in number and capacity to conduct program business.

(2) Educational services and resources shall include:

(a) Adequate secretarial services;

(b) Adequate library services, holdings, and electronic learning resources;

(c) Adequate student support services such as academic advising, financial aid advising, and academic bookstore services;

(d) Adequate technology to support teaching and learning.

(3) Institutions offering distance nursing education programs shall provide ongoing and appropriate technical, design, and production support for faculty members and technical support services for students.

(4) 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.

(5) 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 authority and responsibility to select appropriate learning experiences in collaboration with practice site; and

(b) Clearly specify whether or not clinical teaching associates will be provided by the site, and how they will be selected and function.

Stat. Auth.: ORS 678.150 & 678.360

Stats. Implemented: ORS 678.150, 678.340 & 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; BN 3-2008, f. & cert. ef. 6-24-08

851-021-0070

Standards for Approval: Evaluation

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

(a) Compliance with the OSBN Standards for Approval for nursing education programs;

(b) Internal and external measures of Graduate achievement of identified program competencies and learning outcomes;

(c) NCLEX pass rate data, trends, and contributing factors;

(d) Curriculum design including nursing and other required courses, course sequencing and scheduling;

(e) Effectiveness of instructional strategies and methodologies;

(f) Faculty sufficient in number, preparation, experience and diversity to effectively achieve course and program outcomes and maintain client and student safety, and;

(g) Resources, including human, physical, and financial resources to support the number of enrolled students, instructional delivery and achievement of program learning outcomes.

(2) There is evidence that the comprehensive plan for evaluation is being implemented and that evaluative data is used for ongoing program improvement.

Stat. Auth.: ORS 678.150, 678.340 & 678.360

Stats. Implemented: ORS 678.150 & 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; BN 3-2008, f. & cert. ef. 6-24-08

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) Regional and/or national accreditation status of school;

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

(E) Evidence that faculty providing direct clinical supervision meet standards as established in OAR 851-021-0045(2), (6), (7);

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

(G) Proof of approval by the Oregon 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 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 precepted 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) Regional and/or 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) Evidence that faculty providing clinical supervision meet standards as established in OAR 851-021-0045(2), (6), (7);

(G) 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 678.150 & 678.340

Stats. Implemented: ORS 678.150 & 678.340

Hist.: BN 7-1998, f. & cert. ef. 7-16-98; BN 1-2001, f. & cert. ef. 2-21-01; BN 3-2008, f. & cert. ef. 6-24-08

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 851-021-0120

(a) A locality or practice setting defined by the Office of Rural Health as “frontier” or “rural”; 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 678.031 & 678.150

Stats. Implemented: ORS 678.031

Hist.: BN 1-2002, f. & cert. ef. 3-5-02; BN 3-2003, f. & cert. ef. 4-23-03; BN 3-2008, f. & cert. ef. 6-24-08

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 setting. 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) “Comprehensive Nursing Assessment” is an extensive data collection addressing current health status and anticipated or emerging changes in that status; recognizing alterations in health status; integrating biological, psychological, spiritual, and social aspects of care; recognizing the need to communicate and consult with other health-care providers; and using this broad analysis to plan, implement, and evaluate nursing care.

(8) “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.

(9) “Delinquent Renewal” means late receipt of a renewal application and fee up to 60 days following license expiration.

(10) “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.

(11) “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®.

(12) “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.

(13) “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.

(14) “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.

(15) “Individualized Re-entry Plan” means a plan developed by the re-entry nurse to utilize formal course work and supervised clinical practice for the purpose of meeting requirements for re-entry.

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

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

(18) “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.

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

(20) "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.

(21) "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.

(22) "Prelicensure Program" means a program of study in which achievement of the educational requirements for nursing licensure are achieved in the process of obtaining a higher degree (e.g., direct-entry master's or doctoral degree programs during which the requirements for a baccalaureate degree in nursing are achieved but the baccalaureate degree is not conferred; baccalaureate degree programs during which the requirements for an associate degree in nursing are met but the degree is not conferred).

(23) "Re-entry" is the process of licensing a nurse who does not meet the practice requirements at the time of application for licensure by examination, endorsement, reactivation, or reinstatement.

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

(25) "Reactivation" is the process of relicensing after the license is expired 61 or more days.

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

(27) "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.

(28) "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; BN 12-2006, f. & cert. ef. 10-5-06

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) Documentation of English language proficiency by one of the following methods:

(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) Successful completion of one of the following:

(i) CGFNS Certificate; or

(ii) Passing the Test of English as a Foreign Language (TOEFL) within two years of application for licensure with an overall score as follows:

(a) TOEFL written 560;

(b) TOEFL CBT (computer based test) 220;

(c) TOEFL iBT (internet based test) 83; or

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

(iv) Passing the International English Language Testing System (IELTS) (Academic Module) within two years of application for licensure with an overall score of 6.5 with a minimum of 6.0 all modules; or

(v) VISA screen certificate; or

(vi) Passing the NCLEX examination in another state; or

(vii) 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, 678.050 & 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; BN 9-2005, f. & cert. ef. 12-21-05

851-031-0007

State and Nationwide Criminal Records Checks, Fitness Determinations

(1) The purpose of these rules is to provide for the reasonable screening of applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or renewed a license that is issued by the Board.

(2) These rules are to be applied when evaluating the criminal history of an applicant or licensee and conducting fitness determinations based upon such history. The fact that an applicant or licensee has cleared the criminal history check does not guarantee the granting or renewal of a license.

(3) The Board may require fingerprints of all initial applicants for a Registered Nurse (RN), Licensed Practical Nurse (LPN), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), Certified Nursing Assistant, or Certified Medication Aide license, licensees renewing their license, and licensees under investigation to determine the fitness of an applicant or licensee. (All categories above are referred to as "licensee" for the purpose of these rules.) These fingerprints will be provided on prescribed forms made available by the Board. Fingerprints may be obtained at a law enforcement office or at a private service acceptable to the Board; the Board will submit fingerprints to the Oregon Department of State Police to conduct a National Criminal Records Check. Any original fingerprint cards will subsequently be destroyed by the Oregon Department of State Police.

(4) The Board shall determine whether an applicant or licensee is fit to be granted a license based on the criminal records background check, any false statements made by the applicant or licensee regarding the criminal history of the individual, any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as part of an investigation. If an applicant is determined to be unfit, the applicant may not be granted a license. If a licensee is determined to be unfit the licensee's license may not be renewed. The Board may make a fitness determination conditional upon applicant's or licensee's acceptance of probation, conditions, limitations, or other restrictions upon licensure.

(5) Except as otherwise provided in section (2), in making the fitness determination the Board shall consider:

(a) The nature of the crime;

(b) The facts that support the conviction or pending indictment or that indicate the making of the false statement;

(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the applicant's or licensee's present or proposed license; and

(d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:

(A) The passage of time since the commission of the crime;

(B) The age of the applicant or licensee at the time of the crime;

(C) The likelihood of a repetition of offenses or of the commission of another crime;

(D) The subsequent commission of another relevant crime;

(E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and

(F) A recommendation of an employer.

(6) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.

(7) In order to conduct the Oregon and National Criminal Records Check and fitness determination, the Board may require additional information from the licensee or applicant as necessary, such as but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.

(8) Criminal offender information is confidential. Dissemination of information received under House Bill 2157 (2005 Legislative Session) is only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 678.126.

(9) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(10) The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 670.280. The Board may also consider any arrests and court records that may be indicative of an individual's inability to perform as a licensee with care and safety to the public.

(11) If an applicant or licensee is determined not to be fit for a license, the applicant or licensee is entitled to a contested case process pursuant to ORS 183.414-470. Challenges to the accuracy or completeness of information provided by the Oregon Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon Department of State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183.

(12) If the applicant discontinues the application process or fails to cooperate with the criminal records check process, the application is considered incomplete.

Stat. Auth.: ORS 678.150, 678.153

Stats. Implemented: ORS 678.126, 678.153

Hist.: BN 8-2007, f. & cert. ef. 8-14-07

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, including supervised clinical experience at the level of licensure sought. An official transcript shall be on file with the Board before the license is issued.

(2) Limits on Eligibility for Licensure by Examination:

(a) Applicants for licensure by examination who have been previously licensed shall meet the practice and/or reentry requirements as stated in Board rules.

(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.

(3) 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 OAR 851-031-0010(3).

(4) 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; BN 15-2006, f. & cert. ef. 11-29-06

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, 678.050 & 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 & 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) Demonstration of English language proficiency by one of the following methods:

(i) Pass an English language proficiency test that meets the standards as defined in OAR 851-031-0006(3)(f)(D)(ii)(iii) or (iv); 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 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 years from the date of issuance. After that period, the limited license may be extended annually for a one 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) Demonstration of English language proficiency by one of the following methods:

(i) Pass an English language proficiency test that meets the standards as defined in OAR 851-031-0006(3)(f)(D)(ii), (iii) or (iv); or

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(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 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 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) Demonstration of English language proficiency by one of the following methods:

(i) Pass an English language proficiency test that meets the standards as defined in OAR 851-031-0006(3)(f)(D)(ii), (iii) or (iv); 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 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 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; BN 9-2005, f. & cert. ef. 12-21-05

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, 678.040, 678.101 & 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) An applicant who does not meet the nursing practice requirement as stated in OAR 851-031-0006(3)(e) must complete an approved re-entry program or individualized plan prior to issuance of a license to practice. The applicant shall:

(a) Meet all standards for eligibility established in 851-031-0006(1)(2)(3) except for the nursing practice requirement.

(b) Provide documentation of having successfully completed within the two years preceding issuance of the license:

(A) A Board-approved re-entry program (as specified in OAR 851-031-0080), or

(B) The licensing examination for the level of licensure sought, or

(C) An individualized re-entry plan as specified in OAR 851-031-0070(4).

(c) Satisfactorily complete required supervised clinical practice as specified in 851-031-0070(2).

(2) Standards for supervised clinical practice. The nurse shall obtain a limited license to practice prior to engaging in supervised clinical practice.

(a) Supervised clinical practice for nursing re-entry shall be in the student role and unpaid.

(b) A nurse who has less than 960 hours of nursing practice in the five-year period immediately preceding application for licensure shall complete a re-entry program or individualized plan that includes a minimum of 160 hours of supervised clinical practice.

(c) Up to 160 additional hours of supervised clinical practice may be required when recommended to the Board by the re-entry program director, nurse preceptor or nurse manager/supervisor. Additional required supervised clinical practice is subject to the availability of a qualified preceptor, willingness of the facility to provide the experience, and availability of the program director to supervise/coordinate the experience.

(3) Standards for the limited license for re-entry.

(a) The limited license may be issued to a nurse who:

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(A) Meets all requirements for licensure except for completion of the re-entry requirement;

(B) Submits verification of enrollment in an approved re-entry program; or

(C) Receives Board approval of an individualized re-entry plan.

(b) A limited license issued under these rules is to be used only for completion of an approved re-entry program or individualized re-entry plan, and required supervised clinical practice for re-entry.

(c) The limited license expires on successful completion of the re-entry program or individualized plan, on withdrawal from an approved re-entry program or individualized plan, or in one year, whichever comes first. At the discretion of the Board, a one-year extension of the limited license may be granted on written request and submission of a fee.

(d) An applicant who fails to successfully complete the re-entry program or individualized re-entry plan and required supervised clinical experience may reapply for licensure, re-entry, and a limited license. The applicant is required to complete all requirements set forth in 851-031-0070(1)(2).

(4) Standards for Individualized re-entry plans. The nurse choosing to complete an individualized plan for re-entry shall submit, in writing, the following for Board approval:

(a) Summary of nursing education and practice with rationale for use of an individualized plan for re-entry into nursing practice;

(b) Anticipated timeframe for completing all required components, including acquisition/demonstration of current knowledge and required supervised clinical practice;

(c) Clinical competencies/outcomes to be achieved and the mechanism for evaluating competence in nursing practice on completion of the plan;

(d) Plan for obtaining and demonstrating knowledge/competence in nursing, as identified in OAR 851-031-0080(2)(c);

(e) Plan for obtaining required hours of supervised clinical practice as specified in OAR 851-031-0070(2). The plan shall identify:

(A) The agency or agencies and contact person(s) where required supervised clinical experience will be obtained. A signed contract/agreement with each agency is required. The contract/agreement shall include but is not limited to:

(i) Learning objectives/outcomes for the re-entry experience;

(ii) Provisions for client and re-entry nurse safety;

(iii) Unit(s) on which the experience is to occur with the name of the preceptor on each unit, if applicable;

(iv) A provision allowing the agency to nullify the contact/agreement in the event of client safety issues.

(B) The name and credentials of the registered nurse preceptor(s).

Each nurse preceptor shall:

(i) Hold a current unencumbered registered nursing license in Oregon.

(ii) Agree to directly supervise and evaluate the re-entry nurse;

(iii) Have no less than two years of registered nursing experience, of which at least six months shall be in the setting in which the clinical experience is to occur; and

(iv) Be recommended by the nurse executive or immediate supervisor in that setting.

(f) Documentation of successful completion of the individualized re-entry plan shall be provided in writing, and shall include:

(A) Completion of program objectives/outcomes;

(B) Completion of required supervised clinical practice hours

(C) Achievement of predetermined competencies;

(D) Recommendation for licensure by clinical preceptor and nurse manager.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.113 & 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; BN 12-2006, f. & cert. ef. 10-5-06

851-031-0080

Standards for Re-Entry Programs

(1) Re-entry programs shall be approved by the Board before their implementation and at least every 5 years thereafter.

(a) An application for program approval shall include:

(A) The intended size and type of re-entry program;

(B) A written program plan addressing the standards for approval in OAR 851-031-0080(2);

(C) Projected number and type of faculty;

(D) Description and availability of educational and clinical practice facilities and resources, as appropriate; and

(b) Program changes requiring Board approval:

(A) Change in program director;

(B) Major change in curriculum or instructional design;

(C) Intent to close or substantially reduce program enrollment.

(2) Standards for Approval:

(a) Faculty qualifications:

(A) The program director, each instructor, clinical instructor, and clinical preceptor shall hold a current unencumbered license to practice as a registered nurse in Oregon.

(B) The re-entry program director and all instructors newly appointed after January 2, 2007 shall have:

(i) A minimum of a bachelor's degree in nursing,

(ii) No less than three years of registered nursing experience;

(iii) Evidence of academic and/or experiential preparation for teaching.

(C) Each clinical instructor shall have no less than three years of registered nursing experience and evidence of academic preparation or experience in education.

(D) Each clinical preceptor shall:

(i) Agree to directly supervise and evaluate the re-entry nurse;

(ii) Have no less than two years of registered nursing experience, of which at least six months shall be in the setting in which the clinical experience is to occur;

(iii) Be recommended by the nurse executive or immediate supervisor in that setting.

(b) Faculty Responsibilities. The faculty shall:

(A) Plan, implement, evaluate, and revise the educational program;

(B) Select and evaluate clinical facilities for supervised clinical practice;

(C) Develop and use written examinations and clinical performance measures based on the registered or practical nurse scope of practice to evaluate student achievement of program objectives/required competencies;

(D) Develop, implement, and evaluate policies related to student admission, retention, and progression, and policies related to program operations;

(E) Provide for student evaluation of the program.

(c) Curriculum

(A) Curriculum shall be consistent with the law governing the practice of nursing as defined in division 45 and division 47 of the Nurse Practice Act.

(B) Curriculum plan shall identify:

(i) Course length, methods of instruction, and planned learning experiences;

(ii) Course content and practice requirements for completion of the program;

(iii) Competencies achieved on completion of the program.

(C) The curriculum shall include, but not be limited to, a minimum of 120 hours instruction in current nursing practice, encompassing:

(i) The scope of nursing practice, legal/ethical perspectives, the current health care system, and working within interdisciplinary teams;

(ii) The nursing process, critical thinking, prioritizing, decision-making, and cultural competence in nursing practice;

(iii) The prescribing/directing, management, assignment, and supervision of nursing care;

(iv) Nursing care of clients with alterations in body systems;

(v) Current nursing procedures and processes including use of technology in patient management, nursing practice and documentation;

(vi) Comprehensive nursing assessment;

(vii) Documentation including legal aspects of documentation;

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

(d) Supervised clinical practice:

(A) The student shall hold a current full or limited license at the level for which the re-entry course is being taken prior to engaging in supervised clinical practice to meet competency requirements.

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(B) Supervised clinical practice shall be appropriate to the student's level of licensure and plan for competency development;

(C) Prior to required supervised clinical practice, the facility shall provide relevant orientation appropriate to the planned clinical experience;

(D) Instructor-supervised clinical practice may be provided.

