

Memorandum of Agreement
Oregon Nurses Association with Professional Nurses Association of Lebanon
And
Samaritan Lebanon Community Hospital
Wound Care Nurse Accretion

Samaritan Lebanon Community Hospital (Hospital) and Oregon Nurses Association (Association) with Professional Nurses Association of Lebanon (PNAL) agree that except as modified herein, all provisions of the existing 2025–2028 Collective Bargaining Agreement shall apply to Wound Care Nurses effective June 1, 2026.

ARTICLE 1 – RECOGNITION

The Hospital recognizes the Association as the exclusive bargaining representative for all Registered Nurses, including Registered Nurse Case Managers, Wound Registered Nurses, employed as staff nurses in the Patient Care Division, but excluding Nurse Managers, full-time Nursing Supervisors, "primary" Relief Nursing Supervisors, Assistant Department Managers, all medical group employees, and all other employees.

Effective June 1 2026, the following changes will be made to Wound Registered Nurse titles:

1. Nurses whose titles were Wound RN-Certified will be classified Wound RNs. Wound RNs will continue to be classified as Wound RNs.
2. Nurses whose titles were Wound RN Case Manager, Wound RN Case Manager-Certified, and Wound Resource Nurse will be classified as Charge Nurse.

The above title changes shall not change essential job duties.

ARTICLE 5 – ASSOCIATION RIGHTS

5A. Duly authorized representatives of the Association will be permitted at all reasonable times to enter the facilities operated by the Hospital for the purpose of observing the work being performed, to attend meetings, to investigate grievance concerns, and to conduct legitimate Association business, provided, however, that if the Hospital provides written notice of its desire to have notification, the Association's representatives shall, upon arrival at the Hospital, notify Human Resources or designee of the intent to transact Association business. Association business is to be conducted in an appropriate location and may not interfere with the work of nurses or other employees. Any employee interview, meeting, or extended conversation is to be conducted during the employee's rest or lunch period. A meeting room in the Hospital will be provided, space and time permitting.

5B. The Professional Nurses Association of Lebanon (PNAL) may reserve and use Hospital meeting space on the same basis as other internal groups.

1 **5C.** The Association will be provided designated space on the following Hospital employee bulletin
2 boards: (a) ACU break room; (b) Surgical Services staff break room; (c) ED break room; (d) OB dressing
3 room; (e) in a designated area in Infusion Services; (f) CCU break room; ~~and~~ (g) the Staff Locker
4 Room/Lounge; and (h) the Wound Department break room. Such bulletin boards may be used for the
5 posting of Association notices. Postings must be signed and dated by the person doing the posting on
6 behalf of the Association. Postings will be limited to items relevant to the practice and profession of
7 nursing, notices of election, appointments, and the results of elections, and notices of meetings, PNAL
8 newsletters, and other Association business. A copy of material posted is to be furnished to the Vice
9 President of Patient Care Services at the time of the posting. An all-nurse distribution list may be
10 established for communication to PNAL members. The Vice President of Patient Care Services and the
11 PNAL BU Chairperson only will be authorized to create and send messages to the group. Such messages
12 will be limited to items relevant to the practice and profession of nursing, notices of election,
13 appointments, and the results of elections and notices of meetings, PNAL newsletters, and other
14 Association business. A copy of the message will be furnished to the Vice President of Patient Care
15 Services at the time of the posting.

16
17 **5D.** Association/PNAL newsletters may be distributed to nurses using the Hospital's internal
18 communication system (e.g. the cubbies or successor communication system).

19
20 **5E.** The Association will be provided a paid thirty (30)-minute period to meet with newly represented
21 Wound Care Nurses, newly hired nurses, and transfers to describe Association benefits. Within thirty
22 (30) days of ratification, the Hospital shall facilitate each Wound Care Nurse's participation in the
23 Association New Hire Orientation, including payment for their attendance and time away from other
24 assigned duties. The local representative will be responsible to pre-schedule the orientation with their
25 Manager.

26
27 **5F.** A communication from the Hospital stating that it recognizes the Association as the collective
28 bargaining representative for bargaining unit nurses will be communicated to each newly hired nurse or
29 newly transferred nurse.

30
31 **5G. Paid Union Representative Time.** The Hospital will allow one (1) Union Representative paid Union
32 time when representing bargaining unit members for any Management-called investigatory and
33 disciplinary meetings when not on work time. In the case of grievance meetings, one (1) Union
34 Representative will be paid for their time and allowed time away from regular work assignment to attend
35 Hospital or systemwide meetings, whether the meetings are virtual or in person.

36
37 **5H. ONA Contract Negotiations.**

- 38 1. ONA Negotiation team members shall be granted negotiation days off, and those working
39 evening and night shift shall be granted both the shift immediately before and the shift the day
40 of a negotiation session off. The nurse is responsible for notifying the Staffing Office and their
41 Manager as soon as negotiation dates are available. Any part of a nurse's FTE that is missed due
42 to bargaining will be coded as Mandatory Absence with PTO accrual.

2. Any hours, including on a nurse's day off, spent in negotiation sessions, including caucus time, up to the length of a nurse's regularly scheduled shift will also be coded as Mandatory Absence and accrue PTO.
3. Mandatory Absence hours used for negotiation sessions will not count toward the contractual limit of Mandatory Absence hours.

ARTICLE 7 – HOURS OF WORK

7A. Shifts of Work. Normal shifts are eight (8) hours, ten (10) hours, or twelve (12) hours, depending on a nurse's regular schedule. There will be a thirty (30)-minute unpaid meal period as near the middle of the shift as possible. For ten (10)- or twelve (12)-hour shifts, the meal may be taken any time up to and completed by the end of the seventh (7th) hour of work. Nurses who are scheduled, or requested by Management, to work less than seven (7) hours (e.g. a partial shift) may waive their right to an uninterrupted meal period on a shift-by-shift basis. The nurse will let the Charge Nurse, Manager, or other nursing leadership know at the beginning of the shift of their intention to forgo the meal period. Nurses are responsible for notifying their Supervisors if they believe they will not be able to take a meal break, and they will jointly arrange a reasonable meal period. There will be fifteen (15)-minute rest breaks provided as required by BOLI. Supervisors and nurses shall be jointly responsible for making equitable arrangements for meal and rest breaks while meeting patient care responsibilities. Nurses may combine breaks with Supervisor/Manager approval.

7B. Required Scrub Changing Time. For departments that are required to wear Hospital-provided scrubs, there will be seven (7) minutes provided, after the nurse has clocked in, to change into appropriate scrubs before beginning the work shift.

