2026
OREGON ADMINISTRATIVE RULES COMPILATION

CHAPTER 851
Board of Nursing

Published By
TOBIAS READ
Secretary of State
Copyright 2026 Office of the Secretary of State

Rules effective as of January 05, 2026

DIVISION 1
RULES OF PRACTICE AND PROCEDURE
851-001-0000 Notice of Proposed Rulemaking
851-001-0005 Model Rules of Procedure
851-001-0007 Hearing Request
851-001-0008 Agency Representation at Hearings
851-001-0009 Imposition of Civil Penalties
851-001-0010 Notification Procedure
851-001-0015 Disciplinary Reinstatement
851-001-0030 Social Security Numbers
851-001-0100 Delegation of Signature Authority
851-001-0111 Criminal Conviction Determination Process
851-001-0115 Criminal Background Checks for Applicants
851-001-0122 Criminal Background Checks for employees of, for those seeking to be employed by, or providing services or seeking to provide services as a contractor or volunteer for the Board of Nursing
851-001-0125 Appealing a Fitness Determination for employees of, for those seeking to be employed by, or providing services or seeking to provide services as a contractor or volunteer for the Board of Nursing
851-001-0135 Record Keeping and Confidentiality
851-001-0145 Emergency Declaration Response
851-001-0150 Violations of Declared Governor's Emergency Declaration
851-001-0160 Compliance with the Oregon Health Authority's COVID-19 Requirements
851-001-0170 Requirements for Language Interpreter

DIVISION 2
AGENCY FEES
851-002-0000 Fees
851-002-0010 Registered Nurse and Licensed Practical Nurse Schedule of Fees
851-002-0020 Nurse Practitioner Schedule of Fees
851-002-0030 Certified Registered Nurse Anesthetist Schedule of Fees
851-002-0035 Clinical Nurse Specialist Schedule of Fees
851-002-0040 Nursing Assistant Schedule of Fees
851-002-0050 Certified Medication Aide Schedule of Fees
851-002-0055 Miscellaneous Fees

DIVISION 6
DEFINITIONS
851-006-0011 Definitions

DIVISION 10
ADMINISTRATION
851-010-0005 Duties
851-010-0010 Election
851-010-0015 Vacancies in Office
851-010-0024 Board Member Compensation
851-010-0035 Meetings

DIVISION 21

STANDARDS FOR APPROVAL OF NURSING EDUCATION PROGRAMS
851-021-0000 Purpose of Standards
851-021-0010 Establishment and Approval of New Nursing Education Programs
851-021-0012 Accreditation Requirements of Nursing Education Programs
851-021-0015 Continuing Board Approval of Nursing Education Programs
851-021-0025 Reports and Approvals
851-021-0035 Closing of an Approved Nursing Education Program
851-021-0040 Nursing Education Program Organization and Administration
851-021-0045 Nursing Faculty
851-021-0050 Curriculum
851-021-0051 Exception Requests for Clinical Experiences Due to Unforeseen Circumstances
851-021-0055 Program Responsibilities to Students
851-021-0065 Facilities and Resources
851-021-0070 Outcomes and Evaluation
851-021-0090 Standards for Out-of-State Pre-licensure Programs Offering Educational Experiences in Oregon

DIVISION 31
LICENSE REQUIREMENTS FOR NURSES
851-031-0001 Name, Address and Employer of Record
851-031-0006 Initial Licensure by Examination – Practical Nurse (PN) and Registered Nurse (RN)
851-031-0008 Competency Requirements
851-031-0035 Temporary License for Spouses and Domestic Partners of Active-Duty Armed Forces of the United States Stationed in Oregon
851-031-0039 Initial Licensure by Endorsement – PN and RN
851-031-0041 Governor Declared Emergency
851-031-0042 Initial Licensure – APRN
851-031-0043 Prescriptive and Dispensing Authority
851-031-0048 Renewal of License
851-031-0051 License Reinstatement
851-031-0052 Exceptions to Rules
851-031-0055 Disciplinary Reinstatement
851-031-0065 Standards for individualized re-entry plans
851-031-0075 Limited Licenses for Internationally Educated and Licensed Nurses (IELN)
851-031-0085 Inactive Nurse Status
851-031-0086 Retired Status
851-031-0087 Nurse Emeritus License
851-031-0088 Registered Nurse First Assistant Registry

DIVISION 41
STANDARDS FOR THE NURSE INTERN: LICENSURE AND FUNCTIONS
851-041-0000 Purpose of Standards
851-041-0010 Education Standards for Nurse Interns
851-041-0020 Requirements for Nurse Intern License
851-041-0040 Nurse Intern Practice Team Member Role
851-041-0070 Conduct Unbecoming a Nurse Intern
851-041-0080 Duty to Report

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

851-045-0050 Standards Related to LPN Scope in the Practice of Nursing

851-045-0060 Standards Related to RN Scope in the Practice of Nursing

851-045-0062 Standard related to the RN who is employed by a public or private school, or by an education service district or a local public health authority.

851-045-0063 Standards related to the RN who is employed by or contracted with a long-term care facility or in-home care agency.

851-045-0064 Standards related to the RN who Provides Nursing Services through their own Business Structure

851-045-0065 Standards of Practice for the LPN and the RN

851-045-0070 Conduct Derogatory to the Standards of Nursing Defined

851-045-0090 Duty to Report Suspected Violations of the Nurse Practice Act per ORS 678.135

DIVISION 47

STANDARDS FOR REGISTERED NURSE DELEGATION PROCESS

851-047-0000 Statement of Purpose

851-047-0030 General Provisions

851-047-0045 Process for RN Initial Delegation

851-047-0050 Process for Periodic Inspection and Evaluation

851-047-0055 Limitations on the Delegation of a Nursing Procedure related to the Administration of Medication by the Intravenous Route

851-047-0060 Ending a UAP's Authorization to Perform a Nursing Procedure

DIVISION 48

STANDARDS FOR THE REGISTERED NURSE WHO TEACHES A DESIGNATED CAREGIVER HOW TO EXECUTE A MEDICAL ORDER

851-048-0010 Statement of Purpose and Intent

851-048-0060 Responsibilities of the Registered Nurse

DIVISION 49

STANDARDS FOR LICENSED NURSE PROTOCOL DEVELOPMENT AND UTILIZATION, COMMUNICATING A PRESCRIBER'S RE-AUTHORIZATION OF A PRESCRIPTION AND RN DISPENSING

851-049-0000 Rule Summary, Statement of Purpose and Intent

851-049-0005 Scope of Practice Standards for RN Participation in Protocol Development

851-049-0010 Scope of Practice Standards for RN Protocol Utilization

851-049-0015 Scope of Practice Standards for LPN Protocol Utilization

851-049-0020 Scope of Practice Standards Related to Communicating a Re-authorization of a Client's Prescription

851-049-0025 Standards Related to the Responsibility of the RN Dispensing

DIVISION 51

STANDARDS FOR APPROVAL OF EDUCATION PROGRAMS PREPARING NURSES FOR ADVANCED PRACTICE

DIVISION 53

STANDARDS FOR LICENSURE AS AN ADVANCED PRACTICE REGISTERED NURSE

DIVISION 55

SCOPE AND STANDARDS OF PRACTICE FOR THE ADVANCED PRACTICE REGISTERED NURSE
851-055-0000 Purpose of Scope and Standards of Practice
851-055-0010 Scope and Standards of Practice for All Licensed Advanced Practice Registered Nurses
851-055-0020 Scope of Practice for Licensed Nurse Practitioners (NP)
851-055-0030 Scope and Standards of Practice for Licensed Certified Registered Nurse Anesthetists
851-055-0040 Scope and Standards of Practice for Licensed Clinical Nurse Specialist
851-055-0050 Expanding Scope of Practice within OSBN Issued APRN License
851-055-0070 Standards for Prescriptive Authority
851-055-0072 Conduct Derogatory to the Standards of Nursing of Prescriptive or Dispensing Authority
851-055-0076 Drug Delivery and Dispensing
851-055-0078 Rules Relating to Controlled Substances
851-055-0080 Office-Based Procedure Care Standards
851-055-0090 Special Provisions

DIVISION 61
STANDARDS FOR EDUCATION PROGRAMS FOR NURSING ASSISTANTS AND MEDICATION AIDES
851-061-0010 Purpose of Standards
851-061-0030 Approval of New Nursing Assistant or Medication Aide Education Program
851-061-0035 Periodic Evaluation of Nursing Assistant or Medication Aide Education Programs
851-061-0040 Inactive Status or Closure of a Program
851-061-0050 Denial or Withdrawal of Program Approval
851-061-0070 Reports and Approvals
851-061-0075 Standards for Approval: Organization and Administration
851-061-0080 Standards for Program Approval: Faculty Qualifications and Responsibilities
851-061-0090 Standards for Program Approval: Curricula
851-061-0100 Standards for Program Approval: Responsibility to Students
851-061-0120 Standards for Approval: Facilities and Services
851-061-0123 Standards for Program Approval: Records
851-061-0126 Standards for Approval: Evaluation
851-061-0130 Standards for Out-of-State Student Clinical Experience in Oregon

DIVISION 62
STANDARDS FOR CERTIFICATION OF THE NURSING ASSISTANT AND MEDICATION AIDE
851-062-0011 Name, Address and Employer of Record
851-062-0012 CNA Registry
851-062-0020 Oregon CNA Certification
851-062-0050 Initial Nursing Assistant (NA) Certification Eligibility
851-062-0054 Temporary Certification as a CNA for Spouses and Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon
851-062-0055 Competency Examination
851-062-0061 CNA Limited Certificate for Governor Declared Emergency
851-062-0070 Renewal of CNA Certification
851-062-0071 Reinstatement of CNA Certification
851-062-0075 CNA Disciplinary Reinstatement
851-062-0080 Oregon CMA Certification
851-062-0090 CMA Certification Eligibility
851-062-0100 CMA Examination

851-062-0110 Renewal of CMA Certification
851-062-0114 Reinstatement of CMA Certification
851-062-0116 CMA Disciplinary Reinstatement

DIVISION 63
STANDARDS AND AUTHORIZED DUTIES FOR THE CERTIFIED NURSING ASSISTANT AND CERTIFIED MEDICATION AIDE
851-063-0010 Purpose of Authorized Duties and Standards
851-063-0021 Standards for Certified Nursing Assistants
851-063-0030 Authorized Duties for Certified Nursing Assistants (CNA)
851-063-0035 Additional Authorized Duties for Certified Nursing Assistants
851-063-0070 Authorized Duties and Standards for Certified Medication Aide (CMA)
851-063-0090 Conduct Unbecoming a Nursing Assistant
851-063-0100 Conduct Unbecoming Certified Medication Aides

DIVISION 70
MONITORING BEHAVIORAL HEALTH AND COGNITIVE OR PHYSICAL IMPAIRMENT
851-070-0011 Purpose, Intent and Scope
851-070-0026 Participation in Health Professionals' Services Program
851-070-0035 Procedure for Board Referrals
851-070-0041 Procedure for Self-Referral
851-070-0051 Disqualification Criteria
851-070-0060 Approval of Independent Third-Party Evaluators
851-070-0070 Approval of Treatment Providers
851-070-0075 Approval of Worksite Monitors
851-070-0080 Certificate Holder and Licensee Responsibilities
851-070-0090 Completion Requirements
851-070-0100 Substantial Non-Compliance Criteria

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 per ORS 183.335 and ORS 183.360.
(1) In the Secretary of State's Bulletin at least 21 days before the effective date of the intended action.
(2) Mail a copy of the rule hearing notice to persons on the Board of Nursing established mailing list(s) at least 28 days before the effective date of the rule.
(3) If applicable, at least 49 days before the effective date of the rule, the Board shall provide notice to the legislative committee identified in ORS 183.335(15).

Statutory/Other Authority: ORS 678.150, ORS 183. 355, ORS 183.360
Statutes/Other Implemented: ORS 678.150, ORS 678.335
History: BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17; BN 4-2006, f. & cert. ef. 5-8-06; BN 4, f. & cert. ef. 4-24-00; NB 1-1990, f & cert. ef 11-6-90; NB 3-1988, f & cert. ef 7-5-88; NER 3-1985, f & ef 5-2-85; NER 27, f & ef. 12-16-75

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, January 1, 2019, and all amendments thereto are hereby adopted by reference as the rules of the State Board of Nursing.
(2) 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.]

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 183,341, ORS 183.630, ORS 678.150
History: BN 10-2019, amend filed 11/22/2019, effective 01/01/2020; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17; BN 4-2006, f. & cert. ef. 5-8-06
BN 13-2004, f. & cert. ef. 10-26-04
BN 9-2004, f. & cert. ef. 5-4-04
BN 10-2002, f. & cert. ef. 4-25-02
BN 4, f. & cert. ef. 4-24-00
NB 11-1990, f & cert. ef 11-6-90
NB 3-1988, f & cert. ef 7-5-88
NER 3-1986, f & cert. ef 6-6-86
NER 2-1983, f & cert. ef 10-4-83
NER 1-1982, f & cert. ef. 1-29-82
NER 20-1980, f. & cert. ef 6-24-80
NER 31-1976, f & cert. ef. 3-30-76, Renumbered from 851-040-0005
NER 18-1974, f 3-18-74, cert. ef 4-11-74
NER 17-1972, f 6 16-72, cert. ef. 7-1-72

851-001-0007
Hearing Request

(1) A hearing request must 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 must:
(a) Be in writing; electronic notification is acceptable.
(b) Per ORS 183.415 for a current Board licensee or certificate holder, the request must be received by the Board within a reasonable period. The Board has deemed reasonable as 20 calendar days from the date the notice is mailed. Per ORS 183.435 for an applicant for license or certificate, the request must be received no later than 60 days after the date the notice was mailed.
(2) A request for an extension in which to file an answer to the Notice must be submitted in writing and must be received by the date listed in section (1) (b) of this rule. Extensions may be granted only upon a showing of good cause.
(3) A hearing request 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.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 183.341, ORS 678.150
History: BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 10-2019, amend filed 11/22/2019, effective 01/01/2020; BN 9-2004, f. & cert. ef. 5-4-04; BN 4, f. & cert. ef. 4-24-00; NB 11-1990, f & cert. ef 11-6-90; NER 6-1985, f & ef 9-27-85; NER 1-1985(Temp), f & ef 3-8-85

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.
Statutory/Other Authority: ORS 678.117, 678.128, 678.150
Statutes/Other Implemented: ORS 678.117, 678.128, 678.150
History: BN 12-2002, f. & cert. ef. 7-17-02; BN 7-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02

851-001-0009
Imposition of Civil Penalties
Imposition of a civil penalty does not preclude disciplinary sanction against the license or certificate holder and disciplinary sanction against the license or certificate does not preclude imposing a civil penalty. Criminal conviction does not preclude imposition of a civil penalty for the same offense.

(1) The Board will consider factors listed in ORS 678.117(2) when determining the amount of civil penalty to be imposed and per ORS 678.117(1), no single violation civil penalty shall exceed $5000.
(2) A civil penalty of up to $100 per day of occurrence may be assessed for:
(a) Practicing as a Licensed Practical Nurse (LPN), Registered Nurse (RN), Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS), Certified Nursing Assistant (CNA), Certified Medication Aide (CMA) without a current license, 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.
(b) Using a limited license to practice nursing for other than its intended purpose.
(c) Practicing nursing prior to obtaining an Oregon license by examination or endorsement unless authorized by ORS 678.031(7) and OAR 851-001-0145.
(d) Unlicensed practice pursuant including using an expired limited license to ORS 678.021.
(3) A civil penalty of a minimum $500 to a maximum of $5000 per violation may be assessed for any of the following:
(a) Conduct derogatory to the standards of nursing or conduct unbecoming a Nursing Assistant.
(b) Violation of any disciplinary sanction imposed by the Board.
(c) Conviction of a crime that relates adversely to the practice of nursing or the ability to practice safely.
(d) Gross incompetence in the practice of nursing or authorized duties of a CNA, including duties while working as a CNA.
(e) Gross negligence in the practice of nursing or the authorized duties being a CNA, including duties while working as a CMA.
(f) Employing any person without a current Oregon LPN, RN or CRNA, NP or CNS license to function as an LPN, RN, CRNA, NP or CNS subject to the following conditions:
(A) Knowingly hiring an individual in a position of an LPN, RN, NP, CRNA or CNS when the individual does not have a current, valid Oregon license for the position hired, or
(B) Allowing an individual to continue practicing as an LPN, RN, NP, CRNA or CNS knowing that the individual does not have a current, valid Oregon license for the position hired.
(C) For CNA and CMA the employer is subject to Oregon Department of Human Services (ODHS) penalties. The Board will notify ODHS of any violation that becomes known to the Board.
(g) Employing an LPN, RN, NP, CRNA, CNS, CNA, or CMA without a procedure in place for checking the status of an active Oregon license or certificate.
(h) 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.
(i) Precepting nursing student in an Advanced Practice program without verifying their appropriate licensure, registration, or certification.

Statutory/Other Authority: ORS 678.117, ORS 183.745
Statutes/Other Implemented: ORS 678.117, ORS 678.150
History: BN 32-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 30-2025, amend filed 11/20/2025, effective 11/20/2025; BN 15-2021, adopt filed 07/20/2021, effective 08/01/2021

851-001-0010
Notification Procedure
(1) Notice of the Board's final disciplinary action shall be sent to the National Council State Boards of Nursing (NCSBN) for inclusion in the NURSYS® dataset and the National Practitioner Data Bank (NPDB).
(2) A public copy of the Board's final order of discipline will be posted on the license verification page of the Board's website and a summary of discipline will be posted in the Board's quarterly publication.

Statutory/Other Authority: ORS 678.150, ORS 678. 111, ORS 678.117
Statutes/Other Implemented: ORS 678.150, ORS 678. 111, ORS 678.117
History: BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 10-2019, amend filed 11/22/2019, effective 01/01/2020; BN 12-2017, amend filed 12/05/2017, effective 01/01/2018; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17; BN 4, f. & cert. ef. 4-24-00
NB 11-1990, f & cert. ef. 11-6-90
NB 3-1988, f & cert. ef. 7-5-88
NER, f & cert. ef. 11-25-77

851-001-0015

Disciplinary Reinstatement

A licensee or certificate holder whose license or certificate has been revoked or who voluntarily surrendered their license or certificate may be granted disciplinary reinstatement 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 mitigation of the issues that originally brought the licensee or certificate holder to the Board's attention;
(3) The individual seeking disciplinary reinstatement has made application to the Board for disciplinary reinstatement of the license/certificate; and
(4) The individual seeking disciplinary reinstatement agrees to any conditions that the Board determines necessary to demonstrate competence at the level of licensure or certification for which the individual is seeking disciplinary reinstatement.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 183.341
History: BN 32-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 30-2025, amend filed 11/20/2025, effective 11/20/2025; BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17; BN 9-2004, f. & cert. ef. 5-4-04; BN 10-2002, f. & cert. ef. 4-25-02

851-001-0030

Social Security Numbers

(1) The Board will not issue a license or certificate unless the applicant has provided a completed application addressing all information requested by the Board. The Board requests a Social Security Number (SSN) as a unique identifier, therefore a SSN is required for an application to be considered complete unless the applicant has other identifier information as required under
section (5) of this rule and is in the applicant's record.
(2) The submission of an application for licensure to the Board shall be accepted as agreement that the applicant allows the Board to use and disclose the applicant's Social Security number for the following purposes and to the following entities:
(a) Oregon Department of Justice
(b) Oregon Department of Revenue
(c) Oregon Department of Employment
(d) Oregon Department of Human Services
(e) Oregon Department of Health
(f) National Practitioner Databank
(g) NURSYS® national nursing database
(h) Law Enforcement agencies
(i) Private collection firms.
(j) For Board auditing purposes.

(k) For Board purposes of identification.
(l) For Board criminal background checks.
(3) All transmissions of Social Security numbers or other identifying information listed in section (5) of this rule will be done per State of Oregon and Federal transmission security regulations and laws.
(4) Applicant request to deny access to their Social Security Number or other identifying information listed in section (5) of this rule for any purposes listed in 851-001-0030 (2) shall result in a denial of licensure or certification.
(5) If the applicant does not have a Social Security number the Board must see evidence of:
(a) A current passport and US Visa showing the entitlement to work in the United States such as an H1B Visa, I-766 or other current federal government form authorizing the individual to work in the US.
(b) If the applicant is attending school on an F1 visa, they must provide a copy of a valid I94 and I20 which has been signed by the designated school authority.
(c) Tax identification number
(d) Other federally issued identification number.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: SB 854 - 2019 Regular Session, ORS 678.150
History: BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 10-2019, amend filed 11/22/2019, effective 01/01/2020; BN 13-2017, amend filed 12/05/2017, effective 01/01/2018; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17; BN 9-2004, f. & cert. ef. 5-4-04

851-001-0100
Delegation of Signature Authority
(1) Approval of Interim Order by Consent (ICO): The Executive Director or designee via signature has the delegated authority to grant approval of an ICO that has been signed by a licensee or certificate holder.
(2) Approval of Notices of Proposed Discipline: The Executive Director or designee has delegated authority to sign all Notices for Proposed Discipline.
(3) The Executive Director or designee may sign a Stipulated Order for Civil Penalty levied due to reinstatement of a license when the licensee or certificate holder continues to practice nursing or CNA authorized duties for more than 90 days after license or certificate expiration date.
(4) The signature allows the document to become a public document.

Statutory/Other Authority: ORS 678. 150
Statutes/Other Implemented: ORS 678. 150
History: BN 32-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 30-2025, amend filed 11/20/2025, effective 11/20/2025; BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17; NB 9-1993, f & cert. ef 10-15-93

851-001-0111
Criminal Conviction Determination Process
(1) Prior to beginning an education or training program required for licensure, a person who was convicted of a crime may petition the Board for a determination as to whether a criminal conviction will prevent the person from receiving a license issued by the Board. The individual is referred to as a petitioner in this rule.
(2) To be complete, a petition must include the following:
(a) A complete and signed determination request form;
(b) The required fee of $75;
(c) The following records and information related to the final judgment of each criminal conviction:
(A) A certified copy of the judgment of criminal conviction;
(B) Any charging document(s);

(C) The arrest report(s);
(D) Any probation and parole records;
(E) A written statement from the petitioner regarding the facts underlying the criminal conviction, and any intervening circumstances since the conviction.
(d) A written statement or other document listing all criminal convictions, including dates of conviction and a summary of the facts, if the petitioner has more than one criminal conviction.
(3) A separate completed petition and fee must be filed for each criminal conviction for which the petitioner is requesting a determination.
(4) If any of the records in (2)(c) no longer exist, have been sealed or are otherwise unavailable to the petitioner, petitioner must provide evidence from the agency, court, or other public body that held the record that the record no longer exists.
(5) If any of the documents and information required under subsections (2) and (4) are not provided, petitioner will have 60 days to provide the required documents or information. Upon failure to comply, the petition will be deemed incomplete and will be closed without a determination.
(6) The petition, the records and information submitted with the petition, and the Board's determination, are public records subject to disclosure under Oregon's Public Records Laws, the same as for any completed application for licensure or certification.
(7) The Board will reconsider a determination that a criminal conviction prevents the person from obtaining a license or certificate when the person submits a completed application for a license or certificate.
(8) Upon reconsideration, the Board may rescind a previous determination that a criminal conviction does not prevent the person from obtaining a license if the applicant:
(a) Has allegations or charges pending in criminal court;
(b) Has failed to disclose a previous criminal conviction;
(c) Has been convicted of another crime during the period between the determination and the person's submission of a completed application for an occupational or professional license; or
(d) Has been convicted of a crime that, during the period between the determination and the person's submission of a completed application for an occupational or professional license, became subject to a change in state or federal law that prohibits licensure for an occupational or professional license because of a conviction of that crime.
(9) Failure to disclose a previous criminal conviction includes any misrepresentation or a prior criminal conviction, any concealment or failure to disclose a material fact about a prior criminal conviction, or any other misinformation regarding a prior criminal conviction.
(10) Nothing in this rule prohibits the Board from denying licensure when the person submits a completed application for a reason other than conviction of a crime.
(11) A determination under this rule is not a final determination of the Board.

Statutory/Other Authority: ORS 670.280
Statutes/Other Implemented: ORS 670.280
History: BN 32-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 30-2025, amend filed 11/20/2025, effective 11/20/2025; BN 19-2025, adopt filed 09/19/2025, effective 09/19/2025; BN 13-2025, temporary adopt filed 06/27/2025, effective 07/01/2025 through 12/27/2025

851-001-0115
Criminal Background Checks for Applicants
When applying for a license or certification to practice, including renewal, the Board will make a fitness determination consistent with ORS 181A.195 and OAR 125-007, which includes national fingerprint and state records criminal background checks per Board procedure.
(1) If the CBC reveals a conviction, the Board will make a determination whether the conviction bears a demonstrable

relationship to the practice of nursing. If the conviction relates to the practice of the applicant, licensee or certificate holder, the Board may deny or otherwise
discipline the license or certificate up to and including revocation. No denial or discipline will be based solely on the findings of a crime; all findings will be investigated and brought to the Board for consideration.
(2) When making a fitness determination, the Board must consider:
(a) The nature of the crime;
(b) The relevancy of the crime to the present practice or proposed position, license, or certification;
(c) Findings of fact;
(d) The passage of time since the commission of the crime.
(e) The age of the applicant at the time of the crime.
(f) Likelihood of a repetition of the crime.
(g) Subsequent conviction of another relevant crime.
(h) Whether the conviction was set aside and the legal effect of setting aside the convictions.
(i) Letters of support that would supply evidence of current character, including recommendations by employer, if applicable.
(3) The Board will evaluate a conviction or pending indictment or that indicate the making of a false statement; crime or offense on the basis of law of the jurisdiction in which the crime or offense occurred.
(4) A conviction in the following crimes may have a nexus to nursing and may be investigated and considered and could result in denial or discipline of the license or certificate:
(a) Crimes involving theft.
(b) Crimes involving fraud or deceit.
(c) Crimes involving any sexually related conduct, including but not limited to rape or sexual penetration.
(d) Crimes involving assault, harassment, stalking, domestic violence or similar conduct, including causing the death of another individual or individuals.
(e) Crimes involving driving under the influence of intoxicants if convicted for another crime in connection with the same incident.
(f) Two or more driving under the influence of intoxicant convictions within a five year period.
(g) Violation of controlled substance laws.
(5) Other criminal offense information that may have a nexus to nursing and may be considered includes:
(a) Sex offender registration
(b) Conditions of parole, probation, or diversion program.
(c) Unresolved arrests for:
(A) Felony Burglary;
(B) Felony Robbery;
(C) Felony Criminal Mistreatment; and
(D) Crimes involving visual depiction or visual recordings of sexually explicit conduct involving a child.
(6) The Board of Nursing in and through its designee(s) shall evaluate a crime or offense on the basis of the law of the jurisdiction in which the crime or offense occurred.
(7) Under no circumstances shall an applicant be denied under these rules because of a juvenile record that has been expunged or set aside pursuant to ORS 419A.260 to 419A.262.
(8) Under no circumstances shall an applicant be denied under these rules due to existence of contents of an adult record that has been set aside pursuant to ORS 137.225.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 32-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 30-2025, amend filed 11/20/2025, effective 11/20/2025; BN 1-2022, minor correction filed 01/10/2022, effective 01/10/2022;

BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17

851-001-0122

Criminal Background Checks for employees of, for those seeking to be employed by, or providing services or seeking to provide services as a contractor or volunteer for the Board of Nursing

(1) The Board shall perform national fingerprint checks and state criminal record checks on all individuals covered under this section per ORS 181A.195(1)(c) and OAR 125-007-0210(10). For the purposes of this section rules, these specific individuals will be referred to as subject individual (SI).

(2) Refusal to consent to a fingerprint check and state criminal records check will result in denial of employment or ability to provide services to the Board.

(3) The Board of Nursing, in making fitness must consider:

(a) The nature of the crime;

(b) The relevancy of the crime to the present practice or proposed position or provided service;

(c) Findings of fact;

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

(e) The age of the applicant at the time of the crime;

(f) Likelihood of a repetition of the crime;

(g) Subsequent conviction of another relevant crime;

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

(i) Letters of support that would supply evidence of current character, including recommendations by current employer, if applicable.

(4) The Board will evaluate a conviction or pending indictment or that indicate the making of a false statement; crime or offense on the basis of law of the jurisdiction in which the crime or offense occurred.

(5) A conviction in the following crimes may have a nexus to the work and security of the Board and may be investigated and Board considered, could result in denial of employment or service to the Board:

(a) Crimes involving theft.

(b) Crimes involving fraud or deceit.

(c) Crimes involving any sexually related conduct, including but not limited to rape or sexual penetration.

(d) Crimes involving assault, harassment, stalking, domestic violence or similar conduct, including causing the death of another individual or individuals.

(e) Crimes involving driving under the influence of intoxicants if convicted for another crime in connection with the same incident.

(f) Two or more driving under the influence of intoxicant convictions within a five-year period.

(g) Violation of controlled substance laws.

(6) Other criminal offense information that may have a nexus to the work and security of the Board and may be considered includes:

(a) Sex offender registration.

(b) Conditions of parole, probation, or diversion program.

(c) Unresolved arrests for:

(A) Felony Burglary;

(B) Felony Robbery;

(C) Felony Criminal Mistreatment; and

(D) Crimes involving visual depiction or visual recordings of sexually explicit conduct involving a child.

(7) The Board of Nursing in and through its designee(s) shall evaluate a crime or offense on the basis of the law of the jurisdiction in which the crime or offense occurred.

(8) Under no circumstances shall an SI be denied under these rules because of a juvenile record that has been expunged or set aside pursuant to ORS 419A.260 to 419A.262.

(9) Under no circumstances shall an SI be denied under these rules due to existence of contents of an adult record that has been set aside pursuant to ORS 137.225.

Statutory/Other Authority: ORS 181A.195(1)(c), OAR 125-007-0210(10)
Statutes/Other Implemented: ORS 181.010(6), OAR 257-010-0025(1)(b)
History: BN 32-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 30-2025, amend filed 11/20/2025, effective 11/20/2025; BN 15-2021, adopt filed 07/20/2021, effective 08/01/2021

851-001-0125

Appealing a Fitness Determination for employees of, for those seeking to be employed by, or providing services or seeking to provide services as a contractor or volunteer for the Board of Nursing

(1) An SI may contest a final fitness determination outcome of a denied or restricted approval.
(2) An SI currently employed by the Board may choose to appeal a fitness determination either under the process made available by this rule or through the process made available by applicable personnel rules, policies and collective bargaining provisions. An SI's decision to
appeal a fitness determination through applicable personnel rules, policies, and collective bargaining provisions is an election of remedies as to the rights of the individual with respect to the fitness determination and is a waiver of the contested case process made available by this
rule.
(3) Challenging Criminal Offender Information. An SI may not use the appeals process established by this rule to challenge the accuracy or completeness of information provided by OSP, the FBI, or agencies reporting information to OSP or the FBI. To challenge information, an SI may use any process made available by the providing agency.
(4) Remedy. When the fitness determination is performed as part of the Board's hiring process or employment decision, the only remedy that may be awarded is a determination the SI is fit or not fit. Under no circumstances shall the Board be required to place an SI in any position, nor shall the Board be required to accept services or enter into a contractual agreement with an SI.
(5) No delay in hiring. Appealing a final fitness determination, challenging criminal offender information with the Board that provided the information, or requesting a new criminal records check may not delay or postpone the Board's hiring process or employment decisions.

Statutory/Other Authority: ORS 181A.190
Statutes/Other Implemented: ORS 181A.195
History: BN 15-2021, amend filed 07/20/2021, effective 08/01/2021; BN 10-2019, amend filed 11/22/2019, effective 01/01/2020; BN 5-2017, f. 7-3-17, cert. ef. 8-1-17

851-001-0135

Record Keeping and Confidentiality

(1) Criminal offender information obtained in the criminal records check is confidential. The Board must restrict the dissemination of information obtained in the criminal records check. Only those persons, as identified by the Board, with a demonstrated and legitimate need to know the information, may have access to criminal records check records. Any request to review criminal offender information must be made in person at the Board office and the information will be reviewed in the presence of Board staff. Original documents will be retained by the Board.
(2) Sharing information. Final fitness determination results may be shared pursuant to ORS 181A.195(10)(c)(A).
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 5-2017, f. 7-3-17, cert. ef. 8-1-17

851-001-0145

Emergency Declaration Response

In the event that the Governor issues an emergency declaration requiring an expansion of the workforce of licensees and certificate holders of the Board, the safety of the public will remain the focus of any Board initiated suspension or alteration of licensing rules. If expansion is needed, the following will be considered and, if needed, be implemented by Board staff:

(1) Develop a process for Emergency Authorization to practice in Oregon based upon the following minimum criteria:

(a) The applicant must have an active, unencumbered license to practice in another state or US territory as verified using the NURSYS ® database as primary source verification.

(b) The Board will not issue any Emergency Authoizartions without an active emergency declaration.

(c) All Emergency Authorizations issued by the Board under these rules will expire 90 days after date the emergency declaration is rescinded.

(2) Oregon retired nurses or those with an inactive license may have their license reinstated provided they still meet the competency criteria established by the Board. Those who do not have the practice hours to establish competency will be referred to SERV-OR for additional volunteer opportunities. For the purposes of reactivation of these licenses, employment criteria as described in section 1 of this rule does not apply.

(3) The Board will consult with the Department of Human Services to develop criteria for the expansion of the Certified Nursing Assistant workforce for nursing homes and long term care facilities in accordance with federal guidelines. Acute care facilities may adopt policies and procedures to validate competency for selected staff to assume needed patient care duties. The term Certified Nursing Assistant, nursing assistant, or nurse aide must not be used for these facility specific staff.

(4) The Board may waive certain criteria for approval of nursing education programs based upon the circumstances of the declared emergency.

Statutory/Other Authority: ORS 678.031, ORS 678.021, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.150, ORS 678.285, ORS 678.340, ORS 678.360, ORS 678.372, ORS 678.380, ORS 678.111, ORS 678.117, Governor Emergency Declaration 20-03

Statutes/Other Implemented: ORS 678.040, ORS 678.050, ORS 678.150, ORS 678.111, ORS 678.117

History: BN 13-2022, amend filed 08/29/2022, effective 09/01/2022; BN 5-2022, temporary amend filed 03/18/2022, effective 04/01/2022 through 09/27/2022; BN 4-2021, amend filed 04/16/2021, effective 05/01/2021; BN 6-2020, temporary amend filed 12/10/2020, effective 12/10/2020 through 06/05/2021; BN 3-2020, adopt filed 09/14/2020, effective 10/01/2020; BN 1-2020, temporary adopt filed 04/10/2020, effective 04/10/2020 through 10/01/2020

851-001-0150

Violations of Declared Governor's Emergency Declaration

(1) During a declared emergency, conduct derogatory to the standards of nursing includes failing to comply with an applicable provision of a Governor's Executive Order or any provision of this rule.

(2) During a declared emergency, conduct unbecoming a nursing assistant includes failing to comply with an applicable provision of a Governor's Executive Order or any provision of this rule.

(3) Failing to comply includes, but not limited to:

(a) Operating a business required by an Executive Order to be closed.

(b) Providing services at a business required by Executive Order to be closed.

(c) Failing to comply with the Oregon Health Authority (OHA) guidance implementing an Executive Order, including but not limited to:

(A) Failing to satisfy required criteria in OHA guidance prior to resuming elective and non-emergent procedures;

(B) Failing to implement a measured approach when resuming elective and non-emergency procedures.

(d) Failing to comply with the Board's guidance implementing an Executive Order.