(E) The faculty-to-student ratio for instructor-supervised clinical practice shall be no greater than 1:9. A lower ratio shall apply when dictated by student/client safety and learning effectiveness.

(e) Documentation of successful completion of the re-entry program shall include:

(A) Completion of program objectives/outcomes;

(B) Completion of required supervised clinical practice hours;

(C) Achievement of predetermined competencies;

(D) Recommendation for licensure by the re-entry program director and the clinical preceptor.

(f) The program shall notify the Board in writing on each student's successful completion of the program, withdrawal from the program prior to completion, or failure to meet required objectives/competencies.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.113 & 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; BN 12-2006, f. & cert. ef. 10-5-06

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.

(3) 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 & 678.031

Stats. Implemented: ORS 678.021 & 678.031

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

851-031-0086

Retired Oregon Nurse Status

(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

(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).

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; BN 9-2010, f. & cert. ef. 6-25-10

851-031-0088

Registered Nurse First Assistant Status

(1) The Board shall maintain a registry of Registered Nurse First Assistants.

(2) Oregon Registered Nurses may apply for placement on the registry pursuant to ORS 678.366.

(3) An applicant for initial placement on the registry shall:

(a) Hold a current, unencumbered Registered Nurse license in the State of Oregon;

(b) Submit a registry application; and

(c) Submit evidence of current certification as a Registered Nurse First Assistant from a Board-approved national certifying body; or

(d) Submit evidence of current certification as a Certified Operating Room Nurse (CNOR); and

(e) Submit documentation showing successful completion of a Registered Nurse First Assistant program which meets the Association of Perioperative Registered Nurses' "AORN Recommended Education Standards for RN First Assistant Programs" as stated in the 2005 AORN Standards, Recommended Practices, and Guidelines.

(4) To maintain placement on the registry an applicant shall:

(a) Submit the registry application and evidence of current certification as a Registered Nurse First Assistant from a Board-approved national certifying body; or

(b) Submit the registry application and evidence of current certification as a CNOR.

Stat. Auth.: ORS 678.021 & 678.040

Stats. Implemented: ORS 678.021 & 678.040

Hist.: BN 1-2006, f. & cert. ef. 2-22-06

851-031-0090

Name, Address and Employer of Record

(1) Name of Record:

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

(b) The name currently on file with the Board shall be considered the name of record.

(c) At the time of a name change, the licensee 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 official records such as a birth certificate, marriage certificate or a court order/deed.

(d) Upon receipt of written notification and legal proof of name change, the Board will change its records to reflect the licensee's name change.

(e) The name of record shall be the same name used for nursing practice.

(2) Address of Record:

(a) Licensee 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 licensee of a change of home address, the Board will change its records to reflect the licensee's current address.

(d) 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.

(e) 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) Employer of Record: Any licensed nurse actively practicing nursing shall report his/her current nursing employer(s) and employer's mailing address(es) to the Board. All employers, where the licensed nurse is working within his/her given scope of practice, must be reported. Each change in employer and employer's mailing address must be submitted to the Board no later than 30 days after the change.

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; BN 3-2009, f. & cert. ef. 6-26-09

DIVISION 45

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

851-045-0030

Purpose of Standards and Scope of Practice and Definitions

(1) Purpose of Standards and Scope of Practice:

(a) To establish acceptable levels of safe practice for the Licensed Practical Nurse (LPN) and Registered Nurse (RN);

(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; and

(c) To provide a framework for evaluation of continued competency in nursing practice.

(2) Definitions:

(a) "Assignment" means the act of directing and distributing, by a licensed nurse, and within a given work period, the work that each staff member is already authorized to perform;

(b) "Client" means individuals, families, groups, communities, organizations, and populations who are engaged in a relationship with the nurse in order to receive the services provided by the nurse's application of nursing knowledge and skill in practice;

(c) "Comprehensive Assessment" means the extensive collection and analysis of data for the purpose of judging a client's health status and actual or potential health needs. Comprehensive assessment involves, but is not limited to, the synthesis of the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, within the environment of practice for the purpose of establishing nursing diagnostic statements, and developing, implementing and evaluating a plan of care;

(d) "Context of Care" means the cumulative factors which affect the manner in which nursing care will be provided for a client. These factors may include, but are not limited to, the practice setting; the urgency of the situation; knowledge, beliefs and abilities of the client; the surrounding environment; and community and industry standards;

(e) "Delegation," except as defined in OAR 851-047-0010(7), is the process a Registered Nurse uses when authorizing a competent individual to perform a task of nursing, while retaining accountability for the outcome;

(f) "Focused Assessment" means an appraisal of a client's status and situation at hand, through observation and collection of objective and subjective data. Focused assessment involves identification of normal and abnormal findings, anticipation and recognition of changes or potential changes in client's health status, and may contribute to a comprehensive assessment performed by the Registered Nurse;

(g) "Health Education" means the development and provision of instruction and learning experiences for a client, including health teaching and health counseling, using evidence-based information, for the purpose of promoting wellness, preventing illness or disability, maintaining or restoring health, or assisting the client to adapt to the effects of illness or disability;

(h) "Licensed Nurse" means all Licensed Practical Nurses and Registered Nurses licensed under ORS 678.

(i) "Nursing Diagnostic Statements" means the nursing diagnoses or reasoned conclusions which are developed as a result of nursing assessment. They describe a client's actual or potential health problems which are amenable to resolution by means of nursing strategies, interventions or actions;

(j) "Nursing Interventions" means actions deliberately designed, selected and performed to implement the plan of care;

(k) "Nursing orders" means directives for specific nursing interventions initiated by the Registered Nurse which are intended to produce the desired outcome or objective, 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) "Person-centered Care" means the collaboration with an individual person regarding his or her health care in a manner that is considerate and respectful of the specific wishes and needs of that person;

(n) "Plan of Care" means the written guidelines developed to identify specific needs of the client and intervention/regimen to assist clients to achieve optimal health potential. Developing the plan of care includes establishing client and nursing goals and determining nursing interventions to meet care objectives;

(o) "Professional Boundaries" means the limits that allow for safe and therapeutic connections between the nurse and the client;

(p) "Supervision" means the provision of guidance, direction, oversight, evaluation and follow-up by a licensed nurse for the accomplishment of nursing tasks and activities by other nurses and nursing assistive personnel;

(q) "Tasks of Nursing" means those procedures normally performed by nurses when implementing the nursing plan of care; and

(r) "Unlicensed Assistive Personnel" means individuals who are not licensed to practice nursing, medicine or any other health occupation requiring a license in Oregon, but who may carry out delegated tasks of nursing. For the purpose of these rules, Certified Nursing Assistants and Certified Medication Aides are not considered unlicensed assistive personnel.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150 & 678.010

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0040

Scope of Practice Standards for All Licensed Nurses

(1) Standards related to the licensed nurse's responsibilities for client advocacy. The licensed nurse:

(a) Advocates for the client's right to receive appropriate care, including person-centered care and end-of-life care, considerate of the client's needs, choices and dignity;

(b) Intervenes on behalf of the client to identify changes in health status, to protect, promote and optimize health, and to alleviate suffering;

(c) Advocates for the client's right to receive appropriate and accurate information;

(d) Communicates client's choices, concerns and special needs to other members of the healthcare team; and

(e) Protects clients' rights to engage in or refuse to engage in research.

(2) Standards related to the licensed nurse's responsibilities for the environment of care. The licensed nurse:

(a) Promotes an environment conducive to safety and comfort for all levels of care, including self-care and end-of-life care; and

(b) Identifies client safety and environment concerns; takes action to correct those concerns and report as needed.

(3) Standards related to the licensed nurse's responsibilities for ethics, including professional accountability and competence. The licensed nurse:

(a) Has knowledge of the statutes and regulations governing nursing, and practices within the legal boundaries of licensed nursing practice;

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

(c) Obtains instruction and supervision as necessary when implementing nursing practices;

(d) Accepts only nursing assignments for which one is educationally prepared and has the current knowledge, skills and ability to safely perform.

(e) Accepts responsibility for notifying the employer of an ethical objection to the provision of specific nursing care or treatment.

(f) Maintains documentation of the method by which competency was gained, and evidence that it has been maintained.

(g) Ensures unsafe nursing practices are reported to the Board of Nursing and unsafe practice conditions to the appropriate regulatory agency(s);

(h) Retains professional accountability when accepting, assigning, or supervising nursing care and interventions;

(i) Demonstrates honesty and integrity in nursing practice;

(j) Promotes and preserves clients' autonomy, dignity and rights in a nonjudgmental, nondiscriminatory manner that recognizes client diversity;

(k) Maintains appropriate professional boundaries; and

(l) Protects confidential client information, and uses judgment in sharing this information in a manner that is consistent with current law.

(4) Standards related to the licensed nurse's responsibilities toward nursing technology. The licensed nurse:

(a) Acquires and maintains knowledge, skills and abilities for informatics and technologies used in nursing practice settings; and

(b) Promotes the selection and use of informatics and technologies that are compatible with the safety, dignity, and rights of the client.

(5) Standards related to the licensed nurse's responsibility to assign and supervise care. The licensed nurse:

(a) Assigns to another person, tasks of nursing that fall within the nursing scope of practice and/or the work that each staff member is already authorized to perform;

(b) Supervises others to whom nursing activities are assigned by monitoring performance, progress, and outcomes.

(c) Ensures documentation of the activity;

(d) Matches client needs with available, qualified personnel, resources and supervision;

(e) Provides follow-up on problems and intervenes when needed;

(f) Evaluates the effectiveness of the assignment and the outcomes of the interventions; and

(g) Revises or recommends changes to the plan of care as needed.

(6) Standards related to the licensed nurse's responsibility to accept and implement orders for client care and treatment. The licensed nurse:

(a) May accept and implement orders for client care from licensed health care professionals who are authorized by Oregon statute to independently diagnose and treat;

(b) May accept and implement recommendations for care in collaboration with other health care professionals;

(c) May accept and implement orders for client care and treatment from Certified Registered Nurse Anesthetists licensed under ORS 678. These orders may be accepted in ambulatory surgical centers, and in hospital settings, as long as independent Certified Registered Nurse Anesthetists practice is consistent with hospital bylaws;

(d) May accept and implement orders for client care and treatment from Physician Assistants licensed under ORS 677, provided that the name of the supervising or agent physician is recorded with the order, in the narrative notes, or by a method specified by the health care facility. At all times the supervising or agent physician must be available to the licensed nurse for direct communication;

(e) Prior to implementation of the order or recommendation, 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; and

(f) 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 678.150

Stats. Implemented: ORS 678.150 & 678.010

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0050

Scope of Practice Standards for Licensed Practical Nurses

(1) The Board recognizes that the scope of practice for the licensed practical 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) Participation in the development and implementation of health care policy;

(d) Participation in nursing research; and

(e) Teaching health care providers and prospective health care providers.

(2) Standards related to the Licensed Practical Nurse's responsibility for nursing practice implementation. Under the clinical direction of the RN or other licensed provider who has the authority to make changes in the plan of care, and applying practical nursing knowledge drawn from the biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, the Licensed Practical Nurse shall:

(a) Conduct and document initial and ongoing focused nursing assessments of the health status of clients 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 and context of care;

(B) Distinguishing abnormal from normal data, sorting, selecting, recording, and reporting the data;

(C) Detecting potentially inaccurate, incomplete or missing client information and reporting as needed;

(D) Anticipating and recognizing changes or potential changes in client status; Identifying signs and symptoms of deviation from current health status; and

(E) Validating data by utilizing available resources, including interactions with the client and health team members.

(b) Select nursing diagnostic statements and/or reasoned conclusions, from available resources, which serve as the basis for the plan or program of care.

(c) Contributes to the development of a comprehensive plan of nursing care, and develops focused plans of nursing care. This includes:

(A) Identifying priorities in the plan of care;

(B) Setting realistic and measurable goals to implement the plan of care in collaboration with the client and the healthcare team; and

(C) Selecting appropriate nursing interventions and strategies;

(d) Implement the plan of care by:

(A) Implementing treatments and therapy, appropriate to the context of care, including, but not limited to, medication administration, nursing activities, nursing, medical and interdisciplinary orders; health teaching and health counseling; and

(B) Documenting nursing interventions and responses to care in an accurate, timely, thorough, and clear manner;

(e) Evaluating client responses to nursing interventions and progress toward desired outcomes.

(A) Outcome data shall be used as a basis for reassessing the plan of care and modifying nursing interventions; and

(B) Outcome data shall be collected, documented and communicated to appropriate members of the healthcare team.

(3) Standards related to the Licensed Practical Nurse's responsibility for collaboration with an interdisciplinary team. The Licensed Practical Nurse:

(a) Functions as a member of the healthcare team to collaborate in the development, implementation and evaluation of integrated client-centered plans of care;

(b) Demonstrates knowledge of roles of members of the interdisciplinary team;

(c) Communicates with the registered nurse and/or other relevant personnel regarding integrated client-centered plans of care; and

(d) Makes referrals as necessary;

(4) Standards related to the Licensed Practical Nurse's responsibility for leadership. The Licensed Practical Nurse:

(a) Contributes to the formulation, interpretation, implementation and evaluation of the policies, protocols and operating guidelines related to nursing practice, and to the needs of the clients served;

(b) Assists with the development and mentoring of other members of the healthcare team; and

(c) Identifies changes in clients and changes in the practice environment that require change in policy and/or protocol.

(5) Standards related to the Licensed Practical Nurse's responsibility for quality of care. The Licensed Practical Nurse:

(a) Identifies factors that affect the quality of client care and contributes to the development of quality improvement standards and processes.

(b) Contributes to the collection of data related to the quality of nursing care; and

(c) Participates in the measurement of outcomes of nursing care and overall care at the individual and aggregate level.

(6) Standards related to the Licensed Practical Nurse's responsibility for health promotion. The Licensed Practical Nurse:

(a) Selects or implements evidence-based health education plans that address the client's context of care, culture, learning needs, readiness and ability to learn, in order to achieve optimal health; and

(b) Evaluates the outcome of health education to determine effectiveness, adjusts teaching strategies, and refers client to another licensed healthcare professional as needed.

(7) Standard related to the Licensed Practical Nurse's responsibility for cultural sensitivity. The Licensed Practical Nurse: Applies a basic knowledge of cultural differences to collaborate with clients to provide healthcare that recognizes cultural values, beliefs, and customs.

Stat. Auth.: ORS 678.150
Stats. Implemented: ORS 678.150 & 678.010
Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0060

Scope of Practice Standards for Registered Nurses

(1) The Board recognizes that the scope of 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; and
- (j) Specialization in advanced practice.
- (k) Nursing Informatics.

(2) Standards related to the Registered Nurse's responsibility for nursing practice implementation. Applying nursing knowledge, critical thinking and clinical judgment effectively in the synthesis of biological, psychological, social, sexual, economic, cultural and spiritual aspects of the client's condition or needs, the Registered Nurse shall:

(a) Conduct and document initial and ongoing comprehensive and focused nursing assessments of the health status of clients 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 and context of care;

(B) Distinguishing abnormal from normal data, sorting, selecting, recording, analyzing, synthesizing and reporting the data;

(C) Detecting potentially inaccurate, incomplete or missing client information and reporting as needed;

(D) Anticipating and recognizing changes or potential changes in client status; Identifying signs and symptoms of deviation from current health status; and

(E) Validating data by utilizing available resources, including interactions with the client and health team members.

(b) Establish and document nursing diagnostic statements and/or reasoned conclusions which serve as the basis for the plan or program of care.

(c) Develop and coordinate a comprehensive and/or focused plan of nursing care. This includes:

(A) Identifying priorities in the plan of care;

(B) Setting realistic and measurable goals to implement the plan of care in collaboration with the client and the healthcare team; and

(C) Developing nursing orders and identifying nursing strategies, interventions and actions;

(d) Implement the plan of care by:

(A) Implementing treatments and therapy, appropriate to the context of care, including emergency measures, interpretation of medical orders, medication administration, independent nursing activities, nursing, medical and interdisciplinary orders, health teaching and health counseling; and

(B) Documenting nursing interventions and responses to care in an accurate, timely, thorough, and clear manner.

(e) Evaluating client responses to nursing interventions and progress toward desired outcomes.

(A) Outcome data shall be used as a basis for reassessing the plan of care and modifying nursing interventions; and

(B) Outcome data shall be collected, documented and communicated to appropriate members of the healthcare team.