7C. On-call During Meal Periods. Those nurses who are designated by Management to be on-call during such nurses' thirty (30)-minute meal period may be paid at the on-call rate for such thirty (30)-minute meal period. It is the nurse's responsibility to enter on-call time into the electronic timekeeping system (Kronos). If such a nurse is called to work during such nurse's thirty (30)-minute meal period, the nurse will be paid at the rate of one and one-half (1½) times the nurse's base rate of pay for the missed thirty (30)-minute meal period.

7D. Overtime. Overtime paid at one and one-half (1½) times the regular rate of pay will be paid for:

1. Time worked over a nurse's regularly scheduled shift of eight (8), ten (10), or twelve (12) hours in the workday.
2. Time worked over forty (40) hours in a workweek or over eight (8) hours in a workday and/or eighty (80) hours in two (2) consecutive workweeks.
3. There shall be no pyramiding of 1 one and one-half (1½) times or greater premiums or overtime. No pyramiding means that no more than one (1) rate of pay will be paid on any hour worked.
4. There is to be no scheduling of mandatory overtime.

5. The parties recognize each nurse's professional and licensing obligation not to abandon patients. Therefore, the nurse may be required to work overtime only on those rare occasions when needed so as not to leave patients abandoned.

7E. No Rest Overtime Rule. A nurse who has worked any combination of hours, including callback or scheduled hours, such that the nurse has not received ten (10) consecutive hours off immediately prior to the nurse's next scheduled shift may:

1. Self-cancel and not work the next regularly scheduled shift before that shift begins in accordance with the established call-off process. The nurse may request not to use PTO;
2. Request to be excused from the beginning of the next regularly scheduled shift to rest and then report to work later, with Management approval, if the Hospital has a need. If the request is granted, and if the nurse has not received ten (10) consecutive hours of rest when the nurse returns to the shift, the nurse will be paid No Rest Overtime (one and one-half (1½) times the nurse's regular hourly rate of pay); or
3. Choose to work the shift and be paid one and one-half (1½) times the nurse's regular hourly rate of pay.

All subsequent hours will be paid at No Rest Overtime until the nurse has had ten (10) hours of rest.

In the event of a Mandatory Absence in the nurse's unit and shift, a nurse working under Article 7.E.3 will be the first to be reduced in hours on that shift or given the option to go to straight time for the remainder of their shift. If the nurse is assigned Mandatory Absence and does not complete their regularly scheduled shift, the nurse will be paid half (½) the nurse's hourly base rate per hour for the remaining hours of the nurse's regularly scheduled shift.

7F. Census On-call. Census on-call is defined as time a nurse is required to be available to work during periods of temporary staff reductions for low census during a scheduled shift. Census on-call rates are specified in Article 23. If a nurse is put on Census on-call, the Hospital shall contact the nurse at all telephone numbers provided, including cellular telephone numbers. With the exception of Girod Birth Center (GBC) and Surgical Services, once a nurse has been called in, they will not be put on-call again if they are released before the end of the shift, unless the nurse chooses to remain on-call.

7G. Scheduled On-call. Scheduled on-call (non-Surgical) is defined as time a nurse volunteers to be available to work outside of regularly scheduled shifts, at the Hospital's request. Scheduled on-call rates are specified in Article 23. If a nurse is put on Scheduled on-call, the Hospital shall contact the nurse at all telephone numbers provided, including cellular telephone numbers. With the exception of GBC, once a nurse has been called in, they will not be put back on-call again if they are released before the end of the shift, unless the nurse chooses to remain on-call.

7H. Delayed Start for GBC Nurses. If a GBC nurse is not needed at the beginning of a shift due to staffing level or low census but will be necessary to provide meal and break coverage, then a nurse will be placed on a delayed start time and on-call for the first two (2) hours of the shift. If not called back prior to the

1 delayed start time, the nurse will be paid their regular rate of pay for all hours worked. If needed earlier,
2 the nurse can be called back before the delayed start time. If this occurs, the nurse will receive one and
3 one-half (1½) times their base rate of pay for all hours worked in addition to any on-call time. The hours
4 the nurse is placed on-call, but not called in, count as Mandatory Absence hours.

5 **7I. Callback.** Callback is defined as time called back from on-call. Callback will be paid at the rate of one
6 and one-half (1½) times the base rate of pay for all hours worked when called back plus applicable
7 differentials. If a nurse is called back to work, the minimum pay for callback is three (3) hours. In
8 addition, on-call pay will continue during periods of callback. Callback hours paid may not exceed the
9 number of hours scheduled on-call. Callback shall not be paid in combination with regular pay for the
10 same hours worked.

11 **7J. Temporary Staff Reductions for Low Census/Mandatory Absence (MA).** Any nurse is subject to shift
12 cancelation before reporting to work. The Hospital shall notify nurses of shift cancelations at least two
13 (2) hours in advance of the scheduled shift. Failure to do so will result in the nurse having the option to
14 either report to work for four (4) hours and be assigned to any work available or remain home without
15 pay. If patient-care needs can be met, however, the Hospital will cancel shifts in the following order:

- 16 1. Agency nurses.
- 17 2. Travel nurses that can be canceled according to the travel nurse's contract will be placed on-call
18 or canceled for the shift before Hospital staff, up to their allowed number of cancelations per
19 contract.
- 20 3. Nurses working overtime who request off or volunteer to be canceled on a first come, first
21 served basis.
- 22 4. Nurses working overtime.
- 23 5. Nurses working a regular shift who request off or volunteer to be canceled on a first come, first
24 served basis.
- 25 6. Travel nurses who have exceeded their allowed number of cancelations per the travel nurse's
26 contract.
- 27 7. SLCH Per Diem Nurses.
- 28 8. Nurses working a shift above assigned FTE that are paid at the regular rate.
- 29 9. Nurses working a regularly scheduled shift by rotation if there are no travel nurses working.
30 Nurses working as a preceptor with a student may be placed in rotation provided there is
31 another available preceptor to which the student may be assigned.
- 32

33 When the Hospital determines that unit staffing requirements permit it to offer the nurse a choice, the
34 nurse will be given the choice of having the shift canceled or being on-call.

35
36 A full-time nurse will not be canceled more than twelve (12) hours per pay period, not including hours
37 when the nurse volunteers to be off or extra shifts that are canceled. A part-time nurse will not be
38 canceled more than eight (8) hours per pay period, not including hours when the nurse volunteers to be
39 off or extra shifts that are canceled. In departments that are closed or have reduced services on
40 holidays, the maximum hours per pay period may be exceeded in the pay period including the holiday.

1 The nurse will be responsible to track their hours and notify the Staffing Office/Supervisor before the
2 shift if their maximum cancelation hours will be reached during that shift.