(4) Disciplinary action or penalty action will not be taken under this rule if the Executive Order alleged to have been

violated is not in effect at the time of the alleged violation.
(5) Conduct derogatory to the practice of nursing is subject to possible disciplinary action by the Board pursuant to ORS 678.111 and ORS 678.117.
(6) Conduct unbecoming a nursing assistant is subject to possible disciplinary action by the Board pursuant to ORS 678.442 and ORS 678.117.

Statutory/Other Authority: ORS 678.021, ORS 678.031, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.150
Statutes/Other Implemented: ORS 678.040, ORS 678.050
History: BN 4-2020, adopt filed 12/07/2020, effective 01/01/2021; BN 2-2020, temporary adopt filed 08/06/2020, effective 08/06/2020 through 01/05/2021

851-001-0160
Compliance with the Oregon Health Authority's COVID-19 Requirements
(1) The Oregon Health Authority (OHA) has adopted certain rules to control the communicable disease COVID-19.
(2) Conduct derogatory to the standards of nursing includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule.
(3) Conduct unbecoming a certified nursing assistant includes failing to comply with any applicable provision of an OHA COVID-19-related rule or any provision of this rule.
(4) Failing to comply as described in this rule includes, but is not limited to, failing to comply with OHA's rules including OAR 333-019-1010 and 333-019-1030, if applicable.
(5) No disciplinary action or penalty action shall be taken under this rule if the rule alleged to have been violated is not in effect at the time of the alleged violation.

Statutory/Other Authority: ORS 678.111, ORS 678.117, ORS 678.442, OAR 333-019-1010, OAR 333-019-1030
Statutes/Other Implemented: ORS 678.111, ORS 678.117
History: BN 2-2022, adopt filed 02/18/2022, effective 03/01/2022; BN 23-2021, temporary adopt filed 10/15/2021, effective 10/15/2021 through 04/12/2022

851-001-0170
Requirements for Language Interpreter
(1) Individuals licensed by the Board must consult with the health care interpreter registry administered by the Oregon Health Authority when communicating with a client who prefers to communicate in a language other than English or who communicates in signed language, unless the licensee or certificate holder is proficient in the preferred language of the client. The licensee may not charge for these services.
(2) Licensees who are otherwise required to work with a health care interpreter from the health care interpreter registry may work with a health care interpreter who is not listed on the health care interpreter registry only if the licensee:
(a) Verifies that they made a good faith effort needed to obtain a health care interpreter from the health care interpreter registry in accordance with rules adopted by the authority under ORS 413.558 and have found that none are available to provide interpretation; or
(b) Offered the client the services of a health care interpreter from the health care interpreter registry and the client declined the offer and chose a different interpreter; or
(c) Is employed by an education provider that provides education services to children from birth through age 21 and the interpreter is provided by the education provider in accordance with the education provider's requirements.
(3) A licensee must provide personal protective equipment, consistent with established national standards, to health care interpreters providing services on-site at no cost to the health care interpreter and may not suggest to the health care interpreter that the health care interpreter should procure the health care interpreter's own personal protective equipment as a condition of working with the licensee.
(4) Licensees must maintain records of:

(a) Each client encounter in which they work with a health care interpreter from the health care interpreter registry; and
(b) Each good faith effort to utilize a health care interpreter from the health care registry for each client encounter in which the licensee works with an interpreter not on the health care interpreter registry and met one of the exceptions in (2) of this rule.
(5) The records required in (4) must include:
(a) The full name of the health care interpreter; and
(b) The health care interpreter's registry number, if applicable; and
(c) The language interpreted.

Statutory/Other Authority: ORS 678.150, ORS 413.559, ORS 689.205, ORS 413.550
Statutes/Other Implemented: ORS 413.550, ORS 413.552, ORS 413.556, ORS 413.558, ORS 414.572, ORS 656.027, ORS 657.046
History: BN 32-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 30-2025, amend filed 11/20/2025, effective 11/20/2025; BN 14-2022, adopt filed 11/30/2022, effective 12/01/2022; BN 7-2022, temporary adopt filed 06/27/2022, effective 07/01/2022 through 12/27/2022

DIVISION 2
AGENCY FEES

851-002-0000
Fees
The fees paid to the Oregon State Board of Nursing are refundable at Board discretion. The licensing/certification fee pays for processing the application, and the license/certificate is valid until the expiration date of the license or certificate. As required by ORS 408.450, if allowed by Department of Defense policy, no fees will be assessed while any person holding a license or certificate with the board is on active duty with the Uniformed Services of the United States. Written notification to the Board is required within 60 days of the date of honorable discharge in order to change the license to its former status without fee or penalty. All other renewal requirements must be met.

Statutory/Other Authority: ORS 678.150, ORS 678.410
Statutes/Other Implemented: ORS 678.410
History: BN 21-2025, amend filed 11/20/2025, effective 01/01/2026; BN 11-2019, amend filed 11/22/2019, effective 01/01/2020; BN 5-2011, f. & cert. ef. 11-22-11; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
BN 11-1998, f. & cert. ef. 9-22-98
BN 10-1998, f. & cert. ef. 8-7-98
BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
NB 9-1997, f. 7-22-97, cert. ef. 9-1-97
NB 2-1996, f. & cert. ef. 3-12-96
NB 7-1995(Temp), f. & cert. ef. 6-23-95
NB 8-1994, f. & cert. ef. 12-7-94
NB 5-1994 f. & cert. ef. 9-15-94, Renumbered from 851-020-0295
NB 13-1993, f. & cert. ef. 12-20-93
NB 7-1993, f. & cert. ef. 7-1-93
NB 5-1993, f. 6-15-93, cert. ef. 7-1-93
NB 3-1991, f. & cert. ef. 9-25-91
NB 2-1991, f. 6-14-91, cert. ef. 7-1-91
NB 2-1989, f. 6-22-89, cert. ef. 7-1-89
NB 1-1988, f. & cert. ef. 4-18-88

NB 7-1987, f. & cert. ef. 10-5-87
NB 5-1987, f. & cert. ef. 7-1-87
NER 6-1986, f. & cert. ef. 12-3-86
NER 5-1985, f. 7-30-85, cert. ef. 10-1-85
NER 5-1983, f. 12-9-83, cert. ef. 1-1-84
NER 2-1982, f. & cert. ef. 8-25-82
NER 5-1981, f. & cert. ef. 11-24-81
NER 32-1976, f. & cert. ef. 5-4-76
NER 26(Temp), f. & cert. ef. 12-11-75

851-002-0010

Registered Nurse and Licensed Practical Nurse Schedule of Fees

(1) RN License Renewal — $245.
(2) LPN License Renewal — $180.
(3) Delinquent Fee — $100.
(4) Surcharge to Support the Workforce Data Analysis Fund at Renewal — $4.
(5) Surcharge to Support the Oregon Nursing Advancement Fund for Licensure by Examination, Licensure by Endorsement, and Renewal applications — $9.
(6) RN License by Endorsement — $295.
(7) LPN License by Endorsement — $230.
(8) RN License by Examination — $260.
(9) LPN License by Examination — $195.
(10) Written Verification of License — $12.
(11) 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.
(12) Reexamination for Licensure — $25.
(13) RN License Reinstatement — $260.
(14) LPN License Reinstatement — $195.
(15) Nurse Emeritus License — $50.
(16) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — $50.

Statutory/Other Authority: ORS 678.150, ORS 678.410
Statutes/Other Implemented: ORS 678.410
History: BN 1-2026, temporary suspends temporary BN 38-2025, filed 01/02/2026, effective 01/02/2026 through 06/29/2026; BN 38-2025, temporary amend filed 12/15/2025, effective 01/01/2026 through 06/29/2026; BN 21-2025, amend filed 11/20/2025, effective 01/01/2026; BN 20-2025, amend filed 09/19/2025, effective 09/19/2025; BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025; BN 11-2019, amend filed 11/22/2019, effective 01/01/2020; BN 7-2016, f. 9-15-16, cert. ef. 9-22-16; BN 3-2016, f. 7-13-16, cert. ef. 8-1-16
BN 4-2015, f. & cert. ef. 10-29-15
BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
BN 1-2015, f. 4-21-15, cert. ef. 6-1-15
BN 10-2012, f. 7-6-12, cert. ef. 8-1-12

BN 16-2010, f. & cert. ef. 11-29-10
BN 7-2010, f. & cert. ef. 6-25-10
BN 6-2009, f. 12-17-09, cert. ef. 1-1-10
BN 5-2009, f. & cert. ef. 10-7-09
BN 5-2007, f. 5-4-07, cert. ef. 7-1-07
BN 6-2003, f. & cert. ef. 7-7-03
BN 17-2002, f. & cert. ef. 10-18-02
BN 6-2000, f. & cert. ef. 4-24-00
BN 11-1999, f. & cert. ef. 12-1-99
BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
BN 11-1998, f. & cert. ef. 9-22-98
BN 10-1998, f. & cert. ef. 8-7-98
BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
NB 9-1997, f. 7-22-97, cert. ef. 9-1-97
NB 2-1996, f. & cert. ef. 3-12-96
NB 7-1995(Temp), f. & cert. ef. 6-23-95
NB 8-1994, f. & cert. ef. 12-7-94
NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295
NB 13-1993, f. & cert. ef. 12-20-93
NB 7-1993, f. & cert. ef. 7-1-93
NB 5-1993, f. 6-15-93, cert. ef. 7-1-93
NB 3-1991, f. & cert. ef. 9-25-91
NB 2-1991, f. 6-14-91, cert. ef. 7-1-91
NB 2-1989, f. 6-22-89, cert. ef. 7-1-89
NB 1-1988, f. & cert. ef. 4-18-88
NB 7-1987, f. & cert. ef. 10-5-87
NB 5-1987, f. & cert. ef. 7-1-87
NER 6-1986, f. & cert. ef. 12-3-86
NER 5-1985, f. 7-30-85, cert. ef. 10-1-85
NER 5-1983, f. 12-9-83, cert. ef. 1-1-84
NER 2-1982, f. & cert. ef. 8-25-82
NER 5-1981, f. & cert. ef. 11-24-81
NER 32-1976, f. & cert. ef. 5-4-76
NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0020

Nurse Practitioner Schedule of Fees

(1) Initial License — $250.

(2) Renewal — $205.

(3) Surcharge to Support the Prescription Monitoring Fund — $70.

(4) Additional Population Focus: Initial and Renewal — $50.

(5) Delinquent Fee — $100.

(6) Prescriptive Authority Initial Application — $75.

(7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — $50.

Statutory/Other Authority: ORS 678.150, ORS 678.410

Statutes/Other Implemented: ORS 678.410, ORS 431A.880

History: BN 21-2025, amend filed 11/20/2025, effective 01/01/2026; BN 20-2025, amend filed 09/19/2025, effective 09/19/2025; BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025; BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021; BN 19-2021, amend filed 09/22/2021, effective 10/01/2021; BN 11-2019, amend filed 11/22/2019, effective 01/01/2020; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
BN 1-2015, f. 4-21-15, cert. ef. 6-1-15
BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
BN 7-2009, f. 12-17-09, cert. ef. 1-1-10
BN 16-2006, f. & cert. ef. 11-29-06
BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
BN 11-1998, f. & cert. ef. 9-22-98
BN 10-1998, f. & cert. ef. 8-7-98
BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
NB 9-1997, f. 7-22-97, cert. ef. 9-1-97
NB 2-1996, f. & cert. ef. 3-12-96
NB 7-1995(Temp), f. & cert. ef. 6-23-95
NB 8-1994, f. & cert. ef. 12-7-94
NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295
NB 13-1993, f. & cert. ef. 12-20-93
NB 7-1993, f. & cert. ef. 7-1-93
NB 5-1993, f. 6-15-93, cert. ef. 7-1-93
NB 3-1991, f. & cert. ef. 9-25-91
NB 2-1991, f. 6-14-91, cert. ef. 7-1-91
NB 2-1989, f. 6-22-89, cert. ef. 7-1-89
NB 1-1988, f. & cert. ef. 4-18-88
NB 7-1987, f. & cert. ef. 10-5-87
NB 5-1987, f. & cert. ef. 7-1-87
NER 6-1986, f. & cert. ef. 12-3-86
NER 5-1985, f. 7-30-85, cert. ef. 10-1-85
NER 5-1983, f. 12-9-83, cert. ef. 1-1-84
NER 2-1982, f. & cert. ef. 8-25-82
NER 5-1981, f. & cert. ef. 11-24-81
NER 32-1976, f. & cert. ef. 5-4-76
NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0030

Certified Registered Nurse Anesthetist Schedule of Fees

(1) Initial License — $250.
(2) Prescriptive Authority Initial Application — $75.
(3) Renewal — $155.
(4) Renewal of Prescriptive Authority — $50.
(5) Surcharge to Support the Prescription Monitoring Fund — $70.
(6) Delinquent Fee — $100.
(7) Combined Limited and Initial License — $275.
(8) Temporary License for Active Armed Forces Military Spouse or Domestic Partner— $50.

Statutory/Other Authority: ORS 678.150, ORS 678.410

Statutes/Other Implemented: ORS 678.410, ORS 431A.880
History: BN 21-2025, amend filed 11/20/2025, effective 01/01/2026; BN 20-2025, amend filed 09/19/2025, effective 09/19/2025; BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025; BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021; BN 19-2021, amend filed 09/22/2021, effective 10/01/2021; BN 11-2019, amend filed 11/22/2019, effective 01/01/2020; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15
BN 1-2015, f. 4-21-15, cert. ef. 6-1-15
BN 10-2012, f. 7-6-12, cert. ef. 8-1-12
BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-031-0200
BN 11-1998, f. & cert. ef. 9-22-98
BN 10-1998, f. & cert. ef. 8-7-98
BN 6-1998(Temp), f. & cert. ef. 7-15-98 thru 12-31-98
NB 9-1997, f. 7-22-97, cert. ef. 9-1-97
NB 2-1996, f. & cert. ef. 3-12-96
NB 7-1995(Temp), f. & cert. ef. 6-23-95
NB 8-1994, f. & cert. ef. 12-7-94
NB 5-1994, f. & cert. ef. 9-15-94, Renumbered from 851-020-0295
NB 13-1993, f. & cert. ef. 12-20-93
NB 7-1993, f. & cert. ef. 7-1-93
NB 5-1993, f. 6-15-93, cert. ef. 7-1-93
NB 3-1991, f. & cert. ef. 9-25-91
NB 2-1991, f. 6-14-91, cert. ef. 7-1-91
NB 2-1989, f. 6-22-89, cert. ef. 7-1-89
NB 1-1988, f. & cert. ef. 4-18-88
NB 7-1987, f. & cert. ef. 10-5-87
NB 5-1987, f. & cert. ef. 7-1-87
NER 6-1986, f. & cert. ef. 12-3-86
NER 5-1985, f. 7-30-85, cert. ef. 10-1-85
NER 5-1983, f. 12-9-83, cert. ef. 1-1-84
NER 2-1982, f. & cert. ef. 8-25-82
NER 5-1981, f. & cert. ef. 11-24-81
NER 32-1976, f. & cert. ef. 5-4-76
NER 26-1975(Temp), f. & cert. ef. 12-11-75

851-002-0035

Clinical Nurse Specialist Schedule of Fees

(1) Initial License — $250.
(2) Renewal without Prescriptive Authority — $175.
(3) Surcharge to Support the Prescription Monitoring Fund — $70.
(4) Renewal with Prescriptive Authority — $205.
(5) Prescriptive Authority Initial Application — $75.
(6) Delinquent Fee — $100.
(7) Temporary License for Active Armed Forces Military Spouse or Domestic Partner — $50.

Statutory/Other Authority: ORS 678.150, ORS 678.410
Statutes/Other Implemented: ORS 678.410, ORS 431A.880
History: BN 21-2025, amend filed 11/20/2025, effective 01/01/2026; BN 20-2025, amend filed 09/19/2025, effective

09/19/2025; BN 14-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025; BN 22-2021, temporary amend filed 10/01/2021, effective 10/01/2021 through 12/31/2021; BN 19-2021, amend filed 09/22/2021, effective 10/01/2021; BN 11-2019, amend filed 11/22/2019, effective 01/01/2020; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 1-2015, f. 4-21-15, cert. ef. 6-1-15; BN 10-2012, f. 7-6-12, cert. ef. 8-1-12; BN 7-2009, f. 12-17-09, cert. ef. 1-1-10; BN 16-2006, f. & cert. ef. 11-29-06; BN 4-2001, f. & cert. ef. 2-21-01

851-002-0040

Nursing Assistant Schedule of Fees

(1) Certification by Examination (inclusive of examination fees) — $106.
(2) Certification by Endorsement — $60.
(3) Re-Examination — Manual Skills — $45.
(4) Re-Examination — Written — $25.
(5) Oral Administration of Written Examination (non-ADA) — $35.
(6) Written Verification of Certification — $10.
(7) Renewal — $60.
(8) Reinstatement — $60.
(9) Surcharge to Support the Workforce Data Analysis Fund at Renewal — $4.
(10) Certification for RN or LPN — $60.
(11) Temporary Certificate for Active Armed Forces Military Spouse or Domestic Partner — $50.
(12) Delinquent Fee — $5.

Statutory/Other Authority: ORS 678.150, ORS 678.410
Statutes/Other Implemented: ORS 678.410
History: BN 1-2026, temporary suspends temporary BN 38-2025, filed 01/02/2026, effective 01/02/2026 through 06/29/2026; BN 38-2025, temporary amend filed 12/15/2025, effective 01/01/2026 through 06/29/2026; BN 21-2025, amend filed 11/20/2025, effective 01/01/2026; BN 5-2020, amend filed 12/07/2020, effective 01/01/2021; BN 11-2019, amend filed 11/22/2019, effective 01/01/2020; BN 7-2016, f. 9-15-16, cert. ef. 9-22-16; BN 4-2015, f. & cert. ef. 10-29-15; BN 3-2015, f. 9-22-15, cert. ef. 10-1-15; BN 16-2010, f. & cert. ef. 11-29-10; BN 8-2010, f. & cert. ef. 6-25-10; BN 6-2009, f. 12-17-09, cert. ef. 1-1-10; BN 5-2009, f. & cert. ef. 10-7-09; BN 7-2007, f. 6-29-07, cert. ef. 1-1-08; BN 14-2004, f. & cert. ef. 10-26-04; BN 7-2004, f. & cert. ef. 2-26-04; BN 6-2003, f. & cert. ef. 7-7-03; BN 10-1999, f. & cert. ef. 12-1-99; BN 7-1999, f. 8-10-99, cert. ef. 11-1-99; BN 4-1999, f. 5-21-99, cert. ef. 7-1-99, Renumbered from 851-060-0300; NB 9-1997, f. 7-22-97, cert. ef. 9-1-97; NB 15-1993, f. 12-27-93, cert. ef. 6-1-94; NB 2-1993, f. 2-8-93, cert. ef. 2-16-93; NB 12-1992, f. 12-15-92, cert. ef. 1-1-93; NB 3-1992, f. & cert. ef. 2-13-92; NB 5-1991(Temp), f. & cert. ef. 10-15-91; NB 9-1990, f. & cert. ef. 10-9-90; NB 7-1990(Temp), f. & cert. ef. 7-11-90; NB 5-1990, f. & cert. ef. 5-7-90; NB 9-1989(Temp), f. & cert. ef. 11-24-89

851-002-0050

Certified Medication Aide Schedule of Fees

(1) Certification by Examination — $60.
(2) Certification for RN or LPN — $20.
(3) Renewal — $15.
(4) Reinstatement — $30.
(5) Re-Examination — $25.

Statutory/Other Authority: ORS 678.150, ORS 678.410
Statutes/Other Implemented: ORS 678.410
History: BN 21-2025, amend filed 11/20/2025, effective 01/01/2026; BN 5-2020, amend filed 12/07/2020, effective 01/01/2021; BN 11-2019, amend filed 11/22/2019, effective 01/01/2020; BN 14-2004, f. & cert. ef. 10-26-04; BN 10-

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

851-002-0055
Miscellaneous Fees
(1) Fingerprinting — $58.
(2) Predetermination — $75.

Statutory/Other Authority: ORS 678.150, OAR 851-001-0115, OAR 125-007, ORS 181A.95
Statutes/Other Implemented: ORS 678.150, ORS 181A.95
History: BN 19-2025, amend filed 09/19/2025, effective 09/19/2025; BN 13-2025, temporary amend filed 06/27/2025, effective 07/01/2025 through 12/27/2025; BN 24-2021, amend filed 11/22/2021, effective 12/01/2021; BN 20-2021, temporary amend filed 09/22/2021, effective 10/01/2021 through 03/01/2022; BN 5-2007, f. 5-4-07, cert. ef. 7-1-07

DIVISION 6
DEFINITIONS

851-006-0011
Definitions
(1) “Advanced Practice Registered Nurse (APRN)” means a clinical nurse specialist, nurse practitioner, or certified registered nurse anesthetist.
(2) “Appropriate resources” means the human and material support necessary to perform an activity, intervention, or role safely.
(3) “Assessment” means the first step in the practice of nursing in which a registered nurse, or advanced practice registered nurse, independently collects, validates, and analyzes, data relevant to their client.
(4) “Assign” means the action of directing and distributing the work that each practice team member is already authorized by license or certification and organizational position description to perform.
(5) “Board” means the Oregon State Board of Nursing. The Board is a nine (9) member Governor-appointed public body legislatively authorized to regulate nursing education, licensure and practice per ORS 678.010 through 678.448.
(6) “Client” for the nurse means an individual, family, facility resident or group engaged in a professional relationship with a licensee and the recipient of nursing services. For the certified nursing assistant (CNA) and certified medication aid (CMA), means the person for whom the CNA or CMA is carrying out authorized duties as assigned by a nurse.
(7) “Clinical component” means the component of a nursing education program curriculum where students refine competencies in real practice settings or through the use of simulation. The clinical component can occur in any setting where students may impact a health outcome.
(8) “Clinical direction” means the direction provided to a licensed practical nurse by a registered nurse plan of care, or by a health care provider treatment plan.
(9) “Clinical judgment” means the observed outcome of critical thinking and decision making. It is the result of an iterative process in which the nurse applies nursing knowledge to observe and assess presenting situations, identify a prioritized client concern and generate the best possible evidence-based solution to promote client health and safety.
(10) “Clinical preceptor” means a health care professional who is qualified by specific education and clinical competency to provide supervision of the clinical component of pre-licensure or advanced practice nursing students.
(11) “Cohort placement” means placement of nursing education program students where a nursing faculty member guides the selection of student experiences.

(12) “Community-based setting” means a setting that does not exist primarily for the purposes of providing nursing or medical services, but where nursing services could be required intermittently. These settings include adult foster homes, assisted living facilities, child foster homes, schools, and 24-hour residential care facilities.
(13) “Competency” means possessing specified levels of knowledge, technical skill, ability, ethical principle, and clinical reasoning that are relevant to the practice role, practice setting, prevailing standards, and client safety. For the purposes of these rules this definition is also applicable with the terms “competence” and “competencies”.
(14) “Context of care” means the environment where a licensee’s practice of nursing occurs. Defining a specific context of care includes factors such as the location where the nurse’s client receives nursing services, the licensee’s practice role within the setting, regulations of the setting, policies and procedures of the setting, professional and specialty nursing practice standards applicable to the nurse’s practice role, and the ability of the client to self-direct the nursing strategies or interventions to which they have given their consent.
(15) “Conviction” means that a court of law has entered a final judgment on a verdict or finding of guilty, a plea of guilty, a plea of nolo contendere (no contest) or any determination of guilt entered by a court of law against a subject individual (SI) in a criminal case, unless that judgment has been reversed or set aside by a subsequent court decision.
(16) “Delegation process” means the process used by an RN in a community-based setting to delegate the performance of a plan of care nursing procedure to an unregulated assistive person per OAR Chapter 851 Division 47.
(17) “Facility-based program” means an approved nursing assistant or medication aide training program offered by an Oregon Department of Human Services- licensed nursing facility.
(18) “Focused assessment” means the collection, validation, and analysis of data, by the licensed practical nurse (LPN), as directed by a registered nurse plan of care or health care provider treatment plan, for the purpose of the LPN identifying their client’s priority condition.
(19) “Focused plan of care” means the licensed practical nurse’s prioritization of interventions from the RN plan of care or the health care provider treatment plan, to be carried out by the LPN with the client.
(20) “Full-time” means at least 32 hours of regularly scheduled work each week.
(21) “Hand off” means a transfer and acceptance of nursing services responsibility for a client achieved through effective communication. It is a process of passing client-specific information from one nurse to another for the purpose of ensuring continuity of services and the safety of the client.
(22) “Health care provider” means a clinical nurse specialist, certified registered nurse anesthetist, nurse practitioner, medical doctor, doctor of osteopathic medicine (DO), doctor of podiatric medicine, dentist, naturopathic physician, optometrist, doctor of chiropractic, MD volunteer emeritus, DO volunteer emeritus, and physician associate.
(23) “In good standing” means a license or certificate without current discipline, conditions, or restrictions.
(24) “Independent third-party evaluator” means an individual who is approved by the Board, who is not an employee or contractor of the Board, to evaluate, diagnose, and offer treatment options for substance use disorders, mental disorders, or co-occurring disorders.
(25) “Individual scope of practice” means an individual licensee’s known set of activities, interventions, and roles, occurring within their practice of nursing for which they possess the competencies necessary to perform safely in their context of care.
(26) “Interim consent order (ICO)” means a voluntary agreement in which a licensee voluntarily steps away from practice during the investigation and until further order of the Board.
(27) “Licensee” means the person licensed as a registered nurse (RN), registered nurse emeritus (RN-E), licensed practical nurse (LPN), licensed practical nurse emeritus (LPN-E), nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), and nurse intern (NI), pursuant to ORS Chapter 678.010 through 678.448.
(28) "Limited license” means a registered nurse or practical nurse license with conditions which specifically limit its duration and generally used for short term educational experiences for international nurses.
(29) “Monitored practice” means a licensee’s practice of nursing under the direct supervision of a worksite monitor by agreement or Board order.
(30) “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.
(31) “National board certification” means the certificate granted to an advanced practice registered nurse (APRN) for an APRN role and population focus by a professional nursing practice organization accredited by the National Commission on Certifying Agencies or the American Boards of Nursing Specialties.
(32) “Nurse Practice Act” means Oregon Revised Statute (ORS) 678.010 through 678.448 and Oregon Administrative Rules (OAR) Chapter 851 inclusive of all divisions.
(33) “Nursing procedure” means a health-related procedure identified within the registered nurse plan of care.
(34) “Plan of care” means the plan authored by the registered nurse that communicates the client’s prioritized problems or risks, identifies measurable client outcomes related to the problems or risks; and identifies the nursing strategies and interventions chosen to address the identified problems or risks.
(35) “Professional boundaries” means the nurse and client therapeutic relationship limitations that guide appropriate and professional interactions. The licensee or certificate holder and the client establish a relationship where the client depends on the licensee or certificate holder to have the knowledge, skills, abilities, and competencies to provide the care needed by the client. This relationship has a space between the needs of the client and the ability of the licensee or certificate holder to provide that care. That space is a professional boundary and is applicable in and out of the practice setting. The licensee or certificate holder has power in that the client is dependent upon the provision of care and the client is vulnerable to the influences of this power. Violation of this space between power and vulnerability through the blending of the personal and professional relationship constitutes a boundary violation.
(36) “Public discipline” means Board action against a licensee or certificate holder resulting in public reporting of the discipline, including posting on the Oregon State Board of Nursing (OSBN) website and in the OSBN publications. Public discipline is a permanent document that remains publicly displayed for the life of the license or certificate even after all requirements of the Board order are met.
(37) “Reasoned conclusion” means the registered nurse’s interpretation or judgment about a client’s needs or risks reached through the application of scientific evidence, clinical experience, and nursing knowledge to assessment data. Reasoned conclusions are also known as nursing diagnostic statements.
(38) “Representative of the Board” means a Board staff member or Board designee who has been delegated by the authority of the Board to perform the necessary responsibilities as allowed by statute or rule.
(39) "Self-referred licensee” means a licensee who entered participation in the Health Professional Services Program without referral from the Board.
(40) “Stable and 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 expected such as the client receiving hospice services.
(41) “Statewide need” means the assessment and documentation of the need for a nursing education program in relation to plans for total state resources and the need for entry level nurses in the state.
(42) “Stipulated agreement” means the documented terms and conditions of public discipline agreed to by the licensee and approved by Board order.
(43) “Substantial non-compliance” means that a licensee is in violation of the terms of the monitoring agreement or Board Order.
(44) “Substantive change” means a significant modification or expansion in the nature or scope of a nursing education program. This may include change in program structure, outcomes, or length; change in method of instructional delivery; opening or closing of new educational tracks at the same level of licensure; or a change that modifies 25% or more of the credit hours of the nursing education program curriculum.
(45) “Total pass rate” means a calculation that includes all first time and repeat test takers. For nursing programs, this includes all graduates who pass the NCLEX® examination within 12 months of program completion.
(46) “Unregulated assistive person (UAP)” means the practice team member whose position description or job within an organization does not require licensure or certification by a state of Oregon health related licensing agency. The UAP includes, but is not limited to, the person working as a: medical assistant, certified medical assistant, registered medical

assistant, home care worker, emergency department technician, labor and delivery technician, direct care staff, direct support professional, traditional health worker, volunteer. The term applies to those who have state of Oregon issued health-related licensure or certification but who hold a position where their license or certificate is not a requirement. The term does not apply to practice team members who are family members of the client.
(47) “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.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 31-2025, adopt filed 11/20/2025, effective 11/20/2025

DIVISION 10
ADMINISTRATION

851-010-0005
Duties
(1) Board Officers:
(a) President:
(A) Preside at all Board meetings.
(B) 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.
(C) Executes all Board orders.
(D) Coordinates and conducts the evaluation of the Executive Director.
(b) Secretary: Call the roll for meetings and declare the presence of a quorum. In the absence of the Secretary, the President shall appoint a Secretary Pro Tem. In the absence of the President and President Elect, the Secretary shall perform all duties of the President.
(2) Board Members: In addition to duties required under ORS 678.140 through ORS 678.153 the following describe the duties of all Board members:
(a) Participation in the evaluation of the Executive Director.
(b) Participate on committees as requested by the Board.
(c) Participate in the approval of the Agency Budget.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 8-2016, f. 11-28-16, cert. ef. 1-1-17; BN 4, f. & cert. ef. 4-24-00; NER 40, f. & ef. 11-25-77; NER 1, f. 11-12-57

851-010-0010
Election
The officers of the Board shall be elected annually, officers may be elected for consecutive terms. Elections shall be held on the second day of a regularly scheduled Board meeting. Terms of office shall run from January 1st to December 31st.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 8-2016, f. 11-28-16, cert. ef. 1-1-17; BN 7-2005, f. & cert. ef. 10-13-05; BN 12-2001, f. & cert. ef. 10-16-01; NB 1-1997, f. & cert. ef. 1-2-97; NER 40, f. & ef. 11-25-77; NER 1, f. 11-12-57

851-010-0015
Vacancies in Office
A Board Officer vacancy shall be filled by election occurring during the next public day of a regularly scheduled board meeting. The elected Board Member shall fulfill the term of the vacancy.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 8-2016, f. 11-28-16, cert. ef. 1-1-17; BN 4, f. & cert. ef. 4-24-00; NER 40, f. & ef. 11-25-77; NER 1, f. 11-12-57

851-010-0024
Board Member Compensation
(1) All Board members shall receive the current Oregon legislative per diem stipend for each day or portion thereof during which a member is 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; OR
(d) Conferences and activities that the Board has requested that the member attend as its representative.
(3) Each Board member shall receive a stipend in the amount of the current Oregon legislative per diem for preparation as follows:
(a) For single day Board meetings, Board members will receive a stipend for two preparation days.
(b) For Board meetings of 2 or more days, Board members will receive stipend for five preparation days.
(4) This compensation is not paid if the Board member does not attend the meeting for which they have prepared. This rule applies to Board members serving after September 1, 2025.

Statutory/Other Authority: ORS 678.140, HB 2992, 2021 Legislative Session, ORS 292.495
Statutes/Other Implemented: ORS 678.140
History: BN 17-2025, amend filed 08/22/2025, effective 09/01/2025; BN 1-2024, amend filed 02/23/2024, effective 03/01/2024; BN 25-2021, amend filed 11/22/2021, effective 12/01/2021; BN 21-2021, temporary amend filed 09/22/2021, effective 10/01/2021 through 03/01/2022; BN 8-2016, f. 11-28-16, cert. ef. 1-1-17; BN 5-2010, f. & cert. ef. 4-21-10; BN 1-2010(Temp), f. & cert. ef. 1-21-10 thru 6-18-10

851-010-0035
Meetings
Additional meetings may be held when necessary. Meeting dates are approved by the Board. The agenda for Board members to review shall be sent to them at least twelve days prior to the regular meeting date.
Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 8-2016, f. 11-28-16, cert. ef. 1-1-17; BN 4, f. & cert. ef. 4-24-00; NER 5-1983, f. 12-9-83, ef. 1-1-84; NER 40, f. & ef. 11-25-77; NER 1, f. 11-12-57

DIVISION 21
STANDARDS FOR APPROVAL OF NURSING EDUCATION PROGRAMS

851-021-0000
Purpose of Standards
To establish standards for nursing education programs that ensure graduates are prepared for safe nursing practice. To include the following:
(1) Processes for the approval of new nursing education programs;
(2) Accreditation requirements of nursing education programs;
(3) Criteria for ongoing evaluation of established nursing education programs;
(4) Standards for the operation of nursing education programs; and

(5) Processes for denial or withdrawal of approval of nursing education programs that do not maintain compliance with Oregon Administrative Rules (OAR) Chapter 851 Division 21.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 1-2001, f. & cert. ef. 2-21-01; NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0001

851-021-0010

Establishment and Approval of New Nursing Education Programs

(1) Step 1 – Preliminary Development Application.
(a) The proposed program must submit the following documentation to the Board at least one year prior to the planned start date:
(A) Needs assessment highlighting the statewide need for the proposed nursing education program;
(B) Type of program including identification of proposed instructional modality and degree or certificate awarded;
(C) Planned student enrollment;
(D) Evidence of institutional accreditation by an agency recognized by the United State Department of Education;
(E) Evidence of dedicated financial resources for planning, implementation, and continuation of the program;
(F) Description of anticipated educational resources, including facilities, and technological learning resources;
(G) Description of anticipated clinical resources;
(H) Number of anticipated faculty and program administrators; and
(I) A proposed timeline for developing and initiating the program.
(b) The Board, after review and consideration of the application, must either approve or deny permission to move forward with preliminary development.
(2) Step 2 - Initial Approval for Admission of Students:
(a) The proposed program must provide the Board with evidence that the following program components and processes have been completed at least six months prior to the planned start date:
(A) Employment of a nursing administrator;
(B) Employment of nurse educators, other educators and administrative support;
(C) Current institutional catalog, including information provided to students regarding program accreditation and approvals;
(D) The proposed curriculum plan;
(E) Evidence of adequate clinical placements for the program with supporting documentation;
(F) A systematic plan of evaluation of the curriculum and program;
(G) Policies related to admission, progression, retention, and graduation;
(H) Policies and strategies to address students' needs including accommodations, learning disabilities, English as an international language, and remediation tactics for students performing below standard and for when clinical errors occur;
(I) Practical nursing (PN) and associate degree nursing education programs must have a signed articulation agreement for program graduates into the next level of nursing education;
(J) PN and registered nursing (RN) education programs must provide a timeline for attainment of national nursing program accreditation; and
(K) Advanced Practice Registered Nursing (APRN) education programs must provide verification of candidacy for accreditation.
(b) If the Board grants initial approval:
(A) The program may begin recruitment and acceptance of students, and may admit one cohort of students per academic

year until final approval is granted;
(B) Interim progress reports may be requested by the Board or its representative at any time; and
(C) If students are not admitted within twelve months of initial approval, the approval is expired.
(c) If the Board denies the initial approval the program may submit a revised initial approval application.
(3) Step 3 - Full Approval of Program:
(a) Within six months following the graduation of the first cohort of students the program must:
(A) Submit a written report addressing their compliance with OAR 851-021-0040 through 851-021-0070; and
(B) Undergo a site survey conducted by a representative of the Board.
(b) The full approval of a new program may be granted for four years, with subsequent approvals aligning with the frequency of national nursing accreditation surveys.
(c) If full approval is denied, the program may request a hearing before the Board in accordance with the Administrative Procedures Act.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 1-2021, minor correction filed 01/05/2021, effective 01/05/2021; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14; BN 17-2010, f. & cert. ef. 11-29-10
BN 3-2008, f. & cert. ef. 6-24-08
BN 11-2003, f. & cert. ef. 12-9-03
BN 7-2003, f. & cert. ef. 7-7-03
BN 1-2001, f. & cert. ef. 2-21-01
NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0021
NB 3-1988, f. & cert. ef. 7-5-88
NER 37-1977, f. & cert. ef. 7-18-77
NER 30-1976, f. & cert. ef. 1-27-76

851-021-0012

Accreditation Requirements of Nursing Education Programs

(1) New nursing education programs must acquire national nursing accreditation from an agency approved by the United States Department of Education. This accreditation must occur within four years of the full approval of a new nursing education program.
(2) Except as provided in (1) all nursing education programs must obtain national nursing education accreditation from an agency approved by the United States Department of Education by July 1st, 2029.
(3) Nursing education programs must notify the Board of accrediting agency site visit dates within 30 days of scheduling the visit. A site survey will be conducted alongside the accrediting agency by a representative of the Board.
(4) All nursing education programs that are accredited or candidates for accreditation must submit to the Board:
(a) The program's most recent national nursing accreditation agency written self-study report;
(b) Any report or letter exchanged between the nursing education program and the national nursing education accreditation agency, including but not limited to: continuous improvement progress reports, substantive change notification and accreditation action letters, mid-cycle review documentation, site visit reports and program response letters, and final site visit report; and
(c) Any notice of change in nursing education program or institutional accreditation status.
(5) The documents listed in OAR 851-021-0012(4) must be submitted to the Board within 30 days of completion or receipt by the nursing education program. The nursing education program must report any non-compliance with accreditation standards within five business days.

