INDIANA STATE BOARD OF NURSING

Will meet on
Thursday, April 15, 2010
at 8:30 a.m.
in the Auditorium of the
Indiana Government Center-South
302 West Washington Street
Indianapolis, Indiana 46204

I. CALL TO ORDER AND ESTABLISHMENT OF QUORUM 8:30 a.m.

II. ADOPTION OF THE AGENDA

III. ADOPTION OF THE MINUTES FROM THE FEBRUARY 18, 2010 AND MARCH 18, 2010 MEETINGS OF THE BOARD

IV. INDIANA STATE NURSES ASSISTANCE PROGRAM

V. EDUCATION

A. MedTech College: Proposed Curriculum changes for the Indianapolis, Greenwood, and Fort Wayne RN programs.

B. FYI: MedTech College: Indianapolis campus- Margaret Broadus, MSN, RN is retiring, Elizabeth Brown, MSN, RN has been appointed as the new Program Director effective March 20, 2010.

C. FYI: MedTech College: Fort Wayne campus – Cheryl Truskowski, MSN, RN has been appointed as the new Program Director effective March 12, 2010.

D. Fortis College: Proposal to add a non-credit prep course for certain students admitted to the program.

E. Early High School request to consider possible early entry into nursing education programs for high school students.

F. FYI: Ivy Tech Community College, Valparaiso campus – Cibele Webb, MSN Ed., RN has been named Director of the Practical Nursing and Associate Degree of Nursing Programs.

G. IVY Tech Community College, Columbus campus – Corrective Action Plan

H. FYI: Ivy Tech Community College, Logansport – Physical facilities now located at 1 Ivy Way, Logansport, IN 46947.

I. FYI: ITT Technical Institute, Fort Wayne – Denise Jordan, Program Chair has resigned. Susan Towle-Jarvis has been named the interim chair.

J. FYI: Brown Mackie College – Merrillville – Dr. Paula Sigman has resigned as program chair. Katherine Schryner, MBA, RN has been named interim program chair for the practical nursing program.

K. Ivy Tech Community College – Greencastle campus – announcement of suspended admission for ASN program for the fall 2010 semester.

L. Harrison College – Proposed change to ASN program to amend requirement that students must score 77% or better in all core courses of the program to pass the course to 80%.

VII. BOARD DIRECTOR REPORT

VIII. PERSONAL APPEARANCES 8:45 a.m.

Personal Appearance applicants will meet in the Auditorium but will be conducted by one or more Board Members in another conference center room concurrently with the administrative hearings scheduled for 8:45 a.m. The Board Member(s) conducting the personal appearance interviews will make recommendations to the full Board regarding their applications at the end of the full Board Meeting.

A. Appearances by Applicants for Licensure
1. Terrie Breedlove – Examination
2. Lilian Adizue - Examination
3. Kari Chapman – Examination
4. Whitney Thompson – Endorsement

5. Sherri Starks – Endorsement
6. Konicha Lawrence-Copley – Examination
7. Brandy Lane – Examination
8. Kyle Artz – Examination
9. Cynthia Walker – Examination
10. April Walloch – Endorsement
11. Shelida Maxison- Examination
12. Belinda Clark – Endorsement
13. Rebecca Newman – Examination
14. Patricia Wark – Endorsement
15. Anne Sahingoz – Endorsement
16. Pamela Carrell – Endorsement
17. Pamela Alexander - Examination

B. Appearances by Applicants for Renewal

1. Kimberly Oates
2. Stacy Anderson
3. Kimberly Singleton
4. LaDonna Harris
5. Judith Ballard
6. Diana Walton
7. Edris Hurt
8. Jaime McMahon
9. Amy Keil
10. Heather Potts
11. Melissa Morton
12. Susan Warren
13. Rebecca Brunty

C. Appearances by Applicants for Renewal - More Than Three Years

1. Gail Gemmell
2. Robert Sledge
3. Marlene Lewis

VIII. ADMINISTRATIVE HEARINGS

The following hearings are scheduled to begin at 9:00 a.m. Cases will be heard on order of arrival, with the exception of agreements, which will be heard first. A sign-up sheet will be available at 8:00 a.m.

A In the Matter of the License of Barbara Johnson, L.P.N., License No. 27034849A
Administrative Cause No. 2010 NB 015
Re: Settlement/Prehearing Conference

B. In the Matter of the License of: Connie Cutcliff, R.N., License No. 28067786A
Administrative Cause No. 2009 NB 243
Re: Settlement Conference

C. In the Matter of the License of: Patricia Ortman, L.P.N., License No. 27031185A
Administrative Cause No. 2009 NB 224
Re: Disciplinary Hearing

D. In the Matter of the License of: Claudien M. Louissaint, L.P.N., License No. 27060751A
Administrative Cause No. 2010 NB 031
Re: Disciplinary Hearing (Amended Complaint)

E. State of Indiana v. Lee Marie Collins, R.N., License No. 28145962A
Administrative Cause No. 2004 NB 0046
Re: Request to Reinstate

F. In the Matter of the License of: Kimberly Coudret, R.N., License No. 28091846A
Administrative Cause No. 2010 NB 024
Re: Settlement Conference; Disciplinary Hearing

G. In the Matter of the License of Sandy Jansson, R. N., license No. 28164912A
Administrative Cause No. 2010 NB 056

Re: Disciplinary Hearing

H. In the Matter of the License of: Michelle Lee Smith, L.P.N., License No. 27038302A
Administrative Cause No. 2010 NB 019
Re: Pre-Hearing Conference

I. In the Matter of the License of: Kristy Barley, R.N., License No. 28105909A
Administrative Cause No. 2010 NB 040
Re: Order to Show Cause

J. In the Matter of the License of: Daniela Joyce, R.N., License No. 28121584A
Administrative Cause No. 2009 NB 220
Re: Disciplinary Hearing

K. In the Matter of the License of: Angela Marie Daly, L.P.N., License No. 27052020A
Administrative Cause No. 2010 NB 020
Re: Disciplinary Hearing

L. In the Matter of the License of: Alisha Moore, R.N., License No. 28168273A
Administrative Cause No. 2010 NB 010
Re: Settlement Conference/Proposed Settlement Agreement

M. In the Matter of the License of: Kimberly Moore, R.N., License No. 28072700A
Administrative Cause No. 2009 NB 260
Re: Disciplinary Hearing

N. In the Matter of the License of: Kristie Hornaday, R.N., License No. 28127795A
Administrative Cause No. 2010 NB 006
Re: Disciplinary Hearing

O. In the Matter of the License of: Kimberly Henley, R.N., License No. 28178190A
Administrative Cause No. 2010 NB 068
Re: Disciplinary Hearing

The following hearings are scheduled to begin at 1:30 pm. Cases will be heard on order of arrival, with the exception of agreements, which will be heard first.

P. In the Matter of the Application to Renew the License of: D. Patrick Vonderau, R.N., License No. 28160807A
Administrative Cause No. 2009 NB 209
Re: Request to Appeal Decision

Q. In the Matter of the Application to Renew the License of: Odilia Garcia, R.N., License No. 28174067A
Administrative Cause No. 2010 NB 052
Re: Request to Appeal Decision

R. In the Matter of the License of George Barnes, R.N., License No. 28120533A
Administrative Cause No. 2007 NB 020
Re: Final Hearing

S. In the Matter of the License Renewal Application of: Joseph Hurt, R.N., License No. 28177199A
Administrative Cause No. 2009 NB 233
Re: Order to Show Cause

T. In the Matter of the License of: Rhonda Aldridge, R.N., License No. 28168312A
Administrative Cause No. 2010 NB 009
Re: Settlement Conference/Proposed Settlement Agreement

U. In the Matter of the License of: Stacy Harrison, L.P.N., License No. 27058692A
Administrative Cause No. 2010 NB 067
Re: Disciplinary Hearing

V. In the Matter of the License of: Cynthia Cherry, R.N., License No. 28065117A
Administrative Cause No. 2010 NB 066
Re: Disciplinary Hearing

W. **In the Matter of the License of: Kimberly Peterson, R.N., License No. 28168592A**
Administrative Cause No. 2010 NB 065
Re: Disciplinary Hearing

X. **In the Matter of the License of: Jacalyn Evans, L.P.N., R.N., License Nos. 27038459A, 28179876A,**
Administrative Cause No. 2010 NB 060
Re: Settlement Conference

Y. In the Matter of the License of: Sarah Potts, L.P.N., License No. 27049450A
Administrative Cause No. 2010 NB 064
Re: Disciplinary Hearing

Z In the Matter of the License of: Katherine Callahan (Barnes), R.N., License No. 28084442A
Administrative Cause No. 2010 NB 063
Re: Settlement Conference; Disciplinary Hearing

AA. **In the Matter of the License of: Sarah Turner, L.P.N., License No. 27036414A**
Administrative Cause No. 2010 NB 062
Re: Disciplinary Hearing

BB. **In the Matter of the License of: Ernestine Garza, R.N., License No. 28107456A**
Administrative Cause No. 2010 NB 061
Re: Disciplinary Hearing

CC. **In the Matter of the License of: Connie Tolbert, L.P.N., License No. 27025896A**
Administrative Cause No. 2010 NB 059
Re: Disciplinary Hearing

DD. **In the Matter of the License of: Cassandra Smith, L.P.N., License No. 27055514**
Administrative Cause No. 2010 NB 058
Re: Disciplinary Hearing

EE. **In the Matter of the License of: Elizabeth West, R.N., License No. 28142065A**
Administrative Cause No. 2010 NB 034
Re: Proposed Settlement Agreement

FF. In the Matter of the License of: Kristina Bartlett, R.N., License No. 28165856A
Administrative Cause No. 2010 NB 036
Re: Proposed Settlement Agreement

GG. In the Matter of the Application to Renew the License of: Marguerite McAfee, R.N., License No. 28072185A
Administrative Cause No. 2010 NB 071
Re: Petition for Review of Decision to Deny Renewal Application

HH. In the Matter of the License of: Lori Sue Hochstedler, R.N., License No. 28145018A
Administrative Cause No. 2010 NB 072
Re: Disciplinary Hearing

II. In the Matter of the License of: Rachel Ann Martin, L.P.N., License No. 27057176A
Administrative Cause No. 2010 NB 073
Re: Disciplinary Hearing

JJ. **In the Matter of the License of: Christopher Spangler, R.N., License No. 28183759A**
Administrative Cause No. 2009 NB 230
Re: Request to Withdraw Probation

KK. **State of Indiana v. Mary Catherine Serrano, R.N., License No. 28119497A**
Administrative Cause No. 2002 NB 088
Re: Request to Withdraw Probation

LL. **State of Indiana v. Joan Kane, R.N., License No. 28123302A**
Administrative Cause No. 2004 NB 0191
Re: Request to Withdraw Probation

MM. In the Matter of the License of: Shannon Dilsaver, R.N., License No. 28145726A
Administrative Cause No. 2010 NB 018
Re: Order to Show Cause

NN. In the Matter of the License of: Rhonda Frances Reddy, R.N., License No. 28103722A
Administrative Cause No. 2003 NB 0109
Re: Request to Withdraw Probation

OO. State of Indiana v. John Dickelman, R.N., License No. 28123112A
Administrative Cause No. 2000 NB 0033
Re: Order to Show Cause

PP. In the Matter of the License of: Shannon Elizabeth Kirk, L.P.N., License No. 27053600A
Administrative Cause No. 2009 NB 047
Re: Order to Show Cause

QQ. State of Indiana v. Violet Lanae Thompson, L.P.N., License No. 27046741A
Administrative Cause No. 2007 NB 0154
Re: Request to Withdraw Probation

RR. In the Matter of the License of: Mary Cahill, R.N., License No. 28092854A
Administrative Cause No. 2005 NB 0211
Re: Request to Withdraw Probation

SS. In the Matter of the License of: Stephanie Bowmer, L.P.N., License No. 27038898A
Administrative Cause No. 2010 NB 011
Re: Disciplinary Hearing

TT. In the Matter of the License of: Rita M. Tattersall, L.P.N., License No. 27053856A
Administrative Cause No. 2009 NB 239
Re: Disciplinary Hearing

UU. In the Matter of the License of: Marsha Franklin, L.P.N., License No. 27039152A
Administrative Cause No. 2010 NB 077
Re: Disciplinary Hearing

VV. In the Matter of the License of: Timothy Courtney, R.N., License No. 28172429A
Administrative Cause No. 2010 NB 078
Re: Disciplinary Hearing

WW. In the Matter of the License of: Patricia Johnson, R.N., License No. 28182398A
Administrative Cause No. 2010 NB 079
Re: Disciplinary Hearing

XX. In the Matter of the License of: Shonda Sheree Jones, L.P.N., License No. 27046024A
Administrative Cause No. 2009 NB 090
Re: Order to Show Cause

YY. In the Matter of the License of: Brian Goodnight, R.N., License No. 28186909A
Administrative Cause No. 2009 NB 052
Re: Request to Withdraw Probation

ZZ. In the Matter of the License of: Asia Yvette Edwards, L.P.N., License No. 27054870A
Administrative Cause No. 2008 NB 208
Re: Request to Withdraw Probation

AAA. In the Matter of the Application to Renew the License of: Leslie White, R.N., License No. 28057278A
Administrative Cause No. 2010 NB 083
Re: Petition for Review of Decision to Deny Renewal Application

BBB. In the Matter of the License of: Elizabeth Dommer, R.N., License No. 28171141A
Administrative Cause No. 2010 NB 081
Re: Settlement Conference

IX. DEFAULT HEARINGS

A. **In the Matter of the License of Billie Ruth Thomas, L.P.N., License No. 27044063A**
Administrative Cause No. 2009 NB 151

B. **In the Matter of the License of: Heather Jo Whitmer, R.N., License No. 28161403A**
Administrative Cause No. 2009 NB 199
Respondent's Response to NOPD

C. **In the Matter of the License of: Christina Baker, R.N., License No. 28158912A**
Administrative Cause No. 2007 NB 0136

D. **State of Indiana v. Rodney Lee Cupp, L.P.N., License No. 27038966A**
Administrative Cause No. 2004 NB 0111

E. **In the Matter of the License of: Tommy Poff, L.P.N., License No. 27052117A**
Administrative Cause No. 2008 NB 016

F. **In the Matter of the License of: Amy Lynn Poole, L.P.N., License No. 27050007A**
Administrative Cause No. 2008 NB 113

G. **In the Matter of the License of: Jeffrey K. Stubblefield, L.P.N., License No. 27061115A**
Administrative Cause No. 2010 NB 032

H. **In the Matter of the License of: Johnnie Wheeler, L.P.N., License No. 27053871A**
Administrative Cause No. 2009 NB 244

X. ADJOURNMENT

Next Scheduled Meeting:

Thursday, May 20, 2010 - Full Board Meeting
Indiana Government Center-South
Auditorium

INDIANA STATE BOARD OF NURSING
Thursday, February 18, 2010
in the Auditorium of the
Indiana Government Center-South
302 West Washington Street
Indianapolis, Indiana 46204

I. CALL TO ORDER AND ESTABLISHMENT OF QUORUM

Ms. Valentino called the meeting to order at 8:28 a.m. in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana 46204 and declared a quorum, in accordance with IC § 25-23-1-5(b).

Board Members Present:

Laurel Valentino, R.N., President
Jerry Burghduff, L.P.N., Vice-President
Marcia Laux, R.N., Member
Lynda Narwold, R.N., Secretary
Connie McIntosh, R.N., Member
Anne Ogle, Consumer Member
Carolyn Slagle, R.N., Member

Board Members Absent

Scott Johns, R.N., C.R.N.A., Member
Stacy Henderson, L.P.N., Member

State Officials Present:

Sean Gorman, Board Director, Indiana Professional Licensing Agency
Lori Grice, Assistant Board Director, Indiana Professional Licensing Agency
Lisa Chapman, Litigation Specialist, Indiana Professional Licensing Agency
Gordon White, Nursing Board Advisory Counsel, Office of the Attorney General

II. ADOPTION OF THE AGENDA

A motion was made and seconded to adopt the agenda, as amended.

BURGHDUFF/MCINTOSH
Motion Carried 7-0-0.

III. ADOPTION OF THE MINUTES FROM THE DECEMBER 10, 2009 AND JANUARY 21, 2010 MEETINGS OF THE BOARD

A motion was made and seconded to approve the minutes from the December 10, 2009 Board Meeting.

NARWOLD/BURGHDUFF
Motion Carried 5-0-2, LAUX and SLAGLE abstained.

A motion was made and seconded to approve the minutes from the January 21, 2010 Board Meeting.

VALENTINO/LAUX
Motion Carried 6-0-1, SLAGLE abstained.

IV. INDIANA STATE NURSES ASSISTANCE PROGRAM

Roxanne Thomas, Case Manager for ISNAP, presented the monthly report to the Board. Ms. Thomas informed the Board that ISNAP has, as of February 1, 2010, 599 active clients, 23 new intakes, 71 intakes in process, 27 closures in monitoring and 37 new Recovery Monitoring Agreements returned.

Ms. Thomas addressed the attendees at the Board Meeting at the request of the Board President and described the nature of the ISNAP program, which provides monitoring and assessment / treatment referral services to nurses licensed in Indiana who meet the program's monitoring criteria.

V. EDUCATION

The Indiana State Board of Nursing Education Subcommittee Meeting will be held Friday, February 19, 2010 in Conference Rooms 4 and 5 of the Indiana Government Center South. The meeting will begin at 9:00 a.m. and cover a variety of topics including pass rates, new programs, and accreditation issues.

A. FYI: ITT Technical Institute – Newburgh has a new Nursing Program Chair effective January 11, 2010: Tamara Wilder. The Board took this matter under advisement.

B. ITT Technical Institute, Fort Wayne

The Board considered the results of a site visit report prepared by Lynda Narwold and discussed the proposed nursing program with Denise Jordan, representing the school. A motion was made and seconded to issue initial accreditation and to schedule a new survey visit after c classes have graduated from the program.

NARWOLD/LAUX
Motion Carried 7-0-0

C. Ivy Tech Community College – State-wide proposed curriculum changes for all ASN and PN programs. Gail Sprigler appeared before the Board regarding proposed program wide changes for ASN and PN program curriculum. Board requested more information regarding the content of a psych 211 course, and a motion was made and seconded to approve the proposed changes:

MCINTOSH/LAUX
Motion Carried 6-0-0

VI. DISCUSSION

A. Two voluntary surrender requests:

1. Melinda D. Hokey, 28125238A – ISNAP closure from November 2009; ISNAP has filed a compliant with the Indiana Attorney General's office. Offer to voluntarily surrender license is denied.
2. Kelly L. Martin, 27033297A – ISNAP closure from February 2010; ISNAP has filed a complaint with the Indiana Attorney General's office. Offer to voluntarily surrender license is denied.

B. 2007 Indiana Registered Nurse Re-Licensure Survey Report now available online at www.ahec.iupui.edu

C. Kate Callahan re: MMPI-2 results

D. Election of Board Officers:

A Motion was Made and seconded to appoint Jerry Burghduff as President of the Board, Lynda Narwold as Vice-President of the Board, and Connie McIntosh as Secretary of the Board for 2010.

LAUX/OGLE
Motion Carried 7-0-0

VII. BOARD DIRECTOR REPORT

A. February 2010 nurse licensure numbers
B. Nursing Boards from the past

VIII. PERSONAL APPEARANCES 8:45 a.m.

Personal Appearance applicants will meet in the Auditorium but will be conducted by one or more Board Members in another conference center room concurrently with the administrative hearings scheduled for 8:45 a.m. The Board Member(s) conducting the personal appearance interviews will make recommendations to the full Board regarding their applications at the end of the full Board Meeting.

A. Appearances by Applicants for Licensure

1. Jeremy Jeffries – Examination
   Mr. Jeffries appeared before the Board regarding his application for licensure by examination. Mr. Jeffries disclosed several alcohol related arrests and other criminal issues. Mr. Burghduff recommended that Mr. Jeffries be made eligible to examine, that he contact ISNAP and sign an RMA if eligible for participation. He will be issued free and clear.
   6-0-1,Ogle opposed

2. Rachel Wagner – Endorsement
   Ms. Wagner appeared before the Board regarding her application for licensure by endorsement of her Ohio license. Ms. Wagner disclosed 2004 and 2007 convictions for OWI. Mr. Burghduff recommended that Ms. Wagner be issued a probationary license for at least 6 months compliance with an ISNAP RMA, if eligible for participation.

3. Olga Marcova – Examination
Ms. Marcova appeared before the Board regarding her application for licensure by examination. She disclosed a felony arrest for theft. Mr. Burghduff recommended that she be made eligible to test and that upon passing, she be issued a probationary license for at least one year or the length of her criminal probation, whichever is longer.

4. Jamie Schultz – Endorsement
Ms. Schultz did not appear, will reschedule.

5. Lawrence Robinson – Examination
Mr. Robinson appeared before the Board regarding felony convictions for alcohol related incidents, burglary, battery, and worker's compensation fraud. Mr. Burghduff recommended that he be made eligible to test and that he come back for an appearance before the full Board to determine further eligibility for licensure.

6. Jeremiah Bingham – Examination
Mr. Bingham appeared before the Board regarding his application for licensure by examination. He reported a conviction for OWI resulting in bodily injury. Mr. Burghduff recommended that he be made eligible to test and that he contact ISNAP and sign an RMA if eligible. He is to be issued free and clear.

7. Nicole Oviatt – Examination
Ms. Oviatt appeared before the Board regarding her application for licensure by examination. She reported 2002 convictions for public intoxication and OWI, and a 2009 conviction for OWI. Mr. Burghduff recommended that Ms. Oviatt be made eligible to test, that she contact ISNAP and sign an RMA if eligible for participation. Upon passing, she is to be issued on a probationary license for at least one year of compliance with an ISNAP RMA.

8. Tobi Stephenson – Examination
Ms. Stephenson appeared before the Board regarding her application for licensure by examination. She reported 1998 and 1999 convictions for public intoxication and possession of marijuana. Mr. Burghduff recommended that she be issued free and clear upon passing.

9. Sheri Adams – Examination
Ms. Adams appeared before the Board regarding her application for licensure by examination. She reported a 2007 conviction for OWI. Mr. Burghduff recommended that she be made eligible to test. She will be issued free and clear upon passing.

10. Tanya Castellanos – Examination
Ms. Castellanos did not appear. Reschedule.

11. Kytori Tolbert – Examination
Ms. Tolbert appeared before the Board regarding her application for licensure by examination. She reported a 2003 arrest for marijuana, but no conviction. She also reported a termination in her employment as a CNA. Mr. Burghduff recommended that she be made eligible to test and that she be issued free and clear upon passing.

12. Jennifer Haviland – Examination
Ms. Haviland appeared before the Board regarding her application for licensure by examination. She reported 1995 criminal mischief, a 1999 possession of marijuana, a 2000 driving while suspended, and a 2003 conviction for marijuana possession, and a 2005 conviction for driving while suspended. Mr. Burghduff recommended that Ms. Haviland be made eligible to test, that she contact ISNAP and sign an RMA if eligible. She will be issued a probationary license upon passing for the duration of her RMA if eligible.

13. Janice Ray – Examination
Ms. Ray appeared before the Board regarding her application for licensure by examination. She reported a criminal arrest for battery and marijuana possession in the late 80s and early 90s. Mr. Burghduff recommended that Ms. Ray be made eligible to test, and that she be issued free and clear upon passing.

14. Nancy – Distin – Endorsement
Ms. Distin did not appear before the Board regarding her application for licensure by endorsement. She has been previously scheduled before the Board but has not contacted the Board and has failed to appear. Mr. Burghduff recommended that her application be denied.

15. Sherinda Teague – Examination
Ms. Teague appeared before the Board regarding her application for licensure by examination. She reported a disciplinary action by her employer for an incident at work. Mr. Burghduff recommended that she be made eligible to test and that she be issued free and clear upon passing.

16. Donald Ranus – Examination

Mr. Ranus appeared before the Board regarding his application for licensure by examination. Mr. Ranus disclosed a probationary Illinois license due to back owed child support. Mr. Burghduff recommended that Mr. Ranus be issued a probationary license with the same terms and conditions of his Illinois license.

17. Kenyanna Gentry –Examination
Ms. Gentry appeared before the Board regarding her application for licensure by examination. She reported a 2002 OWI / minor consumption conviction and a written reprimand from an employer. Mr. Burghduff recommended that Ms. Gentry be made eligible to test, that she contact ISNAP and sign and RMA if eligible, and that she be issued free and clear upon passing.

18. Jessica Faucett - Examination
Ms. Faucett appeared before the Board regarding her application for licensure by examination. She reported two 2006 OWI convictions. Mr. Burghduff recommended that she be made eligible to test, that she contact ISNAP and sign an RMA if eligible, and that she be issued a probationary license for at least 3 months of compliance with an ISNAP RMA.

B. Appearances by Applicants for Renewal - More Than Three Years

1. Amanda Chandler – Request Withdrawn

VIII. ADMINISTRATIVE HEARINGS

The following hearings are scheduled to begin at 9:00 a.m. Cases will be heard on order of arrival, with the exception of agreements, which will be heard first. A sign-up sheet will be available at 8:00 a.m.

A In the Matter of the License of: Jason Winningham, L.P.N., License No. 27055914A
Administrative Cause No. 2009 NB 181
Re: Disciplinary Hearing

Parties and Counsel Present:
Jason Winningham, Respondent.
Elizabeth Keifner Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle

Case Summary: The parties filed a proposed settlement agreement that would place the Respondent's license on an indefinite probation for the duration of a completely compliant ISNAP RMA, imposing a $750 fine to be paid within one year of the probationary order.

Board Action: A motion was made and seconded to approve the settlement agreement as final disposition of the matter.

VALENTINO/LAUX
Motion Carried 3-2-1.

B. In the Matter of the License of: Cindy Jo Lane, L.P.N., License No. 27050050A
Administrative Cause No. 2009 NB 259
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Elizabeth Keifner Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle

Mr. Burghduff

Case Summary: The parties filed a proposed settlement agreement that would place the Respondent's license on an indefinite suspension status. Prior to petitioning for reinstatement, the Respondent must have at least 6 months of complete compliance with an ISNAP RMA, complete at least 24 contact hours of continuing education for nurses, and pay a $500 fine.

Board Action: A motion was made and seconded to approve the settlement agreement as final disposition of the matter.

BURGHDUFF/VALENTINO
Motion Carried 7-0-0.

C. **In the Matter of the License of: Deborah Finks, R.N., License No. 28136326A**
Administrative Cause No. 2010 NB 012
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent as not present in person or by counsel.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The State of Indiana filed a complaint against Respondent's license on January 13, 2010.

Board Action: A motion was made and seconded to issue a notice of proposed default to Respondent for her failure to show at the scheduled hearing.

VALENTINO/NARWOLD
Motion Carried 7-0-0.

A motion was made and seconded to place Respondent's license on an emergency suspension status.

BURGHDUFF/LAUX
Motion Carried 7-0-0

C. **In the Matter of the License of: Barbara Ann Norris, R.N., N.P., C.S.R., License Nos. 28094810A, 71001043A, 71001043B**
Administrative Cause No. 2009 NB 050
Re: Disciplinary Hearing
Request for a Continuance

CONTINUED

E. **In the Matter of the License of: Alisha Moore, R.N., License No. 28168273A**
Administrative Cause No. 2010 NB 010
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent as not present in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The parties filed a proposed settlement agreement on February 2, 2010, that would issue a letter of reprimand against Respondent's license and require her to complete at least 24 contact hours of CE for nurses.

Board Action: A motion was made and seconded to reject the proposed settlement agreement and to schedule the matter for hearing at the next Board meeting.

BURGHDUFF/VALENTINO
Motion Carried 7-0-0.

F. **In the Matter of the License of: Rhonda Aldridge, R.N., License No. 28168312A**
Administrative Cause No. 2010 NB 009
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent as not present in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The parties filed a proposed settlement agreement on January 12, 2010, that would issue a letter of reprimand against Respondent's license and require her to complete at least 24 contact hours of CE for nurses.

Board Action: A motion was made and seconded to reject the proposed settlement agreement and to schedule the matter for hearing at the next Board meeting.

BURGHDUFF/VALENTINO
Motion Carried 5-2-0.

G. **In the Matter of the Application to Renew the License of: D. Patrick Vonderau, R.N., License No. 28160807A**
Administrative Cause No. 2009 NB 209
Re: Motion to Appeal Decision

CONTINUED

H. **In the Matter of the License of: Heather Whitmer, R.N., License No. 28161403A**
Administrative Cause No. 2009 NB 199
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent as not present in person or by counsel.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board issued an emergency suspension against Respondent's license on February 2, 2010, along with a Notice of Proposed Default.

Board Action: A motion was made and seconded to issue another notice of proposed default to Respondent.

LAUX/VALENTINO
Motion Carried 7-0-0.

I. **In the Matter of the License of: Christina Painter, R.N., License No. 28125249A**
Administrative Cause No. 2009 NB 162

Re: Disciplinary Hearing

CONTINUED

J. **In the Matter of the License of: Kandace Ubelhour, R.N., License No. 28136240A**
Administrative Cause No. 2010 NB 014
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent as not present in person or by counsel.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The parties filed a proposed settlement agreement on February 12,2010 that would place Respondent's license on an indefinite suspension status. Prior to petitioning for reinstatement, Respondent must complete at least one year of full compliance with an ISNAP RMA and complete at least 24 contact hours of compliance with an ISNAP RMA.

Board Action: A motion was made and seconded to accept the proposed settlement agreement as final disposition of the matter.

LAUX/NARWOLD
Motion Carried 7-0-0.

K. **In the Matter of the License of: Patricia Ortman, L.P.N., License No. 27031185A**
Administrative Cause No. 2009 NB 224
Re: Disciplinary Hearing
Respondent's Request for a Continuance

CONTINUED

L. **In the Matter of the License of: Barbara Johnson, L.P.N., License No. 27034849A**
Administrative Cause No. 2010 NB 015
Re: Disciplinary Hearing
Motion for Continuance

CONTINUED

M. **In the Matter of the License of: Angela Marie Daly, L.P.N., License No. 27050020A**
Administrative Cause No. 2010 NB 020
Re: Disciplinary Hearing

CONTINUED

The following hearings are scheduled to begin at 1:30 pm. Cases will be heard on order of arrival, with the exception of agreements, which will be heard first.

N. **In the Matter of the License of: Carolyn Turner, R.N., L.P.N., License Nos. 28085734A and 27015088A**
Administrative Cause No. 2010 NB 013
Re: Settlement/ Pre-Hearing Conference

CONTINUED

O. **In the Matter of the License of: Betty Marie Sumner, L.P.N., License No. 27038766A**
Administrative Cause No. 2009 NB 254
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent was not present in person or by counsel.

Tom McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The parties filed a proposed settlement agreement that would impose a $750 fine against Respondent's license and require her to pay the fine and complete at least 48 contact hours of CE for nurses within 180 days of the final order.

Board Action: A motion was made and seconded to accept the settlement agreement as final disposition of the matter.

VALENTINO/LAUX
Motion Carried 6-0-0.

P. **In the Matter of the License of: Lisa Ann Penick, L.P.N., License No. 27049343A**
Administrative Cause No. 2009 NB 256
Re: Disciplinary Hearing/**Proposed Settlement Agreement**

Parties and Counsel Present:
Respondent was not present in person or by counsel.
Tom McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The parties filed a proposed settlement agreement on February 17, 2010, that would issue Respondent's license on an indefinite probation status. Prior to petitioning for withdrawal of that probation, Respondent must complete an ISNAP RMA, have at least 6 months of active nursing practice, complete 24 contact hours of CE for nurses, and pay a $500 fine.

Board Action: A motion was made and seconded to reject the settlement agreement as final disposition of the matter and to reschedule the matter for hearing.

VALENTINO/BURGHDUFF
Motion Carried 6-0-0.

Q. **In the Matter of the License of: Kristy Ann Walsh, R.N., License No. 28097305A**
Administrative Cause No. 2009 NB 248
Re: Disciplinary Hearing

Parties and Counsel Present:
Kristy Walsh, Respondent.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.
Elizabeth Stall, witness for the State.
Roxanne Thomas, witness for the Respondent.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The State of Indiana filed a complaint on December 4, 2009, against Respondent's license.

Board Action: A motion was made and seconded to impose a $250 fine against Respondent's license, to be paid within 90 days of the final order.

VALENTINO/BURGHDUFF
Motion Carried 6-0-0.

R. **In the Matter of the License of: Debra Lynn Nichols, R.N., License No. 28109347A**
Administrative Cause No. 2009 NB 252
Re: Disciplinary Hearing

Parties and Counsel Present:
Debra Nichols, Respondent.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.
Roxanne Thomas, witness on behalf of the State.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The State of Indiana filed a complaint against Respondent's license on December 4, 2009.

Board Action: A motion was made and seconded to issue Respondent's license on an indefinite probation status for at least 6 months of full compliance with an ISNAP RMA, if eligible for participation.

VALENTINO/LAUX
Motion Carried 5-0-0.

S. **In the Matter of the License of: Billie Ruth Thomas, L.P.N., License No. 27044063A**
Administrative Cause No. 2009 NB 151
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent was not present in person or by counsel.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The State of Indiana filed a complaint against Respondent's license on August 28, 2009.

Board Action: A motion was made and seconded to issue a notice of proposed default against respondent's licenses for her failure to appear at the scheduled hearing.

VALENTINO/BURGHDUFF
Motion Carried 6-0-0.

T. **In the Matter of the License of: April Dawn Hughes, L.P.N., License No. 27046063A**
Administrative Cause No. 2009 NB 157
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent was not present in person or by counsel.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The parties filed a proposed settlement agreement on February 18, 2010, that would issue Respondent's license on an indefinite probation status. Prior to petitioning for withdrawal of that probation, Respondent must complete an ISNAP RMA, have at least 6 months of active nursing practice, complete 72 contact hours of CE for nurses, and pay a $750 fine.

Board Action: A motion was made and seconded to accept the settlement agreement as final disposition of the matter.

VALENTINO/BURGHDUFF
Motion Carried 5-0-0.

U. In the Matter of the License of: Christina Ann Baker, R.N., License No. 28158912A **CONTINUED**
Administrative Cause No. 2007 NB 0136
Re: Order to Show Cause

V. In the Matter of the License of: David W. Keller, L.P.N., License No. 27058339A
Administrative Cause No. 2008 NB 207
Re: Order to Show Cause

Parties and Counsel Present:
Respondent was not present in person or by counsel.
Thomas McGee, Deputy Attorney General on behalf of the State of Indiana.
Roxanne Thomas, witness for the State.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board issued Respondent's license on indefinite probation on December 23, 2008 and scheduled this order to show cause hearing to address Respondent's compliance with the terms and conditions of that probationary order.

Board Action: A motion was made and seconded to issue a notice of proposed default to Respondent based on his failure to appear at this scheduled and noticed hearing.

VALENTINO/BURGHDUFF
Motion Carried 6-0-0.

A motion was made and seconded to place Respondent's license on an emergency suspension status.