3
4 If after the above cancelations have been made and the Hospital determines fewer staff are needed
5 after the shift has begun, the Hospital will send home nurses according to the order identified above
6 under Article 7.J.

7
8 A nurse will be sent home after reporting to work only after working four (4) hours. If a regularly
9 scheduled nurse is sent home and is placed on-call for their unit for the remainder of the shift, it will
10 count as a Mandatory Absence. If the nurse is called back from being on-call, any time worked will be
11 paid at time and one-half (1½) the base rate of pay. No nurse will lose any benefits because of staying
12 home from a regularly scheduled straight time shift at the request of the Hospital.

13
14 **7K. Census On-call/Mandatory Absence Rotation.** A nurse's last Mandatory Absence date will be
15 assigned when it occurs for more than half (½) of their regularly scheduled shift. This shall be
16 operationalized as follows:

- 17 1. Volunteers/Requests – Voluntarily requested absence or voluntary on-call time does not count
18 toward the maximum limit per pay period of total hours canceled and does not count towards
19 the last Mandatory Absence date.
- 20 2. Per Diem – Hours are tracked for last Mandatory Absence date only.

21
22 **7L. Weekend.** Nurses are to be scheduled to work no more than every third (3rd) weekend, with
23 weekend defined in Article 6.M, unless a nurse and the Hospital agree to a different schedule. Wound
24 Care Nurses shall not be required to work weekends. Should future operational needs require weekend
25 coverage, the Wound Department shall conduct a department restructure as outlined under Article
26 14.G. Nurses who agree to work a weekend shift normally scheduled off will receive one and one-half
27 (1½) times their base rate of pay plus twenty dollars (\$20.00) per hour premium for all hours worked on
28 the extra weekend shift except for trades arranged by nurses for their convenience. Such trades must be
29 approved by the Manager or Staffing Office prior to the weekend. Effective October 20, 2025, for all pay-
30 related purposes, the weekend shall begin at 1900 on Friday and end at 0700 Monday. For all other
31 purposes, the weekend is defined as Friday 1900 through Sunday 1900.

32 **7M. Work Schedules.** Work schedules of three (3) pay periods' duration will be posted no less than four
33 (4) weeks in advance of the first day of the identified work schedule. Two (2) weeks before the schedule
34 is posted in the home department, Variable Nurses will work with the Staffing Office to have their FTE
35 scheduled. One (1) week before the scheduled is posted in the home department, Per Diem Nurses will
36 have access to pick up their required four (4) shifts. Once the schedule is posted, all home department
37 nurses may pick up open shifts. One (1) week after the schedule is posted in the home department, it
38 will be open to house-wide nurses for picking up open shifts.

39 For Surgical Services, work schedules of two (2) pay periods' duration will be posted no less than four (4)
40 weeks in advance of the first day of the identified work schedule. When possible, work schedules of

three (3) pay periods' duration will be posted. Requests for time off are to be submitted through the PTO request process in the electronic scheduling program according to the instructions. After the schedule is posted, changes may be made only with mutual agreement of the Manager/Nursing Supervisor and the nurse.

For Wound Care Nurses, established work patterns will continue. If patterns need to be adjusted, a collaborative conversation between all Wound Care Nurses and the Manager will happen to find an equitable solution for all parties. If consensus is not established, the Manager maintains the right to set the patterns to meet department needs. No change to work patterns will be made without six (6) weeks' notice unless it is done by mutual agreement between the Wound Care Nurse(s) and Manager.

7N. Extra Hours. Extra hours will be made available when the schedule is posted and will be offered to all nurses. If multiple nurses have signed up for extra shifts, the last one to sign up will be the first one canceled.

1. Full-time nurses will be paid at one and one-half (1½) times their base rate of pay for all hours worked above the nurse's FTE
2. Part-time nurses will be paid at one and one-half (1½) times their base rate of pay once they have worked their FTE and the total hours worked are greater than twenty-four (24) per workweek.
3. Per Diem Nurses will be paid at one and one-half (1½) times their base rate of pay for all hours worked above thirty-six (36) hours per workweek if the hours were picked up after the schedule opened house-wide and the nurse scheduled their contractual minimum shifts.
4. **Eligibility for Extra Hours Premium.** A nurse must work all shifts that are part of their FTE in the same workweek. A nurse will be eligible for extra hours premium under the following conditions:
 - a. Pre-planned PTO or education count as hours worked for eligibility purposes.
 - b. Low census cancellations count as hours worked for eligibility purposes.
 - c. Protected leave hours (FMLA/OFLA/PLO) will count as hours worked for eligibility purposes.
 - d. If a nurse calls in unable to work for reasons other than those outlined above, extra hours premium pay will be waived for the corresponding numbers of hours that the nurse misses.

Any extra hours worked for the convenience of the nurse, such as a trade, are ineligible for overtime or extra weekend premium pay unless said hours place the nurse over forty (40) hours in the workweek. Such schedule changes must be approved by the Manager prior to the change. Eligibility for extra shift premium shall not include hours on-call or called back, sick leave, or paid educational leave. Once a nurse agrees to work an extra shift, the nurse is committed to those hours. If a nurse has been placed on Mandatory Absence, and not on-call, and then the Hospital has an unexpected need, the nurse will be paid Short Notice pay if they agree to fill the shift.

7O. Rotation of Shifts. If, at the request of the Hospital, and after all ways to fill an open shift have been exhausted and a need still exists, a nurse voluntarily agrees to rotate their shift between days and nights,

they shall receive one and one-half (1½) times their base rate of pay for hours worked. A nurse working a rotated shift shall not be subject to Mandatory Absence as a nurse working overtime (Article 7.J.4) but will be canceled in rotation as a nurse working a regularly scheduled shift (Article 7.J.9). There will be no mandatory rotation of shifts for regularly scheduled nurses, except during orientation.

7P. Floating. A nurse will not be required to float to a unit for which the nurse is not qualified. A nurse will be deemed to be qualified if the nurse has the skill and to maintain the quality of nursing care in that unit and to provide the appropriate care needed. A nurse will be considered qualified if the nurse has previously oriented to the unit, maintains unit-specific mandatory credentials and has worked in the unit within the past three (3) months, except in instances of major changes to nursing procedures, equipment, or types of patients since orientation to the unit. If a nurse feels unqualified for a specific assignment, the nurse should indicate in writing the reasons why and give them, at the time of the request, to the appropriate Manager or Nursing Supervisor. In the event of a disagreement in the qualifications for a specific assignment, such a dispute is subject to resolution through the grievance procedure commencing at Step 2. Although the nurse may be required to float to the unit on the shift in question, after the filing of the grievance, the nurse will not be required to float to the designated unit again, unless the nurse either receives orientation to the unit or does not prevail with the grievance.