(6) The Board may authorize a program survey for:
(a) Failure to submit documentation as listed in OAR 851-021-0012(4) above.
(b) Failure to achieve or maintain national nursing accreditation.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.340, ORS 678.360
History: BN 10-2025, adopt filed 06/27/2025, effective 07/01/2025

851-021-0015
Continuing Board Approval of Nursing Education Programs

(1) All nursing education programs must continue to meet the standards outlined in OAR Chapter 851 Division 21 to maintain approval.
(2) Nursing education programs will be surveyed on a cycle that aligns with their national nursing accreditation. As part of the survey process the nursing education program must:
(a) Submit a written self-study report. Nationally accredited nursing programs may submit their accreditation self-study report; and
(b) Undergo a site survey conducted by a representative of the Board.
(3) Following receipt for the accrediting agency site visit report and documentation of accreditation status the Board will determine continuing approval status and timeline.
(4) The Board may direct a representative to perform a survey at any time, related to potential or identified violations of OAR Chapter 851 Division 21. This includes, but is not limited to:
(a) Denial, withdrawal or change of program or educational institution accreditation status.
(b) Complaints from students, faculty, and clinical agencies; or
(c) Annual report data indicating concerns about the stability of the program.
(5) If the Board determines an institution does not meet requirements for approved programs, the Board shall issue to the institution written notice that specifies the defect and the time within which the institution must correct the defect. The Board shall withdraw approval from an institution that fails to correct the defect specified within the period of time prescribed in the notice. The institution may request and if requested shall be granted a hearing before the board in the manner required for contested cases under Oregon Revised Statues (ORS) Chapter 183.
(6) The Board may withdraw approval for the nursing education program if deficiencies are not corrected within the allotted time.

Statutory/Other Authority: ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.360
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 3-2008, f. & cert. ef. 6-24-08; BN 1-2001, f. & cert. ef. 2-21-01
NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0032
NER 37-1977, f. & cert. ef. 7-18-77

851-021-0025
Reports and Approvals

(1) Programs must complete an annual report as directed by the Board representative.
(2) Programs must notify the Board representative in writing within 30 days following a:
(a) Change in the nurse administrator;
(b) Change of administrative control within the educational institution, with the rationale for the change and anticipated impact on the nursing program; or,

(c) Plans to move the entire program to a new location. This notification must include:
(A) Address of the new location;
(B) Rationale for moving the nursing program;
(C) Anticipated date of completed move; and
(D) Anticipated impact on curriculum delivery, other nursing programs, clinical partners, students and faculty.
(d) Changes in availability of adequate clinical experiences for the program that result in alteration of student progression;
(e) Change in accreditation status of the nursing program or the educational institution; or
(f) Reductions in the financial support for the program that impact curriculum delivery, student progression or program operations.
(3) When a nursing education program anticipates a substantive change to an educational track, such change must be submitted to the Board for approval at a minimum of 90 days prior to implementation.
(a) A substantive change includes, but is not limited to, changes in:
(A) Overall length of the program;
(B) Alteration of 25% of nursing curriculum course credits;
(C) Program outcomes; or
(D) Opening or closing of an educational track at the same level of licensure.
(b) The nursing education program must submit for approval either their accreditation substantive change report or a report including:
(A) Rationale for proposed changes including the anticipated effect on faculty, students, clinical resources and facilities;
(B) Presentation of the differences between the current curriculum and the proposed curriculum;
(C) A timetable for implementation of change; and
(D) Plan for evaluation of the change.
(c) The nursing education program may not implement the change until approved by the Board.
(4) Approved nursing programs that intend to offer a PN exit or option, that is not a standalone PN program, must submit to the Board for approval evidence of how the program meets the standards prescribed for PN programs outlined in OAR 851-021-0050(5). The nursing education program must receive approval at least six months prior to allowing the PN option.
(5) When an approved nursing education program intends to add an extended campus site or addition of distance education technology the program must notify the Board and provide the following information:
(a) Description of the proposed education facilities or distance education technology;
(b) Plan for ensuring adequate qualified faculty;
(c) Evidence of adequate clinical placements with supporting documentation;
(d) Evidence of dedicated financial resources for planning, implementation, and continuation of the program; and
(e) Tentative timeline for planning, initiating, and evaluating.
(6) A nursing education program may apply to implement an innovative approach that significantly alters the approved curriculum, model for clinical experiences, or faculty-to-student ratio. A letter of intent must be submitted to the Board for approval six months prior to the planned implementation. The letter of intent must include the following information:
(a) Description of the proposed project, including purpose and rationale;
(b) Identification of the standards affected by the proposed innovative approach;
(c) Description of mechanisms and procedures for student safety and learning effectiveness;
(d) Plan for evaluation of the project and reporting findings back to the Board; and
(e) Tentative time schedule for planning, initiating, and evaluating the program.
(7) Nursing programs may request approval for appointment by exception of nurse administrators or faculty who do not meet the qualifications outlined in OAR 851-021-0045(2). Programs must submit in writing the rationale for the request. Exception requests must be approved before the individual assumes the program assignment. The Board representative may grant approvals in the following circumstances:

(a) The education and experience qualifications are deemed equivalent to the requirements;
(b) The individual is pursuing the needed qualifications. Reports on progress toward meeting the minimum qualifications must be provided as requested by the Board representative; or
(c) The individual is appointed for one year. The appointment may be extended annually for a maximum of two times.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14; BN 3-2008, f. & cert. ef. 6-24-08
BN 1-2001, f. & cert. ef. 2-21-01
NB 4-1996, f. & cert. ef. 9-3-96
NB 2-1996, f. & cert. ef. 3-12-96
NB 6-1993, f. & cert. ef. 6-22-93
NB 1-1993(Temp), f. & cert.e f. 2-8-93
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0071
NER 4-1985, f. & cert. ef. 7-10-85

851-021-0035
Closing of an Approved Nursing Education Program
(1) When the educational institution anticipates the voluntary closing of a nursing education program, it must notify the Board in writing, stating the reason, plan for teach out and transfer, and date of the intended closing. The educational institution must follow closing procedures as per OAR 583-030-0061.
(2) The program must continue to meet the standards in OAR Chapter 851 Division 21 until closure.
(3) When the Board denies or withdraws approval of a program, the educational institution must comply with the following procedures:
(a) The program must close after the institution has made a reasonable effort to assist in the transfer of students to other approved nursing education programs. A timeframe for the transfer process must be established by the Board; and
(b) The date on which the last student was transferred must be the closing date of the program unless otherwise designated by the Board.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; NB 4-1996, f. & cert. ef. 9-3-96; NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0073

851-021-0040
Nursing Education Program Organization and Administration
(1) The educational institution offering nursing education programs must:
(a) Maintain all required approvals through the State of Oregon; and
(b) Be institutionally accredited by an agency recognized by the United States Department of Education.
(2) The program must have adequate faculty, staff, physical, technological, and fiscal resources for the development, implementation, stability, and continuation of the program.
(3) The educational institution must ensure the nurse administrator has institutional authority, control, and administrative responsibility for the program, including:
(a) Ensuring adherence with all regulatory standards;
(b) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum and instructional delivery;

(c) Appointment of qualified faculty and coordination of appropriate teaching assignments;
(d) Participation in institutional policy and program decisions that affect the nursing program;
(e) Participation in preparation and administration of the program budget;
(f) Ensuring faculty member orientation and professional development; and
(g) Have sufficient time provided for carrying out administrative responsibilities to ensure the nursing education program meets the standards of OAR Chapter 851, Division 21.
(4) The policies of the educational institution and the nursing education program must be congruent, fair, equitable, current and published. The following must be accessible to all applicants and students:
(a) Admission and re-admission policies;
(b) Grading policies;
(c) Policy on advanced placement, articulation agreements, and transfer of credits;
(d) Criteria for successful progression in the program, including graduation requirements;
(e) The number of credits required for completion of the program;
(f) Tuition, fees, and other program costs; and
(g) Appeal, grievance and complaint policies.
(5) Nursing education programs must establish mechanisms for student input into and participation in decisions related to the nursing education program.
(6) The following records must be maintained and made available for review for a period of 20 years:
(a) Student complaints and grievances filed with the program;
(b) Reports related to education, preparation, licensing, and continuing education (CE) of all faculty as established in OAR 851-021-0045; and
(c) Curriculum, syllabi, program of study, and student handbooks.

Statutory/Other Authority: ORS 678.150, ORS 678.340
Statutes/Other Implemented: ORS 678.150, ORS 678.360
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 3-2008, f. & cert. ef. 6-24-08; BN 7-2003, f. & cert. ef. 7-7-03
BN 1-2001, f. & cert. ef. 2-21-01
NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0051
NER 2-1985, f. & cert. ef. 4-5-85
NER 3-1983, f. & cert. ef. 12-1-83
NER 37-1977, f. & cert. ef. 7-18-77
NER 30-1976, f. & cert. ef. 1-27-76

851-021-0045

Nursing Faculty

(1) Nursing education program faculty must include a sufficient number of qualified nurse educators and nurse educator associates to meet the learning outcomes of the program. Additionally:
(a) The final evaluation of student learning outcomes in the classroom or clinical experience must be made by a nurse faculty member; and
(b) Nursing faculty must be academically and experientially qualified for their program assignment.
(2) Program appointments and qualifications include:
(a) The nurse administrator. The nurse administrator is responsible and accountable for the nursing education program, regardless of the official title assigned by the institution. The nurse administrator must:
(A) Hold an active RN license in Oregon;

(B) Hold at least a graduate degree in nursing; and
(C) Have two years full-time experience as a nurse educator or in an administrative position in an academic nursing education program.
(b) The nurse educator. The nurse educator is responsible for the development, implementation, and evaluation of the nursing program curriculum. This may include a full-time, part-time, or adjunct faculty regardless of institutional rank. The nurse educator must:
(A) Hold an active RN license in Oregon;
(B) Hold at least a graduate degree in nursing, or a baccalaureate degree in nursing and graduate or doctoral degree in a related field. If teaching in a PN program only, the nurse educator may hold a baccalaureate degree in nursing; and
(C) Document competency in teaching through experience, educational preparation, or CE.
(c) The nurse educator associate. The nurse educator associate may contribute to classroom and clinical instruction in collaboration with and under the direction of the nurse educator. The nurse educator associate must:
(A) Hold an active RN license in Oregon; and
(B) Hold at least a baccalaureate degree in nursing.
(d) The non-nurse faculty. Non-nurse faculty may teach within the nursing curriculum or other required courses with embedded nursing outcomes. These faculty must:
(A) Hold at least a graduate degree; and
(B) Be academically and experientially qualified for assigned teaching responsibilities.
(3) In addition to the requirements in OAR 851-021-0045(2) APRN program administrators and faculty must meet the following qualifications for APRN programs:
(a) A program administrator of a Nurse Practitioner (NP) education program must have a current national certification with the same population focus of the educational program.
(b) A program administrator of a Certified Registered Nurse Anesthetist (CRNA) education program must have a current national CRNA certification.
(c) A program administrator of a Clinical Nurse Specialist (CNS) education program must have a current national certification with the same population focus as the education program, unless a national certification for the population focus or subject matter does not exist.
(d) All nursing faculty teaching APRN specialty core courses must hold an active equivalent Oregon APRN license.
(4) The nurse administrator has authority to make faculty appointments within these rules without Board approval or notification.
(5) The nursing education program must ensure that faculty are provided orientation and mentorship in their assigned roles.
(6) Nurse faculty members must have the authority and responsibility to:
(a) Design, review, and implement the curriculum;
(b) Develop and evaluate nursing program policies, including student admission, progression, and graduation policies;
(c) Evaluate student learning outcomes in didactic and clinical settings;
(d) Provide timely feedback to students on progression within a course and the program;
(e) Provide opportunity for students to evaluate teaching effectiveness, courses, and the program;
(f) Provide clear guidance to clinical partners on learning outcomes, expected competencies, and learning level of students assigned to the clinical experience; and
(g) Implement a plan for on-going course-specific and comprehensive program evaluation.
(7) Nurse faculty members must engage in professional development related to their professional role or teaching responsibilities. The educational institution and nurse administrator must provide support for faculty in developing and maintaining competence in assigned teaching responsibilities and nursing practice.
(8) Faculty to student ratios in clinical experiences for prelicensure PN/RN education:
(a) Nursing education programs must develop policies surrounding the faculty-to-student ratio in each clinical experience setting utilized by the program. In determining faculty-to-student ratios programs must consider:

(A) Learning outcomes;
(B) Experience of the faculty member;
(C) Level of student;
(D) Context of care;
(E) Number, type and condition of clients; and
(F) Adequacy of the ratio to allow nurse faculty to:
(i) Assess students' ability to function safely in the experience;
(ii) Select and guide the student experience; and
(iii) Evaluate student performance and learning.
(b) In clinical experiences where the nurse faculty provides direct supervision of the nursing student, a nurse faculty member may be responsible for up to eight students. Faculty members providing supervision must remain in the same facility as the student group for the duration of their clinical experiences.
(c) In clinical experiences where students are directly supervised by an employee in the clinical setting, the faculty may oversee up to 12 students. The faculty remains responsible for the evaluation of student learning and must be available for in-person participation with facility staff.
(d) Nursing programs may develop and utilize Dedicated Education Units (DEU), using clinical preceptors and a modified faculty-to-student ratio. Programs and DEU's must adhere to the following guidelines:
(A) Faculty must orient and provide on-going guidance for clinical preceptors related to the program goals, teaching strategies, learning outcomes, and expected competencies of the students;
(B) Clinical preceptors must be selected according to written criteria developed by faculty and agreed to by a responsible person in the practice site;
(C) Faculty are not required to remain in the same facility as the student group throughout the clinical experience shift but must be available for the clinical preceptors and students at the practice site, as defined in program policy;
(D) The faculty member must confer with each clinical preceptor and student (individually or in groups) regularly during the clinical experience as defined in program policy; and
(E) Each clinical preceptor in the DEU may have oversight of no more than two students at one time.
(e) Nursing programs may offer students a precepted final practicum experience. The faculty-to-student ratio for this experience must allow for appropriate assessment and evaluation of the learning and support the achievement of course outcomes and may not exceed one faculty for fifteen students per group.
(A) The clinical preceptor may have supervision of one student at a time during the provision of client care;
(B) The faculty member is not required to be consistently on-site, but must be available for in-person participation with the clinical preceptor and student while the student is involved in the learning experience; and
(C) Evaluation of student learning and achievement of course or program outcomes remains with the faculty member.
(9) Clinical preceptors may be assigned to work directly with students. Nursing education programs must ensure that:
(a) Clinical preceptors are licensed at or above the level of licensure that an assigned student is seeking. Additionally, for APRN programs, preceptors must be licensed as a health care provider and have a comparable practice focus;
(b) Preceptors are provided written information about student preparation and expected learning outcomes.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
History: BN 22-2025, amend filed 11/20/2025, effective 01/01/2026; BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2024, amend filed 12/19/2024, effective 01/01/2025; BN 2-2024, temporary amend filed 06/18/2024, effective 06/18/2024 through 12/14/2024; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 2-2021, minor correction filed 01/06/2021, effective 01/06/2021; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 17-2010, f. & cert. ef. 11-29-10; BN 3-2008, f. & cert. ef. 6-24-08
BN 7-2001, f. & cert. ef. 7-9-01
BN 1-2001, f. & cert. ef. 2-21-01

NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0061
NER 4-1985, f. & cert. ef. 7-10-85
NER 2-1985, f. & cert. ef. 4-5-85
NER 3-1984, f. & cert. ef. 10-4-84
NER 37-1977, f. & cert. ef. 7-18-77
NER 30-1976, f. & cert. ef. 1-27-76

851-021-0050

Curriculum

(1) The mission, goals, and expected program outcomes must be consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

(2) Curriculum must:

(a) Prepare the student to achieve the nursing competencies necessary at the level of licensure for safe practice based on current standards of care;

(b) Reflect the identified mission, goals, and learning outcomes of the nursing education program;

(c) Identify learning outcomes at the course and program level that show alignment and progression throughout the program;

(d) Include learning activities that support student achievement of identified outcomes;

(e) Include a clinical component sufficient to allow the student to form necessary links of theoretical knowledge, clinical reasoning, and demonstrate safe nursing practice; and

(f) Include within PN and RN programs:

(A) The one-hour pain management education program described in ORS 413.572 or an equivalent pain management education program; and

(B) A minimum of two hours of education related to cultural competency.

(3) The clinical component can occur in any setting where students may impact a health outcome. Over the course of the program, clinical must:

(a) Occur in a variety of settings;

(b) Be sufficient in experience to allow for students to meet course and program outcomes;

(c) Integrate client safety principles;

(d) Include the implementation of evidence-based practices;

(e) Focus on the provision of client-centered, culturally competent care;

(f) Include collaboration and communication with professional teams; and

(g) Promote clinical judgment.

(4) Programs may use simulation as part of the clinical component. When utilized, the nursing program must:

(a) Ensure simulation learning has adequate fiscal, human, technologic, and physical space resources to support the learning environment;

(b) Follow national simulation standards;

(c) Designate a simulation coordinator who is academically and experientially qualified. This individual must demonstrate continued expertise and competence in the use of simulation while managing the program;

(d) Have a written plan for orienting faculty to simulation;

(e) Ensure faculty involved in simulations have initial training in the use of simulation. Initial simulation training must include:

(A) Introduction to simulation-based learning experiences;

(B) Foundations of scenario design and curriculum integration;

(C) Introduction to pre-brief and debrief;

(D) Debriefing for clinical judgment; and

(E) Introduction to assessment and evaluation of simulation-based education.
(f) Have written procedures for the method of debriefing each simulated activity;
(g) Provide a mechanism for students to evaluate the simulation experience on an ongoing basis; and
(h) Ensure that no more than 50% of traditional clinical hours across the program are replaced with simulation.
(5) Practical Nurse Programs:
(a) PN program curricula must meet all educational institution requirements for, and culminate in the award of, a certificate or diploma.
(b) Must deliver curriculum consistent with the practice of practical nursing as described in OAR 851-045-0050 in a supervised practice that occurs at the direction and under the supervision of the RN or healthcare provider with the authority to make changes to the plan of care.
(c) The PN program curricula must include content related to the following concepts:
(A) Creating and maintaining a safe environment of care;
(B) Demonstrating professional, legal, and ethical behavior in nursing practice;
(C) Collecting data and performing focused nursing assessments of the health status of a client;
(D) Participating in the planning of the nursing care needs of a client;
(E) Participating in the development and modification of the nursing care plan;
(F) Providing safe, evidence-based, clinically competent, culturally sensitive, and client-centered care for the promotion, restoration and maintenance of wellness in a variety of care settings or for palliation across the lifespan;
(G) Functioning as a member of the interdisciplinary healthcare team;
(H) Using technology to facilitate communication, manage information, and document care;
(I) Providing cost-effective nursing care and participating in quality improvement strategies;
(J) Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of a client;
(K) Assisting in the evaluation of a client's response to nursing interventions and the identification of that client's needs; and
(L) Assigning and providing oversight to assistive personnel and other PNs.
(6) Registered Nurse Programs:
(a) RN program curricula must meet all institutional requirements for, and culminate in the award of, an associate, baccalaureate, or masters degree.
(b) Must deliver curriculum consistent with the practice of registered nursing as described in OAR 851-045-0060.
(c) RN programs that wish to offer a practice nursing exit-option must follow the process outlined in OAR 851-021-0025(4).
(d) The RN program curricula must include content related to the following concepts:
(A) Creating and maintaining safe and effective environment of nursing care;
(B) Demonstrating professional, legal and ethical behavior in nursing practice;
(C) Using clinical judgment in nursing practice to assess the health status of clients to identify health care problems;
(D) Prescribing nursing interventions and assessing responses to those interventions in order to direct, manage, delegate, and supervise nursing care for clients;
(E) Establishing outcomes to meet identified health care needs and providing safe, clinically competent, culturally sensitive, client-centered and evidence-based care to promote, restore and maintain wellness in a variety of care settings or for palliation across the lifespan;
(F) Providing culturally sensitive and evidence-based teaching, counseling, and advocacy for clients;
(G) Participating within and providing leadership for an interdisciplinary team;
(H) Assigning and supervising other members of the healthcare team;
(I) Applying leadership skills to identify the need for and to promote change;
(J) Using communication and information technology effectively and appropriately to collaborate with other health professionals in the management of health care;
(K) Applying and integrating principles of community health and community-based care into practice;

(L) Integrating concepts of resource utilization, quality improvement and systems to enhance care delivery; and
(M) Delegating nursing interventions that may be performed by others as defined in OAR Chapter 851 Division 6.
(e) Baccalaureate and entry level masters programs must also include outcomes related to:
(A) Applying epidemiological, social, and environmental data and principles to identify and implement health promotion goals and strategies for communities and populations;
(B) Leading and effecting change through participation in teams and beginning application of management knowledge;
(C) Identifying and implementing measures to improve access to healthcare for individuals and underserved groups;
(D) Using the principles and practice of research to validate and improve nursing care for clients; and
(E) Using teaching-learning principles to develop outcomes and provide formative and summative feedback to others.
(7) Advanced Practice Nurse Programs:
(a) APRN program curricula must meet all educational institution requirements for, and culminate in the award of, a doctoral degree.
(b) Must prepare students for the role of CRNA, CNS, or NP inclusive of the role of certified nurse midwife (CNM).
(c) Must deliver curriculum consistent with the advanced practice nursing role and population foci as described in OAR Chapter 851 Division 55.
(d) The APRN program curricula must include content related to the following:
(A) Advanced health assessment which includes assessment of all human systems, advanced assessment techniques, concepts and approaches across the lifespan;
(B) Advanced physiology and pathophysiology, including general principles that apply across the lifespan;
(C) Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents;
(D) Health promotion, health maintenance, differential diagnosis and management of diseases across all practice settings appropriate to program focus; and
(E) Basic understanding of the principles of independent decision making in the identified role.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
History: BN 2-2026, amend filed 04/17/2026, effective 05/01/2026; BN 22-2025, amend filed 11/20/2025, effective 01/01/2026; BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 9-2013, f. 12-3-13, cert. ef. 1-1-14; BN 3-2008, f. & cert. ef. 6-24-08
BN 1-2001, f. & cert. ef. 2-21-01
NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0056
NB 3-1988, f. & cert. ef. 7-5-88
NER 2-1985, f. & cert. ef. 4-5-85
NER 37-1977, f. & cert. ef. 7-18-77
NER 30-1976, f. & cert. ef. 1-27-76

851-021-0051
Exception Requests for Clinical Experiences Due to Unforeseen Circumstances
(1) A nursing education program may request an exception to OAR 851-021-0050(3) and (4) when unforeseen circumstances, such as a work stoppage affecting healthcare services, pandemic, natural disaster, or other extraordinary event, prevent students from obtaining greater than 25% of their scheduled clinical placements within an academic term. Routine or reasonably foreseeable difficulties in securing clinical placements are not a basis for requesting an exception.
(2) Exception Request Requirements:
(a) The nursing program administrator of the affected nursing program must submit a written exception request to the

Board representative.
(b) The written request must include the following:
(A) A description of the unforeseen circumstance leading to the lack of clinical placements and the anticipated impact on student progression;
(B) The anticipated duration of the circumstances, if known, and the dates of the academic term affected;
(C) A breakdown of the types of clinical placements (cohorted or final practicum) affected, the number of students affected, the total clinical clock hours for the current academic term, and the total planned clinical hours for the program; and
(D) A plan which outlines how students will meet course and program outcomes following substitutions in planned clinical experiences. Substitutions may include: mid-fidelity and high-fidelity simulation and virtual simulation. The plan must describe the following:
(i) Any changes in the use of simulation to meet educational requirements;
(ii) Transition strategies to virtual learning platforms, if applicable; and
(iii) Other course or programmatic strategies implemented to address the clinical placement gap.
(3) The Board representative will review the exception request and will approve or deny the request based on the adequacy of the plan and compliance with this rule. Programs may not implement substitutions until receipt of approval.
(4) Exceptions will be granted for no more than a single academic term. Programs may submit a new exception request if the unforeseen circumstances persist beyond the approved duration.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150
History: BN 10-2025, adopt filed 06/27/2025, effective 07/01/2025; BN 1-2025, temporary adopt filed 01/16/2025, effective 01/16/2025 through 07/14/2025

851-021-0055
Program Responsibilities to Students
(1) Prior to admission, student applicants must be informed of:
(a) Current signed agreements for the articulation of program graduates into the next level of nursing education;
(b) Potential and anticipated transportation and distance requirements for any clinical component; and
(c) Admission, readmission, transfer, progression, dismissal, and graduation policies consistent with those of the educational institution.
(2) While in the program of study, the nursing education program must ensure students:
(a) Comply with all clinical component requirements as defined by the Oregon Health Authority per OAR Chapter 409 Division 30; and
(b) Have access to support services of the program and the educational institution.
(3) Programs that allow for advanced placement must have policies to ensure students meet the equivalent of the program's current curriculum and outcomes.
(4) PN and associate degree nursing education programs must maintain an articulation agreement for graduates into the next level of nursing education.
(5) Nursing education programs must have a documented process in place for student remediation of clinical incidents.
(6) The use of a single or high stakes exam may not be used as a sole determinant of a student's graduation or progression in a nursing education program.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 17-2010, f. & cert. ef. 11-29-10; BN 3-

2008, f. & cert. ef. 6-24-08
NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0068

851-021-0065

Facilities and Resources

(1) Nursing education program facilities must ensure fiscal, technologic, academic support services and physical space to ensure program outcomes are met.
(2) Resources must be comparable and available to nursing students on all campuses where the program is offered.
(3) Selection of clinical component sites must be based on documented criteria established by the program.
(4) There must be a current documented, formal affiliation agreement that is in effect between the authorities responsible for the educational program and the clinical component site. The agreement must state that faculty members have the authority and responsibility to select appropriate learning experiences in collaboration with the practice site.

Statutory/Other Authority: ORS 678.150, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.340, ORS 678.360
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 17-2010, f. & cert. ef. 11-29-10; BN 3-2008, f. & cert. ef. 6-24-08
BN 1-2001, f. & cert. ef. 2-21-01
NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0076
NER 4-1985, f. & cert. ef. 7-10-85

851-021-0070

Outcomes and Evaluation

(1) The nursing program must have a current, written systematic plan of evaluation and show evidence of ongoing periodic review of the entire program.
(2) The plan of evaluation must include:
(a) Course outcome and program outcomes;
(b) Program effectiveness;
(c) NCLEX® pass rate data;
(d) Overall curriculum design, including consideration of clinical experiences and simulation;
(e) Faculty qualifications and ability to achieve course and program outcomes; and
(f) Review of resources, including human, fiscal, technologic, and physical space to support the number of enrolled students, instructional delivery, and achievement of program learning outcomes.
(3) There must be evidence that faculty review data and make decisions regarding ongoing program improvement based on the analysis.
(4) Nursing education programs working towards accreditation must maintain the following NCLEX standards:
(a) A minimum of 80% first-time pass rate for the most recent 12-month period;
(b) An average 80% first-time pass rate, based on the total number of test-takers, for the most recent 36-month period;
(c) A 90% total pass rate or higher, based on the total number of test-takers, for the most recent 12 months; or
(d) An average 90% total pass rate or higher, based on the total number of test-takers, for the most recent 36-month period.

Statutory/Other Authority: ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.150, ORS 678.360

History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 3-2008, f. & cert. ef. 6-24-08; BN 1-2001, f. & cert. ef. 2-21-01
NB 4-1996, f. & cert. ef. 9-3-96
NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0081
NER 30-1976, f. & cert. ef. 1-27-76

851-021-0090
Standards for Out-of-State Pre-licensure Programs Offering Educational Experiences in Oregon

(1) All out-of-state nursing programs that offer education with Oregon-based clinical placements must notify the Board prior to offering placements in Oregon. This notification must include:
(a) Information regarding the type of program and level of licensure;
(b) Evidence of program approval by the nursing regulatory body in the state or US jurisdiction where the program is located;
(c) Anticipated annual Oregon student enrollment; and
(d) Attestation of affiliation agreements with Oregon clinical sites.
(2) Out of state nursing education programs are required to resubmit the information required in OAR 851-021-0090(1) of this rule on an annual basis.

Statutory/Other Authority: ORS 678.031, ORS 678.150, ORS 678.340, ORS 678.360
Statutes/Other Implemented: ORS 678.031, ORS 678.150, ORS 678.340, ORS 678.360
History: BN 10-2025, amend filed 06/27/2025, effective 07/01/2025; BN 12-2022, amend filed 07/28/2022, effective 08/01/2022; BN 7-2020, amend filed 12/11/2020, effective 01/01/2021; BN 17-2010, f. & cert. ef. 11-29-10; BN 3-2008, f. & cert. ef. 6-24-08; BN 1-2001, f. & cert. ef. 2-21-01; BN 7-1998, f. & cert. ef. 7-16-98

DIVISION 31
LICENSE REQUIREMENTS FOR NURSES

851-031-0001
Name, Address and Employer of Record

(1) Name of Record:
(a) A licensee of the Board must 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 must be considered the name of record.
(c) At the time of a name change, the licensee must send a signed, written notification of change of name to the Board, accompanied by legal proof of that name change. Legal proof must be in the form of official records such as a birth certificate, marriage certificate, valid state identification or passport, or a court order/decree.
(d) Upon receipt of 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 must be the same name used for nursing practice. Licensees must continue to sign nursing documents under the legal name on the license until the Board effects a change to the license.
(2) Address of Record:
(a) Licensee must keep his/her current mailing address and e-mail on file with the Board at all times.
(b) The mailing address and e-mail address currently on file with the Board is considered the address of record.
(c) The Board will send the Board Newsletters and all correspondence, including license renewal notices, to the licensee's e-mail address of record. Failure to receive notification of upcoming licensure renewal must not be justification for any untimely renewal.
(d) A Notice of Proposed Disciplinary Action sent to the licensee at the licensee's mailing 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" or never receives the notice due to failure to update address of record. 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 must 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.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0006
Initial Licensure by Examination – Practical Nurse (PN) and Registered Nurse (RN)
(1) An individual may apply for an initial PN license or RN license by submitting a completed application, which includes:
(a) The Board's initial application by examination form;
(b) Payment of the fee as applicable in OAR Chapter 851 Division 2;
(c) Confirmation of graduation from a nursing education program as defined in section (2) of this rule;
(d) Proof of passing the NCLEX®-PN or NCLEX®-RN depending on the level of licensure sought; and
(e) Completion of a national fingerprint-based criminal background check as defined in OAR 851-001-0115.
(2) Confirmation of graduation from a nursing education program includes:
(a) For graduates of Oregon nursing education programs, verification of graduation by the nursing program administrator.
(b) For graduates of non-Oregon nursing education programs that have an NCLEX® code:
(A) An official transcript that includes the degree, diploma or certificate awarded, the graduation date, and documentation of a clinical component as defined in OAR Chapter 851 Division 6; and
(B) Verification that the nursing education program is approved by the appropriate regulatory body.
(c) For graduates of international nursing education programs that do not have an NCLEX® code, a credential evaluation that includes:
(A) Confirmation of completion of a nursing education program approved by the appropriate regulatory body;
(B) Theory and clinical hours completed;
(C) Verification that the education is comparable to an Oregon nursing education program; and
(D) If available, licensure details from the issuing authority.
(3) An applicant may attempt to pass the NCLEX® four times. After four attempts each subsequent attempt requires a completed retake application, which includes:
(a) The Board's retake form;
(b) Payment of the applicable fee in OAR Chapter 851 Division 2; and
(c) Documentation of completion of an NCLEX® review course; or
(d) An individualized study plan that addresses specific content for areas not passed based on the most recent candidate performance report and study methods, such as self-study, tutors, or study groups.
(4) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 676.850, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.111, ORS 678.150, ORS 678.415
Statutes/Other Implemented: ORS 676.850, ORS 678.040, ORS 678.050, ORS 678.101, ORS 678.111, ORS 678.150, ORS 678.415
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2025, amend filed 02/21/2025, effective 03/01/2025; BN 17-2022, amend filed 12/27/2022, effective 01/01/2023; BN 3-2022, amend filed 02/18/2022,

effective 03/01/2022; BN 26-2021, amend filed 11/22/2021, effective 12/01/2021; BN 6-2021, amend filed 06/21/2021, effective 07/01/2021; BN 6-2019, amend filed 07/03/2019, effective 08/01/2019; BN 1-2019, temporary amend filed 02/22/2019, effective 03/01/2019 through 08/15/2019; BN 9-2005, f. & cert. ef. 12-21-05; BN 9-2003, f. & cert. ef. 10-2-03; BN 1-2003, f. & cert. ef. 3-6-03; BN 10-1998, f. & cert. ef. 8-7-98

851-031-0008

Competency Requirements

(1) All applicants must complete a one-hour pain management education program developed by the Oregon Pain Management Commission or through a Board approved nursing education program at initial or endorsement licensure and every 36 months thereafter.
(2) All applicants must complete two hours of cultural competency continuing education (CE) every other renewal cycle.
(3) Starting January 1, 2028, all renewal applicants must complete the required CE hours for their license type before submitting their renewal application:
(a) LPN or RN applicants, 20 hours within two years;
(b) Nurse emeritus applicants, 10 hours within two years; or
(c) All Oregon NP and CRNA applicants must provide primary source evidence of national certification.
(d) Clinical Nurse Specialist's without current national certification, must complete 75 hours within five years.
(4) All reinstatement or disciplinary reinstatement applicants must complete the following amount of CE:
(a) If the license has expired for more than 90 days but no more than two years, 20 hours;
(b) If the license has been expired for more than two years but no more than three years, 30 hours;
(c) If the license has expired for more than three years but no more than four years, 40 hours;
(d) If the license has expired for more than four years but no more than five years, 50 hours; or
(e) If the license has been expired for more than five years, 60 hours.
(5) The CE listed in sections (1) and (2) of this rule may be counted toward the applicant's required number of CE hours under section (3) or (4) of this rule.
(6) An LPN or RN renewal applicant may satisfy the requirement in subsection (4) of this rule by providing proof of passing the NCLEX® at the level of licensure sought within two years prior to submission of the renewal application form.
(7) Unless otherwise indicated in this rule, all CE must be in nursing topics relevant to the applicant's level of licensure.