VALENTINO/BURGHDUFF
Motion Carried 6-0-0

W. In the Matter of the License of: Gretchen Murray, R.N., License No. 28125195A
Administrative Cause No. 2007 NB 0191
Re: Order to Show Cause

Parties and Counsel Present:
Gretchen Murray, Respondent.

Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.
Roxanne Thomas, witness on behalf of the State.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Respondent's license was placed on indefinite probation on December 27,2007. This order to show cause hearing was scheduled to address Respondent's compliance with that probationary order.

Board Action: A motion was made and seconded to issue Respondent's license on indefinite suspension for at least one year of compliance with an ISNAP RMA and to be issued a $250 fine.

VALENTINO/BURGHDUFF
Motion Carried 6-0-0.

X. **In the Matter of the License of: Charymar Gerding, R. N., License No. 28162832A**
Administrative Cause No. 2009 NB 227
Re: Request to Withdraw Probation

Parties and Counsel Present:
Charymar Gerding,Respondent.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board placed Respondent's license on indefinite probation on December 9, 2009. Respondent has requested this hearing to determine whether she has met the Board's requirements to withdraw the probation from her license.

Board Action: A motion was made and seconded to withdraw the probationary status from Respondent's license.

VALENTINO/LAUX
Motion Carried 6-0-0.

Y. **State of Indiana v. Dennis Ray Miller, L.P.N., License No. 27041641A**
Administrative Cause No. 2006 NB 0013
Re: Request to Reinstate

Parties and Counsel Present:
Dennis Miller, Respondent.
Thomas McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Respondent's license was placed on indefinite suspension in an order issued October 4, 2006. The Respondent has requested this hearing to request that the Board reinstate his license as he has complied with the requirements outlined in the suspension order.

Board Action: A motion was made and seconded to reinstate Respondent's license on indefinite probation for at least 1 year of active nursing practice. He is also required to complete 24 contact hours of CE for nurses, submit employer reports every 2 months, and provide any nursing employer with a copy of his order.

BURGHDUFF/VALENTINO
Motion Carried 6-0-0.

Z. In the Matter of the License of: Marlene E. Craig, R.N., License No. 28163452A
Administrative Cause No. 2008 NB 140
Re: Request to Reinstate

Parties and Counsel Present:
Marlene Craig, Respondent.
Thomas McGee, Deputy Attorney General on behalf of the State of Indiana.
Roxanne Thomas, witness on behalf of Respondent.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Respondent's license was placed on indefinite suspension in an order issued February 6, 2009. The Respondent requested the hearing to demonstrate compliance with the order and to request reinstatement of her license.

Board Action: A motion was made and seconded to reinstate Respondent's license on indefinite probation for the length of her ISNAP RMA. She may petition to withdraw the probation upon completion of the RMA and at least 24 contact hours of CE for nurses.

NARWOLD/LAUX
Motion Carried 5-1-0.

AA. In the Matter of the License of: Misty Renee White Gomez, R. N., License No. 28162439A
Administrative Cause No. 2008 NB 0081
Re: Order to Show Cause

Parties and Counsel Present:
Misty Gomez, Respondent.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.
Roxanne Thomas, Witness for the State.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Respondent's license was placed on indefinite probation in an order issued April 21, 2009. The Board has scheduled this order to show cause hearing to consider Respondent's compliance with the current order.

Board Action: A motion was made and seconded to issue Respondent's license on indefinite suspension for at least one year of compliance with an ISNAP RMA. Respondent must also pay a $250 fine and clear up outstanding issues with her KY license prior to reinstatement.

VALENTINO/LAUX
Motion Carried 6-0-0.

BB. In the Matter of the License of: Susan Kay Cales, L.P.N., License No. 27029891A
Administrative Cause No. 2010 NB 016

CC. In the Matter of the Application to Renew the License of: Tammy DeGroft, R.N., License No. 28175379A
Administrative Cause No. 2010 NB 007 CONTINUED
Re: Petition for Review of Decision on Application to Renew License

DD. In the Matter of the License of: Holly Schultz, L.P.N., License No. 27057764A
Administrative Cause No. 2010 NB 026
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Thomas McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The State of Indiana filed a complaint against Respondent's license on February 2, 2010.

Board Action: A motion was made and seconded to issue a notice of proposed default based on her failure to appear at the scheduled hearing.

BURGHDUFF/LAUX
Motion Carried 6-0-0.

EE. In the Matter of the License of: Asia Yvette Edwards, L.P.N., License No. 27054870A
Administrative Cause No. 2010 NB 027
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Thomas McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: A proposed settlement agreement was submitted to the Board by the parties that would impose a $500 fine on Respondent's license to be paid within 180 days of the final order.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as the final resolution of this matter.

BURGHDUFF/VALENTINO
Motion Carried 6-0-0.

FF. In the Matter of the License of: Laura Borders, R.N., License No. 28145328A
Administrative Cause No. 2010 NB 028
Re: Disciplinary Hearing

Parties and Counsel Present:
Laura Borders, Respondent.
Thomas McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: A proposed settlement agreement was submitted to the Board by the parties that would impose a $250 fine to be paid by the Respondent within 90 days of the final order.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as the final resolution of this matter.

BURGHDUFF/VALENTINO
Motion Carried 7-0-0.

GG. In the Matter of the License of: Robin Lynn Coplen, R.N., License No. 28134328A
Administrative Cause No. 2010 NB 025
Re: Disciplinary Hearing

CONTINUED

HH. In the Matter of the License of: Kimberly Coudret, R.N., License No. 28091846A
Administrative Cause No. 2010 NB 024
Re: Disciplinary Hearing

II. . In the Matter of the License of: Carol A. Gilkerson, R.N., License No. 28120944A
Administrative Cause No. 2010 NB 029
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: A proposed settlement agreement was submitted to the Board by the parties that would impose a $1250 fine to be paid by Respondent prior to reinstatement and would issue the Respondent's license on indefinite suspension for at least one year of full compliance with an ISNAP RMA.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as the final resolution of this matter.

VALENTINO/NARWOLD
Motion Carried 6-0-0.

JJ . In the Matter of the License of: Judy Kay Hart, L.P.N., License No. 27032538A
Administrative Cause No. 2010 NB 030
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold

Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: A proposed settlement agreement was submitted to the Board by the parties that would impose a $250 fine on Respondent's license to be paid within 90 days of the final order.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as the final resolution of this matter.

VALENTINO/LAUX
Motion Carried 6-0-0.

KK. In the Matter of the License of: Jeffrey Stubblefield, L.P.N., License No. 27061115A
Administrative Cause No. 2010 NB 032
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The State of Indiana filed a complaint against Respondent's license on February 2, 2010.

Board Action: A motion was made and seconded to issue a notice of proposed default to Respondent for his failure to appear at the scheduled hearing.

BURGHDUFF/VALENTINO
Motion Carried 6-0-0.

LL. In the Matter of the License of: Emily Rose Hall, L.P.N., License No. 27031575A
Administrative Cause No. 2010 NB 033
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: A proposed settlement agreement was submitted to the Board by the parties that would impose a $500 fine on Respondent's license to be paid within 90 days of the final order.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as the final resolution of this matter.

VALENTINO/LAUX
Motion Carried 6-0-0.

MM. In the Matter of the License of: Deborah Wallen, L.P.N., License No. 27025610A
Administrative Cause No. 2010 NB 035
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: A proposed settlement agreement was submitted to the Board by the parties that would impose a $250 fine on Respondent's license to be paid within 90 days of the final order.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as the final resolution of this matter.

VALENTINO/NARWOLD
Motion Carried 6-0-0.

NN. In the Matter of the License of: Kristina Bartlett, R.N., License No. 28165856A **CONTINUED**
Administrative Cause No. 2010 NB 036
Re: Disciplinary Hearing

OO. In the Matter of the License of: Jessica Beam, L.P.N., License No. 27058321A **CONTINUED**
Administrative Cause No. 2010 NB 037
Re: Disciplinary Hearing

PP. State of Indiana v. Catherine Novak, L.P.N., License No. 27037662A
Administrative Cause No. 99 NB 032
Re: Notice of Proposed Dismissal

A motion was made and seconded to dismiss the above matter.

VALENTINO/LAUX
Motion Carried 6-0-0

QQ. In the Matter of the License of George Barnes, R.N., License No. 28120533A
Administrative Cause No. 2007 NB 020
Re: Order to Show Cause

Parties and Counsel Present:
George Barnes, Respondent.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board placed Respondent's license on indefinite probation in an order issued July 26, 2007.

Board Action: A motion was made and seconded to continue Respondent's license on indefinite probation and to modify the terms of his probation to requiring CE.

BURGHDUFF/VALENTINO
Motion Carried 4-3-0.

RR. **In the Matter of the License of: Angela Gehlhausen, L.P.N., License No. 27060888A**
Administrative Cause No. 2007 NB 0167
Re: Order to Show Cause

Parties and Counsel Present:
Angela Gehlhausen, Respondent.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.
Roxanne Thomas, Witness for the State.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board issued Respondent's license on indefinite probation in an order filed on January 7, 2008. The Board scheduled this order to show cause hearing to determine whether further action was necessary against Respondent's license due to noncompliance with the probationary order.

Board Action: A motion was made and seconded to place Respondent's license on indefinite suspension for at least one year of compliance with an ISNAP RMA, and Respondent must pay a $250 fine prior to petitioning for reinstatement and all pending criminal charges must be resolved.

VALENTINO/BURGHDUFF
Motion Carried 7-0-0.

SS. **In the Matter of the License of: Connie Louann House, R. N., License No. 28080979A**
Administrative Cause No. 2007 NB 0130
Re: Order to Show Cause

Parties and Counsel Present:
Connie House, Respondent.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.
Roxanne Thomas, Witness for the State.
Devota Owens, Witness for the Respondent.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board issued Respondent's license on indefinite probation in an order filed on July 2, 2009. The Board scheduled this order to show cause hearing to determine whether further action was necessary against Respondent's license due to noncompliance with the probationary order.

Board Action: A motion was made and seconded to place Respondent's license on indefinite suspension for at least one year of compliance with an ISNAP RMA and the payment of a $250 fine.

VALENTINO/NARWOLD
Motion Carried 6-0-0.

TT. **In the Matter of the License Renewal Application of: Angie Bertonus, R.N., License No. 28170653A**
Administrative Cause No. 2009 NB 226
Re: Request to Appeal Decision

Parties and Counsel Present:
Angie Bertonus, Respondent.
Roxanne Thomas, Witness for the Respondent.

Participating Board Members:

Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board issued Respondent's license on indefinite probation in an order Respondent has appealed.

Board Action: A motion was made and seconded to deny Respondent's request for an appeal.

BURGHDUFF/VALENTINO
Motion Carried 6-0-1.

A motion was made and seconded to widthdraw the probationary status from Respondent's license.

VALENTINO/BURGHDUFF
Motion Carried 6-0-1.

UU. In the Matter of the License Renewal Application of: Ronald Altenhof, R.N., License No. 28165828A
Re: Request to Appeal Decision

Parties and Counsel Present:
Ronald Altenhof, Respondent.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: The Board denied Respondent's license renewal application based on his failure to appear before the Board as requested to discuss circumstances of a reported criminal conviction.

Board Action: A motion was made and seconded to set aside the Board's denial of licensure and to renew Respondent's license free and clear.

VALENTINO/BURGHDUFF
Motion Carried 6-0-0.

IX. DEFAULT HEARINGS

A. In the Matter of the License of Tammy Anderson, L.P.N., License No. 27036376A
Administrative Cause No. 2009 NB 214
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Elizabeth Kiefner Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: Notice of Proposed Default was issued by the Board on February 2, 2010, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

BUGHDUFF/VALENTINO
Motion Carried 6-0-0

A motion was made and seconded to place Respondent's license on indefinite suspension and to assess a $500 fine and costs to the Attorney General's office and the IPLA.

VALENTINO/LAUX
Motion Carried 6-0-0.

B. In the Matter of the License of: Cecilia Hicks, L.P.N., License No. 27045893A
Administrative Cause No. 2009 NB 0177
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: Notice of Proposed Default was issued by the Board on February 2, 2010, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

BUGHDUFF/VALENTINO
Motion Carried 6-0-0

A motion was made and seconded to assess a $250 fine and costs to the Attorney General's office and the IPLA.

VALENTINOBURGHDUFF
Motion Carried 6-0-0.

C. In the Matter of the License of: Bonnie Applegate, L.P.N., License No. 27046265A
Administrative Cause No. 2009 NB 197
Re: Notice of Proposed Default
Received Telephonic Response – Setting for March

A motion was made and seconded to set aside the default hearing and to place this for a disciplinary hearing at the March Board Meeting.

NARWOLD/LAUX
Motion Carried 7-0-0

D. In the Matter of the License of: Dennis Beeching, L.P.N., License No. 27036390A
Administrative Cause No. 2009 NB 00195
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Elizabeth Kiefner Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle

Ms. Ogle
Mr. Burghduff

Case Summary: Notice of Proposed Default was issued by the Board on February 2, 2010, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

BUGHDUFF/VALENTINO
Motion Carried 6-0-0

A motion was made and seconded to place Respondent's license on indefinite suspension for at least 99 years.

VALENTINO/LAUX
Motion Carried 6-0-0.

E. In the Matter of the License of: Michell Mae Eckert, L.P.N., License No. 27036379A
Administrative Cause No. 2009 NB 242
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: Notice of Proposed Default was issued by the Board on February 4, 2010, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

BUGHDUFF/VALENTINO
Motion Carried 7-0-0

A motion was made and seconded to place Respondent's license on indefinite suspension for at least one full year of compliance with an ISNAP RMA, and to assess a $500 fine, and requires the completion of at least 24 contact hours of CE for nurses.

LAUX/BURGHDUFF
Motion Carried 7-0-0.

F. In the Matter of the License of: Patricia Farmer, L.P.N., License No. 27031181A
Administrative Cause No. 2009 NB 179
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Tom McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Valentino (Hearing Officer)
Ms. Narwold
Ms. Laux
Ms. McIntosh
Ms. Slagle
Ms. Ogle
Mr. Burghduff

Case Summary: Notice of Proposed Default was issued by the Board on January 13, 2010, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

BUGHDUFF/VALENTINO
Motion Carried 6-0-0

A motion was made and seconded to place Respondent's license on indefinite suspension for at least one year of compliance with an ISNAP RMA, requires the completion of at least 48 contact hours of CE for nurses, and to assess a $750 fine and costs to the Attorney General's office and the IPLA.

VALENTINO/LAUX
Motion Carried 6-0-0.

X. ADJOURNMENT

. ADJOURNMENT

There being no further business, and having completed its duties, the meeting of the Indiana State Board of Nursing adjourned at 9:57 p.m.

_____ _____

Jerry Burghduff, L.P.N., President **Date**

_____ _____

Connie McIntosh, R.N., Secretary **Date**

Next Scheduled Meeting:

Thursday, March 18, 2010 - Full Board Meeting
Indiana Government Center-South
Auditorium

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

March 29, 2010

Mary Harmon
MedTech College
6602 E. 75th Street, Suite 200
Indianapolis, IN 46250

Dear Ms. Harmon:

The Indiana State Board of Nursing has received your proposal for curriculum changes at your Indianapolis, Greenwood, and Fort Wayne RN programs and will be discussing your proposal at the meeting scheduled on **Thursday, April 15, 2010**. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board will be discussing education items beginning at approximately **8:45 a.m.**

Please let me know if you are unable to make arrangements to have somebody representing MedTech College available at the meeting to answer any Board questions regarding your proposal.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman
Sean Gorman
Director, Indiana State Board of Nursing

March 24, 2010

Indiana State Board of Nursing
Indiana Professional Licensing Agency
Indiana Government Center South
402 W. Washington Street, Room W072
Indianapolis, IN 46204

Dear Sir/Madam:

MedTech College School of Nursing maintains a strong commitment to providing quality nursing education. Consistent with excellence in nursing education, we continue our pursuit of accreditation by the National League for Nursing Accrediting Commission (NLNAC) for all our programs. After initial review of our Academic Associate Registered Nurse curriculum, NLNAC has recommended significant changes based on best practices in ADN education. The attached documents present the curriculum modifications developed under the guidance of a nursing education consultant with significant experience in ADN education and the credential of Certified Nurse Educator. The enhancements are proposed for the RN curriculum at each of our three Indiana campuses including Indianapolis, Greenwood, and Fort Wayne. It is our desire to implement the changes with our June 2010 quarter.

The curriculum modifications were presented and approved by the Indiana Commission on Proprietary Education at their March 9, 2010 board meeting. The approval letters for each of our three campuses are included for your review.

We appreciate the Board's consideration of the above proposal and look forward to your approval to ensure that our nursing programs maintain compliance with established guidelines. I can be reached for questions or additional information at 317-845-0300, ext. 235 or at mharmon@medtechcollege.edu.

Sincerely,

Mary A. Harmon
Executive Vice President of Nursing Accreditation &
Program Development

RECEIVED
MAR 25 2010
Indiana Professional
Licensing Agency

Enclosures

MEDTECH COLLEGE
DEDICATED TO GRADUATING PROFESSIONALS

School of Nursing
RN Program – Curriculum Revision

Background:

MedTech College prepared documentation in support of an application for National League for Nursing Accrediting Commission (NLNAC) in pursuit of accreditation for the Registered Nurse Academic Associate Degree Program (ADN). Feedback from NLNAC identified the need to align with best practice standards for ADN education requiring a reduction in total credits from 144 to no more than 105 credits. Although our current 144 credit curriculum has been approved by the IN State Board of Nursing, NLNAC feedback is that our program is not consistent with other NLNAC accredited programs throughout the country. Failure to act on this recommendation will stop any further accreditation action by NLNAC.

Proposed Changes:

The MedTech College Nursing Administrative Team is proposing a Registered Nurse Program curriculum reduced from 144 credits to 104 credits to be effective on or after June 28, 2010. Of the 104 credits, 39 are General Education credits and 65 are core nursing curriculum content. Eight courses have been removed as stand-alone courses and their content has been strategically integrated in revised course content. The removed courses include:

Sociology	Introduction to Biology
Comprehensive Pathophysiology	Microbiology II
Nutrition and Diet Therapy	Medical Ethics for Nursing
NCLEX-RN Exam Review	Portfolio

MedTech College School of Nursing was strongly advised by the NLNAC to obtain help from a current NLNAC reviewer to evaluate comparability nationally with ADN programs. MedTech identified a current reviewer from NLNAC who was instrumental in developing the new RN curriculum which we are presenting today. The end product is an ADN program consistent with nursing education standards and integrated into 104 credits. The content of Attachment A is the program revision resulting from the research and redesign. Attachment B, for comparison, presents the current approved RN curriculum. Attachment C presents a side-by-side comparison of the current and proposed curricula with an additional column identifying changes made. Attachments D & E are included as reference material to correlate course names and course descriptions.

Please reference the following attachments:

Attachments A - Proposed Academic Associate RN Curriculum
Attachment B - Current Academic Associate RN Curriculum
Attachment C – Curriculum Comparison with Rationale for Changes
Attachment D – Associate of Science Registered Nurse, Program Outline
Attachment E - Associate of Science Registered Nurse, Program Course Descriptions

With the reduction in total credits, the curriculum will be completed in seven quarters instead of the eight quarters currently required to complete the 144 credit curriculum. The average per quarter credit load will average 15, reduced from the per quarter credit average of 18 in the 144 credit program. The content revision also targeted the clinical hours with an increase from 300 to 600 clinical hours contained in the curriculum.

The program format at each of our Indianapolis, Greenwood, and Fort Wayne campuses is scheduled to continue under this new curriculum design. It is anticipated that fewer nursing faculty will be required to present the revised curriculum, minimizing the stress of the current faculty shortage. The number of clinical facility relationships is increasing daily leading to a projection of ample clinical experiences. Also, we continue to develop our simulation capacity with active SimLabs at each of our 3 campuses and a relationship in development with a local health system for enhanced simulation resources.

Implementation:

We are seeking the advice of the Board regarding implementation plans. Is this acceptable to incorporate an incremental integration into the revised program? The alternative strategy would be to have all students enrolled in the 144 credit curriculum complete that program while new students are enrolled in the 104 credit curriculum from June 28, 2010 and forward. Once we are clear on the Board's position, we will coordinate transition with all internal departments to facilitate a seamless transition for the students incorporating admissions, financial aid, academics, and operations.

Next Steps:

After approval by the Board, MedTech will move forward with implementation strategies expeditiously followed by renewed activity toward NLNAC accreditation.

Attachment A

MedTech College School of Nursing
PROPOSED Program Outline for 7 Quarter, 104 Credit RN Program

Quarter 1	
HS170	5
EN140	5
IT110	5
RN120	3
	18

Quarter 2	
HS171	5
MA141	5
RN204	4
	14

Quarter 3	
CHM103	5
RN206	4
RN180	4
PS170	4
	17

Quarter 4	
BIO211	5
RN250	4
RN251	2
RN274	3
RN276	2
	16

Quarter 5	
RN252	5
RN253	3
RN286	4
RN287	2
	14

Quarter 6	
RN240	4
RN241	3
RN242	4
RN243	3
	14

Quarter 7	
RN254	5
RN255	3
RN298	1
RN299	2
	11

Attachment B

MedTech College School of Nursing
CURRENT Program Outline for 8 Quarter, 144 Credit
RN Program

Quarter 1	
BIO105	5
HS170	5
EN140	5
MA141	5
	20

Quarter 2	
HS171	5
HS161	5
RN120	3
PS101	5
	18

Quarter 3	
CHM103	5
RN204	4
HS270	5
BIO221	5
	19

Quarter 4	
BIO222	5
RN206	4
HS265	5
RN280	5
	19

Quarter 5	
RN273	5
RN281	5
SOC104	5
IT110	5
	20

Quarter 6	
RN275	5
RN282	5
RN237	5
RN261	5
	20

Quarter 7	
RN238	5
RN288	5
RN263	3
HS205	5
	18

Quarter 8	
PR201	2
RN289	3
RN300	5
	8

Attachment C

MedTech College School of Nursing

Current Course No.	Current Academic Assoc. RN Curriculum	New Course No.	Proposed Academic Assoc. RN Curriculum	Modification/Change Rationale
	Course Name		Course Name	
EN140	English Composition	EN140	English Composition	No change
MA141	College Mathematics	MA141	College Mathematics	No change
PS101	Psychology	PS170	Human Growth & Development	Introductory level Psychology modified to Growth & Development
SOC104	Sociology			Removed with content integrated in PS170 and all RN courses
CHM103	Introduction to Chemistry	CHM103	Introduction to Chemistry	No change
BIO105	Introduction to Biology			Removed with content integrated in BIO211
IT110	Basic Computer Skills	IT110	Basic Computer Skills	No change
HS170	Comprehensive Anatomy & Physiology I	HS170	Integrated Anatomy & Physiology I	Revised to integrate beginning pathophysiology concepts
HS171	Comprehensive Anatomy & Physiology II	HS171	Integrated Anatomy & Physiology II	Revised to integrate beginning pathophysiology concepts
HS265	Comprehensive Pathophysiology			Removed with content integrated in A & P and RN courses
BIO221	Microbiology I	BIO211	Microbiology	Revised to 1 Quarter content
BIO222	Microbiology II			Removed with content integrated in BIO211
HS161	Nutrition and Diet Therapy			Removed with content integrated in RN courses
HS205	Medical Ethics for Nursing			Removed with content integrated in RN courses
HS270	Pharmacology for Nursing	RN180	Pharmacology for the Professional Nurse	Course number revision only
RN120	Professionalism & Trends in Nursing	RN120	Professionalism & Trends in Nursing	No change
RN204	Acute Care Skills I	RN204	Fundamentals and Skills of the Professional Nurse I	Revised to better represent fundamental theory
RN206	Acute Care Skills II	RN206	Fundamentals and Skills of the Professional Nurse II	Revised to better represent fundamental theory
RN237	Nursing Care of the Infant and Child I	RN240	Nursing Care of the Infant and Child	Modified didactic content; 1 Quarter course; integrate Soc., Patho., Ethics, Nutrition, NCLEX.
RN238	Nursing Care of the Infant and Child II (rotation)	RN241	Nursing Care of the Infant and Child Clinical	Modified; clinical content only with increase from 60 to 90 hours
RN261	Nursing Care of the Childbearing Family I	RN242	Nursing Care of the Childbearing Family	Modified didactic content; 1 Quarter course; integrate Soc., Patho., Ethics, Nutrition, NCLEX.
RN263	Nursing Care of the Childbearing Family II (rotation)	RN243	Nursing Care of the Childbearing Family Clinical	Modified; clinical content only with increase from 60 to 90 hours
RN280	Medical – Surgical Nursing I	RN250	Medical – Surgical Nursing I	Modified to didactic content only; integrate Soc., Patho., Ethics, Nutrition, NCLEX.
		RN251	Medical – Surgical Nursing I Clinical	New clinical content with 60 hours
RN273	Gerontological Nursing	RN274	Gerontological Nursing	Modified didactic content; 1 Quarter course; integrate Soc., Patho., Ethics, Nutrition, NCLEX.
RN275	Gerontological Nursing Practicum (rotation)	RN276	Gerontological Nursing Clinical	Modified; clinical content only; maintaining 60 hours
RN281	Medical – Surgical Nursing II (rotation)	RN252	Medical – Surgical Nursing II	Modified to didactic content only; integrate Soc., Patho., Ethics, Nutrition, NCLEX.
		RN253	Medical – Surgical Nursing II Clinical	Modified; clinical content only with increase from 60 to 90 hours
RN282	Medical – Surgical Nursing III (rotation)	RN254	Medical – Surgical Nursing III	Modified to didactic content only; integrate Soc., Patho., Ethics, Nutrition, NCLEX.
		RN255	Medical – Surgical Nursing III Clinical	Modified; clinical content only with increase from 60 to 90 hours
RN288	Psychiatric Nursing Care	RN286	Psychiatric Mental Health Nursing Care	Modified didactic content; 1 Quarter course; integrate Soc., Patho., Ethics, Nutrition, NCLEX.
RN289	Psychiatric Nursing Care Practicum (rotation)	RN287	Psychiatric Mental Health Nursing Care Clinical	Modified; clinical content only; maintaining 60 hours
IT110		RN298	Transition to Nursing Practice	New course; integrate Portfolio
		RN299	Transition to Nursing Pratice: Practicum	New clinical course
RN300	NCLEX-RN Exam Review			Removed with content integrated throughout RN courses
PR201	Portfolio			Removed with content integrated in RN298/299

MEDTECH COLLEGE
DEDICATED TO GRADUATING PROFESSIONALS

Associate of Science – Registered Nurse
Program Outline

The Associate of Science-Registered Nurse Program prepares the student to become a registered nurse. Student nurses will be trained to assess health outcomes, teach, administer, supervise, delegate, and evaluate nursing practice. The Associate of Science-Registered Nurse program will teach students general and specific health care needs of people from birth to older adulthood. Emphasis will be placed on specialty areas including, medical - surgical nursing, obstetrical nursing, pediatric nursing, psychiatric mental health nursing, and gerontological nursing. The program consists of classroom theory and clinical application incorporating a simulation lab environment and clinical rotations in hospitals, clinics, and healthcare agencies in the geographic area.

COURSE #	TITLE	CREDIT HOURS
General Education Courses		
EN140	English Composition	5
MA141	College Mathematics	5
PS170	Human Growth and Development	4
CHM103	Introduction to Chemistry	5
IT110	Basic Computer Skills	5
BIO211	Microbiology	5
HS170	Integrated Anatomy & Physiology I	5
HS171	Integrated Anatomy & Physiology II	5
Program Core Courses		
RN120	Professionalism & Trends in Nursing	3
RN180	Pharmacology for the Professional Nurse	4
RN204	Fundamentals and Skills of the Professional Nurse I	4
RN206	Fundamentals and Skills of the Professional Nurse II	4
RN240	Nursing Care of the Infant and Child	4
RN241	Nursing Care of the Infant and Child Clinical	3
RN242	Nursing Care of the Childbearing Family	4
RN243	Nursing Care of the Childbearing Family Clinical	3
RN250	Medical – Surgical Nursing I	4
RN251	Medical – Surgical Nursing I Clinical	2
RN252	Medical – Surgical Nursing II	5
RN253	Medical – Surgical Nursing II Clinical	3
RN254	Medical – Surgical Nursing III	5
RN255	Medical – Surgical Nursing III Clinical	3
RN274	Gerontological Nursing	3
RN276	Gerontological Nursing Clinical	2
RN286	Psychiatric Mental Health Nursing Care	4
RN287	Psychiatric Mental Health Nursing Care Clinical	2
RN298	Transition to Nursing Practice	1
RN299	Transition to Nursing Practice: Practicum	2
Total Credits		**104**

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SUGGESTED PROGRAM OUTLINE FOR 2-YEAR RN PROGRAM

Quarter One

RN120	3
HS170	5
IT110	5
EN140	5
Total	**18**

Quarter Two

HS171	5
MA141	5
RN204	4
Total	**14**

Quarter Three

CHM103	5
RN206	4
PS170	4
RN180	4
Total	**17**

Quarter Four

BIO211	5
RN250	4
RN251	2 (Clinical)
RN274	3
RN276	2 (Clinical)
Total	**16**

Quarter Five

RN252	5
RN253	3 (Clinical)
RN286	4
RN287	2 (Clinical)
Total	**14**

Quarter Six

RN240	4
RN241	3 (Clinical)
RN242	4
RN243	3 (Clinical)
Total	**14**

Quarter Seven

RN254	5
RN255	3 (Clinical)
RN298	1
RN299	2 (Practicum)
Total	**11**

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PREREQUISITES

CHM103 Prerequisite for BIO211
HS170 Prerequisite for HS171
HS171 Prerequisite for RN180
MA141 Prerequisite for CHM103, RN180
RN120 Prerequisite for RN204
RN180 Prerequisite for RN274
RN204 Prerequisite for RN206
RN206 Prerequisite for RN240, RN241, RN242, RN243, RN250, RN251, RN274, RN276, RN286, RN287
RN240 Co-requisite for RN241
RN242 Co-requisite for RN243
RN250 Co-requisite for RN251
RN251 Prerequisite for RN252, RN253
RN252 Co-requisite for RN253
RN253 Prerequisite for RN254, RN255
RN254 Co-requisite for RN255
RN274 Co-requisite for RN276
RN286 Co-requisite for RN287
All RN courses Prerequisites for RN298
All RN courses Prerequisites for RN299, RN298 Co-requisite for RN299

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MEDTECH COLLEGE
ASSOCIATE OF SCIENCE REGISTERED NURSE
PROGRAM COURSE DESCRIPTIONS

EN140 – English Composition
5 credit hours
This course provides the student with knowledge of the writing process, emphasizing proofreading, language usage, organizing and connecting specific evidence, coherence, unity and APA style documentation.
Prerequisite: None

MA141 – College Mathematics
5 credit hours
This course is designed to provide the student with college arithmetic and algebra fundamentals needed for any allied health career. Concepts covered in this course are linear equations, laws of exponents, products and quotients of integers and polynomials, rational numbers, roots and radicals, and solving quadratic equations.
Prerequisite: None

IT110 – Basic Computer Skills
5 credit hours
The design of this course is to provide students with the basic fundamentals of software and hardware in today's office/business environment. The major applications included in this course are Word, a word processing program that is versatile, easy-to-use that helps the student create letters, memos, reports, and other types of documents. Excel, an electronic spreadsheet program that the student will learn to create professional reports that perform business calculations, list management tasks, and show charts. At the completion of this course, the student will be well on their way to becoming a successful computer user.
Prerequisite: None

CHM103 – Introduction to Chemistry
5 credit hours
In this course the student learns chemistry by focusing on problem solving, conceptual understanding, and visualizing molecular behavior. Main topics in this course of study include the basics of chemistry, atomic and molecular structure, states of matter, chemical reactions and nuclear chemistry.
Prerequisite: MA141

PS170 – Human Growth & Development
4 credit hours
This course focuses on human development across the life span. Areas of study consist of the physical, cognitive and psychosocial changes that occur from birth until death. The student will have an opportunity to examine and evaluate current research and theories used to describe and explain human growth and change.
Prerequisite: None

HS170 – Integrated Anatomy & Physiology I
5 credit hours
Anatomy and physiology provide a critical framework for the nursing student to gain knowledge and understanding of the structure and function of the human body and introduce concepts of pathophysiology. The course begins with chemistry, cells, tissues and progresses through the organs and systems of the body. The critical thinking and laboratory exercises facilitate the student's ability to apply the concepts learned.
Prerequisite: None

HS171 – Integrated Anatomy & Physiology II
5 credit hours
Anatomy and physiology provide a critical framework for the nursing student to gain knowledge and understanding of the structure and function of the human body and introduce concepts of pathophysiology. The course builds on the concepts of Anatomy & Physiology I with integrative concepts of body systems. The critical thinking and laboratory exercises facilitate the student's ability to apply the concepts learned.
Prerequisite: HS170

BIO211 – Microbiology
5 credit hours
This course progresses from basic principles and concepts to the systematic identification of etiologic agents of infectious diseases. It begins with setting up a firm foundation in microbiology and then highlights methods for identification of significant isolates. The last part of the course uses an organ system approach to discuss the laboratory diagnosis of infectious diseases.
Prerequisite: CHM103

RN120 – Professionalism & Trends in Nursing
3 credit hours
This course introduces nursing as a profession and challenges the student to understand the impact of nursing trends on the value of professionalism. Career foundations are built with content including but not limited to perceptions and credentials of professional nurses, the history of nursing, legal and ethical concepts in nursing practice, nursing theories, multiculturalism, evidence-based practice, conceptual frameworks, professional empowerment and political activism.
Prerequisite: None

RN180 – Pharmacology for the Professional Nurse
4 credit hours
This course offers a clear approach to the study of drug prototypes and how they work. It provides the background needed to understand related drugs currently on the market, as well as drugs yet to be released. Summaries of major nursing implications provide an in-depth look at assessment, implementation, and ongoing evaluations.
Prerequisite: HS171, MA141

RN204 – Fundamentals and Skills of the Professional Nurse I
4 credit hours
This course is designed to build on concepts of critical thinking and evidence-based practice to introduce the fundamentals of nursing and the scientific basis for nursing practice. The nursing students will learn beginning and intermediate nursing skills through reciprocal skill development utilizing the nursing process.
Prerequisite: RN120

RN206 – Fundamentals and Skills of the Professional Nurse II

4 credit hours

Part II of Acute Care Skills course is designed to provide the nursing students with intermediate and advanced nursing skills. A five-step nursing process provides the student with the demonstration of acute skills and return demonstration and practice. Part II consists of airway management, closed chest drainage systems, intravenous vascular access, blood therapy, ostomy care, intraoperative care, urinary elimination and home care.

Prerequisite: RN204

RN240 – Nursing Care of the Infant and Child

4 credit hours

The student will develop a theoretical and clinical knowledge of the care and development of children from birth through adolescence. Course content will develop knowledge of the nursing process in pediatric care incorporating the needs of the individual child, the family, and the community through all phases of the care continuum with emphasis on health promotion and health maintenance.