7Q. Helping Hands. Nurses may be assigned as Helping Hands anywhere in the hospital, meaning they would be expected to help on a unit, but not take a nurse assignment.

7R. Cross Training. Wound Care Nurses shall be provided the opportunity to cross train to other units under the same conditions as all other bargaining unit nurses.

ARTICLE 9 – HOLIDAYS

9A. The following holidays will be recognized and compensated:

1. New Year's Day
2. Easter Sunday
3. Memorial Day
4. Independence Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Eve
8. Christmas Day

9B. Nurses who work any of the holidays above will be paid one and one-half (1½) times the base rate of pay for actual hours worked on the holiday. Wound Care Nurses shall not be required to work on holidays, except for Christmas Eve until 1200.

9C. Holidays fall as scheduled per the nurse's pattern. A nurse may request specific holidays off using the PTO request off process in Article 10.H. A nurse can trade a non-holiday shift for a holiday shift during the same workweek. Each department may choose to develop alternative holiday scheduling through their Shared Governance Team. Once a decision is reached, the Shared Governance Team must

present the schedule to the Staffing Office for approval by determining if all department needs are met. If approved, the Shared Governance Team will notify the Manager that they intend to call for a departmental vote. For approval, the majority of the nurses in the department (50% +1) must vote, and the majority of voters (50% +1) must vote in favor of the alternate holiday schedule. Voting results shall be reviewed with the Department Manager and provided to LMCC for documentation. The new schedule will supersede the above outlined process. Only once during the contract period may a department vote to change the holiday scheduling process.

In all departments that reduce staff on holidays, except Surgical Services, nurses will have the option to pick up another shift at straight time during the same workweek or choose to use PTO or take the time as unpaid. The nurse must notify the Scheduling Office of which option they will select at least six (6) weeks in advance. In departments that require full staff, nurses who are not working their regularly scheduled shift because of the holiday rotation will be assigned another shift in the same workweek to meet their FTE.

9D. Nurses who work an extra shift above their FTE for each recognized holiday will be paid two (2) times their base rate of pay so long as the holiday is not a result of trades but rather at the need of the Hospital. If the holiday falls on a weekend, the nurse will be paid two (2) times their base rate of pay plus twenty dollars (\$20.00) per hour.

9E. Nurses who are on-call on recognized holidays will receive two (2) times their base rate of pay for all hours called back.

ARTICLE 10 – PAID TIME OFF

10A. Definition. Paid time off (PTO) is defined as time earned for paid leave that can be used by nurses holding an FTE to meet their personal needs for paid time off work. PTO is in lieu of vacation, holidays, and sick leave. Those nurses who still have accumulated sick leave will retain it and may use it for absences due to illness or injury.

10B. Accrual. PTO shall accrue from date of hire and may be used as accrued at the applicable rates set forth below:

Month of SHS Service	Accrual Rates
1 st through 48 th	0.09615 hours per compensable hour
49 th through 108 th	0.11538 hours per compensable hour
109 th through 168 th	0.13461 hours per compensable hour
169 th and each month of service thereafter	0.1462 hours per compensable hour

Nurses currently earning PTO at the rate of 0.1462 hours per compensable hour will remain unchanged. Case Managers and Wound Care Nurses hired on or before September 24, 2013, including those who

transfer from another bargaining unit position into Case Management/Wound Department, will accrue PTO as would any other bargaining unit nurse who was hired on or before that date.

PTO will accrue on Mandatory Absence hours assigned to the nurse including census on-call and holiday department closure. PTO does not accrue for required on-call time (e.g. Surgical Services). When a nurse agrees to work an extra shift and is placed on a Mandatory Absence, PTO will accrue for those Mandatory Absence hours.

10C. PTO Use. PTO may be used as accrued.

10D. Optional PTO Use. Nurses may have the option of taking a day off without pay instead of using PTO under the following conditions:

1. Low census day
2. Holiday department closure or staff reduction
3. Military Leave
4. PNAL contract negotiations
5. Any two (2) shifts per year with pre-approval for personal use

10E. Cashing Out. Nurses may cash out PTO in accordance with the terms of the SHS PTO Cash Out Policy as it is currently in effect and as may be changed from time to time.

10F. Carrying Over. Nurses are required to take a minimum of two (2) weeks' time off using PTO each calendar year. PTO hours may carry over from one (1) year to the next, however, when a nurse reaches an accrual level of seven hundred (700) hours, all further accruals will be cashed out in each paycheck as accrued. Effective July 1, 2026, no PTO beyond seven hundred (700) hours will accrue, and the practice of per pay period accruals and automatic cashouts will end.

10G. Illness or Emergency. Ill calls or emergency-need calls should be made as early as possible, but not less than two and one-half (2½) hours before a nurse's shift begins.

10H. Scheduled Use. The nurse must have sufficient accrued PTO to request time off. Scheduled PTO may be rescinded at any point if sufficient PTO cannot be accrued to cover the requested absence. Once scheduled, the Hospital may not rescind PTO if sufficient PTO accrual exists to cover the requested time off. A nurse may request PTO at least six (6) weeks but not more than twelve (12) months prior to the first day of the PTO requested. For PTO requests, one (1) nurse for each shift per unit, per day, will be granted time off. In addition to this quota, one (1) nurse per unit per twenty-four (24)-hour period may be granted time off for in-person education opportunities.