(3) Standards related to the Registered Nurse's responsibility for collaboration with an interdisciplinary team. The Registered Nurse:

(a) Functions as a member of the healthcare team to collaborate in the development, implementation and evaluation of integrated client-centered plans of care;

(b) Demonstrates knowledge of roles of members of the interdisciplinary team;

(c) Communicates with other relevant personnel regarding integrated client-centered plans of care; and

(d) Makes referrals as necessary and ensures follow-up on those referrals.

(4) Standards related to the Registered Nurse's responsibility for leadership. The Registered Nurse:

(a) Formulates, interprets, implements and evaluates the policies, protocols and operating guidelines related to nursing practice, and the needs of the clients served;

(b) Assumes responsibility for the development and mentoring of other members of the healthcare team; and

(c) When available, uses evidence to identify needed changes in practice, standards for policy development, and clinical decision-making.

(5) Standards related to the Registered Nurse's responsibility for quality of care. The Registered Nurse:

(a) Identifies factors that affect the quality of client care and develops quality improvement standards and processes;

(b) Applies the knowledge and tools of continuous improvement in practice to improve the delivery of healthcare; and

(c) Measures outcomes of nursing care and overall care at the individual and aggregate level.

(6) Standards related to the Registered Nurse's responsibility for health promotion. The Registered Nurse:

(a) Develops and implements evidence-based health education plans that address the client's context of care, learning needs, readiness, ability to learn, and culture, to achieve optimal health; and

(b) Evaluates the outcome of health education to determine effectiveness, adjusts teaching strategies, and refers client to another licensed healthcare professional as needed.

(7) Standard related to the Registered Nurse's responsibility for cultural sensitivity. The Registered Nurse: Applies a broad knowledge of cultural differences to collaborate with clients to provide healthcare that recognizes cultural values, beliefs, and customs.

(8) Standards Related to Registered Nurse's responsibility to delegate and supervise the practice of nursing. The Registered Nurse:

(a) Delegates to other Oregon licensed nurses and Certified Nursing Assistants or Medication Aides tasks of nursing that may not be within the licensee's or certificate-holder's normal duties but always fall within the licensee's scope of practice or certificate-holder's authorized duties;

(b) Delegates to Unlicensed Assistive Personnel;

(c) Delegates only within the scope of Registered Nursing practice;

(d) May delegate tasks of nursing, but may not delegate the nursing process. The core nursing functions of assessment, planning, evaluation and nursing judgment cannot be delegated;

(e) Maintains responsibility, accountability and authority for teaching and delegation of tasks of nursing;

(f) Maintains sole responsibility, based on professional judgment, whether or not to delegate a task of nursing or to rescind that delegation;

(g) Maintains the right to refuse to delegate tasks of nursing if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision;

(h) Considers the training, experience and cultural competence of the delegated individual as well as facility and agency policies and procedures before delegating.

(i) Delegates tasks of nursing to another individual only if that individual has the necessary skills and competence to accomplish those tasks of nursing safely;

(j) Matches client needs with available, qualified personnel, resources and supervision;

(k) Communicates directions and expectations for completion of the delegated tasks of nursing;

(l) Supervises others to whom nursing activities are delegated and monitors performance, progress, and outcomes. Ensures documentation of the activity;

(m) Evaluates the effectiveness of the delegation and the outcomes of the interventions;

(n) Revises the plan of care as needed;

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(o) Follows OAR 851-047-0000 through 851-047-0040 when delegating tasks of nursing in practice settings identified in those rules.

(p) May not delegate the insertion or removal of devices intended for intravenous infusion; and

(q) May not delegate administration of medications by the intravenous route, except as provided in OAR 851-047-0030.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150 & 678.010

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0070

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 develop, 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 or failing to complete 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 orientation, national origin, nature of health needs, or disability.

(m) Engaging in or attempting to engage in sexual contact with a client; and

(n) Failing to maintain professional boundaries 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 or emotional harm or discomfort, striking a client, intimidating, threatening or harassing a client, wrongfully taking or appropriating money or property, or knowingly subjecting a client to distress by conveying a threat to wrongfully take or appropriate money or property in a manner that causes the client to believe the threat will be carried out.

(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) Failing to report actual or suspected incidents of child abuse or elder abuse to the appropriate state agencies.

(f) Unauthorized removal or attempted removal of narcotics, other drugs, supplies, property, or money from clients, the work place, or any person.

(g) Soliciting or borrowing money, materials, or property from clients.

(h) 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.

(i) 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.

(j) 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.

(k) Failing to conduct practice without discrimination on the basis of age, race, religion, sex, sexual orientation, national origin, nature of health needs, or disability.

(l) 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."

(m) 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."

(n) Unauthorized removal of client records, client information, facility property, policies or written standards from the work place; and

(o) Failing to dispense or administer medications, including Methadone, in a manner consistent with 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 or records prepared for an accrediting or credentialing entity; including, but not limited to, filling in someone else's omissions, signing someone else's name, record care not given, and fabricating data/values.

(d) Altering a client or agency record or records prepared for an accrediting or credentialing entity; 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 or records prepared for an accrediting or credentialing entity.

(f) Directing another person to falsify, alter or destroy client or agency records or records prepared for an accrediting or credentialing entity.

(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; and

(i) Failing to communicate information regarding the client's status to other individuals who need to know; for example, family, and 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; and

(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; and

(c) Practicing nursing when physical or mental ability to practice is impaired by use of drugs, alcohol or mind-altering substances.

(d) Use of drugs, alcohol or mind-altering substances to an extent or in a manner dangerous or injurious to the licensee or others or to an extent that such use impairs the ability to conduct safely the practice for which the licensee is licensed.

(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 or certification, while taking the examination 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; and

(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; and

(e) Failing to comply with the terms and conditions of Nurse Monitoring Program agreements.

(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; and

(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.

(10) Conduct related to advanced practice nursing:

(a) Ordering laboratory or other diagnostic tests or treatments or therapies for one's self.

(b) Prescribing for or dispensing medications to one's self.

(c) Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client's professional caregiver.

(d) Billing fraudulently.

(e) Failing to release patient records upon receipt of request or release of information, including after closure of practice, and within a reasonable time, not to exceed 60 days from receipt of written notification from patient.

(f) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain; and

(g) Failing to properly maintain patient records after closure of practice or practice setting.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150, 678.111 & 678.390

Hist.: BN 4-2008, f. & cert. ef. 6-24-08; BN 2-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 12-2010, f. & cert. ef. 9-30-10

851-045-0080

Criminal Conviction History/Falsification of Application Denial of Licensure; Revocation of Licensure

(1) As of the effective date of this rule, the Board will issue a Notice to Deny Licensure to an applicant for initial licensure or re-licensure as a Licensed 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 re-licensure 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; and

(d) Character references.

(4) As of the effective date of these rules, any individual who applies for initial licensure or re-licensure 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 678.150

Stats. Implemented: ORS 678.150 & 678.111

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0090

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 within, 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 within, 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; and

(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) Arrest for or 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); and

(k) Any other cause for discipline as defined in ORS 678.111.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

851-045-0100

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 Board required concurrent national certification; or prescribing, dispensing, or distributing drugs without current prescription writing authority, due to failure to renew and continuing to practice \$50 per day, 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

(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 or certification as a LPN, RN, NP, CRNA or CNS and who practices or offers to practice nursing or uses any title, abbreviation, card or device to indicate that

the individual is so licensed or certified to practice nursing in Oregon; and

(f) Conduct derogatory to the standards of nursing \$1,000-\$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; and

(H) Economic impact on the person.

(g) Violation of any disciplinary sanction imposed by the Board of Nursing \$1,000-\$5,000.

(h) Conviction of a crime which relates adversely to the practice of nursing or the ability to safely practice \$1,000-\$5000.

(i) Gross incompetence in the practice of nursing \$2,500-\$5000.

(j) Gross negligence in the practice of nursing \$2,500-\$5000.

(k) Employing any person without a current Oregon LPN, RN or CRNA license, NP or CNS certificate to function as a LPN, RN, CRNA, NP or CNS 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 or certificate \$5,000; or

(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 or certificate \$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 or certificate to ensure that only those nurses with a current, valid Oregon license or certificate be allowed to practice nursing \$5,000; and

(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 re-licensure, or certification or recertification \$5,000.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.150 & 678.117

Hist.: BN 4-2008, f. & cert. ef. 6-24-08

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; Suspended by BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

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; Suspended by BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

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; Suspended by BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

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 addicting 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 aftercare 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; Suspended by BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

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 moni-

tored 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; Suspended by BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

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;
- (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 educa-

tion 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
 Stat. 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; Suspended by BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

DIVISION 47

**STANDARDS FOR COMMUNITY-BASED CARE
 REGISTERED NURSE DELEGATION**

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 noninjectable 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; Renumbered 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 Teaching Administration of Noninjectable Medications and Periodic Inspection

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) “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 may

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).

(2) “Asynchronous learning” means using multiple media for students to access the curriculum without the need to be onsite at the education site.

(3) “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.

(4) “Clinical Practice Experience” means the supervised provision of direct patient care in a clinical setting that complements course work and ensures acquisition of advanced practice nursing skills.

(5) “Clinical Preceptor” means health care provider qualified by education and clinical competency to provide direct supervision of the clinical practice experience of students in an Oregon nurse practitioner program.

(6) “Collaboration” means working with another health care provider to jointly provide client care.

(7) “Consultation” means discussion with another health care provider for the purpose of obtaining information or advice in order to provide client care.

(8) “Counseling” means a mutual exchange of information through which advice, recommendations, instruction, or education is provided to the client.

(9) “Delinquent Renewal” means the renewal of a nurse practitioner certificate previously held in Oregon which is expired.

(10) “Diagnosis” means identification of actual or potential health problems or need for intervention, based on analysis of the data collected.

(11) “Direct Supervision” means the clinical preceptor or faculty member physically present at the practice site who retains the responsibility for patient care while overseeing the student and if necessary, redirecting or intervening in patient care and is able to intervene if necessary.

(12) “Evaluation” means the determination of the effectiveness of the intervention(s) on the client’s health status.

(13) “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).

(14) “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.

(15) “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.

(16) “Major curriculum change” means a change that results in a refocus of purpose and objectives or a substantive change in program structure or method of instructional delivery.

(17) “Management” means the provision and/or coordination of the care that the client receives related to physical and psycho-social health-illness status;

(18) “National Board Certification” means current certification as an advanced Nurse Practitioner in a role and population focus through testing accredited by the National Commission on Certifying Agencies or the American Boards of Nursing Specialties, as approved by the Board.

(19) “Nurse Practitioner Educator” refers to a licensed Nurse Practitioner faculty member, who has responsibility for developing and implementing the curriculum, policies, and practices associated with student advising and evaluation, mentoring and collaborating with clinical preceptors and other health care professionals.

(20) “Nurse Practitioner Program Administrator” refers to a licensed Nurse Practitioner appointed by the Dean or Director of the Nursing school who is assigned the responsibility and accountability for the nursing educational program within an accredited academic institution, including those functions aligned with program and curricular design and resource acquisition and allocation.

(21) “Nurse Practitioner” (NP) means an advanced practice registered nurse who is certified by the Board to independently assume responsibility and accountability for the care of clients. The title nurse practitioner and population foci 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) “Oregon Based Nurse Practitioner Program” means an academic program accredited by a nursing organization recognized by the United States Department of Education or the Council of Higher Education Accreditation that offers a graduate degree or graduate level certificate to qualified students.

(24) “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.

(25) “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.

(26) “Referral” means directing the client to other resources for the purpose of assessment or intervention.

(27) “State Certification” means certification to practice as a Nurse Practitioner authorized by the Oregon State Board of Nursing.

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; BN 13-2006, f. & cert. ef. 10-5-06; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10

851-050-0001

Standards for Nurse Practitioner Programs

The Board’s standards for all 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 population focus 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. The clinical experience must consist of full scope preparation in the population focus for which application is being made.

(5) Post-graduate Nurse Practitioner programs which prepare an individual for dual role or population focus certification must meet all competencies designated for the Nurse Practitioner role including supervised clinical hours of no less than 500 hours for each role or population focus.

(6) Programs must provide documentation that students meet the program’s curriculum requirements in effect at the time of enrollment.

(7) Written program materials shall accurately reflect the mission, philosophy, purposes, and objectives of the program.

(8) Programs shall demonstrate appropriate course sequencing and requirements for matriculation into the program, including com-

pletion of all pre-licensure nursing curriculum requirements before advancement into nurse practitioner clinical coursework.

(9) Preceptors shall meet clinical and licensure qualifications for the state in which they practice.

(10) Asynchronous learning programs shall meet all standards of OAR 851-050-0001.

(11) All courses required for completion of the nurse practitioner program must be at the graduate level, if completed after January 1, 1986.

(12) Nurse practitioner programs outside of the United States must meet all standards of OAR 851-050-0001. Such programs shall be determined by Board approved 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.

(13) The Board's additional requirements for Oregon based Nurse Practitioner programs are as follows. The Dean or Director of the Nursing school which provides one or more Nurse Practitioner programs/tracks shall ensure that one or more qualified faculty are appointed and have defined position responsibility to address the administrative functions of the program/track. Administrative functions include budget and resource preparation, curricular design, oversight of program implementation and evaluation. The appointed faculty and preceptor(s) in the program shall meet the following requirements:

Nurse Practitioner Program Faculty, Administration and Preceptors

(a) Nurse Practitioner Program Administrator who has overall responsibility for one or more NP tracks shall meet the following requirements:

(A) A current active unencumbered Oregon Nurse Practitioner state certificate;

(B) National certification as a Nurse Practitioner in at least one population focus area;

(C) A doctoral degree in a health-related field;

(D) Educational preparation or experience in teaching and learning principles for adult education, including curriculum development and administration and at least two years of current clinical experience which meets Oregon's practice requirements;

(E) In a multi-track program, where only one Program Administrator is appointed by the Dean or Director of the school, there must be evidence of additional program administrators or lead Nurse Practitioner faculty to provide oversight for student supervision who are nationally certified in that specific program's population focus.

(b) The Nurse Practitioner Program Educator shall meet the following requirements:

(A) A current active unencumbered Oregon Nurse Practitioner state certificate;

(B) An earned doctoral degree in nursing; or

(C) A masters degree with a major in nursing and an appropriate advanced practice nurse credential; and

(D) Two years of clinical experience as a Nurse Practitioner; and

(E) Current knowledge, competence, and certification as a Nurse Practitioner in the population foci consistent with teaching responsibilities;

(F) Adjunct clinical faculty employed solely to supervise clinical nursing experiences of students shall meet all the faculty requirements.

(c) Clinical Preceptors in the Nurse Practitioner program shall meet the following requirements:

(A) Student preceptor ratio shall be appropriate to accomplishment of learning objectives, to provide for patient safety, and to the complexity of the clinical situation;

(B) Oregon licensure or certification appropriate to the health professional area of practice;

(C) Functions and responsibilities for the preceptor shall be clearly documented in a written agreement between the agency, the preceptor, and the clinical program

(D) Initial experiences in the clinical practicum and a majority of the clinical experiences shall be under the supervision of clinical preceptors who are licensed advanced practice registered nurses.

(d) Nurse Practitioner Educator responsibilities shall include:

(A) Making arrangements with agency personnel in advance of the clinical experience which provides and verifies student supervision, preceptor orientation, and faculty defined objectives;

(B) Monitoring student assignments, making periodic site visits to the agency, evaluating students' performance on a regular basis with input from the student and preceptor, and availability for direct supervision during students' scheduled clinical time;

(C) Providing direct supervision by a qualified faculty or experienced licensed clinical supervisor as required for patient safety and student skill attainment.

(e) Nurse Practitioner Program Administrator responsibilities shall include:

(A) Ensuring appropriate student faculty ratios to meet program goals and objectives;

(B) Provision of leadership and accountability for the administration, planning, implementation and evaluation of the program;

(C) Preparation and administration of the program budget;

(D) Facilitation of faculty recruitment, development, performance review, promotion and retention;

(E) Assurance that cooperative agreements with clinical practice sites are current.

Program Accreditation Required and Board Notification Process

(f) Upon receipt from the national accrediting agency, and no later than 90 days from enactment of these rules, currently accredited programs that prepare nurse practitioners for state certification under these rules and requirements shall submit to the Board:

(A) A copy of their most recent program self-evaluation reports;

(B) Documentation of current accreditation from all national nursing accrediting agencies; and

(C) Interim reports reviewed by the national nursing accreditation agency.

