CLEAR ROLES ARE KEY TO STUDENT SUCCESS
Division 21 Provides Guidance for Preceptors, Clinical Teaching Associates, and Faculty

TERMINATION OF THE PATIENT RELATIONSHIP

MANDATORY REPORTING REQUIREMENTS
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KAY CARNEGIE, RN, BOARD PRESIDENT
Term: 1/1/09 - 12/31/11, 1/1/12 – 12/31/14
Ms. Carnegie is currently the Dean of Health Sciences at Chemeketa Community College. She received her BSN from Illinois Wesleyan University, in Bloomington, Ill., and her master’s degree from the University of Portland in Portland, Ore. She serves in the Nurse Educator position on the Board.

LINDA MILL, RN
Term: 1/1/09 - 12/31/11, 1/1/12 – 12/31/14
Ms. Mill is a staff nurse at Bay Area Hospital in Coos Bay and has more than 20 years of nursing experience. She received her Associate Degree in Nursing from Southwestern Oregon Community College in Coos Bay, Ore. Ms. Mill is one of two direct-patient care RNs on the Board.

MAX TENSCHER, RN, FNP
Term: 3/1/10 - 12/31/12
Mr. Tenscher is a Family Nurse Practitioner and currently owns Integrative Primary Care Associates, in Portland, Ore. He received his Associate Degree from Shasta College in Redding, Calif., and his nurse practitioner certificate from the University of California in Davis, Calif. He has more than 30 years of nursing experience and resides in West Linn, Ore.

REBECCA UHERBELAU, PUBLIC MEMBER
Term: 1/1/07- 12/31/09, 1/1/10-12/31/12
Ms. Uherbelau is one of two public members on the Board. Ms. Uherbelau is the Communications Consultant for the Oregon Education Association. She resides in Portland.
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Bonnie Kostelecky, RN, was confirmed as a new Board Member by the Oregon State Senate on May 21, 2012. Her three-year term began June 1. Kostelecky replaced Patricia Markesino, RN, in the Nurse Administrator position on the Board, and is currently the Operations Manager for the Portland VA Medical Center Primary Care Clinic in West Linn, Ore. She received a BA in Nursing from Jamestown College, in Jamestown, N.D., and her Masters of Science in Community Nursing from OHSU. She has more than 30 years of nursing experience, and resides in Portland.
CLEAR ROLES ARE KEY TO STUDENT SUCCESS
Division 21 Provides Guidance for Preceptors, Clinical Teaching Associates, and Faculty

Does it take a village to graduate a new nurse? This may be fairly close to the truth when one considers the number of people involved from the time of admission through the issuance of the final transcript. A key role is often played in pre-licensure nursing education by the Clinical Teaching Associate (also referred to as a preceptor in some settings). There is no requirement in Board rule for nursing programs to include precepted clinical experiences, although they are common. The value of the time spent with a Clinical Teaching Associate is enhanced when the three main parties involved clearly understand their roles. Helpful guidance is found in Division 21 of the Nurse Practice Act for faculty members, nursing programs, clinical teaching associates, and students.

FACULTY/PROGRAM RESPONSIBILITIES

It is expected that the faculty assigned to a student entering a practicum with a Clinical Teaching Associate (CTA) has provided a foundation upon which the CTA can help support a meaningful learning experience. Essential information would be the clinical/course outcomes and/or objectives and any pertinent clinical assignments. These expectations are generally communicated in the syllabus for the course or other materials that outline assignments. The responsibility to direct the learning stays with the assigned faculty member, however. Division 21 of the Nurse Practice Act lists expectations of faculty which includes developing and evaluating student learning experiences (OAR 851-021-0045(11)(d). Orienting and providing ongoing guidance for CTAs and nursing staff in clinical sites is also an expectation of faculty (OAR 851-021-0045(11)(j)).

Faculty are the main source of information for CTAs regarding the defined outcomes for the student. CTAs are better able to support students in completing clinically-related written assignments (such as a client teaching plan) when they are aware of the expectations and deadlines. Statements from faculty that define short-term goals to be accomplished are always helpful. Some examples might include:

continued on page 8
Students need to take the opportunities provided to them by the program/faculty to evaluate the clinical facility and CTA. This might be through a formal, on-line course evaluation system or through feedback provided directly to a faculty member. Decisions about future use of a clinical site and CTA are often impacted by the information provided by the students.

- Complete documentation independently on two assigned clients by the end of Week Three.
- Conduct change of shift report on two clients by the end of Week Four.
- Assign care to two CNAs and validate completion of assigned tasks by the end of Week Six.
- Provide assigned nursing care to four clients by the end of Week Seven.

CLINICAL TEACHING ASSOCIATE RESPONSIBILITIES

The CTA is defined in OAR 851-021-0005(9) as “A nurse who has undergone specific education/training to serve as a role model, resource and coach for nursing students. The CTA functions under the direction of the nurse educator or nurse educator associate.”