1. **Peer Coverage for PTO Denials.**

- a. **Coverage by an FTE Nurse.** A nurse who has requested, but who has been denied PTO, may, at any time, request an available nurse holding an FTE work the shift(s) in question so that the nurse can take the denied
 - b. **Coverage by a Per Diem Nurse.** A nurse who has requested, but who has been denied PTO, may, at any time prior to schedule posting, request a Per Diem Nurse work up to two (2) shifts per calendar year so that the nurse can take the denied PTO. Shifts picked up to cover PTO for FTE Nurses will not count toward the minimum obligation of four (4) shifts per schedule period.
 - c. The nurse requesting coverage for PTO must find a qualified replacement for all hours worked.
 - d. Once PTO is granted based on the nurse's acceptance of such request to cover, and the nurse is available for such shifts, it will not be rescinded.
 - e. The requesting nurse must have and use PTO or up to two (2) available pre-planned unpaid days for the shifts taken off.
 - f. Hours worked by a nurse at the request of another nurse will not count toward the nurse's contractual minimum/FTE.
 - g. Hours worked by a nurse at the request of another nurse will not create any contractual overtime payment to the replacing nurse.
2. Requests for PTO shall be considered on a first-come-first-served basis. If two (2) or more requests are submitted on the same date for the same time off and granting both of them would result in a critical staffing shortage, the first nurse will be given the time off. The staff nurse shall be notified of approval within two (2) weeks of the submission of a request.
 3. PTO which occurs during the pay periods(s) containing Spring Break, Thanksgiving, Christmas, and New Year's will be arranged according to departmental staffing practice. Requests for these time periods will be granted by the Manager on a rotational basis. Nurses will be notified no later than ten (10) weeks prior to the holiday.
 4. PTO requests from the beginning of Memorial Day weekend through the end of Labor Day weekend will be limited to FTE hours times two (FTE x 2) rounded up to the nearest full day, so all nurses may enjoy a part of the summer months rotational basis. Each department may choose to develop alternative summer scheduling through the Shared Governance Team. This process shall occur no later than fifteen (15) months in advance of the upcoming summer season. Once a decision is reached, the Shared Governance Team must present the schedule to Management and the Staffing Office for approval by determining if all department needs are met. If approved, the Shared Governance team will call for a department vote. For approval, the majority of the nurses in the department (50% +1) must vote, and the majority of voters (50% +1) must vote in favor of the alternate summer scheduling process. Once the department vote is completed, the alternate summer scheduling process will be provided to LMCC for documentation. Only once during the contract period may a department vote to change the summer scheduling process.
 5. PTO requests above established unit quotas, or in the immediate six (6) weeks following the date the request off is submitted, may be accomplished by "shift swaps" that do not result in overtime.

6. Nurses and Department Managers will work together in the scheduling of time off to ensure adequate staffing to meet the needs of patient care. The nurse will be required to arrange coverage for those scheduled shifts for which the nurse has requested PTO in the immediate six (6) weeks following the date the request off is submitted. Assistance in arranging such coverage may be requested from the Manager or Staffing Office.
7. A nurse may ask to rescind scheduled PTO prior to the date when the schedule covering such time off is posted. After schedule is posted, such a request for rescission may be granted if the Department Manager consents.

10I. PTO Usage during Leave of Absence. Nurses will be required to use accumulated PTO down to a two (2)-week bank for FMLA/OFLA unless they are being compensated through Paid Leave Oregon (PLO), Worker's Compensation, or Short-Term Disability. To maintain benefits during a personal unpaid leave of absence, PTO equal to the employee's assigned FTE must be used and may reduce or exhaust the two (2)-week bank.

10J. Records of Accruals. PTO accruals will be noted on the paycheck stub.

10K. Payment Upon Termination. PTO will be paid out to the nurse at termination provided that (1) the nurse has completed the introductory period; and (2) in the case of resignation, the nurse must have provided at least fourteen (14) calendar days' notice to the Hospital. PTO may not be used for the notice period, unless the resignation is the result of a bona fide family medical emergency.

10L. Computation of Payment. PTO pay will be computed on the nurse's hourly rate of pay at the time it is taken, including shift differential.

ARTICLE 14 – SENIORITY

14A. Accrual. Seniority is the length of continuous service with the Hospital as a nurse within the bargaining unit from date of hire. For Case Manager RNs accreted into this Agreement in 2025, seniority shall include continuous service as a Case Manager RN (including time in the position before it was included in the bargaining unit) in addition to continuous service in other bargaining unit positions. For Wound Care Nurses accreted into this Agreement in 2026, seniority shall include continuous service as a Wound Care Nurse (including time in the position before it was included in the bargaining unit) in addition to continuous service in other bargaining unit positions. Should two (2) or more nurses be hired on the same date, the following procedure will break the tie:

1. Seniority within the department;
2. Hospital-wide seniority;
3. Seniority within Samaritan Health Services;
4. Date of original Oregon RN licensure; then
5. Lowest Oregon RN license number.

1 A bargaining unit employee who leaves or has left a position within the bargaining unit, but who remains
2 continuously employed with the Hospital/SHS Corporate (i.e. Clinical Informatics), will not lose their
3 previously accrued seniority upon return to the bargaining unit. In such instances the employee will not
4 accrue seniority during the period of Hospital employment outside the bargaining unit.

5
6 **14B. Loss of Seniority.** A nurse will lose all seniority rights for one (1) or more of the following reasons:

- 7 1. Voluntary resignation, unless re-employed within six (6) months
- 8 2. Termination for just cause
- 9 3. Failure to return to work within three (3) days after being recalled by certified mail, return
10 receipt requested, unless due to actual illness or accident
- 11 4. Layoff for more than twelve (12) consecutive months

12
13 **14C. Posting of Vacancies.** Notices of vacancies and new positions will be posted in the application
14 software program and will remain on-line for seven (7) calendar days. Each notice will show the position,
15 shift, unit and whether the position is full-time or part-time. Qualifications, experience, and certifications
16 required may be viewed in the position description. A nurse who is interested in applying for any posted
17 vacancy or new position shall make application on-line through the application software program to the
18 Hospital within the above posting period. All applicants who meet the posted qualifications will be
19 offered an interview. Each applicant will receive a written response, upon request, advising them of
20 selection for the position or reason for non-selection.

21
22 **14D. Selection of Applicant(s).** Positions will be awarded according to skills and abilities. The Hospital
23 shall judge skills and ability, but such judgment may not be arbitrarily or capriciously exercised. Provided
24 that each nurse under consideration meets the posted qualifications and has equivalent skills, ability and
25 performance, positions will be awarded by seniority in the following order:

- 26 1. Shift in department
- 27 2. Department
- 28 3. Current SLCH RN
- 29 4. SHS RN
- 30 5. Outside applicants

31
32 **14E. Seniority Lists.** Seniority lists will be maintained by the Hospital and sent, upon request, to the
33 Association for review semiannually.