Prerequisite: RN206

RN241 – Nursing Care of the Infant and Child Clinical

3 credit hours

This clinical course integrates theoretical and clinical knowledge of the care and development of children from birth through adolescence. Course content will develop knowledge of the nursing process in pediatric care incorporating a systematic review of body functions. Student nurses will rotate through multiple pediatric care delivery settings during this course.

Prerequisite: RN206, Co-Requisite RN240

RN242 – Nursing Care of the Childbearing Family

4 credit hours

This course guides the student through a wellness-focused review of the women's health throughout the lifespan incorporating the nursing process. Presentation of normal development creates a foundation for understanding of common childbearing and gynecologic problems and/or complications.

Prerequisite: RN206

RN243 – Nursing Care of the Childbearing Family Clinical

3 credit hours

This clinical course guides the student through a wellness-focused review of the women's health throughout the lifespan incorporating the nursing process. Presentation of normal development creates a foundation for understanding of common childbearing and gynecologic problems and/or complications. Students will rotate through the units of Women's Health Services including, but not limited to, Labor & Delivery, Postpartum, Newborn Nursery.

Prerequisite: RN206, Co-Requisite RN242

RN250 – Medical – Surgical Nursing I

4 credit hours

This course features a patient-centered collaborative care approach to aid the student nurse in understanding the multidisciplinary nature of medical-surgical nursing care. As used in this text the term patient can be an individual, a family, or a group who has rights that are respected in a mutually trusting nurse-patient relationship. The student will develop and refine their critical thinking skills by integrating quality, evidence-based concepts to provide patient-centered care. Emphasis will be placed on

foundations of med-surg nursing, emergency care and disaster preparedness, problems of protection, and problems of reproduction.
Prerequisite: RN206

RN251 – Medical – Surgical Nursing I Clinical

2 credit hours
This clinical course features a patient-centered collaborative care approach to aid the student nurse in understanding the multidisciplinary nature of medical-surgical nursing care. As used in this text the term patient can be an individual, a family, or a group who has rights that are respected in a mutually trusting nurse-patient relationship. The student will develop and refine their critical thinking skills by integrating quality, evidence-based concepts to provide patient-centered care. Emphasis will be placed on foundations of med-surg nursing, emergency care and disaster preparedness, problems of protection, and problems of reproduction.
Prerequisite: RN206, Co-Requisite RN250

RN252 – Medical – Surgical Nursing II

5 credit hours
This course features a patient-centered collaborative care approach to aid the student nurse in understanding the multidisciplinary nature of medical-surgical nursing care. As used in this text, the term patient can be an individual, a family, or a group who has rights that are respecteded in a mutually trusting nurse-patient relationship. The student will develop and sharpen their critical thinking skills by integrating quality, evidence-based concepts to provide patient-centered care. Emphasis will be placed on the problems of oxygenation, cardiac output and tissue perfusion, renal and urinary disorders, fluid and electrolytes & acid-base, and hematologic problems.
Prerequisite: RN251

RN253 – Medical – Surgical Nursing II Clinical

3 credit hours
This clinical course features a patient-centered collaborative care approach to aid the student nurse in understanding the multidisciplinary nature of medical-surgical nursing care. As used in this text, the term patient can be an individual, a family, or a group who has rights that are respecteded in a mutually trusting nurse-patient relationship. The student will develop and sharpen their critical thinking skills by integrating quality, evidence-based concepts to provide patient-centered care. Emphasis will be placed on the problems of oxygenation, cardiac output and tissue perfusion, renal and urinary disorders, fluid and electrolytes & acid-base, and hematologic problems.
Prerequisite: RN251, Co-Requisite RN252

RN254 – Medical – Surgical Nursing III

5 credit hours
This course features a patient-centered collaborative care approach to aid the student nurse in understanding the multidisciplinary nature of medical-surgical nursing care. As used in this text, the term patient can be an individual, a family, or a group who has rights that are respecteded in a mutually trusting nurse-patient relationship. The student will develop and sharpen their critical thinking skills by integrating quality, evidence-based concepts to provide patient-centered care. Emphasis will be placed on the problems of oxygenation, cardiac output and tissue perfusion, renal and urinary disorders, fluid and electrolytes & acid-base, and hematologic problems.
Prerequisite: RN253

RN255 – Medical – Surgical Nursing III Clinical

3 credit hours

This clinical course features a patient-centered collaborative care approach to aid the student nurse in understanding the multidisciplinary nature of medical-surgical nursing care. As used in this text, the term patient can be an individual, a family, or a group who has rights that are respecteded in a mutually trusting nurse-patient relationship. The student will develop and sharpen their critical thinking skills by integrating quality, evidence-based concepts to provide patient-centered care. Emphasis will be placed on the problems of oxygenation, cardiac output and tissue perfusion, renal and urinary disorders, fluid and electrolytes & acid-base, and hematologic problems.

Prerequisite: RN253, Co-Requisite RN254

RN274 – Gerontological Nursing

3 credit hours

This course will provide a detailed study of the aging process including the health care needs and associated cultural considerations of our aging population. Emphasis will be placed on physiological and psychological components of the aging process with associated cultural considerations. Analysis of the needs of the individual and family with associated community and system challenges will foster development of effective nursing interventions.

Prerequisite: RN206

RN276 – Gerontological Nursing Clinical

2 credit hours

This clinical course allows the opportunity to apply theoretical knowledge in providing culturally congruent, caring interventions to aging individuals and families with alterations in human functioning. Emphasis will be placed on integration of critical thinking and decision-making in developing and implementing nursing plans of care within the parameters of professional nursing practice.

Prerequisite: RN206, Co-Requisite RN274

RN286 – Psychiatric Mental Health Nursing Care

4 credit hours

Utilizing the framework of the nursing process, the student will learn about mental health and mental illness with the integration of evidence-based nursing practice, critical thinking and decision-making in quality nursing care, and multiculturalism to fully address the needs of the client and family across the continuum of care.

Prerequisite: RN206

RN287 – Psychiatric Mental Health Nursing Care Clinical

2 credit hours

The clinical setting will challenge the student to utilizing the framework of the nursing process, to integrate knowledge about mental health and mental illness with concepts of evidence-based nursing practice, critical thinking and decision-making in quality nursing care, and multiculturalism to fully address the needs of the client and family across the continuum of care.

Prerequisite: RN206, Co-Requisite: RN286

RN298 – Transition to Nursing Practice

1 credit hour

This course focuses on refining leadership skills and assimilating all nursing education for the near graduate in registered nursing. This course will prepare the student to assess his or her strengths in the core competencies of providing patient-centered care, working in interdisciplinary teams, employing

evidence-based practice, applying quality improvement, and utilizing informatics as outlined in Institute of Medicine reports in order to embrace concepts of lifelong learning.
Prerequisite: All RN Courses

RN299 – Transition to Nursing Practice: Practicum
2 credit hours
This clinical course will integrate all concepts of professional nursing practice with increasing independence in the clinical environment under the supervision of nursing faculty. Concepts including but not limited to prioritization, time management, and interdisciplinary communication will be experienced in the clinical environment.
Prerequisite: All RN Courses, Co-Requisite: RN298

STATE OF INDIANA

COMMISSION ON
PROPRIETARY EDUCATION

302 West Washington Street
Room E201
Indianapolis, IN 46204-2767
http://www.in.gov/cope

March 17, 2010

MARY HARMON EXECUTIVE VP OF ACADEMICS
MEDTECH COLLEGE LLC
HERITAGE PARK 1 STE 300
6612 E 75 TH STREET
INDIANAPOLIS IN 46250

Dear Ms Harmon:

The Indiana Commission on Proprietary Education is pleased to inform you that the Commission voted at its regularly scheduled meeting on March 9, 2010, to approve the formal request of MedTech College - Indianapolis to award the Associate of Science in Nursing. *Residence delivery format.*

This degree authority has been granted in accordance with 570 IAC 1-10.1 and is effective March 9, 2010.

This authority will expire on March 9, 2015. A formal review for renewal of the degree authority will occur prior to the expiration date.

We congratulate MedTech College - Indianapolis on obtaining this authority and wish you success in accomplishing the program's objectives.

For the commission,

JODI WHITE
Administrative Director

cc: Joe Davis

Action 3-9-10 MedTech - Indianapolis

STATE OF INDIANA

COMMISSION ON
PROPRIETARY EDUCATION

302 West Washington Street
Room E201
Indianapolis, IN 46204-2767
http://www.in.gov/cope

March 17, 2010

BARRI SHIRK EXECUTIVE DIRECTOR
MEDTECH COLLEGE
1500 AMERICAN WAY
GREENWOOD IN 46143

Dear Ms Shirk:

The Indiana Commission on Proprietary Education is pleased to inform you that the Commission voted at its regularly scheduled meeting on March 9, 2010, to approve the formal request of MedTech College - Greenwood to award the Associate of Science in Nursing. *Residence delivery format.*

This degree authority has been granted in accordance with 570 IAC 1-10.1 and is effective March 9, 2010.

This authority will expire on March 9, 2015. A formal review for renewal of the degree authority will occur prior to the expiration date.

We congratulate MedTech College - Greenwood on obtaining this authority and wish you success in accomplishing the program's objectives.

For the commission,

JODI WHITE
Administrative Director

cc: Joe Davis

Action 3-9-10 MedTech - Greenwood

STATE OF INDIANA

COMMISSION ON
PROPRIETARY EDUCATION

302 West Washington Street
Room E201
Indianapolis, IN 46204-2767
http://www.in.gov/cope

March 17, 2010

GARY ZELLO DIRECTOR
MEDTECH COLLEGE
7320 ENGLE ROAD
FORT WAYNE IN 46804

Dear Mr. Zello:

The Indiana Commission on Proprietary Education is pleased to inform you that the Commission voted at its regularly scheduled meeting on March 9, 2010, to approve the formal request of MedTech College – Fort Wayne to award the Associate of Science in Nursing. *Residence delivery format.*

This degree authority has been granted in accordance with 570 IAC 1-10.1 and is effective March 9, 2010.

This authority will expire on March 9, 2015. A formal review for renewal of the degree authority will occur prior to the expiration date.

We congratulate MedTech College – Fort Wayne on obtaining this authority and wish you success in accomplishing the program's objectives.

For the commission,

JODI WHITE
Administrative Director

cc: Joe Davis

Action 3-9-10 MedTech – Fort Wayne

March 23, 2010

Indiana State Board of Nursing
402 W. Washington Street, Room W072
Indianapolis, IN 46204

To the Indiana State Board of Nursing:

Please accept this notification to the Board of a change in the Program Director of Nursing (PDON) at MedTech College, Indianapolis Campus. Margaret Broadus, MSN, RN has given notice of retirement. Ms. Elizabeth Brown, MSN, RN has been selected to fill this PDON position effective on March 20, 2010. Ms. Brown has been a nurse for over 40 years and has been with MedTech College since September 2007 in faculty and Assistant Program Director of Nursing roles.

Enclosed is Ms. Brown's Faculty Qualification Form and current nursing license. Please let us know if you need additional information regarding Ms. Brown's new appointment at MedTech College, Indianapolis Campus School of Nursing.

MedTech College looks forward to working with the State Board of Nursing to ensure that our nursing programs are kept in compliance with all established guidelines.

Sincerely,

Mary A. Harmon
Executive Vice President of Nursing Accreditation &
Program Development

RECEIVED
MAR 24 2010
Licensing Agency

Enclosure

PROGRAM OF NURSING FACULTY QUALIFICATION FORM

INDIANA STATE BOARD OF NURSING
Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington Street Room W072
Indianapolis, Indiana 46204
(317) 234-2043
Nursing Group e-mail pla2@pla.in.gov

INSTRUCTIONS FOR COMPLETION: An initial faculty qualification form is to be completed by each newly appointed faculty member and the dean/director of the program, upon appointment of the faculty member. One copy of the form is to be sent to the Indiana State Board of Nursing along with a copy of the faculty member's current Indiana RN license. One copy is to be retained on file by the program. All information must be completed. A form that is unidentifiable as to program or faculty member does not meet the requirements of 848 IAC 1-2-12 (c). Faculty members who meet the educational requirements of 848 IAC 1-2-13 or 14, pending completion of educational requirements, are required to submit a completed supplemental form annually showing progress toward meeting those educational requirements. Adding to a copy of the completed initial form already submitted is recommended as an acceptable method to update the record.

THIS FORM WAS REVISED IN 2002 AND SUPERCEDES ALL PREVIOUS EDITIONS. PREVIOUS EDITIONS SHOULD NOT BE USED.

INITIAL FORM _____ SUPPLEMENTAL FORM ___X_____

NAME _Elizabeth Brown_____

INDIANA RN LICENSE NUMBER 28040128A EXPIRATION DATE 10/31/2011

ORIGINAL STATE OF LICENSURE _IN_ YEAR OF LICENSURE _1963_

EMPLOYING NURSING PROGRAM __MedTech College School of Nursing

ADDRESS OF PROGRAM _6612 E. 75th Street, Suite 500, Indianapolis, IN 46250_

NAME OF DEAN/DIRECTOR _Janet Phelps, MSN, RN_____

TYPE OF PROGRAM PN _X_ AD _X_ DIP_____ BSN _____

DATE OF APPOINTMENT _3/20/2010_____ PART-TIME__ OR FULL-TIME_X___

New Search
Litigation Documents
Digital Certification
Nursing Board

Person Information

Elizabeth Louise Brown

Address Information

Indianapolis IN 46208

License Information

License No:	28040128A
Profession:	Nursing Board
License Type:	Registered Nurse
Obtained By Method:	Examination
Issue Date:	1/1/1963
Expiration Date:	10/31/2011
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

March 12, 2010

Indiana State Board of Nursing
402 W. Washington Street, Room W072
Indianapolis, IN 46204

To the Indiana State Board of Nursing:

Please accept this notification to the Board that MedTech College, Fort Wayne Campus, has selected Cheryl Truskowski, MSN, RN as the new Program Director of Nursing effective on this date. Ms. Truskowski has been a nurse for 20 years and has been with MedTech College since August 2008.

Enclosed is Ms. Truskowski's Faculty Qualification Form and current nursing license. Please let us know if you need additional information regarding Ms. Truskowski's new appointment at MedTech College, Fort Wayne Campus School of Nursing.

MedTech College looks forward to working with the State Board of Nursing to ensure that our nursing programs are kept in compliance with all established guidelines.

Sincerely,

Mary A. Harmon (mem)

Mary A. Harmon
Executive Vice President of Nursing Accreditation &
Program Development

Enclosure

RECEIVED
MAR 15 2010
Indiana Professional
Licensing Agency

PROGRAM OF NURSING FACULTY QUALIFICATION FORM

INDIANA STATE BOARD OF NURSING
Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington Street Room W072
Indianapolis, Indiana 46204
(317) 234-2043
Nursing Group e-mail pla2@pla.in.gov

INSTRUCTIONS FOR COMPLETION: An initial faculty qualification form is to be completed by each newly appointed faculty member and the dean/director of the program, upon appointment of the faculty member. One copy of the form is to be sent to the Indiana State Board of Nursing along with a copy of the faculty member's current Indiana RN license. One copy is to be retained on file by the program. All information must be completed. A form that is unidentifiable as to program or faculty member does not meet the requirements of 848 IAC 1-2-12 (c). Faculty members who meet the educational requirements of 848 IAC 1-2-13 or 14, pending completion of educational requirements, are required to submit a completed supplemental form annually showing progress toward meeting those educational requirements. Adding to a copy of the completed initial form already submitted is recommended as an acceptable method to update the record.

THIS FORM WAS REVISED IN 2002 AND SUPERCEDES ALL PREVIOUS EDITIONS. PREVIOUS EDITIONS SHOULD NOT BE USED.

INITIAL FORM _____ ____ SUPPLEMENTAL FORM ___X_____

NAME _Cheryl Truskowski_____

INDIANA RN LICENSE NUMBER_28166274A__EXPIRATION DATE _10/31/2011

ORIGINAL STATE OF LICENSURE _Michigan_ YEAR OF LICENSURE _1991_

EMPLOYING NURSING PROGRAM __MedTech College School of Nursing

ADDRESS OF PROGRAM _7230 Engle Road, Suite 200, Fort Wayne, IN 46804_

_____

NAME OF DEAN/DIRECTOR _Janet Phelps, MSN, RN_____

TYPE OF PROGRAM PN _X_ AD _X_ DIP_____ BSN _____

DATE OF APPOINTMENT _3/1/2010____ PART-TIME__ OR FULL-TIME_X___

RECEIVED

MAR 15 2010

Indiana Professional
Licensing Agency

PRINICIPAL EMPLOYMENT SETTING MedTech College

MAJOR CLINICAL OR TEACHING AREA A & P, Nursing

EDUCATIONAL QUALIFICATIONS

PROGRAM	DEGREE OR CREDITS	DATE
Walden University	MSN	8/17/2008
Lorain County Community College	Surgical Technology	5/2007
Wayne County Community College	ADN	12/1990

PLAN FOR CONTINUATION OF EDUCATION

DEGREE	COMPLETED CREDITS	CREDITS TO BE COMPLETED THIS ACADEMIC YEAR	PLANNED GRAD DATE
Certification as Nurse Educator - investigating			

OTHER EDUCATIONAL PLANS
Continue to work on journal articles

TEACHING EXPERIENCE

PROGRAM	POSITION &AREA	DATE
OB-Rh Alloimmunization	Northwest State Community College	6/2008
Surgical Technology	Scrub Tech/Infection Control	6/2005
Lenawee Health Alliance	Clinical Educator – Surgery	10/1998-6/2004
MedTech College	Full Time Faculty, RN/PN	8/2008 – 3/2010

PRACTICE EXPERIENCE

FACILITY	POSITION	DATE
Lenawee Health Alliance	Clinical Instructor	10/1998-6/2004
Community Memorial Hospital	Scrub Tech/Infection Control	6/2004-6/2005
University of Michigan	Circulator/Scrub	5/1997-10/1998
VA Hospital	Circulator/Scrub	11/1996-5/1997
CHWC	Oncology	4/1996-11/1996
Riverside	Circulator/Scrub	3/1991-8/1995

RELATED NURSING ACTIVITIES/ORGANIZATIONS/PUBLICATIONS

AORN	Volunteer – Centennial Farms
AST	
NBCC	

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MAR 15 2010

Indiana Professional
Licensing Agency

3/1/10

FACULTY SIGNATURE & DATE

3/1/2010

DEAN/DIRECTOR SIGNATURE & DATE

Both signatures must be in place before this application can be approved.

RECEIVED

MAR 15 2010

Indiana Professional
Licensing Agency

We work to keep you working
IPLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

March 29, 2010

Dawn Welch
Fortis College
9001 N. Wesleyan Road, Suite 101
Indianapolis, IN 46268

Dear Ms. Welch:

The Indiana State Board of Nursing has received your proposal for curriculum changes at your RN program and will be discussing your proposal at the meeting scheduled on **Thursday, April 15, 2010**. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board will be discussing education items beginning at approximately **8:45 a.m.**

Please let me know if you are unable to make arrangements to have somebody representing Fortis College available at the meeting to answer any Board questions regarding your proposal.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman
Director, Indiana State Board of Nursing

FORTIS COLLEGE

9001 N. Wesleyan Road • Suite 101 • Indianapolis, IN 46268-1176

877-425-7027 *Toll Free* • 317-808-4800 *Telephone* • 317-808-4801 *Fax*

www.fortiscollege.edu

March 23, 2010

Sean Gorman, Board Director

Indiana State Board of Nursing

402 W. Washington Street, Room W072

Indianapolis, IN 46204

Mr. Gorman:

The Associate Degree in Nursing Program at Fortis College would like to add a non-credit preparatory course entitled ***Introduction to Health Care: Application and Synthesis*** to the curriculum for students who meet the minimum admission requirement of 70% but score below 75% on the English and Math portions of the Elsevier / HESI A2 admission examination. The students will take this course prior to registering for nursing courses. Fortis College believes that this approach will strengthen the skills of students who come to us with the basic competencies but may have gaps in their knowledge. This course will better enable students to be successful in the nursing program and in nursing practice. The course description and objectives follow.

We are excited about this program enhancement and would like to implement the course with our second cohort of students. Please contact me at dwelch@edaff.com or at 317-408-4809 if you have any questions.

Sincerely,

Dawn Welch

Director of Nursing

MAR 24 2010

Introduction to Health Care: Application & Synthesis

This intensive immersion course helps you to strengthen your command of basic chemistry, biology, physics, anatomy and physiology. These key scientific topics are synthesized with Math and English building exercises to increase comprehension of nursing and health professions textbook content and your abilities to express that understanding in your own words. Critical thinking assignments, built around health care application exercises, will engage you in applying these foundational skills in English, Math, and Science to practical, real world topics such as the distribution of the H1N1 Vaccine, fluoridation, and the impact of mammography on breast cancer mortality. This course is graded on a Pass/Fail basis, can only be repeated once, and requires a score of 75% or higher on the English and Math portions of the A2 Admissions Assessment to successfully pass the course. Students with a 75% or above English and Math composite score are exempted from the course. Credits: 0; Lecture Hours: 180.

Course Objectives:

Upon successful completion of this course,

- Students will demonstrate competency in basic addition, subtraction, multiplication, fractions, decimals, ratio and proportion, household measures, and general math facts that are useful, for example, when calculating drug dosages and solutions.
- Students will be able to read and comprehend nursing or health professions textbook content. This includes identifying the main idea, finding meaning of words in context, passage comprehension, making logical inferences, etc.
- Students will have vocabulary at the tenth to the eleventh grade level including mastery of basic vocabulary that is often used in health care fields.
- Students will be able to complete written assignments with no difficulty in terms of writing grammatically correct assignments. Students will be able to identify the parts of speech, important terms and their uses in grammar, and commonly occurring grammatical errors.
- Students will have a knowledge base of chemistry including an understanding of matter, chemical equations and reactions, the periodic table, atomic structure, nuclear chemistry, and chemical bonding.
- Students will have a knowledge base of biology including biology basics, water, biological molecules, metabolism, cells, cellular respiration, and photosynthesis.
- Students will have a knowledge base of physics including average speed, acceleration, projectile motion, Newton's Laws of Motion, friction, rotation, uniform circular motion, energy, gravitation, waves and sound, optics, and light.
- Students will have a knowledge base of general terminology and anatomical structures and systems.
- Students will demonstrate their abilities to apply these foundational English, Math, and Science skills to critical thinking applications in real-life healthcare scenarios.

MAR 24 2010

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

March 29, 2010

Wendy McNamara
Early College High School
1 Southeast Ninth Street
Evansville, IN 47708

Dear Ms. McNamara:

The Indiana State Board of Nursing has received your proposal changes to Indiana Administrative Code 1.2.11 to permit high school students admission into nursing degree granting program prior to high school graduation. The Board will be discussing your proposal at the meeting scheduled on **Thursday, April 15, 2010**. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board will be discussing education items beginning at approximately **8:45 a.m.**

Please let me know if you are unable to make arrangements to have somebody representing Early College High School available at the meeting to answer any Board questions regarding your proposal.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman
Director, Indiana State Board of Nursing

EVSC
Evansville Vanderburgh School Corporation

Early College High School
1 Southeast Ninth Street, Evansville, Indiana 47708 Phone (812) 435-0952 Fax (812) 435-8568
www.evscschools.com

March 11, 2010

Sean Gorman, Director
Indiana State Board of Nursing
Indiana Dietitians Certification Board
Indiana Professional Licensing Agency
402 West Washington Street
Indianapolis, IN 46204

Dear Mr. Gorman,

This proposal is a request for The Indiana State Board of Nursing (Board) to amend 848 IAC 1.2.11 (e) pertaining to an applicant, as a requirement for admissions into a nursing program, to have graduated from a state approved high school or its equivalent.

The Evansville Vanderburgh School Corporation Early College High School (EVSC ECHS) is a small school designed so that high school students can both earn a high school diploma and work toward an Associate's degree or receive up to two years of credit toward a Bachelor's degree. Early college high schools have the potential to improve high school graduation rates and better prepare students for high-skill careers by engaging all students in a rigorous, college preparatory curriculum, and compressing the number of years to obtain a college degree.

The Early College High School Initiative focuses on young people for whom the transition into postsecondary education is now problematic. Its priority is to serve low-income young people, first-generation college goers, English language learners, and students of color, all of whom are statistically underrepresented in higher education. The initiative will increase the number of these young people who attain an Associate's degree or two years of college credit and the opportunity to attain a Bachelor's degree. EVSC ECHS demographics reflect the priorities of the initiative.

The EVSC ECHS is a partnership between the Evansville Vanderburgh School Corporation, Ivy Tech Community College, Vincennes University, and the University of Evansville. The EVSC ECHS will open for freshmen in the fall of 2010. There are several pathways for students to choose from, but nursing is one in which many students have expressed great interest. When choosing potential career pathways for students, the partners reviewed the 2009 Hoosier Hot 50 Jobs. This list measures the growth and opportunity for Hoosier workers now and into the future. The need for Registered Nurses ranks second in our region according to the WorkOne Economic Region 11 Report.

With respect, I am requesting that the Indiana State Board of Nursing (Board) waive the diploma requirement specifically to allow the students of the EVSC ECHS to apply for entrance into the nursing program at Ivy Tech Community College. The students will still be required to meet all of the nursing program requirements such as attending preadmission nursing information sessions, completing all skills

advancement courses required by COMPASS scores, and fulfilling all prerequisites for admission to the program including the TEAS test.

The scope of the curriculum for those students admitted would be limited to the introductory nursing courses (NRSG 100, NRSG 101, NRSG 102, NRSG 103, NRSG 105, and NRSG 106) taken in the high school senior year. Students will then have the opportunity at post-high school graduation to complete the Associate of Science in Nursing at Ivy Tech and then continue on to the University of Evansville to obtain a BSN if they choose. I have included a proposed curriculum sequence guide to illustrate the course sequence and timing.

Thank you for your consideration of this proposal. If you have any questions regarding the proposal or the EVSC ECHS, please feel free to contact me at 812.435.0952 or wendy.mcnamara@evsc.k12.in.us.

Sincerely,

Wendy McNamara
Director of Early College High School

Enc.: Nursing EVSC ECHS Course Sequence

ASSOCIATE of SCIENCE IN NURSING – EVSC ECHS							
GRADE 9							
Semester I- Freshman Year				Semester II – Freshman Year			
Course	DOE	ECHS CORE	Ivy Tech Req.	Course	DOE	ECHS CORE	Ivy Tech Req.
High School United States History	1542	H		High School United States History	1542	H	
High School Science (Biology, ICP, Physics 1H, Earth Science)	3024, 3108, 3084, 3044	S		High School Science (Biology, ICP, Physics 1H, Earth Science)	3024, 3108, 3084, 3044	S	
High School PE	3542	PE		High School Health	3506	PE	
Elective (World Language, Fine Arts)/ Geometry		EL		Elective (World Language, Fine Arts)/ Geometry		EL	
High School English 9	1002	E		High School English 9	1002	E	
High School **Algebra I or II**	2520/2522	M		High School **Algebra I or II**	2520/ 2522	M	
College Math/English Skills IVYT - College Skills (p. 125 – 1 credit)	1010 5254		MPR	College Math/English Skills IVYT - College Skills (p. 125 – 1 credit)	1010 5254		MPR

GRADE 10							
Semester I- Sophomore Year				Semester II - Sophomore Year			
Course	DOE	ECHS CORE	Ivy Tech Req.	Course	DOE	ECHS CORE	Ivy Tech Req.
High School Geography and History of the World	1570	H		High School Geography and History of the World	1570	H	
High School Science (Biology, ICP, Physics 1H, Earth Science, Chemistry)	3024, 3108, 3084, 3044,	S		High School Science (Biology, ICP, Physics 1H, Earth Science, Chemistry)	3024, 3108, 3084, 3044,	S	
Elective *High School PE (YMCA/VU Credit)*	3542	PE		Elective (World Language, Fine Arts)		EL	
Elective (World Language, Fine Arts)		EL		Elective (World Language, Fine Arts)		EL	
High School English 10 or ENGL 111*English Composition (Ti)	1004	E	MPRe	High School English 10 or ENGL 111* English Composition (Ti) (3)	1004/ 1124	E	MPRe
High School Geometry or Algebra II	2532/ 2522	M		High School Geometry or Algebra II	2532/ 2522	M	
IVYT - College Skills (p. 125 – 1 credit) or MEAS 102 First Aid & CPR (2) (Ti)	3542			3 credit course			
* Prerequisites must be met prior to enrollment. See course description in catalog for details.							

SUMMER SESSION: FRESHMAN EDGE - University of Evansville			
Course	DOE	ECHS CORE	Ivy Tech Req.
ID:150 THE American Corporation	5254/4564		

GRADE 11

Semester I- Junior Year				Semester II – Junior Year			
Course	DOE	ECHS CORE	Ivy Tech Req.	Course	DOE	ECHS CORE	Ivy Tech Req.
ENGL 112 Exposition and Persuasion (3) (Ti)	1094	E		COMM 101 (ENGL) Fundamentals of Public Speaking (3) (Ti)	1076	E	MPR
MATH 136 College Algebra (3) (Ti)	2544	M	MPR	MATH 137 Trig with Analytic Geometry (3) (Ti)	2544	M	MPR
APHY101 Anatomy and Physiology I	5276/ 3090cc	S	MPR	APHY102 Anatomy and Physiology II	5276/ 3090cc	S	MPR
PSYC 101 Introduction to Psychology – 3 (Ti)	1532	H-EI	MPRe	SOC 111 (3) (Ti)	1574	EI	MPRe

* Prerequisites must be met prior to enrollment. See course description in catalog for details.

MAYMESTER AT Vincennes University – Summer 11 Days at VU			
Course	DOE	ECHS CORE	Ivy Tech
BIOL211 General Microbiology I (3) (Ti)	3090	Se	MPRe
PSCI – Political Science (3) (Ti)	1574	H	

GRADE 12

Semester I- Senior Year				Semester II – Senior Year			
Course	DOE	ECHS CORE	Ivy Tech Req.	Course	DOE	ECHS CORE	Ivy Tech Req.
ENGL 220 – Intro to World Lit I (3) (Ti)	1052	E		ENG 221 – Intro to World Lit II (3) (Ti)	1052	E	
ECON 101 Economics Fundamentals (3) (Ti)	1574	H		NRSG 102 Medical-Surgical Nursing I (2)		DE	MPR
NRSG 100 Fundamentals of Nursing (3)		DE	MPR	NRSG 103 Medical – Nursing I Lab (2)		DE	MPR
NRSG 101 Fundamentals of Nursing Lab (1)		DE	MPR	NRSG 105 Medical Surgical Nursing I Clinical (2)		DE	MPR
NRSG 106 Pharmacology of Nursing (3)		DE	MPR				

* Prerequisites must be met prior to enrollment. See course description in catalog for details.

POST HIGH SCHOOL GRADUATION – COMPLETE ASSOCIATE'S OR CONTINUE ON TO 4 YR INSTITUTION

Semester I	Semester II
One Science Course APHY 201 Advanced Human Physiology/ BIOL 201 or General Microbiology / BIOL 211 General Microbiology/ CHEM 101 or Introductory Chemistry CHEM 111 / PHYS 101 Physics I	*NRSG 200 Complex Medical-Surgical Nursing for the ASN NRSG 201 Complex Medical-Surgical Nursing for the ASN Clinical to the ASN NRSG114 Health Care Concepts in Nursing I NRSG 202 Nursing Care of the Complex Family NRSG 203 Nursing Care Complex Family Clinical NRSG 204 Psychiatric Nursing 2 NRSG 205 Psychiatric Nursing Clinical
*NRSG 110 Medical Surgical Nursing II *NRSG 111 Medical Surgical Nursing II VNRSG112 Maternal -Child Nursing VNRSG113 Maternal-Child Nursing Clinical	

IVY TECH
COMMUNITY COLLEGE

March 3, 2010

Sean Gorman, Director
Indiana State Board of Nursing
Indiana Professional Licensing Agency
402 West Washington Street
Indianapolis, IN 46204

Mr. Gorman,

We are pleased to announce that Cibele Webb, MSN Ed., RN, has been named Director of both the Practical Nursing and Associate of Science Degree nursing programs at Ivy Tech Community College's Valparaiso campus. Ms. Webb obtained her Master's Degree in Nursing with specialization in Health Care Education from the University of Phoenix in 2009. She has 14 years experience in nursing, with employment in higher education since 2007. Ms. Webb's Curriculum Vitae is attached.

Please feel free to contact me additional information is needed.

Respectfully,

Deborah A. Halik, Ph.D
Vice Chancellor of Academic Affairs
Ivy Tech Community College-Northwest

RECEIVED
MAR 08 2010
Indiana Professional
Licensing Agency

1440 EAST 35TH AVENUE
GARY, INDIANA 46409
219-981-1111

Ivy Tech is an accredited, equal opportunity, affirmative action community college.