Statutory/Other Authority: ORS 678.150, ORS 678.040, ORS 678.050, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.385, ORS 678.390
Statutes/Other Implemented: ORS 678.010-ORS 678.150, ORS 678.360-ORS 678.390
History: BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0035

Temporary License for Spouses and Domestic Partners of Active-Duty Armed Forces of the United States Stationed in Oregon

(1) A temporary license to practice Registered Nursing (RN) or Licensed Practical Nursing (LPN) shall be issued to the spouse of active-duty armed forces personnel when the following requirements are met:
(a) A completed application and payment of fee is received by the Board; and
(b) Submission of a copy of the military orders assigning the active-duty member to an assignment in Oregon; and
(c) The spouse holds a current license in another state to practice nursing at the level of application; and
(d) The license is unencumbered and verified as active and current through processes defined by the Board.
(2) The temporary license shall expire on the following date, whichever occurs first:
(a) Oregon is no longer the duty station of the active armed forces member; or
(b) The license in the state used to obtain a temporary license expires; or
(c) Two years after the issuance of the temporary license; or

(d) When no longer a spouse or domestic partner of an active-duty armed forces member.
(e) This temporary license is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon license. The active license must be obtained using the processes and fees established for permanent licensure. Continuing to work in Oregon when the temporary license has expired will be considered practicing without a valid license and is subject to Board action.

Statutory/Other Authority: ORS 678.440, ORS 678.150
Statutes/Other Implemented: ORS 678.440, ORS 678.150, ORS 678.308
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2021, amend filed 06/21/2021, effective 07/01/2021; BN 12-2019, adopt filed 11/22/2019, effective 01/01/2020

851-031-0039
Initial Licensure by Endorsement – PN and RN

(1) An individual who holds or has held a practical, vocational or registered nurse license in another state or U.S. territory may apply for licensure by endorsement by submitting a completed application, which includes:
(a) The Board's initial application by endorsement form;
(b) Payment of the applicable fees in OAR Chapter 851 Division 2;
(c) Confirmation of graduation from a nursing education program as defined in section (2) of this rule;
(d) Proof of passing the NCLEX® for type of licensure sought;
(e) Completion of pain management CE as defined in OAR 851-031-0008;
(f) Completion of a national fingerprint-based criminal background check as defined in OAR 851-001-0115; and
(g) If the individual's license is not active in the issuing state or U.S. territory, completion of CE as defined in OAR 851-031-0008, based on how long the license has been expired.
(2) Confirmation of graduation includes:
(a) An official transcript that includes the degree, certificate, or diploma awarded, the graduation date, and documentation of a clinical component as defined in OAR 851-006-0030; and
(b) Verification that the nursing education program was approved by the appropriate agency in the state or U.S. territory.
(c) A credential evaluation for graduates of international nursing education program that does not have an NCLEX® code, which includes:
(A) Confirmation of completion of a nursing education program approved by the appropriate regulatory body;
(B) Theory and clinical hours completed;
(C) Verification that the education is comparable to an Oregon nursing education program; and
(D) If available, licensure details from the issuing authority.
(3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.040, ORS 678.050, ORS 678.150, ORS 678.415
Statutes/Other Implemented: ORS 678.040, ORS 678.050, ORS 678.150, ORS 678.415
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2025, amend filed 02/21/2025, effective 03/01/2025; BN 26-2021, amend filed 11/22/2021, effective 12/01/2021; BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0041
Governor Declared Emergency

(1) During an emergency declared by the Governor pursuant to ORS 401.165 and subject to terms and conditions that the Board may impose, a limited LPN or RN license may be issued to an applicant who holds active unencumbered nursing licensure at the same level in another state or U.S. jurisdiction when the following requirements are met:
(a) A completed application and payment of fee is received by the Board; and

(b) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing license in another state or jurisdiction.
(2) The limited license shall expire on the following date, whichever occurs first:
(a) The Oregon Governor-Declared Emergency declaration expires; or
(b) The license in the state or jurisdiction that was used to obtain the limited license expires; or
(c) Two years after the issuance of the limited license.
(3) Non-Renewable Limited License: A limited license for a governor-declared emergency is not renewable and expires based on whichever occurs first in OAR 851-031-0041(2). The individual must apply for permanent Oregon LPN or RN licensure by endorsement to continue working as a nurse in Oregon. Continuing to work in Oregon after the limited license has expired, and without an active permanent Oregon nursing license at the same level is considered practicing without a valid license and is subject to Board action.
(4) Reinstatement of Limited License: A previously issued expired limited license may be reactivated if the following are true:
(a) A new state of emergency has been declared by the Governor; and
(b) The individual has not been issued permanent Oregon nursing licensure by endorsement; and
(c) Holds active unencumbered nursing licensure at the same level in another state or U.S. jurisdiction.
(d) A qualified applicant must:
(A) Submit a completed reinstatement application and fee to the Board; and
(B) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing license in another state or jurisdiction.

Statutory/Other Authority: ORS 678.050
Statutes/Other Implemented: ORS 678.050
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2025, amend filed 02/21/2025, effective 03/01/2025; BN 5-2024, adopt filed 06/20/2024, effective 07/01/2024; BN 8-2023, temporary adopt filed 11/22/2023, effective 01/01/2024 through 06/28/2024

851-031-0042

Initial Licensure – APRN

(1) An individual may apply for initial licensure as an Advanced Practice Registered Nurse (APRN) by submitting a completed application that includes:
(a) The Board's APRN application form for the license type and population focus area sought;
(b) Payment of the applicable fees in OAR Chapter 851 Division 2;
(c) Verification of an Oregon RN license;
(d) Official transcript confirming graduation date and degree or certificate awarded from a graduate or post-master's level nursing education program that:
(A) Has national accreditation from a national nursing accrediting body recognized by the U.S. Department of Education at the time the applicant graduated; and
(B) Includes preparation in advanced health assessment, advanced physiology and pathophysiology, and advanced pharmacology.
(e) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115;
(f) Complete a one-hour pain management education program as described in OAR 851-031-0008(1);
(g) If applicable, primary source verification of APRN licensure held in another state or U.S. territory; and
(h) For CRNA and NP applicants, verification of national certification congruent with license type and population focus.
(2) If internationally educated, a credential evaluation that shows the following:
(a) Completion of a nursing education program authorized by the appropriate regulatory body;
(b) The course hours for theory and clinical components; and

(c) Equivalency to a U.S. graduate level nursing education program; or
(d) If the education was completed prior to January 1, 2011, equivalency to an advanced practice certification program in the same licensure type and population focus.
(3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.023, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390, ORS 678.372
Statutes/Other Implemented: ORS 678.023, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390, ORS 678.372
History: BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0043
Prescriptive and Dispensing Authority
(1) An individual who holds or is applying for an Oregon APRN license may apply for prescriptive authority by submitting a completed application, which includes:
(a) Completion of the Board's prescriptive authority application form;
(b) Payment of the applicable fees in OAR Chapter 851 Division 2;
(c) Documentation of at least 45 contact hours of pharmacology education; and
(d) Documentation of:
(A) CRNAs, clinical education in pharmacotherapeutics that includes management of clients congruent with the specialty role sought; or
(B) CNSs, clinical education in client management, including pharmacotherapeutics, that is comparable to requirements for completion of a nurse practitioner program;
(C) NPs, clinical education in client management, including pharmacotherapeutics.
(2) An APRN applicant educated prior to January 1, 2011, can satisfy subsection (1)(c) and (d) of this rule by providing evidence of continuous APRN licensure, in good standing in another state or U.S. territory with full independent practice and prescriptive authority.
(3) An individual who holds or is applying for an Oregon CNS or NP license may apply for dispensing authority by submitting a completed application, which includes completion of the Board's dispensing authority application form.
(4) Prescriptive and dispensing authority expires with the APRN license.
(5) Prescriptive or dispensing authority may be renewed by submitting a completed application, which includes:
(a) Completion of the Board's prescriptive or dispensing authority form;
(b) Payment of the fee in OAR Chapter 851 Division 2; and
(c) Attestation that the applicant reviewed the Board's prescriptive and dispensing authority education video.

Statutory/Other Authority: ORS 678.150, ORS 678.285
Statutes/Other Implemented: ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.385, ORS 678.390
History: BN 23-2025, adopt filed 11/20/2025, effective 01/01/2026

851-031-0048
Renewal of License
(1) A nursing license is valid for two years from the date it is issued. Licensees must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
(2) An individual may apply for renewal before the expiration of their license by submitting a completed application, which includes:
(a) The Board's renewal application form for the license type being renewed;
(b) Payment of the applicable fees in OAR Chapter 851 Division 2;
(c) Effective January 1, 2028, completion of the CE requirements in OAR 851-031-0008; and

(d) Completion of the state records criminal background check as defined in OAR 851-001-0115.
(e) For all APRN applicants, verification of RN licensure, and
(f) For CRNA applicants and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
(3) A license expired for more than 90 days must apply for reinstatement as described in OAR 851-031-0051.
(4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.040, ORS 678.375, ORS 678.101, ORS 678.150, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.380
Statutes/Other Implemented: ORS 678.040, ORS 678.101, ORS 678.150
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 11-2023, temporary amend filed 12/29/2023, effective 01/01/2024 through 06/28/2024; BN 3-2022, amend filed 02/18/2022, effective 03/01/2022; BN 26-2021, amend filed 11/22/2021, effective 12/01/2021; BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0051

License Reinstatement

(1) An individual whose LPN, RN, or APRN license has been expired for more than 90 days may apply for reinstatement by submitting a completed application, which includes:
(a) The Board's reinstatement application form for the license type being reinstated;
(b) Payment of the applicable fees in OAR Chapter 851 Division 2;
(c) Completion of a national criminal fingerprint-based background check as described in OAR 851-001-0115;
(d) Completion of continuing education as applicable in OAR 851-031-0008.
(e) For all APRN applicants, verification of RN licensure, and
(f) For CRNA applicants and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.
(2) An individual whose LPN, RN, or APRN license has been revoked or voluntarily surrendered is not eligible for reinstatement under this section but may apply for disciplinary reinstatement under OAR 851-031-0055.
(3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.150, ORS 678.040, ORS 678.375, ORS 678.380, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372
Statutes/Other Implemented: ORS 678.040, ORS 678.140
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 26-2021, amend filed 11/22/2021, effective 12/01/2021; BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0052

Exceptions to Rules

(1) An applicant or licensee may request that the Board make an exception to one or more of the licensing requirements described in OAR 851-031-0006 to 851-031-0051 on a form provided by the Board.
(2) The Board considers each exception request on a case-by-case basis and may grant an exception request at its discretion, except that the Board will not grant any exception to a requirement established by statute.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.040, ORS 678. 050, ORS 678.101, ORS 678.370-678.390
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2025, adopt filed 02/21/2025, effective 03/01/2025

851-031-0055

Disciplinary Reinstatement

(1) An individual whose license has been revoked or voluntarily surrendered may apply for disciplinary reinstatement under this rule by submitting a completed application, which includes:

(a) The Board's disciplinary reinstatement application form for the license type being reinstated;

(b) Payment of the applicable fees in OAR Chapter 851 Division 2;

(c) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115;

(d) Completion of the applicable continuing education as described in OAR 851-031-0008.

(e) For all APRN applicants, verification of RN licensure, and

(f) For CRNA applicants and NP applicants initially licensed after January 1, 2011, verification of current national certification congruent with license type and population focus.

(2) An applicant under this rule is also subject to OAR 851-001-0015.

(3) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.040, ORS 678.150, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380

Statutes/Other Implemented: ORS 678.040, ORS 678.150

History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2025, amend filed 02/21/2025, effective 03/01/2025; BN 26-2021, amend filed 11/22/2021, effective 12/01/2021; BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0065

Standards for individualized re-entry plans

The applicant choosing to complete an individualized plan for re-entry must submit, in writing, the following for Board approval:

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

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

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

(4) Plan for obtaining and demonstrating knowledge/competence in nursing.

(5) Plan for obtaining 120 hours of theory and 160 hours of clinical supervision at the appropriate level of licensure. An additional 160 hours may be required by the Board based upon preceptor feedback. The plan must 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 must include but is not limited to:

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

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

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

(D) 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 must:

(A) Hold a current unencumbered registered nursing license in Oregon;

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

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

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

(6) Documentation of successful completion of the individualized re-entry plan must be provided in writing, and must include:
(a) Completion of program objectives/outcomes;
(b) Completion of required supervised clinical practice hours;
(c) Achievement of predetermined competencies; and
(d) Recommendation for licensure by clinical preceptor and nurse manager.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.050, ORS 678.113
History: BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0075
Limited Licenses for Internationally Educated and Licensed Nurses (IELN)
(1) Refer to OAR 851-031-0026 for license requirements for IELN attending a graduate program requiring a clinical practicum component.
(2) IELN attending a research PhD program are not required to obtain a full or limited license when no direct care is provided and patient interaction is restricted to investigation protocol data collection and the student is under the supervision and
nursing license of the Principle Investigator. Non-nurse Principle Investigators are not authorized to supervise IELN PhD students.
(3) A limited license is not required for an observation only experience. The sponsor, faculty, or preceptor will be accountable if the IELN observer is allowed to provide any type of patient care intervention. This constitutes practicing without a license.
(4) A limited license is required for those IELN who are attending a continuing education program or clinical experience as part of an exchange program or a program offering a precepted experience in nursing practice. The IELN works under the supervision of the faculty or sponsor; the preceptor is accountable for removing the IELN from the clinical experience if the preceptor deems the IELN is providing unsafe patient care. The IELN has a limited license and is accountable for their practice; however, the sponsor will be held accountable for allowing an IELN who has been reported to be unsafe to continue to participate in the clinical experience.
(5) The IELN must have a faculty or sponsor who has an unencumbered Oregon RN license who will take accountability for the experience of the IELN and assure that the clinical experience is commensurate with the IELN current scope of practice and that specific learning objectives are formulated.
(6) Requirements for a limited license under this section:
(a) A completed application per Board processes including the name of the program and accountable Oregon licensed sponsor, faculty, or preceptor.
(b) Primary source verification that the nurse is in good standing with their country's nursing licensure authority.
(c) The limited license is valid for one year or when the program is completed, whichever is least.

Statutory/Other Authority: ORS 678.050, ORS 678.150
Statutes/Other Implemented: ORS 678.050
History: BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0085
Inactive Nurse Status
(1) An individual with an LPN, RN, or APRN license may apply to place the license in inactive status by submitting a completed application, which includes:
(a) A license that is active and in good standing at the time of application; and
(b) The Board's inactive status application form for the license type being inactivated.

(2) A license in inactive status does not authorize practice under the license.
(3) To return to active status, an individual must apply for reinstatement as defined in OAR 851-031-0055.

Statutory/Other Authority: ORS 678.021, ORS 678.031
Statutes/Other Implemented: ORS 678.021, ORS 678.031
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2021, amend filed 06/21/2021, effective 07/01/2021; BN 1-2003, f. & cert. ef. 3-6-03

851-031-0086
Retired Status

(1) An individual may retire their LPN, RN, or APRN license by submitting a completed application, which includes:
(a) The Board's retired status application form;
(b) Confirmation the license is in good standing with the issuing authority and not subject to any disciplinary investigation or action pending; and
(c) Surrendering the license being retired.
(2) A license in retired status does not authorize practice under the license.
(3) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.031, ORS 678.050, ORS 678.150
Statutes/Other Implemented: ORS 678.031, ORS 678.050, ORS 678.150
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2025, amend filed 02/21/2025, effective 03/01/2025; BN 6-2021, amend filed 06/21/2021, effective 07/01/2021; BN 7-2015, f. 12-1-15, cert. ef. 1-1-16; BN 9-2010, f. & cert. ef. 6-25-10; BN 1-2003, f. & cert. ef. 3-6-03; BN 17-2002, f. & cert. ef. 10-18-02

851-031-0087
Nurse Emeritus License

(1) The nurse emeritus license permits the practice of nursing in a voluntary or unpaid basis.
(2) An individual with an LPN, RN, or APRN license may apply for a nurse emeritus license by submitting a completed application, which includes:
(a) The Board's nurse emeritus application form;
(b) Payment of the fee in OAR Chapter 851 Division 2;
(c) Confirmation that the license has already been granted retired status; and
(d) Completion of applicable continuing education in OAR 851-031-0008.
(3) A nurse emeritus license is valid for two years from date of issue.
(4) Incomplete applications expire 12 months from the initial submission date.

Statutory/Other Authority: ORS 678.055, ORS 678.113, ORS 678.150
Statutes/Other Implemented: ORS 678.055, ORS 678.113, ORS 678.150
History: BN 23-2025, amend filed 11/20/2025, effective 01/01/2026; BN 6-2025, amend filed 02/21/2025, effective 03/01/2025; BN 26-2021, amend filed 11/22/2021, effective 12/01/2021; BN 6-2021, adopt filed 06/21/2021, effective 07/01/2021

851-031-0088
Registered Nurse First Assistant Registry

(1) RNs who become registered nurse first assistants (RNFA) by receiving additional certification through nationally recognized professional organization may be recognized by the Board through placement on the Board's RNFA registry.
(2) To be placed on the Board's RNFA registry, the RN must submit a request and submit evidence of their current certification.

(3) RNFAs placed on the registry will be removed upon expiration of their certification.
(4) To maintain placement on the registry, the RN must submit documentation of current certification in a manner prescribed by the Board.

Statutory/Other Authority: ORS 678.150, ORS 678.366
Statutes/Other Implemented: ORS 678.150, ORS 678.366
History: BN 6-2025, amend filed 02/21/2025, effective 03/01/2025; BN 6-2021, amend filed 06/21/2021, effective 07/01/2021; BN 1-2006, f. & cert. ef. 2-22-06

DIVISION 41
STANDARDS FOR THE NURSE INTERN: LICENSURE AND FUNCTIONS

851-041-0000
Purpose of Standards
(1) Establish education criteria for the Nurse Intern;
(2) Establish criteria for entry level competency;
(3) Provide licensing criteria for the Nurse Intern;
(4) Provide standards of continued competency; and
(5) Establish standards for conduct considered unbecoming a Nurse Intern.

Statutory/Other Authority: ORS 678.111, ORS 678.150, ORS 678.392, ORS 678.394, ORS 678.396, ORS 678.398, ORS 678.400
Statutes/Other Implemented: ORS 678.111, ORS 678.150
History: BN 24-2025, amend filed 11/20/2025, effective 01/01/2026; BN 15-2022, adopt filed 12/23/2022, effective 01/01/2023

851-041-0010
Education Standards for Nurse Interns
(1) The nursing education program shall:
(a) Be approved by the Board or accredited or approved by another state or United States territory and approved by the Board; and
(b) Include a clinical component.
(2) Providing academic credit to the nurse intern is the decision of the program. When the program provides academic credit, the program must adhere to the following:
(a) Faculty supervision of the clinical experience which leads to achievement of course outcomes;
(b) Faculty is not required to be consistently on-site but must provide in-person participation with the nurse intern and preceptor as described in program policy; and
(c) Evaluation of nurse intern achievement of course outcomes remains the responsibility of the assigned faculty.

Statutory/Other Authority: ORS 678.111, ORS 678.150, ORS 678.392, ORS 678.394
Statutes/Other Implemented: ORS 678.111, ORS 678.150
History: BN 24-2025, amend filed 11/20/2025, effective 01/01/2026; BN 15-2022, adopt filed 12/23/2022, effective 01/01/2023

851-041-0020
Requirements for Nurse Intern License
(1) Submit a completed application form for a Nurse Intern License.
(2) The Board must receive the nurse intern's education verification on the Board approved form.
(3) The applicant must:

(a) Pass the Board-approved nursing assistant competency exam; and
(b) Complete a national fingerprint-based criminal background check per OAR 851-001-0115; or
(c) Complete a state records based criminal background check per OAR 851-001-0115 if a current Oregon license or certificate holder.
(4) The nurse intern license will be valid until the applicant's anticipated graduation date from their nursing education program.

Statutory/Other Authority: ORS 678.150, ORS 678.392
Statutes/Other Implemented: ORS 678.150, ORS 678.392
History: BN 24-2025, amend filed 11/20/2025, effective 01/01/2026; BN 11-2024, amend filed 11/22/2024, effective 12/01/2024; BN 15-2022, adopt filed 12/23/2022, effective 01/01/2023

851-041-0040
Nurse Intern Practice Team Member Role
(1) A nurse intern must function under the direct supervision of an RN who agrees to provide direct supervision as described in ORS 678.398 and OAR 851-045-0060(3).
(2) The nurse intern's role on the practice team is limited to the performance of authorized functions pursuant to ORS 678.396 as assigned by the RN providing direct supervision.
(3) The nurse intern's performance of authorized functions must occur:
(a) In adherence to these rules; and
(b) Within the parameters of the supervising RN's established plan of care for a client.
(4) The nurse intern must disclose their license type and practice team member role to the client and with other practice team members.

Statutory/Other Authority: ORS 678.111, ORS 678.150, ORS 678.396, ORS 678.398
Statutes/Other Implemented: ORS 678.111, ORS 678.150
History: BN 24-2025, amend filed 11/20/2025, effective 01/01/2026; BN 15-2022, adopt filed 12/23/2022, effective 01/01/2023

851-041-0070
Conduct Unbecoming a Nurse Intern
ORS 670.280 authorizes the Board to discipline a licensee for conduct that is not undertaken directly in the course of nurse intern functions, but that is substantially related to the fitness and ability of the applicant or nurse intern to engage in those functions for which a nurse intern license is required. Such conduct is conduct unbecoming a nurse intern and includes, but is not limited to:
(1) Conduct related to general fitness to perform nurse intern functions:
(a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or
(b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.
(2) Conduct related to achieving and maintaining clinical competency:
(a) Failure to conform to the standards of nurse intern authorized functions. Actual injury to a client need not be established;
(b) The performance of nurse intern prohibited acts;
(c) The performance of acts, functions, or both beyond nurse intern authorized functions;
(d) Acceptance of an assignment of any activity that exceed nurse intern authorized functions; or
(3) Conduct related to client safety and integrity:
(a) Failure to take action to preserve or promote a client's safety based on nurse intern knowledge, skills, and abilities;
(b) Failure to carry out authorized functions as assigned by the supervising RN;
(c) Failure to report changes in a client's status from the plan of care;

(d) Jeopardizing the safety of a client;
(e) Failure to complete a nurse intern assignment without proper notification of the supervising RN;
(f) Failure to report through proper channels facts known regarding the incompetent, unethical, unsafe, or illegal practice of any health care provider pursuant to ORS chapter 676;
(g) Failure to respect the dignity and rights of clients, inclusive of social or economic status, age, race, religion, gender, gender identity, sex, sexual orientation, national origin, nature of health needs, physical attributes, or disability;
(h) Failure to report actual or suspected incidents of abuse, neglect, or mistreatment;
(i) Engagement in or attempting to engage in sexual conduct with a client in any setting;
(j) Engagement in sexual conduct in the workplace; or
(k) Failure to maintain professional boundaries.
(4) Conduct related to communication:
(a) Failure to accurately document the performance of nurse intern functions in a timely, thorough, and clear manner. This includes failing to document a late entry within a reasonable time period;
(b) The entry of inaccurate, incomplete, falsified or altered documentation into a health record or into an agency record. This includes but is not limited to:
(A) The documentation of the performance of nurse intern functions that were not provided;
(B) Failure to document information pertinent to a client's care;
(C) Filling in another person's charting omissions, signing someone else's name, or both;
(D) Falsifying data;
(E) Altering words or characters within an existing document, health record, or both to mislead the reader; or
(c) Destruction of an agency record, a person's health record, or any document prior to the destruction date indicated for the type of recorded data or document;
(d) Directing another individual to falsify or alter an agency record, a person's health record, or both;
(e) Failure to communicate information regarding a client's status to the supervising RN or other appropriate member of the healthcare team in an on-going and timely manner and as appropriate to the context of care; or
(5) Conduct related to interactions with the client's family:
(a) Failure to respect the client's family and the client's relationship with their family;
(b) Use of one's title, position, or both, as a nurse intern to exploit a client's family for personal gain or for any other reason;
(c) Stealing money, property, services or supplies from the family;
(d) Solicitation or borrowing money, materials or property from the family; or
(e) Engagement in unacceptable behavior towards or in the presence of the client's family. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language.
(6) Conduct related to relationships with co-workers and health care team members:
(a) Engagement in violent, abusive or threatening behavior towards a co-worker; or
(b) Engagement in violent, abusive or threatening behavior that relates to the performance of safe care to a client.
(7) Conduct related to safe performance of authorized functions:
(a) Performance of authorized functions when unable or unfit to perform the functions due to:
(A) Physical impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of an individual qualified by law to diagnose physical condition or status; or
(B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of an individual qualified by law to diagnose mental condition or status.
(b) Performance of authorized functions when physical or mental ability to perform is impaired by use of a prescription or non-prescription medication, alcohol, or a mind-altering substance; or
(c) Use of a prescription or non-prescription medication, alcohol, or a mind-altering substance to an extent or in a manner dangerous or injurious to the nurse intern or others, or to an extent that such use impairs the ability to perform the authorized functions safely.

(8) Conduct related to other federal or state statutes or rule violations:
(a) To aid, abet or assist an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of a Board licensee or any other healthcare provider;
(b) To violate the rights of privacy, confidentiality of information, or knowledge concerning any person, unless required by law to disclose such information;
(c) Abuse;
(d) Neglect;
(e) Possession of, obtaining, attempting to obtain, furnishing or administering prescription or controlled medications to oneself except as directed by an individual authorized by law to prescribe medications;
(f) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled medications to any person, including self, except as directed by a person authorized by law to prescribe medications.
(g) Unauthorized removal or attempted removal of medications, supplies, property, or money from any person or setting;
(h) Unauthorized removal of client records, client information, or facility property, policies or written standards from the workplace;
(i) Violating the rights of privacy and confidentiality of information of any person by accessing or sharing information without proper authorization to do so or without a demonstrated need to know;
(j) Engaging in unsecured transmission of protected client data;
(k) Failure to report to the Board the nurse intern's own arrest for a felony crime within ten days of the arrest; or
(l) Failure to report to the Board the nurse intern's own conviction of a misdemeanor or a felony crime within ten days of the conviction.
(9) Conduct related to licensure violations:
(a) Fraud, misrepresentation, or deceit during the licensure application process;
(b) Functioning as a nurse intern without current licensure as a nurse intern;
(c) Representing oneself as a nurse intern without current, valid nurse intern licensure;
(d) Allowing any person to use one's nurse intern license for any purpose;
(e) Using another licensee's nursing license, nurse intern license, or nursing assistant certificate for any purpose;
(f) Impersonating any applicant or acting as a proxy for the applicant in any nurse intern licensure or certification examination;
(g) Disclosing contents of the competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration; or
(h) Altering an Education Attestation Verification form.
(10) Conduct related to the license holder's relationship with the Board:
(a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to waiver of confidentiality, except attorney-client privilege.
(b) Failing to answer truthfully and completely any question asked by the Board on an application for licensure, during the course of an investigation, or any other question asked by the Board;
(c) Failing to provide the Board with any documents requested by the Board; or
(d) Violating the terms and conditions of a Board order.

Statutory/Other Authority: ORS 678.111, ORS 678.150, 2022 HB 4003
Statutes/Other Implemented: ORS 678.111, ORS 678.150
History: BN 15-2022, adopt filed 12/23/2022, effective 01/01/2023

851-041-0080
Duty to Report

These standards provide further interpretation of reporting requirements pursuant to ORS 678.135 with application to all licensees, including one's own practice, when behavior or practice presents a potential for, or actual danger to, a client

or to the public's health, safety and welfare.
(1) A nurse intern with knowledge of a licensed nurse whose nursing practice fails to meet accepted standards for their license type, shall report the nurse to the person in the work setting who has authority to institute corrective action.
(2) A nurse intern who has knowledge or concern that a nurse's behavior or practice presents a potential for, or actual danger to, a client or to the public's health, safety and welfare, shall initiate a report to be made to the Board.
(3) A nurse intern who is aware of a licensed nurse's arrest or conviction of a crime related to a client, or related to the public's health, safety, and welfare shall initiate a report to the Board.
(4) The following shall always be reported to the Board:
(a) Practicing as a nurse intern without holding licensure as a nurse intern;
(b) Dismissal from employment due to conduct unbecoming a nurse intern;
(c) Client abuse or neglect;
(d) Pursuant to 851-041-0030, a pattern of or single serious occurrence of conduct unbecoming a nurse intern;
(e) Any violation of a disciplinary sanction imposed on the nurse intern by the Board;
(f) Practicing as a nurse intern when physical or mental ability is impaired;
(g) An arrest for a felony crime which shall be reported to the Board within 10 days of the arrest; or
(h) A conviction for a misdemeanor or felony crime which shall be reported to the Board within 10 days of the conviction.
(5) All leaves of absence from the nursing education program or failure to maintain good academic standing must be reported to the Board.

Statutory/Other Authority: ORS 678.111, ORS 678.150
Statutes/Other Implemented: ORS 678.111, ORS 678.150
History: BN 11-2024, amend filed 11/22/2024, effective 12/01/2024; BN 15-2022, adopt filed 12/23/2022, effective 01/01/2023

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
(1) To identify licensed practical nurse (LPN) scope in the practice of nursing.
(2) To identify registered nurse (RN) scope in the practice of nursing.
(3) To establish standards of nursing practice.
(4) All standards of nursing practice and RN scope of practice standards apply to the advanced practice registered nurse (APRN).

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, 678.010
History: BN 3-2024, amend filed 06/20/2024, effective 07/01/2024; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 4-2008, f. & cert. ef. 6-24-08

851-045-0050
Standards Related to LPN Scope in the Practice of Nursing
(1) The LPN’s practice of practical nursing must occur at the clinical direction of a plan of care developed by an RN, or at the clinical direction of a treatment plan developed by a health care provider.
(2) The LPN’s clinically directed practice of practical nursing may occur in a variety of roles that can include:
(a) Provision of direct care;
(b) Participation in the development and implementation of health care policy;

(c) Participation in nursing research; and
(d) Participation in teaching health care professionals and prospective health care professionals.
(3) The LPN's engagement in the practice of practical nursing must occur through the following actions:
(a) Perform a focused assessment of the client that recognizes the client's priority condition at the time of the interaction;
(b) Develop a focused plan of care that identifies prioritized interventions from the plan providing clinical direction of the LPN's practice;
(c) Implement prioritized focused plan of care interventions;
(d) Evaluate client's:
(A) Response(s) to focused plan of care interventions; and
(B) Progress toward expected outcomes as identified in the plan providing clinical direction of the LPN's practice;
(e) Communicate with the RN or health care provider whose plan is providing clinical direction:
(A) The client's response to focused interventions and progress toward expected outcomes; and
(B) Data pertinent to the client which falls outside of the plan of care or treatment plan.
(4) Limitations on scope in the practice of nursing for the LPN.
(a) The LPN cannot conduct a focused assessment or generate a focused plan of care outside of the plan providing clinical direction.
(b) For a situation presenting outside of the parameters of plan providing clinical direction, the LPN is responsible to collect client data, communicate data to, and seek direction from, the RN or health care provider whose plan is providing clinical direction.
(5) The LPN may assign focused plan of care interventions to a practice team member per the context of care.
(a) The LPN may assign:
(A) To an LPN, work the LPN is authorized by license and organizational position description to perform in the setting.
(B) To a UAP, work the UAP is authorized by organizational position description to perform in the setting.
(C) To a CNA:
(i) OAR 851-063-0030 authorized duties the CNA is authorized by organizational position description to perform in the setting.
(ii) An OAR 851-063-0035 additional authorized duty when the CNA has been validated by an RN representing the employment site as competent in the performance of the additional duty.
(D) To a CMA, OAR 851-063-0070 authorized duties the CMA is authorized by organizational position description to perform in the setting.
(b) Prior to assigning interventions, the LPN must know the duties, activities or interventions the recipient is authorized to perform in the setting.
(c) The LPN who assigns must:
(A) Assign based on their focused plan of care;
(B) Provide supervision of the assigned work in a manner consistent with the context of care; and
(C) Revise the distribution of focused plan of care interventions as indicated by:
(i) Client safety; and
(ii) Discussion with the RN or health care provider whose plan is providing clinical direction.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010
History: BN 35-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 25-2025, amend filed 11/20/2025, effective 11/20/2025; BN 3-2024, amend filed 06/20/2024, effective 07/01/2024; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17; BN 4-2008, f. & cert. ef. 6-24-08

851-045-0060

Standards Related to RN Scope in the Practice of Nursing

(1) The RN's practice of registered nursing is independent and can occur in a variety of roles. Such roles commonly include but are not limited to:

(a) Nursing administration;

(b) Nursing education;

(c) Health care policy development, implementation and evaluation;

(d) Consultation in the practice of nursing;

(e) Provision of direct care;

(f) Clinical direction and clinical supervision of others;

(g) Health promotion and wellness;

(h) Case management;

(i) Nursing research;

(j) Teaching health care professionals and prospective practice team members;

(k) Nursing Informatics; and

(l) With additional education, professional certification, and licensure, engagement in an advanced practice registered nurse practice role.

(2) The RN's engagement in the practice of registered nursing occurs through the following actions:

(a) Assessment of client to identify their overall response to their current state of health that brought them into contact with the RN;

(b) Identification of reasoned conclusions based on validation, analysis and synthesis of assessment data.

(c) Identification of expected outcomes for reasoned conclusions.

(d) Development of a plan of care to:

(A) Prioritize reasoned conclusions;

(B) Identify interventions to attain expected outcomes;

(C) Identify implementation responsibilities, timelines and documentation requirements; and

(D) Utilization of language appropriate to the context of care.

(e) Implementation of plan of care. RN may include utilization of practice team members to carry out planned interventions per the context of care.

(f) Evaluation of client progress toward expected outcomes through:

(A) Ongoing collection and analysis of assessment data; and

(B) Revision of reasoned conclusions, expected outcomes, planned interventions, implementation responsibilities and timelines as indicated by clinical judgment.

(3) The RN may assign plan of care interventions to a practice team member per the context of care.

(a) The RN may assign:

(A) To an RN, work the RN is authorized by license and organizational position description to perform in the setting.

(B) To an LPN, work the LPN is authorized by license and organizational position description to perform in the setting.

(C) To a UAP, work the UAP is authorized by organizational position description to perform in the setting.

(D) To a CNA:

(i) OAR 851-063-0030 authorized duties the CNA is authorized by organizational position description to perform in the setting.