The CTA needs to have some level of education/training related to this special role. Some agencies provide this training and, in some cases, it is provided by the nursing program. The CTA needs to understand the differences between working with students and new hires. The student needs to understand a broader context for their developing knowledge, rather than focusing just on how one facility approaches an aspect of client care, but the CTA is also the guide to applicable facility policies and procedures. The better the CTA understands the curriculum of the program, the better they can support the student’s learning in the specific clinical environment.

CTAs are selected based on criteria developed by the faculty and agreed to by appropriate personnel in the clinical agency. Common criteria focus on years of nursing experience, amount of experience in a particular specialty, demonstrated ability to guide/coach others, and recommendation from a manager, for example. Often, CTAs are often experienced in providing orientation for new hires in the facility, as well.

The CTA will spend one-on-one time with the student, which allows the coaching role to be implemented. A coach helps the student practice those skills that are essential for success and provides feedback when the student could have made other choices. Encouragement for a job well done is also essential. The CTA provides needed input for the faculty member who retains the ultimate responsibility to evaluate the student against course outcomes. A CTA should always provide verbal feedback to the student and may provide written feedback, as well. This is utilized by the faculty member as a part of the overall evaluation of student achievement of outcomes. A CTA needs to be fully informed of how to contact the assigned faculty member, if needed. Frequent communication with the assigned faculty supports their responsibility to evaluate the student against learning outcomes.
STUDENT RESPONSIBILITIES

Students are most often assigned to work with a CTA during a final clinical practicum course with a goal of applying learning in a specific setting and moving toward a level of independence. Students need to be clear on their own short-term (each day) and long-term (by the end of the experience) goals. These should be communicated with the CTA and the assigned faculty member. Students need to be clear on what types of issues need to be communicated immediately to the assigned faculty member so that anything hampering learning can be addressed.

Students need to take the opportunities provided to them by the program/faculty to evaluate the clinical facility and CTA. This might be through a formal, on-line course evaluation system or through feedback provided directly to a faculty member. Decisions about future use of a clinical site and CTA are often impacted by the information provided by the students.

ROLE CLARITY

Learning is only enhanced through each key person involved in a final clinical practicum experience fully implementing their expected roles. Through this learning, the soon-to-graduate nurse is much closer to success in that first nursing position.

EDUCATIONAL PROGRAM PASS RATES

As of January 2011, figures reported with percent first-time pass rate/total number of candidates.

*PN exit option within an associate degree nursing program.
DEFINING THE ISSUE
The Board of Nursing has weekly inquiries from licensees and their patients regarding termination from care. Termination of the patient relationship may occur for many reasons including: closure of a practice, changing employment of the provider, illness of the provider, changes in insurance plans or financial status, or lack of agreement on appropriate treatment. Termination may be initiated by either party at any time during the patient relationship. Termination of the patient relationship is rarely brought to the Board’s attention when it is voluntary or initiated by the patient.

LEGAL PARAMETERS
Oregon has no current case law on patient abandonment. It is therefore up to each profession to develop and implement regulations and policies which define appropriate processes for termination of the patient relationship. The Board of Nursing has an extensive policy on the definition of patient abandonment, which is found here: http://cms.oregon.gov/OSBN/pdfs/policies/abandon.pdf

The Board’s policy recognizes that there are additional considerations for Advanced Practice Nurses who diagnose, prescribe, and/or serve as the patient’s primary or specialty care provider. Further considerations regarding responsibility to direct the termination of the patient relationship include whether or not the provider is employed or owns his or her own practice, ownership and stewardship of medical records, obligations under HIPAA regarding medical information, notification processes and provision of referrals, and provision of medications or services for a specified time frame.

The following Frequently Asked Questions address current guidance for termination of the patient relationship.

1. I am retiring from my self-employed practice. What do I need to do and what are my specific obligations to the Board of Nursing?

The permanent closure of a practice involves several steps. The following processes need to be considered:
• Secure storage and release of records for up to seven years must be arranged. Records that include protected information regarding mental health have additional federal and state regulations regarding their release. Legal advice may be required.
• Notification must be sent to the Drug Enforcement Administration, Board of Nursing, and any insurance plans that includes the date of final closure.
• Although not mandatory, the Board of Nursing will retain a copy of the letter or notification you send to patients in your licensing file.
• Inactivate any currently active billing numbers such as the NPI to prevent fraudulent use.
• Send notification of the closure to patients and former/prospective patients that meets criteria in the OSBN policies regarding records, provision of current medications, and provision of ongoing care. Several
modalities of notification are advised to obtain maximum public awareness.

2. I am ill and cannot see patients but expect to be back at my job within 3 months. What do I do?

   A self-employed practitioner is obligated to provide continuity of care for his or her patient. Patients should be given information regarding the coverage of their care during the interim through either referral or co-management. Involving another practitioner in the patients care requires that both the patient and the practitioner consent to establishing the new relationship and document this with appropriate forms and releases.

   A practitioner employed by an organization is responsible to the conditions specified in their employment contract or conditions of employment. Options for temporary disability may include FMLA, short or long-term disability, or resignation from a position. Medical records and other documents remain the legal possession and responsibility of the employer. As per OSBN policy, “Recruiting and maintaining appropriate licensed staff is the responsibility of the facility.”