Cibele Cristine Webb, MSN Ed., RN
4679 W. Malaga Court La Porte, Indiana 46350
(219) 362-3945 (H) or (219) 851-0935 (C)
Personal e-mail: cibelewebb@hotmail.com

EDUCATION

Master of Science in Nursing & Health Care Education, G.P.A. 3.97
University of Phoenix graduated June 2009

Bachelor of Science in Nursing G.P.A. 3.87
Michigan State University, East Lansing, MI graduated May 2000

Associate in Applied Sciences, Nursing Major (RN) G.P.A. 3.87
Kalamazoo Valley Community College, Kalamazoo, MI graduated May 1997

Certificate Degree in Nursing (LPN) G.P.A. 3.87
Kalamazoo Valley Community College, Kalamazoo, MI graduated May 1996

TEACHING EXPERIENCE

Assistant Professor of Nursing **Ivy Tech Community College,** Valparaiso, IN,

Aug 2009 – Present

- Course Lead Instructor Spring 2010: NRSG 202 *Care of the Complex Family*
  Redesigned teaching strategies and assessments according to ITCC statewide curriculum
- Clinical Lead Instructor Spring 2010: NRSG 203 *Care of the Complex Family Clinical*:
  Redesigned teaching strategies, including a discussion question board online, assessments, and secured new clinical opportunities according to ITCC statewide curriculum
- Clinical Instructor Spring 2010: NRSG 201 *Med-Surg III Clinical* in a Step-down Telemetry Critical Care Unit, St. Anthony Memorial Hospital, Michigan City, IN
- Course Lead Instructor Fall 2009: NRSG 102 *Medical-Surgical Nursing I*
  Redesigned teaching strategies and assessments according to ITCC statewide curriculum
- Course Instructor Fall 2009: NRSG 103 *Med-Surg I Nursing Laboratory*
  Utilized newly acquired Vita-Sim and Sim-Man Labs at Valparaiso Campus

RECEIVED

MAR 0 8 2010

Indiana Professional
Licensing Agency

- Clinical Lead Instructor Fall 2009: NRSG 105 *Med-Surg I Clinical* in an Oncology Med-Surg Unit at Porter Memorial Hospital, Valparaiso, IN

Adjunct Nursing Faculty **Bethel College,** Mishawaka, IN, Aug 2009 – Present

- Course Lead Instructor Fall 2009: NUR 362 *Women's Health Online*
  Redesigned teaching strategies and assessments for complete asynchronous online delivery
- Clinical Instructor Fall 2009: NUR 211 *Maternal-Newborn and Obstetrics Clinical* at St. Joseph Medical Center, South Bend, IN

Clinical Nurse Educator **La Porte Hospital,** La Porte, IN, Oct 2008-Jul 2009

- Course Instructor: Critical Thinking Workshop
- Course Designer: Cardiac Pathophysiology
- Course Instructor and Designer: Cultural Competence
- Course Facilitator: Certified Nursing Assistant (C.N.A.) Core Plus
- Course Instructor and Designer: C.N.A. Monthly Continuing Education Updates
- Course Instructor and Designer: Magnet Updates '14 Forces of Magnetism' Educational Sessions
- Indiana State Department of Health Certified Course Instructor: C.N.A. Training Course
- Indiana State Department of Health Certified Clinical Instructor: C.N.A. Training Course
- Course Instructor: Patient Care Provider Hospital Orientation
- Course Facilitator: Safe Patient Handling (No-Lift) Program
- American Lung Association Certified Course Instructor: Tuberculosis/PPD Mantoux Test Certification and Re-Certification Courses (continue to teach this course at LaPorte Hospital every semester)
- American Heart Association Certified CPR Instructor: Basic Life Support (BLS) (continue to teach this course at LaPorte Hospital every semester)

Clinical Instructor **Purdue North Central University,** Westville, IN, 2007

- Clinical Instructor Spring 2007: NUR 231A - Obstetrics and Postpartum, St. Anthony's Hospital, Michigan City, IN
- Clinical Instructor Spring 2007: NUR 232A – Pediatrics, Porter Memorial Hospital, Valparaiso, IN

Tutor and Teaching Assistant **Kalamazoo Valley Community College,** Kalamazoo, MI

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- Nursing Laboratory & Health Sciences Learning Center
- 1994 – 1997
  Tutored chemistry, biology, anatomy and physiology, pathophysiology, and pharmacology
  Teacher's assistant for nursing lab open practice

PRESENTATIONS

Webb, C. (2009). *Assessment of Current Clinical Practices in Clinical Nursing Education and Evaluation of Student Performance.*

- Invited break-out session speaker for Ivy tech Community College Statewide Nursing Program Assembly October 9, 2009.
- Poster Presentation at Sigma Theta Tau International Nu Omicron-at-large Chapter on October 20, 2009.

PUBLICATIONS

Vottero, B., & Webb, C. (2008). *La Porte Hospital and Health Services Magnet Re-Designation Document.* La Porte Regional Health System: Vitals Intranet [LRHS Internal Publication].

NURSING EXPERIENCE

La Porte Hospital, La Porte, IN
Cardiac Catheterization Laboratory (circulate/admit/monitoring) May 2007-Feb 2010 Emergency Department (charge/triage/staff nurse)
May 2004 – May 2007

Memorial Hospital, South Bend, IN
Emergency and Level II Trauma Center & Chest Pain Center June 2001-May 2004

Covenant Healthcare Hospital, Saginaw, MI
Emergency and Level II Trauma Center Aug1999 – Jun 2001

Sparrow Hospital, Lansing, MI
Neuro Telemetry Step-down Critical Care Unit Sep1998 - Dec1999
Outpatient Fertility Surgical Services May1998 - Dec1999

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Mother-Baby Postpartum Center and Nursery Feb1998 – Sep 1998

Medical-Surgical Telemetry Unit Sep1997- Feb1998

Borgess Medical Center, Kalamazoo, MI

Emergency and Level I Trauma Center June 2002 – Jan 2003

Medical-Surgical Unit May 1996 - Aug 1997

PROFESSIONAL MEMBERSHIPS

American Nurses Association member since 1997

Indiana State Nurses Association member since 2005

Sigma Theta Tau International member since 2008

National League for Nursing member since 2009

American Heart Association member since 2007

American Lung Association member since 2007

HONORS AND AWARDS

Valparaiso University Student Choice Award (Mentoring Recognition) 2007

Bethel College Nursing Grant Award 2006

Michigan State University CADNA Scholarship Award 1999

Michigan State University Rao & Joyce Kareti Scholarship Award 1998

Kalamazoo Valley Community College Anna & Clifford Whitten Award 1997

Student Nurses Association Phi Theta Kappa Class President 1995-1997

CERTIFICATIONS

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Trauma Nursing Core Course (TNCC) Certified, expiration August 2010
Advanced Cardiac Life Support (ACLS), expiration March 2010
Pediatric Advanced Life Support (PALS), expiration March 2010
Basic Life Support (CPR), expiration May 2011
Mantoux (TB) Instructor, expiration January 2011
Designated Requestor by the Indiana Organ Procurement Organization
Designated Preceptor
EKG Interpretation Course

COMMITTEE ASSIGNMENTS

Ivy Tech Community College

Writing Across the Disciplines Northwest Region Committee
Nursing Department Curriculum Committee Valparaiso Campus

La Porte Regional Health System

Research Committee Member 2004-2009
Advanced Practice Nursing Council Member 2008-2009
Nursing Peer Review Committee Member 2009
Magnet Champions Committee 2008-2009
Magnet Core Committee Member 2008- 2009
Safe-Patient Handling Committee 2008-2009

COMMUNITY SERVICE

Guest Speaker: Self- Breast Exams Education, La Porte High School, 2009
Guest Speaker: Health Occupations, La Porte High School, 2009
Volunteer Service: Blood Pressure and Osteoporosis Screening, La Porte Hospital, 2009
Volunteer Service: 2Big Hearts Walk-a-Thon, La Porte Hospital Foundation Event, 2008
Volunteer Service: LRHS' Women's Health Fair, Michigan City, IN, 2008

ADDITIONAL INFORMATION

Fluent in Spanish and Portuguese languages
State of Indiana RN License Number 28151957A, expiration October 31, odd years

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Indiana Professional
Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

March 29, 2010

Susan J. Waltz, RN, DNP
Nursing Department Chair
Ivy Tech Community College – Columbus
4475 Central Avenue
Columbus, IN 47203

Dear Ms. Waltz:

The Indiana State Board of Nursing has received your proposed corrective action plan to address your RN program's substandard graduate NCLEX pass rates. The Board will be discussing your proposal at the meeting scheduled on **Thursday, April 15, 2010**. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board will be discussing education items beginning at approximately **8:45 a.m.**

Please let me know if you are unable to make arrangements to have somebody representing Ivy Tech Columbus available at the meeting to answer any Board questions regarding your proposal.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman
Director, Indiana State Board of Nursing

IVY TECH COMMUNITY COLLEGE

February 10, 2010

Indiana State Board of Nursing

Indiana Professional Licensing Agency

402 W. Washington St. Room W072

Indianapolis, IN 46204

Re: Ivy Tech Community College Columbus campus Plan of Correction

To Whom It May Concern:

In the past, notification usually went out by letterform to campuses with pass rates that were below the national average for at least 3 years. However since we have not received anything yet, we have taken the liberty to submit our plan of correction to increase the NCLEX-RN pass rate for the Columbus campus ASN graduates. Feel free to contact me.

Respectfully,

Dr. Susan J. Waltz RN

Susan J. Waltz, RN DNP

Nursing Department Chair, Professor

Ivy Tech Community College – Columbus

812-374-5178

swaltz@ivytech.edu

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MAR 03 2010

Indiana Professional Licensing Agency

4475 CENTRAL AVENUE
COLUMBUS, INDIANA 47203
812-372-9925
FAX 812-372-0311

Ivy Tech is an accredited, equal opportunity, affirmative action community college.

Ivy Tech Community College

Columbus ASN Program

Plan for Improvement of NCLEX-RN Pass rates

Potential Factors contributing to low pass rate:

1. Faculty and students not utilizing ATI (Assessment Technology Institute) effectively
2. Admitted students to fill cohort groups which allowed students to be admitted to the ASN program that in subsequent admission groups would not have been admitted due to their total admission points being low.
3. Students have much difficulty remembering material and putting it together until their 3rd or 4th semester.
4. Potential instructor gaps. (i.e. if an instructor did not cover a topic as thoroughly as the next one that could leave a gap information. We have found that some faculty did not present dosage calculation or NCLEX style questions to students during post-conference so the department chair spoke with those faculty about carrying out that directive. We can't say for certain that the didactic faculty did or did not cover all topics, however when we went from old curriculum to new curriculum we noted that it took some time for everyone to get on track with its set up so we figured there could be some instructional gaps possible.)
5. Some graduates do not test in the 3 month window following graduation
6. Faculty who were used to teaching PN students are now teaching ASN students so they are learning how to increase the level of critical thinking that is necessary for ASN.
7. Students were allowed to complete the ASN in 18 months instead of 4 traditional semesters which gave a false sense of accomplishment; therefore they did not spend as much time preparing for NCLEX-RN because they "knew it all".
8. Some students told us they did not take their 1st NCLEX attempt seriously because they knew they could take it again if they did not pass the 1st attempt. Some have even confessed that they did not study before taking the NCLEX – these were students who made the Dean's list in college.

Assessment:

1. Have purchased ASN Program Reports from NCSBN (National Council State Boards of Nursing) since 2005 to current; analyze reports for areas of potential weaknesses.
2. Analyze SEP(Systematic Evaluation Plan) data and feedback from students
3. Analyze grade distribution for courses
4. Analyze ATI content test results for areas of instructional or curricular weakness
5. Comparing data from reports & ATI to identify areas of potential weakness
6. Peer review of exams for appropriateness of cognitive level for the student level, content validity, clarity, coverage of unit objectives and nursing process.
7. Talking with students to gain feedback from their point of view

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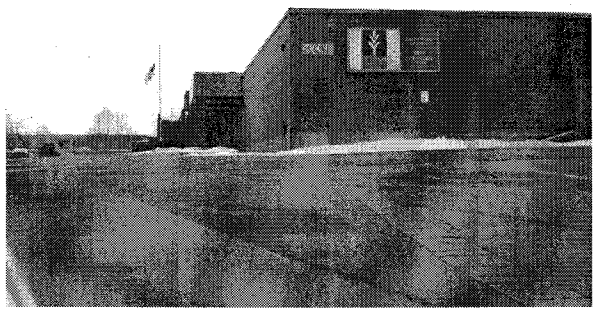
MAR 03 2010
Professional

IVY TECH COMMUNITY COLLEGE
LOGANSPORT
NURSING PROGRAM
CHANGE OF LOCATION

We have moved from here....



To here

Change in Educational Site

Ivy Tech Community College - Logansport Campus

The Nursing Program of Ivy Tech Community College in Logansport has moved its location January 4, 2010. The program is now located at 1 Ivy Way, Logansport, IN 46947. The moved has allowed the expansion of the School of Health Sciences. All of the supplies and equipment that were located at the former location have been moved to the present location.

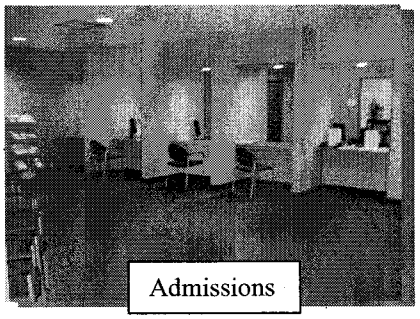
The previous site consisted of leased space in two buildings, one of which was shared with other tenants. The new site is newly constructed on college owned property, in a highly visible and growing area of the community and is easily accessible from highway 35 / Hoosier Heartland Corridor for easy access.

Enrollment growth at the Logansport Campus could only be attained by relocating the campus as the facility could no longer handle additional programs or increases in enrollment. Available parking for students became limited and the enrollment increases created more stress on the aging building. The Logansport Campus could not maintain its current enrollment and programs or manage expected future growth without a new campus solution

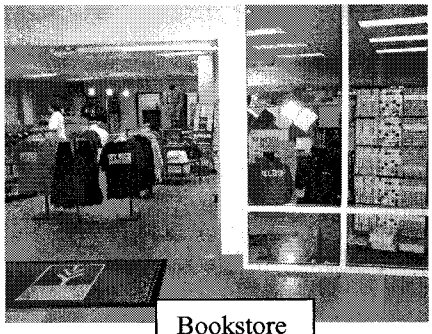
The new site includes administrative and support services. The administrative services include an Associate Vice Chancellor for Student Affairs and Vice Chancellor/Dean, for the campus that reports directly to the Kokomo Region Chancellor.

Support services include:

- Admissions Office
- Advising
- Assessment and Certification Center
- Bookstore
- Business Office
- Career Services
- Disability Services
- Distance Education via Video Conferencing
- Financial Aid
- Library/Learning Resource Center
- Open Computer Labs with staff assistant
- Records Office
- Transfer Assistance
- Tutoring Services
- Medical Labs
- Facilities

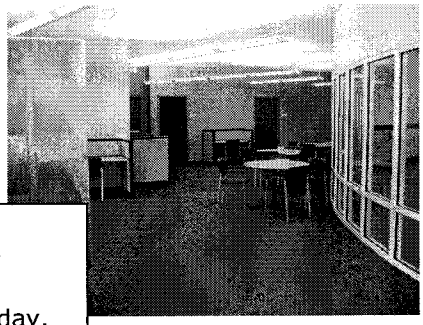


Admissions

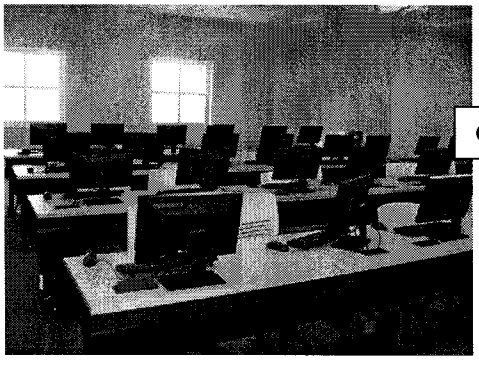


Bookstore

Library



Hours
8am- 9pm. Monday through Thursday;
8 am - 4:30 pm Friday,
8 am -noon Saturday



Computer Labs

Faculty offices are spacious and there are additional faculty work areas providing for cross program planning and improved communication and assistance for all faculty. Work areas, telephones, computers, copier, clerical assistance, and a faculty work area are conveniently located throughout the building.

Three medical labs are available for health science programs. Science labs, designed for community college level instruction, are available, as well as multiple industrial maintenance and computer labs.

The community room and several other meeting rooms are available for college activities, including regional and state retreats and planning meetings. The Logansport Campus can now host community and regional events to bring community members onto campus and better acquaint them with Ivy Tech offerings.

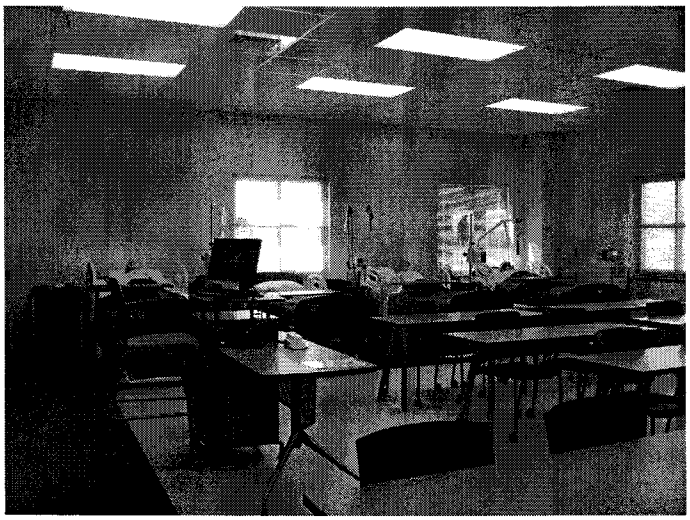
In addition to the increased availability of computer lab access and tutoring, the new campus has a greatly expanded library which allows students increased access to materials supporting their programs and access to personnel who can help them in their research efforts.

The PN program currently has 18 students enrolled. The LPN to ASN program currently has 19 students enrolled and the traditional ASN program currently has 19 students enrolled. The enrollment is a closed enrollment and the students are

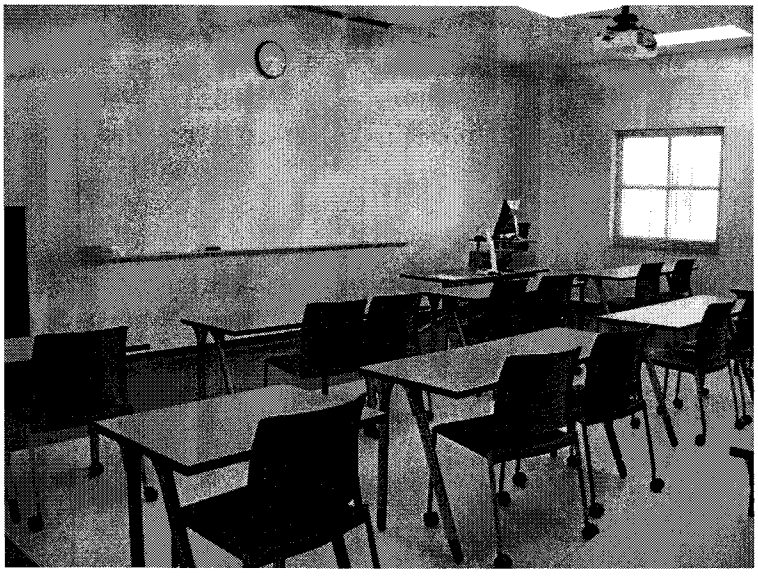
allowed to enter the program at the beginning of the fall semester. The traditional program starts only on the even years.

At the start of each semester, general safety rules are explained in all classes. There are fire extinguishers and fire alarms located throughout the building. In each classroom there is a telephone that can be used in emergencies. Next to the phone is a book that gives the emergency procedures for the building. A security person is available in the evenings to assist students to their cars if needed and to oversee the operation of the Ivy Tech classrooms.

The Nursing Laboratory has a storage room along with the cabinet space. A computer is in the lab with a LCD projector and ELMO for the instructor to use.



Nursing Lab



Lecture room.

In addition to the move, my title has also changed from Coordinator to Assistant Department Chair. The duties of this position are essentially unchanged. I still coordinate the clinical sites for the Logansport and Wabash campuses, facilitate faculty and staff needs, order supplies, and assist students.

Hopefully, I have provided all of the information that you need. Please contact me if I need to provide any addition information.

Marian Henry, BSN, RN
Assistant Department Chair, Nursing
Ivy Tech Community College, Kokomo Region
1 Ivy Tech Way
Logansport, IN 46947
574-753-5101 Ext. 2264
mhenry15@ivytech.edu
fax: 574-753-5103

ITT Technical Institute ITT

2810 Dupont Commerce Ct.
Fort Wayne, IN 46825-2393

(260) 497-6200
(800) 866-4488
www.itt-tech.edu

March 11, 2010

Sean Gorman, Board Director
Indiana State Board of Nursing
Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

RE: ITT Technical Institute, Fort Wayne

Dear Mr. Gorman:

Please accept this letter as notification of the resignation of ITT Technical Institute, Fort Wayne's Nursing Program Chair, Denise Jordan, effective March 12, 2010. The institution is currently interviewing for her replacement; in the interim, Susan Towle-Jarvis is overseeing the program (see attached resume).

If you require additional information, please do not hesitate to contact me at 260-497-6200.

Thank you for your continued support.

Sincerely,

Alois M. Johnson
Director
ITT Technical Institute, Fort Wayne

cc: Laurel Valentino, RN Board President
Lynda Narwold, RN, Board Secretary
ITT Educational Services, Inc.

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Susan Jarvis

PERSONAL INFORMATION

Home address: 8404 Harbor Pines Place Fort Wayne, IN 46825
Email address: stowle_jarvis@itt-tech.edu
Phone: 260-489-4923
R.N. Licensure: Indiana - 28180533A

EDUCATION:

Master's degree 2001	University of Massachusetts Amherst, MA Major area: Nursing
Bachelor's degree 1986	Fitchburg State College Fitchburg, MA Major area: Nursing

PROFESSIONAL EDUCATIONAL EXPERIENCE:

Nursing Instructor
ITT Technical Institute
Fort Wayne, IN
August 2009 - Present

- Level of nursing program – Associate of Science in Nursing (ASN)
- Develop daily lesson plans to include instructional aids.
- Teach material from approved curriculum in accordance with assigned schedule to ensure student satisfaction.
- Assist students in achieving completion of objections. Provide regular, accurate and timely feedback to students relative to their performance.
- Exercises normal classroom supervision to effect a positive learning environment.
- Advises students on matters related to academics, behavior, attendance, etc.
- Courses taught – NU130 Adult Nursing I

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Contract Writer
Lippincott, Williams, & Wilkins
Philadelphia, PA
March 2009 - present

- Write interactive medical-surgical case studies and on-line course modules for use in medical-surgical nursing courses

Adjunct Clinical Instructor
University of St. Francis
Fort Wayne, IN
August 2008 – April 2009

- Level of nursing program – Associate of Science in Nursing (ASN)
- Teach material from approved curriculum in accordance with assigned schedule to ensure student satisfaction.
- Assist students in achieving completion of objectives for third semester medical-surgical nursing course. Provide regular, accurate and timely feedback to students relative to their performance.
- Exercises supervision in the clinical area to effect a positive learning environment

Associate Professor

Holyoke Community College
Holyoke, MA
January 2004 – August, 2008

- Level of nursing program – Associate of Science in Nursing (ASN)
- Develop daily lesson plans to include instructional aids.
- Teach material from approved curriculum in accordance with assigned schedule to ensure student satisfaction.
- Assist students in achieving completion of objections. Provide regular, accurate and timely feedback to students relative to their performance.
- Exercises normal classroom supervision to effect a positive learning environment.
- Advises students on matters related to academics, behavior, attendance, etc.
- Courses taught included Fundamentals on Nursing and the 4th semester Medical-Surgical Nursing course
- Chair of ADN program with administrative responsibilities
- Curriculum coordinator for 1st and 4th semester, coordinated course work and clinical sites.

Clinical Adjunct Instructor
Holyoke Community College
Holyoke, MA
September 2003 – December 2003

- Clinical adjunct for introductory nursing course

Clinical Adjunct Instructor
Springfield Technical Community College
Springfield, MA
September 2003 – December 2003

- Clinical adjunct for introductory nursing course

Clinical Adjunct Instructor
Our Lady of the Elms College
Springfield, MA
September 2003 – December 2003

- Clinical adjunct for psychiatric nursing course

Assistant Clinical Professor
University of Massachusetts Amherst, School of Nursing
Amherst, MA
September 2001 – August 2003

- Level of nursing program – Bachelor's of Science in Nursing (ABN)
- Teach material from approved curriculum in accordance with assigned schedule to ensure student satisfaction in health assessment course, clinical practicum, and senior internship.
- Assist students in achieving completion of objections. Provide regular, accurate and timely feedback to students relative to their performance.

PROFESSIONAL CLINICAL EXPERIENCE:

Per Diem Registered Nurse
Wing Memorial Hospital
Palmer, MA
April – 2005 – August 2005

- Accepted short term assignments on medical-surgical areas

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Per Diem Registered Nurse
Nursing Registry
Chicopee, MA
1998 - 2001

- Accepted short term assignments in several Western Massachusetts long term care facilities

CQI Coordinator
Center for Extended Care at Amherst
Amherst, MA
1994-1998

- Headed committees in preparation of initial JACHO survey
- Infection control nurse; wrote, administered, and enforced facility infection control policy
- Liaison for employee health and worker's compensation

Charge Nurse
Mediplex of Northampton
Northampton, MA
1992 -1994

- Charge of 40 beds on a level 2 unit; overseeing 2 LPNs and 4-6 certified nursing assistants, completed MDS forms and care plans, attended care plan meetings, communicated with physicians, ancillary team members, and families

Staff Development Coordinator
Amherst Nursing Home
Amherst, MA
1985-1992

- Wrote and taught state approved certified nursing assistant certification program, wrote and delivered monthly in-services on a variety of subjects for all facility employees.

PROFESSIONAL ACTIVITIES/SERVICE:

- Sigma Theta Tau International Honor Society of Nursing

PUBLICATIONS:

- Cunningham, Stacciarini, Towle. Strategies to promote success on the NCLEX-RN FOR STUDENTS WITH English as a second language. Nurse Educ., 2004- Jan-Feb; 29 (1) 15-19.

UNIVERSITY SERVICE:

- HCC Scholarship & Awards Committee, HHC
- Curriculum committee Holyoke Community College
- Department Chair, Holyoke Community College

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Licensing Agency

BROWN MACKIE COLLEGE[SM]

Personal Attention, Professional Growth

February 16, 2010

Mr. Sean Gorman, Board Director
Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

RE: Brown Mackie College-Merrillville

Dear Mr. Gorman:

This letter is to inform you that Dr. Paula Sigman has resigned her position as the Brown-Mackie Practical Nursing Administrator effective February 4, 2010. In an effort to provide consistent leadership and lend stability to the Practical Nursing program, Katherine Schryner, MBA, RN has been named the interim Practical Nursing Administrator effective February 5, 2010. This interim appointment will allow the College to conduct a national search for a qualified Practical Nursing Administrator.

Ms. Schryner has been employed at Brown Mackie College-Merrillville since March 28, 2006 as an instructor and has been the Practical Nursing department chair since September 19, 2009. In addition, she has a passion for student centered learning and a heartfelt desire to see students excel in the field of nursing.

Her resume is attached for your review. Please feel free to contact me with any questions.

Sincerely,

Sheryl Elston

Sheryl Elston
Campus President
Brown Mackie College-Merrillville

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FEB 17 2010
Indiana Professional
Licensing Agency

March 19, 2010

Indiana State Board of Nursing
Health Professions Bureau
402 West Washington Street, Room W072
Indianapolis, IN 46204

To Whom It May Concern:

The NCLEX pass rates for the graduates of the Associate of Science Program at Ivy Tech Community College, Greencastle campus, have shown a decline below the desired national pass rate for the past few report years. The college takes the success of students seriously and has begun a close review of the educational experience being offered. The pass rate declines coupled with recent unfilled faculty resignations have required the college suspend the planned admission of traditional Associate of Science students for the coming fall 2010 semester. The campus will move forward with the plans to accept 20 Practical Nursing students for the fall 2010 semester. Students have been offered the opportunity to transfer their applications to the ASN and / or PN programs to the Terre Haute campus. Traditionally the Greencastle campus does not offer enrollment in the spring semester. As the LPN program NCLEX pass rates remain strong the college would like to offer an additional 20 PN spots for the spring 2011 semester.

We recognize and regret the potential inconvenience this may impose on some individuals but feel that prospective students and their future patients deserve the highest quality nursing education opportunity the college can provide. If the board would like to discuss this in greater detail, the college would appreciate the opportunity to do this at the April 2010 meeting.

Respectfully submitted,

Kim Cooper, RN, MSN
Nursing Department Program Chair – Terre Haute and Greencastle campus
Ivy Tech Community College
8000 South Education Drive
Terre Haute, IN 47802
(812) 298-2240
kcooper@ivytech.edu

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

March 29, 2010

Natalie Hall, MSN, RN
Administrative Dean of Nursing
Harrison College
8150 Brookville Rd
Indianapolis, IN 46239

Dear Ms. Hall:

The Indiana State Board of Nursing has received your proposal for a change in your ASN program regarding student performance in core courses. The Board will be discussing your proposal at the meeting scheduled on **Thursday, April 15, 2010**. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board will be discussing education items beginning at approximately **8:45 a.m.**

Please let me know if you are unable to make arrangements to have somebody representing Harrison College available at the meeting to answer any Board questions regarding your proposal.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman
Director, Indiana State Board of Nursing

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Terrie Breedlove
7819 Darien Ct. Apt. S226
Indianapolis, IN 46226

Dear Ms. Breedlove:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for practical nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

HHA 0902156 X 8/29/11

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

Walk-In

Lhs

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
P 50.00	3/1/10	3204844

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☒ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☒ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Breedlove, Terrie, Lynette, Combs	Gaddie

Street address (*number and street or rural route*)	City	State	ZIP code
7819 Darien Ct. Apt. S226	Indianapolis	Indiana	46226

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 897-5366	9-7-68	Baton Rouge, La

Soci	E-mail address

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Med Tech College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
6612 E. 75th St. Indpls, IN Suite 300	1-2-08	6-23-09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☒ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Lawrence Central High School

Location (*city and state*): 7300 E. 56th St. Indpls, IN

Date of graduation (*month, day, year*):

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*) refer to appl. 7/09 ☒ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☒ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
CNA Certif.	IN / USA	CNA 9200513	1/89	Active

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

Refer to application 7/2009.

CERTIFICATE OF COMPLETION

☐ **RN** ☐ **LPN**

I hereby certify that _____ *was admitted to the* _____ *Program of Nursing located in* _____ *on* _____ *and completed requirements for graduation on* _____ *will/did graduate on* _____ . *His/Her Social Security number is* _____ .

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: _____ *SIGNED* _____
Signature

_____
Printed Name

SCHOOL SEAL

_____
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

Methodist Hospital
Buchanan Pastoral Counseling
Clarian Health
A Samaritan Center

Buchanan Pastoral Counseling
1812 North Capitol Avenue
Suite 442
Indianapolis, Indiana 46202
317 962-8613 office
800 297-8370 toll free
317 962-5961 fax
www.clarian.org/buchanan

11/27/09

Report of Psychological Evaluation

Name: Terrie Breedlove DOB 9/7/68
Dates of Examination: 11/29/09, 11/27/09
Data Sources: Interviews with client, MMPI-2 Testing

Referral and Background: This client was referred by a Wishard Clinic related to her need for assessment around her suitability for licensure as an LPN. She explained that she had been denied such license recently as a result of a criminal record and job attendance problems related to child care, family, and transportation problems.

Presenting Problem: Ms. Breedlove indicated that she has Bipolar Disorder which is being treated and currently well managed. She had numerous symptoms of the disorder in the past including mood swings, instability, and depression. Currently, her sleep and appetite were reported normal. She is attempting to improve her diet and became involved in a weight loss program. She looks forward to nursing and her son and denied any suicidal tendencies. She reported that she believes that she has been doing well managing her life.

Medical/Psychiatric: This client reported a history of hypertension and obesity. She takes Lithium 450 mg II and Risperdal 1 mg H.S. for management of Bipolar. In addition, she takes medication for blood pressure. She has been seeing a N.P. at Grassy Creek Clinic (Wishard) for about a year and stated her symptoms are in remission now. She is also involved in ongoing counseling monthly. She was seen at Gallahue MHC in the past but was not motivated nor compliant at that time. No current involvement with alcohol or substance abuse reported. She was involved using crack cocaine with her husband between 2001 and 2004. She indicated that she was willing to sacrifice everything for her husband then, but since 2004-2005, she opted to remain healthy and give up her previous destructive lifestyle.

Other Pertinent Psychosocial History: Ms. Breedlove explained that she was sexually and physically abused in early years which affected her self image but since then, she has dealt successfully with those issues. She explained that her terminations from CAN positions were related to attendance given difficulties in child care, family problems, and transportation. She has been working as CNA during the past twenty years. She always had good rapport with patient and positive patient care. She stated that she had good

attendance in the LPN program and maintained a B grade average. Much of her criminal record occurred during 1999-2005, during which time she was involved in an abusive relationship with her husband. She further explained that he was a drug addict, and she was involved in forgery and theft in order to provide money for the family. During that time, she had periods of serving time in jail, home detention, and work release. She also failed to appropriately take her psychotropic medication, as she was diagnosed with the disorder in 1996. She reported no legal problems or arrests since 2005, except for driving on suspended in 2007. She lives with her 9 year-old son and is separated from her husband and denied involvement with him at this point. She asserted that her transportation and child care are reliable now and that she obtains support from her parents, grown daughter, and a friend. She believes that she has been making positive decisions for herself since 2005, when she started on a different life path. Her life has been reasonably consistent during the past several years.

Mental Status Impressions: This client appeared pleasant and motivated during the session. She was coherent, and there were no signs of any psychosis. Her affect and thinking appeared normal. Intellect appeared normal. Judgment rated within normal limits at present, but obviously impaired in the past. There were no cognitive problems observed. Overall, this client made a positive impression.

Testing Results: On the MMPI-2, the validity scales suggested some bias in favor of making a favorable impression, which is not unusual for these types of assessments. She did appear to approach the testing in a conscientious manner. All of the primarily clinical scales were within normal limits, a finding suggesting the absence of major distress or dysfunction, at least that which can be gleaned from this self-report inventory. One of the scales reflected her previous history of substance abuse, and so this client should remain vigilant in this area, although she reported no usage in the past several years.

Diagnostic Impressions: Axis I: Bipolar Disorder NOS, 296.80. Axis II: None. Axis III: Hypertension, obesity. Axis IV: Psychosocial stressors rated as mild. Axis V: Global Assessment of Functioning rated at 65-75 (minimal to well managed symptoms at present)

Overall Impressions: Ms. Breedlove obviously presented with a history of major mental disorders and behavioral problems including substance abuse associated with those. At present though, she appeared stable and her Bipolar symptoms seem reasonably well managed. There was no evidence to suggest current behavioral problems, and in fact, she appeared to display a conscientious and reliable attitude. Of course, this assessment did not rely on any drug testing or other ancillary legal data. I have appreciated the opportunity to be of service to this motivated client.

Mark Roth, Ph.D., HSPP
Clinical Psychologist

RECEIVED
JAN 07 2010
Licensing Agency

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

August 24, 2009

Terrie Breedlove
7819 Darien Ct. Apt S226
Indianapolis, IN 46226

Dear Ms. Breedlove:

The Indiana State Board of Nursing reviewed your application for renewal of licensure at their meeting held on August 20, 2009. Pursuant to Indiana Code 25-23-1-12, a person who applies to the board for a license to practice as a licensed practical nurse must not have been convicted of an act that would constitute a ground for disciplinary sanction under Ind. Code 25-1-9 or a crime that has a direct bearing on the person's ability to practice competently.

Based upon the above statute, the Board voted to deny your renewal application.

You may reapply at any time, but you will have to satisfy the Board's requirement that you demonstrate that you are safe to practice.

You have the right to petition for review of this decision under IC 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision.

According to law, the request for administrative review must be filed with the Board within eighteen (18) days from the date of this letter. If such date is a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency offices are closed during regular business hours in which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency is closed during regular business hours.

If your petition for review is filed timely and review is granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A Deputy Attorney General may be present to represent the state of Indiana. As petitioner, you will have the burden of proving you are qualified to obtain review.