(ii) An additional authorized duty per OAR 851-063-0035, when the CNA has been validated by an RN representing the employment site as competent in their performance of the additional duty.

(E) To a CMA, OAR 851-063-0070 authorized duties the CMA is authorized by organizational position description to perform in the setting.

(b) Prior to assigning work, the RN must know the duties, functions, activities or interventions the recipient is authorized to perform.

(c) The RN who assigns work must:

(A) Assign according to the health, safety and welfare of their client;
(B) Provide supervision and evaluation of assigned work in a manner consistent with:
(i) The context of care; and
(ii) The RN's nursing practice relationship with the team member who accepts the assignment.
(C) Revise how work is distributed as indicated by client outcome data, availability of qualified practice team members and other appropriate resources.
(d) The RN who agrees to act as a nurse intern (NI) supervisor must:
(A) Assign to the nurse intern only those functions authorized for performance by a NI per OAR Chapter 851, Division 41;
(B) Maintain a physical presence in the NI's practice setting; and
(C) Be readily available to the NI either in person or by other means.
(4) The RN must employ strategies that promote health and safety.
(a) Such strategies may include providing opportunity for the client to identify needed health promotion, disease prevention and self-management topics.
(b) The RN who engages in teaching to promote health and safety must apply evidence-based teaching and learning principles in the development, implementation and evaluation of teaching plans and the evaluation of learner outcomes.
(c) Based on the RN's context of care, teaching content may include but is not limited to:
(A) Teaching a client's family member how to execute a medical order;
(B) Teaching a designated caregiver how to execute a medical order per OAR Chapter 851, Division 48;
(C) Teaching a UAP how to perform a client's nursing procedure per OAR Chapter 851, Division 47;
(D) Teaching a practice team member how to administer a regularly scheduled or pro re nata (PRN) noninjectable medication to a client;
(E) Teaching a practice team member how to administer PRN injectable or noninjectable lifesaving medication to a specific client;
(F) Teaching a group of people how to administer noninjectable medications to other persons; and
(G) Teaching a group of people how to administer a lifesaving medication to another person per ORS 433.800 to 433.830, ORS 689.681, or ORS 339.869.
(d) The RN may teach and validate a CNA to perform one or more additional authorized duties as listed in OAR 851-063-0035(2).
(A) The RN must represent or be employed by the CNA's employment site.
(B) Once the RN validates the CNA is competent to perform the additional duty, the duty may then be assigned to the CNA by nurses in the employing organization.

Statutory/Other Authority: ORS 678.150, HB 4003 2022
Statutes/Other Implemented: ORS 678.150, ORS 678.010, ORS 339.869
History: BN 35-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 25-2025, amend filed 11/20/2025, effective 11/20/2025; BN 4-2025, temporary amend filed 02/21/2025, effective 03/01/2025 through 06/30/2025; BN 3-2024, amend filed 06/20/2024, effective 07/01/2024; BN 16-2022, amend filed 12/27/2022, effective 01/01/2023; BN 10-2022, amend filed 07/26/2022, effective 08/01/2022; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17; BN 4-2008, f. & cert. ef. 6-24-08

851-045-0062

Standard related to the RN who is employed by a public or private school, or by an education service district or a local public health authority.

Per ORS 678.038, a registered nurse who is employed by a public or private school, or by an education service district or a local public health authority as defined in ORS 431.003 to provide nursing services at a public or private school, may accept an order from a health care provider licensed to practice in another state or territory of the United States if the

order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010, ORS 678.038
History: BN 35-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 25-2025, amend filed 11/20/2025, effective 11/20/2025; BN 3-2024, adopt filed 06/20/2024, effective 07/01/2024

851-045-0063

Standards related to the RN who is employed by or contracted with a long-term care facility or in-home care agency.

Per ORS 678.039, a registered nurse who is employed by or contracted with a long-term care facility or an in-home care agency, as defined in ORS 443.305, may execute a medical order from a health care provider licensed to practice in another state or territory of the United States if:
(1) The order is related to the care or treatment of an individual who is a client, patient or resident of the long-term care facility or in-home care agency that employs or contracts the registered nurse; and
(2) The individual described in section number (1) of this rule number has been a client, patient or resident of the long-term care facility or in-home care agency for not more than 90 days.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.010 - 678.410
History: BN 35-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 25-2025, amend filed 11/20/2025, effective 11/20/2025; BN 3-2024, adopt filed 06/20/2024, effective 07/01/2024

851-045-0064

Standards related to the RN who Provides Nursing Services through their own Business Structure

(1) Regardless of the way nursing services are charged and paid, the RN must complete client records within 30 calendar days following each client encounter.
(2) Client records must be:
(a) Protected against unauthorized access, fire, water and theft;
(b) Kept for a period of at least seven years;
(c) Retained in a retrievable format; and
(d) Available upon request by the client or legal client representative and provided within 30 days.
(3) The RN must identify a custodian of records in the event of the RN's death. The identified custodian will be required to keep the medical records for a contiguous seven years.
(4) The RN who closes their business must notify clients by letter that communicates the:
(a) Closure of their business;
(b) Effective date of the closure;
(c) Location of client records post closure; and
(d) Process to request client records.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.010 to 678.410
History: BN 3-2024, adopt filed 06/20/2024, effective 07/01/2024

851-045-0065

Standards of Practice for the LPN and the RN

(1) Standards related to the licensee's responsibility for self-regulation in the practice of nursing. The licensee must:
(a) Practice:
(A) Within the laws and rules governing the practice of nursing applicable to one's license type;

(B) In adherence with accepted and prevailing professional nursing practice standards;
(C) Consistent with current and evolving nursing science, other sciences, the humanities; and
(D) Within one's context of care.
(b) Establish, communicate, and maintain professional boundaries;
(c) Demonstrate honesty, integrity and professionalism in the practice of nursing;
(d) Accept accountability for one's decisions and actions;
(e) Maintain documented evidence of current competence relevant to:
(A) One's nursing practice role; and,
(B) Activities and interventions performed in one's practice role.
(f) Integrate ethics in all aspects of the practice of nursing;
(g) Promote and advocate for a practice setting that is conducive to health and safety;
(h) Identify safety and environmental concerns, take action to address concerns identified; and report as needed;
(i) Accept responsibility for notifying one's employer of an ethical objection to the provision of a specific nursing activity, intervention, or role;
(j) Remove oneself from practice when unable to practice with professional skill and safety;
(k) Ensure unsafe nursing practice is addressed immediately;
(l) Report one's knowledge of a licensee whose practice of nursing is believed to not meet the standards set in these rules to the person in the practice setting who has authority to undertake corrective action; and
(m) Ensure unsafe nursing practice and practice conditions are reported to the appropriate regulatory agency.
(2) Standards related to individual scope of practice. The licensee:
(a) Must only accept an assignment that the licensee knows is within their individual scope of practice; and
(b) May not perform an activity, intervention or role until the licensee has determined that the activity, intervention or role is within their individual scope of practice. An activity, intervention or role is within the licensee's individual scope of practice only if all the following criteria are met:
(A) The activity, intervention or role is not prohibited by Oregon's Nurse Practice Act (NPA) or any other applicable law, rule, regulation or accreditation standard;
(B) Performing the activity, intervention or role, is consistent with professional nursing standards, evidence-based nursing, and other health care literature;
(C) The practice setting has policies and procedures in place to support the licensee's performance of the activity, intervention or role;
(D) The licensee has completed the education necessary to safely perform the activity, intervention or role;
(E) The licensee has documented evidence of their current competence to safely perform the activity, intervention or role;
(F) The licensee has the appropriate resources to perform the activity, intervention or role in the practice setting;
(G) A reasonable and prudent nurse would perform the activity, intervention or role in this setting; and
(H) The licensee is prepared to accept accountability for the activity, intervention, or role, and any related outcomes.
(3) Standards related to the licensee's responsibility for disclosure of nursing license type and practice role. The licensee shall disclose their license type and practice role to the client unless the disclosure creates a safety or health risk for either the nurse or the client.
(4) Standards related to the licensee's responsibility regarding the use of informatics and technologies in the practice of nursing. The licensee must:
(a) Establish and maintain the competency necessary to properly use informatics and technologies of the practice setting;
(b) Advocate for the use of informatics and technologies that are compatible with the safety, dignity, and rights of the client; and,
(c) Adhere to accepted and prevailing standards and guidelines on the use of telecommunications technologies in the practice of nursing.

(5) Standards related to the licensee's responsibility for documentation of the practice of nursing. The licensee must document their practice of nursing:
(a) In a timely, accurate, thorough, and clear manner;
(b) Consistent with the context of care; and
(c) Using one's name of record.
(6) Standards related to the licensee's responsibility for client advocacy. The licensee must:
(a) Recognize and respect the cultural values, beliefs, and social practices of the client.
(b) Advocate for the client's right to receive nursing services and other services that are respectful of the client's needs, choices and dignity. This includes:
(A) Communicating client choices, concerns and needs to other members of the practice team; and
(B) Promoting safe client hand offs and care transitions.
(c) Intervene on behalf of the client to identify changes in health status, to protect, promote and optimize health.
(d) Advocate for the client's right to receive appropriate and accurate information.
(e) Protect the client's right to make informed decisions. This includes the client's right:
(A) To decline or to consent to an intervention, medication or treatment; and,
(B) To decline or to consent to participation in research.
(f) Respect client decisions without bias.
(g) Protect confidential client information. This includes the protection of client information that is:
(A) Communicated by any method;
(B) Transmitted through use of telecommunications technology; and
(C) Stored in an electronic or hard copy format.
(7) Standards related to the licensee's responsibility for collaboration with the practice team. The licensee must:
(a) Function as a member of the practice team.
(b) Demonstrate a knowledge of practice team members' roles.
(c) Communicate with practice team members regarding the plan of care.
(d) Demonstrate cultural responsiveness in the practice of nursing.
(e) As appropriate to the context of care, collaborate in the development, implementation and evaluation of combined plans of care.
(8) Standards related to the licensee's responsibility for leadership and quality of practice. The licensee must:
(a) Demonstrate respect in interactions with practice team members.
(b) Interpret and evaluate policies, protocols, and guidelines that are pertinent to the practice of nursing, nursing services, and to health services delivery:
(A) Ensure policies, procedures, and guidelines pertinent to the practice of nursing are consistent with the laws and rules of Oregon's NPA.
(B) Take action to address any policy, protocol, or guideline that is not consistent with the laws and rules of Oregon's NPA; and,
(C) Take action to address any policy, protocol or guideline that jeopardizes client health and safety.
(c) Participate in quality improvement initiatives and activities within the practice setting.
(d) Participate in the mentoring and precepting of nursing and nursing assistant students, new licensees, nursing colleagues, and other members of the practice team.
(9) Standards related to the licensee's responsibility in the acceptance and execution of medical orders.
(a) Per ORS 678.010(9), the practice of nursing includes the authority to execute medical orders.
(b) The licensee may accept and implement orders from any of the health care providers licensed and authorized by Oregon statute to independently diagnose and treat:
(A) Clinical nurse specialist (CNS) licensed under ORS Chapter 678;
(B) Certified registered nurse anesthetist (CRNA) licensed under ORS Chapter 678;
(C) Nurse practitioner (NP) licensed under ORS Chapter 678;

(D) Medical doctor (MD) licensed under ORS Chapter 677;
(E) Doctor of osteopathic medicine (DO) licensed under ORS Chapter 677;
(F) Doctor of podiatric medicine licensed under ORS Chapter 677;
(G) Dentist licensed under Chapter ORS 679;
(H) Naturopathic physician licensed under ORS Chapter 685;
(I) Optometrist licensed under ORS Chapter 683;
(J) Doctor of chiropractic licensed under ORS Chapter 684;
(K) MD volunteer emeritus license licensed under ORS Chapter 677;
(L) DO volunteer emeritus license licensed under ORS Chapter 677; and
(M) Physician associate licensed under ORS Chapter 677.
(c) Prior to the execution of a medical order, the licensee must determine that the medical order is:
(A) Within the prescriber's scope of practice;
(B) Clear and complete;
(C) Safe for the client; and
(D) Consistent with the prescriber's plan for the client's care.
(d) The licensee who determines that subsection (c)(A) through (D) is not met, must:
(A) Decline to execute the medical order; and
(B) Contact the prescriber or the prescriber's designee to discuss the situation and arrive at a mutual decision on how to move forward.
(10) Standards related to the licensee's responsibility in the acceptance and implementation of recommendations for client care from a health care professional authorized to practice in Oregon:
(a) The licensee may accept and implement recommendations for care from the following health care professionals licensed in Oregon:
(A) Acupuncturist licensed under ORS Chapter 677;
(B) Dietitian licensed under ORS Chapter 691;
(C) Occupational therapist licensed under ORS Chapter 675;
(D) Physical therapist licensed under ORS Chapter 688;
(E) Pharmacist licensed under ORS Chapter 689;
(F) Psychologist licensed under ORS Chapter 675;
(G) Registered nurse licensed under ORS Chapter 678;
(H) Respiratory therapist licensed under ORS Chapter 688;
(I) Social worker licensed under ORS Chapter 675; and
(J) Speech therapist licensed under ORS Chapter 681.
(b) Prior to implementation of a recommendation, the licensee must:
(A) Have knowledge that the recommendation is within the health care professional's scope of practice;
(B) Determine the recommendation to be:
(i) Clear and complete;
(ii) Safe for the client; and
(iii) Consistent with the plan of care for the client;
(c) The licensee who determines that subsection (b)(A) or (B) are not met, must decline implementation of the recommendation and, as appropriate to the context of care, discuss with practice team members.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010, ORS 678.135
History: BN 35-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 25-2025, amend filed 11/20/2025, effective 11/20/2025; BN 3-2024, adopt filed 06/20/2024, effective 07/01/2024

851-045-0070

Conduct Derogatory to the Standards of Nursing Defined

Conduct derogatory to the practice of nursing is conduct that adversely affects the health, safety, and welfare of the public; that fails to conform to OAR 851-045 scope and standards of practice; or that fails to conform to accepted standards of the nursing profession. Such conduct includes, but is not limited to:

(1) Conduct related to general fitness in the practice of nursing:

(a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or

(b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.

(2) Conduct related to achieving and maintaining clinical competency:

(a) Failing to recognize standards of acceptable and prevailing nursing practice. Actual injury need not be established;

(b) Exceeding scope in the practice of nursing for license type;

(c) Performing activities, interventions, or roles within the practice of nursing that are not within one's individual scope of practice;

(d) Accepting an assignment when individual competency necessary to safely perform the assignment has not been established or maintained; or

(e) Failure to remove oneself from practice when unable to practice with professional skill and safety.

(3) Conduct related to the client's safety and integrity:

(a) Developing, modifying, or implementing policies that jeopardize client safety;

(b) Failing to take action to preserve or promote a client's safety based on nursing assessment and clinical judgment;

(c) Failing to develop, implement or modify the plan of care;

(d) Failing to develop, implement or modify the focused plan of care;

(e) Assigning work that:

(A) Exceeds scope in the practice of nursing for the recipient's license type;

(B) Exceeds the recipient's individual scope of practice;

(C) Exceeds authorized duties for one's nursing assistant certification; or

(D) Is not authorized to be performed in the context of care.

(f) Failing to adhere to OAR chapter 851, Division 47 when delegating the performance of a client's nursing procedure to a UAP;

(g) Failing to provide supervision per the context of care for:

(A) Work that has been assigned to practice team members; or

(B) The performance of a nursing procedure that has been delegated to a UAP practice team member.

(h) Assuming duties and responsibilities within the practice of nursing when competency in the performance of those duties and responsibilities has not been established or maintained;

(i) Accepting an assignment and then leaving or failing to complete the assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that assignment responsibilities will be met;

(j) Failing to make a report per ORS 676.150 of facts known regarding prohibited or unprofessional conduct of a Board licensee or licensee of another Board;

(k) Failing to respect the dignity and rights of the client, inclusive of the client's social or economic status, age, race, religion, gender, gender identity, sexual orientation, national origin, nature of health needs, physical attributes, disability, or personal choice;

(l) Failing to honor the client's right to decline an intervention or medication;

(m) Failing to honor the client's right to decline to participate in research;

(n) Failing to report actual or suspected incidents of abuse, neglect or mistreatment;

(o) Engaging in or attempting to engage in sexual contact with a client in any setting;

(p) Engaging in sexual misconduct;

(q) Failing to establish or maintain professional boundaries with a client;

(r) Using social media to communicate, post, or otherwise distribute protected client information or data including client image or other client identifiers; or

(s) Failing to report to the person in the workplace who holds the authority to institute corrective action, one's knowledge of a licensee whose practice of nursing:
(A) Exceeds scope in the practice of nursing for their license type; or
(B) Fails to meet established standards of safe nursing practice.
(4) Conduct related to communication:
(a) Failure to document the practice of nursing in a timely, accurate, thorough, and clear manner;
(b) Failure to document the practice of nursing using one's name of record;
(c) Failure to document data and information pertinent to a client's status;
(d) Failing to document a late entry within a reasonable time period;
(e) Entering inaccurate, incomplete, falsified, fabricated or altered documentation into a health record or employer record. This includes but is not limited to:
(A) Documenting the practice of nursing that did not occur;
(B) Documenting the occurrence of events that did not occur;
(C) Documenting using another person's name of record or identification;
(D) Falsifying data;
(E) Altering words or characters within another person's established document or record entry;
(F) Altering words or characters within another person's established document or record entry to mislead the reader; or
(G) Entering late entry documentation into a non-electronic health record that does not identify the date and time of the event being recorded, the date and time the late entry is placed into the record, or one's name of record
(f) Destroying a client or employer record:
(A) To conceal a record of nursing or other services provided; or
(B) To conceal the omission of nursing or other services;
(g) Directing another person to falsify, alter or destroy a client or agency record or any document to conceal a record of services provided or to conceal the omission of services;
(h) Directing another individual to enter false information into an agency record, a client's health record, or both;
(i) Failing to communicate information regarding the client's status to members of the practice team in an ongoing and timely manner as appropriate to the context of care; or
(j) Failing to communicate information regarding the client's status to other individuals who are authorized to receive information and have a need to know.
(5) Conduct related to the client's family:
(a) Failing to be respectful to the client's family and the client's relationship with their family;
(b) Using one's title or position as a nurse to exploit the client's family for any reason;
(c) Stealing money, property, services or supplies from the client's family;
(d) Soliciting or borrowing money, materials or property from the client's family; or
(e) Engaging in unacceptable behavior towards, or in the presence of, the client's family. Such behavior includes, but is not limited to, using derogatory names, derogatory or threatening gestures, verbal threats or profane language.
(6) Conduct related to practice team members, co-workers and students:
(a) Engaging in violent, abusive or threatening behavior towards a practice team member, co-worker or student; or
(b) Engaging in violent, abusive, or threatening behavior towards a practice team member, a coworker, or a student that impacts the delivery of safe nursing services or other services provided in the context of care.
(7) Conduct related to impaired function:
(a) Practicing nursing when unable or unfit due to:
(A) Physical impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of a health care provider qualified to diagnose physical condition or status; or
(B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the practice setting or by the assessment of a health care provider qualified to diagnose mental conditions or status.
(b) Practicing nursing when physical or mental ability to practice is impaired by stress, illness, the use of any drug,

prescription or non-prescription medication, alcohol, or a mind-altering substance; or
(c) The use of any drug, prescription or non-prescription medication, alcohol, or a mind-altering substance, to an extent or in a manner that:
(A) Is dangerous or injurious to the licensee or others; or
(B) Impairs the ability to conduct safely the practice of nursing.
(8) Other conduct derogatory to the practice of nursing:
(a) Violating any law, rule, or regulation intended to guide the conduct of nurses;
(b) 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 and health care professions;
(c) Violating the rights of privacy, confidentiality of information, or disclosing knowledge concerning the client, unless required by law to disclose such information;
(d) Discriminating against a client based on age, race, religion, gender, gender identity, sexual preference, national origin, disability, health care beliefs or health care decisions;
(e) Abusing a client;
(f) Neglecting a client;
(g) Failing to report suspected or observed incidents of abuse to the appropriate state agency or agencies;
(h) Failing to report suspected or observed incidents of abuse or neglect through the proper channels in the workplace;
(i) Engaging in other unacceptable behavior towards or in the presence of a client. Such conduct includes but is not limited to using derogatory names, derogatory gestures, profane language or threats;
(j) Soliciting, borrowing, or stealing money, materials, services, supplies or property from a client;
(k) Except as authorized through a medical order written by a person authorized to prescribe the medication:
(A) Possessing, obtaining, or attempting to obtain a prescription medication or controlled medication; or
(B) Furnishing or administering a prescription medication or controlled medication to any person, including oneself;
(l) Unauthorized removal, attempted removal, or stealing of medications, supplies, property, or money from any person in the practice setting or one's employer;
(m) Unauthorized removal of client records, client information, facility property, policies or written standards from the practice setting;
(n) Using one's role as a nurse for personal gain or to defraud a person of their personal property or possessions;
(o) Violating a person's rights of privacy and confidentiality by accessing their information without proper authorization or without a demonstrated need to know;
(p) Engaging in unsecured transmission of protected client data;
(q) Engaging in unauthorized transmission of protected client data;
(r) Failing to administer medications in a manner consistent with state and federal law;
(s) Failing to dispense medications in a manner consistent with state and federal law;
(t) Failure to release a client's health record within 30 days from receipt of written notice for release of records. This includes requests for records after closure of practice;
(u) Improper billing practices including the submission of false claims;
(v) Failing to properly maintain records after closure of practice or practice setting;
(w) Failure to notify client of closure of practice and of the location of their health records;
(x) Failure to report to the Board the licensee's arrest for a felony crime within 10 days of the arrest;
(y) Failure to report to the Board the licensee's conviction of a misdemeanor or a felony crime within 10 days of the conviction; or
(z) Failure to report to the Board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the Board.
(9) Conduct related to licensure violations:
(a) Resorting to fraud, misrepresentation or deceit at any time during the licensing process;
(b) Practicing nursing without a current Oregon license;
(c) Practicing as an NP, CRNA, or CNS without a current Oregon license in the specific advanced practice registered

nurse specialty;
(d) Allowing another person to use one's nursing license for any purpose;
(e) Using another person's nursing license for any purpose;
(f) Impersonating an applicant or acting as a proxy for the applicant in any nurse licensure examination; or
(g) Disclosing the contents of a nurse licensure examination, soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration.
(10) Conduct related to the licensee's relationship with the Board:
(a) Failing to fully cooperate with the Board during the course of an investigation;
(b) Failing to answer truthfully and completely any question asked by the Board. This includes:
(A) During the licensing process;
(B) During the course of an investigation;
(C) During the course of a nursing education or nursing assistant program survey; or
(D) While under monitoring by the Board via Board order.
(c) Failing to provide the Board with any documents requested by the Board;
(d) Violating the terms and conditions of a Board order; or
(e) Failing to comply with the terms and conditions of a Board order or stipulated agreement.
(11) Conduct related to advanced practice nursing:
(a) Ordering laboratory or other diagnostic tests or treatments or therapies for oneself;
(b) Prescribing for or dispensing medications to oneself;
(c) Providing advanced practice registered nursing services to one's family member in the absence of adherence to OAR Chapter 851, Division 55 including prescribing, dispensing or providing medications;
(d) Using self-assessment and diagnosis as the basis for the provision of care which would otherwise be provided by a client's professional caregiver; or
(e) Ordering unnecessary laboratory or other diagnostic test or treatments for the purpose of personal gain.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.111, ORS 678.390
History: BN 35-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 25-2025, amend filed 11/20/2025, effective 11/20/2025; BN 3-2024, amend filed 06/20/2024, effective 07/01/2024; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17; BN 5-2012, f. 5-7-12, cert. ef. 6-1-12; BN 12-2010, f. & cert. ef. 9-30-10; BN 2-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 4-2008, f. & cert. ef. 6-24-08

851-045-0090
Duty to Report Suspected Violations of the Nurse Practice Act per ORS 678.135
(1) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, any health care facility licensed as required by ORS 441.015, or any person licensed by the Oregon State Board of Nursing, shall report to the board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the board.
(2) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, the Oregon Nurses Association or any other organization representing registered or licensed practical nurses shall report to the board any suspected violation of ORS 678.010 to 678.410 or any rule adopted by the board.
(3) Any person may report to the board any suspected violation of ORS 678.010 to 678.410, or any rule adopted by the board, association or other organization representing registered or licensed practical nurses.
(4) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, a person licensed by the board who has reasonable cause to believe that a licensee of another board has engaged in prohibited conduct as defined in ORS 676.150 shall report the prohibited conduct in the manner provided in ORS 676.150.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 3-2024, amend filed 06/20/2024, effective 07/01/2024; BN 8-2017, f. 7-7-17, cert. ef. 8-1-17; BN 4-2008, f. & cert. ef. 6-24-08

DIVISION 47
STANDARDS FOR REGISTERED NURSE DELEGATION PROCESS

851-047-0000
Statement of Purpose
These rules establish standards for delegation to other than licensed nursing personnel in a community-based setting, of procedures including patient care tasks and tasks related to the administration of medication, ordered by a nurse practitioner (NP), clinical nurse specialist (CNS), or by a physician licensed under ORS Chapter 677.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 9-2024, amend filed 08/27/2024, effective 09/01/2024; BN 3-2023, amend filed 07/06/2023, effective 08/01/2023; BN 5-2004, f. & cert. ef. 2-26-04; BN 2-1999, f. & cert. ef. 3-16-99
BN 3-1998, f. & cert. ef. 3-13-98
NB 8-1992, f. & cert. ef. 7-27-92, Renumbered from 851-045-0011
NB 2-1990, f. & cert. ef. 4-2-90
NB 7-1989(Temp), f. & cert. ef. 10-4-89
NB 2-1988, f. & cert. ef. 6-24-88

851-047-0030
General Provisions
(1) In accordance with these rules:
(a) The registered nurse (RN) may delegate, to other than licensed nursing personnel, tasks relating to the administration of medication and patient care tasks that are ordered or prescribed by a physician licensed under ORS chapter 677, a CNS or NP;
(b) The delegation must occur under the procedural guidance, initial direction and periodic inspection and evaluation of the physician, CNS, NP or RN;
(c) The provision of nursing care may be delegated only by a registered nurse; and
(d) Delegation under these rules may only occur in a community-based setting.
(2) For the purposes of these rules:
(a) The term “nursing procedure” includes the tasks referenced in section (1) of this rule; and
(b) The term “unregulated assistive person (UAP) means a person other than licensed nursing personnel.
(3) An RN may not delegate the nursing process components of assessment, identification of reasoned conclusions, outcome identification, planning, or evaluation to a UAP.
(4) Prior to delegating, an RN must ensure that practice setting policies:
(a) Support RN engagement in delegation process; and
(b) Are consistent with these rules.
(5) Pursuant to ORS 678.036(3), a nurse who delegates the provision of nursing care to another person pursuant to ORS 678.150 shall not be subject to an action for civil damages for the performance of a person to whom nursing care is delegated unless the person is acting pursuant to specific instructions from the nurse or the nurse fails to leave instructions when the nurse should have done so
(6) Nothing in these rules waives or otherwise alters an RN’s obligation to comply with OAR Chapter 851 Division 45.
(7) The decision to delegate or not delegate remains solely with the RN.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 9-2024, amend filed 08/27/2024, effective 09/01/2024; BN 3-2023, amend filed 07/06/2023, effective 08/01/2023; BN 5-2004, f. & cert. ef. 2-26-04; BN 3-1998, f. & cert. ef. 3-13-98
NB 8-1992, f. & cert. ef. 7-27-92, Renumbered from 851-045-0011
NB 2-1990, f. & cert. ef. 4-2-90
NB 7-1989(Temp), f. & cert. ef. 10-4-89
NB 2-1988, f. & cert. ef. 6-24-88

851-047-0045

Process for RN Initial Delegation

(1) The RN may proceed with delegation process only when they determine delegation is a safe care delivery option for their client. Delegation is a safe care delivery option for the client only when all the following are met:
(a) The client's condition for which the nursing procedure is ordered is stable and predictable;
(b) The client does not require assessment during performance of the nursing procedure;
(c) The performance of the nursing procedure does not require interpretation or independent decision-making;
(d) The results of performing the nursing procedure are reasonably predictable;
(e) The selected client and circumstances of the delegation are such that the consequences of performing the nursing procedure are not life- threatening and delegation of the nursing procedure's performance to the UAP poses minimal risk to the client;
(f) The client's environment of care supports the safe performance of the nursing procedure for the client by the UAP;
(g) The nursing procedure will be performed by the UAP at a frequency that allows for the UAP's continued safe performance;
(h) The UAP possesses the skills necessary for learning and safely performing the nursing procedure;
(i) The UAP communicates they are willing and able to perform the nursing procedure for the client; and
(j) The RN has the appropriate resources necessary to fulfill nursing practice and delegation process responsibilities with the client and the UAP including:
(A) Availability to provide ongoing assessment of the client at the frequency deemed necessary by the RN to determine the ongoing stability and predictability of the client's condition; and
(B) Availability to provide ongoing competency validation of the authorized UAP's performance of the nursing procedure for the client.
(2) The RN must provide procedural guidance and initial direction to the UAP by:
(a) Educating the UAP through providing information about the nursing procedure and why it is necessary in the management or treatment of the client's condition; and
(b) Providing documented step-by-step evidence-based instructions for the performance of the nursing procedure for the client. The documented instructions must:
(A) Be respectful of the client's needs, choices and dignity;
(B) Be documented in a manner that is understood by the UAP, and
(C) Identify:
(i) How to perform the nursing procedure for the client;
(ii) Infection control practices to follow when performing the nursing procedure;
(iii) Client risks associated with the nursing procedure's performance;
(iv) Observation of the client including desired effects, side effects, potential adverse reactions and emergencies related to performance of the nursing procedure on the client;
(v) Actions to take in response to observations; and
(vi) Documentation requirements when performing the nursing procedure.

(3) After providing procedural guidance and initial direction as required in section (2) of this rule, the RN must:
(a) Evaluate the UAP's performance of the nursing procedure;
(b) Address questions the UAP and client may have; and
(c) Amend the documented instructions as deemed appropriate by the RN.
(4) The RN who validates the UAP's accurate performance of the nursing procedure as outlined in section (3) of this rule may authorize the UAP to perform the nursing procedure for the client for a period not to exceed 90 days. The authorization period must be determined through clinical judgment and based on the RN's evaluation of data that include but are not limited to:
(a) The nursing procedure delegated;
(b) Whether the RN has previously authorized the same UAP to perform the same nursing procedure;
(c) The length of time the RN has worked with the UAP as a health care team member;
(d) The frequency of client assessment deemed necessary to determine the ongoing stability and predictability of the client's condition related to their assessed baseline; and
(e) The client's responses to other actual or potential health problems that may impact the client's condition for which the nursing procedure is ordered.
(5) The RN must:
(a) Document the length of the UAP's initial authorization period;
(b) Provide documented instructions for the UAP to reference;
(c) Instruct the UAP to adhere to the instructions when performing the nursing procedure for the client;
(d) Instruct the UAP that the authorization to perform the nursing procedure is client specific, time limited, and not transferable;
(e) Update the plan of care to identify that performance of the client's nursing procedure has been delegated to a UAP;
(f) Provide periodic inspection and evaluation of the delegation per OAR 851-047-0050; and
(g) Continue to engage in nursing practice with the client.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 9-2024, amend filed 08/27/2024, effective 09/01/2024; BN 3-2023, adopt filed 07/06/2023, effective 08/01/2023

851-047-0050
Process for Periodic Inspection and Evaluation
(1) The RN must provide periodic inspection and evaluation to reach a clinical judgment on whether the delegation remains a safe care delivery option for the client. At a minimum, the periodic inspection and evaluation must occur at least once prior to the expiration of the initial authorized period and at least once prior to the expiration of any subsequent reauthorization period.
(2) The RN's periodic inspection and evaluation must include:
(a) Verification that the requirements of 851-047-0045(1)(a) through (j) continue to be met;
(b) Assessment of the client in their environment of care; and
(c) Validation of the UAP's adherence to the documented instructions, by:
(A) Verifying the UAP's documentation of the nursing procedure;
(B) Addressing questions or concerns the UAP and client may have; and
(C) Directly observing the UAP perform the nursing procedure.
(3) If the RN concludes the delegation is not a safe care delivery option for the client, the RN may not re-authorize the UAP's performance of the nursing procedure for the client. Nothing in these rules prevents the RN from:
(a) Addressing an identified issue rendering the delegation unsafe;

(b) Verifying resolution of the issue; and
(c) Proceeding to section (4) of this rule.
(4) If the RN concludes the delegation remains a safe care delivery option for the client, the RN may re-authorize the UAP's performance of the nursing procedure for another period not to exceed 180 days from the date of the periodic inspection and evaluation. When reauthorizing the UAP's performance of the nursing procedure, the RN must:
(a) Document the length of the reauthorization period;
(b) Ensure a copy of the documented instructions are accessible to the UAP;
(c) Instruct the UAP to adhere to the instructions when performing the nursing procedure for the client;
(d) Instruct the UAP that their reauthorization to perform the nursing procedure is client specific, time limited, and not transferable;
(e) Continue to provide periodic inspection and evaluation of the delegation per this rule; and
(f) Continue to engage in nursing practice with the client.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 9-2024, amend filed 08/27/2024, effective 09/01/2024; BN 3-2023, adopt filed 07/06/2023, effective 08/01/2023

851-047-0055
Limitations on the Delegation of a Nursing Procedure related to the Administration of Medication by the Intravenous Route
(1) Only the RN who is an employee of a licensed home health agency or a licensed hospice agency may delegate a nursing procedure related to the administration of a medication by the intravenous (IV) route.
(2) The delegation of a nursing procedure related to the administration of IV medication is limited to:
(a) The administration of pre-measured IV flushing solution;
(b) Changing a pre-measured bag of IV fluid;
(c) Connecting a pre-measured IV medication to an existing IV line; and
(d) The administration of a bolus of IV medication by using a preprogrammed delivery device.
(3) The RN may not delegate venipuncture or the discontinuation of an IV access device.
(4) Prior to delegating, the RN must verify all pre-measured flushing solutions, bags of fluid and doses of medication are pharmacy dispensed.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 9-2024, amend filed 08/27/2024, effective 09/01/2024; BN 3-2023, adopt filed 07/06/2023, effective 08/01/2023

851-047-0060
Ending a UAP's Authorization to Perform a Nursing Procedure
(1) The RN must end a UAP's authorization or reauthorization to perform a nursing procedure when:
(a) The medical order for the nursing procedure is discontinued;
(b) The UAP no longer works with the client;
(c) The RN cannot provide ongoing periodic inspection and evaluation;
(d) Delegation is no longer a safe care delivery option for the client; or
(e) The RN ends their professional relationship with the client.
(2) When the RN ends a UAP's authorization or reauthorization to perform a nursing procedure, the RN must:
(a) Document the action taken, reason, date, time; and
(b) Inform care team members who need to know.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150
History: BN 9-2024, amend filed 08/27/2024, effective 09/01/2024; BN 3-2023, adopt filed 07/06/2023, effective 08/01/2023

DIVISION 48
STANDARDS FOR THE REGISTERED NURSE WHO TEACHES A DESIGNATED CAREGIVER HOW TO EXECUTE A MEDICAL ORDER

851-048-0010
Statement of Purpose and Intent
(1) The Board recognizes that there are situations where an immediate family member, such as a father, mother, grandfather, grandmother, husband, wife, son, daughter, sister, brother, other person related by blood, by marriage, by domestic partnership, or through legal adoption may not be available to execute medical orders for another family member.
(2) In such a situation, the Board believes that friend or neighbor who is chosen by the person requiring care will act in the best interest of that person in the execution of the medical order on their behalf.
(3) These rules provide scope of practice standards for the registered nurse (RN) who teaches the person designated by, or on behalf of, the person requiring care, how to execute the medical order.
(4) These rules apply to the Oregon RN license holder which includes the nurse practitioner, the clinical nurse specialist, and the certified registered nurse anesthetist.
(5) These rules further interpret ORS 678.010 (8)(c) definition of practice of nursing which states that the practice of nursing does not include the execution of medical orders by a person designated by, or on behalf of a person requiring care, if the person executing the order is not licensed under ORS 678.010 to 678.410.