3. My patient misused his/her prescription medication and I have decided to terminate the patient relationship. Am I obligated to continue to prescribe for them anyway?

   As per OSBN policy, the legitimate discharge of a patient from care does not constitute patient abandonment. There is no requirement for continuation of medication for a specified number of days. The Board does require that notification be given in writing which specifies a limited refill period of currently authorized medications. This refill can be limited according to the clinical judgment of the prescriber, including the clinical decision to not provide any refills of a current prescription due to misuse or abuse.

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GREAT Nursing Opportunities!
Relocation Assistance is Available

Wyoming Medical Center is a state-of-the-art 207 bed acute care hospital in the heart of Wyoming. We offer over 50 specialties and place high value on the role of nursing throughout our system. If you are a committed nurse looking for a rewarding career with a top nursing employer, we welcome you to explore our opportunities and apply to join our team.

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The Nurse’s Dilemma
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What do you have to lose?
Mandatory Reporting Requirements

WHO SHOULD REPORT ABUSE?
Nursing assistants along with other healthcare providers are mandatory reporters (Oregon State Board of Nursing, 2010 and State of Oregon, 2012b). Everyone ought to report abuse. We all have a responsibility to safeguard those who cannot defend themselves.

“The (Oregon) Legislative Assembly finds that for the purpose of preventing abuse, safeguarding, and enhancing the welfare of elderly persons, it is necessary and in the public interest to require mandatory reports and investigations of allegedly abused elderly persons.” (State of Oregon, 2012a)

WHAT SHOULD I REPORT?
Certified Nursing Assistants should report:

- Physical abuse, which includes:
  - The use of physical force that may result in bodily injury, physical pain, or impairment; or
  - Any physical injury to an adult caused by other than accidental means.
  - Conduct that be considered physical abuse includes but is not limited to:
    - Acts of violence such as striking (with or without an object), hitting, beating, punching, shoving, shaking, kicking, pinching, choking, or burning; or
    - The use of force-feeding or physical punishment.
  - Physical abuse is presumed to cause physical injury, including pain, to adults in a coma or adults otherwise incapable of expressing injury or pain (State of Oregon, 2012b).

- Neglect, which includes:
  - Active or passive failure to provide the care, supervision, or services necessary to maintain the physical health and emotional well-being of an adult that creates a risk of serious harm or results in physical harm, significant emotional harm or unreasonable discomfort, or serious loss of personal dignity.
  - Failure of an individual who is responsible to provide care or services to make a reasonable effort to protect an adult from abuse (State of Oregon, 2012b).

- Abandonment, which includes:
  - Desertion or willful forsaking of an adult for any period of time by an individual who has assumed responsibility for providing care, when that desertion or forsaking results in harm or places the adult at risk of serious harm (State of Oregon, 2012b).

- Verbal or emotional abuse, which includes:
  - Threatening significant physical harm or threatening or causing significant emotional harm to an adult through the use of:
    - Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or
    - Harassment, coercion, threats, intimidation, humiliation, mental cruelty, or inappropriate sexual comments (State of Oregon, 2012b).

- Financial exploitation, which includes:
  - Wrongfully taking by means including but not limited to deceit, trickery, subterfuge, coercion, harassment, duress, fraud, or undue influence, the assets, funds, property or medications belonging to or intended for the use of an adult;
  - Alarming an adult by conveying a threat to wrongfully take or appropriate money or property of the adult if the adult would reasonably believe that the threat conveyed would be carried out;
  - Misappropriating or misusing any money from any account held jointly or singly by an adult; or
  - Failing to use income or assets of an adult for the benefit, support, and maintenance of the adult (State of Oregon, 2012b).

- Sexual abuse, which includes:
  - Sexual contact with a non-consenting adult or with an adult considered incapable of consenting to a sexual act.
  - Sexual harassment or sexual exploitation of an adult or inappropriately exposing an adult to, or making an adult the subject of, sexually explicit material or language;
  - Any sexual contact between an employee or volunteer of a facility or caregiver, unless a pre-existing
relationship existed.
- Any sexual contact that is achieved through force, trickery, threat, or coercion; or
- An act that constitutes a crime ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.465, 163.467, or 163.525, except for incest due to marriage alone (State of Oregon, 2012b).

- **Involuntary seclusion**, which may include:
  - Confinement or restriction of an adult to his or her room or a specific area; or
  - Placing restrictions on an adult’s ability to associate, interact, or communicate with other individuals.

  In a facility, emergency or short-term monitored separation from other residents may be permitted if used for a limited period of time when it is part of the care plan after other interventions have been attempted. It is used as a de-escalating intervention until the facility can evaluate the behavior and develop care plan interventions, or the resident needs to be secluded from certain area when their presence would pose a risk to health or safety (State of Oregon, 2012b).