If further information is needed or if you have any questions, please do not hesitate to contact this office by calling (317) 234-2043 or by e-mailing pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman, Board Director
Indiana State Board of Nursing

CERTIFIED MAIL NUMBER: 7008 1830 0003 8054 8247
RETURN RECEIPT REQUESTED

Volunteers of America
Indiana

August 18, 2009

To whom it may concern,

I am writing this letter in support of Terrie Breedlove as she comes before your board seeking licensure. Miss Breedlove was a client at VOA during which time I had the pleasure of working with her. Miss Breedlove was actively involved in bettering herself through our groups, individual and family counseling. She was concerned about her parenting and wanted to leave here a better parent and role model for her son. Miss Breedlove worked with me for over a year while in our facility and in that time I saw positive growth in her as a person. Miss Breedlove involved her son in counseling as she began to transition home in order to make this transition easier for her son. She continued with family and individual sessions after her release to continue her growth and understanding of herself.

Miss Breedlove spoke of becoming a nurse during our sessions. She began classes shortly after her release and managed to maintain a home life and attend classes as a single parent. She had a goal and has apparently completed the course work necessary to achieve that goal. Nursing is not an easy profession but one where compassion and understanding are important. Miss Breedlove made a mistake in the past. She served her time, and used that time to become a stronger and better person. I believe Miss Breedlove would be an asset to the profession of nursing.

Thank you.

Michelle Luallen MSW, LSW

Michelle Luallen MSW, LSW
Healing Families Coordinator
Volunteers of America
927 North Pennsylvania
Indianapolis, IN 46202

August 18, 2009

Indiana State Board of Nursing
402 West Washington Street
Indianapolis, Indiana 46204

To Whom It May Concern:

This letter is in reference to Mrs. Terrie Breedlove. With extreme honor and delight I have worked with Terrie Breedlove for more than 5 yrs in the Chaplaincy Department for the Marion County Jail. Terrie is a very detailed and organized individual whom loves to serve people in all capacities of life. Terrie has displayed integrity and efficiency in every area of her life while she was incarcerated. In addition she has always exemplified consistency, commitment, confidence and concern for those who she assisted with bible studies and encouragement while housed in the same cell unit. Terrie has always done a commendable job and is very detailed in every area when assisting me with Chapel Service. Her personality and integrity is valuable in the area of work she performs and offers superb character to our ministry.

I trust that this letter will stand as a credible witness that she is outstanding and should be given consideration for whatever the intent of this letter is requested.

In conclusion if I can be of any further assistance please feel free to contact my office at anytime.

Thank You

Chaplain Sarah Barbour
317-327-1612 ofc, 317-491-4229 cell
Marion County Sheriff's Department

Sjb

Karen Brower RN CPNP
Instructor, School of Nursing
MedTech College
6612 E 75th Street
Indianapolis, IN 46250
Phone: 317-845-0100

June 9, 2009

Dear Sir or Madame,

I am a Nursing Instructor at MedTech College and I have had Ms Terrie Breedlove as a student in clinical settings. I have had her for clinicals in Ob/Peds and Med/Surg Nursing.

I know Terrie to be a very devoted and responsible student. She exhibits a strong work ethic, always going above and beyond requirements. She has a very caring and nurturing demeanor, and I feel she has the natural capacity to be a tremendous nurse.

I would recommend Ms Breedlove for the position of Practical Nurse without hesitation. I look forward to watching her mature as a graduate nurse. Please call me at 317-502-0071 and I will be happy to provide more information.

Sincerely,

Karen Brower

Karen Brower RN, BSN, CPNP

Elizabeth L. Brown, MSN, RN
MedTech College
6612 E. 75th St
Indianapolis, IN 46250
ebrown@medtechcollege.com
317-845-0100

June 12, 2009

To Whom It May Concern:

I am an instructor in the practical nurse program at the MedTech College School of Nursing. I have enjoyed having Terrie Breedlove as a student in several classes. She is currently in my Medical Surgical Nursing II and NCLEX Preparation classes. She applies herself to her studies and takes pride in improving her knowledge and skills. She studies and questions until she grasps the information and then works hard to implement this knowledge into her skills. I have enjoyed watching her knowledge and skills evolve both academically and clinically.

I believe that Terrie will bring the same commitment and dedication to her employment that she exhibits in the academic and clinical setting. Her out-going, compassionate demeanor helps her establish rapport with patients and co-workers.

It is a pleasure to provide this recommendation for her future employment.

Sincerely,

Elizabeth L. Brown

June 15, 2009

To Whom It May Concern:

I have known Terrie Breedlove for a little over a year. She is always friendly and out going. Since I've known her, Terrie has always gone out of her way to help her fellow classmates in any way she can. She has even gone so far as to make and pay for copies of her class notes for her classmates when they are out absent.

Terrie is a very pleasant person and I wish her well in all future endeavors.

Sincerely,

Jenny Cox

Jenny Cox
Faculty Support Coordinator
MedTech College

Volunteers of America
Indiana

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ebrown@medtechcollege.com
317-845-0100

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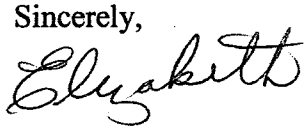

Elizabeth L. Brown

June 15, 2009

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Sincerely,

Jenny Cox

Jenny Cox
Faculty Support Coordinator
MedTech College

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

July 20, 2009 → mailed

Terrie Breedlove
7819 Darien Ct. Apt. S226
Indianapolis, IN 46226

Dear Ms. Breedlove:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **August 20, 2009** to review your Indiana nursing licensure application by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 402 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing professionally in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
250.00	7/16/09	3026758
License number	**Issuance date (*month, day, year*)**	

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☒ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☒ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Breedlove, Terrie, Lynette Combs	Gaddie

Street address (*number and street or rural route*)	City	State	ZIP code
7819 Darien Ct. Apt. S226	Indianapolis	IN	46226

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 897-5366	9-7-68	Baton Rouge, La

Social Security number *	E-mail address
	breedlove.terrie@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: MedTech College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
6612 E. 75th St. Indpls, IN 46250	4/2007	6/23/09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☒ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Lawrence Central High School

Location (*city and state*): 7300 E. 56th St. Indpls, IN 46226

Date of graduation (*month, day, year*): GED

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
☒ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☒ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
Certified Nurse Aide	IN USA	CNA9200513	3/16/89	Active

RECEIVED
JUL 16 2009
Indiana Professional

If your answer is **"Yes"** to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☒ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☒ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant: Tenia L. Pace — Date (*month, day, year*): 6/12/09

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

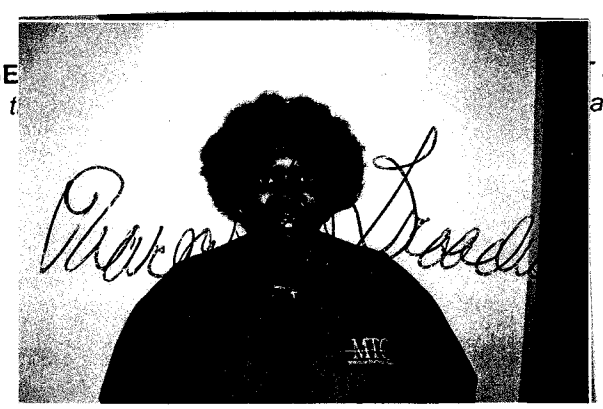
I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant: Tenia L. Pace — Date (*month, day, year*): 6/12/09

PLEASE  **STAPLE)**

(*You must place your signature, t* *al on the front of your photograph.*)

RECEIVED
JUL 16 2009
Indiana Professional Licensing Agency

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ RN ☒ LPN

I hereby certify that Terrie Lynette Breedlove was admitted to the MedTech College Practical Nursing Program of Nursing located in Indianapolis, IN on 4/2007 and completed requirements for graduation on 6/23/09 will/did graduate on 6/23/09. His/Her Social Security number is _____.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 6-29-09 SIGNED _____
Signature

_____
Printed Name

SCHOOL SEAL

_____
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

RECEIVED
JUL 16 2009
Indiana Professional Licensing Agency

Indiana
Online Licensing

New Search

ISDH Acute Care Program

Person Information

TERRIE L. BREEDLOVE

Address Information

INDIANAPOLIS IN 46226

License Information

License No:	CNA9200513
Profession:	Nurse Aides
License Type:	Certified Nurse Ai
Obtained By Method:	Examination
Issue Date:	3/16/1989
Expiration Date:	3/16/2011
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

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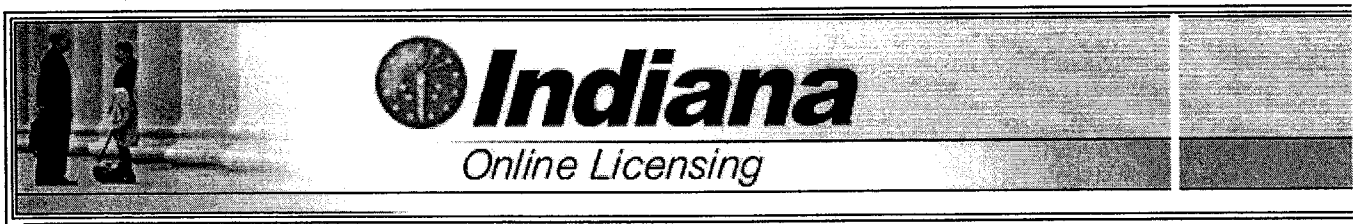

Search Results

For a more detailed view of a licensee's background, select the licensee name from the alphabetical list below. Click the numbers below the grid to see additional pages of licensees. To return to the Search page, use the Search Again button below. (Do not use the browser Back key.)

Search Again

Full Name	License Number	Profession	License Type	License Status	City	State
TERRIE L. BREEDLOVE	CNA9200513	Nurse Aides	Certified Nurse Aide	Active	INDIANAPOLIS	IN

1

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Terrie L. Breedlove
7819 Darien Court Apt. S226
Indianapolis, IN 46226

July 16, 2009

Mr. Sean Gorman
Director of Indiana State Board of Nursing
402 West Washington Street
Room W072
Indianapolis, IN 46204

Dear Mr. Sean Gorman:

I am writing this letter as part of my application process to the Indiana State Board of Nursing. I want to explain to the board the reasons that I have been terminated in my scope of practice as a certified nursing assistant.

In May 2009, I was terminated from my employment with Autumn Glen Assisted Living as a certified nursing assistant due to my criminal history. During the application and interview process, I had written and verbally discussed my past criminal convictions. I was still offered the position; after receiving my criminal background report, I was terminated from my employment.

In November 2008 and June 2005, I was employed at Alpha Home as a certified nursing assistant. I was terminated in November 2008 due to attendance issues relating to childcare. In June 2005, I was terminated for attendance issues relating to martial problems and childcare.

In June 2006, I was employed at Briarwood Healthcare as a certified nursing assistant. I was terminated due to my past criminal history, even though I had explained my past convictions on the application and in the interview. Once my criminal history came back I was terminated.

In November 2004, I was employed at Regency Place in Greenfield as a CNA. I was terminated due to my past criminal history, even though I had explained my convictions on the application and during the interview. Once my criminal history came back I was terminated.

In December 2003, I was employed at Beech Grove Meadows as a CNA. I was terminated because of insubordination related to not following company procedures and policies.

In April 2002, I was employed at Bethany Village as a CNA. I was terminated due to attendance issues related to lack of reliable transportation.

In October 2000, I was employed at Regency Place of Castleton as a CNA. I was terminated due to my past criminal history. I had explained my past criminal convictions on the application and

during the interview process. Also in July 2000, I was employed at Select Specialty Hospital as a CNA. I was terminated for attendance issues related to childcare and transportation issues.

In January 1996, I was employed at St. Vincent New Hope as a certified nursing assistant. I was terminated for attendance related to transportation issues.

In October 1995, I was employed at St. Francis Hospital in Beech Grove as a CNA. I was terminated for attendance related to childcare issues.

In 1994, I was employed at Village Christian Ford as a certified nursing assistant. I was terminated due to attendance relating to childcare and transportation issues.

In 1993, I was employed at The Forum at the Crossing as a certified nursing assistant. I was terminated due to attendance relating to childcare issues and martial problems.

In 1989, I was employed at Coventry Village as a certified nursing assistant. I was terminated due to my attendance relating to childcare issues.

I have worked in the healthcare field as a certified nursing assistant for twenty years at various healthcare facilities. During my employment as a certified nursing assistant, I have been terminated for attendance issues ranging from transportation to childcare and other issues such as martial problems and my past criminal history; with all of the issues that I faced in my employment as a certified nursing assistant, I have never received any adverse actions against my certification as a certified nursing assistant.

The issues that have caused me to be terminated in the past are not factors in the present. I have adequate childcare, reliable transportation, and my martial problems have been resolved. I have matured as a person and a healthcare professional. I have learned the importance of being at a job or anywhere when scheduled, because other people are relying and counting on me to be there.

Finally, I pray that my past employment history does not color your judgment of me in allowing me to be granted the opportunity to receive licensure as a practical nurse in the state of Indiana. I thank you in advance for your time and consideration in this matter.

Sincerely,

Terrie L. Breedlove

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cc: An additional positive response letter is attached to this letter.

Diana Gail Reimold

7-16-2009

Diana Gail Reimold
Notary Public Seal State of Indiana
Hamiliton County
My Commission Expires 10/10/2015

Terrie L. Breedlove
7819 Darien Court Apt. S226
Indianapolis, IN 46226

July 16, 2009

Mr. Sean Gorman
Director of Indiana State Board of Nursing
402 West Washington Street
Room W072
Indianapolis, IN 46204

Dear Mr. Sean Gorman:

I am writing this letter as part of my application process to the Indiana State Board of Nursing. I want to explain to the board about my misdemeanor and felony convictions that I have acquired in the state of Indiana or any other state.

On July 7, 2007 in Indianapolis, IN (Marion County), I was arrested and charged with Driving While Suspended. I plead guilty to an A Misdemeanor. I received no jail time or probation. My license was suspended prior to this incident for failure to pay tickets and an accident without insurance. The things that are different in my life from back then to now is I have paid my prior tickets, I am currently in the process of getting my driving privileges restored, and I am no longer driving without a license. I have found other means of transportation; until my driver licensee id reinstated. I have learned that it is vitally important to obey rules and regulations to prevent chaos and disorder.

On September 26, 2005 in Indianapolis, IN (Marion County), I was arrested and charged with Forgery a class C Felony. I plead guilty to the charge of forgery. I was sentenced to two years of Community Corrections (jail based program for nonviolent offenders). My husband and I had obtained personal checks that my husband had found at his job. I wrote in the date and filled out the pay to line and my husband signed the check. The things that are different in my life from back then to now is I no longer steal, I am honest and trustworthy, and I want a better life for me and my son. I learned how to say "no" and I don't give in to peer pressure.

On August 4, 2005, in Noblesville, IN (Hamilton Count), I was charged with Check Deception. I plead guilty to an A Misdemeanor and received a 90 day sentence in jail. I had written a personal check to Wal-Mart and the check was returned for insufficient funds. The things that are different in my life from back then to now is that I am more responsibility in handling my finances and I take responsibility for my actions without looking for an easy way out. I learned that I could have preventive being charged with

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check deception and spending 90 days in jail, if I would have paid the insufficient check and fees when my bank first notified me of the overdraft.

On January 19, 2004, in Indianapolis, IN (Marion County), I was charged with Invasion of Privacy (violation of a no contact order). I plead guilty to an A Misdemeanor. In April 2003, my husband and I had been charged with Domestic Battery. The case was dismissed, but the no contact order had not been lifted. My husband and I were together. The things that are different in my life from back then to now are I have self-control and I think about the consequences of my actions before I react. I learned that I am in control of my own actions and that I do not have to allow what other people say or do to influence how I react or respond to any given situation; sometimes it is just best to walk away and do nothing.

On January 21, 2004, in Zionsville, IN (Boone Count), I was arrested for Theft a class D felony. I plead guilty to the charge. I had taken a woman's purse and used her credit card to purchase gas and other items. The things that are different in my life from back then to now are that I no longer steal, I work for the things that I need, and I am honest and trustworthy. I learned when I was stealing and being dishonest, no one wanted to be around me. I want to be trusted and respected by others.

On August 23, 2002, Indianapolis, IN (Marion County), I was charged with Fraud on a Financial Institute a class C Felony. I plead guilty to the charge and was sentenced to two years of Community Corrections. I had been writing checks for large amounts for cash on a closed account. The things that are different in my life from back then to now are I do not intentionally set out do wrong, I am more financial stable, and I avoid negative influences. I have learned the importance of being honest and trustworthy.

On December 5, 1999, in Danville, IN (Hendricks County), my husband and I were charged with Forgery a class C Felony. I plead guilty to the charge and was sentenced to two years probation. My husband and I were had been writing checks on his deceased grandmother's closed checking account. The things that are different in my life from back then to now is that my husband and I are separated, I do not steal anymore, I do not engage in any criminal activity, and I, now, associate with people that a positive influence in my life. I learned that it is never okay to be dishonest.

I have had an extensive criminal history ranging from misdemeanors to felonies. I am sorry and ashamed of each and every criminal offense that I have committed. I wish I could take them all back and start my life over again, but I cannot do anything about the past. I can only better myself in the present. I am no longer that person that used to steal and be dishonest. I want the opportunity to better myself and my son's life.

In September 1996, I was diagnosis with Bipolar Disorder and Manic Depression. During the time period when I was committing criminal offenses, I was not taking my medications as prescribed by the doctor. I am not trying to use this as a defense or an excuse for my criminal activity or my behavior. Currently, I have been taking my medications consistently without fail. I, now, have a better quality of than I had before.

Finally, I pray that my past criminal convictions do color your judgment of me in allowing me to be granted the opportunity to receive licensure as a practical nurse in the state of Indiana. I thank you in advance for your time and consideration in this matter.

Sincerely,

Terrie L. Breedlove

Diana Gail Reimold
7-16-2009

Diana Gail Reimold
Notary Public Seal State of Indiana
Hamiliton County
My Commission Expires 10/10/2015

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Official Report of Test Results
TEST OF GENERAL EDUCATIONAL DEVELOPMENT

issued by
OFFICIAL GED CENTERS
of the
GENERAL EDUCATIONAL DEVELOPMENT TESTING SERVICE
OF THE AMERICAN COUNCIL OF EDUCATION

Name of Examinee:

Last	First	Middle	Maiden
COLLINS	TERRIE	LYNETTE	

Address: 5023 LEONE DR.
LAWRENCE, IN 46225

Reported To: EXAMINEE
LAWRENCE CENTRAL HIGH SCHOOL

Date of Birth 2/7/68 Last Grade Completed 12 Date Reported NOVEMBER 1, 1988

Date of Withdrawal From School: 2/9/86

Social Security Number:

Last School Attended: LAWRENCE CENTRAL HIGH SCHOOL
(if required by State Policy) INDIANAPOLIS, IN

Test	Test Date	Form	Standard Score	Percentile Rank for U.S.
Test 1: Writing Skills Test	10/31/88	AC	45	30
Test 2: Social Studies Test	10/31/88	AC	46	35
Test 3: Science Test	11/1/88	AC	48	43
Test 4: Reading Skills Test	11/1/88	AC	55	63
Test 5: Mathematics Test	11/1/88	AC	43	24
Total			235	Passed* ☒ Failed ☐
S.S. Average			47.0	

Satisfactory achievement on the high school level tests of general education development shall be a standard score of 36 or more on each of the five tests in the battery and an average standard score of 46 or more on all five tests of the battery.

*Pass or Fail as determined by state policy

white copy — DPI
yellow copy — Examinee

Signature of Chief Examiner: _____

Name of Center: Lockyear College

Address of Center: 5330 East 38th Street
Indianapolis, IN 46218

Date: NOVEMBER 1, 1988

Center Identification (if required)

11

GEDTS FORM 30
Revised Sept. 1985

Terrie Breedlove

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** ✓

Needs personal appearance: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ LG ✓

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Global Credential Evaluators, Inc.

P.O. Box 9203 • College Station, TX 77842-9203 • USA • 800-707-0979
P.O. Box 36 • 28 Westhampton Way • Richmond, VA 23173-0036 • USA • 804-617-2629

EVALUATION REPORT

DATE: March 8, 2010
NAME: Adizue, Lilian
PURPOSE OF EVALUATION: Nursing

COUNTRY: Jamaica

In the judgment of Global Credential Evaluators, Inc., Lilian Adizue has completed education in Jamaica equivalent to a one-year practical nursing program earned from a regionally accredited nursing school in the United States. Lilian Adizue has earned a 3.19 nursing GPA based on the 4.0 United States grading system.

Lilian Adizue presented to this evaluation service, in English, original copies of the following academic credentials for evaluation.

Practical Nurse Diploma, September 2008, National Academy, Jamaica
Official Transcript, 2007-2008, National Academy, Jamaica

The certificate and transcript represent the completion of one year of nursing course work and practical nursing training in Jamaica. Admission into this program requires the equivalent of a high school diploma awarded by a regionally accredited secondary school in the United States.

According to the National Association of Licensed Nurses of Jamaica, the practical nursing program offered by National Academy is recognized by the Ministry of Public Health of the government of Jamaica.

Having been employed for twenty-six years as a full-time credential evaluation specialist at three universities and with a private credential evaluation service in the United States, I, Marilyn E. Hesser, am qualified to review international academic records. I am an active member of both NAFSA: Association of International Educators and the American Association of Collegiate Registrars and Admissions Officers, which conduct educational research and publish the recommendations of the National Council on the Evaluation of Foreign Educational Credentials. GCE is a member of the National Association of Credential Evaluation Services (NACES)®.

This evaluation conforms to the placement recommendations approved by the National Council on the Evaluation of Foreign Educational Credentials and published by the American Association of Collegiate Registrars and Admissions Officers and NAFSA: Association of International Educators. GCE prepares evaluation reports based upon copies of educational documents, unless otherwise indicated above. While GCE verifies submitted credentials in order to conduct a thorough and professional evaluation, we cannot guarantee the authenticity of a particular document. A copy of this evaluation report and Lilian Adizue's credentials will remain on file and available for five years. Please make all inquiries in writing to the above address.

Marilyn E. Hesser
Global Credential Evaluators, Richmond, VA

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Lilian Adizue
3207 Candlebrook Drive
Wylie, TX 75098

Dear Ms. Adizue:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for practical nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF FOREIGN NURSING SCHOOLS

State Form 50023 (R / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	2/8/10	3193136

License number	Date of issuance (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously? ☐ Yes ☑ No

If Yes, when and in what state?

APPLICANT INFORMATION

Name (*last, first, middle, maiden*) (*include any names EVER used*): ADIZUE LILIAN NNEKA UMELO

Address (*number and street or rural route, city, state, and ZIP code*): 3207 Candlebrook dr Wylie TX 75098

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(972) 801 8518	08-08-1974	LAGOS, NIGERIA

Social Security number*	E-mail address
	Lilian022001@hotmail.com

NURSING EDUCATION

Name of nursing school: National Academy

Length of program	Date of entrance (*month, day, year*)
12 months	9-03-2007
Date of completion (*month, day, year*)	**Date of graduation (*month, day, year*)**
9-26-2008	9-26-2008

You must submit an **OFFICIAL** or **NOTARIZED** copy of your nursing school transcripts, separated into clinical and theory hours or days.

HIGH SCHOOL EDUCATION

Name of school: Cardoso High School

Location: Badia, Apapa Lagos NIGERIA

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
10-10-1994	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice any regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice any regulated health occupation.

License Type	State / Country / Territory	Number	Date of Issue	Status
C.N.A	TX	8225353	01/28/2004	Active
LVN	Kingston, Jamaica		9/26/2008	Active

FEB 08 2010

Indiana Professional Licensing Agency

COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS EXAMINATION

Have you taken and passed the Commission on Graduates of Foreign Nursing Schools Examination? ☐ Yes ☑ No	If your answer is "**Yes**", provide the date you took the examination (*month, day, year*).

The CGFNS must send evidence that you passed the examination directly to the Professional Licensing Agency.

If your answer is "**No**", you MUST TAKE AND PASS this examination before taking the registered nurse examination, and have the Commission submit such proof directly to the Professional Licensing Agency. For information regarding the CGFNS examination, please contact:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Telephone: (215) 349-8767
www.cgfns.org

** Applicants who have completed a practical nursing program are not required to take the CGFNS examination.

NOTICE: If you completed a registered nurse program or the equivalent (*2-4 year program*) in a foreign country, you will only be eligible for a REGISTERED NURSE licensure. Foreign educated registered nurses are not eligible for practical nursing licensure in Indiana.

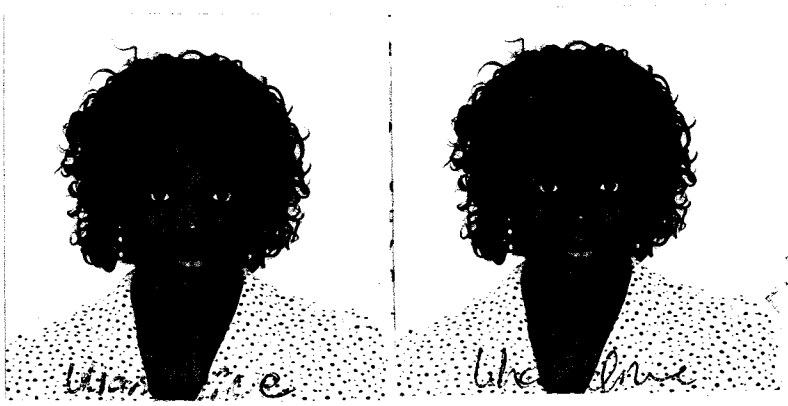
If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☑ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you now being, or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
[signature]	1-25-10



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NATIONAL ACADEMY
DEPARTMENT OF NURSING EDUCATION

"ORA ET LABORA"

119 DUKE STREET,
KINGSTON, JAMAICA
TEL: (876) 922-1484/922-3722, FAX: 922-0743
EMAIL: INFO@NATIONL-ACADEMY.COM.JM

Established 1983: Registered Ministry of Education, Jamaica. Accreditation - NCTVET

OFFICIAL TRANSCRIPT FORM

NAME: LILIAN NNEKA ADIZUE

ADDRESS: 3207 CANDLEBROOK DRIVE
WYLIE, TEXAS 75098

DATE OF BIRTH: 08 / 08 / 1974
dd/ mth/ yr

NAME OF SCHOOL OF PRACTICAL NURSING: NATIONAL ACADEMY

DATE PROGRAM STARTED: SEPTEMBER 2007 **DATE PROGRAM ENDED:** SEPTEMBER 2008

Course Code	Course No.	SUBJECTS Course/Description	HOURS/UNITS COMPLETED		GRADE RECEIVED	
			theory	clinical	theory	clinical
CL	R100	Computer Literacy	40		90	P
IC	R110	Communication	70		85	P
IS	R180	Introduction to Sociology	35		85	P
GP	R210	General Psychology	35		80	P
BMS	R160	Basic Mathematics Skills	50		95	P
MT	N125	Medical Terminology for Nurses	40		100	P
EP	N240	Ethics and Medical Law	50		85	P
NP	N270	Nursing Process	30		80	P
NU	R185	Nutrition	35	30	84	B+
CCN	N265	Critical Care Nursing	35	35	85	A
BM	N250	Basic Microbiology	40	40	70	A
AP1	N220	Anatomy & Physiology I	50	60	89	B+
APII	N230	Anatomy & Physiology II	50	60	89	A

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National Academy

Department of Nursing Education
Ministry of Education Youth & Culture Reg. # Volume 01, Folio 46
Kingston, Jamaica, West Indies

Certificate of Honour

This is to certify that Lilian N. Adizue
has successfully completed the 12-months Practical Nursing course during the period

September 2007 *to* September 2008 *he/she has undergone the full period of theoretical and practical instruction and has satisfactorily passed all the required examinations held during the period of training.*

Dated 26th *day of* September 2008

September 26, 2008
Date and Seal

Principal

Director of Nursing Education

Accredited Training Organization

CARDOSO HIGH SCHOOL

CARDOSO - BADIA, APAPA, LAGOS.

SSCE/REF: ~~XXXXXXXX~~ 24335182 / 24335182

No 0001974

SENIOR SECONDARY SCHOOL TESTIMONIAL

This is to certify that

UMELO NNEKA LILIAN

was a student in this school from 1991

to 1994

& was admitted into the School in S.S.S. 1

He/She left after completing S.S.S. 3 *in* 1994

Subjects offered for S.S.C. Examination ENGLISH LANGUAGE, MATHEMATICS ECONOMICS, LIT-IN-ENGLISH, C.R.K, GOVERNMENT, BIOLOGY BOOK-KEEPING,

Office Held CLASS MONITOR

Co-Curricular Activities ARTHELETICS

Academic Ability AVERAGE

Conduct SATISFACTORY

CARDOSO SENIOR HIGH SCHOOL

Principal's Sign.....

Date.....19/1/2004

Principal's Stamp & Sign.

STATE OF TEXAS, COUNTY OF DALLAS

On this day 9th day of FEB. 2of01 hereby certify that the preceding or foregoing document is a full, true, unaltered and current photocopy of the original Diploma record, presented to me by the document's custodian, now held in my lawful custody and possession as a notarial record.

AMMAR HASHEM NOTARY PUBLIC

NOTARY PUBLIC STATE OF TEXAS

OFFICIAL SEAL
Ammar Hashem
State of Texas
My Commission Expires
January 28, 2013

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
[signature]	1-25-10

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Indiana Professional Licensing Agency

NATIONAL ACADEMY
DEPARTMENT OF NURSING
119 Duke Street. Kingston, Jamaica.
Tel: 922-1484/3722
Website: www.national-academy.com.jm

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PRACTICAL NURSING
COURSE DESCRIPTION

COURSE CODE: CSA20105

NATIONAL ACADEMY
DEPARTMENT OF NURSING
119 Duke Street. Kingston, Jamaica.
Tel: 922-1484/3722
Website: www.national-academy.com.jm

COURSE TITLE: Fundamentals of Nursing

CODE: NSG 0021

LEVEL: III Practical Nursing/NCTVET

HOURS: Theory 90 Practical 170

PREREQUISITES: None

COURSE DESCRIPTION:

This course is designed to introduce students with the basic concepts of Nursing. It combines both theoretical and clinical components. The theoretical component provides students with knowledge critical to health assessment. Topics include Ethical and Legal Issues in Nursing, Medical Terminology, Classification of Disease, Developing Cultural Sensitivity, Infection Control, Main Concepts of Death and Dying, Development of Nursing Process, among others.
The practical component is a field experience in which students are required to integrate knowledge and skills, refine attitudes, consolidate clinical practice, and gain professional confidence and competence.

OBJECTIVES:

1- Analyze critically selected concepts of Nursing.
2- Examine concepts of health, disease and illness.
3- Explain the ethical, legal and professional responsibilities of the nurse in caring for individuals and families.
4- Explore new medical terms.
5- Demonstrate competency in performing comprehensive health assessments on individuals along the life cycle.
6- Develop critical thinking and clinical judgments as essential elements of the caring process.
7- Demonstrate clinical judgment in selecting and obtaining health data in collaboration with individuals, families and health settings.
8- Develop Nursing process as necessary and in collaboration with the health team.
9- Evaluate outcomes of the Nursing Process.

FUNDAMENTALS OF NURSING
COURSE CONTENT

THEORY - 15 WEEKS @ 6 HOURS PER WEEK OR 90 HOURS OR 1 TERM AND THREE WEEKS

PRACTICALS – 63 HOURS

Practical sessions include time for theory, practice and evaluation.
Practical skills

- Admission of client 2 hours
- Bed making 4 hours
- Lifting, exercise and ambulation hours
- Measuring vital signs 5 hours
- Health and safety 3 hours
- Hygiene 8 hours
- Specimen collection 3 hours
- Pressure area care 2 hours
- Infection control 7 hours
- Giving and removing bed pan 2 hours
- Application of heat and cold 1 hour
- Death and dying 1 hour
- Isolation 3 hours
- Height & Weight 4 hours
- Community walk 3 hours
- First aid 6 hours
- Clinical experience 160 hours (for review)

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COURSE CONTENT

- **CONCEPTS-** definition of terms. Health (WHO definition), illness, sickness, wellness, wellbeing, health status

- **FACTORS AFFECTING HEALTH-** age, socioeconomic status, gender, religion, culture, beliefs, genetic make up, lifestyle, developmental stage

- **GIVING AND REMOVAL OF BED PANS**- procedure, when to offer bedpan, positioning, maintaining privacy, types of bedpans, warming bedpan, using bedpan covers, cleaning and sterilising.

- **DISPOSAL OF FOOD AND CONTAMINATED WASTE**- what is waste, what is contamination, proper disposal, appropriate receptacles, clean up, labeling, colour coding, bagging, prevention of contamination

- **APPLICATION OF HEAT AND COLD**- terminologies, types of heat compresses, types of cold compresses, indications, procedures, safety measures

- **DEATH AND DYING**- definitions (death, dying, mortis), types of death, loss and grieving, Kubler-Ross stages of grieving, nursing management, Last Office, factors affecting the grieving process.

NATIONAL ACADEMY
DEPARTMENT OF NURSING
119 Duke Street. Kingston, Jamaica.
Tel: 922-1484/3722
Website: www.national-academy.com.jm

COURSE TITLE: Anatomy & Physiology I & II

CODE: NSG 0022

LEVEL: III Practical Nursing/NCTVET

HOURS: Theory 100 Practical 120

PREREQUISITES: None

COURSE DESCRIPTION:

This course expands the students' knowledge of the structure and function of the human body. It also involves students' analysis of human life cycle as well as discussion of processes that determine maintenance of stable internal conditions as the individual interact with the external environment. It is presented in body systems showing the relationship to each other and among them.

OBJECTIVES:

10- Explore the scope of anatomy and physiology.
11- Recognize the language of medicine.
12- Understand the organization and relationship of body systems.
13- Integrate anatomy with physiology noting the relationship between both disciplines.
14- Discuss the chemical and cellular levels of functioning.
15- Describe the structural and functional characteristics of cells, tissues, organs and systems.
16- Describe support and movement in humans.
17- State the relevance of reproduction and development.

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CONTENT:

a) Body form and function

*Cells *Tissue
*Organs *Membranes
*Systems (body systems)

Anatomical body position and planes

b) Respiratory System

- Anatomy of the respiratory system
- Mechanics of Ventilation
- Neural Control of ventilation
- Gas exchange and transport
- Respiratory Disorder
  eg. COPD (Smoking and lung cancer)

c) Cardiovascular System

- Components of the cardiovascular system
- Anatomy of each structure of the cardiovascular system
  1. Heart
  2. Arteries
  3. Capillaries
  4. Vein
  5. Lymphatic Vessels
  6. Blood
  7. Lymph and Lymph nodes
  * Blood types

Students are required to integrate knowledge into practice in the school's lab as well as in the clinical settings.

OBJECTIVES:

1- Analyze patient/client health/disease conditions and intervene adequately.
2- Demonstrate competency in performing comprehensive health assessments on individuals along the life cycle.
3- Use analytical and clinical knowledge in interpreting health data and developing nursing care plans.
4- Demonstrate clinical judgment in selecting and obtaining patient/client's information.
5- Construct nursing care plan as necessary and in collaboration with the health team.
6- Evaluate outcomes of the care plan.