(g) Programs which prepare nurse practitioners for state certification under development or pre-accreditation review shall submit the following for review by the Board:

(A) Copies of the curricula within 30 days of sending the information to the accrediting agency;

(B) Copies of self-evaluation reports and any interim reports provided to all national nursing accreditation agencies, at the time of notification from the accrediting agency that the program has not been fully accredited;

(C) Verification of accreditation from all accrediting agencies within 30 days of receipt by the program;

(D) Annual reports which enable the monitoring of continued compliance with Board requirements.

(h) Grounds for denial of graduate nurse practitioner applicants for initial certification include failure of the Oregon based Nurse Practitioner program to:

(A) Maintain accreditation status through the National League for Nursing Accreditation Commission, Commission on Collegiate Nursing Education, or Accreditation Commission for Midwifery Education;

(B) Submit curricula, self-evaluation reports, interim reports or notice of accreditation reports as required by the Board.

Approval of a New Nurse Practitioner Educational Program

(i) Any university or college wishing to establish a Nurse Practitioner education program must make application to the Board on forms supplied by the Board no later than one year before proposed enrollment of students.

(j) The following information must be included with the initial application along with supporting documentation:

(A) Purpose for establishing the nursing education program;

(B) Community needs and studies made as the basis for establishing a nursing education program;

(C) Type of program including clear identification of proposed licensure role and population foci for graduates;

(D) Accreditation status, relationship of educational program to parent institution;

(E) Financial provision for the educational program;

(F) Potential student enrollment;

(G) Provision for qualified faculty;

(H) Proposed clinical facilities and other physical facilities;

(I) Proposed time schedule for initiating the program. If initial approval is denied, the applicant may request a hearing before the

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Board and the provisions of the Administrative Procedures Act shall apply.

Survey of Nurse Practitioner Programs, Survey Criteria

(k) Board representatives will conduct in person visits to nursing programs for the following purposes:

(A) Review of application for initial program approval;

(B) Initial and continuing full approval of an educational program;

(C) Receipt by the Board of cause for review including but not limited to:

(i) Significant curricular change which includes addition of a new state certification recognized population focus or role;

(ii) Evidence that graduates fail to meet national certification criteria;

(iii) Violation of Board standards.

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

(l) Board representatives will contact nursing programs to schedule site visits:

(A) Within 60 days of receipt of an application for initial program approval;

(B) Upon receipt of national accreditation report for existing programs; one year after implementation of new programs, every 3-5 years for continuing approval;

(C) Within 30 days of receipt of a complaint.

(D) For purposes of reviewing a major curriculum change.

Stat. Auth.: ORS 678.380, 678.150

Stats. Implemented: ORS 678.380, 678.150

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; BN 13-2006, f. & cert. ef. 10-5-06; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10

851-050-0002

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 or a credentials evaluation from a Board approved credentials service for graduate nursing degrees obtained outside the U.S. which demonstrates educational equivalency to an accredited U.S. graduate nursing degree; and

(B) Satisfactory completion of a Nurse Practitioner Program that meets OAR 851-050-0001 requirements and is specific to the role and role population focus for which application is made.

(C) Nurse practitioner programs completed after January 1, 2005 shall be formally affiliated within a CCNE, ACME (Accreditation Commission for Midwifery Education), 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(1); and

(c) Meet the practice requirement in OAR 851-050-0004; and

(d) As of January 1, 2011 provide verification of current accredited national board certification from a Nurse Practitioner national certification examination which meets criteria in OAR 851-050-0008, congruent with a Board recognized nurse practitioner role and population focus.

(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 satisfactory completion of an educational program in the nurse practitioner specialty area.

(d) Graduates of schools of nursing outside of the U.S. must submit a credentials evaluation through a Board approved credentials service demonstrating educational equivalency to a U.S. accredited graduate level Masters or Doctoral Degree in Nursing.

(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, and appropriate registrar'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, including documentation of credentials evaluation as indicated for graduates of programs outside of the U.S.

(5) An applicant for initial certification in Oregon as a nurse practitioner shall meet all requirements for prescriptive authority described in Division 56 and obtain prescribing authority under the provisions of Division 56 of the Oregon Nurse Practice Act.

(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 all fees required by the Board with the application. The fees are not refundable. An application for initial certification, which remains incomplete after one calendar year, shall be considered void.

Stat. Auth.: ORS 678.375, 678.380 & 678.390

Stats. Implemented: ORS 678.380 & 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; BN 1-2005, f. & cert. ef. 2-17-05; BN 1-2007, f. & cert. ef. 3-13-07; BN 8-2009, f. 12-17-09, cert. ef. 7-1-10

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(17) 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) The prior practice as a registered nurse requirement for nurse practitioner applicants is 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 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 participate in supervised clinical practicum 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 an United States Department of Education or the Council of Higher Education Accreditation approved national accrediting body;
- (c) Submission of a written, signed agreement between the nursing program responsible for the student and the Oregon licensed preceptor;
- (d) Identification of the faculty advisor accountable for general supervision from the nurse practitioner program; and
- (e) Verification of regional accreditation and/or Board of Nursing approval from the state in which the program originates.

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; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10

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) Prescribing, dispensing, and administration of therapeutic devices and measures, including legend drugs and controlled substances as provided in Division 56 of the Oregon Nurse Practice Act, 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) Family Nurse Practitioner (FNP) The Family Nurse Practitioner independently provides health care to families and to persons across the lifespan;

(e) Geriatric Nurse Practitioner (GNP) The Geriatric Nurse Practitioner independently provides health care to older adults;

(f) Neonatal Nurse Practitioner (NNP) — The Neonatal Nurse Practitioner independently provides health care to neonates and infants.

(g) Pediatric Nurse Practitioner (PNP) The Pediatric Nurse Practitioner independently provides health care to persons newborn to young adulthood;

(h) 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;

(i) 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; BN 13-2006, f. & cert. ef. 10-5-06; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10

851-050-0006

Re-Entry Requirements

(1) If the practice requirement in OAR 851-050-0004 has not been met, applicants shall:

(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,

(C) Eligibility of reentry plan to meet requirements for national board certification from a Nurse Practitioner national certification examination which meets criteria in OAR 851-050-0008, congruent with a Board recognized nurse practitioner role and population focus.

(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 851-056-0008, 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 which meet the standards in OAR 851-050-0138 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 851-056-0008, 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, provided that no less than 50% is comprised of CME or CE accredited courses at the advanced practice specialty level:

(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 and proof of national Board certification, the full nurse practitioner cer-

tificate 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 851-056-0006. 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 678.101, 678.150

Stats. Implemented: ORS 678.380

Hist.: BN 10-2003, f. & cert. ef. 10-2-03; BN 8-2004, f. 5-4-04, cert. ef. 5-12-04;

BN 13-2006, f. & cert. ef. 10-5-06; BN 8-2009, f. 12-17-09, cert. ef. 7-1-10

851-050-0008

Criteria for Evaluating Nurse Practitioner National Certification Examinations

The Board shall determine whether a certification examination can be used to fulfill the requirement for licensure of nurse practitioners based upon verification the following standards:

(1) The certification program is national in its scope of credentialing.

(2) Conditions for taking the examination are consistent with acceptable standards of the testing community.

(3) Educational requirements include completion of a graduate advanced practice education program of study in the area of nursing certification.

(4) Educational requirements are consistent with a Board recognized advanced practice role and population foci and include a minimum of 500 hours of supervised clinical practice.

(5) Certification examinations meet the criteria of the National Commission on Certifying Agencies or the American Board of Nursing Specialties.

(6) The examination represents entry-level practice in the nurse practitioner role and population focus.

(7) The certification program demonstrates and maintains an established process of secure communication with the Board of Nursing.

(8) The examination represents the knowledge, skills and abilities for safe advanced nursing care based upon incumbent job analysis and logical job analysis studies.

(9) Examination items are reviewed for content validity and correct scoring using an established mechanism before use and at least every five years.

(10) Examinations are evaluated for psychometric performance with passing standards re-evaluated at least every five years.

(11) Examination security is maintained through established procedures.

(12) Certification is issued based upon meeting all certification requirements and passing the examination.

(13) A re-take policy is in place.

(14) The certification program has mechanisms in place for communication to Boards of Nursing in a timely manner when individuals are certified, recertified, when there is a change in certification status; and when there are changes in the certification program including qualifications, test plan, and scope of practice.

(15) A certification maintenance program, which includes review of qualifications and continued competence is in place.

(16) The Board has a secure mechanism for timely verification of an individual's certification status, changes in certification status, and changes in the certification program requirements including qualifications, test plan and scope of practice; and

(17) An evaluation process is in place to provide quality assurance in the certification program.

Stat. Auth.: ORS 678.380

Stats. Implemented: ORS 678.380

Hist.: BN 9-2009, f. 12-17-09, cert. ef. 1-1-10

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 to apply 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.

(3) The Board shall notify national board certification programs when nurse practitioners have encumbrances placed on their state certification, prescriptive or dispensing authority.

Stat. Auth.: 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; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10

Dispensing in the College Health Setting

851-050-0138

Renewal of Nurse Practitioner State Certification

(1) Renewal of state 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 population focus certification. Proof of National Board certification may be used to meet structured accredited continuing education course requirements for the current renewal cycle for up to 50% of the total CE requirement.

(d) Persons initially certified on or after January 1, 2011 shall provide verification of current national Board certification in a role and population focus congruent with educational preparation and current Oregon nurse practitioner certification.

(e) Verification of practice hours which meet the practice requirement in OAR 851-050-0004.

(f) Verification of utilization of prescriptive authority which meets the requirements specified in OAR 851-056-0014 unless already certified as an Oregon Nurse Practitioner without prescriptive authority.

(2) 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.

(3) 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.

(4) Renewal shall be denied if the applicant does not meet the practice, prescribing, or continuing education requirement for renewal.

(5) Applications for renewal up to 60 days past the expiration date shall meet all requirements for renewal and pay a delinquent fee.

(6) 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.

(7) Any individual initially licensed after January 1, 2011, whose nurse practitioner national certification is expired may not practice or represent themselves as a nurse practitioner in Oregon regardless of state certification 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; BN 13-2006, f. & cert. ef. 10-5-06; BN 7-2008, f. & cert. ef. 11-26-08; BN 9-2009, f. 12-17-09, cert. ef. 1-1-10; BN 3-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 13-2010, f. & cert. ef. 9-30-10

851-050-0142

Standards for Continuing Education for Nurse Practitioners

As of January 2, 2007, no less than 50% of required continuing education shall be comprised of CME or CE accredited courses at the advanced practice specialty level. Continuing education hours shall be documented on the renewal form which is subject to audit.

(1) Continuing education must 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.

(2) Structured learning activities shall meet the following criteria for the purpose of renewal:

(a) Accreditation by one of the following organizations:

(A) American Academy of Family Physicians (AAFP);

(B) American Academy of Nurse Practitioners (AANP);

(C) American Academy of Physician Assistants (AAPA);

(D) American College of Nurse-Midwives (ACNM);

(E) American Psychiatric Association (APA);

(F) American Psychiatric Nurses Association (APNA);

(G) American Psychological Association (APA);

(H) Emergency Nurses Association (ENA);

(I) National Association of Nurse Practitioners in Women's Health (NPWH);

(J) National Association of Pediatric Nurse Practitioners (NAP-NAP);

(K) Accreditation Council for Continuing Medical Education (ACCME) (includes CME);

(L) Accreditation Council for Pharmacy Education (ACPE) (includes CPE);

(M) American Nurses Credentialing Center (ANCC) or

(b) Accreditation by a state Board of Nursing or state Nurses Association. Or

(c) National board certification in a Board recognized Nurse Practitioner population focus meeting the criteria of 851-050-0008.

Stat. Auth.: ORS 678.380
 Stats. Implemented: ORS 678.380
 Hist.: BN 9-2009, f. 12-17-09, cert. ef. 1-1-10

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

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).

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(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 anesthetists 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 & 678.285

Stats. Implemented: ORS 678.245 & 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 adjunct 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, 678.265, 678.275 & 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.

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(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 years prior to renewal or preceptorship as established in OAR 851-052-0020(5); and

(3) Current certification or recertification by the American Association of Nurse Anesthetists (AANA) Council on Certification or Recertification of Nurse Anesthetists.

(4) 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. Any individual whose CRNA license or national certification is expired or delinquent may not practice or represent themselves as a CRNA in Oregon, subject to civil penalty.

Stat. Auth.: ORS 678.285
Stats. Implemented: ORS 678.285
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98; BN 5-2005, f. & cert. ef. 6-30-05

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 & 678.150
Stats. Implemented: ORS 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 60 minutes of instruction. Ten contact hours are equal to one Continuing Education Unit (CEU).

(g) "Diagnosis" means identification of actual or potential health problems or need for intervention, based on analysis of the data collected.

(h) "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.

(i) "National Certification" means a certificate of recognition in a specialty area issued by a national nursing organization.

(j) "Order" means written or verbal directives by the CNS to other members of the health care team.

(k) "Organization" means a system or network that provides patient care.

(l) "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.

(m) "Prescribe" means written, verbal, or electronic legal directive to procure or designate for use legend drugs or controlled substances.

(n) "State Certification" means certification to practice advanced nursing as authorized by the Oregon State Board of Nursing.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.370 & 678.372

Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 11-2006, f. & cert. ef. 10-5-06; BN 14-2010, f. & cert. ef. 9-30-10

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, 678.372 & 678.150

Stats. Implemented: ORS 678.370, 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 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) Selecting, recommending and ordering prescription medications and devices as authorized per division 56 consistent with specialty and scope of practice.

(G) Establishing standing orders related to nursing interventions and specific plans of care;

(H) Encouraging disease prevention, health promotion and health maintenance;

(I) 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.

(5) The CNS scope of practice may include:

(a) Prescribing, ordering, administering and dispensing medications per division 56 regulations and requirements.

(b) Receiving and distributing drug samples.

(c) Obtaining DEA registration for controlled substances in Schedule II-V.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.370, 678.372

Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 11-2006, f. & cert. ef. 10-5-06

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, 678.372 & 678.150

Stats. Implemented: ORS 678.370, 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 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 or documentation of a Board approved credentials evaluation for graduates of programs outside of the U.S. which demonstrates education equivalency to a NLNAC or CCNE graduate degree in nursing.

(D) Applicants who graduate or obtain a post-masters certificate on or after January 1, 2007 shall have completed 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 years; or

(B) Practice within the CNS scope of practice for at least 960 hours within the five 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 960 hours within the six years prior to the date of application, the practice plan shall provide for 250 hours of preceptorship. Documented practice hours within the CNS scope for the past two years may be recognized and may reduce the required hours, except that, in no case shall the precepted practice be less than 120 hours.

(B) If the applicant has practiced at least 960 hours within the CNS scope for the ten years prior to the date of application, the practice plan shall provide for 400 hours.

(C) If the applicant has not practiced at least 960 hours within the CNS scope for the ten years prior to the date of application, the practice plan shall provide for 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 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 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 was completed.

(d) Submit evidence of continuing education related to the CNS role to total 20 contact hours for each year out of practice with no less than 50% obtained from accredited providers of continuing nursing education (CNE), continuing medical education (CME), or continuing pharmacology education (CPE). Continuing education taken concurrent with the reentry plan may be applied towards the total con-

tinuing 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 year shall be considered void.

(4) Clinical Nurse Specialists seeking prescriptive authority will need to meet all additional requirements in Division 56. These requirements may be obtained as part of a re-entry program plan approved by the Board.

Stat. Auth.: ORS 678.050, 678.370 & 678.372

Stats. Implemented: ORS 678.050, 678.370 & 678.372

Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 10-2001, f. & cert. ef. 7-9-01; BN 6-2006, f. & cert. ef. 5-8-06; BN 11-2006, f. & cert. ef. 10-5-06; BN 3-2007, f. & cert. ef. 3-13-07; BN 14-2010, f. & cert. ef. 9-30-10

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 960 hours within the five years prior to renewal or have completed a preceptorship as established in OAR 851-054-0040(2); and

(3) Forty contact hours of continuing education accumulated during the current certification period. At least 50% shall consist of formal academic or structured continuing education obtained from the following continuing education accrediting bodies: American Nurses Credentialing Center (ANCC), Accreditation Council for Continuing Medical Education (ACCME), American Academy of Continuing Medical Education (AACME), Accreditation Council for Pharmacy Education (ACPE), state boards of nursing and state nursing associations.

(4) Proof of national board certification as a Clinical Nurse Specialist in a specialty may be used to meet structured continuing education requirements for the current renewal cycle for up to 50% of the total continuing education requirement.