- **Wrongful use of physical or chemical restraint of an adult**, which includes:
  - A wrongful use of a physical or chemical restraint in situations where a licensed health professional has not conducted a thorough assessment prior to implementing a prescription for restraint;
  - Less restrictive alternatives have not been evaluated prior to the use of the restraint; or
  - continued on page 14
WHERE SHOULD I REPORT?
Contact the Oregon Department of Human Services, Office of Adult Abuse Prevention and Investigation at 503-945-9495 or 1-866-406-4287.

AM I IMMUNE FROM CIVIL LIABILITY IF I REPORT ABUSE?
Oregon law offers protection to any individual who reports suspected abuse in good faith (Oregon Department of Human Services, 2010). Anyone reporting adult abuse with reasonable grounds is immune from civil liability that might otherwise be experienced or levied with respect to the making or content of the report (State of Oregon, 2012a).

A CNA is not required to give his or her name when making an abuse report, but providing a name is helpful for the investigative process. Oregon law protects the identity of the individual reporting the abuse. The identity of the reporter of abuse can only be revealed under particular legal circumstances such as the reporting of a crime or by an order of a judge.

REFERENCES:

NURSING ASSISTANT CORNER

Nursing assistants along with other healthcare providers are mandatory reporters (Oregon State Board of Nursing, 2010 and State of Oregon, 2012b). Everyone ought to report abuse. We all have a responsibility to safeguard those who cannot defend themselves.

- The restraint is used for convenience or discipline.

“Physical restraints may be permitted if used when a resident’s actions present an imminent danger to self or others and only until immediate action is taken by medical, emergency, or police personnel.” (State of Oregon, 2012b)

Keep Up-to-Date with the OSBN List Servs

Subscribing to one or more of the Board of Nursing public mailing lists, called a listserv, is a quick and convenient method for its licensees and the public to keep abreast of the latest information on nursing scope-of-practice issues, nursing assistants, administrative rule changes, advanced practice issues and upcoming Board meetings.

Subscribers will receive regular e-mail updates regarding Board meeting agendas; upcoming Oregon Administrative Rule hearings affecting the OSBN and scopes-of-practice; CNAs; CMAs; RNs; LPNs; Nurse Practitioners; CNSs; and, CRNAs. The following are the internet links to visit to set-up your subscription:

- Board meeting agendas: http://lists.marl.state.or.us/mailman/listinfo/osbn_bd_mtg_agenda
- Rule hearing notices: http://lists.marl.state.or.us/mailman/listinfo/osbn_rule_hearing_notifi
- Information regarding RNs and LPNs, including scopes-of-practice: http://lists.marl.state.or.us/mailman/listinfo/rnandlpn
- Information regarding Advanced Practice nursing: http://lists.marl.state.or.us/mailman/listinfo/aprnboardnews
- Information regarding CNAs and CMAs, including authorized duties: http://lists.marl.state.or.us/mailman/listinfo/cnaprogram
- Information regarding all other State of Oregon automated mailing lists: http://lists.marl.state.or.us/mailman/listinfo

For more information, contact the OSBN office at 971-873-0685.
Although there are several crimes for which the Board will issue a Notice to Deny Licensure, all other issues are handled on a case-by-case basis. In addition to ensuring they have thoroughly read the mandatory disclosure questions prior to answering, there are a few things applicants should know that can help expedite the process.

1. What arrests, convictions, or license discipline must be reported on the license application?

All arrests and convictions (misdemeanors and felonies) must be reported, except for minor traffic violations. “Driving Under the Influence” must be reported. All prior or current disciplinary action against a healthcare-related license must be reported, whether it occurred in Oregon or in another state or territory.

The OSBN strongly encourages all individuals with an arrest, conviction, or discipline history to be fully prepared with information regarding their background prior to making application to the Board.

2. Is there any specific conviction that will automatically disqualify an applicant from receiving a license?

According to Oregon Administrative Rule 851-045-0080, the Board will issue a Notice to Deny Licensure to an applicant for initial licensure or re-licensure to persons who have been convicted as an adult, or found responsible for except for mental illness, or adjudicated as a juvenile for the following crimes as set forth in Oregon law or comparable law in other jurisdictions:

a. Aggravated Murder, as in ORS 163.095 and 115;
b. First Degree Manslaughter, as in ORS 163.118;
c. Second Degree Manslaughter, as in ORS 163.125;
d. First Degree Assault, as in ORS 163.185;
e. Second Degree Assault, as in ORS 163.175;
f. First Degree Criminal Mistreatment, as in ORS 163.205;
g. Second Degree Criminal Mistreatment, as in ORS 163.200;
h. First Degree Kidnapping, as in ORS 163.235;
i. First Degree Rape, as in ORS 163.375;
j. Second Degree Rape, as in ORS 163.365;
k. Third Degree Rape, as in ORS 163.355;
l. First Degree Sodomy, as in ORS 163.405;
m. Second Degree Sodomy, as in ORS 163.395;
n. Third Degree Sodomy, as in ORS 163.385;
o. First Degree Unlawful Sexual Penetration, as in ORS 163.411;
p. Second Degree Unlawful Sexual Penetration, as in ORS 163.408;
q. First Degree Sexual Abuse, as in ORS 163.427;
r. Second Degree Sexual Abuse, as in ORS 163.425;
s. Contributing to the Sexual Delinquency of a Minor, as in ORS 163.435;
t. Sexual Misconduct, as in ORS 163.445;
u. Child Abandonment, as in ORS 165.535;