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COURSE TITLE: Nutrition

CODE: NSG 0024

LEVEL: 111 Practical Nursing/NCTVET

HOURS: Theory 35 Practical 30

PREREQUSITIES: NSG0021 & NSG0022

COURES DESCRIPRTION:
This course introduces students to the basic principles of human nutrition and its relevant concepts and structures. Its also requires the application of those principles as they affect nutritional status throughout the life cycle. Topics include Essential Nutrients, Assimilation of Nutrients, Nutritional Principles and Concepts, Therapeutic Diet Management, and Basic Nutritional Assessment.

Objectives:
Analyze the basic principles of nutrition
Identify the essential nutrients
Explain the purpose of the various types of diets
Apply basic principles of human nutrition to health conditions
Demonstrate competency in performing nursing procedures related to Nutrition

Specific Objectives:
1. Define normal nutrition
2. List the essential nutrients
3. Name the five food group and list the foods include in these groups
4. Describe the purpose of the following diets
   - Clear liquid
   - Full liquid
   - Soft
5. Describe the general care of the patient with dysphagia and swallowing problems
6. Describe the Health Care Assistant actions when patients are unable to drink fluids independently
7. Demonstrate the following
   - Assisting the helpless patient who can feed self
   - Feed the dependents

CONTENT
1. Definition of (a) normal nutrition
2. Discuss essential nutrients to include there functions
3. The five (5) group and the types of food in each group
4. Basic facility diets
5. Special diets
   - Therapeutic diets
   - Diabetic
   - Religious restriction
6. Supplements and nourishment
7. Dysphagia
   - Fluid Balance
   - Intake
   - Output
   - Recording
8. Feeding the patient
   (a) Those who cannot feed self
   (b) Assisting the dependent patient
9. Alternative nutrition

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Evaluation:
Quiz = 20%
Written Exam = 30%

- Fibromyalgia
- Care of the patients in traction
- Range of movement (ROM)
- Wounds

5. **Endocrine**
   - Diabetes mellitus
   - Goiter/hyperthyroidism
   - Common conditions of the adrenal gland
   - Hypothyroidism

6. **Circulatory System**
   - Varicose Veins
   - Peripheral Vascular Diseases
   - Transcient Ischemic Attack
   - Hypertension
   - Angina Pectoris
   - Myocardical Infarction
   - Heart attack
   - Anaemia
   - Leukemia
   - Strokes

7. **Urinary System**
   - Cystitis
   - Nephritis
   - Renal calculi
   - Hydronephrosis
   - Urinary incontinence
   - Collecting routine specimen

8. **Reproduction System**
   - Prostate condition
   - Cancer of testes
   - Rectocele and cystocele
   - Vulvovaginitis
   - Ovarian tumors
   - Giving nonsterile Vaginal douche

9. **Rehabilitation and Restorative Care**
   - Define terms (a) rehabilitation (b) restorative care (c) handicap (d) disability
   - Principles of rehabilitation
   - Complications from inactivity
   - Restorative programmes

10. **Skin**
    - Skin lessions
    - Definition of terms related to skin condition

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COURSE TITLE: Pharmacology

CODE: NSG 0026

LEVEL: III Practical Nursing/NCTVET

HOURS: 50

PREREQUISITES: All previous courses

COURSE DESCRIPTION:

This introductory course provides the foundation that students need to understand drugs. Topics include Stages of Drug Metabolism, Origin and Nomenclature of Drugs, Drug Classification by Action and by Body System, Dosage and Preparation Forms, Routes of Administration, Safety Rules, Documentation of Medication, Administering Medication, among others.

OBJECTIVES:

1- Analyze critically selected concepts.
2- Explain the stages of drug metabolism.
3- Explain the classification of drugs by action and by body systems.
4- List the safety rules.
5- Identify routes of medication administration.
6- Demonstrate competency in administering medication through the various routes.
7- Discuss the side effects of certain drugs.

-Etiology
-Clincial manifestations
-Diagnostic tests
-Management and nursing care

Discuss strategies to protect children at risk

CONTENT
Definition of terms
-Family
-Adoptive Parents
-Developmental task
-Foster Parent
-Legal Custody
-Legal Guardian

Paediatric Units
-According to specific age groups
-According to types of patients
-Admitting the paediatric patient
Infancy 0-1 year
Toddler 1-3 years
Pre-School 3-6 years
School age 6-12 years
Adolescent 13-18 years

Normal age for attainment of major development milestones.
Communicating with infants
Immunization – (Commence and complete)
Development stages and needs

Neonate: Birth – 28 days
-Saftey
-Prevention of infection
-Immunization BCG
-Breast Feeding
-Bonding
-Nutrition
-Weaning
-Introduction to solid food

Toddler
-Safety
-Play

Common childhood illness and their management
-Congenital Disorder
-Down's Syndrome
-Hydrochephalus
-Tetanus
-Menningitis

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EAR
-Otitis external
-Otitis Media

SKIN
-Diaper rash
-Eczema
-Impetigo
-Scabies

MUSCULO –SKELETAL SYSTEM
-Talipes
-Dislocation of the hip
-Fractures
-Cardiovascular System
-Congenital heart Disease
-Rheumatic Fever
-Haemophilia

RESPIRATORY SYSTEM
-Epistaxis
-Tonsillitis
-Bronchial Asthma
-Acute Bronchiolitis
- Pneumonia

GASTRO-Intestinal
-Pyloric Stenosis
-Gastro-enteritis
-Intussception
-Hernia
-Worms/Parasite infestation

RIGHTS OF THE CHILD

CONTENT

1. Anatomy and Physiology of the female reproductive organs
2. Anatomy and Physiology of the female pelvis
3. Pregnancy and antenatal care
4. Changes occurring during pregnancy labour and the puerperium
5. Complications of pregnancy
6. Labour and Delivery
   a. Stages and Signs
7. Emotional aspect of post-partum care
8. Postpartum complications
9. Care of the Newborn
10. Family Planning and contraceptive issues

EVAUATION

Quiz	40%
Written Exam	60%

References:

HEGNER, Barbara R, et al. Nursing Assistant
A Nursing Process Approach 10th edition
MYLES, Margaret ; Textbook of Midwifery

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COURSE TITLE: Psychiatric/Mental Health Nursing

CODE: NSG 0011

LEVEL: III Practical Nursing/NCTVET

HOURS: Theory 55 Practical 80

PREREQUISITES: RC001, RC002, RC003

COURSE DESCRIPTION:

This course provides the basic knowledge and skills that will enable learners to understand self and to deliver safe efficient health care to patients with Mental Health problems.

Aim:
To prepare the learners to identify conditions which will lead to mental illness and to perform the basic activities involved in delivering safe mental health care.

Module Objective:
Demonstrate knowledge of

- The care of the health care environment in a psychiatric/hospital setting.
- Observation of patients
- Meeting patients needs.
- Hygiene
- Nutrition
- Emotional

Deliver care to patients with specific mental health problems.
Specific Objectives

- maintain safe, clean environment
- communicate effectively with patients and staff
- maintain safety of the patients
- observation
- recording
- reporting

NATIONAL ACADEMY
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119 Duke Street, Kingston, Jamaica
Tel. 922-1484/3722
Website: www.national-academy.com.jm

COURSE TITLE: Communication

CODE: RC 001

LEVEL: III Practical
Nursing/NCTVET

HOURS: 70

PREREQUISITIES; None

COURSE DESCRIPTION:

This course will enable students to become competent in the field of communication. It will help students to understand the components of the communication process and the difference between verbal and non-verbal communication. Students will learn how to share information and to understand what information and feelings are being conveyed by others. Students will also develop their writing and listening skills. They will learn to use basic information systems.

Objectives:
General

1. To enable students to understand the basic elements and rules of communication.
2. To help students to learn ways to communicate effectively with their nursing colleagues and clients.

Specific Objectives:

1. Define the communication process.
2. Discuss communication forms.
3. Develop students writing skills.
4. Develop Students listening skills.
5. Appropriate tools and device are used to communicate effectively in written and verbal mode.
6. Barriers to communication will be considered.
7. Proper use of information system will be discussed.

COURSE CONTENT:

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1. The various meanings of the term communication.
a. What is effective communication?

2. The Communications Process.
a. Face to face communication.
b. Sender, message, receiver, response.

3. Modes of Communication.
a. Verbal communication.
b. Non-verbal communication

4. Factors influencing the communication process.
a. Development
b. Gender
c. Values and perception.

5. Therapeutic Communication.
a. Promoting understanding and a constructive relationship between the nurse and the client.
b. Attentive listening.

6. Barriers to Communication.
a. Stereotyping
b. Being defensive
c. Passing judgment

7. Group Communication
a. Group Dynamics

8. Communication and the Nursing process
a. Nursing Management
1. Assessing client's communication.
2. Diagnosing impaired verbal communication.
3. Nursing interventions to facilities communication with clients who have communication problems.
4. Evaluating Communication both client and Nurse Communication.

9. Use of information System.
a. Functions of library and documentation centre.
b. Use of Catalogues in libraries, technical handbooks, manuals etc.
c. Retrieving Information from the World Wide Web.

- Education

7- Precaution for persons with communicable diseases

8- Parasitic Infestations

9- Milk Hygiene

10- Water borne Infection

11- Legal and ethical responsibilities

Evaluation:
Project =20%
Written Exam = 80%

Reference:

ATIONAL ACADEMY
DEPARTMENT OF NURSING
119 Duke Street, Kingston, Jamaica
Tel. 922-1484/3722
Website: www.national-academy.com.jm

COURSE TITLE: Psychology

CODE: RC 003

LEVEL: III Practical Nursing/ NCTVET

HOURS: 35

PREREQUISITES: None

COURSE DESCRIPTON:

This course will introduce students to Psychology as one of the disciplines in the Social Sciences. It will define Psychology as a science and give an overview of human development beginning with prenatal development and continuing on through adulthood. It will also look at some of psychology's famous theorists and their views. It will include theories of personality and mental disorders.

OBJECTIVES:

1. To help students to understand what is psychology and how it impacts their behavior and every aspect of their mental life.
2. To discuss human development and its components, so that students will better understand how to deal with their clients.

SPECIFIC OBJECTIVES:

1. To give students an overview of how psychology started.
2. Discuss human development from prenatal stage fight up to adulthood.
3. Assess theorists views on the stages of development.
4. Describe and discuss personality development.
5. State the relevance of different approaches to learning.
6. Discuss the importance of understanding mental disorders.

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COURSE CONTENT:

1. **What is Psychology?**
   a. Parent disciplines of psychology
   b. Early psychologists
   c. What should psychology study?
   1) Structuralism
   2) Functionalism
   3) Behaviorism

2. **Psychology as a Science:**
   a. Scientific methods
   b. Methods of doing research in psychology

3. **Human Development:**
   a. Prenatal development
   b. Development in the childhood years
   c. Adolescence
   d. Adulthood
   e. Theorists View on Human development
      1. Jean Piaget's Cognitive Development
      2. Lawrence Kohlberg's Moral Development
      3. Eric Erickson's Psychosocial Stages of Development

4. **Personality:**
   a. What is Personality
   b. Theories of Personality
   c. The Psychoanalytic approach to personality development
      1. Sigmund Freud's psychosexual stages of personality development
   d. Theories of Personality/Learning
      1. Behavioral – Learning Approach
      2. Humanistic Approach

National Academy

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119 Duke Street
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Tertiary
1. Healthcare Assistance
2. Practical Nursing
3. Early Childhood Ed.
4. Professional Courses

Business Studies
1. Business Administration (Secretarial Skills)
2. Receptionist Skills
3. Computing Skills

Pre-University
1. Evening Institute
2. CXC, O & A 'Level
3. High School Dept.

January 15, 2010

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204
U.S.A.

Dear Sir,

RE: Evaluation

The following students two (2) have requested that their examination records be sent to you for evaluation.

The students are:

1- Ekeoma I. Cooper
2- Lilian N. Adizue

Thanking you.

Yours sincerely,

Audley Burke
C.E.O

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JAN 20 2010
Indiana Professional Licensing Agency

NATIONAL ACADEMY
DEPARTMENT OF NURSING EDUCATION

"ORA ET LABORA"

119 DUKE STREET,
KINGSTON, JAMAICA
TEL: (876) 922-1484/922-3722, FAX: 922-0743
EMAIL: INFO@NATIONL-ACADEMY.COM.JM

Established 1983: Registered Ministry of Education, Jamaica. Accreditation - NCTVET

OFFICIAL TRANSCRIPT FORM

NAME: LILIAN NNEKA ADIZUE

ADDRESS: 3207 CANDLEBROOK DRIVE
WYLIE, TEXAS 75098

DATE OF BIRTH: 08 / 08 / 1974
dd/ mth/ yr

NAME OF SCHOOL OF PRACTICAL NURSING: NATIONAL ACADEMY

DATE PROGRAM STARTED: SEPTEMBER 2007 **DATE PROGRAM ENDED:** SEPTEMBER 2008

Course Code	Course No.	SUBJECTS Course/Description	HOURS/UNITS COMPLETED		GRADE RECEIVED	
			theory	clinical	theory	clinical
CL	R100	Computer Literacy	40		90	
IC	R110	Communication	70		85	
IS	R180	Introduction to Sociology	35		85	
GP	R210	General Psychology	35		80	
BMS	R160	Basic Mathematics Skills	50		95	
MT	N125	Medical Terminology for Nurses	40		100	
EP	N240	Ethics and Medical Law	50		85	
NP	N270	Nursing Process	30		80	
NU	R185	Nutrition	35	30	84	B+
CCN	N265	Critical Care Nursing	35	35	85	A
BM	N250	Basic Microbiology	40	40	70	A
AP1	N220	Anatomy & Physiology I	50	60	89	B+
APII	N230	Anatomy & Physiology II	50	60	89	A
		[illegible] of Nursing	90	170	80	C

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Licensing Agency

National Academy

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CERTIFICATE

THE GENERAL OFFICE OF THE REGISTRAR CERTIFIES THAT

As per the Health Department and the National School Board requirements

LILIAN NNEKA ADIZUE

Has satisfactorily completed the Board Examination for the title of

Practical Nurse/Nurse Polyvalent. He/She is authorized to work under supervision of a

Registered Nurse and a Licensed Physician.

In testimony whereof, we have affixed our signature in Kingston, Jamaica

26/ 09 / 08
Date

Director of Nursing

Program Coordinator

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CERTIFICATION OF ELIGILIBILITY FOR GRADUATION OF NURSING PROGRAM

THIS IS TO CERTIFY THAT LILIAN NNEKA ADIZUE
Name of Student

Has completed all requirements for graduation in the

PRACTICAL NURSING PROGRAM

Registered or Practical Nursing Program

At NATIONAL ACADEMY
Name of School

Type of Degree/Certificate awarded PRACTICAL NURSE

Date Degree/Certificate awarded 26 / 09 / 08 or
dd / mth / yr

To be awarded _____

REGISTRAR

15-1-2010
DATE

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We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Kari Chapman
14417 Black Farm Drive
Noblesville, IN 46060

Dear Ms. Chapman:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for practical nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Kari Chapman

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes ✓ No _____

Needs personal appearance: Yes ✓ No _____ before lic. is issued

Approved by (please initial): SG _____ LG ✓ April PA

3/11/10

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Kari Chapman

14417 Black Farm Drive

Noblesville, IN 46060

(317)750-5220

December 16, 2009

To whom it may concern:

I have had several incidents involving alcohol in my past. In 1990, I was 20 years old; I was at a party where there was a keg of beer. The police were called and I was arrested since I was underage. I do not remember exactly what my punishment was. I believe I did a deferment program where the charge was dropped as long as I did not get into any trouble for the next year. In 1994, I pleaded guilty to driving while intoxicated. I was sentenced to 1 year of probation, community service, and fined. In 2004, I once again pleaded guilty to driving while intoxicated. I lost my driver's license for 90 days, served 1 year of probation, and was fined again. With both DUI's, I also completed a drug and alcohol assessment, and attended some alcohol classes which was suggested after my assessments.

In December of 2007, I realized I had problem with alcohol and I went to Fairbanks for treatment. I completed their Partial hospitalization program as well as their intensive outpatient program, completing treatment in March 2008. I am a member of Alcoholics Anonymous, attending meetings 3-4 times a week. I just celebrated my 2 yr sobriety birthday on December 11, 2009. It was through my getting sober that I realized I wanted to become a nurse and I am actually very grateful to say that I am an alcoholic. My life is better than it ever has been and I have learned so much about who I am and I want to help others to realize the same.

Sincerely,

Kari Chapman

Kari Chapman

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	1/11/10	318745

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☒ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☐ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Chapman, Kari, Lynn, DeHaven	DeHaven, Chapman

Street address (*number and street or rural route*)	City	State	ZIP code
14417 Black Farm Dr.	Noblesville	IN	46060

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 750-5220	06/21/1970	Indianapolis, IN

Social Security number *	E-mail address
	KariLD70@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school
MedTech College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Indianapolis, IN	9-29-08	12-18-09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☒ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school
Noblesville High School

Location (*city and state*)
Noblesville, IN

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
5-25-88	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☒ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
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Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ **RN** ☑ **LPN**

I hereby certify that Kari Chapman *was admitted to the* MedTech College School of Nursing LPN *Program of Nursing located in* Indianapolis, IN *on* September 29, 2008 *and completed requirements for graduation on* December 18, 2009 *will/did graduate on* December 18, 2009 . *His/Her Social Security number is* [redacted].

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 12-18-2009 *SIGNED* [signature]
Signature

[signature]
Printed Name

[signature]
Dean / Director / Designee

SCHOOL SEAL

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

NCLEX-PN® CANDIDATE REPORT
National Council Licensure Examination for Practical Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 03/09/10
Test Center: 47020 - Indianapolis

Kari Lynn Chapman
14417 Black Farm Dr
Noblesville, IN 46060
United States

Candidate Number: 21636775
Date of Birth: 06/21/1970
Social Security Number:
Program Code: 48-205
Program Name: MEDTECH COLLEGE
A INDIANAPOLIS, IN

Kari Lynn Chapman, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS PASSED** the National Council Licensure Examination for Practical Nurses.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

March 15, 2010

Whitney Thompson
5883 Kennesaw Trail
Columbus, IN 47203

Dear Ms. Thompson:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for practical nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Whitney Thompson

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

1. Issue Temporary Permit: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ ~~MH~~ ✓

Check here if the file must be reviewed again for a permanent license: ✓

PA Set Suppl/ LY

2. Approval for Exam: **Yes** _____ **No** _____

Check here if the file must be reviewed again for licensure:

_____

Approved by (please initial): SG _____ MH _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ MH _____

On 4/18/07 in Miami County, Ohio I was drinking alcohol with my dad and friends at his house. When we left my friend got pulled over and I was charged with underage consumption and physical control. The physical control was dropped and I completed a diversion program for the underage consumption.

On 4/5/07 in Vandalia, Ohio (Montgomery County) (Tippcity, OH) I was at my house with friends when a neighbor started harassing us and started a fight with my friend. When the cops arrived they charged everyone present with a disorderly conduct. I pled no contest and had to pay a fine.

On 11/4/07 in Vandalia, Ohio (Montgomery County) I was backing out of my drive way when I accidently hit my neighbors car. I ran to the store and right back and they charged me with a hit and run. The hit and run was dismissed and I was charged with improper backing.

Whitney Thompson

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee $50.00	Permit fee $10.00
Date fee paid (*month, day, year*) 3/9/10	Date fee paid (*month, day, year*) 3/9/10
Receipt number 3208722	Receipt number 3208727
License number	Permit number 990412660A
Issuance date (*month, day, year*)	Issuance date (*month, day, year*) 3-24-10

DO NOT WRITE ABOVE THIS LINE

☐ R.N. ☒ L.P.N.	Do you desire a temporary permit? ☒ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure Ohio		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☒ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*) Thompson, Whitney Renee			List any other last names ever used
Street address (*number and street or rural route*) 5883 Kennesaw Trail	City Columbus	State IN	ZIP code 47203
Daytime telephone number (*include area code*) (615) 414-7213	Date of birth (*month, day, year*) 7/9/86	Place of birth (*city and state*) Troy, OH	
Social Security	E-mail address		

NURSING EDUCATION

Name of nursing school Upper Valley JVS School of Practical Nursing		
Location (*city and state*) Troy, OH	Date of enrollment (*month, day, year*) 01/05	Date of graduation (*month, day, year*) 02/06

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☐ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☒ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school Tippecanoe High School	
Location (*city and state*) Tipp City, OH	
Date of graduation (*month, day, year*) 05/2004	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☐ NCLEX-RN ☐ SBTPE-RN ☒ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
OH	

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☒ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
LPN	OH	PN122781	7/28/08	active current
LPN	TN	LPN0000074105	12/08	active

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☒ Yes ☐ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☒ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Whitney R. Thompson	2/27/2010

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

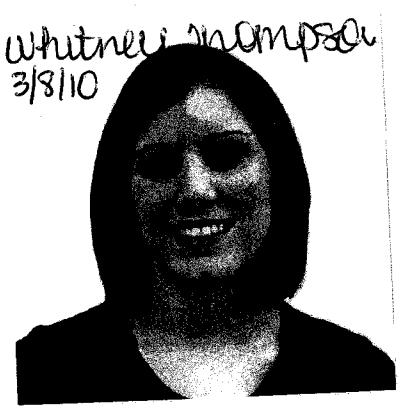
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Whitney R. Thompson	2/27/2010

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)



APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
Thompson, Whitney, Renee	

Street address (*number and street or rural route*)
5883 Kennesaw Trail

City	State	ZIP code
Columbus	IN	47203

Social Security number *	* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☐ Registered Nurse ☒ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
PN 122781	08/31/2010	OH

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
Whitney Thompson	3/8/10

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Whitney Thompson	3/8/10

NOTARY SEAL
NINA P. JINES
NOTARY PUBLIC INDIANA SEAL
BARTHOLOMEW COUNTY
COMMISSION # 611654
EXPIRATION DATE 9/29/2017

SWORN TO AND SIGNED BEFORE ME THIS
8TH *DAY OF* March, 20 10.

Signature of notary public	Expiration date of commission (*month, day, year*)
Nina P. Jines	9/29/2017

Verification Report

Printed for INDIANA (PN) on 03/09/2010

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
	THOMPSON, WHITNEY RENEE (OH) THOMPSON, WHITNEY R (TN)	07/09/1986 (ALL)

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
TN	PN	74165	11/24/2008	07/31/2010	ACTIVE	ENDORSEMENT	11/24/2008	
OH	PN	122781	07/28/2008	08/31/2010	ACTIVE	EXAM	07/07/2006	07/06/2006

Address Information

Juris.	Address	City	State	Zip	Country
OH	291 INVERNESS AVE	VANDALIA	OH	45377	USA
TN	626 BROOKSBORO TERRACE	NASHVILLE	TN	37217	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
OH	UPPER VALLEY JVS	02/01/2006	PN	CERTIFICATE	TROY	OH
TN	UPPER VALLEY JUS SCH OF PN	02/21/2006	PN	BLANK		

Discipline Summary Information

There are no discipline records for this individual.

** Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

OHIO BOARD OF NURSING
17 South High Street, Suite 400
Columbus, Ohio 43215-7410
614/466-3947

LICENSE

This is to certify that:

WHITNEY RENEE THOMPSON

License Number: PN . 122781 IV

is entitled to practice nursing in OHIO as a LICENSE PRACTICAL NURSE from 07/28/2008 until AUGUST 31, 2010.

STATE OF TENNESSEE
DIVISION OF HEALTH RELATED BOARDS

EXPIRATION DATE	LICENSE NO.	RENEWAL NO.
07/31/2010	LPN0000074165	301300

THIS IS TO CERTIFY THAT: MULTISTATE
WHITNEY R THOMPSON
IS A DULY LICENSED
LICENSED PRACTICAL NURSE
IN THE STATE OF TENNESSEE AS REQUIRED BY THE TENNESSEE CODE ANNOTATED.

Chris A. Ahn — Whitney Thompson
ASSISTANT COMMISSIONER — SIGNATURE

Cassidy, Janet

From: Grice, Lori on behalf of Group 02
Sent: Tuesday, March 16, 2010 3:32 PM
To: Cassidy, Janet
Subject: FW: Indiana RN application

From: sherri1093@aol.com [mailto:sherri1093@aol.com]
Sent: Sunday, March 14, 2010 7:48 PM
To: Group 02
Subject: Indiana RN application

Regarding Question #2 on my RN license application, I unintentionally left it blank. I intended for the answer to be marked as 'yes'. An Affidavit was attached to provide additional information for that question. Please advise if more information is needed.

Thank you,
Sherri Starks

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Sherri Starks
6715 Weather Vane Drive
Louisville, KY 40299

Dear Ms. Starks:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Sherri Starks

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

1. **Issue Temporary Permit:** **Yes**_____ **No**_____

   Approved by (please initial): SG _____ MH _____

Check here if the file must be reviewed again for a permanent license: _____

2. **Approval for Exam:** **Yes** _____ **No** _____

Check here if the file must be reviewed again for licensure:

_____

   Approved by (please initial): SG _____ MH _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

   Approved by (please initial): SG _____ MH _____

Set for April 2010 P.A. LG

AFFIDAVIT

In September, 2007 I was terminated from the position of Nursing Assistant from Jewish Hospital in Louisville, KY. The reason was "patient abandonment". It was my first position in healthcare and I did not fully understand patient abandonment and the seriousness of it at the time. At the end of receiving report at the beginning of a shift, I was approached by a co-worker and yelled at by her for several minutes. At the time I was about 5 months pregnant and had just been told a couple days before by my obstetrician that it was possible that there were developmental problems with my unborn child. So, in response to being yelled at by the co-worker, I responded by thinking only of the stress I suddenly felt on my pregnancy and chose to leave my shift that evening without waiting for someone to be called in to replace me. I had not seen any patients yet but had taken report so it was considered patient abandonment. If this situation were to occur to me now as a nurse, especially, I would handle the situation differently. At the very least, I would wait for someone else to be found to cover my shift.

After I graduated from nursing school in August, 2009 I began my first job as a nurse at the end of that month at Baptist Hospital East in the CCU. I was terminated from that position in January, 2010 after four months of employment, a couple weeks short of the completion of orientation. I did not receive my 90 day review until January 12, over 4 months after the start of orientation. I worked two more shifts after this review and was then told that my time management skills and preparation for care of very critical patients was not strong enough to continue employment. It was suggested to me to work on a step-down unit for a while first to better hone my skills as a nurse and possibly try critical care again at another time.

Sherri Dianne Starks

Printed Name

RECEIVED
MAR 12 2010
Indiana Professional Licensing Agency

Sherri Dianne Starks

Signature

3/8/10

Date

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee $50.00	Permit fee
Date fee paid (*month, day, year*) 3/12/10	Date fee paid (*month, day, year*)
Receipt number 3210384	Receipt number
License number	Permit number
Issuance date (*month, day, year*)	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

☑ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☐ Yes ☑ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure Kentucky		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*) Starks, Sherri Dianne McDowell		List any other last names ever used McDowell	
Street address (*number and street or rural route*) 6715 WeatherVane Drive	City Louisville	State KY	ZIP code 40299
Daytime telephone number (*include area code*) (502) 649-9450	Date of birth (*month, day, year*) 9-29-75	Place of birth (*city and state*) Elizabethtown, KY	
Social Security number *	E-mail address sherri1093@aol.com		

NURSING EDUCATION

Name of nursing school University of Louisville School of Nursing		
Location (*city and state*) Louisville, KY	Date of enrollment (*month, day, year*) June 9, 2008	Date of graduation (*month, day, year*) Aug 11, 2009

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☐ Associate Degree (2 year)
- ☑ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school Hart County High School		
Location (*city and state*) Munfordville, KY		
Date of graduation (*month, day, year*) May 30, 1993	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No	

RECEIVED
MAR 12 2010
Indiana Professional Licensing Agency

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☑ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Kentucky	Sept. 25, 2009

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
Registered Nurse	KY	1121796	October, 2009	Active
Certified Nursing Asst	KY	50094188	April, 2008	Lapsed / inactive

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☑ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Sherri Stucks	2/25/10

RECEIVED

MAR 12 2010

Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Sherri Starks	2/25/10

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)

RECEIVED
MAR 12 2010
Indiana Professional Licensing Agency

Verification Report

Printed for INDIANA (RN) on 03/12/2010

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
RESTRICTED	STARKS, SHERRI (ALL)	09/29/1975 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	MCDOWELL (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
KY	RN	1121796	10/12/2009	10/31/2010	ACTIVE	EXAM	10/12/2009	09/26/2009

Address Information

Juris.	Address	City	State	Zip	Country
KY	6715 WEATHER VANE DRIVE	LOUISVILLE	KY	40299	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
KY	UNIVERSITY OF LOUISVILLE - BS	08/00/2009	RN	BACHELORS	LOUISVILLE	KY

Discipline Summary Information

There are no discipline records for this individual.

** Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

Online Validation Results

Online Validation Results

Identifier	Validation Result
SHERRI STARKS LOUISVILLE, 40299	Sherri Starks **License #:** 1121796 **License Type:** RN **Status:** Active **Expiration Date:** 31-OCT-10 **Original Date of KY licensure:** 12-OCT-09 This license has multistate practice privileges in compact states. No discipline information on file. Sherri Starks **SRNA#:** 50094188 **Status:** Lapsed **Expiration Date:** 13-MAR-09 **Original KY Registry Date:** 13-MAR-07 Is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. **Verification date:** 04-MAR-10. Click here for a list of Compact States.

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RECEIVED
MAR 12 2010
Indiana Professional Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 17, 2010

Konicha Lawrence-Copley
5 Malcolm Drive Apt. D
Elkhart, IN 46517

Dear Ms. Lawrence-Copley:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Konicha Lawrence-Copley

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** ✓

Needs personal appearance: **Yes** ✓ **No** ⊘

Approved by (please initial): SG _____ LG ✓ 3/17/10

Endorsement applicants

2. Issue Temporary Permit: **Yes**_____ **No**_____

Approved by (please initial): SG _____ LG_____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	3/15/10	3211304

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☑ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☑ Yes, repeat applicant ☐ No, first time taking the examination

If Yes, list the date(s) and state where taken:
11/17/05 and 05/02/06 in MS, 07/02/08 in IN

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Lawrence-Copley, Konicha Michelle	Konicha Michelle Lawrence

Street address (*number and street or rural route*)	City	State	ZIP code
5 Malcolm Drive Apt D	Elkhart	IN	46517

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(574) 296-7127	11/28/1978	Chicago, Illinois

Social Security number *	E-mail address
	konicha271@verizon.net

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school
Bethel College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Mishawaka, Indiana	08/15/2002	04/30/2005

RECEIVED
MAR 15 2010
Indiana Professional Licensing Agency

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☑ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school

Location (*city and state*)

Date of graduation (*month, day, year*)

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
☑ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☑ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

If your answer is **"Yes"** to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No

2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No

3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No

4. Have you ever been convicted of, pled guilty or nolo contendre to:

   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☑ Yes ☐ No

   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No

5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No

6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No

7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Ronicha Lawrence-Copley	March 01, 2010

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

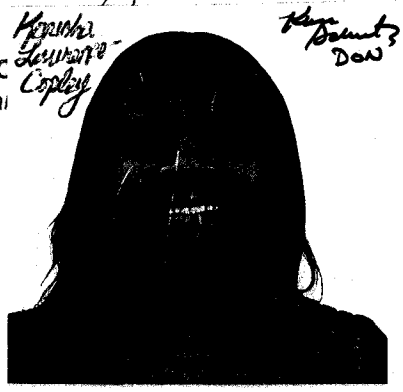
I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Ronicha Lawrence-Copley	March 01, 2010

RECEIVED
MAR 15 2010
Indiana Professional Licensing Agency

PLEASE TAPE YC Ronicha Lawrence-Copley **NOT STAPLE)**

(You must place your signature, the prograi ol seal on the front of your photograph.)



INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☒ RN ☐ LPN

I hereby certify that Konicha Michelle Lawrence-Copley *was admitted to the* Associate of Science Degree Bethel College *Program of Nursing located in* Mishawaka, IN *on* 8/26/02 *and completed requirements for graduation on* 4/30/05 *will/did graduate on* 4/30/05 . *His/Her Social Security number is* _____.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: March 11, 2010 *SIGNED* Karon Schwartz
Signature

Karon Schwartz
Printed Name

Interim Dean of Nursing
Dean / Director / Designee

SCHOOL SEAL

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

RECEIVED
MAR 15 2010
Indiana Professional Licensing Agency

State of Indiana

Official Report of Test Results
THE AMERICAN COUNCIL ON EDUCATION
TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

Name of Examinee: KONICHA M LAWRENCE Social Security Number: 427355606

Date of Birth: 11/28/78 Last Grade Completed: 11 Test Date: 05/21/98

	Form	Score	Percentile
Test 1: Writing Skills Test	AP	57	79
Test 2: Social Studies Test	AP	42	24
Test 3: Science Test	AP	43	25
Test 4: Interpreting Literature and the Arts	AP	47	41
Test 5: Mathematics Test	AP	46	29
Total		235	
Standard Score Average:		47.0	

Passed | X |

Passing Standard for a Test Date ON or AFTER 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 40 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Passing Standard for a Test Date PRIOR to 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 35 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Center Identification Number: 2001 ELKHART AREA CAREER CENTER

Signature of Chief Examiner : George E. Riabe Date: 05/28/98

For GED use only: 9372924

Revised 10/96 - IDOE - Form 30

STUDENT SERVICES DEPARTMENT
J. C. RICE EDUCATIONAL SERVICES CENTER
2720 CALIFORNIA ROAD
ELKHART, IN 46514

RECEIVED
MAR 15 2010
Indiana Professional Licensing Agency

RECEIVED
MAR 15 2010
Indiana Professional
Licensing Agency

To: Indiana Board of Nursing

Re: Felony Charge

Dear: IBON

I solely due swear that I plead guilty of a class D felony for obtaining a legend drug by forgery on November 2, 2009. I am not quite sure of the specific details of the incident but I believe I am guilty based upon the evidence. In October 2, 2009, I went to see my family doctor for a follow-up check. I suffer from seizures, PTSD, and dissociative identity disorders. I was taking Lamictal and Phenergan for the seizures, Abilify for the PTSD and DID. My psychiatrist changed me from Zyprexa to Abilify during that time becomes the Zyprexa was the cause for my onset type II diabetes. As I mention above, on Oct 2, I went to my PCP for a follow-up and I remember telling him that I was having some low abdominal pain. He was hesitant about prescribing anything stronger to me and he and I disagreed about the treatment. I told him that I was taking Alieve for the pain but it did not help. He insisted on writing me a prescription of IBprofen. We agreed I would take them and see if they help. I left the doctor office and went home. I laid down in the bed and when I came aware of my surroundings, I was in county jail. My lawyer told me that I was arrested for forgering a prescription from IBprofen to Vicodin. I told them that I did not do that and it was not me. She said I drove to Walgreens pharmacy and handed the prescription. I was in the car with my sister and I was driving. At that time, I knew it was one of my personalities. I have not driven since I was diagnose with recurrent seizures the end of 2008. My husband and sister have driven me around. She said my sister tried to explain to the officers that I was not myself and that she tried to stop me from driving the car but I took the keys and sped off stating I had to go get my medicines. My sister wondered why I was at Walgreen when my pharmacy was at CVS. My sister said I told her that I changed pharmacy so she went alone with it. The pharmacy techs stated we were just parked in the driveway waiting and not moving.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 17, 2010

Brandy Lane
85 East street
Greencastle, IN 46135

Dear Ms. Lane:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Brandy Lore

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes _____ No _____

Needs personal appearance: Yes ✓ No _____

Approved by (please initial): SG _____ LG ✓ 3/17/10

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

To State Board of Nursing,

I have pled guilty to 3 charges and took a plea agreement. The case number was #48C01-0007-CF-187. It was out of Madison County Circuit Court in Anderson, Indiana in 2002.