(5) A Clinical Nurse Specialist with prescriptive authority must meet additional CE requirements as specified in Division 56.

(6) 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.

(7) The CNS shall maintain accurate records of any claimed CE hours and practice hours for no less than five years from date of submission to the Board.

(8) An applicant for renewal who has graduated from the CNS program less than two years prior to the first renewal will not be required to document the full 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.

(9) 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.

(10) An applicant for renewal up to 30 days past the expiration date shall meet all requirements for renewal and pay a delinquent fee.

(11) Any individual whose CNS certification is delinquent may not practice as a CNS until certification is complete, subject to civil penalty.

Stat. Auth.: ORS 678.101, 678.370 & 678.372

Stats. Implemented: ORS 678.372

Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 11-2006, f. & cert. ef. 10-5-06; BN 14-2010, f. & cert. ef. 9-30-10

851-054-0055

Reactivation of Clinical Nurse Specialist Certification

(1) Any applicant for renewal who applies more than 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 20 contact hours per year since the last year of renewal of which 50% shall

consist of formal academic or structured continuing education obtained from the following continuing education accrediting bodies: American Nurses Credentialing Center (ANCC), Accreditation Council for Continuing Medical Education (ACCME), American Academy of Continuing Medical Education (AAOCME), Accreditation Council for Pharmacy Education (ACPE), state boards of nursing and state nursing associations.

(c) Verification of continuing education hours equal to 20 contact hours per year of since the last year of renewal of which 50% shall consist of formal academic or structured continuing education from the following continuing education accrediting bodies: American Nurses Credentialing Center (ANCC), Accreditation Council for Continuing Medical Education (AACME), American Academy of Continuing Medical Education (AAOCME), Accreditation Council of Pharmacy Education (ACPE), state boards of nursing and state nursing associations.

Stat. Auth: ORS 678.101, 678.370 & 678.372
Stat. Implemented: ORS 678.372
Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 14-2010, f. & cert. ef. 9-30-10

851-054-0100

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 or prescriptive authority without sufficiently documented evidence of advanced nursing assessment and establishment of the client/provider relationship;

(c) Prescribe or dispense medications without 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 678.150
Stat. Implemented: ORS 678.150, 678.370, 678.372, 678.385 & 678.390
Hist.: BN 4-2001, f. & cert. ef. 2-21-01; BN 11-2006, f. & cert. ef. 10-5-06

DIVISION 56

**CLINICAL NURSE SPECIALIST AND NURSE
PRACTITIONER AUTHORITY TO
PRESCRIBE AND DISPENSE**

851-056-0000

Definitions

(1) “Addiction” means a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving. 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 may include, but are not limited to, obtaining client histories, conducting physical examinations, and 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 clinical nurse specialist or nurse practitioner.

(5) “Clinical education in patient management” means a set of structured learning activities, including but not limited to, supervised clinical practice in the pharmacological management of individual clients, as well as other learning activities to promote understanding of pharmacological interventions.

(6) “Diagnosis” means identification of actual or potential health problems or need for intervention based on analysis of the data collected.

(7) “Differential diagnosis” means the process of determining a medical diagnosis from among similar diseases and conditions based upon collection and analysis of clinical data.

(8) “Discrete pharmacology course” means an advanced pharmacology course with pharmacologically specific requirements, objectives, and content, which is offered for academic or continuing education credit, and is not integrated into other coursework.

(9) “Dispense” or “dispensing” means the labeling and distribution of a medication to the clinical nurse specialist’s or 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.

(10) “Dispensing authority” means to prepare and deliver substances to the client provided the authority is exercised in compliance with applicable federal and state laws.

(11) “Distribute” means the delivery of a drug other than by administering or dispensing, such as prepackaged samples.

(12) “Functional impairment” means:

(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 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.

(13) “Pain” means an unpleasant sensory and emotional experience related to adverse nociceptive or neuropathic stimuli. It may also be idiopathic in nature.

(a) “Acute pain” is brief and responds to timely intervention or subsides as healing takes place. Inadequate treatment may delay recovery. Such pain responds to anti-inflammatory and opioid medications, as well as to other approaches.

(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.

(14) “Pharmacodynamics” means the study of the biochemical and physiologic effects of drugs and their mechanism of action.

(15) “Pharmacokinetics” means the action of drugs in the body over a period of time.

(16) “Pharmacotherapeutics” means the study of the uses of drugs in the treatment of disease.

(17) “Physical dependence” means the physiologic adaptation to the presence of a medication characterized by withdrawal when its use is stopped abruptly.

(18) “Prescribe” means a written, verbal, or electronic legal directive to procure or designate for use legend drugs or controlled substances. Additionally, a prescription may be issued or required for use of over-the-counter medications.

(19) “Prescribing authority” means the legal permission to determine which drugs and controlled substances shall be used by or administered to a client.

(20) “Specialty” means the defined area of expertise such as that provided by academic education, clinical training, and may include additional legal or professional credentialing mechanisms.

(21) “Target audience” means a population for whom an educational program is designed.

(22) “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.

(23) “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 678.150
 Stats. Implemented: ORS 678.370, 678.372, 678.375, 678.380, 678.385, 678.390
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 13-2009, f. 12-17-09, cert. ef. 1-1-10

851-056-0004

Prescriptive Authority Scope of Practice

(1) Prescribing, procuring or authorizing use of legend drugs, controlled substances, therapeutic devices, and other measures, and dispensing drugs consistent with the individual’s scope of specialty practice, and competency.

(2) Standing orders, protocols, or written prescriptions may also be given for over-the-counter medications as clinically necessary.

Stat. Auth.: ORS 678.150
 Stats. Implemented: ORS 678.370, 678.372, 678.375, 678.380, 678.385 & 678.390
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 5-2008, f. & cert. ef. 6-24-08

851-056-0006

Application Requirements for Prescriptive Authority in Oregon

(1) Current, unencumbered registered nurse license in the State of Oregon.

(2) Currently has or is eligible for an unencumbered nurse practitioner or clinical nurse specialist certificate in the State of Oregon.

(3) Submission of application and fees required by the Board. Fees are nonrefundable. An application not completed after one calendar year will be considered void.

(4) Evidence of successful completion of 45 contact hours of pharmacology as defined in OAR 851-056-0008 including content related to the specialty scope of practice which shall be met through:

- (a) Completion within two years prior to the application date; or
- (b) Evidence of completion of a 30 hour discrete pharmacology course congruent with the specialty role sought with:

(A) An additional 15 CE hours in pharmacological management congruent with the area of clinical specialty completed in the two years prior to the application date; and

(B) Current prescriptive authority in another state or U.S. jurisdiction, including a U.S. federal institution or facility; or

(c) Evidence of completion of a clinical nurse specialist or nurse practitioner program within two years prior to application date, which included a 45 hour pharmacology course and subsequent clinical practicum in pharmacologic management of individual patients prior to graduation.

(5) Evidence of successful completion of required clinical education in patient management. An applicant may be considered to meet this requirement through:

(a) Completion of graduate level nursing academic credits, or continuing education credits accredited by a national nursing accrediting body that include a directly supervised clinical practicum of not less than 150 hours containing evidence of clinical experiences in differential diagnosis and applied pharmacological management of patients congruent with the specialty role; or

(b) Evidence of unencumbered prescriptive authority in another state or U.S. jurisdiction, including a U.S. federal institution or facility with a minimum of 400 hours utilizing prescriptive authority and patient management within the past two years.

(6) Evidence of successful completion of accredited graduate level nursing courses documented by CE or academic credit. Such courses must include physical assessment, pathophysiology, and clinical management sufficient to prepare the applicant for safe prescribing with individual patients. Integrated courses taken before January 1, 1996 may be considered if content otherwise meets all requirements for equivalency.

(7) Applicants for initial certification as a nurse practitioner shall meet all requirements for prescriptive authority. Clinical nurse specialists may obtain and renew certification with the Board without prescriptive authority.

(8) Initial applicants seeking prescriptive authority who do not meet Oregon’s pharmacology requirements shall complete a pharmaco-

logy course from a list approved by the Board, equal to a minimum of 45 contact hours.

(9) 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 or renew with prescriptive authority.

Stat. Auth.: ORS 678.150
 Stats. Implemented: ORS 678.370, 678.372, 678.375, 678.380, 678.385 & 678.390
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 5-2008, f. & cert. ef. 6-24-08; BN 7-2008, f. & cert. ef. 11-26-08; BN 13-2009, f. 12-17-09, cert. ef. 1-1-10

851-056-0008

Pharmacology Course Requirements

45 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.

(1) The pharmacology course shall be approved by the Board according to the following standards:

(2) 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 and restoration and maintenance of health;

(e) Informational resources; and

(f) Clinical application related to specific scope of practice.

(A) Specific tests are used to determine successful completion of the course.

(B) The target audience includes clinical nurse specialists and/or nurse practitioners.

(C) Learner objectives include the specialty scope of advanced practice for which the applicant seeks certification.

(D) Written verification of participation and successful completion of the course is provided by the course sponsor.

Stat. Auth.: ORS 678.150
 Stats. Implemented: ORS 678.372, 678.380
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06

851-056-0010

Prescription Requirements

(1) A written prescription shall include the date, printed name, legal signature, specialty category/title, business address, and telephone number of the prescribing nurse practitioner or clinical nurse specialist in addition to the required patient and drug information.

(2) An electronically transmitted prescription as defined in OAR 855-006-0015 of the Pharmacy Act shall include the name and immediate contact information of the prescriber and be electronically encrypted or in some manner protected by up-to-date technology from unauthorized access, alteration or use. Controlled substances have additional restrictions as defined by the DEA which shall be followed.

(3) A tamper resistant prescription shall meet criteria as defined in OAR 855-006-0015 of the Pharmacy Act.

(4) Prescriptions may be written for over the counter drugs, durable medical equipment (DME) and devices.

(5) Prescriptions shall be signed by the prescriber with the abbreviated specialty title of the nurse practitioner as per OAR 851-050-0005(9) or the title CNS as per 851-054-0015.

(6) The nurse practitioner or clinical nurse specialist shall comply with all applicable laws and rules in prescribing, administering, and distributing drugs, including compliance with the labeling requirements of ORS Chapter 689.

(7) A nurse practitioner or clinical nurse specialist shall only prescribe controlled substances in conjunction with their own valid and current DEA registration number appropriate to the classification level of the controlled substance.

(8) Clinical nurse specialists and nurse practitioners with prescriptive authority are authorized to prescribe:

- (a) Over-the-counter drugs;
- (b) Appliances and devices;
- (c) Orphan drugs; and
- (d) Limited access drugs;
- (e) Antibiotics to partner(s) of patients diagnosed with a sexually transmitted infection without first examining the partner of the patient, consistent with Department of Human Services guidelines regarding Expedited Partner Therapy.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.370, 678.372, 678.375, 678.380, 678.385 & 678.390
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 5-2008, f. & cert. ef. 6-24-08; BN 13-2009, f. 12-17-09, cert. ef. 1-1-10

851-056-0012

Standards for Clinical Nurse Specialists and Nurse Practitioners with Prescriptive Authority

Evaluation of appropriate prescribing by the Board is constructed based on the following premises:

- (1) Nurse practitioners may provide care for specialized client populations within each nurse practitioner category/scope of practice;
- (2) Clinical nurse specialists may provide care for individuals and populations within their specialty scope of practice;
- (3) Prescribing is limited by the individual’s scope of practice and knowledge base within that scope of practice;
- (4) Clinical nurse specialists and nurse practitioners may prescribe the drugs appropriate for patients within their scope of practice as defined by OAR 851-050-0005; or 851-054-0020 and 0021;
- (5) Clinical nurse specialists and nurse practitioners shall be held independently accountable for their prescribing decisions;
- (6) All drugs prescribed shall have Food and Drug Administration (FDA) approval.

[Publications: Publications referenced are available from the agency.]
 Stat. Auth.: ORS 678.385
 Stats. Implemented: ORS 678.385 & 678.390
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 2-2007, f. & cert. ef. 3-13-07; BN 4-2007, f. & cert. ef. 5-2-07; BN 6-2007, f. & cert. ef. 6-26-07; BN 9-2007, f. & cert. ef. 10-1-07; BN 12-2007, f. & cert. ef. 11-21-07; BN 1-2008, f. & cert. ef. 2-25-08; BN 5-2008, f. & cert. ef. 6-24-08

851-056-0014

Renewal of Prescriptive Authority

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 or clinical nurse specialist certificate have been met and the certificate has been renewed;
- (2) Evidence that there are no encumbrances on the certificate which would affect prescription writing; and
- (3) Evidence that continued competency requirements are met through:
 - (a) 100 contact hours of continuing education in the two years prior to renewal which includes the following:
 - (A) As of January 2, 2007, at least 50% shall consist of formal academic or continuing education which offers CME or CE credit in the specialty area of practice, including at least 15 hours of pharmacotherapeutic content at the level consistent with the scope of specialty practice at the advanced nursing level; and
 - (b) Completion of a 45 contact hour pharmacology course within the two years preceding renewal which meets Board requirements or 400 hours of utilizing prescriptive authority at an advanced practice level; or
 - (c) Graduation from a clinical nurse specialist or nurse practitioner program within the two years preceding renewal and continuing education hours prorated from the date of graduation.
 - (4) Nurse practitioners and clinical nurse specialists 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.
 - (5) Nurse practitioners and clinical nurse specialists who do not hold DEA certification must verify this to the Board in writing at the time of renewal.
 - (6) Submission of an application and fees required by the Board. Fees are nonrefundable.
 - (7) Applicants 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 are met. Practice with expired prescriptive authority is subject to a civil penalty and potential discipline.

Stat. Auth.: ORS 678.101, 678.150
 Stats. Implemented: ORS 678.370, 678.372, 678.375, 678.380, 678.385, 678.390
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06

851-056-0016

Conduct Derogatory to the Standards for Prescriptive or Dispensing Authority

(1) The Board may deny, suspend or revoke the authority to write prescriptions and/or dispense drugs for the causes identified in ORS 678.111(1) or with 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 which are not FDA approved unless done through protocol registration in a United States Institutional Review Board or Expanded Access authorized clinical trial.
- (b) Prescribing, dispensing, administering, or distributing drugs for other than therapeutic or prophylactic purposes;
- (c) Prescribing, dispensing, or distributing drugs to an individual who is not the clinical nurse specialist’s or nurse practitioner’s client unless written under Expedited Partner Therapy guidelines from the Department of Human Services or is not within the scope of practice or type of client population served;
- (d) Prescribing, dispensing, or distributing drugs for personal use;
- (e) Prescribing, dispensing, administering, or distributing drugs while functionally impaired;
- (f) 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;
- (g) Prescribing, dispensing, or distributing drugs which are specifically restricted under federal law;
- (h) Failure to properly assess and document client assessment when prescribing, dispensing, administering, or distributing drugs;
- (i) Selling, purchasing, trading, or offering to sell, purchase or trade any drug sample;
- (j) Dispensing medications without dispensing authority granted by the Board or other dispensing authority issued by the State of Oregon;
- (k) Charging a client or any third party payer in a grossly negligent manner.

Stat. Auth: ORS 678.111, 678.113 & 678.150
 Stats. Implemented: ORS 678.350, 678.370, 678.372, 678.375, 678.380 & 678.385.
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 5-2008, f. & cert. ef. 6-24-08; BN 13-2009, f. 12-17-09, cert. ef. 1-1-10

851-056-0018

Distributing Drug Samples

- (1) Any clinical nurse specialist or nurse practitioner who has prescription writing authority may receive prepackaged complimentary samples of drugs and distribute these samples to clients.
- (2) Drug samples which are controlled substances must be maintained in accordance with OAR 851-056-0026 and any applicable state and federal requirements.
- (3) All sample distribution shall be clearly documented in the patient’s chart and the patient shall be provided with information needed for safe use.

Stat. Auth: ORS 678.150
 Stats. Implemented: ORS 678.372 & 678.380
 Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 5-2008, f. & cert. ef. 6-24-08

851-056-0020

Dispensing Authority

- (1) An “applicant” for dispensing authority must be an unencumbered Oregon certified nurse practitioner or clinical nurse specialist with prescriptive authority in good standing with the Oregon State Board of Nursing.
- (2) Applicants shall submit an application and information as required by the Board.
- (3) Applicants must demonstrate, through a description of the clinical nurse specialist’s or 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.
- (4) 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 and Clinical Nurse Specialist Prescriptive Authority in Oregon”;

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(B) The Drug Enforcement Administration Pharmacist's Manual (2004);

(C) OAR 851 division 56;

(D) ORS Chapter 689 and OAR chapter 855;

(E) U.S. 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" (2007); 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.