The Board reviews all other criminal histories on a case-by-case basis to determine if an application will be approved or denied.

continued on page 17
Just because you move from one nursing specialty to another doesn’t mean you’re less valuable. In fact, we think it broadens your skills with new experiences and knowledge that can make you even more valuable. That’s why in the U.S. Air Force, you’ll have the opportunity to practice in a variety of clinical and nonclinical nursing areas without sacrificing your pay level or officer rank.

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3. Can a person obtain a license or certificate if they have a misdemeanor or felony conviction on their record?

Each application is reviewed on its own merit. The OSBN reviews all prior arrests and convictions that may be related substantially to the qualifications, functions, or duties of a nurse or nursing assistant. The OSBN considers the nature, severity, and timing of the offenses, as well as rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

4. Do I have to report charges if I completed a court diversion program and charges were dismissed?

Yes. Offenses must be reported to the Board even if a court diversion program has been completed, and even if charges were dismissed.

5. What type of documentation do I need to submit in support of my application if I have a prior conviction or license discipline?

In addition to the documents required for licensure, the OSBN will require:

- Official court documents and arrest reports relative to your convictions, showing the dates and circumstances surrounding your arrest/convictions, sections of the law violated, and disposition of the case.
- Copies of documents relative to any disciplinary action taken against any license as an RN or any health-care related license or certificate, if applicable.
- A detailed description of the circumstances surrounding your convictions or disciplinary actions, and a thorough description of the rehabilitative changes in your life-style since the time of your convictions or disciplinary action that would enable you to avoid future occurrences. It would be helpful to include factors in your life which you feel may have contributed to your convictions or disciplinary action, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.
- The burden of proof lies with the applicant to demonstrate evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:
  - If applicable to your convictions or license disciplines, documented evidence of professional treatment and counseling you may have completed. Please provide discharge summary and most current chemical dependency and/or mental health evaluation, if available.
  - Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
  - Proof of community service work, schooling, and/or self-improvement efforts.
  - Court-issued certificate of rehabilitation, dismissal or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.
- The burden of proof lies with the applicant to demonstrate evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:
  - If applicable to your convictions or license disciplines, documented evidence of professional treatment and counseling you may have completed. Please provide discharge summary and most current chemical dependency and/or mental health evaluation, if available.
  - Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
  - Proof of community service work, schooling, and/or self-improvement efforts.
  - Court-issued certificate of rehabilitation, dismissal or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

6. Can a person obtain a license or certificate if they have been previously accused of abuse or neglect?

As stated previously, each application is reviewed on its own merit. If you have been investigated for either professional or personal allegations of abuse or neglect, a closure letter from the law enforcement or social service agency that conducted the investigation will expedite the review of your application. You should also submit a detailed letter explaining, by your own account, the circumstances surrounding the events.

7. How long will it take to review the information that I submit with my application?

The normal processing time is unpredictable, since there are various factors that affect the time necessary to conduct an appropriate investigation.

8. How can I help facilitate how quickly my prior conviction or license discipline is reviewed?

The OSBN strongly encourages all individuals with an arrest, conviction, or discipline history to be fully prepared with information regarding their background prior to making application to the Board. Otherwise, your request for a license will experience a delay. Enclosing all of your supporting documentation will also assist in expediting the process and review.

9. How do I appeal the denial of my application for licensure?

You have the right to appeal the license denial, and to have an administrative hearing, under the provisions of Oregon administrative laws. You must submit the appeal in writing to the Board office within 60 days from the service of the notice of denial. If you do not submit an appeal in writing to the Board, you will automatically waive your right to a hearing, and your application will be deemed denied.
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Mon | Fun Day At Sea        | 10:00 AM | 6:00 PM |
Tue | Key West, FL          | 8:00 AM  | 5:00 PM |
Wed | Freeport, The Bahamas | 7:00 AM  | 5:00 PM |
Thu | Nassau, The Bahamas   |          |         |
Fri | Fun Day At Sea        |          |         |
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Sun | Galveston, TX         | 8:00 AM  |         |

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For more information about the cruise and the curriculum, please log on to our Web site at ThinkNurse.com or call Teresa Grace at Poe Travel Toll-free at 800.727.1960.
RULES ADOPTED
The Board adopted proposed rule language to Division 2 of the Nurse Practice Act (851-002-0010, -0020, -0030, -0035) that increased the delinquent renewal fee from $12 to $100 for RNs, LPNs, and advanced practice nurses.

The Board also made permanent some temporary rule language adopted in April to Division 70 (OAR 851-070-0090) that clarified the length of the Health Professionals’ Services Program and the need for on-site supervision in work settings for participants.

