



Oregon State Board of Nursing
 17938 SW Upper Boones Ferry Road, Portland, OR 97224
Phone 971-673-0685 **Website** www.oregon.gov/osbn

All forms must be submitted to OSBN by the educational institution.

**OREGON PETITION FOR NON-OREGON BASED PROGRAMS
 OFFERING ADVANCED PRACTICE CLINICAL EXPERIENCE IN OREGON**
 (Revised 10/01/23)

If completing online, be sure to make a copy for your records.

Instructions

Petition: Submit completed petition initially and annually to the Oregon State Board of Nursing (OSBN) to obtain approval to request student clinical placements in Oregon.

→ **IMPORTANT:** Petition requires the program to describe and verify that an Oregon licensed faculty member will provide general supervision and an in-person site evaluation. (Please see section 6, page 2.)

Student List*: Submit a list of students who will be completing clinicals in Oregon a minimum of three weeks prior to the start of each term (Semester, Quarter or Session).

The list must include the following clinical placement information:

- ✓ Each Student's Name, Oregon License Number, Degree Sought / Specialty Track
- ✓ Each Student's Preceptor's Name, Oregon License Number, National Certification-APRN Role
- ✓ Each Student's Faculty or Clinical Evaluator Name, Oregon License Number, National Certification-APRN Role
- ✓ Each clinical placement listed must have supporting documentation - an attached OSBN Clinical Preceptor Agreement form – see form info below.

Student List Revisions: During the term, if there are additions or changes to student list, resubmit list in its entirety with updates indicated (highlighted, underlined, or different color type, etc.) and the appropriate Clinical Preceptor Agreements that correspond with revisions.

* See sample of a student list on the OSBN website -
https://www.oregon.gov/osbn/Documents/Resource_StudentListSample.pdf

Clinical Preceptor Agreement** (revised 10/01/2023): This is a required document and must accompany the list for each student's clinical placement. This form is available on [OSBN website](#) – Nursing Programs Outside Oregon.

Approval: Clinical placement requests are approved on a term by term basis. Once OSBN has received a completed clinical placement request, an approval letter for the term (Semester, Quarter, Session) will be sent to the program and students named in approved documentation may begin clinicals in Oregon.

Program / College / University Name:			
Location (Street, City, State, Zip):			
Mailing Address (if different):			
Contact Name & Title			
Contact's Phone Number:		Contact's Email Address:	
Dean/Director Name & Title:			
Dean/Director's Phone Number:		Dean/Director's Email Address:	

**Signature of this educational institution's representative
 is confirmation the information provided on this form is complete and accurate.**

Signature of Dean/Director:

Date:

<p>1. Program / College / University's Population Foci / Roles:</p>	<p>Please check only the following programs that are offered to Oregon students:</p> <p><input type="checkbox"/> Family <input type="checkbox"/> AdultGero - Primary <input type="checkbox"/> Nurse Midwife</p> <p><input type="checkbox"/> Pediatric - Primary <input type="checkbox"/> AdultGero - Acute <input type="checkbox"/> Neonatal</p> <p><input type="checkbox"/> Pediatric - Acute <input type="checkbox"/> Psych/Mental Health <input type="checkbox"/> Women's Health</p> <p><input type="checkbox"/> CRNA <input type="checkbox"/> CNS <input type="checkbox"/> Other _____</p>
<p>2. Program Accreditation:</p> <p>(National Nursing Organization Recognized by the US Dept. of Education)</p>	<p><input type="checkbox"/> Fully accredited by _____ to _____ (date: mm/dd/yyyy)</p> <p><input type="checkbox"/> Documentation attached (Required for initial petitions and any updates.)</p> <p><input type="checkbox"/> Not accredited</p>
<p>3. SARA or ODA Approval</p>	<p>Attach documentation that demonstrates current approval status from either SARA (State Authorization Reciprocity Agreement) or ODA (Oregon Office of Degree Authorization):</p> <p><input type="checkbox"/> State Authorization Reciprocity Agreement (SARA) Website: https://nc-sara.org/about-nc-sara</p> <p><input type="checkbox"/> Oregon Office of Degree Authorization (ODA) - Approval expires: Website: https://www.oregon.gov/highered/institutions-programs/private/Pages/office-degree-authorization.aspx</p>
<p>4. Oregon Licensure for Students, Preceptors & Faculty:</p>	<p><input type="checkbox"/> Verification: I understand that pursuant to OAR 851-051-0060, this educational advanced practice program is required to verify students, preceptors and faculty hold an active, unencumbered Oregon license prior to participating in clinical placements in Oregon.</p>
<p>5. Preceptor Requirements:</p>	<p>a. <input type="checkbox"/> Verification: I understand that pursuant to OAR 851-051-0020(5)(g), interprofessional preceptors may be utilized; For programs preparing NPs and CNSs, the preceptor must be licensed as an APRN, MD, DO, PA, Clinical PharmD, or other allied health professional as appropriate. For CRNA programs, the student must be precepted by either another CRNA or an Anesthesiologist.</p> <p>b. <input type="checkbox"/> Verification: I understand that all preceptors must have a minimum of 2080 hours of <i>licensed</i> practice.</p> <p>c. Describe the educational advanced practice program's guidance to preceptors related to orientations, clinical expectations, student evaluations and the process of communication between the student, preceptor and APRN faculty:</p>

<p>6. Faculty On-site Visit:</p>	<p>a. <input type="checkbox"/> Verification: I understand that pursuant to OAR 851-051-0060, this educational advanced practice nursing program is required to have faculty or a contracted clinical evaluator assess a student's individual course progression by conducting an <i>in-person visit</i> to the Oregon clinical site.</p>					
	<p>b. Describe the program's plan to provide an in-person site visit to assess course progression for each of its students in Oregon:</p>					
<p>7. Clinical Placements:</p>	<p>a. <input type="checkbox"/> Clinical placements must be secured by the program for the students with Oregon licensed preceptors who meet OSBN requirements (OAR 851-051-0060(1)(f):</p> <ul style="list-style-type: none"> ➤ (A) A student must not be required to obtain their own preceptor but may have input into the process. ➤ (B) The student's assigned preceptor must not simultaneously serve as the faculty providing a student's course or academic progression. <p>Describe the types of clinical sites and planned experiences:</p>					
	<p>b. Describe the measures that will be used to assure client/student safety for the clinical experience:</p>					
<p><i>Official Use Only</i></p>						
<p>Date Received :</p>		<p>Approved:</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>	<p>Date of Approval :</p>	
<p>Comments:</p>						
<p>Signature:</p>						