(5) 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.

(c) Patients of a certified nurse practitioner seen at a qualified institution of higher education as defined by ORS 399.245.

(6) The staff of the Board shall provide written notice to the Oregon Board of Pharmacy upon receipt and again upon approval of such application.

(7) 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.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 678.390

Stats. Implemented: ORS 678.670, 678.675, 678.385, 678.390

Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 13-2009, f. 12-17-09, cert. ef. 1-1-10

851-056-0022

Renewal of Dispensing Authority

Dispensing authority may be renewed with each renewal of prescriptive authority upon submission of application, and documentation that the nurse practitioner or clinical nurse specialist and their patients continue to meet criteria in OAR 851-056-0020(5). Failure to complete application material as requested or failure to meet criteria in this rule shall be grounds for denial, suspension, inactivation or revocation of dispensing authority.

Stat. Auth.: ORS 678.390

Stats. Implemented: ORS 678.670, 678.675, 678.385 & 678.390

Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 7-2008, f. & cert. ef. 11-26-08

851-056-0024

Drug Delivery and Dispensing

(1) Policies and procedures: A nurse practitioner or clinical nurse specialist 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 or clinical nurse specialist shall personally dispense drugs which require hand labeling with the following information:

(A) Name of the patient;

(B) Directions for use; and

(C) Physical description, including any identification code that may appear on tablets and capsules.

(c) The nurse practitioner or clinical nurse specialist may delegate the dispensing function to staff assistants under limited circumstances where the staff assistant performs technical support that does not require prescriptive judgment. The staff assistant can dispense only those drugs that are pre-labeled by the dispensing pharmacy with the following information:

(A) Name of the patient;

(B) Name of the prescriber;

(C) Directions for use; and

(D) A physical description, including any identification code that may appear on tablets and capsules.

(E) Staff assistants may complete and label the drug with the patient's address, date of dispensing, and initials of dispensing personnel and distribute them 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 or clinical nurse specialist 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 person authorized to dispense and prescribe, 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 or clinical nurse specialist.

(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 or clinical nurse specialist dispenses medications.

(5) Clinical nurse specialists and nurse practitioners with dispensing authority shall be responsible for safe storage, distribution, and destruction of all drugs under their authority.

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(6) Clinical nurse specialists and nurse practitioners granted dispensing authority under this rule shall comply with the labeling and record keeping requirements of OAR 851-050-0164.

(7) A person 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) A person granted dispensing authority under this rule shall permit representatives of the Oregon State Board of Pharmacy, upon receipt of a complaint about that person's dispensing practices and notice to the Board of Nursing, to inspect a dispensing site.

Stat. Auth.: ORS 678.390

Stats. Implemented: ORS 673.390

Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 13-2009, f. 12-17-09, cert. ef. 1-1-10

851-056-0026

Rules Relating to Controlled Substances

(1) In the administration, distribution, storage, prescribing, and dispensing of controlled substances, nurse practitioners, and clinical nurse specialists 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 and clinical nurse specialists shall not dispense a controlled substance without current dispensing authority. Distribution of prepackaged, complimentary drug samples is not considered dispensing (ORS 689.005(9)).

(3) Clinical nurse specialists and 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 with prescriptive authority 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 or clinical nurse specialist's practice location.

(b) Clinical nurse specialists and nurse practitioners who receive samples or quantities of controlled substances shall be responsible for the security, inventory, and disposal of these drugs.

(c) Nurse practitioners and clinical nurse specialists 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 that on-site destruction of a controlled substance in conformance with applicable state and federal law. Nurse practitioners and clinical nurse specialists 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) Theft of controlled substances shall be immediately reported upon discovery to the DEA and to any other required authorities.

(h) Clinical nurse specialists and 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 the prescriber responsible for their receipt and storage every year on the same date as the biennial inventory required by 21 CFR 1304.13.

(i) If requested by the Board, any nurse practitioner or clinical nurse specialist 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 and clinical nurse specialists shall only prescribe the controlled substances from Schedules II-V, as authorized

by the Oregon State Board of Nursing. Clinical nurse specialists and nurse practitioners shall only prescribe at the level provided for on their DEA certificate.

(b) Schedule II controlled substances shall not be prescribed for the purpose of weight reduction or control. Schedule III-IV controlled substances may be prescribed for weight reduction in accordance with FDA product guidelines.

(c) Clinical nurse specialists and nurse practitioners shall not prescribe, dispense, or order controlled substances, including Methadone, for narcotic addiction treatment.

(6) Intractable or chronic pain management:

(a) Nurse practitioners and clinical nurse specialists may prescribe or administer controlled substances to a person in the course of their treatment for a diagnosed condition causing pain, defined in OAR 851-056-0000(13).

(b) The diagnosis and treatment of intractable or chronic pain requires documentation of the following:

(A) 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 pain; and

(B) A written material risks notice specific to the patient's condition and treatment; and

(C) A consultation and review of the pain treatment plan where clinically indicated if the patient shows limited or no improvement.

(c) Nurse practitioners and clinical nurse specialists 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 period review of patient response and follow-up.

(d) Nurse practitioners and clinical nurse specialists 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 or abuse requires referral and/or transfer of care for further diagnosis and treatment.

Stat. Auth.: ORS 678.150

Stats. Implemented: ORS 678.111, 678.370, 678.372, 678.375, 678.380, 678.385 & 678.390

Hist.: BN 10-2006, f. & cert. ef. 10-5-06; BN 5-2008, f. & cert. ef. 6-24-08

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

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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) "Instructor-directed" means an on-line training that is managed, directed, and facilitated through interaction between learners and identified instructor(s). Learning activities may occur through either synchronous or asynchronous interaction between instructor and students and among students.

(18) "Level 1 training" is the minimum training required to prepare a graduate to take the state certification examination for CNA 1.

(19) "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.

(20) "Licensed Nursing Facility" means a licensed nursing home or a Medicare or Medicaid certified long term care facility.

(21) "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.

(22) "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care. ORS 678.440(4)

(23) "On-line program" means an interactive computer based nursing assistant training program that provides at least the equivalent of 51 classroom hours and at least 24 laboratory hours and 75 clinical hours under the supervision of a Board approved instructor/preceptor.

(24) "On-line program provider" means a provider that has a proven track record of successfully providing professional development, training and educational programs in both classroom and on-line environments in Oregon, either directly or in partnership, in the previous 24 months of application, and meets all Board requirements.

(25) "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."

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

(27) "Self-directed" means an on-line program in which course materials, learning activities, communications, and assessment activities are delivered and completed electronically. Learners engage in and complete activities at their own pace.

(28) "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.

(29) "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.

(30) "Standards for Approval" means authoritative statements which set expectations for a program to achieve and maintain approval status. (OAR 851-061-0080 through 0130).

(31) "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.

(32) "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; BN 2-2008, f. & cert. ef. 2-25-08

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) Application for Initial Approval of level 1, level 2, and medication aide training programs. A facility, agency, on-line program provider, or individual wishing to establish a new nursing assistant or medication aide training program shall make application to the Board at least 45 days in advance of 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.

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

(4) 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;

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(c) A program denied approval may petition the Board for reconsideration.

(5) 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.

(f) Shall have adequate financial support for the stability and continuation of the program.

(6) An on-line provider shall have a proven track record of successfully providing professional development, training and educational programs in both classroom and on-line environments in Oregon, either directly or in partnership, in the previous 24 months, and meet all Board requirements prior to being approved.

(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: ORS 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; BN 7-2006, f. & cert. ef. 5-8-06; BN 2-2008, f. & cert. ef. 2-25-08

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

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(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 required student information to the Board, using the Board approved format, 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; BN 6-2008, f. & cert. ef. 6-24-08

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 & 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 register with the Board:

(A) By the end of the second class day, the students':

(i) Names;

(ii) Dates of birth;

(iii) Board approved unique identifier; and

(iv) Current addresses.

(B) Within two weeks of completion of a class, the students':

(i) Names;

(ii) Dates of birth;

(iii) Board approved unique identifier;

(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 by the Board approved format.

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; BN 6-2008, f. & cert. ef. 6-24-08

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) Have sufficient time provided for carrying out administrative responsibilities. Number of faculty, students, classes in progress, and locations utilized for classroom and clinical training are to be considered in determining appropriate time allocated;

(e) Recruit, supervise, and evaluate qualified primary instructors and clinical instructors or preceptors;

(f) Develop and implement written policies necessary for the operation of the program, including those maintained under OAR 851-061-0110(1)(c)(G);

(g) 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.

(h) Coordinate classroom and clinical sites and activities;

(i) Ensure that the classroom, lab, and clinical environment is conducive to teaching and learning;

(j) Assure that the clinical setting provides an opportunity for the students to perform the skills taught in the curriculum;

(k) Ensure that a Board-approved primary instructor, clinical instructor, or clinical preceptor is on the premises at all times during scheduled clinical hours;

(l) Supervise or coordinate supervision of students in the clinical setting or assign this responsibility to the primary instructor.

(m) Provide or arrange for the orientation of the primary and clinical instructors or clinical preceptors to their role and responsibilities.

(n) Assess students' reactions to course content, instructional effectiveness, and other aspects of the learning experience;

(o) Submit program data upon request of the Board on forms provided by the Board;

(p) Submit required reports;

(q) 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;

(r) 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.

(s) 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

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(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, or for on-line programs, be available for consultation and additional clarification at least every 72 hours;

(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; BN 7-2006, f. & cert. ef. 5-8-06; BN 2-2008, f. & cert. ef. 2-25-08

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 supervised 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 75 hours of supervised clinical experience in a hospital, licensed nursing, residential, or assisted living facility that has a registered nurse on duty during all scheduled student clinical hours and is in substantial compliance with all standards of licensure.

(3) An on-line nursing assistant level 1 training program shall consist of:

(a) At least the equivalent of 51 hours according to the nationally recognized standard of content to credit ratio;

(b) At least 24 hours of supervised laboratory instruction provided no later than two weeks after the successful completion of the on-line portion of the curriculum. The laboratory portion of the program shall include return student demonstration of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students' care of clients;

(c) At least 75 hours of supervised clinical experience in a hospital, licensed nursing, residential, or assisted living facility that has a registered nurse on duty during all scheduled student clinical hours and is in substantial compliance with all standards of licensure;

(d) Ongoing technical support service(s) to sustain the electronically offered program including provisions for staffing, reliability, privacy, and security; and

(e) Ongoing technical support service(s) for students on each required educational technology hardware, software, and delivery system.

(4) 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.

(5) 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, assisted living facility, or residential care facility).

(c) All required clinical hours shall be in medication administration related activities.

(6) 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.

(7) Classroom and clinical faculty/student ratios for nursing assistant level 1, level 2, and medication aide training programs:

(a) Classroom:

(A) The ratio of students per instructor in the classroom shall be such that each trainee is provided with registered nurse assistance and supervision and be no more than 30 students per instructor for nursing assistant level 1 training programs, 20 students per instructor for medication aide training programs, and 32 students per instructor for CNA level 2 training programs.

(B) The amount of students assigned per instructor with self-directed, on-line instruction shall be such that each trainee is provided with consultation and additional clarification by a Board approved instructor within 72 hours of a trainee's inquiry.

(C) The ratio of students per instructor with instructor-directed, on-line instruction shall be such that each trainee is provided with consultation and additional clarification by a Board approved instructor within 72 hours of a trainee's inquiry, and the class size shall be no more than 20 students per instructor per on-line classroom.

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(b) Lab: The ratio of students per instructor in nursing assistant level 1, level 2, and medication aide training programs shall be no more than 10 students per instructor at all times during the lab experience.

(c) 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 nursing assistant level 2 training program shall be no more than 8 students per instructor at all times during the clinical experience.

(C) 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 after the first 24 hours, with satisfactory evaluation and approval of the clinical preceptor and primary instructor.

(8) 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;

(9) 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 or within four months after the successful completion of the on-line portion of the program; 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; BN 12-2005, f. & cert. ef. 12-21-05; BN 7-2006, f. & cert. ef. 5-8-06; BN 2-2008, f. & cert. ef. 2-25-08; BN 1-2009, f. & cert. ef. 5-15-09; BN 10-2009, f. & cert. ef. 12-17-09

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 Services 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 completed 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) Board approved unique identifier;

(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 & 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 7-2006, f. & cert. ef. 5-8-06; BN 6-2008, f. & cert. ef. 6-24-08

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) For programs other than on-line programs, 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 & 678.444

Stats. Implemented: ORS 678.444

Hist.: BN 6-1999, f. & cert. ef. 7-8-99; BN 2-2008, f. & cert. ef. 2-25-08

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 & 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

851-062-0010

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 non-injectable 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 (CNA 1)" 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 person who holds a current, unencumbered CNA 1 certificate and 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, assigns duties to the nursing assistant according to the nursing care plan, and evaluates 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 is physically present and accessible in the immediate client care area, is available to intervene if necessary, and 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; BN 13-2005, f. & cert. ef. 12-21-05; BN 10-2010, f. & cert. ef. 6-25-10

851-062-0016

CNA 2 Categories

(1) The Board has approved three CNA 2 categories: Acute Care, Dementia Care, and Restorative Care.

(2) Other categories as subsequently established by the Board.

Stat. Auth.: ORS 678.442

Stats. Implemented: ORS 678.040, 678.050, 678.150

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 14-2006, f. & cert. ef. 11-29-06; BN 10-2010, f. & cert. ef. 6-25-10

851-062-0020

Certification of Nursing Assistants Required

(1) A CNA must have a current, valid Oregon CNA 1 certificate and be listed on the Oregon CNA Registry prior to performing CNA 1 authorized duties. Nursing assistants who perform CNA 1 authorized duties as an employee of a licensed nursing facility in the State of Oregon must obtain Oregon CNA 1 certification, according to these rules, no later than four months after the date of hire.

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(2) 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 through OAR 851-061-0130 may perform nursing assistant duties with appropriate supervision.

(3) Unlicensed persons who are performing tasks that have been delegated to them by a Registered Nurse according to OAR 851-047-0000 through OAR 851-047-0040 may be certified or may be exempted from the requirement for certification.

(4) 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.

(5) A 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. The RN or LPN employed as a CNA must not perform duties outside of the CNA authorized duties.

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 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 8-2008, f. & cert. ef. 11-26-08; BN 10-2010, f. & cert. ef. 6-25-10

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

(1) An applicant for CNA 1 certification must submit a completed application using forms and instructions provided by the Board and pay fees established by the Board. CNA 1 certification may be obtained in one of the following ways:

(a) 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.

(b) 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.

(c) RN or LPN licensure:

(A) Hold a current unencumbered RN or LPN 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.

(d) 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:

(i) An official transcript from the nursing program; or

(ii) Written verification of completion of equivalent coursework from the nursing program director or dean.

(e) 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:

(i) Submit an official transcript documenting graduation from an approved nursing program; and

(ii) 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.

(f) 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).

(g) Nursing assistant training outside of the United States. Complete training and competency examination as provided in OAR 851-062-0050(1).

(h) Endorsement:

(A) Provide 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) Supply 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) Submit verification of current certification by the state agency in which CNA certification is held.

(D) 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).

(2) 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(1)(b)(e)(f) 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 reapply for the examination except that the applicant may regain eligibility enrolling in and successfully completing a Board-approved nursing assistant program.

(3) CNA 2 certification may be obtained in one of the following ways:

(a) Training and Competency Examination:

(A) Obtain CNA 1 certification;

(B) Complete an approved CNA 2 training program; and

(C) Pass the corresponding competency evaluation.

(b) RN or LPN licensure:

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(A) Hold a current unencumbered RN or LPN 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 2 authorized duties.

(c) 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 CNA 2 training program documented by:

(i) An official transcript from the nursing program; and

(ii) Written verification of completion of equivalent coursework from the nursing program director or dean.

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; BN 10-2010, f. & cert. ef. 6-25-10

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 health care 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 re-examination.

(5) Failure to take the examination or to reschedule the examination in advance will result in re-examination fees unless the absence has been excused by the testing service.

(6) Current certification may be verified using the Board's internet verification system.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.442

Hist.: BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-2005, f. & cert. ef. 6-30-05; BN 10-2010, f. & cert. ef. 6-25-10

851-062-0070

Renewal or Reactivation 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 must, 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.

(f) Individuals whose CNA 2 has been expired for less than two years may reactivate their CNA 2 once their CNA 1 is current.