POLICIES ADOPTED
The Board approved a revision of an existing policy entitled, “Workplace Guidelines for Licensees Enrolled in the HPSP.” All Board policies can be found on the OSBN website, www.oregon.gov/osbn/Position_Papers.shtml.

EDUCATION
The Board approved the Blue Mountain Community College RN program, located in Pendleton, Ore., for up to four years.

In response to concerns raised during the April Board meeting, the board instructed OSBN Education Consultant Joy Ingwerson to survey the readiness to admit students to the associate degree nursing program at Sumner College, located in Portland, Ore. The program is currently under initial approval, with classes due to start in September. Based on the focused survey results, the Board instructed during the June meeting that a Notice be prepared specifying deficiencies that must be corrected before classes begin. The plan of correction must be submitted to the Board by September 1, 2012.

ADMINISTRATION
Representatives from the Health Professionals’ Services Program, along with Representative Mitch Greenlick and Senator Laurie Monnes-Anderson, were present to discuss various processes of the HPSP. The voluntary program provides accountability and compliance monitoring for licensees who are unable to practice with professional skill and safety due to a substance use disorder, a mental health disorder, or both. In addition to the OSBN, the Boards of Dentistry and Pharmacy, and the Oregon Medical Board participate in the HPSP. Concerns remain regarding the cost of the program, as well as the program’s self-referral component.