34
35 **14F. Long-Term Layoff.** (Nurses holding an FTE) In case of a layoff that the Hospital expects to last for two
36 (2) weeks or more or in the event of a permanent closure, the Hospital will first offer nurses in the unit
37 on the shift involved, where the layoff will occur, the opportunity to take voluntary time off. If it is
38 determined that this voluntary procedure is not satisfactory:

- 39 1. Nurses in the unit on the shift involved will be laid off in the reverse order of seniority, provided
40 that the remaining nurses currently possess the necessary competency to perform the work to
41 be done. The nurses to be laid off under the preceding sentence may go on layoff or, if such a
42 nurse has greater seniority than other nurses on the unit, may request to replace the most

- 1 junior nurse on the same unit. When such a request is made, it will be granted and the most
- 2 junior nurse on the unit will be laid off, provided that the remaining nurses on the unit and on
- 3 the shift currently possess the necessary competency to perform the work to be done.
- 4 2. In the event of a layoff under Article 14.F.1 above, a laid-off nurse may request to replace the
- 5 most junior nurse in the Hospital, provided that the laid-off nurse has greater seniority than the
- 6 other nurse and has the necessary skills to perform the work to be done. In such circumstances,
- 7 the replaced nurse will be laid off.
- 8 3. Nurses will be recalled from layoff in the order of seniority, provided that they have the
- 9 necessary skills to perform the work to be done. A nurse who has replaced another nurse under
- 10 Article 14.F.1 and 14.F.2 above will be deemed to be on layoff for purposes of recall rights. If a
- 11 laid-off nurse is recalled to a shift different from the nurse's assigned shift at the time of the
- 12 layoff, the nurse may refuse the recall, which will waive their recall rights for that assignment,
- 13 but the nurse may not refuse more than two (2) such recalls during the layoff. When such
- 14 waivers occur, the nurse's original layoff will continue.
- 15 4. Nurses who are laid off will receive severance pay per SHS policy.

16 17 **14G. Department/Unit Restructure.**

- 18 1. A department or unit restructure is defined as the merger of two (2) or more units into a single
- 19 unit or a restructuring of an existing department or unit due to business need.
- 20 2. In the event of a department or unit restructure, the Hospital will give the employees and the
- 21 Association a twenty-one (21) day notice.
- 22 3. Nurses will be given a seniority list of all current nurses in the department. Nurses will have ten
- 23 (10) days to challenge the seniority date with Human Resources.
- 24 4. **Process.**
- 25 a. The Hospital will determine the number of full-time and part-time FTEs by shift and skill
- 26 mix required for the new or restructured department or unit.
- 27 b. A list of the positions and work schedules in the new/restructured department or unit,
- 28 including any qualification requirements, will be posted in the department or unit for at
- 29 least ten (10) days.
- 30 c. By the end of the posting period, each employee will submit to the Hospital a written list
- 31 which identifies and ranks the employee's preferences for all available positions (first to
- 32 last).
- 33 d. Based upon these preference lists, the Hospital will assign employees to positions in the
- 34 new/restructured department or unit based on skill mix and seniority. A representative
- 35 from the Association may be present when the selection process takes place.
- 36 e. The Hospital will let the nurses know of their selection within twenty-four (24) hours of
- 37 the selection process.
- 38 f. The Hospital will follow the scheduling posting requirements as outlined in Article 7.M
- 39 for implementation of the new schedule, but the implementation will not be any sooner
- 40 than six (6) weeks following the awarding of positions.
- 41 5. If an employee does not have a position after the process outlined in Article 14.G.4 above, refer
- 42 to Article 14.F.2.

1
2 **14H. Department Closure.**

- 3 1. A department closure is defined as the indefinite closure of a Hospital department or unit,
4 necessitating a reduction in force of all nurses in the department.
- 5 2. If the Hospital anticipates a department closure, a minimum of ninety (90) days' notice will be
6 given to the Association and potentially impacted nurses detailing purpose and scope of the
7 closure and the likely impacted departments, shifts, and positions. The Hospital will provide the
8 Association with a list of open RN positions at the Hospital and at all other Samaritan facilities.
9 An open position is any position for which the facility is still accepting applications on the date
10 the notice is provided.
- 11 3. Within fifteen (15) calendar days of notice to the Association, representatives of the Hospital
12 and the Association will meet to discuss the proposed closure. The Association will be provided
13 an opportunity to make suggestions for alternatives to avoid the closure. The Hospital will
14 review the options suggested by the Association but will not be required to implement any of
15 the suggested options.
- 16 4. If after meeting with the Association, the Hospital determines that a closure is still needed, the
17 nurses in the department(s) to be impacted will be given a definitive notice of department
18 closure a minimum of sixty (60) days before the effective date. The effective date of any
19 department closure will be within the first week of the month to ensure benefit coverage
20 through the end of the month.
- 21 5. Once they have received definitive notice of department closure, impacted nurses shall be given
22 hiring preference for any vacant position within Samaritan Health Services (SHS) for which they
23 are qualified, unless doing so violates the provisions of a collective bargaining agreement. This
24 hiring preference shall be extended until twelve (12) months following a nurse's date of
25 termination.
- 26 6. Department or unit closure will trigger the layoff procedure in Article 14.F.
- 27 7. A nurse who is laid off due to department closure (including those bumped from a position due
28 to the closure) needs to apply to vacant positions to be considered for, and given, hiring
29 preference for open nursing positions within SHS. If the nurse chooses not to apply to any open
30 nursing position or is not extended an offer after application, the nurse shall receive severance
31 pay equivalent to sixteen (16) weeks of pay at their FTE and regular hourly rate of pay.
- 32 8. The Hospital agrees to engage in impact bargaining in the event of a department closure.
- 33
34
35

ARTICLE 23 – COMPENSATION

36 **23A. Wage Step Placement.** Registered Nurses will be placed on the appropriate step of the wage scale
37 based on years of experience as accepted at the time of hire. New hires and transfers into the bargaining
38 unit will be given year-for-year credit for prior experience toward step placement for recent related
39 experience in an acute care setting or related experience in a non-acute care setting, at the discretion of
40 the Hospital (e.g. RN at a stand-alone surgical center). Other RN experience will be credited as one (1)
41 year of credit for every two (2) years of experience. If the nurse has ten (10) months or more of
42 applicable experience, as outlined above, it will count as one (1) year. For example, two (2) years and ten

(10) months shall count as three (3) years of experience. New hires and transfers will be placed at the wage step corresponding to the years of prior experience.

Effective June 1, 2026, Wound Care Nurses shall be placed on the ONA Wage Scale in Article 23.D according to their years of experience. Within twenty-one (21) days of reaching tentative agreement, the Hospital will evaluate the experience of each Wound Care Nurse and inform both the Wound Care Nurse and the Association of the step placement of each Wound Care Nurse based upon their years of experience as determined according to the provisions of Article 23. If this process is not complete before payroll is processed for the June 1, 2026-June 14, 2026 pay period, increased wages will be paid retroactive to June 1, 2026.

No nurse will experience a reduction in wages or step placement based upon implementation of the Collective Bargaining Agreement. In circumstances where a Wound Care Nurse is currently being paid a higher hourly rate than their credit for nursing experience reflects, they will be placed at the step which most closely reflects their current rate and does not cause a reduction in pay. They shall remain at that pay step until their credit for nursing experience is equivalent to the experience credit needed to move to the next step (commonly referred to as "red circling"), and they shall continue to progress to subsequent wage steps in accordance with Article 23.

23B. Step Advancement. Nurses will progress to the next step on the scale on the nurse's anniversary date. Nurses transferring from within Samaritan Health Services will continue with original hire/anniversary date.