(5) Individuals whose CNA 1 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) Individuals whose CNA 2 category designation has been expired for more than two years are required to take a Board-approved CNA 2 training program and pass the competency examination to reactivate the CNA 2.

(7) A current licensed RN or LPN may use their RN or LPN practice hours within the last two years as part or all of the required 400 hours of paid employment for their CNA renewal.

(8) An enrolled nursing student may renew without documentation of paid employment.

(9) 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.

(10) Information provided to the Board to establish eligibility for renewal is subject to audit. Falsification of an application is grounds for disciplinary action.

(11) An applicant for renewal must answer all mandatory questions on the application form, including those about employment and education.

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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; BN 10-2010, f. & cert. ef. 6-25-10

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

CMA 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 re-apply for the examination except that the applicant may re-enroll and successfully complete a Board-approved medication 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; BN 10-2010, f. & cert. ef. 6-25-10

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 the 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; BN 10-2010, f. & cert. ef. 6-25-10

851-062-0120

Name, Address and Employer of Record

(1) Name of Record:

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

(b) The name currently on file with the Board shall be considered the name of record.

(c) At the time of a name of record 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 official records such as a birth certificate, marriage certificate or a court order/decree.

(d) Upon receipt of written notification and legal proof of name change, the Board will change its records to reflect the CNA/CMA's name change.

(e) The name of record shall be the same name used for the performance of authorized duties.

(2) Address of Record:

(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, the Board Newsletter and all official documents, including certificate renewal notices and Notices of Proposed Disciplinary Action to the CNA/CMA's address of record with the Board.

(e) A Notice of Proposed Disciplinary Action sent to the CNA/CMA at the certificate holder's address of record by certified mail or registered mail, is sufficient notice even if the certificate holder 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) Employer of Record: Any certificate holder actively performing CNA or CMA authorized duties shall report his/her current employer(s) and employer's mailing address(es) to the Board. All employers, where the CNA or CMA is working within his/her authorized duties, must be reported. Each change in employer and employer's mailing address must be submitted to the Board no later than 30 days after the change.

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 4-2009, f. & cert. ef. 6-26-09

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

851-062-0135

State and Nationwide Criminal Records Checks, Fitness Determinations

(1) The purpose of these rules is to provide for the reasonable screening of applicants and licensees in order to determine if they have a history of criminal behavior such that they are not fit to be granted or renewed a license that is issued by the Board.

(2) These rules are to be applied when evaluating the criminal history of an applicant or licensee and conducting fitness determinations based upon such history. The fact that an applicant or licensee has cleared the criminal history check does not guarantee the granting or renewal of a license.

(3) The Board may require fingerprints of all initial applicants for a Registered Nurse (RN), Licensed Practical Nurse (LPN), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Registered Nurse Anesthetist (CRNA), Certified Nursing Assistant, or Certified Medication Aide license, licensees renewing their license, and licensees under investigation to determine the fitness of an applicant or licensee. (All categories above are referred to as "licensee" for the purpose of these rules.) These fingerprints will be provided on prescribed forms made available by the Board. Fingerprints may be obtained at a law enforcement office or at a private service acceptable to the Board; the Board will submit fingerprints to the Oregon Department of State Police to conduct a National Criminal Records Check. Any original fingerprint cards will subsequently be destroyed by the Oregon Department of State Police.

(4) The Board shall determine whether an applicant or licensee is fit to be granted a license based on the criminal records background check, any false statements made by the applicant or licensee regarding the criminal history of the individual, any refusal to submit or consent to a criminal records check including fingerprint identification, and any other pertinent information obtained as part of an investigation. If an applicant is determined to be unfit, the applicant may not be granted a license. If a licensee is determined to be unfit the licensee's license may not be renewed. The Board may make a fitness determination conditional upon applicant's or licensee's acceptance of probation, conditions, limitations, or other restrictions upon licensure.

(5) Except as otherwise provided in section (2), in making the fitness determination the Board shall consider:

(a) The nature of the crime;

(b) The facts that support the conviction or pending indictment or that indicate the making of the false statement;

(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the applicant's or licensee's present or proposed license; and

(d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:

- (A) The passage of time since the commission of the crime;
- (B) The age of the applicant or licensee at the time of the crime;
- (C) The likelihood of a repetition of offenses or of the commission of another crime;
- (D) The subsequent commission of another relevant crime;
- (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and
- (F) A recommendation of an employer.

(6) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.

(7) In order to conduct the Oregon and National Criminal Records Check and fitness determination, the Board may require additional information from the licensee or applicant as necessary, such as but not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial or other background information.

(8) Criminal offender information is confidential. Dissemination of information received under House Bill 2157 (2005 Legislative Session) is only to people with a demonstrated and legitimate need to know the information. The information is part of the investigation of an applicant or licensee and as such is confidential pursuant to ORS 678.126.

(9) The Board will permit the individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(10) The Board may consider any conviction of any violation of the law for which the court could impose a punishment and in compliance with ORS 670.280. The Board may also consider any arrests and court records that may be indicative of an individual's inability to perform as a licensee with care and safety to the public.

(11) If an applicant or licensee is determined not to be fit for a license, the applicant or licensee is entitled to a contested case process pursuant to ORS 183.414-470. Challenges to the accuracy or completeness of information provided by the Oregon Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Oregon Department of State Police, Federal Bureau of Investigation, or reporting agency and not through the contested case process pursuant to ORS 183.

(12) If the applicant discontinues the application process or fails to cooperate with the criminal records check process, the application is considered incomplete.

Stat. Auth.: ORS 678.150, 678.153
Stats. Implemented: ORS 678.126, 678.153
Hist.: BN 8-2007, f. & cert. ef. 8-14-07

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) "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.

(3) "Certified Medication Aide (CMA)" means a Certified Nursing Assistant who has had additional training in administration of non-injectable medication and holds a current Oregon CMA Certificate.

(4) "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.

(5) "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.

(6) "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.

(7) "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.

(8) "CNA Registry" means the listing of Oregon Certified Nursing Assistants maintained by the Board.

(9) "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.

(10) "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.

(11) "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care. ORS 678.440(45)

(12) "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.

(13) "PRN" means as necessary.

(14) "Site" means the specific geographic location of the facility or institution.

(15) "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.

(16) "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.

(17) "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; BN 11-2010, f. & cert. ef. 6-25-10

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:

(a) Tasks associated with infection control and Standard or Transmission Based Precautions:

- (A) Bedmaking and handling of linen;
- (B) Caring for the client's environment;
- (C) Handling and disposal of hazardous wastes;
- (D) Handling of contaminated materials;
- (E) Handwashing and hand hygiene;

- (F) Maintaining client cleanliness and grooming; and
- (G) Utilizing personal protective equipment.
- (b) Tasks associated with safety and emergency procedures:
 - (A) Moving and transferring clients;
 - (B) Transporting clients in wheelchairs and specialized chairs;
 - (C) Turning and positioning clients;
 - (D) Using lifts and safe client handling devices;
 - (E) Turning oxygen on and off or transferring oxygen between wall and tank at pre-established flow rate for stable clients;
 - (F) Managing hazards in the workplace;
 - (G) Preventing burns;
 - (H) Preventing falls; and
 - (I) Performing cardiopulmonary resuscitation.
- (c) Tasks associated with activities of daily living (ADL):
 - (A) Assisting with nutrition and hydration:
 - (i) Assisting with feeding;
 - (ii) Measuring and recording height and weight;
 - (iii) Measuring and recording intake and output;
 - (iv) Positioning clients for nutritional and fluid intake;
 - (v) Preventing choking and aspiration; and
 - (vi) Preventing hydration.
 - (B) Assisting with elimination:
 - (i) Administering bowel evacuation suppositories that are available without a prescription;
 - (ii) Administering enemas;
 - (iii) Assisting with the use of bedpan and urinal;
 - (iv) Assisting with toileting;
 - (v) Collecting specimens: sputum, stool, and urine including clean catch urine specimens;
 - (vi) Providing catheter care including the application of and removal of external urinary catheters;
 - (vii) Providing ostomy care for established, healthy ostomy including cleaning the ostomy site and emptying the ostomy bag or changing the ostomy bag which does not adhere to the skin; and
 - (viii) Providing perineal and incontinence care.
 - (C) Assisting with personal care:
 - (i) Bathing;
 - (ii) Providing comfort care;
 - (iii) Dressing and undressing;
 - (iv) Grooming to include: application and care of dentures, eye glasses, and hearing aides.
 - (v) Nail care;
 - (vi) Oral hygiene;
 - (vii) Shampooing and caring for hair;
 - (viii) Shaving; and
 - (ix) Skin Care to include: application of non-prescription pediculicides; application of topical, non-prescription barrier creams and ointments for prophylactic skin care; maintenance of skin integrity; prevention of pressure, friction, and shearing; and use of anti-pressure devices.
 - (D) Assisting with positioning devices and restraints;
 - (E) Assisting with restorative care:
 - (i) Ambulating;
 - (ii) Assisting with and encouraging the use of self-help devices for eating, grooming and other personal care tasks;
 - (iii) Assisting with bowel and bladder training;
 - (iv) Assisting with feeding and ADL programs;
 - (v) Assisting with the use of crutches, walkers, or wheelchairs;
 - (vi) Caring for, applying, and removing antiembolus stockings, braces, orthotic devices, and prosthetic devices.
 - (vii) Elevating extremities;
 - (viii) Maintaining alignment;
 - (ix) Performing range of motion exercises;
 - (x) Using footboards; and
 - (xi) Utilizing and assisting clients with devices for transferring, ambulation, and alignment.
 - (d) Tasks associated with observation and reporting:
 - (A) Assisting with coughing and deep breathing;
 - (B) Observing and reporting changes of condition to licensed nurse; and
 - (C) Measuring and recording:
 - (i) Temperature, apical and radial pulse, respiration and blood pressure (manual and electronic-upper arm only and orthostatic blood pressure readings);

- (ii) Emesis;
 - (iii) Liquid stool;
 - (iv) Pain level using a facility approved pain scale;
 - (v) Pulse oximetry; and
 - (vi) Urinary output, both voided and from urinary drainage systems.
 - (e) Tasks associated with documentation.
 - (f) Tasks associated with end of life care.
 - (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 OAR 851-047-0040.
 - (3) ORS 678.440(5) 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 chapter 411, division 050;
 - (b) When working in Residential Care Facilities, as permitted under OAR chapter 411, division 054; and
 - (c) When working in Assisted Living Facilities, as permitted under OAR chapter 411, division 054.
 - (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; BN 11-2009, f. & cert. ef. 12-17-09; BN 11-2010, f. & cert. ef. 6-25-10
- 851-063-0035**
Authorized Duties and Standards for CNA 2 Categories of Care
- (1) Under the supervision of a licensed nurse, a CNA 2 may provide care and assist clients with the following:
 - (a) Tasks associated with interpersonal skills and communication;
 - (b) Tasks associated with observation and reporting:
 - (A) Observing and collecting pain responses;
 - (B) Relieving pain:
 - (i) Assisting with complementary therapies such as using pre-recorded audio/visuals for guided imagery; deep relaxation.
 - (ii) Planning activities in relation to pain;
 - (iii) Providing comfort measures;
 - (iv) Reporting to the nurse;
 - (v) Repositioning; and

- (vi) Using touch to massage non-diseased tissue.
- (c) Tasks associated with technical skills:
 - (A) Adding fluid to established post pyloric, jejunostomy and gastrostomy tube feedings;
 - (B) Applying sequential compression devices;
 - (C) Assisting with warm and cold therapies;
 - (D) Bladder scanning;
 - (E) Changing established tube feeding bags;
 - (F) Fingerstick capillary blood testing;
 - (G) Interrupting and re-establishing nasogastric (NG) suction;
 - (H) Reinforcing use of an incentive spirometer;
 - (I) Suctioning oral pharynx;
 - (J) Taking vital signs:
 - (i) Pulse- electronic; and
 - (ii) Blood Pressure- manual and electronic: forearm, upper arm, thigh, and lower leg pressures;
 - (K) Testing stool for occult blood; and
 - (L) Urine dip stick testing.
- (d) Tasks associated with infection control:
 - (A) Changing dressing or ostomy appliance or bag which adheres to the skin;
 - (B) Obtaining sterile urine specimen from port of catheter;
 - (C) Discontinuing Foley catheters;
 - (D) Measuring, recording and/or emptying output from drainage devices and closed drainage systems; and
 - (E) Performing clean intermittent straight urinary catheterization for chronic conditions.
- (2) In addition to 851-063-0035(1), under the supervision of a licensed nurse, the CNA 2- Acute Care may provide care and assist clients with the following:
 - (a) Tasks associated with observation and reporting;
 - (b) Tasks associated with technical skills:
 - (A) Assisting patients in and out of Continuous Passive Motion machines;
 - (B) Obtaining rectal swab;
 - (C) Placing electrodes/leads and running electrocardiogram (EKG);
 - (D) Placing electrodes/leads for telemetry;
 - (E) Removing cast in non-emergent situations;
 - (F) Screening newborn hearing;
 - (G) Setting up traction equipment; and
 - (H) Testing gastric contents for occult blood or pH.
 - (c) Tasks associated with documentation.
- (3) In addition to 851-063-0035(1), under the supervision of a licensed nurse, the CNA 2 — Dementia Care may provide care and assist clients with the following:
 - (a) Tasks associated with person-directed care;
 - (A) Adjust care to meet individual preferences and unique needs; and
 - (B) Gather information on specific strengths, abilities, and preferences of a person with dementia.
 - (b) Tasks associated with observation and reporting:
 - (A) Identify findings, patterns, habits, and behaviors that deviate from usual in a person with dementia;
 - (B) Recognize changes in persons with dementia that should be reported to the licensed nurse;
 - (c) Observe person's response to medications and notify licensed nurse when necessary;
 - (d) Observe and collect response to pain for the person with dementia; and
 - (E) Provide input to licensed nurse on person with dementia's response to interventions for problems and care plan approaches.
 - (c) Tasks associated with interpersonal skills/communication:
 - (A) Protect person with dementia and self in a crisis situation; and
 - (B) Use communication techniques to enhance the quality of life for a person with dementia.
 - (d) Tasks associated with activities of daily living (ADL);
 - (A) Utilize techniques to encourage self care for the person with dementia; and
 - (B) Coordinate ADL approaches with the person with dementia's own patterns/habits.
 - (e) Tasks associated with activities;
 - (A) Make meaningful moments for the person with dementia; and
 - (B) Support individual preferences and habits.

- (f) Tasks associated with safety;
 - (A) Identify safety risks for a person with dementia; and
 - (B) Apply preventive/supportive/protective strategies or devices when working with a person with dementia.
- (g) Tasks associated with environment including contributing to a safe, calm, stable, home-like environment for a person with dementia.
- (h) Tasks associated with end of life care; and
 - (A) Recognize symptoms for a person reaching the end-of-life; and
 - (B) Provide compassionate end-of-life care.
 - (i) Tasks associated with documentation.
- (4) In addition to 851-063-0035(1), under the supervision of a licensed nurse, the CNA 2- Restorative Care may provide care and assist clients with the following:
 - (a) Tasks associated with activities of daily living:
 - (A) Promoting and maintaining optimal independence and function;
 - (B) Segmenting tasks; and
 - (C) Using adaptive, assistive, and therapeutic equipment.
 - (b) Tasks associated with promoting nutrition and hydration;
 - (c) Tasks associated with promoting mobility:
 - (A) Applying therapeutic positioning techniques;
 - (B) Assisting patients in and out of Continuous Passive Motion machines;
 - (C) Providing range of motion on clients with complex medical problems; and
 - (D) Using adaptive, assistive, and therapeutic equipment;
 - (d) Tasks associated with promoting functional abilities; and
 - (e) Tasks associated with documentation.
- (5) Standards of Care for CNA 2. In the process of client care the CNA 2 shall consistently apply standards set for CNA 1s and:
 - (a) Establish competency as a CNA 2;
 - (b) Maintain competency as a CNA 2;
 - (c) Perform within authorized duties of each CNA 2 category in which the CNA has established competency.

Stat. Auth.: ORS 678.440 & 678.442

Stats. Implemented: ORS 678.440 & 678.442

Hist.: BN10-2007, f. & cert. ef. 10-1-07; BN 2-2009, f. & cert. ef. 5-15-09; BN 11-2009, f. & cert. ef. 12-17-09; BN 11-2010, f. & cert. ef. 6-25-10

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;

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(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 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

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(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) Use of drugs, alcohol or mind-altering substances to an extent or in a manner dangerous or injurious to the nursing assistant or others or to an 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 competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration;

(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; BN 12-2009, f. & cert. ef. 12-17-09; BN 4-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 15-2010, f. & cert. ef. 9-30-10

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 163.535.