For complete meeting minutes, please visit the OSBN website at www.oregon.gov/OSBN/meetings. Board meeting agendas and rule hearing notices are posted on the OSBN website (www.oregon.gov/OSBN/draft_policies_rules.shtml) at least 15 days prior to each meeting.
<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Discipline</th>
<th>Effective Date</th>
<th>Violations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alice A. Andersen</td>
<td>200911059CNA</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Corina J. Anderson</td>
<td>200149969RN</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Violating the terms and conditions of the Health Professionals' Services Program.</td>
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<tr>
<td>Daphne E. Anderson</td>
<td>200540925RN</td>
<td>Suspension</td>
<td>6-20-12</td>
<td>90-day suspension. Neglecting a client, failing to communicate client status to members of the health care team, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Lisa J. Anderson-Neel</td>
<td>081001010RN</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Identity Theft conviction, attempting to obtain unauthorized prescription drugs, failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Jeanie A. Baker</td>
<td>CNA Applicant</td>
<td>Probation</td>
<td>7-18-12</td>
<td>Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Leslie T. Blasewitz</td>
<td>200441879RN</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
<tr>
<td>Jimmie R. Bolin</td>
<td>200340317RN</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>Using intoxicants to the extent injurious to himself or others.</td>
</tr>
<tr>
<td>Sharon L. Brock</td>
<td>CNA Applicant</td>
<td>Voluntary Withdrawal</td>
<td>6-20-12</td>
<td>Using intoxicants to the extent injurious to himself or others, and a mental condition that prevents him from performing CNA duties safely.</td>
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<tr>
<td>James E. Carlson</td>
<td>200312618CNA</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
</tr>
<tr>
<td>Tara L. Carlson</td>
<td>201230100LPN</td>
<td>Reprimand</td>
<td>7-18-12</td>
<td>Inaccurate recordkeeping, failing to communicate information regarding the client’s status, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Lorri E. Castle</td>
<td>097000338RN</td>
<td>Probation</td>
<td>6-20-12</td>
<td>Using intoxicants to the extent injurious to herself or others.</td>
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<tr>
<td>Shari L. Clark</td>
<td>200513005CNA</td>
<td>Revocation</td>
<td>7-18-12</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
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<tr>
<td>Marlee A. Clendenon</td>
<td>200910287CNA</td>
<td>Suspension</td>
<td>7-18-12</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Constance C. Cronin</td>
<td>083043108RN</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Violating the terms and conditions of the Health Professionals' Services Program.</td>
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<tr>
<td>Kathryn J. Cronin</td>
<td>094003269RN</td>
<td>Probation</td>
<td>6-20-12</td>
<td>24-month probation. Using intoxicants to the extent injurious to herself or others.</td>
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<tr>
<td>Sarah J. Cogswell</td>
<td>096007082RN</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>Failing to conform to the essential standards of acceptable nursing practice, and failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Carla M. Couch</td>
<td>000006529CNA/</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Client neglect, performing acts beyond authorized duties, failing to administer medications as ordered, and failing to perform duties competently.</td>
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<tr>
<td>Maria Del Carmen-Picasso</td>
<td>000037096CNA</td>
<td>Revocation</td>
<td>7-18-12</td>
<td>Failing to respect client rights, client abuse and neglect, and failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Michelle M. Dieckman</td>
<td>200241529RN</td>
<td>Voluntary Surrender</td>
<td>7-18-12</td>
<td>Violating the terms and conditions of the Nurse Monitoring Program.</td>
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<tr>
<td>Hannah L. Fyre</td>
<td>200910251CNA</td>
<td>Reprimand</td>
<td>7-18-12</td>
<td>Using intoxicants to the extent injurious to herself or others.</td>
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<td>Noreen M. Gibbons</td>
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<td>Reprimand</td>
<td>7-18-12</td>
<td>Failing to conform to the essential standards of acceptable nursing practice.</td>
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<tr>
<td>Candice A. Haase</td>
<td>200112919CNA</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>Using intoxicants to the extent injurious to herself or others, and due to a conviction for Unlawful Possession of Methamphetamine.</td>
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<tr>
<td>Christina L. Harris</td>
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<td>Revocation</td>
<td>6-20-12</td>
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<tr>
<td>Pamela N. Helms-Penny</td>
<td>201010891CNA</td>
<td>Suspension</td>
<td>6-20-12</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Sharry D. Janz</td>
<td>080012277RN</td>
<td>Probation</td>
<td>7-18-12</td>
<td>24-month probation. Unauthorized removal of drugs from the workplace, and for using intoxicants to the extent injurious to herself or others.</td>
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<tr>
<td>Karen L. Jenkins</td>
<td>RN Applicant</td>
<td>Application Denied</td>
<td>7-18-12</td>
<td>Using intoxicants to the extent injurious to herself or others, and failing to answer questions truthfully during the licensure process.</td>
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<tr>
<td>Joshua A. Jennings</td>
<td>200910518CNA</td>
<td>Suspension</td>
<td>6-20-12</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Desiree L. Jones</td>
<td>000006714CNA</td>
<td>Reprimand</td>
<td>6-20-12</td>
<td>Leaving a CNA assignment without properly notifying an appropriate supervisor.</td>
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<tr>
<td>Debbie L. Jorgensen</td>
<td>201230296LPN</td>
<td>Probation</td>
<td>6-20-12</td>
<td>24-month probation. DUII conviction.</td>
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<tr>
<td>Susan E. Kessner</td>
<td>093000566RN</td>
<td>Revocation</td>
<td>7-18-12</td>
<td>Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Angelina M. Kinsey</td>
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<td>Suspension</td>
<td>7-18-12</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Jennifer L. Klaus</td>
<td>200641562RN</td>
<td>Voluntary Surrender</td>
<td>7-18-12</td>
<td>Violating the terms and conditions of a Board Order.</td>
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<tr>
<td>Patience B. Kukena</td>
<td>200810804CNA</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>Theft conviction, and failing to answer questions truthfully.</td>
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<tr>
<td>Sharon L. Lane</td>
<td>200210603CNA</td>
<td>Probation</td>
<td>6-20-12</td>
<td>Failing to perform CNA duties competently.</td>
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<tr>
<td>Neil Larocco</td>
<td>096006633RN</td>
<td>Voluntary Surrender</td>
<td>7-18-12</td>
<td>Violating the terms and conditions of a Board Order.</td>
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<tr>
<td>Shantelle R. Lawrence</td>
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<td>Revocation</td>
<td>7-18-12</td>
<td>Using intoxicants to the extent injurious to herself or others.</td>
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<tr>
<td>Angela R. Lindell</td>
<td>201010990CNA</td>
<td>Voluntary Surrender</td>
<td>7-18-12</td>
<td>Convictions for Sexual Harassment and Contributing to the Sexual Delinquency of a Minor.</td>
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<tr>
<td>Shameaca Love Phillips</td>
<td>200717279CNA</td>
<td>Suspension</td>
<td>7-18-12</td>
<td>Minimum 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Teresa M. Martinovich</td>
<td>097003211RN</td>
<td>Revocation</td>
<td>7-18-12</td>
<td>Using intoxicants to the extent injurious to herself or others, and failing to answer questions truthfully.</td>
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<tr>
<td>Johnnie L. Mayer</td>
<td>200710421CNA</td>
<td>Revocation</td>
<td>6-20-12</td>
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<tr>
<td>Gerald A. McIntosh</td>
<td>094006413RN</td>
<td>Suspension</td>
<td>6-20-12</td>
<td>30-day suspension. Implementing standards of care that jeopardize patient safety, and incomplete recordkeeping.</td>
</tr>
<tr>
<td>Brittany D. Morgan</td>
<td>200410506CNA</td>
<td>Suspension</td>
<td>7-18-12</td>
<td>Minimum of 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Margaret Norton-Bailhuber</td>
<td>RN Applicant</td>
<td>Voluntary Withdrawal</td>
<td>7-18-12</td>
<td>Failing to meet educational requirements for licensure.</td>
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<tr>
<td>Camille C. Pedersen</td>
<td>201110384CNA</td>
<td>Suspension</td>
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<td>Minimum of 14-day suspension. Failing to cooperate with the Board during an investigation.</td>
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<tr>
<td>Nicole Robustelli</td>
<td>200141391RN</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Violating the terms and conditions of a Board Order.</td>
</tr>
</tbody>
</table>