Statutory/Other Authority: HB 2779, 1997, ORS 678.150
Statutes/Other Implemented: ORS 678.010
History: BN 1-2018, amend filed 12/06/2018, effective 01/01/2019; BN 8-2001, f. & cert. ef. 7-9-01; BN 2-1998, f. & cert. ef. 1-26-98

851-048-0060
Responsibilities of the Registered Nurse
The RN who teaches the designated caregiver how to execute a medical order shall:
(1) Adhere to Chapter 851 Division 45 Oregon administrative rules.
(2) Ensure competency in one's own execution of the medical order prior to teaching its performance to the designated caregiver.
(3) Verify that:
(a) The person for whom the order is written has directly chosen their designated caregiver; or
(b) When designation of a person to execute a medical order has been made by a third party on behalf of the person requiring the order, determine that the third party holds the legal authority to make the designation.
(4) Inform the designated caregiver that:
(a) They may not teach another person how to execute the order;
(b) They may not transfer their authority to execute the order to another person; and
(c) They may not receive or accept monetary or other compensation for executing the medical order.
(5) Generate and provide retrievable step-by-step instructions of how the medical order is to be performed on the person requiring care. The instructions shall:

(a) Include signs and symptoms to observe related to executing the medical order, and action to take when observed; and
(b) Be appropriate to the knowledge base of the designated caregiver.
(6) Make a decision on the need for future evaluation of the care situation based on nursing judgment and document the decision.
(7) Fulfill all mandatory reporting responsibilities.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.010
History: BN 1-2018, amend filed 12/06/2018, effective 01/01/2019; BN 8-2001, f. & cert. ef. 7-9-01; BN 2-1998, f. & cert. ef. 1-26-98

DIVISION 49
STANDARDS FOR LICENSED NURSE PROTOCOL DEVELOPMENT AND UTILIZATION, COMMUNICATING A PRESCRIBER'S RE-AUTHORIZATION OF A PRESCRIPTION AND RN DISPENSING

851-049-0000
Rule Summary, Statement of Purpose and Intent
(1) ORS 678.150 establishes the Board's authority to supervise the practice of nursing and to determine the scope of nursing practice. Pursuant ORS 678.010(9)(b)(A), the practice of nursing includes executing medical orders prescribed by a physician, dentist, clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist or other health care provider licensed or certified by this state and authorized by the board by rule to issue orders for medical treatment.
(2) When engaging in registered nursing practice, the RN may encounter a medical order for a treatment or a medication that contains inclusion or exclusion criteria that has been pre-identified by the prescriber. For the purposes of these rules, a medical order for a treatment or a medication that contains inclusion or exclusion criteria pre-identified by the prescriber is a protocol.
(3) These rules identify acceptable levels of safe nursing practice for:
(a) The RN who practices in an environment where a protocol is used in the execution of a medical order for a client;
(b) The LPN who accepts an assignment to execute a medical order contained within a protocol;
(c) The RN and the LPN who communicate a prescriber's reauthorization of a client's prescription to a pharmacy; and
(d) The RN who dispenses medication in a setting certified by the Board of Pharmacy as a Community Health Clinic.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010
History: BN 36-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 26-2025, amend filed 11/20/2025, effective 11/20/2025; BN 17-2021, adopt filed 07/22/2021, effective 08/01/2021

851-049-0005
Scope of Practice Standards for RN Participation in Protocol Development
(1) The RN who holds a nurse administrator practice position within an organization shall participate in the development of any protocol that describes the decision-making and actions of the RN. The RN shall ensure that the protocol:
(a) Is developed considering input from nurses practicing within the organization;
(b) Is based on nationally recognized evidence-based guidelines and recommendations;
(c) Includes client inclusion or exclusion criteria in the protocol;
(d) Identifies alternative actions or exceptions that allow for individual client circumstances as assessed and interpreted by the RN; and
(e) Identifies a pathway for the RN to notify the prescriber when the RN's assessment and interpretation of evidence and data leads to the clinical decision that the client does not meet protocol inclusion; and

(f) Does not impede the individual nurse from fulfilling nursing practice responsibilities identified in the Nurse Practice Act.
(2) The RN who practices in a setting or organization where there is no nurse administrator practice position assumes the responsibility for fulfilling the requirements pursuant to OAR 851-049-0005 (1) (a) through (f).

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010
History: BN 36-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 26-2025, amend filed 11/20/2025, effective 11/20/2025; BN 17-2021, adopt filed 07/22/2021, effective 08/01/2021

851-049-0010
Scope of Practice Standards for RN Protocol Utilization

(1) The RN shall make an independent clinical judgment to utilize or to not utilize a protocol for a client based on the analysis of data and evidence relevant to:
(a) The prescriber's plan for the client;
(b) The medical order contained within the protocol:
(c) The client's response to their health situation; and
(d) The protocol pre-identified criteria;
(2) The RN shall not execute the medical order contained in the protocol for the client when the RN reaches the independent clinical judgment that:
(a) The medical order within the protocol is unsafe or is not appropriate for the client; or
(b) The client does not meet the protocol inclusion criteria; or
(c) The client meets the protocol exclusion criteria.
(3) The RN may execute the medical order contained in the protocol for the client when the RN arrives at the independent clinical judgment that:
(a) The medical order within the protocol is safe and appropriate for the client;
(b) The client meets the protocol inclusion criteria; and
(c) The client does not meet the protocol exclusion criteria.
(4) If the RN determines, in accordance with subsection (3) of this rule, that the protocol may be used for the client, the RN may assign execution of the medical order contained within the protocol to an LPN or unregulated assistive person as appropriate to the context of care.
(5) The RN shall document all actions and decisions required by these rules as identified in OAR Chapter 851 Division 45.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010
History: BN 7-2025, amend filed 04/24/2025, effective 05/01/2025; BN 17-2021, adopt filed 07/22/2021, effective 08/01/2021

851-049-0015
Scope of Practice Standards for LPN Protocol Utilization

(1) An LPN may execute a medical order contained within a protocol if:
(a) The protocol is identified in:
(A) The RN plan of care providing clinical direction of the LPN's practice of nursing; or
(B) The health care provider treatment plan providing clinical direction of LPN practice.
(b) The LPN verifies the RN or health care provider has determined that the client meets the protocol inclusion criteria; and
(c) The LPN adheres to the scope and standards of practice identified in OAR Chapter 851 Division 45.
(2) The independent nursing judgment regarding a client's appropriateness for protocol inclusion exceeds the dependent

and directed scope of practice of the LPN.
(3) The LPN shall document all actions and decisions required by these rules as identified in OAR Chapter 851 Division 45.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010
History: BN 36-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 26-2025, amend filed 11/20/2025, effective 11/20/2025; BN 7-2025, amend filed 04/24/2025, effective 05/01/2025; BN 17-2021, adopt filed 07/22/2021, effective 08/01/2021

851-049-0020
Scope of Practice Standards Related to Communicating a Re-authorization of a Client's Prescription
(1) As identified in Oregon Board of Pharmacy in OAR 855-041, after one year from date of issue, a prescription for a non-controlled substance becomes invalid and must be re-authorized by the prescriber.
(2) Prior to an RN or an LPN communicating a prescriber's re-authorization of a client's prescription, the nurse must confirm that:
(a) The prescriber has authorized the continuing of the medication for the client through a new prescription order; or
(b) The prescriber's plan of care or treatment plan for the client:
(A) Identifies the client's ongoing medication needs;
(B) Authorizes ongoing renewal of the prescription for the client; and
(C) Identifies exceptions to prescription reauthorization for the client.
(3) An RN or an LPN may only communicate a prescriber's re-authorization of a client's prescription if:
(a) The RN or LPN has complied with subsection (2) of this rule; and
(b) Communicating the re-authorization would be consistent with OAR 851-045-0065(9).

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010
History: BN 36-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 26-2025, amend filed 11/20/2025, effective 11/20/2025; BN 17-2021, adopt filed 07/22/2021, effective 08/01/2021

851-049-0025
Standards Related to the Responsibility of the RN Dispensing
(1) The rule that designates the RN's ability to dispense a medication is found in Board of Pharmacy OAR chapter 855, division 043 practitioner dispensing rules.
(2) The RN who dispenses shall comply with OAR 855-043-0700 through OAR 855-043-0750.

Statutory/Other Authority: ORS 678.150
Statutes/Other Implemented: ORS 678.150, ORS 678.010
History: BN 17-2021, adopt filed 07/22/2021, effective 08/01/2021

DIVISION 55
SCOPE AND STANDARDS OF PRACTICE FOR THE ADVANCED PRACTICE REGISTERED NURSE

851-055-0000
Purpose of Scope and Standards of Practice
The purpose of these rules is to define the scope of practice for the group of advanced practice registered nurses collectively known as APRNs. Licensees in Oregon must identify themselves to their clients and in all other aspects of their practice by their Oregon awarded license type.

(1) The Board recognizes and licenses the APRN in one of the following roles:
(a) Nurse Practitioner (NP), inclusive of NPs specializing in Certified Nurse-Midwifery.
(b) Certified Registered Nurse Anesthetist (CRNA).
(c) Clinical Nurse Specialist (CNS).
(2) The Board may grant prescriptive authority consistent with the individual's scope of practice, competency, and applicable state laws.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0010
Scope and Standards of Practice for All Licensed Advanced Practice Registered Nurses
(1) The APRN independently provides healthcare services within the scope of practice for which the APRN is educationally prepared and clinically trained with competency maintained in accordance with any other applicable rules, regulations, and prevailing standards. All standards and scope of practice found in OAR 851-045 related to the practice of Registered Nursing are applicable to APRNs.
(2) The APRN scope of practice must be congruent with their population focus of educational preparation and content of the corresponding Board recognized national certification examination.
(3) Within the context of the APRN role, the APRN is responsible for utilizing the nursing process which includes:
(a) Assessment;
(b) Reasoned Conclusion;
(c) Development of an appropriate treatment plan;
(d) Intervention; and
(e) Evaluation.
(4) The APRN is independently responsible and accountable for the continuous and comprehensive management of health care, which may include:
(a) Assessment of clients, synthesis and analysis of data, and application of nursing principles and therapeutic modalities;
(b) Diagnosing health or illness;
(c) Promotion and maintenance of health;
(d) Prevention of illness and disability;
(e) Management of health care during acute and chronic phases of illness to include palliative and end of life care;
(f) Counseling;
(g) Consultation and collaboration with other healthcare providers and community resources;
(h) Referral to other healthcare providers and community resources;
(i) Management and coordination of care; and
(j) Prescribing, dispensing, and administration of medications, therapeutic devices and measures.
(5) The APRN must document services provided according to professional standards and assure that documentation requirements for client care are in accordance with OAR 851-045-0060.
(6) The APRN scope of practice includes teaching, research, coaching, mentoring, and providing leadership using the professional standards of APRN practice.
(7) The APRN may practice with nurses and other members of the interprofessional healthcare 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 healthcare issues;
(b) Providing leadership in evidence-based practice and research;
(c) Promoting professional practice;
(d) Identifying the learning needs of the healthcare team; and
(e) Developing, providing and evaluating educational and other programs that enhance the practice of nursing personnel and other members of the healthcare team.
(8) The APRN may practice with organizations to provide clinical expertise and guidance. This practice includes, but is not limited to:
(a) Using system-wide change strategies;
(b) Facilitating interprofessional practice; and
(c) Creating, advising, and influencing system-level policy that affects programs of care.
(9) The APRN has the professional responsibility for initiating consultation, collaboration, referral or a transfer of client care when deemed prudent.
(10) The APRN is responsible for recognizing limits of knowledge and experience, and for resolving situations beyond their APRN expertise by consulting with or referring clients to other healthcare providers.
(11) Utilization of imaging modalities to guide interventions must be in accordance with the statute and rules of the Oregon Board of Medical Imaging or other state authorized entity.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0020
Scope of Practice for Licensed Nurse Practitioners (NP)
(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 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; and
(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 clients to hospitals or health services including but not limited to home health, hospice, long term care and drug and alcohol treatment;
(f) Counseling;
(g) Consultation 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 or illness status; and
(l) Prescribing, dispensing, and administration of therapeutic devices and measures, including controlled substances and non-controlled prescription medications as provided in the 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 their 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.

Statutory/Other Authority: ORS 678.255, ORS 678.265, ORS 678.150, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.255, ORS 678.265, ORS 678.150, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 9-2022, amend filed 07/21/2022, effective 08/01/2022; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0030

Scope and Standards of Practice for Licensed Certified Registered Nurse Anesthetists

(1) Scope of practice for the licensed certified registered nurse anesthetist (CRNA) includes advanced assessment related to the relative risks associated with an anesthesia plan and administration of anesthesia care and other medical services, including, but not limited to:
(a) Determining the readiness, preparation and evaluation for a client undergoing a procedure;
(b) Formulating an anesthesia plan for the client;
(c) Establishing a client record;
(d) Implementing and adjusting the client's anesthesia plan based on physiologic status;
(e) Using advanced monitoring or other diagnostic technology to support physiologic status;
(f) Providing necessary or routine post-anesthesia care to facilitate emergence, recovery and discharge from anesthesia care area or facility; and
(g) Performing analgesia, sedative or anesthetic management for a client requiring relief of acute or chronic pain.
(2) The CRNA must comply with all applicable state and federal rules and regulations relating to the office-based practice where anesthesia care is being performed and has the responsibility to:
(a) Establish or verify each client's American Society of Anesthesiologists Physical Status Classification (ASA) score who will undergo a procedure requiring moderate sedation, deep sedation, or anesthesia. Documentation must reflect the assessment and conclusion supporting the ASA classification;

(b) The CRNA is prohibited from providing moderate sedation, deep sedation or general anesthesia in an office setting for clients with an ASA classification of 4 or above
(c) Verify anesthesia-related monitors and equipment are maintained to current health care standards, including providing a backup electrical source. For procedures requiring moderate sedation, deep sedation or general anesthesia or regional blocks or which require support of bodily functions such as airway, breathing or circulation the CRNA will assure that, at a minimum, equipment is available to monitor physiological functions of heart rate, blood pressure, respirations, and pulse oximetry;
(d) Ensure there are adequate numbers of personnel to support the planned procedure;
(e) Adhere to professional standards of care for monitoring client during procedure;
(f) Appropriately plan for treatment of possible complications, including:
(A) Emergency supplies to be immediately available including emergency drugs, airway management supplies, and cardio-pulmonary resuscitation equipment;
(B) Appropriate policies and procedures;
(C) Agreements for transportation of client to a higher level of care in the case of an emergency; and
(g) Coordinate recovery and discharge of clients from office and provide instructions for follow-up care if necessary.
(3) The CRNA will only provide health care services within their CRNA scope for which they are educationally prepared and for which competency has been established and maintained. Education preparation includes academic coursework, workshops, or seminars, provided both theory and clinical experience are included.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678,370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678,370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0040

Scope and Standards of Practice for Licensed Clinical Nurse Specialist

(1) CNS practice is consistently directed toward achieving quality, cost-effective, client focused outcomes across three spheres of impact: direct care, nurses and nursing practice, and organization and system.
(2) The CNS uses clinical expertise to:
(a) Enhance nursing practice to impact outcomes for entire client populations and individual clients; or
(b) Assist the interprofessional team to attain identified outcomes; or
(c) Influence health care organizations to improve identified outcomes; or
(d) Work as a system level change agent to impact clinical practice and outcomes through evidenced based intervention; or
(e) Provide direct care as a healthcare provider; or
(f) Impact direct care through nursing or system interventions.
(3) The CNS will only provide health care services within their CNS scope for which they are educationally prepared and for which competency has been established and maintained. Education preparation includes academic coursework, workshops, or seminars, provided both theory and clinical experience are included.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390

History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0050

Expanding Scope of Practice within OSBN Issued APRN License

(1) The role of the APRN expands in response to societal demand and new knowledge gained through research, educational preparation and clinical experience.
(2) The APRN must ensure practice is at the same level of safety and competency as required by all other Oregon state licensing boards whose licensees perform similar interventions and procedures.
(3) Acceptable educational preparation includes academic coursework, workshops and seminars when theory and clinical experience are applicable.
(4) Evidence of the APRN's preparation for expanded scope through educational preparation and clinical experience are subject to review at the request of the Board. The Board has statutory authority to determine competency of licensees.
(5) To expand outside of the initial population focus, an APRN must seek additional education and qualify for licensure in that population focus.
(6) The APRN must not present themselves to the public as practicing within a different population focus unless they are also licensed by the Board in that population focus.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0070

Standards for Prescriptive Authority

(1) Prescribing, procuring or authorizing use of controlled substances, non-controlled prescription medications, therapeutic devices, and dispensing drugs must be consistent with the individual's scope of specialty practice and competency.
(2) All APRNs who provide pharmacological management for clients must have prescriptive authority.
(3) Prescriptions must be written per the following standards:
(a) A written prescription must include the date, printed name, legal signature, specialty category/title, business address, and telephone number of the prescribing APRN, in addition to the required client and drug information.
(b) An electronically transmitted prescription as defined in OAR 855 of the Pharmacy Act must 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 Drug Enforcement Administration (DEA) which must be followed.
(c) A tamper resistant prescription must meet criteria as defined in OAR 855 of the Pharmacy Act.
(d) Prescriptions may be written for over-the-counter drugs, durable medical equipment (DME) and therapeutic devices.
(e) The APRN must comply with all applicable laws and rules in prescribing, administering, and distributing drugs, including compliance with the labeling requirements of ORS 689.
(f) An APRN must only prescribe controlled substances in conjunction with their own valid and current (DEA) registration number appropriate to the classification level of the controlled substance.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS

678.285, ORS 678.370, ORS 678.375, ORS 678.372, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.375, ORS 678.372, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0072

Conduct Derogatory to the Standards of Nursing of Prescriptive or Dispensing Authority

(1) The Board may deny, suspend or revoke the authority to write prescriptions or dispense drugs for the causes identified in ORS 678.111(1) or with a preponderance of evidence 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 Food and Drug Administration approved unless done in accordance with the Oregon State Board of Pharmacy policies and regulations on exceptions;
(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 APRN's client unless written under Expedited Partner Therapy guidelines from the Department of Human Services; or under the Oregon Health Authority Programs to Treat Allergic Response, Hypoglycemia, or Opiate Overdose in ORS 433.800–433.830. An APRN client relationship is established through documentation of the client assessment, treatment plan, and ongoing evaluation plan;
(d) Prescribing, dispensing or distributing drugs to an individual not within the scope of practice or population focus;
(e) Prescribing, dispensing, or distributing drugs for personal use;
(f) Prescribing, dispensing, administering, or distributing drugs while functionally impaired;
(g) 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;
(h) Prescribing, dispensing, or distributing drugs which are specifically restricted under federal law;
(i) Failure to properly assess and document client assessment when prescribing, dispensing, administering, or distributing drugs;
(j) Selling, purchasing, trading, or offering to sell, purchase or trade any drug sample; and
(k) Dispensing medications without dispensing authority granted by the Board or other dispensing authority issued by the State of Oregon.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 278.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 278.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0076

Drug Delivery and Dispensing

(1) APRNs who provide greater than a 72-hour supply of prepackaged medications to clients are required to apply for and be issued dispensing authority in Oregon. Dispensing authority is separate and in addition to an APRN's prescriptive authority and is noted as such on their APRN license verification.
(2) An APRN with dispensing authority must follow procedures established by federal and state law for:
(a) Drug dispensing, storage, security and accountability;
(b) Maintenance of all drug records; and

(c) Procedures for procurement of drugs.
(3) Dispensing:
(a) Drugs must 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, as 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 client should not use the drug.
(b) The APRN must personally dispense drugs that require hand labeling with the following information:
(A) Name of the client;
(B) Directions for use; and
(C) Physical description, including any identification code that may appear on tablets and capsules.
(c) The APRN may delegate dispensing authority to staff, under limited circumstances that do not require prescriptive judgment. Staff must dispense only drugs that are pre-labeled by the dispensing pharmacy with the following information:
(A) Name of the client;
(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 are only authorized to complete and label the drug with the client’s address, date of dispensing, and initials of dispensing personnel and distribute them to the client.
(d) Drugs must be dispensed in containers complying with the federal Poison Prevention Packaging Act unless the client requests a non-complying container.
(e) The APRN must provide a means for clients to receive verbal and written information on drugs dispensed to the client. The written drug information must include:
(A) Drug name and class;
(B) Proper use and storage;
(C) Common side effects;
(D) Precautions and contraindications; and
(E) Significant drug interactions.
(4) Drug security, storage and disposal:
(a) In the absence of the person authorized to dispense and prescribe, drugs must be kept in a locked cabinet or drug room which is sufficiently secure to deny access to unauthorized persons.
(b) Controlled substances must be maintained in a secure, locked container at all times.
(c) All drugs must 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 must be physically separated from other drugs until they are destroyed or returned to their supplier.
(e) Controlled substances, which are expired, deteriorated, or unwanted, must be disposed of in conformance with current State and Federal Regulations, including but not limited to, 21 Code of Federal Regulations (CFR) 1307.21 and OAR 855.
(5) Drug records:
(a) A drug dispensing record must be maintained separately from the client record and kept for a minimum of three years. The dispensing record must show, at a minimum, the following:
(A) Name of client;

(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 must be retained in the client chart and must be produced upon request.
(c) All records required by these rules or by federal or state law must be readily retrievable and available for inspection by the Board and the Oregon State Board of Pharmacy.
(d) A client record must be maintained for all clients to whom the nurse practitioner or clinical nurse specialist dispenses medications.
(6) APRNs with dispensing authority must be responsible for safe storage, distribution, and destruction of all drugs under their authority.
(7) APRNs granted dispensing authority under this rule must comply with the labeling and record keeping requirements.
(8) A person granted dispensing authority under this rule must 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.
(9) A person granted dispensing authority under this rule must 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.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390, ORS 678.372, ORS 678.375
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.380, ORS 678.390, ORS 678.372, ORS 678.375
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0078

Rules Relating to Controlled Substances

(1) In the administration, distribution, storage, prescribing, and dispensing of controlled substances, APRNs must comply with all applicable requirements in the CFR, Title 21, and state law, including but not limited to, ORS 430 and 475 and OAR 415 and 855.
(2) APRNs must not dispense a controlled substance without current dispensing authority.
(3) All APRNs with a DEA number must register with the Oregon Prescription Drug Monitoring Program (PDMP).
(4) Storage and inventory of controlled substances:
(a) Samples or quantities of controlled substances must be stored in a securely locked cabinet on the premises of the APRNs practice location.
(b) APRNs who receive samples or quantities of controlled substances must be responsible for the security, inventory, and disposal of these drugs.
(c) APRNs must maintain inventory records of controlled substances that they receive or distribute for a period of three years. The records must include:
(A) Drug name, amount received, date received, drug expiration date;
(B) Drug name, amount distributed, date distributed, to whom distributed; and
(C) Drug name and the date and place where it was returned for destruction.
(d) Controlled substances that are expired, deteriorated, or unwanted must be returned to a DEA registered disposal site or disposal system or law enforcement authorities. This does not include controlled substances which are properly wasted 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. APRNs must not personally destroy controlled substances.
(e) Controlled substances must be transported in a secured, locked container.
(f) Client records must state the distribution of controlled substance samples.
(g) Theft of controlled substances must be immediately reported upon discovery to the DEA and to any other required authorities.
(h) APRNs who receive controlled substances must cooperate with the Oregon State Board of Pharmacy in their inspection of records and physical inventory of controlled substances. Inventory of all controlled substances must 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 Oregon State Board of Pharmacy, any APRN who receives controlled substances must submit a copy of inventory records from the preceding two years for review.
(5) Prescribing controlled substances
(a) APRNs must only prescribe the controlled substances from Schedules II–V, at the level provided for on their DEA certificate.
(b) Prior to prescribing the initial prescription for controlled substances and at intervals as determined by the prescriber based upon the client's response to the medication, APRNs must have a complete discussion with the client or person authorized to make health care decisions for the client 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 client record. Documentation must include a plan for periodic review of the client's response to treatment and follow-up.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0080
Office-Based Procedure Care Standards
These rules are applicable when:
(1) Any procedure is performed in an office-based setting where the utilization of analgesic or anesthetic agents is used to mitigate client discomfort or pain associated with the procedure.
(2) Any procedure requiring deep sedation or analgesia, general anesthesia or regional blocks will require an Oregon healthcare provider of anesthesia services (CRNA or Anesthesiologist) to administer anesthesia medications, and provide maintenance of the airway, breathing and circulation for the client.
(3) Informed consent utilizing the Procedures, Alternatives, Risks and Questions (PARQ) process must be obtained for any procedure where there is a risk to the client and should be separate from a general consent to treat. Consent must be obtained by the provider performing the procedure. A standardized form must be presented to the client for the following:
(a) To explain in general terms, the procedure or treatment to be undertaken;
(b) To inform the client of the possibility of alternative procedures; and
(c) To identify any potential risk of the procedure.
(4) Substantial details of the procedure or treatment must be disclosed to the client who requests more explanation, including the viable alternatives and the material risks unless to do so would be materially detrimental. To determine that further explanation would be materially detrimental, due consideration to the standards of practice of reasonable

practitioners in the same or similar community under the same or similar circumstances must be identified.
(5) The procedure must be performed in compliance with these rules and must be within the APRN scope of practice for which educational preparation and competency have been established and maintained.
(6) The standard of care established by a professional organization for a procedure must be met. If a national nursing standard has not been established for a procedure, existing standards for healthcare providers performing the same procedure must be met.
(7) The American Society of Anesthesiologists (ASA) Physical Status Classification system will be performed and documented for each client undergoing a procedure requiring moderate sedation. The APRN performing the procedure must be responsible for the establishment of the client's ASA classification. Documentation must reflect the assessment and conclusion supporting the ASA classification.
(8) A client classified as ASA 4 are prohibited from receiving moderate sedation.
(9) Requirements for the complexity of the procedure:
(a) Level 1: Minor procedure performed without anesthesia or under topical, local or minor conduction block anesthesia not involving drug induced alteration of consciousness, other than minimal sedation utilizing oral anxiolytics. Active Basic Life Support (BLS) certification must be maintained.
(b) Level 2: Minor procedure performed under moderate sedation utilizing oral, parenteral, or intravenous sedation or other analgesic or dissociative drugs. The performance of these procedures requires the APRN to maintain the following:
(A) Advanced life support certification in population focus.
(B) Continuing education hours to assure the knowledge, skills, abilities, and judgments relevant to the procedure. These hours must be specific to the procedure and not included in specialty certification continuing education, unless these continuing education hours are accepted by the professional certification body. In addition, continuing education includes the use of medications used to induce moderate sedation, emergency interventions related to the client's unintended response to moderate sedation. The Board may request documentation of these hours for auditing purposes or any other Board authorized function.
(C) Constant attendance during the procedure and other competent office staff monitoring the following:
(i) Visualization of the client throughout the procedure.
(ii) Continuous physiological monitoring as deemed appropriate by the level of sedation and recording, at a minimum, heart rate, blood pressure, respiration, and oxygen saturation.
(iii) No other tasks other than those associated with the procedure.
(D) An emergency response plan must be established for a client undergoing a procedure defined by this rule to assure the client will receive appropriate care by personnel qualified to provide life sustaining interventions.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

851-055-0090
Special Provisions
(1) Medical records must be completed within one month (30 days) following each client encounter per the Center for Medicaid and Medicare Services (CMMS) and prevailing standards of practice.
(2) Client Access to Medical Records:
(a) Medical records must be:
(A) Available upon request by the client or legal client representative and provided within 30 days;
(B) Kept for a period of at least seven years;

(C) Retained on paper, microfilm, electronic or other media; and
(D) Protected against unauthorized access, fire, water and theft.
(b) Custodian of records must be maintained in the event of an APRN's death. The identified custodian will be required to keep the medical records for a contiguous seven years.
(3) Opening, Closing or Transferring an APRN Practice:
(a) Any APRN active in practice, whether with direct or indirect client care, must report to the Board 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.
(b) Any APRN who closes their practice is required to notify clients by letter that the practice will end with the effective date. The letter must include:
(A) The location of records and process to request them;
(B) Advice to seek the services of another health care provider; and
(C) Notification to the client regarding how long the APRN will continue to refill prescriptions while the client obtains a new provider.
(c) If a practice changes ownership, all medical records must be the responsibility of the new owner to protect and maintain.
(4) Conduct Related to Licensees Relationship to the Board:
(a) APRNs must produce client medical records or other materials as requested by the Board.
(b) The Board must notify the appropriate national board certification agency when an APRN has discipline placed on their license, prescriptive or dispensing authority.
(5) Informed Consent and Informed Refusal of Medical Treatment:
(a) APRNs must provide sufficient information for the client to reach an informed decision. Prevailing standards of practice require either:
(A) The client's signed informed consent form; or
(B) Chart note reflecting the content of the informed consent discussion indicating refusal of the treatment or procedure.
(b) In an emergency, APRNs are authorized to supply necessary medical treatment without the client's prior informed consent.

Statutory/Other Authority: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
Statutes/Other Implemented: ORS 678.150, ORS 678.255, ORS 678.265, ORS 678.275, ORS 678.278, ORS 678.282, ORS 678.285, ORS 678.370, ORS 678.372, ORS 678.375, ORS 678.380, ORS 678.390
History: BN 34-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 28-2025, amend filed 11/20/2025, effective 11/20/2025; BN 6-2023, amend filed 09/26/2023, effective 10/01/2023; BN 13-2021, adopt filed 06/24/2021, effective 07/01/2021

DIVISION 61
STANDARDS FOR EDUCATION 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 education 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 education programs.
(2) Create minimum standards and provide general parameters for Board-approved curricula of established nursing assistant and medication aide education programs.
(3) Allow flexibility in the manner of teaching the required curricula when not in conflict with the parameters of Board-approved curricula.

(4) Provide for sanctions for nursing assistant and medication aide education programs that do not maintain compliance with Board established standards.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0030

Approval of New Nursing Assistant or Medication Aide Education Program

(1) Any person, partnership, association, corporation, or limited liability company desiring to offer education other than just nursing assistant or medication aide education to non-employed students will need to be licensed through the Oregon Higher Education Coordinating Commission in addition to meeting the Board's standards as described in these rules.
(2) All nursing assistant or medication aide education programs must be Board-approved prior to being offered.
(3) Application for initial approval of nursing assistant and medication aide education programs: A facility, agency, on-line program provider, or individual wishing to establish a new nursing assistant or medication aide education program shall make application to the Board at least 45 days in advance of expected start date. The application for initial approval of an education program must include:
(a) A completed application form provided by the Board;
(b) Tentative time schedule for initiating the programs;
(c) Completed application form provided by the Board with resume for all faculty;
(d) Names and addresses of all 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, laboratory, and clinical hours; and
(C) Teaching methodology.
(h) Evaluation method:
(A) Laboratory and clinical skills checklist approved by the Board; and
(B) Final exam.
(i) Student enrollment agreement and disclosure statement that includes:
(A) Beginning and ending dates of the education;
(B) An outline of the instructional program as required by these rules for which the student is enrolled;
(C) Fees, tuition, and other program costs (books, clothing, etc.) itemized separately;
(D) A published cancellation and refund policy, procedure, and schedule that is fully explained during orientation, prior to the beginning of instruction, and requires no less than:
(i) If the education program discontinues after the fees and tuition have been paid, the program provider must refund the tuition and fees in full if the closure happens before the course is completed;
(ii) If the student cancels enrollment in writing three days before the commencement of the first day of classes or three days before they receive access to the online didactic education, all tuition and fees paid to the program specific to the enrollment agreement, will be refunded, less a cancellation fee that cannot exceed ten percent of the tuition and fees paid; and
(iii) Clearly stated reasons for which a refund will not be granted; and
(E) Information about how the student can file a complaint about the program with the Board; and
(F) Explanation of what job placement assistance the student can expect from the education program.