(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

DIVISION 70

HEALTH PROFESSIONALS' SERVICES PROGRAM

851-070-0000

Purpose, Intent and Scope

The Board believes that licensees who develop substance use disorders, mental health disorders, or both disorders can, with appropriate treatment, be assisted with recovery and return to the practice of nursing. It is the intent of the Board that a licensee with a substance use disorder, a mental health disorder or both types of disorders may have the opportunity to enter the Health Professionals' Services Program (HPSP). Participation in the Health Professionals Services Program does not shield the licensee from disciplinary action.

Stat. Auth.: ORS 676.200
 Stats. Implemented: ORS 676.200
 Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0005

Definitions

The following definitions apply to OAR chapter 851, division 070, except as otherwise stated in the definition:

(1) "Abstinence" means the avoidance of all intoxicating substances, including but not limited to prescription or over-the-counter drugs with a potential for abuse or dependence;

(2) "Assessment or evaluation" means the process an independent third-party evaluator uses to diagnose the licensee and to recommend treatment options for the licensee.

(3) "Board" means the Oregon State Board of Nursing.

(4) "Business day" means Monday through Friday, except legal holidays as defined in ORS 187.010 (or ORS 187.020).

(5) "Diagnosis" means the principal mental health or substance use diagnosis listed in the DSM. The diagnosis is determined through the assessment and any examinations, tests or consultations suggested by the assessment and is the medically appropriate

(6) "Division" means the Department of Human Services, Addictions and Mental Health Division.

(7) "DSM" means the Diagnostic and Statistical Manual of Mental Disorders, commonly referred to as DSM-IV-TR published by the American Psychiatric Association.

(8) "Federal regulations" means:

(a) As used in ORS 676.190(1)(f)(D), a "positive toxicology test result as determined by federal regulations pertaining to drug testing" means test results meet or exceed the cutoff concentrations shown in 49 CFR § 40.87 (2009) must be reported as substantial non-compliance, but positive toxicology results for other drugs and for alcohol may also constitute and may be reported as substantial non-compliance.

(b) As used in ORS 676.190(4)(i), requiring a "licensee to submit to random drug or alcohol testing in accordance with federal regulations" means licensees are selected for random testing by a scientifically valid method, such as a random number table or a computer-based random number generator that is matched with licensees' unique identification numbers or other comparable identifying numbers. Under the selection process used, each covered licensee shall have an equal chance of being tested each time selections are made, as described in 40 CFR § 199.105(c)(5) (2009). Random drug tests must be unannounced and the dates for administering random tests must be spread reasonably throughout the calendar year, as described in 40 CFR § 199.105(c)(7) (2009).

(9) "Fitness to practice evaluation" means the process a qualified, independent third-party evaluator uses to determine if the licensee can safely perform the essential functions of the licensee's health practice.

(10) "Final enrollment" means a self-referred licensee has provided all documentation required by OAR 851-070-0040 and has met all eligibility requirements to participate in the HPSP.

(11) "Independent third-party evaluator" means an individual who is approved by a licensee's Board to evaluate, diagnose, and offer treatment options for substance use disorders, mental health disorders or co-occurring disorders.

(12) "Individual service record" means the official permanent HPSP documentation, written or electronic, for each licensee, which contains all information required by these rules and maintained by the HPSP to demonstrate compliance with these rules.

(13) "Licensee" means a licensed practical nurse, registered nurse, or advanced practice registered nurse who is licensed or certified by the Oregon State Board of Nursing.

(14) "Mental health disorder" means a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom that is identified in the DSM. "Mental health disorder" includes gambling disorders.

(15) "Monitoring agreement" means an individualized agreement between a licensee and the vendor that meets the requirements for a diversion agreement set by ORS 676.190.

(16) "Monitoring Entity" means an independent third-party that monitors licensees' HPSP enrollment status and monitoring agreement compliance.

(17) "Non-treatment compliance monitoring" means the non-medical, non-therapeutic services employed by the vendor to track and report the licensee's compliance with the monitoring agreement.

(18) "Nurse Monitoring Program" (NMP) refers to the alternative to the Board of Nursing's discipline program prior to July 1, 2010.

(19) "Self-referred licensee" means a licensee who seeks to participate in the program without a referral from the board

(20) "Peer" means another licensee currently enrolled in the program.

(21) "Provisional enrollment" means temporary enrollment, pending verification that a self-referred licensee meets all HPSP eligibility criteria.

(22) "Substance use disorder" means a disorder related to the taking of a drug of abuse (including alcohol); to the side effects of a medication; and to a toxin exposure, including: substance use disorders (substance dependence and substance abuse) and substance-induced disorders (including but not limited to substance intoxication, withdrawal, delirium, and dementia, as well as substance induced psychotic disorders and mood disorders), as defined in DSM criteria.

(23) "Substantial non-compliance" means that a licensee is in violation of the terms of his or her monitoring agreement in a way that gives rise to concerns about the licensee's ability or willingness to participate in the HPSP. Substantial non-compliance and non-compliance include, but are not limited to, the factors listed in ORS 676.190(1)(f). Conduct that occurred before a licensee entered into a monitoring agreement does not violate the terms of that monitoring agreement.

(24) "Successful completion" means that for the period of service deemed necessary by the vendor or by the licensee's Board by rule, the licensee has complied with the licensee's monitoring agreement to the satisfaction of the HPSP.

(25) "Toxicology testing" means urine testing or alternative chemical monitoring including blood, saliva, breath or hair as conducted by a laboratory certified, accredited or licensed and approved for toxicology testing.

(26) "Treatment" means the planned, specific, individualized health and behavioral health procedures, activities, services and supports that a treatment provider uses to remediate symptoms of a substance use disorder, mental health disorder or both types of disorders.

(27) "Vendor" means the entity that has contracted with the Division to conduct the HPSP.

Stat. Auth.: ORS 676.200
 Stats. Implemented: ORS 676.200
 Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0010

Participation in Health Professionals' Services Program

Effective July 1, 2010, the Board shall participate in the Health Professionals' Services Program and may refer eligible nurses to the HPSP in lieu of or in addition to public discipline. Only licensed practical nurses, registered nurses, and advanced practice registered nurses who meet the eligibility criteria may be referred by the Board to the Health Professionals' Services Program.

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Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0020

Eligibility in Health Professionals Services Program

(1) Licensee must be evaluated by an independent, third-party evaluator approved by the Board. The evaluation must include a diagnosis of a substance use disorder, mental health disorder, or both types of disorders with the appropriate diagnostic code from the DSM, and treatment options.

(2) Licensee must provide a written statement agreeing to enter the HPSP in lieu of or in addition to discipline and agreeing to abide by all terms and conditions established by the Board.

(3) Licensee must enter into the "HPSP Monitoring Agreement."

(4) Licensees who have successfully graduated from either the NMP or HPSP programs and who have had a relapse may be permitted a maximum of one additional admittance into the HPSP.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0030

Procedure for Board Referrals

(1) When a complaint is received involving a licensee who may have a substance use disorder, a mental disorder, or both types of disorders, the Board staff will investigate and complete a report to be presented at a Board meeting.

(2) The Board will review the report and determine if the licensee meets the eligibility criteria for the HPSP.

(3) If licensee meets eligibility criteria and the board approves entry into the HPSP, the Board will provide a written referral. The referral must include:

(a) A copy of the report from the independent, third-party evaluator who diagnosed the Licensee;

(b) The treatment options developed by the independent third-party evaluator;

(c) A statement that the Board has investigated the licensee's professional practice and conduct, and has determined whether the licensee's professional practice, while impaired, presents or has presented a danger to the public;

(d) A description of any restrictions recommended or imposed by the Board on the licensee's professional practice; including those specific to prescribing and dispensing medications (for licensees with prescriptive authority).

(e) A written statement from the licensee agreeing to enter the HPSP in lieu of or in addition to discipline and agreeing to abide by all terms and conditions established by the vendor; and

(f) A statement that the licensee has agreed to report any arrest for or conviction of a misdemeanor or felony crime to the board within three business days after the licensee is arrested or convicted.

(4) A Board-referred licensee is enrolled in the program effective on the date the licensee signs the consents and the monitoring agreement required by ORS 676.190.

(5) Upon enrollment into the program, the vendor (or monitoring entity) will notify the Board and the Board will dismiss without prejudice the pending complaint at the next Board meeting.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0040

Procedure for Self- Referred Licensees

Self-referred licensees may participate in the HPSP as permitted by ORS 676.190(5).

(1) Provisional Enrollment. To be provisionally enrolled in the program, a self-referred licensee must:

(a) Sign a written consent allowing disclosure and exchange of information between the vendor, the monitoring entity, the licensee's employer, independent third-party evaluators, and treatment providers, including other health care providers;

(b) Sign a written consent allowing disclosure and exchange of information between the vendor, the Board, the monitoring entity, the licensee's employer, independent third-party evaluators and treatment providers in the event the vendor determines the licensee to be in substantial non-compliance with his or her monitoring agreement as

defined in OAR 851-070-0090. The purpose of the disclosure is to permit the vendor and the monitoring entity to notify the Board if the vendor determines the licensee to be in substantial non-compliance with his or her monitoring agreement;

(c) Attest that the licensee is not, to the best of the licensee's knowledge, under investigation by his or her Board; and

(d) Agree to and sign a monitoring agreement.

(2) Upon provisional enrollment, the vendor shall send to the monitoring entity copies of the signed consents and the monitoring agreement, described in section one of this rule.

(3) Final Enrollment: To move from provisional enrollment to final enrollment in the program, a self-referred licensee must:

(a) Obtain at the licensee's own expense and provide to the vendor, an independent third-party evaluator's written evaluation containing a DSM diagnosis and diagnostic code and treatment recommendations;

(b) Agree to cooperate with the vendor's investigation to determine whether the licensee's practice while impaired presents or has presented a danger to the public; and

(c) Enter into an amended monitoring agreement, if required by the vendor.

(4) Once a self-referred licensee seeks enrollment in the HPSP, failure to complete final enrollment may constitute substantial non-compliance and may be reported to the Board.

(5) Upon final enrollment of a self-referred licensee, the vendor shall send to the monitoring entity a copy of the written evaluation by the independent third-party evaluator and a copy of the amended monitoring agreement, if any.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0050

Disqualification Criteria

Licensees, either Board-referred or self-referred, may be disqualified from entering the HPSP for factors including, but not limited to:

(1) Licensee's disciplinary history;

(2) Severity and duration of the licensee's impairment;

(3) Extent to which licensee's practice can be limited or managed to eliminate danger to the public;

(4) Likelihood that licensee's impairment can be managed with treatment;

(5) Evidence of criminal history that involves injury or endangerment to others;

(6) A diagnosis requiring treatment because of sexual offenses or sexual misconduct;

(7) Evidence of non-compliance with a monitoring program from other state;

(8) Pending investigations with the Board or boards from other states;

(9) Previous Board investigations with findings of substantiated abuse or neglect; and

(10) Prior enrollment in, but failure to successfully complete, either the Nurse Monitoring Program or HPSP.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0060

Approval of Independent Third-Party Evaluators

(1) To be approved by the Board as an independent third-party evaluator, an evaluator must:

(a) Be licensed as required by the jurisdiction in which the evaluator works;

(b) Have a minimum of a Master's Degree in a mental health discipline;

(c) Provide evidence of additional education and experience as shown by one of the following:

(i) Department of Transportation Substance Abuse Professional qualification;

(ii) Certified Alcohol and Drug Counselor II or III;

(iii) Board Certified in Addiction Medicine by either ASAM or American Board of Psychiatry and Neurology.

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(d) Provide evidence of assessments at the licensure level of the licensee being evaluated

(e) The Board will not accept an evaluator as independent in a particular case if, in the Board's judgment, the evaluator's judgment is likely to be influenced by a personal or professional relationship with a licensee.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0070

Approval of Treatment Providers

(1) To be approved by the Board as a treatment provider, a provider must be:

(a) Licensed as required by the jurisdiction in which the provider works;

(b) Able to provide appropriate treatment considering licensee's diagnosis, degree of impairment, level of licensure, and treatment options proposed by the independent third-party evaluator; and

(c) Able to obtain a urinalysis of the licensee at intake.

(2) The Board will not accept a provider as a treatment provider in a particular case if, in the Board's judgment, the provider's judgment is likely to be influenced by a personal or professional relationship with a licensee.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0080

Licensee Responsibilities

(1) All licensees must:

(a) Agree to report any arrest for or conviction of a misdemeanor or felony crime to the vendor and the Board within three business days after the licensee is arrested or convicted of the crime; and

(b) Comply continuously with his or her monitoring agreement, including any restrictions on his or her practice, for at least two years or longer, as specified by the Board by rule or order;

(c) Abstain from mind-altering or intoxicating substances or potentially addictive drugs, unless the drug is approved by the HPSP and prescribed for a documented medical condition by a person authorized by law to prescribe the drug to the licensee;

(d) Report use of mind-altering or intoxicating substances or potentially addictive drugs within 24 hours;

(e) Participate in a treatment plan approved by a third party;

(f) Limit practice as required by the HPSP;

(g) Cooperate with supervised monitoring of practice;

(h) Participate in a follow-up evaluation, when necessary, of licensee's fitness to practice;

(i) Submit to random drug or alcohol testing;

(j) Report at least weekly to the HPSP regarding the licensee's compliance with the monitoring agreement;

(k) Report at least weekly to the HPSP regarding the licensee's compliance with the agreement;

(l) Report any arrest for or conviction of a misdemeanor or felony crime to the HPSP within three business days after the licensee is arrested or convicted;

(m) Report applications for licensure in other states, changes in employment and changes in practice setting;

(n) Agree to be responsible for the cost of evaluations, toxicology testing and treatment;

(o) Report to the HPSP any investigations or disciplinary action by any state or state agency, including Oregon;

(p) Participate in required meetings according to the treatment plan; and

(q) Maintain current license status.

(2) In addition to the requirements listed in section one of this rule, self-referred licensees must also provide to the HPSP a copy of

a report of the licensee's criminal history, at least once per calendar quarter or more often if required by the HPSP.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0090

Completion Requirements

(1) To successfully complete the Health Professionals' Services Program, licensees with a substance use disorder, or with a mental health disorder and a substance use disorder, must have worked for at least two years in a monitored practice. Licensees must complete the required two years of monitored practice within four years of entering the Health Professionals' Services Program.

(2) To successfully complete the Health Professionals' Services Program, licensees with a mental health disorder, but no substance use disorder, must have worked for at least one year in a monitored practice. Licensees must complete the required year of monitored practice within two years of entering the Health Professionals' Services Program.

(3) The Board may extend by one year the time within which a licensee must complete the monitored practice if the licensee has remained compliant with the program.

(4) A licensee who does not complete the required term of monitored practice will be discharged from the Health Professionals' Services Program and may be subject to discipline.

(5) The time spent working in a monitored practice before transferring from the Nurse Monitoring Program to the Health Professionals' Services Program effective July 1, 2010, will be counted toward the required term of monitored practice.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0100

Substantial Non-Compliance Criteria

(1) The HPSP or the monitoring entity will report substantial non-compliance with the diversion agreement within one business day after the HPSP learns of non-compliance, including but not limited to information that a licensee:

(a) Engaged in criminal behavior;

(b) Engaged in conduct that caused injury, death or harm to the public, including engaging in sexual impropriety with a patient;

(c) Was impaired in a health care setting in the course of the licensee's employment;

(d) Received a positive toxicology test result as determined by federal regulations pertaining to drug testing;

(e) Violated a restriction on the licensee's practice imposed by the HPSP or the licensee's Board;

(f) Was admitted to the hospital for mental illness or adjudged to be mentally incompetent;

(g) Entered into a diversion agreement, but failed to participate in the HPSP;

(h) Was referred to the HPSP, but failed to enroll in the HPSP;

(i) Forged, tampered with, or modified a prescription;

(j) Violated any rules of prescriptive/dispensing authority;

(k) Violated any provisions of OAR 851-070-0080;

(l) Violated any terms of the diversion agreement; or

(m) Failed to complete the monitored practice requirements as stated in OAR 851-070-0090.

(2) The Board, upon being notified of a licensee's substantial non-compliance will investigate and determine the appropriate sanction, which may include a limitation of licensee's practice and any other sanction, up to and including termination from the HPSP and formal discipline.

Stat. Auth.: ORS 676.200
Stats. Implemented: ORS 676.200
Hist.: BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10