23C. Step Correction. Nurses who were on a longevity step prior to July 1, 2025, will be placed on the step that reflects their previously credited years of experience and their years of service at SLCH. This change will be effective the pay period that begins at least forty-five (45) days after ratification of this Agreement.

23D. Wage Scale.

1. Effective July 14, 2025, the wage scale shall increase by fourteen-point five nine percent (14.59%). If ratification is not complete by July 14, 2025, increased wages shall be paid retroactive to July 14, 2025.
2. Effective July 13, 2026, the wage at every step of the scale shall increase by four percent (4%).
3. Effective July 12, 2027, the wage at every step of the scale shall increase by four percent (4%).

1

Samaritan Lebanon Community Hospital ONA Wage Scale							
Years of Experience	Pre-Ratification		Step	Effective July 14, 2025-June 30, 2027			
	Step	7/1/2024		7/14/2025	7/13/2026	7/12/2027	Step (%)
0	Step 1	\$46.59	Step 1	\$53.39	\$55.53	\$57.75	--
1	Step 2	\$47.99	Step 2	\$54.99	\$57.19	\$59.48	3.0%
2	Step 3	\$49.43	Step 3	\$56.65	\$58.91	\$61.27	3.0%
3	Step 4	\$50.91	Step 4	\$58.34	\$60.68	\$63.11	3.0%
4	Step 5	\$52.44	Step 5	\$60.09	\$62.49	\$64.99	3.0%
5	Step 6	\$54.01	Step 6	\$61.90	\$64.38	\$66.95	3.0%
6	Step 7	\$55.64	Step 7	\$63.75	\$66.31	\$68.96	3.0%
7	Step 8	\$57.30	Step 8	\$65.66	\$68.29	\$71.02	3.0%
8	Step 8	\$57.30	Step 9	\$66.65	\$69.32	\$72.09	1.5%
9	Step 9	\$59.02	Sep 10	\$67.63	\$70.34	\$73.16	1.5%
10	Step 9	\$59.02	Step 11	\$68.65	\$71.40	\$74.25	1.5%
11	Step 10	\$60.79	Step 12	\$69.66	\$72.45	\$75.35	1.5%
12	Step 10	\$60.79	Step 13	\$70.71	\$73.54	\$76.48	1.5%
13	Step 11	\$62.62	Step 14	\$71.75	\$74.62	\$77.61	1.5%
14	Step 11	\$62.62	Step 15	\$72.83	\$75.74	\$78.77	1.5%
15	Step 12	\$64.50	Step 16	\$73.91	\$76.86	\$79.94	1.5%
16	Step 12	\$64.50	Step 17	\$74.35	\$77.32	\$80.42	0.6%
17	Step 12	\$64.50	Step 18	\$74.79	\$77.79	\$80.90	0.6%
18	Step 12	\$64.50	Step 19	\$75.24	\$78.25	\$81.38	0.6%
19	Step 12	\$64.50	Step 20	\$75.68	\$78.71	\$81.86	0.6%
20	Step 13	\$66.43	Step 21	\$76.12	\$79.17	\$82.34	0.6%
21	Step 13	\$66.43	Step 22	\$76.58	\$79.65	\$82.83	0.6%
22	Step 13	\$66.43	Step 23	\$77.04	\$80.12	\$83.33	0.6%
23	Step 13	\$66.43	Step 24	\$77.49	\$80.60	\$83.82	0.6%
24	Step 13	\$66.43	Step 25	\$77.95	\$81.07	\$84.31	0.6%
25	Step 14	\$68.42	Step 26	\$78.41	\$81.55	\$84.81	0.6%
26	Step 15	\$68.83	Step 27	\$78.88	\$82.03	\$85.31	0.6%
27	Step 16	\$69.25	Step 28	\$79.35	\$82.53	\$85.83	0.6%
28	Step 17	\$69.66	Step 29	\$79.83	\$83.03	\$86.35	0.6%
29	Step 18	\$70.08	Step 30	\$80.31	\$83.53	\$86.87	0.6%
30	Step 19	\$70.50	Step 31	\$80.79	\$84.02	\$87.38	0.3%
31	Step 20	\$70.68	Step 32	\$81.03	\$84.27	\$87.64	0.3%
32	Step 21	\$70.85	Step 33	\$81.27	\$84.52	\$87.90	0.3%
33	Step 22	\$71.03	Step 34	\$81.52	\$84.78	\$88.17	0.3%
34	Step 23	\$71.21	Step 35	\$81.76	\$85.03	\$88.43	0.3%
35	Step 24	\$71.39	Step 36	\$82.01	\$85.29	\$88.70	0.3%

2

3

23E. Differentials and Premiums.

1. **Shift Differential.** Nurses working hours on both evening and night shifts will be paid the differential based on the time the hours are worked. Nurses working a shift that overlaps into evening or night shift will be paid shift differential only when most of their hours fall within evening or night shift and will be paid the differential for all hours of their shift.
 - a. Evening shift is considered to be the hours between 1500 and 2300. Nurses will receive a differential of six percent (6%) of the base rate of pay under Article 23 when they work a shift where the majority of hours fall within the evening shift. Evening shift differential shall be paid when the worked hours of the shift change due to mandatory education, MA, or at the request of the Hospital.
 - b. Night shift is considered to be the hours between 2300 and 0730. This differential will be applied as follows:

Wage Scale Step	Differential
1	12.5%
2-6	15%
7 – 10	17.5%
11 – 36	20%

Night shift differential shall be paid when the worked hours of the shift change due to mandatory education, MA, or at the request of the Hospital.

2. **Charge Nurse Differential.** Nurses serving in a charge capacity will receive a differential of six percent (6%) of the nurse's base rate of pay. This differential is included in the base rate of pay for Charge Nurses, and all other percentage-based premiums are calculated from that base rate of pay.
3. **Relief Charge Nurse Differential.** Nurses serving in a relief charge capacity will receive a differential of six percent (6%) of the nurse's base rate of pay for actual hours spent in the relief charge role.
4. **Resource Nurse Differential.** Nurses serving in a Resource Nurse capacity will receive a differential of six percent (6%) of the nurse's base rate of pay for all compensated hours. This differential is included in the base rate of pay for Resource Nurses, and all other percentage-based premiums are calculated from that base rate of pay.
5. **Relief Resource Nurse Differential.** Nurses serving in a relief Resource Nurse capacity will receive a differential of six percent (6%) of the nurse's base rate of pay for actual hours spent in the relief Resource Nurse role.
6. **Per Diem Nurse Differential.** Per Diem Nurses will receive the following differential:
 - a. Effective the first pay period following ratification, the Per Diem differential will be nine percent (9%).
 - b. Effective July 13, 2026, the Per Diem differential will be twelve percent (12%).
 - c. Effective July 12, 2027, the Per Diem differential will be fifteen percent (15%).