(4) A site visit may be conducted by representatives of the Board.
(5) The program director will be notified of approval or non-approval. Following receipt of notification from the Board of approval or non-approval:
(a) A program that is approved may begin classes according to the schedule submitted;
(b) A program that is not approved will be notified of the deficiencies and will be re-evaluated after appropriate modifications are made;
(c) A program denied approval may petition the Board for reconsideration.
(6) An approved nursing assistant or medication aide education program:
(a) Must be required to demonstrate ongoing compliance with the standards of approval at least every two years for continued approval.
(b) Must 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) Must submit an interim self-evaluation during the intervening year or as requested by the Board on forms provided by the Board.
(e) Must have records available for review.
(f) Must have adequate financial support for the stability and continuation of the program.
(g) Must have a written agreement with any clinical facility that is not a part of the controlling institution. Written agreements must:
(A) Be mutually agreed upon with the clinical facility;
(B) Be periodically reviewed;
(C) Include provisions for adequate notice of termination;
(D) Specify the responsibility of the education program to the facility and the responsibility of the facility to the education program; and
(E) Identify functions and responsibilities of the parties involved.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 11-2017, amend filed 12/05/2017, effective 01/01/2018; BN 6-2017, f. 7-3-17, cert. ef. 8-1-17; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 13-2013, f. 12-3-13, cert. ef. 1-1-14; BN 2-2011, f. & cert. ef. 7-11-11; BN 2-2008, f. & cert. ef. 2-25-08; BN 7-2006, f. & cert. ef. 5-8-06; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 5-2002, f. & cert. ef. 3-5-02; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0035
Periodic Evaluation of Nursing Assistant or Medication Aide Education Programs
A nursing assistant or medication aide education program may be the recipient of a site survey for any one of the following reasons:
(1) Nursing Assistant or Medication Aide Education Program Survey Request: The education program may request a survey or site visit at any time. Such request must be in writing and must include the purpose(s) for the visit.
(2) Periodic Evaluations related to possible non-compliance with federal or state standards.
(3) Survey Visits to Determine Continued Approval:
(a) All nursing assistant and medication aide education programs are required to demonstrate continuing compliance with the Standards for Approval at least every two years for continued approval;
(b) The survey visit must be made by representative(s) of the Board on dates mutually acceptable to the Board representative and the program;
(c) A program must submit a narrative self-evaluation report that provides evidence of compliance with the Standards of

Approval between on-site visits.
(d) The program may be asked to participate in scheduling survey visit activities;
(e) During an announced or unannounced survey site visit, the Board representative must have access to, review and analyze various sources of information regarding program performance; including, but not limited to:
(A) All education program and student records;
(B) Students, staff, and faculty;
(C) Previous Board of Nursing survey reports, as necessary;
(D) Results of ongoing program evaluation; and
(E) Other sources of evidence regarding achievement of program outcomes including, but not limited to:
(i) Student retention, attrition, and on-time program completion rates;
(ii) Sufficient and adequate type and number of faculty, faculty competence and faculty retention and turnover;
(iii) Adequate laboratory and clinical learning experiences;
(iv) Pass rates on Board-approved competency examination;
(v) Trend data and action planning related to pass rate on Board-approved competency examination;
(vi) Trend data and action planning related to employer and graduate satisfaction;
(vii) Performance improvement initiatives related to program outcomes; and
(viii) Program complaints and grievance review and resolution.
(f) The education program will be evaluated by use of a rubric to guide the timing of the next survey site visit:
(A) Each standard will be evaluated as “met”, “partially met” or “not met”;
(B) The Board representative’s comments will be included for most standards and in every case when a standard is partially met or not met;
(C) Standards partially met will be deemed sufficiently met to merit the recommendation for continued approval;
(D) Recommendations in the summary of the report are intended as advisory to the education program. Recommendations, or alternative approach to meet the standard, are intended to be implemented before the next survey visit;
(E) Any failure to address previously-identified survey recommendations may result in a deficiency;
(F) If a deficiency exists, notice will be given in writing to the education program director specifying the deficiency(ies) and prescribing the timeframe within which the deficiency(ies) must be corrected;
(G) Any violation of standards or failure to address previously-identified survey deficiencies, in the time prescribed by the Board, may result in withdrawal of program approval as established in OAR 851-061-0050;
(g) Continuing approval will be granted upon the Board’s ratification:
(A) Board representative retains authority to recommend the length of approval granted regardless of rubric score; and
(B) The final decision is made by the Board.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
History: BN 8-2020, adopt filed 12/14/2020, effective 01/01/2021

851-061-0040

Inactive Status or Closure of a Program

(1) Voluntary Inactive Status. An education program may be granted temporary inactive status for up to two years:
(a) The program director must 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 must be continued until the committed class schedule of currently enrolled students is completed.
(2) Involuntary Inactive Status. An education program will 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: An education program may request reinstatement subsequent to voluntary or involuntary inactive status by submitting satisfactory evidence that the program meets Board standards.
(4) Voluntary Closing. When a facility, institution or individual discontinues an education program, the program director must first:
(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 education program closes but the educational institution or licensed health care agency continues to function, the institution must assume responsibility for the records of the students and the graduates. The Board of Nursing must be advised of the arrangements made to safeguard the records.
(B) If the facility-based or independent education program ceases to exist, the Board of Nursing must be consulted within 30 days about the maintenance of student records.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
History: BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 2-2011, f. & cert. ef. 7-11-11; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

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 or medication aide education programs are not being met:
(a) Notice of the deficiency(ies) will 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) must 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 must deny approval to an education program and withdraw approval from a previously approved education program offered by or in a licensed nursing facility or a skilled nursing facility which, in the previous two years:
(a) Is operating under a waiver for coverage by licensed nurses; or
(b) Has been subject to an extended survey or partial extended survey; or
(c) Has been subject to imposition of a denial of payment, temporary manager, or termination; or
(d) Was assessed a civil money penalty affecting eligibility for the federal Nurse Aide Training and Competency Evaluation Program.
(3) A program or facility that has had its approval denied or withdrawn pursuant to OAR 851-061-0050(2) may apply to the Department of Human Services for a Waiver of Program Prohibition.
(4) The Board may withdraw program approval of a nursing assistant or medication aide education program if:
(a) The program cannot provide satisfactory evidence that the standards for nursing assistant or medication aide education programs are consistently maintained 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; or
(b) No classes have been taught for 24 consecutive months; or
(c) The pass rate for graduates of the program falls below 70% for the first-time candidates taking the Board-approved

competency examination for two consecutive 12-month periods or below 85% for the first attempt and all subsequent attempts of all exam-takers for the most recent 12 months; or
(d) An education site visit is not permitted, records are not available for review, or access to students or faculty is denied; or
(e) The clinical facility fails to permit a site visit of the education program; or
(f) The parent institution or governing body knowingly makes any false, misleading, or deceptive statements, or submits or causes to be submitted any false, misleading or deceptive information or documentation to the Board or any representative of the Board.
(5) When program approval is withdrawn, the program must:
(a) Submit a plan to the Board within ten working days for completion of the currently enrolled students;
(b) Allow currently enrolled students 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.
(6) The Board may reinstate approval of the program upon submission of satisfactory evidence that the program meets the Board standards.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 28-2021, amend filed 12/15/2021, effective 01/01/2022; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 14-2017, amend filed 12/05/2017, effective 01/01/2018; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 2-2011, f. & cert. ef. 7-11-11; BN 6-2008, f. & cert. ef. 6-24-08; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0070
Reports and Approvals
(1) Program changes requiring Board approval:
(a) Change of program ownership:
(A) When ownership of an education program changes, a report must be submitted, in writing within 15 days, to the Board representative containing the following information:
(i) Anticipated effects on students, faculty and resources; and
(ii) Plans for the orderly transition of the program.
(B) If the change in ownership only causes minor changes to the program, as determined by the Board representative, there is no need to seek new approval of the program.
(C) If the change causes a substantial impact on the students, faculty or program resources, as determined by the Board representative, on the students, faculty, or program resources, an application and approval for the program will be required.
(b) Changes in course content, lab/clinical skill checklist, final exam, certificate of completion, program director, primary instructor, clinical teaching associate, policies and procedures related to attendance, course requirements, cancellation and refunds, or classroom or clinical sites must be submitted to the Board for approval prior to implementation.
(2) Program data to be sent to Board:
(a) Nursing assistant and medication aide education programs shall register with the Board by the end of the second class day, each student's:
(A) Name;
(B) Date started education program;
(C) E-mail address; and
(D) Phone number.
(b) Nursing assistant and medication aide education programs shall register with the Board within 14 days of program

completion, each student's:
(A) Number of classroom and clinical hours completed; and
(B) Date of program completion.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 6-2008, f. & cert. ef. 6-24-08; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0075
Standards for Approval: Organization and Administration
(1) Education program policies and procedures must be in written form, include date initiated, date reviewed, and date revised, and must be reviewed by education program director at least annually.
(2) Education programs implementing program changes cannot require students who are currently enrolled to complete the requirements of a revised program. Enrolled students must be allowed to complete the program requirements identified in their most current signed enrollment agreement. Exceptions may be allowed when and if the school and student mutually agree to the program change(s) and a new or amended enrollment agreement is negotiated, accepted, and signed by the student and school. Examples of program changes as used in this rule include, but are not limited to, increase or decrease of hours required, changes in the schedule of hours of instruction, adding or dropping course requirements, increasing program costs or fees, or changes in the payment plan.
(3) Education program must be financially viable for the stability and continuation of the program.
(a) Education program providers in assisted living, licensed nursing, and residential care facilities licensed by the Department of Human Services or the Health Authority and education programs licensed by the Department of Education are exempt from demonstrating financial viability to the Board.
(b) Education program providers not identified in OAR 851-061-0075(3)(a), will provide financial statements or tax documents to demonstrate:
(A) Assets equal to or greater than liabilities;
(B) No operating loss in any year of more than 10% of their net worth; and
(C) No operating loss of any amount for two consecutive years.
(c) An education program that is unable to verify financial viability may be required to get a letter of credit, or escrow unearned tuition.
(4) All education program advertising, sales, collection, credit or other business practices are conducted in a manner that does not violate ORS 646.608.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
History: BN 11-2022, amend filed 07/26/2022, effective 08/01/2022; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 2-2011, f. & cert. ef. 7-11-11

851-061-0080
Standards for Program Approval: Faculty Qualifications and Responsibilities
(1) The education program director must:
(a) Hold a current Oregon RN license;
(b) Have at least two years of RN nursing experience that includes at least one year of direct care; and
(c) Have evidence of completion of a course on teaching adults, or one year of experience teaching adults:
(A) As faculty in a nursing education program;
(B) In a staff development role; or

(C) As a nurse administrator.
(2) An applicant for program director whose RN license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.
(3) Supervision of nursing assistant education must be done by:
(a) A program director who has at least one year of nursing experience in the provision of long-term care facility services; or
(b) All primary instructors must have at least one year of nursing experience in the provision of long-term care facility services.
(4) The program director must:
(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 contained in these rules;
(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 teaching associates;
(f) Provide or arrange for the orientation of the primary instructors and clinical teaching associates to their role and responsibilities.
(g) Develop and implement written policies necessary for the operation of the program, including those maintained under OAR 851-061-0123(3)(g);
(h) Ensure that all students have initiated a criminal history check that meets the laws governing the clinical site facility prior to entering the program and all students are determined eligible to participate in the program's clinical experiences.
(i) Coordinate classroom and clinical sites and activities;
(j) Ensure that the classroom, lab, and clinical environment is conducive to teaching and learning;
(k) Assure that the clinical setting provides an opportunity for the students to perform the skills taught in the curriculum;
(l) Ensure that a Board-approved primary instructor or clinical teaching associate is on the premises at all times during scheduled clinical hours;
(m) Supervise or coordinate supervision of students in the clinical setting or assign this responsibility to the primary instructor.
(n) Assess students' reactions to course content, instructional effectiveness, and other aspects of the learning experience through an anonymous and confidential process;
(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 education 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 visits by Board staff.
(s) For medication aide education programs, determine student eligibility by verifying that the applicant:
(A) Holds a current certificate to practice as a CNA on the CNA Registry prior to starting and throughout the medication aide education;
(B) Has graduated from an approved basic nursing assistant education program at least six months prior to enrollment in the medication aide education 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 education program unless the applicant is exempt under OAR 851-062-0090.
(5) The primary instructor for nursing assistant education program must:
(a) Hold a current Oregon RN license.
(b) Have at least two years' experience as an RN; and
(c) Have evidence of completion of a course on teaching adults, or one year of experience teaching adults.
(6) The primary instructor for medication aide education program must:
(a) Hold a current Oregon RN license;
(b) Have at least two years of RN nursing experience that includes at least one year:
(A) Experience as a nurse educator or in staff development role, or as a primary instructor in a nursing assistant education program; and
(B) Working in the provision of long-term care facility services.
(7) An applicant for primary instructor whose RN license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.
(8) A Director of Nursing is prohibited from being the primary instructor.
(9) The primary instructor must:
(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) The primary instructor of a medication aide program, in addition to the above, must:
(A) Obtain approval from a facility prior to using a facility employee as a clinical teaching associate. 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 teaching associates may be used as appropriate.
(10) Other personnel from the healthcare professions may supplement the instructor in their area of expertise:
(a) For a nursing assistant education program, the program director or primary instructor may:
(A) Involve as trainers for a specific portion of the nursing assistant education, 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 teaching associate who must:
(i) Hold a current Oregon RN or LPN license; and
(ii) Have the equivalent of at least one year of experience as a licensed nurse.
(b) For a medication aide education program, the clinical teaching associate must:
(A) Hold a current Oregon RN or LPN license;
(B) Have the equivalent of at least one year full time experience as a licensed nurse and must have six months' nursing experience in a facility licensed the same as the setting in which the medication aide student will be passing medications;
(C) Provide direct supervision of students; and
(D) Have only the responsibility for clinical precepting during the scheduled clinical experience.
(c) An applicant whose nursing license has been previously disciplined or is under current discipline will be subject to further evaluation by Board staff.
(d) Certified medication aides, resident care managers, and directors of nursing are prohibited from acting as clinical teaching associates for medication aide students.
(e) A Board-approved clinical teaching associate may assist the primary instructor in the classroom or lab setting to meet

the faculty-to-student ratios.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 14-2021, minor correction filed 06/24/2021, effective 06/24/2021; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 13-2013, f. 12-3-13, cert. ef. 1-1-14; BN 2-2011, f. & cert. ef. 7-11-11; BN 2-2008, f. & cert. ef. 2-25-08; BN 7-2006, f. & cert. ef. 5-8-06; BN 11-2004, f. & cert. ef. 7-13-04; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 18-2002, f. & cert. ef. 10-18-02; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0090

Standards for Program Approval: Curricula

(1) Nursing assistant and medication aide education programs must use Board-approved curricula. The Board-approved curriculum for nursing assistant education is found in Curriculum Content for Assistant Education Programs (approved 02/20/2025; effective 07/01/2025). The Board-approved curriculum for medication aide education program is found in Curriculum Content for Medication Aide Education Programs (approved 02/20/2025; effective 07/01/2025).
(2) A nursing assistant education program must consist of at least 105 hours divided into:
(a) At least 37 hours of classroom instruction, which may be provided via a live virtual platform;
(b) At least 28 hours of supervised laboratory instruction with return student demonstrations of learned skills to determine comprehension and competency, in addition to facility orientation, preceding the students' care of clients; and
(c) At least 40 hours of supervised clinical experience during which the student has the opportunity to perform the skills taught in the Board-approved nursing assistant curriculum. The supervised clinical experience must occur in a hospital, licensed nursing facility, licensed residential care facility, or licensed assisted living facility. An RN must be on duty during all scheduled supervised clinical experience hours.
(3) An on-line nursing assistant education program must consist of at least 105 hours divided into:
(a) At least the equivalent of 37 hours of the on-line didactic portion of the curriculum according to the nationally recognized standard of content to credit ratio;
(b) At least 28 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 must 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 40 hours of supervised clinical experience during which the student has the opportunity to perform the skills taught in the Board-approved nursing assistant curriculum. The supervised clinical experience must occur in a hospital, licensed nursing facility, licensed residential care facility, or licensed assisted living facility. An RN must be on duty during all scheduled supervised clinical experience hours;
(d) Ongoing technical support services to sustain the electronically offered program including provisions for staffing, reliability, privacy, and security; and
(e) Ongoing technical support services for students on each required educational technology hardware, software, and delivery system.
(4) Medication aide education program must consist of at least 80 hours divided into:
(a) At least 45 hours of didactic, which may be provided via a live virtual platform;
(b) At least 11 hours of supervised 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 24 hours of 1:1 supervised clinical experience during which the student has the opportunity to perform the skills taught in the Board-approved medication aide curriculum. The supervised clinical experience must occur in a hospital, licensed nursing facility, licensed residential care facility, or licensed assisted living facility. An RN must be on duty during all scheduled supervised clinical experience hours; and

(d) All required clinical hours must be in medication administration related activities.
(5) Admission requirements for medication aide education programs must be:
(a) Current, CNA status on the Oregon CNA Registry maintained by the Board;
(b) Documentation of graduation from an approved basic nursing assistant education program at least six months prior to enrollment in the medication aide education program; and
(c) Documentation of at least six months full time experience as a nursing assistant or the equivalent in part time experience since graduation from a basic nursing assistant education program.
(6) An on-line medication aide education program must consist of at least 80 hours divided into:
(a) At least the equivalent of 45 hours of the on-line didactic portion of the curriculum according to the nationally recognized standard of content to credit ratio;
(b) At least 11 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 must 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 24 hours of 1:1 supervised clinical experience during which the student has the opportunity to perform the skills taught in the Board-approved medication aide curriculum. The supervised clinical experience must occur in a hospital, licensed nursing facility, licensed residential care facility, or licensed assisted living facility. An RN must be on duty during all scheduled supervised clinical experience hours;
(d) All required clinical hours must be in medication adminsitration related activities;
(e) Ongoing technical support services to sustain the electronically offered program including provisions for staffing, reliability, privacy, and security; and
(f) Ongoing technical support services for students on each required educational technology hardware, software, and delivery system.
(7) Classroom and clinical faculty to student ratios for nursing assistant and medication aide education programs:
(a) Classroom:
(A) The ratio of students per Board-approved faculty in the classroom must be such that each trainee is provided with RN assistance and supervision and be no more than 30 students per instructor for nursing assistant and medication aide education programs.
(B) The amount of students assigned per Board-approved faculty with self-directed, on-line instruction must be such that each student is provided with consultation and additional clarification by Board-approved faculty within 72 hours of a student's inquiry.
(C) The ratio of students per Board-approved faculty with faculty-directed, on-line instruction must be such that each student is provided with consultation and additional clarification by Board-approved faculty within 72 hours of a student's inquiry, and the class size must be no more than 30 students per Board-approved faculty per on-line classroom.
(b) Lab: The ratio of students per Board-approved faculty in nursing assistant and medication aide education programs must be no more than 10 students per Board-approved faculty at all times during the lab experience.
(c) Clinical:
(A) The ratio of students per Board-approved faculty in a nursing assistant education program must be no more than ten students per Board-approved faculty at all times during the clinical experience.
(B) The ratio of students per Board-approved faculty in a medication aide education program must begin with a ratio of one clinical teaching associate to one medication aide student during the first 24 hours of the clinical experience. Less intensive supervision (either more students per Board-approved faculty or less direct supervision by Board-approved faculty) may occur after the first 24 hours, with satisfactory evaluation and approval of the primary instructor and clinical teaching associate.
(8) Clinical experience and demonstration of competency for nursing assistant and medication aide education programs:
(a) A clinical schedule must be prepared by program faculty for all students prior to the course start date, and provided to the clinical facility director of nursing, the clinical teaching associate, and the student.

(b) Student practice and demonstration of competency for nursing assistant and medication aide education programs:
(A) Students may provide direct client care within their authorized duties under the supervision of a Board-approved faculty member.
(B) Students must 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 faculty member.
(E) Students must not be on a unit, floor, or wing without a CNA or licensed nurse.
(F) Students must provide care only to the level they have been taught and determined competent by the approved clinical teaching associate.
(c) In addition, for medication aide education programs, the clinical experience must be progressive with the Board-approved clinical teaching associate observing the medication administration and gradually increasing the number of clients to whom the student is administering medications;
(9) Completion of a nursing assistant or medication aide education program 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 education programs, the student has successfully completed current, adult CPR certification in accordance with Board-approved curriculum.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 1-2024, amend filed 02/23/2024, effective 03/01/2024; BN 1-2023, amend filed 04/27/2023, effective 05/01/2023; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 5-2014, f. 12-1-14, cert. ef. 1-1-15; BN 13-2013, f. 12-3-13, cert. ef. 1-1-14; BN 2-2011, f. & cert. ef. 7-11-11; BN 10-2009, f. & cert. ef. 12-17-09; BN 1-2009, f. & cert. ef. 5-15-09; BN 2-2008, f. & cert. ef. 2-25-08; BN 7-2006, f. & cert. ef. 5-8-06; BN 12-2005, f. & cert. ef. 12-21-05; BN 11-2004, f. & cert. ef. 7-13-04; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 15-2002, f. & cert. ef. 7-17-02; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0100
Standards for Program Approval: Responsibility to Students

The nursing assistant and medication aide education 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 maintaining:
(a) At least a 70% pass rate for first-time candidates taking the Board-approved competency examination for two consecutive 12-month periods; and
(b) An 85% or higher total pass rate that includes first-attempt and all subsequent attempts of all exam-takers for the most recent 12 months.
(2) Informing students of the following information:
(a) That for facility-based nursing assistant 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 the educational program will be charged for any portion of the program, including any fees for textbooks or other required course materials in accordance with federal regulations.
(b) The Department of Human Services and Board of Nursing's criminal history requirements and policies. This

information must be provided to students prior to admission to the program.
(3) Issuing the Board-approved certificate of completion or making an appropriate notation on a transcript for a graduate who has successfully completed the education.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 6-2008, f. & cert. ef. 6-24-08; BN 7-2006, f. & cert. ef. 5-8-06; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0120
Standards for Approval: Facilities and Services
(1) Facilities used for education must be in compliance with all applicable federal and state standards.
(2) For programs other than on-line programs, the classroom must be large enough to meet the students' and instructor's basic needs and must 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 must have:
(a) Materials, equipment, and supplies needed for student practice of all required skills taught in the curriculum;
(b) The laboratory facility available for the students' and instructors' use during instructional hours throughout the education period; and
(c) At least one fully functional bed for every five students.
(4) Clinical facilities must provide private meeting space for education program faculty and students' use during instructional hours throughout the clinical experience.
(5) Resources must include:
(a) Needed A-V equipment or modules; and
(b) Access to library resources.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
History: BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 2-2008, f. & cert. ef. 2-25-08; BN 6-1999, f. & cert. ef. 7-8-99

851-061-0123
Standards for Program Approval: Records
A system of nursing assistant and medication aide education program records must be made available to the Board representative and:
(1) Be maintained for a period of seven years;
(2) Be maintained in a secure and dry manner; and
(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 including satisfactory progress standards, criminal history checks, dress code, cancellations and refunds, and administration of examinations.
(4) Include student records that contain:
(a) Course start date;
(b) Document signed by student stating that they have received, read, and understand the disclosure statement, enrollment agreement, and program policies;
(c) Student progress record;
(d) Laboratory and clinical skills checklist;
(e) Attendance record;
(f) Examination scores;
(g) Proof of CPR certification (nursing assistant education program);
(h) Proof of the criminal history check;
(i) Date of completion;
(j) Record of student completion:
(A) Facility-based and independent programs shall must 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; and
(k) Date the student was employed (if applicable).

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
History: BN 8-2025, amend filed 04/24/2025, effective 07/01/2025; BN 8-2020, adopt filed 12/14/2020, effective 01/01/2021

851-061-0126

Standards for Approval: Evaluation

(1) An education program must provide and implement a plan to evaluate the program that includes:
(a) Frequency of evaluation;
(b) Evaluative criteria;
(c) Person responsible for evaluation criteria;
(d) Results of the evaluation; and
(e) Actions taken to improve the program.
(2) The program must evaluate the following elements at least every two years:
(a) Student evaluations of the education program;
(b) Pass rates on the Board-approved competency examination for each admission cohort;
(c) Student attrition rates during the education for each admission cohort;
(d) Resolution of student complaints and grievances in the past two years;
(e) Program policies and procedures;
(f) Feedback from clinical education sites; and
(g) Feedback from employers of graduates.

Statutory/Other Authority: ORS 678.440, ORS 678.444
Statutes/Other Implemented: ORS 678.444
History: BN 8-2020, adopt filed 12/14/2020, effective 01/01/2021

851-061-0130

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

(1) Out-of-State Programs who seek to send student(s) for clinical experience in Oregon must meet the requirements established in OAR 851-061-0090(8)(c) and 851-061-0090(9)(b).

(2) Programs with faculty and facilities located in Oregon and approved by another state will be required to obtain approval as a program in Oregon.

Statutory/Other Authority: ORS 678.440, ORS 678.444

Statutes/Other Implemented: ORS 678.444

History: BN 8-2020, amend filed 12/14/2020, effective 01/01/2021; BN 2-2011, f. & cert. ef. 7-11-11; BN 1-2004, f. 1-29-04, cert. ef. 2-12-04

DIVISION 62
STANDARDS FOR CERTIFICATION OF THE NURSING ASSISTANT AND MEDICATION AIDE

851-062-0011
Name, Address and Employer of Record

(1) Name of Record:

(a) The current legal name of the Certified Nursing Assistant (CNA) or Certified Medication Aide (CMA) must be on file with the Board at all times and shall be considered the name of record.

(b) To change the name of record, the CNA or CMA must submit notification of change of name to the Board, accompanied by legal proof of that name change. Such proof must be in the form of official records reflecting the current name of legal record.

(c) The name of record must be the same name used for the performance of authorized duties.

(2) Contact Information of Record:

(a) A CNA or CMA must keep current contact information on file with the Board at all times, including mailing address which shall be considered the address of record, primary phone contact number, and e-mail address.

(b) A Notice of Proposed Disciplinary Action sent to the CNA or CMA's address of record by certified mail or registered mail, is sufficient notice even if the CNA or CMA fails 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 CNA or CMA actively performing CNA or CMA authorized duties must report current employer(s) and employer's mailing address(es) to the Board. All employers, where the CNA or CMA is working within the authorized duties, must be reported. The CNA or CMA must update every change in employer and employer's mailing address to the Board no later than 30 days after the change.

Statutory/Other Authority: ORS 678.442

Statutes/Other Implemented: ORS 678.442

History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0012
CNA Registry

In accordance with federal regulations, 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 the Department of Human Services against a CNA.

Statutory/Other Authority: ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0020
Oregon CNA Certification

(1) An individual must have an active Oregon CNA certification and be listed on the Oregon CNA Registry before performing CNA authorized duties.
(2) A student nursing assistant in a Board-approved training program may perform nursing assistant duties with appropriate supervision.
(3) An unlicensed person who is performing tasks that have been delegated by a Registered Nurse according to OAR 851-047-0000 through OAR 851-047-0040 is exempt from the certification requirement.
(4) Successful completion of a Board-approved nursing assistant training program and competency examination alone does not qualify an individual for Oregon CNA certification. All application requirements must be met before certification is issued.
(5) An RN, LPN or student nurse must have active CNA certification before being identified as a CNA and performing CNA authorized duties.
(6) An RN or LPN employed as a CNA must not perform duties outside of the CNA authorized duties while working as a CNA.

Statutory/Other Authority: ORS 678.440, ORS 678.442
Statutes/Other Implemented: ORS 678.440, ORS 678.442
History: BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 7-2023, amend filed 10/06/2023, effective 10/06/2023; BN 4-2023, amend filed 09/22/2023, effective 10/01/2023; BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 10-2010, f. & cert. ef. 6-25-10; BN 8-2008, f. & cert. ef. 11-26-08; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-062-0050
Initial Nursing Assistant (NA) Certification Eligibility

(1) An individual may apply for initial NA certification by submitting a completed application, which includes:
(a) The Board's initial application form;
(b) Payment of all applicable fees described in OAR Chapter 851 Division 2;
(c) Proof of passing the Board-approved NA competency examination;
(d) Completion of a national fingerprint criminal history background check as described in OAR 851-001-0115; and
(e) One of the following:
(A) Proof of completion, including date of completion of a nursing assistant training program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory;
(B) A Joint Services transcript and DD214 form;
(C) Proof of an active RN, PN or Vocational Nurse (VN) license in good standing; or
(D) Proof of current enrollment in a nursing education program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory.
(2) For applicants with NA certification in another state or U.S. territory at the time of application, the active certification may be considered proof of completion of the Board-approved competency examination.
(3) Incomplete applications expire 12 months after the initial submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 676.850
Statutes/Other Implemented: ORS 678.442, ORS 676.850
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025,

amend filed 11/20/2025, effective 11/20/2025; BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 5-2021, amend filed 06/21/2021, effective 07/01/2021; BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 6-2014, f. 12-2-14, cert. ef. 1-1-15; BN 3-2014, f. 6-25-14, cert. ef. 8-1-14; BN 14-2013, f. 12-4-13, cert. ef. 1-1-14; BN 10-2010, f. & cert. ef. 6-25-10; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-062-0054

Temporary Certification as a CNA for Spouses and Domestic Partners of Active Duty Armed Forces of the United States Stationed in Oregon

(1) A temporary certification to practice as a Certified Nursing Assistant (CNA) shall be issued to the spouse of active duty armed forces personnel when the following requirements are met:
(a) A completed application and payment of fee is received by the Board; and
(b) Submission of copy of the military orders assigning the active duty member to an assignment in Oregon; and
(c) The spouse holds a current certification as a CNA in another state; and
(d) The certificate is unencumbered and verified as active and current through processes defined by the Board.
(2) The temporary certificate shall expire on the following date, whichever occurs first:
(a) Oregon is no longer the duty station of the active armed forces member; or
(b) The certificate in the state used to obtain a temporary certificate expires; or
(c) Two years after the issuance of the temporary certificate; or
(d) When no longer a spouse or domestic partner of an active duty armed forces member.
(3) This temporary certificate is not renewable. If the dates in section two of this rule are exceeded and the spouse continues to practice in Oregon, the spouse must apply for an active Oregon certificate. This certificate must be obtained using the processes and fees established for permanent certification. Continuing to work in Oregon when the temporary certificate has expired will be considered practicing without a valid certificate and is subject to Board action.

Statutory/Other Authority: ORS 678.150, ORS 678.390, ORS 678.440
Statutes/Other Implemented: ORS 678.150, ORS 678.390, ORS 678.440
History: BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 17-2019, adopt filed 11/23/2019, effective 01/01/2020

851-062-0055

Competency Examination

(1) Exam Accommodations: A qualified applicant must be able to perform duties safely, without risk to the health and safety of others or themselves.
(a) An applicant with a disability who requests accommodation at the exam site must:
(A) Submit a fully completed accommodation request form provided by the Board; and
(B) Arrange for primary source documentation to be sent directly to the Board by the diagnosing provider or learning specialist that includes:
(i) Specific type of disability and confirmation of diagnosis; and
(ii) Type of diagnostic study or analysis used; and
(iii) Accommodation needed for testing related to the disability; and
(iv) Provider's original signature, official title and contact information.
(b) An applicant who has been ill or has a temporary restriction of activity must arrange for the healthcare provider to send the Board a medical release for full return to normal activity before taking the manual skills portion of the exam.
(2) Exam Controls:
(a) Reference materials, including dictionaries, may not be used during testing.
(b) Language translation aids must not be used for exam purposes. This includes translators, documentation or electronic devices that translate one language to another.
(c) If a candidate decides not to complete the examination after receiving the knowledge test booklet or the skill test

instructions, the attempt will be scored as a failure.
(3) Examination results will be mailed or emailed to the applicant at the applicant's address of record and will not be released by telephone.
(4) 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.

Statutory/Other Authority: ORS 678.440, ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 10-2010, f. & cert. ef. 6-25-10; BN 6-2005, f. & cert. ef. 6-30-05; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0061
CNA Limited Certificate for Governor Declared Emergency

(1) During an emergency declared by the Governor pursuant to ORS 401.165 and subject to terms and conditions that the Board may impose, the Board may issue a limited certificate to a nursing assistant authorized in another state or U.S. jurisdiction when the following requirements are met:
(a) A completed application (application fee waived) is received by the Board; and
(b) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing assistant certification in another state or jurisdiction.
(2) The limited certification shall expire on the following date, whichever occurs first:
(a) The Oregon Governor-Declared Emergency declaration expires; or
(b) The certification in the state or jurisdiction used to obtain the limited certification expires; or
(c) Two years after the issuance of the limited certification.
(3) Non-Renewable Limited Certification: A limited certification is not renewable and expires based on whichever occurs first in OAR 851-062-0061(2). The individual must apply for permanent Oregon certification by endorsement in order to continue performing nursing assistant duties in Oregon. Continuing to work in Oregon after the limited certification has expired is considered practicing without a valid certification and is subject to Board action.
(4) Reinstatement of Limited Certification: A previously issued expired limited certification may be reinstated if the following are true:
(a) A new state of emergency has been declared by the Governor; and
(b) The individual has not been issued permanent Oregon CNA certification by endorsement; and
(c) Holds active unencumbered nursing assistant certification in another state or U.S. jurisdiction.
(d) A qualified applicant must:
(A) Submit a completed reinstatement application (application fee waived) to the Board; and
(B) Using instructions provided by the Board, the applicant must arrange for primary source verification of the active unencumbered nursing assistant certification in another state or jurisdiction.

Statutory/Other Authority: ORS 401.165
Statutes/Other Implemented: ORS 401.165
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 4-2024, adopt filed 06/20/2024, effective 07/01/2024; BN 8-2023, temporary adopt filed 11/22/2023, effective 01/01/2024 through 06/28/2024

851-062-0070
Renewal of CNA Certification

(1) An NA certificate is valid for two years from the date it is issued. Certificate holders must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
(2) The certificate holder may reapply by submitting a completed application which includes:

(a) The Board's renewal application form;
(b) Payment of applicable fees in OAR Chapter 851 Division 2;
(c) Completion of state records criminal background check as described in OAR 851-001-0115; and
(d) Every 48 months or every other renewal cycle, the applicant must attest to completion of two hours of cultural competency continuing education.
(3) A renewal application may be submitted no more than 90 days before the expiration of the certificate.
(4) Once a certificate has been expired for more than 90 days, an individual will need to apply for reinstatement described in OAR 851-062-0071.
(5) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 676.850
Statutes/Other Implemented: ORS 678.442, ORS 676.850
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 4-2022, amend filed 02/18/2022, effective 03/01/2022; BN 5-2021, amend filed 06/21/2021, effective 07/01/2021; BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 6-2014, f. 12-2-14, cert. ef. 1-1-15; BN 10-2010, f. & cert. ef. 6-25-10; BN 4-2004, f. & cert. ef. 2-20-04; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-062-0071

Reinstatement of CNA Certification

(1) An individual whose NA certification has been expired for more than 90 days but no more than two years may apply for reinstatement by submitting a completed application, which includes:
(a) The Board's reinstatement application form;
(b) Payment of the fee in OAR Chapter 851 Division 2;
(c) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115; and
(d) Completion of two hours of cultural competency continuing education.
(2) An individual with an expired NA certification for over two years can apply for reinstatement by completing the application and passing the Board-approved exam.
(3) Applicants who do not pass the examination are required to complete a training program prior to a retake.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 676.850
Statutes/Other Implemented: ORS 678.442, ORS 676.850
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 5-2021, amend filed 06/21/2021, effective 07/01/2021; BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0075

CNA Disciplinary Reinstatement

(1) An individual whose NA certification has been revoked or voluntarily surrendered is not eligible for reinstatement under OAR 851-062-0071 but may apply for disciplinary reinstatement.
(2) An applicant for disciplinary reinstatement may submit a completed application which includes:
(a) The Board's disciplinary reinstatement application form;
(b) Payment of the fee in OAR Chapter 851 Division 2;
(c) Proof of completion of an NA training program following revocation or surrender;
(d) Passage of the Board approved competency exam after submission of application; and
(e) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115.
(3) An applicant under this rule is also subject to OAR 851-001-0015.
(4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.442, ORS 676.850
Statutes/Other Implemented: ORS 678.442, ORS 676.850
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 5-2021, amend filed 06/21/2021, effective 07/01/2021; BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04

851-062-0080

Oregon CMA Certification

A CMA must have a current Oregon CMA certificate and be listed on the Oregon CNA Registry prior to performing medication aide duties.

Statutory/Other Authority: ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 14-2013, f. 12-4-13, cert. ef. 1-1-14; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-062-0090

CMA Certification Eligibility

(1) An applicant may apply for Medication Aide certification by submitting a completed application, which includes:
(a) The Board's medication aide application form;
(b) Holding a current Oregon CNA certification;
(c) Payment of the fee in OAR Chapter 851 Division 2;
(d) Passing the Board-approved medication aide examination; and
(e) One of the following:
(A) Proof of completion of a medication aide training program approved by the Board, or, for non-Oregon programs, approved by the appropriate agency in that state or U.S. territory;
(B) A joint Services transcript and DD-214 form; or
(C) Proof of an active RN, PN or VN license in good standing.
(D) Proof of current enrollment in a nursing education program approved by the Board or, for non-Oregon programs, by the appropriate agency in that state or U.S. territory.
(2) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 1-2012, f. 2-24-12, cert. ef. 4-1-12; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

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.

Statutory/Other Authority: ORS 678.440, ORS 678.442

Statutes/Other Implemented: ORS 678.442
History: BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 1-2013, f. 2-28-13, cert. ef. 4-1-13; BN 10-2010, f. & cert. ef. 6-25-10; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-062-0110
Renewal of CMA Certification
(1) A MA certificate is valid for two years from the date it is issued. Certificate holders must apply for renewal by 11:59 p.m. on the date of their license expiration to be considered timely.
(2) The certificate holder may reapply by submitting a completed application which includes:
(a) The Board's renewal application form;
(b) Payment of applicable fees in OAR Chapter 851 Division 2;
(c) Completion of state records criminal background check as described in OAR 851-001-0115; and
(d) Attest to completion of eight hours of continuing education within the past two years related to medication aide authorized duties.
(3) A renewal application may be submitted no more than 90 days before the expiration of the certificate.
(4) Once a certificate has been expired for more than 90 days, an individual will need to apply for reinstatement described in OAR 851-062-0114.
(5) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 9-2025, amend filed 04/24/2025, effective 07/01/2025; BN 5-2019, amend filed 07/03/2019, effective 08/01/2019; BN 1-2012, f. 2-24-12, cert. ef. 4-1-12; BN 10-2010, f. & cert. ef. 6-25-10; BN 2-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-062-0114
Reinstatement of CMA Certification
(1) An individual whose MA certification has been expired for more than 90 days but no more than two years may apply for reinstatement by submitting a completed application, which includes:
(a) The Board's reinstatement application form;
(b) Payment of the fee in OAR Chapter 851 Division 2;
(c) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115; and
(d) Completion of two hours of cultural competency continuing education.
(2) An individual with an expired MA certification for over two years can apply for reinstatement by completing the application and passing the Board-approved exam.
(3) Applicants who do not pass the examination are required to complete a training program prior to a retake.