The date of the incidence was May of 2000. The first charge was a C felony (burglary) and two D felonies (theft).

The C felony was for burglary/theft. I had to pay back half the restitution of 743.73$.

The D felonies were for theft of about 20 chip bags and sub club stamps from subway. The chips and stamps were all recollected.

One night my ex-boyfriend and I went into the subway were I was working at the time and took money from the safe approx. 1400$. I had a key to the building that I was given weeks prior because I would open the store. I had taken the chips and sub club stamps during my shift. He had a very lengthy criminal record and was given a plea agreement as well.

For the charges I was given 4 years probation from 5-22-2002 to 5-22-2006. I completed my probation with paying my half of the restitution due and never having any problems during the 4 years.

Since then I have not been any trouble and only done things to better myself in life. I did make some bad choices when I was 19 but I have definitely learned from them and have led a life of making good choices for myself. I cannot remember the exact date of the incidence because it has been 10 years but I know it was in May or April no charges were pressed until to July of 2000.

Thank you for your time in considering my application to become a licensed registered nurse. If there anything further I need to document or explain regarding the incidence please let me know.

Sincerely,

RECEIVED
MAR 16 2010
Indiana Professional Licensing Agency

Brandy Lane

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY		
Application fee $50.00	Date fee paid (*month, day, year*) 3/16/10	Receipt number 321973
License number	Issuance date (*month, day, year*)	

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:	Have you taken the NCLEX examination previously?
☑ Registered Nurse ☐ Licensed Practical Nurse	☐ Yes, repeat applicant ☑ No, first time taking the examination
If Yes, list the date(s) and state where taken:	

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Lane, Brandy, Clare, Flett	

Street address (*number and street or rural route*)	City	State	ZIP code
85 East Street	Greencastle	IN	46135

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 450-5983	09/30/1981	Salt Lake City, Utah

Social Security number *	E-mail address
	brandyclane@gmail.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school
Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Greencastle, IN	August 2008	December 15, 2009

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☑ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

RECEIVED
MAR 16 2010
Licensing Agency

HIGH SCHOOL EDUCATION

Name of school
Lapel High School

Location (*city and state*)
Lapel, Indiana

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
June 1999	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☑ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: BL

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Brandy C Lane	03/10/2010

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the [illegible] ns, associations, organizations, and institutions any information which is material to my application, an [illegible] Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect [illegible]

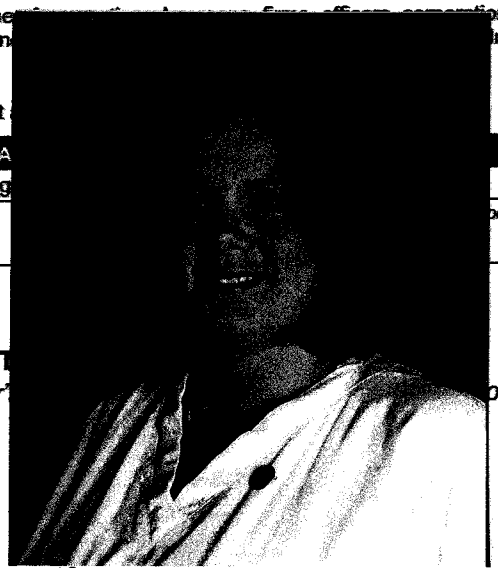
A[illegible]

I hereby swear or affirm that I have read the above statements and ag[illegible]

Signature of applicant	[illegible]nth, day, year)
Brandy C Lane	03/10/2010

PLEASE TAPE YOUR PHOT[illegible]

(*You must place your signature, the program director'[illegible] ont of your photograph.*)



Brandy Lane
Beulah-Hofmann, KA.

RECEIVED
MAR 16 2010
Indiana Professional Licensing Agency

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 West Washington Street, Room W066
Indianapolis, Indiana 46204
(317) 234-2043
http://www.state.in.us/hpb/boards/isbn/
email: hpb2@hpb.state.in.us

RECEIVED
DEC 23 2009
Indiana Professional Licensing Agency

CERTIFICATE OF COMPLETION

RN ☒ LPN

I hereby certify that Brandy Lane *was admitted to the* IVY TECH COMMUNITY COLLEGE OF INDIANA *Program of Nursing located in* Greencastle, INDIANA *on* August 24, 2009 *and completed requirements for graduation on* December 18, 2009 *will/did graduate on* December 18, 2009. *His/Her Social Security number is* _____

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: December 21, 2009 ***SIGNED*** Beulah A. Hofmann
Signature

SCHOOL SEAL

Beulah Hofmann, RN, BSN,MSN
Printed Name

Nursing Program Director
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Health Professions Bureau by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Health Professions Bureau.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Health Professions Bureau.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE HEALTH PROFESSIONS BUREAU UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 19, 2010

Kyle Artz
655 Westover Road
Avon, IN 46123

Dear Mr. Artz:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes _____ No _____

Needs personal appearance: Yes _____ No ✓

Approved by (please initial): SG _____ LG ✓ 3/18/10

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2,/ 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
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Telephone: (317) 234-2043
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http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	3/17/10	3212656

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☒ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☒ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Artz, Kyle, Edward	

Street address (*number and street or rural route*)	City	State	ZIP code
655 Westover Road	Avon	IN	46123

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 839-4277	09/24/1982	Danville, IN

Social Security number *	E-mail address
	kyleartz@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Lafayette, IN	01/12/2009	12/20/2009

RECEIVED
MAR 17 2010
Indiana Professional Licensing Agency

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☒ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Danville Community High School

Location (*city and state*): Danville, IN

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
05/25/2001	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☒ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
Licensed Practical Nurse	Indiana	27058385A	10/2008	Active

CHRONOLOGICAL CASE SUMMARY
CRIMINAL, CLINTON CIRCUIT COURT

FOR CAUSE NO: 12C01-0907-FD-144
STATE VS. KYLE E. ARTZ
THE HONORABLE LINLEY E PEARSON

ACTION:

DATE FILED: 7/21/2009
ORIG FILE DATE: 7/21/2009

CT I:	STRANGULATION		
35-42-2-9		Class D Felony	Finding: DISMISSED
CT II:	POSSESSION OF A CONTROLLED SUBSTANCE		
35-48-4-7(a)		Class D Felony	Finding: DISMISSED
CT III:	DOMESTIC BATTERY		
I.C. 35-42-2-1.3		Class A Misdemeanor	
CT IV:	PUBLIC INTOXICATION		
7.1-5-1-3		Class B Misdemeanor	Finding: DISMISSED

ENTRY/FEE BOOK: **PAGE:**
BOOK: 0 **PAGE:** 0
BOOK: 0 **PAGE:** 0

ATTORNEYS		PARTIES
		PLAINTIFF
17140-79P	ANTHONY SOMMER PROSECUTOR'S OFFICE 451 COURTHOUSE SQUARE FRANKFORT IN 46041 765-659-6350	STATE OF INDIANA
		DEFENDANT
26459-79	THOMAS N LOGAN WITHERED BURNS & PERSIN, LLP 8 N. THIRD ST. SUITE 401 P.O. BOX 499 LAFAYETTE IN 47902-0499 765-742-1988	KYLE E ARTZ

FINANCIAL INFO

PAYOR: KYLE ARTZ

COURT COSTS - COUNTY	$36.00
COURT COSTS - STATE	$84.00
USER FEES	$4.00
JURY PAY FUND	$2.00
DOCUMENT STORAGE FEE	$2.00
AUTO RECORD KEEPING FEE	$7.00
JUDICIAL INSURANCE FEE	$1.00
ADMINISTRATION FEE	$50.00
DOMESTIC VIOLENCE	$50.00
DNA SAMPLE PROCESSING FEE	$2.00
COURT ADMINISTRATION FEE	$5.00
JUDICIAL SALARY FEE	$18.00
PUBLIC DEFENSE ADMIN FEE	$3.00

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CHRONOLOGICAL SUMMARY OF FILINGS AND PROCEEDINGS

CHRONOLOGICAL CASE SUMMARY
CRIMINAL, CLINTON CIRCUIT COURT

FOR CAUSE NO: 12C01-0907-FD-144
STATE VS. KYLE E. ARTZ
THE HONORABLE LINLEY E PEARSON

ACTION:

DATE FILED: 7/21/2009
ORIG FILE DATE: 7/21/2009

07/21/2009 Notice: N RJO: N

Affidavit for probable cause filed by the State. Probable cause found for the filing of an Information for Strangulation, Possession of a Controlled Substance, Domestic Battery and Public Intoxication. Bond set in the amount of $2,500 Cash Only.

07/22/2009 Notice: N RJO: N

Appearance filed by Thomas Logan on behalf of defendant.

07/22/2009 Notice: N RJO: N

The State of Indiana appears by John H. Meyers, Deputy Prosecuting Attorney, and defendant appears in person and by counsel, Thomas N. Logan, for initial hearing. The defendant is advised of his constitutional rights, the nature of the charges and the penalties therefore.
ORDER: Preliminary pleas of not guilty are entered and the Court now sets the following dates: Pre-Trial Conference/Omnibus date: August 27, 2009, at 10:30 a.m., 2nd Pre-Trial Conference: September 24, 2009 at 10:30 a.m., Final Pre-Trial Conference: October 29, 2009 at 10:30 a.m., Jury Trial: December 8, 2009 at 8:30 a.m.. Defendant is advised that he must appear at Final Pre-Trial Conference and Jury Trial. Senior Judge, Kathy Smith

07/23/2009 Notice: N RJO: N

Cash bond in the amount of $3100.00 minus $5.00 for Special Death Benefit =$3095.00 filed. sas

08/27/2009 Notice: N RJO: N

PRE-TRIAL ORDER: PT 9-24-09 confirmed.

09/10/2009 Notice: N RJO: N

Motion to Continue filed by Thomas Logan.
ORDER: That the PTC scheduled for 09/24/2009 is hereby continued to 10/29/2009 at 10:30 a.m.
sh

10/29/2009 Notice: N DISPOSED: GP RJO: N

The State of Indiana appears by John H. Meyers, Deputy Prosecuting Attorney, and defendant appears in person and by counsel, Thomas Logan, for guilty plea hearing. Parties file a written Plea Agreement. Pursuant to the Plea Agreement, the defendant enters a plea of guilty to Domestic Battery, Count 3, a Class A misdemeanor. The defendant's motion to

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INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 W. Washington Street, Room W072
Indianapolis, IN 46204
(317) 232-2960
http://www.state.in.us/hpb/boards/isbn/

CERTIFICATE OF COMPLETION

_x_ RN ___ LPN

I hereby certify that Kyle Artz was admitted to the Ivy Tech Community College, Program of Registered Nursing located in Lafayette, IN on January 12, 2009 and completed requirements for graduation on December 20, 2009 and will/did graduate on December 20, 2009. His/her social security number is

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

Date: 12/20/2009

Signed: Karen L. Dolk

Signature

Karen L. Dolk

Printed Name

Nursing Department Chair

Dean / Director / Designee

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 22, 2010

Cynthia Walker
9025N 319 W
Huntington, IN 46750

Dear Ms. Walker:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Cynthia Walker for review 3/19/10

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** _____

Needs personal appearance: **Yes** ✓ **No** _____ 3/22/10

Approved by (please initial): SG _____ LG ✓

Endorsement applicants

2. Issue Temporary Permit: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Cynthia R. Vorick -Walker
9025N 319W
Huntington, IN 46750

February 22, 2010

Indiana Professional Licensing Agency
Indiana State Board of Nursing
Indiana Government Center-South
402 West Washington Street, Room W072
Indianapolis, IN 46204

To Whom It May Concern: I am writing in reference to the state application requiring the disclosure of any felony convictions and/or treatment of drug abuse. It is unfortunate that I have to bring to your attention two felony charges that I acquired in the state of Arizona from 1990. On October 29, 1990 in the SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY I was charged with counts 1, 11: possession of narcotic drug class 4 felonies. My conviction on March 30, 1992 was count 11: possession of narcotic drug, class 4 felony. I was ordered to three years probation (case number: CR 91-00060). Order for discharge of probation was on March 26, 1995. During this time I also completed a thirty day court ordered outpatient drug program in Glendale, Arizona, six months (approximately) of random drug testing through Phoenix drug TASC program, and I attended Narcotics Anonymous meetings. On August 23, 1990 in the SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY I was charged with count 1, 11, and 111: Forgery class 4 felonies. On April 25, 1991 I was convicted of count 1: forgery class 4 felony and ordered three years probation (case number: CR 90-09363). Order for discharge of probation was on April 25, 1994. Upon my request the SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY has sent all copies of

documentation of the orders for discharge of probation, which I am enclosing copies for your records. I also received forms to send to the judge to have these felonies removed, and my rights restored.

I apologize that I have to bring this to your attention. This is embarrassing and humiliating at the same time. At that time in my life I surrounded myself with people who were not a good influence. I began making bad choices for myself which led to my arrest and convictions. I am not that person today. I have grown and matured greatly. I have a beautiful family, and friends that are encouraging and supportive. I have always wanted to be a nurse and to serve people. This is what brought me to complete my education as a nurse. I and my family are very proud of my accomplishment. It would be a blessing if I could move forward with my diploma and have the privilege of acquiring a license for the practical nurse.

I do thank you very much for your consideration and will wait for your answer at your earliest convenience.

Thank you,

Cynthia R. Vorick -Walker

Cynthia R Vorick-Walker

State of Indiana
County of Huntington

Before me the undersigned, a Notary public for Huntington County, State of Indiana, personally appeared Cynthia R. Vorick-Walker and acknowledged the execution of this instrument this 16th day of March 2010.

Jennifer L Eller

Jennifer Eller, Notary Public

My commission expires: 3-26-2016

Jennifer L Eller
Notary Public Seal State of Indiana
Huntington County
My Commission Expires 03/26/2016

Judge: CHORNENKY/COMM
Sent. Judge: COULTER/DIV. M
APO: JAMES HANOSH/SCDL
Expiration Date: 04-25-94

THE SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY

FILED
6-7-94 2:00 pm
By K [illegible]

THE STATE OF ARIZONA
vs
CINDY ROSE VORICK

Cause No. CR9009363A

ORDER OF DISCHARGE FROM PROBATION

DOB: 11-12-65

IT IS ORDERED, pursuant to A.R.S., Section 13-905 and R.C.P. 27.4 that the defendant is hereby discharged from probation in this cause. THE COURT NOTES the defendant has failed to comply with terms #12b and #12c of her probation. The defendant remains on probation under cause number CR9100060.

DATED this 7th day of June, 1994

[signature]
Judge of the Superior Court

The defendant is advised that A.R.S. Sections, 13-905, 13-907 and 13-908 provide as follows:

§13-905. Restoration of civil rights; persons completing probation.

A. A person who has been convicted of two or more felonies whose period of probation has been completed may have any civil rights which were lost or suspended by his felony conviction restored by the judge who discharges him at the end of the term of probation.

B. Upon proper application, a person who has been discharged from probation either prior to or after adoption of this chapter may have any civil rights which were lost or suspended by his felony conviction restored by the superior court judge by whom the person was sentenced or his successors in office from the county in which he was originally convicted. The clerk of such superior court shall have the responsibility for processing the application upon request of the person involved or his attorney. The superior court shall cause a copy of the application to be served upon the county attorney.

§13-907. Setting aside judgment of convicted person upon discharge; making of application; release from disabilities; exceptions

A. EXCEPT AS PROVIDED IN SUBSECTION B OF THIS SECTION, every person convicted of a criminal offense may, upon fulfillment of the conditions of probation or sentence and discharge by the court, apply to the judge, justice of the peace or magistrate who pronounced sentence or imposed probation or such judge, justice of the peace or magistrate's sucessor in office to have the judgment of guilt set aside. The convicted person shall be informed of this right at the time of discharge. The application to set aside the judgment may be made by the convicted person, - OR by his attorney or probation officer authorized in writing. If the judge, justice of the peace or magistrate grants the application, the judge, justice of the peace or magistrate shall set aside the judgment of guilt, dismiss the accusations or information and order that the person be released from all penalties and disabilities resulting from the conviction other than those imposed by the department of transportation pursuant to section 28-445 or 28-446, and except that the conviction may be used as a conviction if such conviction would be admissible had it not been set aside and may be pleaded and proved in any subsequent prosecution of such person by the state or any of its subdivisions for any offense or used by the department of transportation in enforcing the provisions of section 28-445 or 28-446 as if the judgment of guilt had not been set aside.

B. THIS SECTION DOES NOT APPLY TO A PERSON CONVICTED OF A CRIMINAL OFFENSE
1. INVOLVING THE INFLICTION OF SERIOUS PHYSICAL INJURY.
2. INVOLVING THE USE OR EXHIBITION OF A DEADLY WEAPON OR DANGEROUS INSTRUMENT.
3. IN VIOLATION OF CHAPTER 14 OF THIS TITLE.
4. IN WHICH THE VICTIM IS A MINOR UNDER FIFTEEN YEARS OF AGE.
5. IN VIOLATION OF SECTION 28-473, ANY LOCAL ORDINANCE RELATING TO STOPPING, STANDING OR OPERATION OF A VEHICLE OR TITLE 28, CHAPTER 6, EXCEPT A VIOLATION OF SECTION 28-661, 28-692, 28-692.02 OR 28-693 OR ANY LOCAL ORDINANCE RELATING TO THE SAME SUBJECT MATTER AS SECTION 28-661, 28-692, 28-692.02 OR 28-693.

§13-908. Restoration of civil rights in the discretion of the superior court judge

Except as provided in §13-912, the restoration of civil rights and the dismissal of the accusation or information under the provisions of this chapter shall be in the discretion of the superior court judge by whom the person was sentenced or his successor in office.

As Amended, Laws 1984.

ORDER OF DISCHARGE FROM PROBATION

RFP

White Copy
Court File

Blue Copy
Pros. Atty

Yellow Copy
Probation File

Pink Copy
Defendant

1100-005 R 7/85

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 25, 2010

April Walloch
1110 Tomahawk Pl.
Martinsville, IN 46151

Dear Ms. Walloch:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

April Wallock 3/25/10 for review

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** _____

Needs personal appearance: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. Issue Temporary Permit: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

PA April 18 2010

March 12, 2010

IN Board of Nursing:

On my application for my Indiana RN license, I answered yes to 3 questions that need to be explained on page 2.

Question 1. I believe it was 2004 or 2005 that my MN RN license was suspended for being behind in MN state taxes, once paid license was re-instated. No action has been taken on my license otherwise.

Question 4b. I have had on 2-3 occasions been to court for insufficient funds for my checking account, over many years. Unsure on the actual dates though.

Question 5. I have been terminated on 2 separate occasions for one reason, letting my license lapse. Even though I was honest with my employer, I was terminated on both occasions.

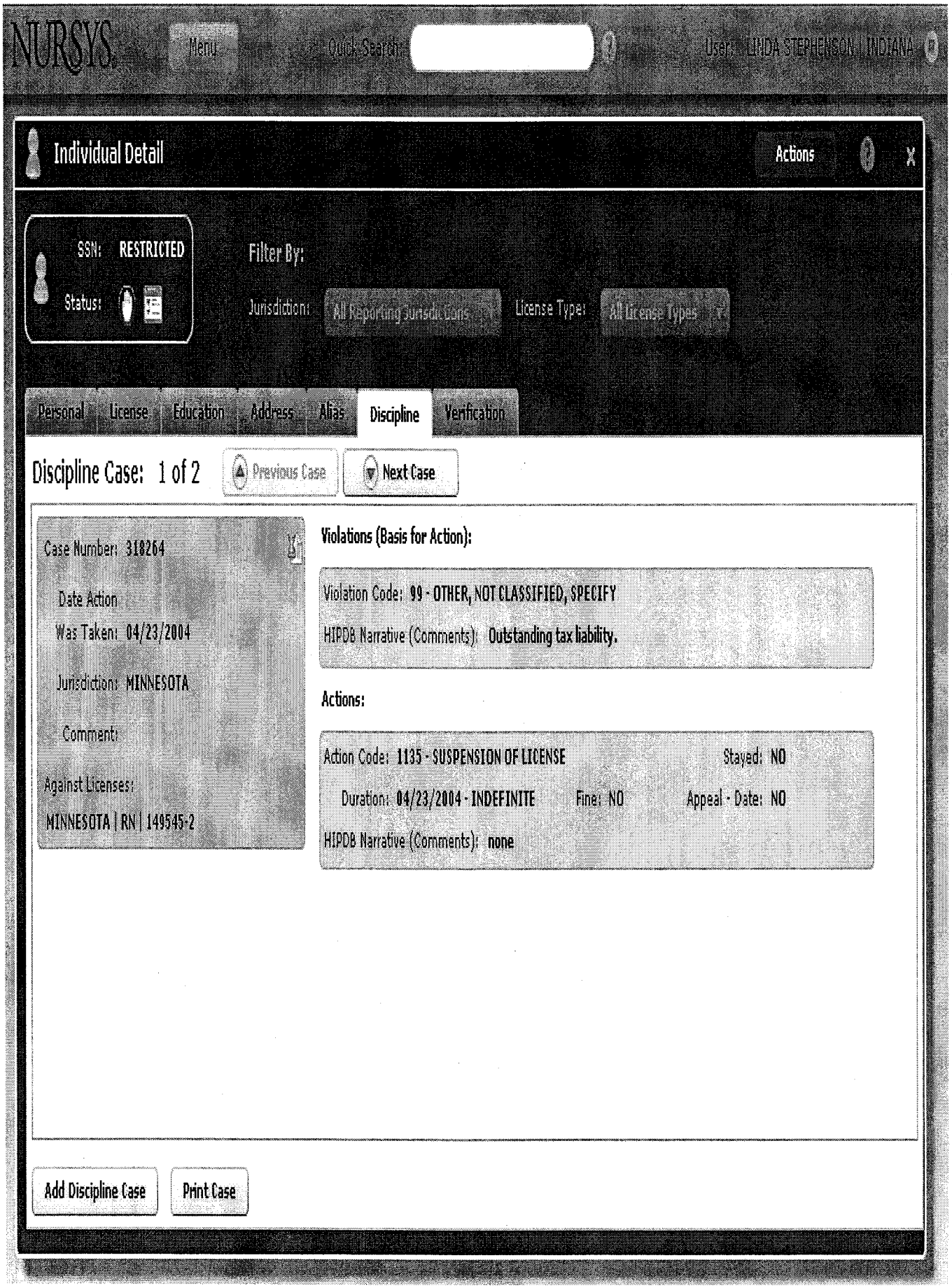
I believe that this completes everything on my application, any other questions may be sent to me via e-mail @ *aprilmilutin@live.com.*

Thank you for your time.

April Walloch

April Walloch

4b. - Also have a gross misdimenor from like 1993 from an incident when I was 18 for trespassing on golf corse and criminal destruction of property.


NURSYS
Menu
Quick Search:
User: LINDA STEPHENSON | INDIANA
Individual Detail
Actions
SSN: RESTRICTED
Status:
Filter By:
Jurisdiction: All Reporting Jurisdictions
License Type: All License Types
Personal
License
Education
Address
Alias
Discipline
Verification
Discipline Case: 1 of 2
Previous Case
Next Case
Case Number: 318264
Date Action Was Taken: 04/23/2004
Jurisdiction: MINNESOTA
Comment:
Against Licenses:
MINNESOTA | RN | 149545-2
Violations (Basis for Action):
Violation Code: 99 - OTHER, NOT CLASSIFIED, SPECIFY
HIPDB Narrative (Comments): Outstanding tax liability.
Actions:
Action Code: 1135 - SUSPENSION OF LICENSE
Stayed: NO
Duration: 04/23/2004 - INDEFINITE
Fine: NO
Appeal - Date: NO
HIPDB Narrative (Comments): none
Add Discipline Case
Print Case

INDIVIDUAL:

SSN: **RESTRICTED** Name: **WALLOCH, APRIL ANN**

DOB: **11/09/1973** Gender: **FEMALE**

LICENSES DISCIPLINED:

MINNESOTA | RN | 149545-2

GENERAL CASE INFORMATION:

Case Number: **318264** Date Action Was Taken: **04/23/2004**

Jurisdiction: **MINNESOTA**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **99 - OTHER, NOT CLASSIFIED, SPECIFY**

HIPDB Narrative (Comments):

Outstanding tax liability.

ACTIONS:

Action Code: **1135 - SUSPENSION OF LICENSE** Stayed: **NO**

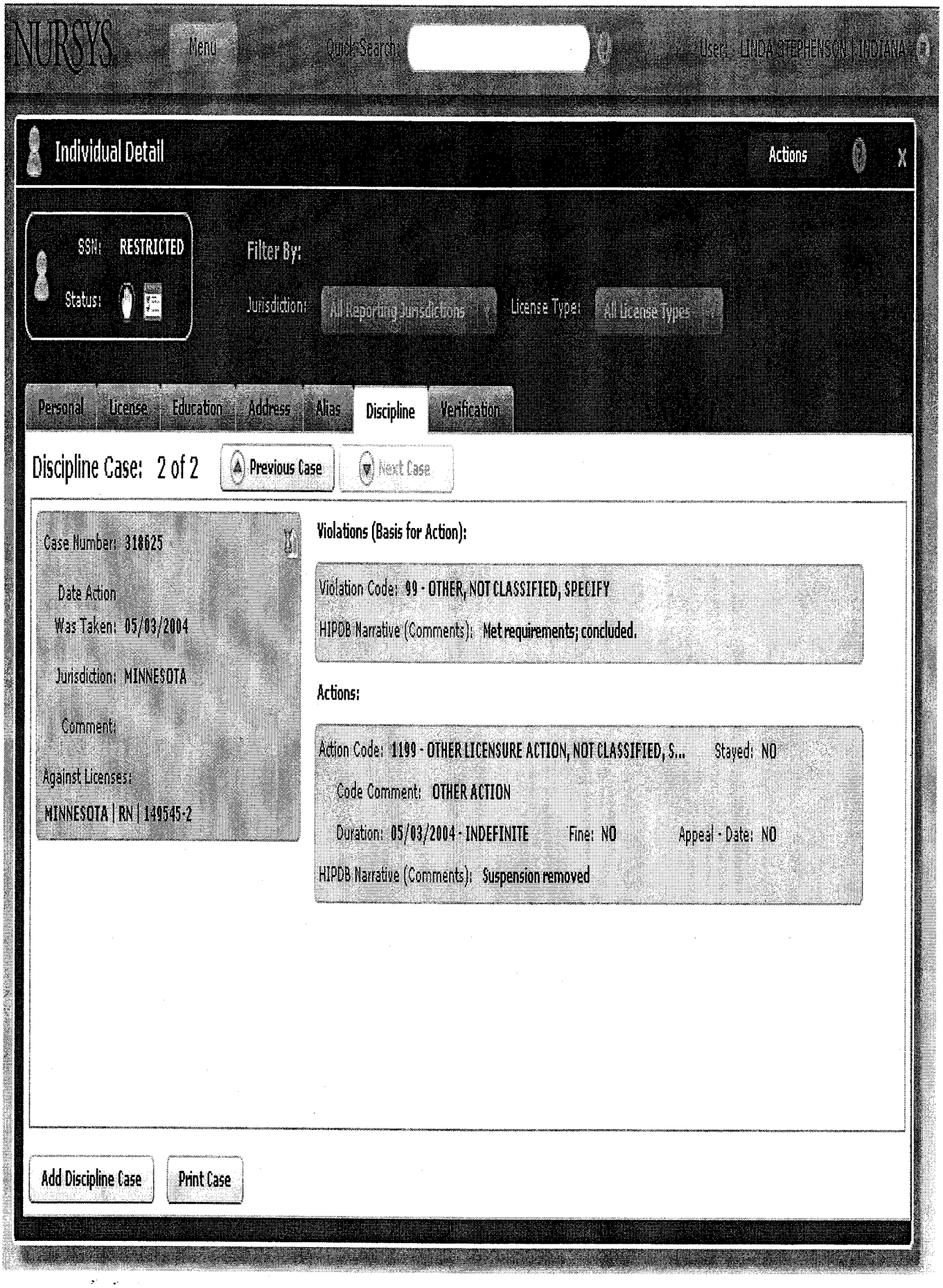
Duration: **04/23/2004 - INDEFINITE** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

none

REVISIONS:

There are no revisions for this Discipline Case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User: LINDA STEPHENSON | INDIANA
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Actions
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SSN: RESTRICTED
Status:
Filter By:
Jurisdiction: All Reporting Jurisdictions
License Type: All License Types
Personal
License
Education
Address
Alias
Discipline
Verification
Discipline Case: 2 of 2
Previous Case
Next Case
Case Number: 318625
Date Action Was Taken: 05/03/2004
Jurisdiction: MINNESOTA
Comment:
Against Licenses:
MINNESOTA | RN | 149545-2
Violations (Basis for Action):
Violation Code: 99 - OTHER, NOT CLASSIFIED, SPECIFY
HIPDB Narrative (Comments): Met requirements; concluded.
Actions:
Action Code: 1199 - OTHER LICENSURE ACTION, NOT CLASSIFIED, S...
Stayed: NO
Code Comment: OTHER ACTION
Duration: 05/03/2004 - INDEFINITE
Fine: NO
Appeal - Date: NO
HIPDB Narrative (Comments): Suspension removed
Add Discipline Case
Print Case

INDIVIDUAL:

SSN: **RESTRICTED** Name: **WALLOCH, APRIL ANN**

DOB: **11/09/1973** Gender: **FEMALE**

LICENSES DISCIPLINED:

MINNESOTA | RN | 149545-2

GENERAL CASE INFORMATION:

Case Number: **318625** Date Action Was Taken: **05/03/2004**

Jurisdiction: **MINNESOTA**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **99 - OTHER, NOT CLASSIFIED, SPECIFY**

HIPDB Narrative (Comments):

Met requirements; concluded.

ACTIONS:

Action Code: **1199 - OTHER LICENSURE ACTION, NOT CLASSIFIED, S...** Stayed: **NO**

Code Comment: **OTHER ACTION**

Duration: **05/03/2004 - INDEFINITE** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

Suspension removed

REVISIONS:

There are no revisions for this Discipline Case

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
RESTRICTED	WALLOCH, APRIL ANN (ALL)	11/09/1973 (MN,WI)
	Maiden Name (Reporting Jurisdictions)	
	CIHAK (MN)	RESTRICTED (AZ)

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
MN	RN	149545-2	03/30/2001	11/30/2011	ACTIVE	ENDORSEMENT	03/30/2001	
AZ	RN	RN109938		11/30/2001	INACTIVE	ENDORSEMENT	02/24/2000	
WI	RN	000000000130219		02/28/2002	INACTIVE	EXAM	07/23/1998	YES

Address Information

Juris.	Address	City	State	Zip	Country
MN	208 S BRIDGEMAN ST	FAIRMONT	MN	56031	USA
WI	229 S ELM ST	FAIRMONT	MN	56031	USA
AZ	450 11TH AVE N	WISCONSIN RAPIDS	WI	54495	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
MN	MIDSTATE TECH COLLEGE	05/01/1998	RN	ASSOCIATES	WISCONSIN RAPIDS	WI
WI	MID-STATE T C WIS RAPIDS WI	05/01/1998	RN	BLANK		
AZ	MID STATE TECHNICAL COLLEGE - ADN	05/01/1998	RN	OTHER	WISCONSIN RAPIDS	WI
AZ	MID STATE TECHNICAL COLLEGE - ADN	05/01/1998	RN	ASSOCIATES	WISCONSIN RAPIDS	WI

Discipline Summary Information

Case Number	Reporting Jurisdisction	Date Action Was Taken	Licenses Disciplined	Against Privilege
318264	MINNESOTA	04/23/2004	MINNESOTA | RN | 149545-2	NO
318625	MINNESOTA	05/03/2004	MINNESOTA | RN | 149545-2	NO

** Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee: 50	Permit fee: 10
Date fee paid (*month, day, year*): 3/25-10	Date fee paid (*month, day, year*)
Receipt number: 3216850	Receipt number
License number	Permit number
Issuance date (*month, day, year*)	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

☑ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☐ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure: Wisconsin		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Walloch, April, Ann, Cihak			List any other last names ever used
Street address (*number and street or rural route*): 1110 Tomahawk Pl.	City: Martinsville	State: IN	ZIP code: 46151
Daytime telephone number (*include area code*): ( )	Date of birth (*month, day, year*): 11-09-1973	Place of birth (*city and state*): Fairmont, MN	
Social Security number *: 2	E-mail address: aprilmilutin@live.com		

NURSING EDUCATION

Name of nursing school: Mid-State Technical College		
Location (*city and state*): Wisconsin Rapids, WI	Date of enrollment (*month, day, year*): 1-11-1997	Date of graduation (*month, day, year*): 5-30-1998

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☑ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: HLOL	
Location (*city and state*): Lakefield, MN	
Date of graduation (*month, day, year*): 5-31-1992	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No

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MAR 24 2010
Indiana Professional Licensing Agency

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☑ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Wisconsin	7-1-1998

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
RN	MN	R-149545-2	3-08-2010	Current
RN	WI	130219-30	7-23-1998	Expierd
RN	AZ	RN109938	11-30-2001	Expired

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☑ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☑ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
April Wallach	3-10-2010

RECEIVED
MAR 24 2010
Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

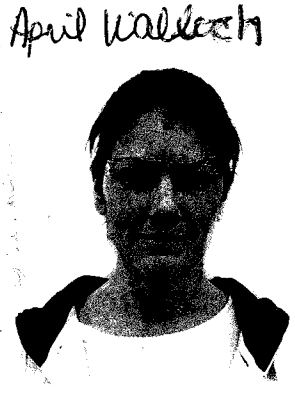
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
April Wallach	3-10-2010

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)



RECEIVED
MAR 2 4 2010
Indiana Professional Licensing Agency

APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
Walloch, April, Ann	Cihak

Street address (*number and street or rural route*)
1110 Tomahawk Pl.

City	State	ZIP code
Martinsville	IN	46151

Social Security number *	* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☑ Registered Nurse ☐ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
R-149545-2	11-30-2011	MN

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
April Walloch	3-10-2010

April Walloch

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
April Walloch	3-17-10

NOTARY SEAL

SWORN TO AND SIGNED BEFORE ME THIS

17 DAY OF March, 20 10.

Signature of notary public: Jeremiah L Goss

Expiration date of commission (*month, day, year*): Sept. 14th 2014

RECEIVED
MAR 29 2010
Indiana Professional

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 25, 2010

Shelida Maxison
4025 Eagle Cove Court
Indianapolis, IN 46254

Dear Ms. Maxison:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** _____

Needs personal appearance: **Yes** ✓ **No** _____ 3/25/10

Approved by (please initial): SG _____ LG ✓

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Shelida Madison

POSITIVE RESPONSE FORM - This form is for all renewals with a positive response!