- 1 7. **Preceptor Differential.** Nurses who act in the capacity of a preceptor at the request of the
2 Hospital will be paid a differential of three percent (3%) of the nurse's base rate of pay for
3 all hours worked. Eligibility requirements are specified in the SHS Preceptor Policy.
4 Compensation will start the first pay period following completion and submission of the
5 precepting training requirements. Nurses who act as preceptors will receive feedback on
6 their annual performance appraisal related to such duties.
- 7 8. **Weekend Differential.** For any shift predominately worked on a Saturday or Sunday, the
8 nurse shall be paid a differential of five percent (5%) of the nurse's base rate of pay.
9 Effective October 20, 2025, for all pay-related purposes, the weekend shall begin at 1900 on
10 Friday and end at 0700 Monday. For all other purposes, the weekend is defined as Friday
11 1900 through Sunday 1900.
- 12 9. **Certification Differential.** A nurse may apply for and will receive a certification differential
13 of three percent (3%) of the nurse's base rate of pay; a second certification shall be
14 compensated at one percent (1%) of the nurse's base rate of pay, if the nurse has a current
15 national specialty certification listed on Appendix A that is relevant to department where
16 the nurse works the majority of their hours. The differential will commence the first day of
17 the pay period following the date that written evidence of the passing test score or
18 continuing certification is received by SLCH HR. This differential will be automatically
19 discontinued if certification lapses. If a nurse changes department, the nurse may request to
20 maintain the differential as long as the certification remains applicable to their nursing
21 practice.
- 22 10. **Registered Nurse First Assist (RNFA) Differential.** Any nurse credentialed to work as an
23 RNFA shall receive a differential of six percent (6%) of the nurse's base rate of pay for hours
24 worked in the RNFA capacity.
- 25 11. **Acting House Supervisor Differential.** Any Charge or Resource Nurse designated to be an
26 Acting House Supervisor by the Hospital shall receive a premium of six percent (6%) above
27 their base rate of pay for hours worked in this capacity. All other nurses shall receive a
28 premium of twelve percent (12%) for all hours worked in this capacity.
- 29 12. **BSN/MSN/Doctorate Differential.** A differential of three percent (3%) of the nurse's base
30 rate of pay will be paid to ONA-represented nurses who hold a BSN. A differential of four
31 percent (4%) of the nurse's base rate of pay will be paid to ONA-represented nurses who
32 hold an MSN/Doctorate degree in Nursing. Nurses will be eligible for only one (1) advanced
33 degree differential. BSN/MSN/Doctorate diploma or official transcript must be received in
34 the HR Service Center for differential to begin. The differential will commence the first day
35 of the pay period following the date that evidence is received by the HR Service Center.
- 36 13. **Float Differential.** Nurses who float outside of their designated department or unit at the
37 request of the Hospital, including as Helping Hands, shall receive an additional two dollars
38 (\$2.00) per hour for hours spent floating. The nurse must complete a labor level transfer at
39 the clock to receive this differential; reasonable exceptions requested within the current pay
40 period may be granted by department leadership.
- 41 14. **Bilingual Differential.** Nurses will be eligible for a bilingual differential per SHS policy.

1 15. **Transport Bonus.** A nurse who is assigned to accompany a patient to another facility via
2 ambulance will receive a seventy-five dollars (\$75.00) transport bonus.

3 16. **Short Notice Pay.** Vacancies and other staffing needs within forty-eight (48) hours of the
4 start of the shift will be considered short notice. At the request of the Hospital, all hours
5 worked to fill such vacancies and staffing needs shall be paid at one and one-half (1½) times
6 the nurse's base rate of pay plus fifteen dollars (\$15.00) per hour.

7
8 **23F. On-call.**

9 1. Census/Scheduled on-call is defined as on-call for low census or scheduled on-call outside
10 regular work hours in all Hospital departments.

11 2. On-call will be paid at the rate of seven dollars and fifty cents (\$7.50) per hour. On the
12 holidays set forth in Article 9, such on-call rate will be nine dollars (\$9.00) per hour.

13
14 **23G.** All new increases or pay practice changes introduced in this contract shall commence on the first
15 (1st) day of the first (1st) pay period following ratification unless otherwise specified.

16
17 **Appendix A-Specialty Certifications**

ACM	Accredited Case Manager
AOCN	Advanced Oncology Certified Nurse
<u>AWCC</u>	<u>Advanced Wound Care Certified</u>
CAPA	Certified Ambulatory, Peri-Anesthesia Nurse
CARN	Certified Addictions Nurse
CCCN	Certified Continence Care Nurse
CCM	Certified Case Manager
CCRN	Critical Care RN
CEN	Certified Emergency Nurse
CFRN	Certified Flight Registered Nurse
CGRN	Certified Gastroenterology Registered Nurse
CHPN	Certified Hospice/Palliative Nurse
CMC	Certified Cardiac Medicine
CMSRN	Certified Medical Surgical Registered Nurse
CNOR	Certified Nurse, Operating Room
COCN	Certified Ostomy Care Nurse
CPAN	Certified Peri-Anesthesia Nurse
CPEN	Certified Pediatric Emergency Nurse

CPN	Certified Pediatric Nurse
CRNFA	Certified RNFA
CRNI	Certified Registered Nurse Intravenous
CWCN	Certified Wound Care Nurse
<u>CWCP</u>	<u>Certified Wound Care Professional</u>
CWOCN	Certified Wound, Ostomy, Continence Nurse
<u>CWON</u>	<u>Certified Wound Ostomy Nurse</u>
<u>DWC</u>	<u>Diabetic Wound Certified</u>
HNC	Holistic Nurse Certification
IBCLC	Certified Lactation Nurse
OCN	Oncology Certified Nurse
<u>OMS</u>	<u>Ostomy Management Specialist</u>
ONC	Orthopedic Nurse Certificate
PCCN	Progressive Care Certified Nurse
RNC	Maternal/Neonatal Nursing Certificate, Low Risk Neonatal (LRN), Electronic Fetal Monitoring (EFM), Obstetrics (OB), Ambulatory Care
RN, CBC	Gerontological
	Medical Surgical
	Pain Management
SANE	Sexual Assault Nurse Examine
TCRN	Trauma Certified Register Nurse
<u>WCC</u>	<u>Wound Care Certified</u>

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3 Tentatively Agreed To May 29, 2026

4 Ratified June 5, 2026