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<tr>
<td>Romana Sanchez-Vera</td>
<td>200910654CNA</td>
<td>Suspension</td>
<td>6-20-12</td>
<td>30-day suspension. Failing to respect client rights and dignity.</td>
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<tr>
<td>Andrew F. Schleinitz</td>
<td>201140066RN</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>Practicing nursing while impaired, using intoxicants to the extent injurious to himself or others, and failing to answer questions truthfully.</td>
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<tr>
<td>Brendon L. Smith</td>
<td>200842510RN</td>
<td>Revocation</td>
<td>6-20-12</td>
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<tr>
<td>Shelley D. Tabe-Arrey</td>
<td>200843023RN</td>
<td>Suspension</td>
<td>7-18-12</td>
<td>180-day suspension with conditions. Performing acts beyond her authorized scope, failing to take action to preserve client safety, and failing to conform to the essential standards of acceptable nursing practice.</td>
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<tr>
<td>Karen K. Thompson</td>
<td>000018019CNA</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Failing to perform CNA duties competently.</td>
</tr>
<tr>
<td>Gayla F. Vick</td>
<td>075008220LPN</td>
<td>Voluntary Surrender</td>
<td>7-18-12</td>
<td>Violating the terms and conditions of a Board Order.</td>
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<tr>
<td>Aleksandr A. Voloshin</td>
<td>200410930CNA</td>
<td>Probation</td>
<td>7-18-12</td>
<td>Inaccurate recordkeeping, falsifying a client record, and using intoxicants to the extent injurious to herself or others.</td>
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<tr>
<td>Kimberly Wasson</td>
<td>000037370RN</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Inaccurate and incomplete recordkeeping, failing to take action to maintain client safety, and failing to conform to the essential standards of acceptable nursing practice.</td>
</tr>
<tr>
<td>Barbara J. Watson</td>
<td>000031891LPN</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Assault conviction and for using intoxicants to the extent injurious to himself or others.</td>
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<tr>
<td>Abel C. Wenner</td>
<td>200010262CNA</td>
<td>Voluntary Surrender</td>
<td>6-20-12</td>
<td>Using intoxicants to the extent injurious to herself or others, leaving a CNA assignment without properly notifying appropriate supervisors, and failing to cooperate with the Board during an investigation.</td>
</tr>
<tr>
<td>Sara L. White</td>
<td>200312894CNA</td>
<td>Revocation</td>
<td>6-20-12</td>
<td>Reprimand and conditions. Inaccurate and incomplete recordkeeping, and failing to maintain client records in a timely manner.</td>
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<tr>
<td>Stephanie White</td>
<td>201143351RN</td>
<td>Reprimand</td>
<td>6-20-12</td>
<td>Failing to answer questions truthfully during the certification process.</td>
</tr>
<tr>
<td>Darryl J. Williams II</td>
<td>200711758CNA</td>
<td>Reprimand</td>
<td>6-20-12</td>
<td>Misrepresentation during the certification process and failing to answer questions truthfully.</td>
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<tr>
<td>Sean M. Wisdom</td>
<td>099000607RN</td>
<td>Probation</td>
<td>6-20-12</td>
<td>Inaccurate recordkeeping, failing to take action to maintain client safety, and failing to conform to the essential standards of acceptable nursing practice.</td>
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<tr>
<td>Diana M. Young</td>
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<tr>
<td>Aleksandr A. Voloshin</td>
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<td>7-18-12</td>
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</table>
“The scholarship I received from the Oregon Nurses Foundation helped me complete my Doctorate of Nursing Practice degree. Because of generous donations to the Foundation, I can give my patients the high quality care that they deserve.

Thank you to the Oregon Nurses Foundation and all of the RNs and NPs across the state who donate to support scholarships for nursing students.

Together, we are making a difference for the future of our profession.”

JC Provost, APRN, DNP, FNPC

Established in 1982, the Oregon Nurses Foundation is a tax-exempt, charitable 501(c)(3) organization. The Foundation seeks to assist the profession of nursing in maintaining and improving the quality of health care to the community, supports the education of nurses and nursing students and provides programs to improve workplace safety and health. Please consider making a tax deductible donation to one of the Foundation's many valuable programs, such as:

THE CENTENNIAL SCHOLARSHIP: Established in 2004 to commemorate the centennial of the Oregon Nurses Association, this scholarship is awarded to individuals who have been accepted and are enrolled in an accredited nursing program of study. The scholarship is open to students throughout Oregon and is given out in $1,000 awards.

THE NPO NANETTE CLAPPER MEMORIAL SCHOLARSHIP: In honor of one of Oregon's Nurse Practitioner leaders and visionaries, the Nanette Clapper Memorial Scholarship provides financial assistance to a student in a Nurse Practitioner program of study and seeks to develop the next generation of NP leaders for our state.

Donations to either scholarship can be made by check to the Oregon Nurses Foundation and mailed to 18765 SW Boones Ferry Road, Tualatin, OR 97062. You may also donate, securely, online at www.OregonRN.org by visiting the “About Us: Foundation” section on the site.

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- There’s a park next door and an on-site farmer’s market in season.
- Free parking; plus locked bike parking.
- There’s a fitness center on-site with classes and a personal trainer.

Learn more:
Human Resources: 503-561-5231
salemhospital.org

the heart of healing