Statutory/Other Authority: ORS 678.440, ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

851-062-0116
CMA Disciplinary Reinstatement
(1) An individual whose MA certification has been revoked or voluntarily surrendered is not eligible for reinstatement under OAR 851-062-0071 but may apply for disciplinary reinstatement.
(2) An applicant for disciplinary reinstatement may submit a completed application which includes:

(a) The Board's disciplinary reinstatement application form;
(b) Payment of the fee in OAR Chapter 851 Division 2;
(c) Proof of completion of an MA training program following revocation or surrender;
(d) Passage of the Board approved MA competency exam after submission of application; and
(e) Completion of a national fingerprint-based criminal background check as described in OAR 851-001-0115.
(3) An applicant under this rule is also subject to OAR 851-001-0015.
(4) Incomplete applications expire 12 months after submission date.

Statutory/Other Authority: ORS 678.440, ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 33-2025, temporary amend filed 11/24/2025, effective 11/24/2025 through 12/31/2025; BN 29-2025, amend filed 11/20/2025, effective 11/20/2025; BN 5-2019, adopt filed 07/03/2019, effective 08/01/2019

DIVISION 63
STANDARDS AND AUTHORIZED DUTIES FOR THE CERTIFIED NURSING ASSISTANT AND CERTIFIED MEDICATION AIDE

851-063-0010
Purpose of Authorized Duties and Standards
(1) To establish standards for the certified nursing assistant (CNA).
(2) To identify the authorized duties which may be performed by the certified nursing assistant (CNA) and certified medication aide (CMA) in the process of assisting a licensed nurse; and
(3) To establish conduct unbecoming for CNAs and CMAs.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.442, ORS 678.444
History: BN 15-2025, amend filed 06/27/2025, effective 07/01/2025; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-063-0021
Standards for Certified Nursing Assistants
In the process of client care the CNA must
(1) Follow the plan of care as directed and supervised by the licensed nurse. A CNA may not work independently;
(2) Report to the licensed nurse any observed changes in the client's condition;
(3) Record observations and measurements, duties completed, and client statements about condition or care; and
(4) Apply safety concepts in the workplace.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.442, ORS 678.444
History: BN 15-2025, adopt filed 06/27/2025, effective 07/01/2025

851-063-0030
Authorized Duties for Certified Nursing Assistants (CNA)
As directed and supervised by a licensed nurse, the CNA may perform the following duties:
(1) Duties associated with collaboration with the health care team:
(a) Accepting assignments;
(b) Giving report to another team member; and
(c) Orienting other nursing assistants to workflow and environment.
(2) Duties associated with communication and interpersonal skills:

(a) Answering and placing call signals;
(b) Communicating with clients, clients' family members, and co-workers; and
(c) Maintaining confidentiality.
(3) Duties associated with client-centered care:
(a) Following the client's plan of care and providing feedback to a nurse on the plan of care;
(b) Organizing daily routines for a group of people according to each client's preferences and the individual plan of care;
(c) Protecting and respecting a client's rights;
(d) Promoting a client's independence utilizing strength-based care approaches;
(e) Providing holistic care and reporting any observed changes to the licensed nurse; and
(f) Assisting with complementary therapies such as aromatherapy and using pre-recorded media for guided imagery.
(4) Duties associated with infection prevention:
(a) Handwashing and hand hygiene;
(b) Utilizing personal protective equipment;
(c) Caring for the client's environment;
(d) Cleaning shared equipment;
(e) Bedmaking and handling of linen;
(f) Delivering and handling food and drinks;
(g) Implementing precautions designed to prevent or limit the transmission of communicable and infectious diseases;
(h) Handling of contaminated materials;
(i) Handling of disposal of hazardous wastes; and
(j) Applying a simple dressing to a dry, non-infected wound.
(5) Duties associated with safety and emergency procedures:
(a) Applying fall prevention techniques;
(b) Applying and removing restraints;
(c) Applying techniques to prevent harm to the client;
(d) Applying techniques helpful in preventing escalations in behaviors;
(e) Avoiding and managing hazards in the workplace;
(f) Implementing bleeding, cervical, hip, and sternal precautions;
(g) Moving and transferring a client;
(h) Transporting a client in a wheelchair, specialized chair, stretcher, or bed;
(i) Turning and positioning a client in bed, chair, or wheelchair; and
(j) Using lifts and safe handling devices.
(6) Duties associated with activities of daily living (ADL):
(a) Assisting with nutrition and hydration by:
(A) Assisting with eating and drinking;
(B) Following aspiration precautions; and
(C) Positioning a client for nutritional and fluid intake.
(b) Assisting with elimination by:
(A) Administering bowel evacuation suppositories that are available without a prescription;
(B) Applying and removing external urinary catheters;
(C) Assisting with toileting including the use of bedpan and urinal;
(D) Changing a catheter bag;
(E) Connecting and disconnecting external urinary catheters to suction;
(F) Providing catheter care;
(G) Providing ostomy care for established, healthy ostomy:
(i) Emptying ostomy bag;
(ii) Changing ostomy dressing, appliance or bag; and

(H) Providing perineal and incontinence care.
(c) Assisting with personal care and grooming for clients including individuals with tubes and special equipment by:
(A) Bathing;
(B) Dressing and undressing;
(C) For clients with no visually compromised skin or compromised circulation, soaking, washing, clipping, or filing fingernails and toenails;
(D) Implementing routines to promote sleep;
(E) Performing the following oral hygiene duties for responsive and non-responsive client:
(i) Brushing and flossing teeth and implants; and
(ii) Inserting, removing, and cleaning dentures.
(F) Providing the following skin care duties:
(i) Applying lotion;
(ii) Applying topical barrier creams and ointments;
(iii) Applying anti-fungal ointments and powders;
(iv) Preventing pressure, friction, and shearing; and
(v) Using pressure relieving devices.
(G) Removing, applying and caring for eyeglasses;
(H) Removing, applying, and caring for hearing aids;
(I) Shampooing and caring for hair; and
(J) Shaving with an electric or disposable razor.
(d) Assisting with following restorative care duties:
(A) Ambulating;
(B) Applying techniques for good body alignment and positioning including extremity elevation;
(C) Assisting with bowel and bladder training;
(D) Performing range of motion exercises; and
(E) Using assistive devices for ambulating, dressing, eating, grooming, positioning, and transferring.
(7) Duties associated with technical skills:
(a) Applying and removing anti-embolism elastic stockings, braces, orthotic or prosthetic devices;
(b) Applying oxygen therapy at a prescribed rate, discontinuing oxygen therapy, and transferring oxygen tubing from one oxygen source to another;
(c) Applying pediculicides;
(d) Applying, removing, and turning on and off sequential compression devices;
(e) Applying warm and cold therapy;
(f) Applying, removing, and turning on and off continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP) devices;
(g) Assisting with coughing and deep breathing;
(h) Changing a suction canister;
(i) Collecting specimens (sputum, nasal swab, rectal swab, feces, urine, including clean catch);
(j) Emptying output from drainage devices and closed drainage systems;
(k) Manually and electronically measuring and recording temperature, apical and radial pulse, respiration, and blood pressure;
(l) Measuring and recording height and weight;
(m) Measuring and recording a blood pressure from the forearm;
(n) Measuring and recording an orthostatic blood pressure reading;
(o) Measuring and recording pulse oximetry reading;
(p) Performing fingerstick capillary blood glucose (CBG) test;
(q) Reinforcing the use of an incentive spirometer; and

(r) Turning off, removing, and rinsing nebulizer treatment equipment.
(8) Duties associated with documentation including documentation of care provided, observations, and unusual occurrences.
(9) Duties associated with end-of-life care:
(a) Providing comfort care; and
(b) Providing care for the deceased.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 678.444
Statutes/Other Implemented: ORS 678.440, ORS 678.442, ORS 678.444
History: BN 15-2025, amend filed 06/27/2025, effective 07/01/2025; BN 5-2025, temporary amend filed 02/21/2025, effective 03/01/2025 through 06/30/2025; BN 1-2024, amend filed 02/23/2024, effective 03/01/2024; BN 16-2021, amend filed 07/21/2021, effective 08/01/2021; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15; BN 4-2011, f. & cert. ef. 10-6-11; BN 1-2011(Temp), f. 6-6-11, cert. ef. 6-23-11 thru 12-20-11; BN 11-2010, f. & cert. ef. 6-25-10; BN 11-2009, f. & cert. ef. 12-17-09; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-063-0035
Additional Authorized Duties for Certified Nursing Assistants

(1) A CNA may add a duty listed in section (2) of this rule as an individual authorized duty when an RN representing the CNA employment site teaches performance of the authorized duty and validates that the CNA is competent to perform the duty. Once authorized, the CNA may be assigned to perform the additional authorized duty by nurses in the employing organization.
(2) The following duties are eligible to be added as an individual CNA's authorized duties as permitted in section (1) of this rule:
(a) Duties associated with infection prevention:
(A) Obtaining urine specimen from port of catheter;
(B) Assisting with a chlorhexidine bath;
(C) Clipping hair in preparation for surgical procedure;
(D) Changing a wound VAC canister; and
(E) Performing clean intermittent straight urinary catheterization for chronic condition.
(b) Duties associated with ADL:
(A) Administering enemas;
(B) Assisting with nutrition and hydration of infants and children:
(i) Assisting with breastfeeding by supporting and reinforcing instructions;
(ii) Assisting with human breast milk pumping;
(iii) Handling, storing, and transporting breast milk;
(iv) Preparing infant formula or breast milk for feeding; and
(v) Assisting with and feeding infants by bottle.
(C) Assisting with established post pyloric, jejunostomy, and gastrostomy
(i) Adding fluid to tube feedings;
(ii) Changing feeding bags; and
(iii) Pausing and resuming tube feedings to provide personal care;
(D) Discontinuing a urethrally inserted catheter;
(E) Applying moisture barrier cream or ointment to treat topical skin irritation or non-intact skin due to incontinence or excess moisture;
(F) Established traction equipment: removing and re-applying; and
(G) Applying and removing continuous passive motion (CPM) machine.
(c) Duties associated with technical skills:

(A) Adjusting oxygen rate of flow;
(B) Attaining transcutaneous bilirubin meter reading;
(C) Discontinuing a saline lock;
(D) Interrupting and re-establishing nasogastric (NG) suction;
(E) Irrigating ears;
(F) Measuring arm and leg circumference;
(G) Measuring blood pressure with a Doppler;
(H) Measuring and recording: blood pressure (lower leg, thigh);
(I) Obtaining a throat swab specimen;
(J) Performing fecal occult blood test;
(K) Performing urine dipstick test;
(L) Performing newborn critical congenital heart disease screening utilizing pulse oximetry;
(M) Placing electrodes or leads and run electrocardiogram (EKG);
(N) Placing electrodes or leads for telemetry;
(O) Removing casts in non-emergent situations;
(P) Scanning bladder;
(Q) Scanning glucometer sensor;
(R) Screening newborn hearing;
(S) Setting up traction equipment; and
(T) Suctioning nose or oral pharynx.
(3) A CNA may add phlebotomy as an individual authorized duty when the CNA has a current phlebotomy certification from a nationally recognized certifying organization, or successful completion of phlebotomy specific military education program, demonstrated ongoing competency, and assigned the duty by nurses in the employing organization.
(4) A CNA may add child safety seat check as an individual authorized duty when the CNA has successfully completed a national child passenger safety certification program, demonstrated ongoing competency, and assigned the duty by nurses in the employing organization.
(5) A CNA may add telemetry monitoring as an individual authorized duty when the CNA has successfully completed a dysrhythmia recognition course, demonstrated ongoing competency, and assigned the duty by nurses in the employing organization.

Statutory/Other Authority: ORS 678.440, ORS 678.442
Statutes/Other Implemented: ORS 678.440, ORS 678.442
History: BN 15-2025, amend filed 06/27/2025, effective 07/01/2025; BN 16-2021, amend filed 07/21/2021, effective 08/01/2021; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15; BN 11-2010, f. & cert. ef. 6-25-10
BN 11-2009, f. & cert. ef. 12-17-09
BN 2-2009, f. & cert. ef. 5-15-09
BN10-2007, f. & cert. ef. 10-1-07

851-063-0070
Authorized Duties and Standards for Certified Medication Aide (CMA)
(1) Under the supervision of a licensed nurse, a CMA may administer:
(a) Oral, sublingual and buccal medications;
(b) Eye medications;
(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 or nebulizer; and
(j) Medications delivered by metered hand-held inhalers.
(2) A CMA may administer pro re nata (PRN) medications including controlled substances to stable clients according to the licensed independent practitioner's orders.
(3) A CMA may:
(a) Administer regularly scheduled controlled substances;
(b) Jointly witness wasted controlled substances with a licensed nurse;
(c) Count controlled substances with a licensed nurse or another CMA;
(d) Perform fingerstick CBG test;
(e) Turn oxygen on and off at predetermined, established flow rate; and
(f) Add fluid to established jejunostomy or gastrostomy tube feedings and change established tube feeding bags.
(4) A CMA 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) A CMA may not administer the following kinds of medications:
(a) Barium and other diagnostic contrast media; or
(b) Chemotherapeutic agents except oral maintenance chemotherapy.
(6) A CMA may not act as a clinical teaching associate to a student in a medication aide education program.

Statutory/Other Authority: ORS 678.440, ORS 678.442, ORS 678.444, ORS 678.445
Statutes/Other Implemented: ORS 678.440, ORS 678.442, ORS 678.444
History: BN 15-2025, amend filed 06/27/2025, effective 07/01/2025; BN 16-2021, amend filed 07/21/2021, effective 08/01/2021; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

851-063-0090
Conduct Unbecoming a Nursing Assistant

Conduct unbecoming a nursing assistant is conduct that adversely affects the health, safety, and welfare of the public; that fails to conform to OAR Chapter 851, Division 63. Such conduct includes, but is not limited to:
(1) Conduct related to general fitness to perform nursing assistant authorized duties:
(a) Demonstrated incidents of violent, abusive, intimidating, neglectful or reckless behavior; or
(b) Demonstrated incidents of dishonesty, misrepresentation, or fraud.
(2) Conduct related to achieving and maintaining clinical competency:
(a) Failing to conform to the essential standards of acceptable and prevailing nursing assistant performance of duties. Actual injury need not be established;

(b) Performing duties beyond those authorized duties.
(3) Conduct related to client safety and integrity:
(a) Failing to take action to preserve or promote a client's safety based on the nursing assistant's knowledge, skills, and abilities;
(b) Failing to implement the plan of care developed by the registered nurse (RN);
(c) Failing to report changes in a client's status from the last plan of care made by the RN;
(d) Jeopardizing the safety of a client under the CNA's care;
(e) Leaving or failing to complete a nursing assistant assignment without properly notifying appropriate supervisory personnel and confirming that nursing assistant responsibilities will be met;
(f) Failing to make a report per ORS 676.150 of facts known regarding prohibited or unprofessional conduct of any health care provider;
(g) Failing to respect the dignity and rights of clients, inclusive of social or economic status, age, race, religion, gender, gender identity, sex, sexual orientation, national origin, nature of health needs, physical attributes, or disability;
(h) Failing to report actual or suspected incidents of abuse, neglect, or mistreatment;
(i) Engaging in or attempting to engage in sexual misconduct with a client in any setting;
(j) Engaging in sexual misconduct in the workplace; or
(k) Failing to maintain professional boundaries.
(4) Conduct related to communication:
(a) Failing to accurately document nursing assistant activities and duties;
(b) Failing to document nursing assistant activities and duties performed in a timely, accurate, thorough, and clear manner. This includes failing to document a late entry within a reasonable time period;
(c) Entering inaccurate, incomplete, falsified or altered documentation into a health record or into agency records. This includes but is not limited to:
(A) Documenting the provision of services that were not provided;
(B) Failing to document information pertinent to the client's care;
(C) Filling in someone else's charting omissions, or signing someone else's name;
(D) Falsifying data;
(E) Altering or changing words or characters within an existing document to mislead the reader; or
(F) Adding documentation to a health record or agency record without recording the date and time of the event being recorded. This includes late entry documentation that does not demonstrate the date and time of the initial event being documented, the date and time the late entry is being placed into the record, and the signature of the nursing assistant placing the documentation into the record.
(d) Destroying an agency record, a client's health record, or any document prior to the destruction date indicated for the type of recorded data or document;
(e) Directing another individual to falsify, alter or destroy an agency record, a client's health record, or any document prior to the destruction date indicated for type of recorded data or type of document;
(f) Failing to communicate information regarding a client's status to the supervising nurse or other appropriate member of the healthcare team in an on-going and timely manner and as appropriate to the context of care; or
(g) Failing to communicate information regarding the client's status to individuals who are authorized to receive the information and need to know.
(5) Conduct related to interactions with the client's family:
(a) Failing to respect the client's family and the person's relationship with their family;
(b) Using one's title or position as a nursing assistant to exploit a client's family for personal gain or for any other reason;
(c) Stealing money, property, services or supplies from the family;
(d) Soliciting or borrowing money, materials or property from the family; or
(e) Engaging in unacceptable behavior towards or in the presence of the client's family. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language.

(6) Conduct related to relationships with co-workers and health care team members:
(a) Engaging in violent, abusive or threatening behavior towards a co-worker; or
(b) Engaging in violent, abusive or threatening behavior that relates to the performance of safe care to a client.
(7) Conduct related to safe performance of authorized duties:
(a) Performing authorized duties when unable or unfit to perform nursing assistant activities or duties due to:
(A) Physical impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of an individual qualified by law to diagnose physical condition or status; or
(B) Psychological or mental impairment as evidenced by documented deterioration of functioning in the work setting or by the assessment of an individual qualified by law to diagnose mental condition or status.
(b) Performing authorized duties when physical or mental ability to perform is impaired by use of a prescription or non-prescription medication, alcohol, or a mind-altering substance; or
(c) Using a prescription or non-prescription medication, alcohol, or a mind-altering substance 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 perform the authorized duties safely.
(8) Conduct related to other federal or state statutes or rule violations:
(a) Aiding, abetting or assisting an individual to violate or circumvent any law, rule or regulation intended to guide the conduct of the nursing assistant or other healthcare provider;
(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, gender, gender identity, sex, sexual preference, national origin or disability;
(d) Abusing a client;
(e) Neglecting a client;
(f) Failing to report actual or suspected incidents of abuse through the proper channels in the workplace;
(g) Failing to report actual or suspected incidents of abuse to the appropriate state agency;
(h) Engaging in other unacceptable behavior towards or in the presence of the client. Such behavior includes but is not limited to using derogatory names, derogatory or threatening gestures, or profane language;
(i) Soliciting or borrowing money, materials, or property from the client;
(j) Stealing money, property, services or supplies from the client;
(k) Possessing, obtaining, attempting to obtain, furnishing or administering prescription or controlled medications to any client, including self, except as directed by an individual authorized by law to prescribe medications;
(l) Unauthorized removal or attempted removal of medications, supplies, property, or money from any client or setting;
(m) Unauthorized removal of client records, client information, or facility property, policies or written standards from the workplace;
(n) Using one's role or title as a nursing assistant to defraud a client of their personal property or possessions;
(o) Violating a client's rights of privacy and confidentiality of information by accessing or sharing information without proper authorization to do so or without a demonstrated need to know;
(p) Engaging in unsecured transmission of protected client data;
(q) Failure to report to the Board the CNA's own arrest for a felony crime within ten days of the arrest; or
(r) Failure to report to the Board the CNA's own conviction of a misdemeanor or a felony crime within ten days of the conviction.
(9) Conduct related to certification violations:
(a) 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;
(b) Functioning as a certified nursing assistant without current certification as a nursing assistant except as permitted by ORS 678.448(3);

(c) Functioning as a CMA without current certification as a medication assistant;
(d) Representing oneself as a CNA without current, valid CNA certification;
(e) Allowing another person to use one's nursing assistant certificate for any purpose;
(f) Using another licensee's nursing license or nursing assistant certificate for any purpose;
(g) Impersonating any applicant or acting as a proxy for the applicant in any nursing assistant examination;
(h) Disclosing contents of the competency examination or soliciting, accepting or compiling information regarding the contents of the examination before, during or after its administration; or
(i) Altering a certificate of completion of education or nursing assistant certification issued by the Board.
(10) Conduct related to the certification holder's relationship with the Board:
(a) Failing to fully cooperate with the Board during the course of an investigation, including but not limited to waiver of confidentiality, except attorney-client privilege.
(b) Failing to answer truthfully and completely any question asked by the Board on an application for certification, renewal of certification, during the course of an investigation, or any other question asked by the Board;
(c) Failing to provide the Board with any documents requested by the Board; or
(d) Violating the terms and conditions of a Board order.

Statutory/Other Authority: ORS 678.442, ORS 670.280
Statutes/Other Implemented: ORS 678.442, ORS 670.280
History: BN 15-2025, amend filed 06/27/2025, effective 07/01/2025; BN 16-2021, amend filed 07/21/2021, effective 08/01/2021; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15; BN 15-2010, f. & cert. ef. 9-30-10; BN 4-2010(Temp), f. & cert. ef. 4-19-10 thru 10-15-10; BN 12-2009, f. & cert. ef. 12-17-09; BN 16-2002, f. & cert. ef. 7-17-02; BN 9-2002(Temp), f. & cert. ef. 3-5-02 thru 8-1-02; BN 6-1999, f. & cert. ef. 7-8-99

851-063-0100
Conduct Unbecoming Certified Medication Aides
A certified medication aide is subject to discipline as a CNA as described in these rules. In addition, a CMA is subject to discipline for conduct unbecoming a medication aide. Such conduct includes but is not limited to:
(1) Failing to administer medications as ordered by an individual authorized by law to prescribe medications;
(2) Failing to document a medication as administered, withheld, wasted, or refused as well as the reason a medication was withheld, wasted, or refused.
(3) Violating the individual's rights, including the right to refuse medication;
(4) Altering or falsifying medication administration record;
(5) Altering educational documentation submitted for CNA or CMA certification;
(6) Diverting medications for use by self or others;
(7) Accepting a verbal order or telephone order for medication from an individual authorized by law to prescribe medications, except as allowed in authorized duties;
(8) Performing duties beyond those authorized for the CMA;
(9) Working as a CMA without CMA Certification; or
(10) Representing oneself as a CMA without current CMA certification.

Statutory/Other Authority: ORS 678.442
Statutes/Other Implemented: ORS 678.442
History: BN 15-2025, amend filed 06/27/2025, effective 07/01/2025; BN 16-2021, amend filed 07/21/2021, effective 08/01/2021; BN 7-2014, f. 12-3-14, cert. ef. 1-1-15; BN 3-2004, f. 1-29-04, cert. ef. 2-12-04; BN 6-1999, f. & cert. ef. 7-8-99

DIVISION 70
MONITORING BEHAVIORAL HEALTH AND COGNITIVE OR PHYSICAL IMPAIRMENT

851-070-0011

Purpose, Intent and Scope

The Oregon State Board of Nursing recognizes that substance use disorders and/or mental health disorders are potentially progressive, chronic diseases. The Board believes certified nursing assistants, licensed practical nurses, registered nurses, and advanced practice registered nurses can develop these diseases and, with appropriate treatment, be assisted in recovery and safely return to the practice of nursing. It is the intent of the Board that a certificate holder or licensee with a substance use disorder and/or mental health disorder may have the opportunity to enter the Health Professionals' Services Program (HPSP). Participation in the HPSP does not shield a certificate holder or licensee from possible disciplinary action.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, adopt filed 08/22/2025, effective 09/01/2025

851-070-0026

Participation in Health Professionals' Services Program

Effective September 1, 2025, the Board will participate in the Health Professionals' Services Program (HPSP) and may refer eligible certificate holder or licensee to the program in lieu of or in addition to discipline. Only certificate holder and licensee who meet the eligibility criteria may be referred by the Board to the program.
(1) The certificate holder or licensee must be evaluated by an independent third-party evaluator.
(2) The evaluation must include a diagnosis of a substance disorder and/or mental health disorder with the appropriate diagnostic code from the DSM, and treatment recommendations.
(3) The certificate holder or licensee must provide a written statement agreeing to enter the HPSP and agreeing to abide by all rules established by the Board.
(4) The certificate holder or licensee must enter the "HPSP Monitoring Agreement."
(5) The Board will determine whether a Board-referred certificate holder or licensee's practice has presented or presents a danger to the public.
(6) The contractor will determine whether a self-referred certificate holder or licensee's practice has presented or presents a danger to the public.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, adopt filed 08/22/2025, effective 09/01/2025

851-070-0035

Procedure for Board Referrals

(1) When the Board receives information involving a certificate holder or licensee who may have a substance use and/or a mental health disorder, the Board staff will investigate and complete a report to be presented at a Board meeting.
(2) If a certificate holder or 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 certificate holder or licensee;
(b) The treatment recommendations developed by the independent third-party evaluator;
(c) A statement that the Board has investigated the certificate holder or licensee's professional practice and conduct;
(d) A description of any restrictions or requirements imposed by the Board or recommended by the Board on the certificate holder or licensee's professional practice;
(e) A written statement from the certificate holder or licensee agreeing to enter the HPSP and agreeing to abide by all terms and conditions established by the contractor; and
(f) A statement that the certificate holder or licensee has agreed to report:

(A) Any arrest for or conviction of a misdemeanor or felony crime to the Board within three business days after an arrest or conviction.
(B) Any citation for the use or possession of any DEA scheduled substances, including but not limited to citations for Class E violations, to the contractor within three business days of the citation.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, adopt filed 08/22/2025, effective 09/01/2025

851-070-0041
Procedure for Self-Referral
A Board certificate holder and licensee may self-refer to the HPSP.
(1) Provisional Enrollment: To be provisionally enrolled in the program, a self-referral must:
(a) Sign a written consent allowing disclosure and exchange of information among the contractor, the contractor's investigator, the certificate holder or licensee's employer, independent third-party evaluators and treatment providers;
(b) Sign a written consent allowing disclosure and exchange of information among the contractor, the Board, the employer, independent third-party evaluators and treatment providers in the event the contractor determines the certificate holder or licensee to be in substantial non-compliance with their monitoring agreement as defined in OAR 847-065-0065;
(c) Attest that the certificate holder or licensee is not, to the best of their knowledge, under investigation by the Board; and
(d) Agree to and sign a provisional enrollment agreement, which includes a statement that the certificate holder or licensee agrees to report to the contractor:
(A) Any arrest for or conviction of a misdemeanor or felony crime to the Board within three business days after an arrest or conviction.
(B) Any citation for the use or possession of any DEA scheduled substances, including but not limited to citations for Class E violations, within three business days of the citation.
(2) Final Enrollment: To move from provisional enrollment to final enrollment in the program, a self-referred certificate holder or licensee must:
(a) Obtain at the their own expense and provide to the contractor, an independent third-party evaluator's written evaluation containing a DSM diagnosis and diagnostic code and treatment recommendations;
(b) Agree to cooperate with the contractor's investigation to determine whether the certificate holder or licensee practiced while impaired, as defined in OAR 847-010-0073, presents or has presented a danger to the public;
(c) Enter into a monitoring agreement; and
(d) Has met all eligibility requirements to participate in the HPSP.
(3) Once a self-referred certificate holder or licensee seeks enrollment in the HPSP, failure to successfully complete final enrollment, as outlined in section (2) of this rule, may constitute substantial non-compliance and may be reported to the Board.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, adopt filed 08/22/2025, effective 09/01/2025

851-070-0051
Disqualification Criteria
Certificate holder and licensee, either Board-referred or self-referred, may be disqualified from entering or participating in the HPSP for factors including, but not limited to:
(1) Certificate holder or licensee's disciplinary history;

(2) Severity and duration of the certificate holder or licensee's impairment;
(3) Extent to which certificate holder or licensee's practice can be limited or managed to eliminate danger to the public;
(4) If certificate holder or licensee's impairment cannot be managed with treatment and monitoring;
(5) Evidence of criminal history that involves injury or endangerment to others;
(6) Evidence of sexual misconduct;
(7) Evidence of non-compliance with a monitoring program from another state;
(8) Pending investigations with the Board or boards from other states;
(9) Previous Board investigations with findings of substantiated abuse or dependence; and
(10) Prior enrollment in, but failure to successfully complete, the Oregon State Board of Nursing Health Professionals' Program.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, adopt filed 08/22/2025, effective 09/01/2025

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 be:
(a) Licensed as required by the jurisdiction in which the evaluator works;
(b) Able to provide a comprehensive assessment of and written report describing a certificate holder or licensee's diagnosis, degree of impairment, and treatment recommendations; and
(c) Able to facilitate toxicology testing of the certificate holder or licensee at intake.
(2) The Board reserves the right to not approve an independent third-party evaluator for any reason.
(3) The Board or contractor will not accept an evaluator as independent in a particular case if, in the Board's or contractor's judgment, the evaluator's judgment is likely to be influenced by a personal or professional relationship with the participant.
(4) If the evaluation does not contain return-to-work criteria, qualified Board staff or another third-party evaluator will review the evaluation to determine the return-to-work criteria.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, amend filed 08/22/2025, effective 09/01/2025; BN 4-2016, f. 7-15-16, cert. ef. 8-1-16; BN 19-2010, f. & cert. ef. 12-2-10; 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 certificate holder or licensee's diagnosis, degree of impairment, level of licensure, and treatment options proposed by the treatment program or the independent third-party evaluator; and
(c) Able to facilitate toxicology testing of the certificate holder or licensee at intake.
(2) A treatment provider may not have a personal or professional relationship with the participant.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, amend filed 08/22/2025, effective 09/01/2025; BN 4-2016, f. 7-15-16, cert. ef. 8-1-16; BN 19-2010, f. & cert. ef. 12-2-10; BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0075

Approval of Worksite Monitors

Board approved worksite monitors must:

(1) Be a nurse with an unencumbered license or other identified health professional who holds an unencumbered license, as approved by the Board.

(2) Conduct routine observation and monitoring of certificate holder or licensee's performance. The worksite monitor may serve as the supervisor if the observation requirements are delegated to another licensed individual who meets the requirements.

(3) Provide evidence of relevant specialized education as approved by the Board.

(4) Agree in writing to perform the worksite monitor role.

(5) Complete a written report with input from worksite monitors.

Statutory/Other Authority: ORS 676.200

Statutes/Other Implemented: ORS 676.200

History: BN 18-2025, amend filed 08/22/2025, effective 09/01/2025; BN 10-2023, amend filed 12/20/2023, effective 01/01/2024; BN 5-2016, f. & cert. ef. 8-2-16; BN 4-2016, f. 7-15-16, cert. ef. 8-1-16

851-070-0080

Certificate Holder and Licensee Responsibilities

(1) All certificate holders and licensees must:

(a) Agree to report any arrest for or conviction of a misdemeanor or felony crime to the contractor within three business days after the arrest or conviction of the crime;

(b) Agree to report to the contractor any citation for the use or possession of any DEA scheduled substances, including but not limited to citations for Class E violations, within three business days of the citation;

(c) Comply continuously with their monitoring agreement, including any restrictions on their practice, for two years or longer as specified in the monitoring agreement or addenda to the monitoring agreement;

(d) Abstain from mind-altering or intoxicating substances or potentially addictive drugs, unless the drug is approved by the contractor and prescribed for a documented medical condition by a person authorized by law to prescribe the drug;

(e) Report use of mind-altering or intoxicating substances or potentially addictive drugs within 24 hours to contractor;

(f) Participate in a treatment plan approved by a third-party evaluator or treatment provider;

(g) Limit practice as required by the contractor or the Board;

(h) Cooperate with supervised monitoring of practice;

(i) Participate in a follow-up evaluation, when necessary, to evaluate fitness to practice;

(j) Submit to random drug or alcohol testing as outlined in the monitoring agreement;

(k) Report at least weekly to the contractor regarding compliance with the monitoring agreement;

(l) Report applications for certifications or licensure in other states, changes in employment and changes in practice setting to the contractor;

(m) Agree to be responsible for the cost of evaluations, toxicology testing, treatment, monitoring groups, and periodic monitoring consultations;

(n) Report to the contractor any investigations or disciplinary action by any state, or state or federal agency, including Oregon;

(o) Participate in required activities according to the treatment plan; and

(p) Maintain certification or license status and report any changes in certification or license status.

(2) Mental health participants without a diagnosis of substance use disorder agree to toxicology testing if there are concerns about substance use or if an evaluator recommends testing.

Statutory/Other Authority: ORS 676.200

Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, amend filed 08/22/2025, effective 09/01/2025; BN 10-2023, amend filed 12/20/2023, effective 01/01/2024; BN 4-2016, f. 7-15-16, cert. ef. 8-1-16; BN 1-2014, f. 3-3-14, cert. ef. 4-1-14; BN 19-2010, f. & cert. ef. 12-2-10; BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10

851-070-0090

Completion Requirements

(1) To complete the HPSP successfully, a certificate holder or licensee with a substance use disorder with or without a mental health diagnosis, must have participated in the HPSP program for a minimum of three years and have worked for at least two years in a monitored practice.
(2) To complete the HPSP successfully, a certificate holder or licensee with a mental health diagnosis, but no substance use disorder, must have participated in the HPSP program for a minimum of two years and have worked for at least one year in a monitored practice.
(3) A certificate holder or licensee may be required to be enrolled for a longer period if the evaluator or contractor is able to document concerns for the safety of the public, certificate holder, or licensee or if otherwise directed by the Oregon State Board of Nursing.
(4) A certificate holder or 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.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, amend filed 08/22/2025, effective 09/01/2025; BN 4-2016, f. 7-15-16, cert. ef. 8-1-16; BN 1-2014, f. 3-3-14, cert. ef. 4-1-14; BN 13-2012, f. 7-6-12, cert. ef. 8-1-12; BN 4-2012(Temp), f. & cert. ef. 4-26-12 thru 10-1-12; BN 19-2010, f. & cert. ef. 12-2-10; 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 will report substantial non-compliance to the Board within one business day after the HPSP learns of non-compliance, including but not limited to information that a certificate holder or 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 employment;
(d) Received a positive toxicology test result as determined by federal regulations pertaining to drug testing or self-report of unauthorized substance use;
(e) Violated a restriction on the practice imposed by the HPSP or the Board;
(f) Was civilly committed for mental illness or involuntary hospitalization;
(g) Entered into a monitoring agreement with HPSP, but failed to participate or discontinued participation in 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 monitoring 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 substantial non-compliance will investigate and determine the appropriate sanction, which may include a limitation of practice and any other sanction, up to and including termination from the HPSP and formal discipline.
(3) For Board Ordered discipline violation of any of the conditions of the final order is considered non-compliance and

will be investigated and the appropriate sanction will be determined up to and including revocation of license or certificate.

Statutory/Other Authority: ORS 676.200
Statutes/Other Implemented: ORS 676.200
History: BN 18-2025, amend filed 08/22/2025, effective 09/01/2025; BN 4-2016, f. 7-15-16, cert. ef. 8-1-16; BN 1-2014, f. 3-3-14, cert. ef. 4-1-14; BN 2-2013, f. 2-28-13, cert. ef. 4-1-13; BN 19-2010, f. & cert. ef. 12-2-10; BN 6-2010(Temp), f. 6-23-10, cert. ef. 7-1-10 thru 12-28-10