Name_____

License number_____

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Web renewals

Date letter sent for positive response statement: date sent_____

Date positive response statement submitted date recd_____

Hold(s) date released_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	3/12/10	3210374

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☒ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☒ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Maxison SHELIDA LANAE / NUNN	NIKKI

Street address (*number and street or rural route*)	City	State	ZIP code
4025 EAGLE COVE Court	INDPLS	IN	46254

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 334 0305	09 15 1974	INDPLS, INDIANA

Social Security number *	E-mail address
	PROSPEROUSWARRIOR@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: ITT TECHNICAL INSTITUTE

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
INDIANAPOLIS INDIANA	03 08 2008	03 28 2010

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☒ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: HIGHLAND High School

Location (*city and state*): ANDERSON INDIANA

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
06 15 1993	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☒ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

RECEIVED
MAR 12 2010
Indiana Professional Licensing Agency

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☒ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Shelida Lanae Maxison / Nunn	03 06 2010

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Shelida Lanae Maxison / Nunn	03 06 2010

PLEA ... **PLE)**

(*You must place your signatur* ... *the front of your photograph.*)

Donna Austgen RN
Shelida L. Maxison / Nunn

RECEIVED
MAR 12 2010
Indiana Professional Licensing Agency

Affidavit for Indiana NCLEX Licensure
February 19, 2010
Shelida Lanae Nunn-Maxison

I, Shelida L. Nunn-Maxison, 35 years of age and born September 15, 1974 due reside at 4025 Eagle Cove Court, Indianapolis, Indiana. I hereby swear to a felony conviction of fraud and forgery for the years of 1995-1996. I obtained and illegally used the information of one, Jennifer Kugar, to gain material items. I applied for and received several credit cards, and a loan in Mrs. Kugar's name, to purchase clothing, furniture and vehicles for personal attention and gain. I was arrested and plead guilty, in the county of Marion, to charges of fraud and forgery. A sentence of 9 months jail time in the Marion County Jail; 6 months work release in the work release program located at 611 N. Capitol, Indianapolis, Indiana; 2 years on the Eric HOC program; 14 months on the home detention program; 18 months on the Eric HOC daily reporting program and no term completed for probation in Indianapolis Indiana for this offense. During this time I too was currently on probation, in Monroe County, for a criminal conversion charge in which I plead guilty to being involved in a credit fraud offense, while a student at Indiana University, Bloomington, Indiana, during the years of 1993-1994. A group of 3 females, including myself, found and used a credit card issued to an unknown person(s), for personal use and gain. I personally extended and signed for items using this stolen credit card. I plead guilt in the Monroe County courts to criminal conversion. The sentenced imposed consisted of community service hours and a period of probation with the intent to remove the charge of criminal conversion if no other offenses occurred within a 1-year period.

The criminal offense(s) plead guilty to were indeed wrong and not a good representation of one with integrity. Although these offenses occurred almost 15 years prior to this application, I continue to remind myself often of the immaturity actions I took part in. Over the many years I've not only gained a greater self esteem but I too recognize what my character will not consist of. Theft, Fraud, Forgery, Deceit, and a host of others are not "titles" or "traits" that defines a person, such as a Nurse, whom is willing to serve others.

I come now asking for mercy of the board. Although these offenses have continued to follow my life, they no longer are apart of my character or the integrity I stand for. I ask that you allow me to continue to serve people by allowing testing for the NCLEX examination ultimately obtaining my licensure as a Registered Nurse in the state of Indiana.

Respectfully submitted this day of 25 of the month February, year 2010.

Shelida Lanae Nunn-Maxison
Name printed

Shelida Lanae Nunn-Maxison
Signature

CHANTELL ZELL
MY COMMISSION EXPIRES
November 4, 2017
NOTARY SEAL
MARION COUNTY
NOTARY PUBLIC, STATE OF INDIANA

Chantell Zell
Name printed (Notary Public)

Chantell Zell
Signature (Notary Public)

RECEIVED
MAR 12 2010
Indiana Professional
Licensing Agency

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☒ **RN** ☐ **LPN**

I hereby certify that **Shelida Maxison** *was admitted to the* **ITT TECHNICAL INSTITUTE** *Program of Nursing located in* **Indianapolis** *on* **March 03, 2008** *and completed requirements for graduation on* **March 12, 2010** *will/did graduate on* **March 28, 2010** *. His/Her Social Security number is* _____ .

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: March 24, 2010 SIGNED James P Hill Jr
Signature

SCHOOL SEAL

Printed Name
James P. Hill Jr.
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency .*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

RECEIVED
MAR 24 2010
Indiana Professional Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 29, 2010

Belinda Clark
601 Brandon Blvd.
Sandusky, OH 44870

Dear Ms. Clarkl:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for practical nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Belinda Clark

for review 3/26/10

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: Yes _____ No _____

Needs personal appearance: Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. Issue Temporary Permit: Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: Yes _____ No _____

Approved by (please initial): SG _____ LG _____

3/29/10 Set for PA 4/15/10 LY

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee 50	Permit fee 10
Date fee paid (*month, day, year*) 3/26/2010	Date fee paid (*month, day, year*)
Receipt number 321804	Receipt number S
License number	Permit number
Issuance date (*month, day, year*)	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

☐ R.N. ☑ L.P.N.	Do you desire a temporary permit? ☑ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure: Ohio		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Clark Belinda Lynn Burd			List any other last names ever used
Street address (*number and street or rural route*): 601 Brandon Blvd	City: Sandusky	State: Ohio	ZIP code: 44870
Daytime telephone number (*include area code*): (419)202-8248	Date of birth (*month, day, year*): 07/25/1975	Place of birth (*city and state*): Massillon, Ohio	
Social Security number *	E-mail address: lpnurse2007@aol.com		

NURSING EDUCATION

Name of nursing school: Sandusky Career Center School of Practical Nursing		
Location (*city and state*): Sandusky, Ohio	Date of enrollment (*month, day, year*): 05/01/2006	Date of graduation (*month, day, year*): 03/14/2007

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☐ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

- ☑ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Bellevue Senior High	
Location (*city and state*): Bellevue, Ohio	
Date of graduation (*month, day, year*): 06/03/1993	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No

RECEIVED
MAR 26 2010
Indiana Professional Licensing Agency

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☐ NCLEX-RN ☐ SBTPE-RN ☑ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Ohio	05/15/2007

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
Licensed Practical Nurse	Ohio	126668	06/13/2008	Active

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☑ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
[signature] LPN	3/15/2010

RECEIVED

MAR 26 2010

Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
[signature] LPN	3/15/2010

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)

[signature] LPN

RECEIVED
MAR 26 2010
Indiana Professional Licensing Agency

APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
Clark Belinda Lynn	Burd Belinda Lynn

Street address (*number and street or rural route*)
601 Brandon Blvd

City	State	ZIP code
Sandusky	Ohio	44870

Social Security number *	* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☐ Registered Nurse ☑ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
126668	08/31/2010	Ohio

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
RN BSN CCRN LPN	3/15/2010

NOTARIAL SEAL STATE OF OHIO

KIMBERLY A. JEFFREY
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES JUNE 21, 2012

SWORN TO AND SIGNED BEFORE ME THIS
15th DAY OF March, 2010.

Signature of notary public
Kimberly A. Jeffrey

Expiration date of commission (*month, day, year*)
6/21/2012

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MAR 26 2010
Indiana Professional Licensing Agency

Verification Report

Printed for INDIANA (PN) on 03/26/2010

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
	CLARK, BELINDA L (ALL)	07/25/1975 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	BELINDA L BURD (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
OH	PN	126668	06/13/2008	08/31/2010	ACTIVE	EXAM	07/24/2007	05/15/2007

Address Information

Juris.	Address	City	State	Zip	Country
OH	601 BRANDON BLVD	SANDUSKY	OH	44870	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
OH	SANDUSKY CAREER CENTER	03/01/2007	PN	BLANK		

Discipline Summary Information

Discipline details are not available in Nursys. Please contact the reporting member board.

** Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

Nursys Speed Memo

From: LINDA STEPHENSON

Date: 03/26/2010 3:34 PM

To: OHIO

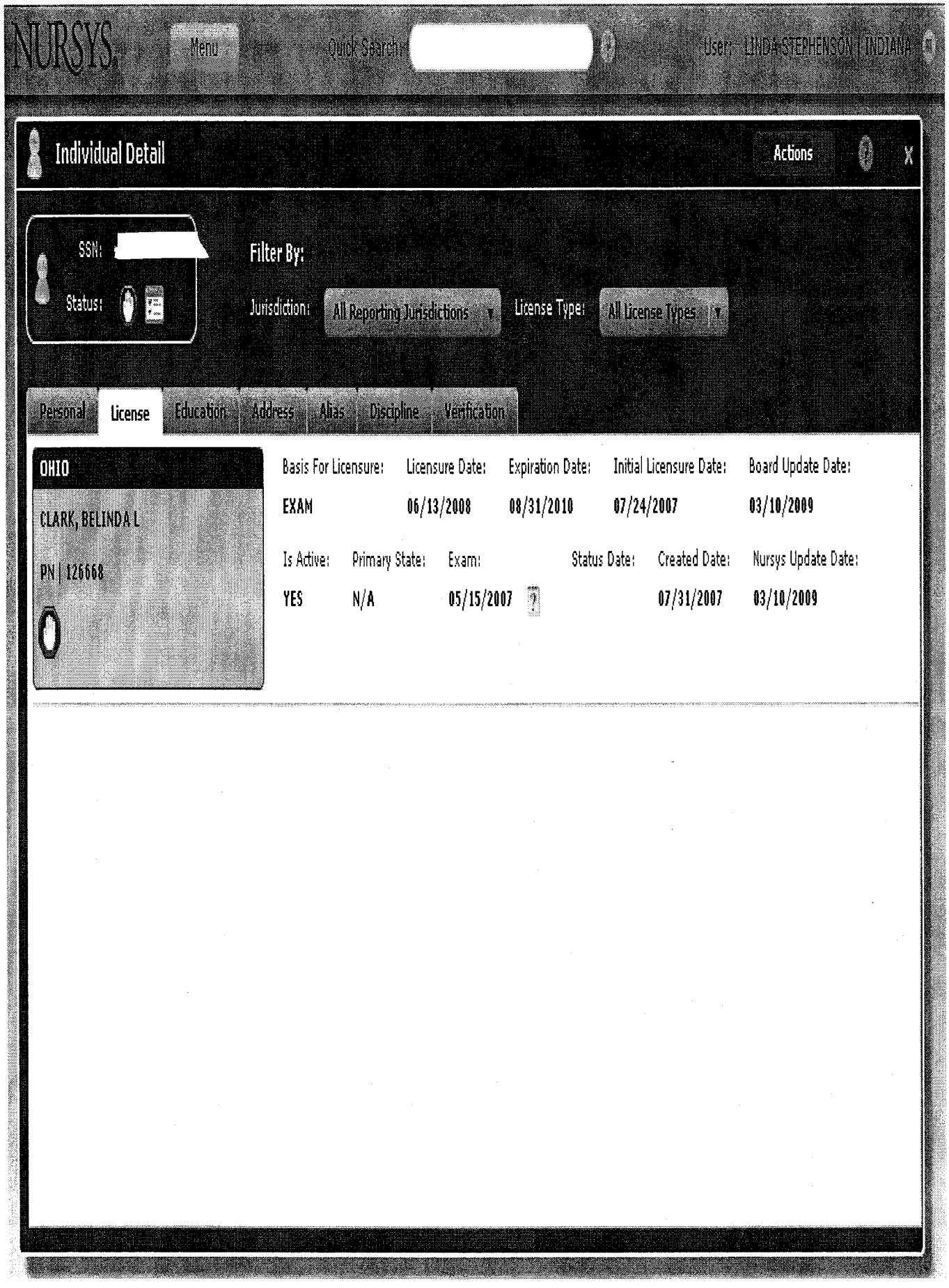
Category: Discipline General

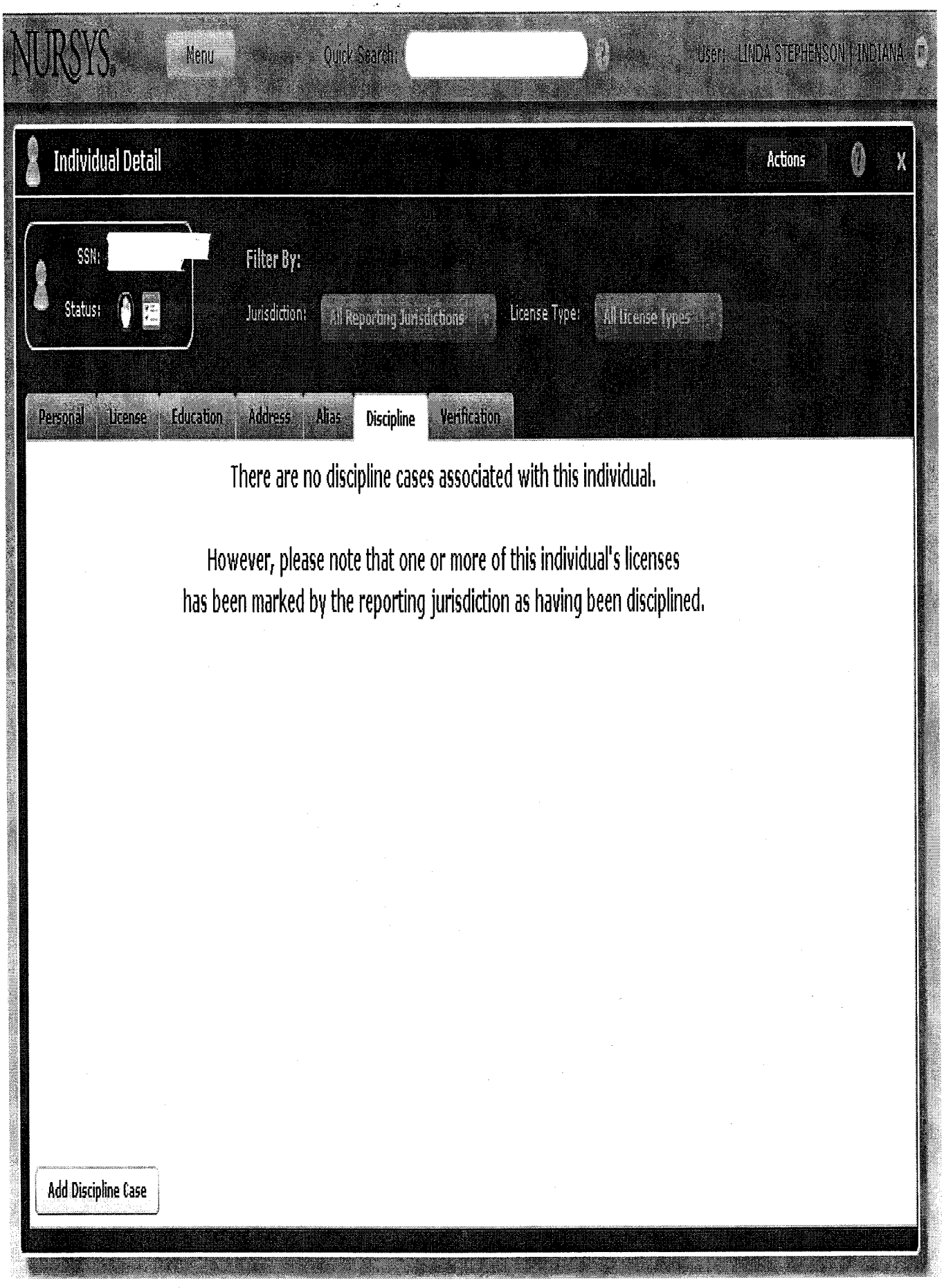
Regarding Nurse: CLARK, BELINDA L | OHIO PN 126668

Subject: Discipline for this nurse

Her discipline is not in NURSYS, can you send our board discipline infomation please?

Linda Stephenson - Indiana Board of Nursing


NURSYS
Menu
Quick Search:
User: LINDA STEPHENSON | INDIANA
Individual Detail
Actions
SSN:
Status:
Filter By:
Jurisdiction:
All Reporting Jurisdictions
License Type:
All License Types
Personal
License
Education
Address
Alias
Discipline
Verification
OHIO
CLARK, BELINDA L
PN | 126668
Basis For Licensure:
Licensure Date:
Expiration Date:
Initial Licensure Date:
Board Update Date:
EXAM
06/13/2008
08/31/2010
07/24/2007
03/10/2009
Is Active:
Primary State:
Exam:
Status Date:
Created Date:
Nursys Update Date:
YES
N/A
05/15/2007
07/31/2007
03/10/2009


NURSYS
Menu
Quick Search:
User: LINDA STEPHENSON | INDIANA
Individual Detail
Actions
SSN:
Filter By:
Status:
Jurisdiction:
All Reporting Jurisdictions
License Type:
All License Types
Personal
License
Education
Address
Alias
Discipline
Verification
There are no discipline cases associated with this individual.
However, please note that one or more of this individual's licenses
has been marked by the reporting jurisdiction as having been disciplined.
Add Discipline Case

Belinda L. Clark LPN

601 Brandon Blvd
Sandusky, Ohio 44870
Phone (419) 202-8248
Lpnurse2007@aol.com

March 15, 2010

Indiana State Board of Nursing
402 W. Washington St Room W072
Indianapolis, Indiana 46204

Dear Indiana Nursing Board Staff,

My name is Belinda Lynn Clark, I am from Sandusky, Ohio. On this day March 15th 2010 I am applying for an Indiana State LPN Licensure. I currently hold an active but restricted Ohio LPN License due to a family issue that originally took place in 2005, but eventually ended with myself pleading no contest to a misdemeanor theft charge in 2006, with the second charge of misdemeanor theft being dismissed.

In the year 2005 I had to undergo an emergency hysterectomy. My health problems at that present time caused me to go without work or income. I was a single mother and turned to my sister for help. She had given me permission and access to her social security number to apply for credit in her name to help out with Christmas under the circumstances I not mention this to her husband. I made the crucial mistake of being irresponsible and making several payments late which resulted in marks against her credit score. In July 2006 my sister (Cheryl L. McIntyre) and her husband (John M. McIntyre) had applied for a boat loan which resulted in John becoming aware of the credit cards on their credit. Immediately Cheryl denied ever allowing myself access to her information nor knowing anything regarding the above credit cards. I had spoke with John on the phone on July 26th 2006 regarding this matter as did two other witnesses to the conversation between my sister and myself. In the meantime one credit card had been paid off, while the other had a remaining balance. Due to the bank denying them a boat loan unless these credit cards were removed from their credit they had pressed charges with Cheryl continuing to deny any knowledge of the situation.

I myself requested to be permitted to submit to a polygraph examination. BCI returned my results as "showing signs of deception" I then requested Cheryl McIntyre submit to a polygraph, as she had refused.

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At this time I was attending Nursing School, and had obtained an attorney. My options were to plead no contest to the charge of misdemeanor theft or take this to trial. If I had taken this to trial I would have been removed from the Nursing program due to attendance issues. I met with attorney Jeremiah Ray who instructed me to do what was best for me in the "long run". I agreed to plead no contest which resulted in one charge being dismissed.

On December 28th 2007 a motion for expungement had been filed to the Bellevue Municipal Court, per Jeremiah ray. On February 11th 2008 my hearing for expungement took place in Bellevue Municipal Court and was therefore granted.

I am sending along the Ohio Nursing Boards consent agreement that I have been abiding by since my first date of employment August 8th 2007 with Gaymont Nursing Center in Norwalk Ohio where I have been employed for the duration of my Nursing career. I am also sending along a letter that had been submitted to the Ohio Nursing Board from the Bellevue Municipal Courts Prosecutor.

I want to make you aware that I will not deny any wrong doing, I am at fault for being irresponsible and not adhering to a verbal agreement between my sister and myself, but I also on the other hand have learned important life lessons that will never be forgotten. It has definitely made me a better person and for that I would not want to take back any events that have occurred, nor will I ever put myself into a situation that could remotely end up with these types of results.

Sincerely,

Bell S LCAS LPN

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MAR 26 2010

Indiana Professional
Licensing Ag

This is A letter the Bellevue Prosecutor submitted to Ohio Board of Nursing - It does have a typo (which I circled) the charge was misdemeanor theft.
Thank you
BeCCS

Bellevue Municipal Court
3000 Seneca Industrial Parkway
Bellevue, Ohio 44811
FAX 419-484-8060
419-483-5880

KENNETH P. FOX
JUDGE

THOMAS L. AIGLER
PROSECUTOR

July 11, 2007

Ohio Board of Nursing
c/o Compliance Department
17 S. High Street, Suite 400
Columbus, Ohio 43215-3413

Re: Belinda L. Clark

Gentlemen:

Please be advised that I am the Prosecuting Attorney for the City of Bellevue, Ohio. In the fall of 2006, Belinda L. Clark was charged in Bellevue Municipal Court with two counts of theft. The charges stemmed from a complaint made by Ms. Clark's sister concerning misuse of a credit card. It is my recollection that the use of the credit card was authorized, but the amount charged to said credit card was the point of disagreement between the two sisters. When these cases came before the court, Ms. Clark had already made some of the restitution and had made arrangements to complete the restitution to her sister. One of the cases was dismissed and Ms. Clark plead guilty to Misdemeanor 1, assault, pursuant to Ohio Revised Code Section 2913.02(a)(1). She was fined $100.00 and assessed court costs of $44.00. I have enclosed copies of the judgment entries for your review.

The reason I am writing is to urge your compassion concerning Ms. Clark and her application for any nursing license in the State of Ohio. The matter in question here was clearly more of a situation where two sisters had a disagreement over the use of a credit card. I do not think that this situation warrants any negative impact whatsoever on the potential nursing career of Ms. Clark.

Very truly yours,

Thomas L. Aigler

Thomas L. Aigler

TLA:b

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COPY Indiana Professional Licensing Agency

IN THE BELLEVUE MUNICIPAL COURT
BELLEVUE, OHIO

COPY

State of Ohio

Plaintiff,

vs.

Belinda L. Clark

Defendant,

Case No. S2006 CRB 1911
S2006 CRB 1912

JUDGE KENNETH P. FOX

ENTRY OF APPEARANCE, ENTRY OF PLEA, MOTION TO MOVE OR PLEA IN ABSTENTIA

Jeremiah Ray, #0074655
RAY LAW OFFICE
212 W. Main Street
Bellevue, Ohio 44811
Phone: 419-483-5744
Fax: 419-483-4641
Attorney for Defendant

BELLEVUE MUNICIPAL COURT
FILED
2006 SEP 25 PM 1:10
BELLEVUE, OHIO

Now comes Jeremiah S. Ray and enters his appearance as attorney of record herein for Defendant, Belinda Clark.

Defendant hereby enters a plea of "NOT GUILTY" to all charges herein.

Defendant hereby requests this Honorable Court to move or plead in abstentia. For reasons, counsel states that he is scheduled to be in Crawford County Municipal Court on the date and time of Defendant's scheduled appearance in this Honorable court.

Respectfully Submitted,

Jeremiah Ray, #0074655
Attorney for Defendant

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MAR 26 2010
Indiana Professional Licensing Agency

CERTIFICATE OF SERVICE

This will certify that a copy of the foregoing Appearance, Entry of Plea and Motion to Move or Plea in Abstentia was sent by U.S. Mail, postage pre-paid, on the 21 day of September, 2006 to the following:

Prosecutor
BELLEVUE MUNICIPAL COURT
3000 Seneca Industrial Parkway
Bellevue, Ohio 44811

Jeremiah Ray, #0074655
Attorney for Defendant

BELLEVUE MUNICIPAL COURT
FILED
2006 SEP 25 PM 1:10
BELLEVUE, OHIO

Bellevue Municipal Court ☒
3000 Seneca Industrial Parkway
Bellevue, Ohio 44811
419-483-5880

COPY

CRIMINAL COMPLAINT (Rule 4)

Court Case No. 52006CRB 1912

State of Ohio)
[redacted])
County of Huron SS
City of Bellevue)
-vs-)

ITN#
SSN:
DOB: 07-25-1975
Race: C Sex: F
Height: 5'06 Weight: 202
Hair: BLN Eyes: BLU
D/L: RN823469
P.U.R.:

Name: Belinda L. Clark, Defendant
Street: 306 Brandon Blvd
City/State: Sandusky/Ohio BPD Case # 06-05329

The complainant being duly sworn states that the above named defendant, on or about the 21 day of October, 2005, did unlawfully: (State Essential Facts) No person, with purpose to deprive the owner of property or services, shall knowingly obtain or exert control over either the property or services. Without the consent of the owner or person authorized to give consent. To Wit: Did obtain a First Premier credit card in her sisters name. Then charged numerous charges to the account under her sisters name. Her sister never gave her permission .
The offense occurred at: 200 Steeplechase Avenue apartment J in the City of Bellevue, [redacted]/Huron/[redacted] County, Ohio, contrary to:
ORC Section 2913.02 A 1

Description: Theft
Misdemeanor ☒ of the First degree.
Other:
Felony ☐ of the degree.
Maximum Penalty: $ 1000 fine; and 6 months imprisonment.
Bond amount: $. ☐ 10% = $.

2006 SEP 19 AM 11:9
CLERK OF COURTS
BELLEVUE, OHIO
FILED

SWORN TO AND SUBSCRIBED BEFORE ME ON
September 19th, 2006.
Ann Marie Kerstetter
JUDGE – CLERK – DEPUTY CLERK – NOTARY

Det Cpl Mark Brady
COMPLAINANT

SUMMONS ON COMPLAINT
☐ TO THE ABOVE NAMED DEFENDANT, you are hereby ordered to appear before the court so stated above on 9-26, At 2pm o'clock 9:30 a m. If you fail to appear, a warrant will be issued for your arrest.
Det Cpl Mark Brady
Issuing Officer (Summons Endorsement)

JUDGE – CLERK – DEPUTY CLERK

WARRANT ON COMPLAINT
☐ TO ANY LAW ENFORCEMENT OFFICER, you are hereby commanded to arrest the defendant named in the foregoing complaint, and bring him, without unnecessary delay, before the court so stated above, or any other Court of Record having jurisdiction of the offense, to be dealt with according to law.
Dated: _____

JUDGE – CLERK

RETURN
Received the attached Summons-Warrant on _____, _____, at _____o'clock _____m.
I executed the same by: ( ) Arresting the Defendant
( ) Personally handing it to the defendant
( ) Leaving it at the residence of the defendant by personally handing it to a person of suitable age and discretion residing therein, to wit, _____.

UNEXECUTED WARRANT – I attempted to execute this warrant but was unable to do so because:

_____ Officer

Bellevue Municipal Court ☒
3000 Seneca Industrial Parkway
Bellevue, Ohio 44811
419-483-5880

COPY

CRIMINAL COMPLAINT (Rule 4)

Court Case No. 52006CRB1911

State of Ohio)
[redacted])
County of Huron SS
City of Bellevue)
-vs-)

ITN#
SSN:
DOB: 07-25-1975
Race: C Sex: F
Height: 5'06 Weight: 202
Hair: BLN Eyes: BLU
D/L: RN823469
P.U.R.:

Name: Belinda L. Clark, Defendant
Street: 306 Brandon Blvd
City/State: Sandusky/Ohio BPD Case # 06-05329

The complainant being duly sworn states that the above named defendant, on or about the 21 day of October, 2005, did unlawfully: (State Essential Facts) No person, with purpose to deprive the owner of property or services, shall knowingly obtain or exert control over either the property or services. Without the consent of the owner or person authorized to give consent. To Wit: Did obtain a Capitol One credit card in her sisters name.Then charged approximatley $1,4[illegible]30.70 from October 21, 2005 to July 25, 2006 her sister did not give her permission.

The offense occurred at: 200 Steeplechase Avenue apartment J in the City of Bellevue, [redacted]/Huron/[redacted] County, Ohio, contrary to:

ORC Section 2913.02 A 1

Description: Theft Misdemeanor ☒ of the First degree.

Other: Felony ☐ of the degree.

Maximum Penalty: $ 1000 fine; and 6 months imprisonment.

Bond amount: $. ☐ 10% = $.

SWORN TO AND SUBSCRIBED BEFORE ME ON

September 19th, 2006.

Ann Marie Kerstetter
JUDGE – CLERK – DEPUTY CLERK – NOTARY

Det Capt. Mark Brooks
COMPLAINANT

2006 SEP 19 AM 11:01
BELLEVUE, OHIO

SUMMONS ON COMPLAINT

☐ TO THE ABOVE NAMED DEFENDANT, you are hereby ordered to appear before the court so stated above on 9-26, 2006, At 9:30 o'clock A m. If you fail to appear, a warrant will be issued for your arrest.

Det Capt. Mark Brooks
Issuing Officer (Summons Endorsement)

JUDGE – CLERK – DEPUTY CLERK

WARRANT ON COMPLAINT

☐ TO ANY LAW ENFORCEMENT OFFICER, you are hereby commanded to arrest the defendant named in the foregoing complaint, and bring him, without unnecessary delay, before the court so stated above, or any other Court of Record having jurisdiction of the offense, to be dealt with according to law.

Dated: _____

JUDGE – CLERK

RETURN

Received the attached Summons-Warrant on _____, _____, at _____ o'clock _____ m.

I executed the same by: ( ) Arresting the Defendant
( ) Personally handing it to the defendant
( ) Leaving it at the residence of the defendant by personally handing it to a person of suitable age and discretion residing therein, to wit, _____.

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UNEXECUTED WARRANT – I attempted to execute this warrant but was unable to do so because:

_____ Officer

COPY

IN THE BELLEVUE MUNICIPAL COURT
BELLEVUE, OHIO

STATE OF OHIO;)
CITY OF BELLEVUE, OHIO)
VS)
)

CASE NO. S2006CRB ~~1911~~ 1912

ORC/ORD: 2913.02 A1 M1

JUDGMENT ENTRY

BELINDA L. CLARK
DEFENDANT

Defendant having appeared this 6 day of NOV 2006. (Atty.present: Yes/No)
(~~)Motion of the ( )Court ( )Prosecutor~~, charges are hereby ~~amended to Section:~~ _____
Pre-Trial held: Case continued to _____ 2006 at _____ AM.
Request of ( ) Attorney ( ) Defendant

( ) Defendant changed plea to NO CONTEST
(~~)Dismissed ( ) Dismissed at Complainants Request.
(~~) 1. Due to plea negotiations and defendant's plea to section: 2913.02 A1 M1 and not due to lack of probable cause to arrest.
( ) 2. Due to lack of sufficient evidence to convict, although the officer did have probable cause to arrest.

At (arraignment) (pre-trial) (trial) **Defendant found** ( ) **GUILTY** ( ) **NOT GUILTY**
and sentenced to a **FINE** ($) and **COST** of ($) Jail term of ( ) days
License suspended for ( ) days ( ) months ( )year(s).
Occupational driving only on proof of Insurance and Occupation at: _____
( ) Defendant ordered to attend and complete Alcohol Intervention Program at _____
and upon completion of same, credited with the jail term.
Defendant given 30,60,90days to pay fine and cost. Defendant charged with (0) (2) (4) (6) Points against his license.

FURTHER ORDERS:

($) FINE ( ) DAYS in jail suspended and defendant placed on probation for a period of ( )years, conditions of probation are to include:

____ 1) Defendant shall abide by the laws of the State of Ohio, and shall have no convictions of this nature for ( ) years from this date.
____ 2) Defendant shall make restitution through the Court in the sum of $ _____ within (30) (60) (90) (180) days.
____ 3) Defendant shall attend the _____, and abide by their recommendations.
____ 4) Defendant is required to notify the Court of any change of address until such time as all fines and cost and restitution are paid in full.
____ 5) Defendant shall be given credit for time ~~spent in~~ jail awaiting hearing(s).

APPROVED: _____

DATE: 11-6-06 JUDGE _____

RECEIVED
2006 NOV -6 AM 10:51
BELLEVUE MUNICIPAL COURT
MAR 26 2010
Indiana Professional Licensing

COPY

IN THE BELLEVUE MUNICIPAL COURT
BELLEVUE, OHIO

STATE OF OHIO;)
CITY OF BELLEVUE, OHIO)
VS)
)

CASE NO. S2006CRB 1911

ORC/ORD: 2913.02 A1 M1

JUDGMENT ENTRY

BELINDA L. CLARK
DEFENDANT

Defendant having appeared this 6 day of NOV 2006. (Atty.present: Yes/No)
( )Motion of the ( )**Court** ( )**Prosecutor,** charges are hereby amended to Section:_____
Pre-Trial held: Case continued to _____ 2006 at _____ AM.
Request of ( ) Attorney ( ) Defendant
( ) Defendant changed plea to NO CONTEST
( )Dismissed ( ) Dismissed at Complainants Request.
( ) 1. Due to plea negotiations and defendant's plea to section: and not due to lack of probable cause to arrest.
( ) 2. Due to lack of sufficient evidence to convict, although the officer did have probable cause to arrest.
At (arraignment) (pre-trial) (trial) **Defendant found** ( ) **GUILTY** ( ) **NOT GUILTY**
and sentenced to a **FINE** ($100.00) and **COST** of ($44.00) Jail term of ( ) days
License suspended for ( ) days ( ) months ( )year(s).
Occupational driving only on proof of Insurance and Occupation at:_____
( ) Defendant ordered to attend and complete Alcohol Intervention Program at_____
and upon completion of same, credited with the jail term.
Defendant given 30,60,90days to pay fine and cost. Defendant charged with (0) (2) (4) (6) Points against his license.

FURTHER ORDERS:

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____ 1) Defendant shall abide by the laws of the State of Ohio, and shall have no convictions of this nature for ( ) years from this date.
____ 2) Defendant shall make restitution through the Court in the sum of $ _____ within (30) (60) (90) (180) days.
____ 3) Defendant shall attend the_____, and abide by their recommendations.
____ 4) Defendant is required to notify the Court of any change of address until such time as all fines and cost and restitution are paid in full.
____ 5) Defendant shall be given credit for time spent in jail awaiting hearing(s).

APPROVED: _____

DATE: 11-6-06 JUDGE: _____

BELLEVUE MUNICIPAL COURT
FILED
2006 NOV -6 AM 10: 51
BELLEVUE, OHIO

144.00

IN THE BELLEVUE MUNICIPAL COURT
SANDUSKY COUNTY, BELLEVUE, OHIO

BELLEVUE MUNICIPAL COURT
FILED
2008 FEB 11 AM 11:12
BELLEVUE, OHIO

CASE NO.S2006CRB 1911

STATE OF OHIO
CITY OF BELLEVUE, OHIO
PLAINTIFF
VS

EXPUNGEMENT ENTRY

BELINDA CLARK
SANDUSKY, OH 44870

DEFENDANT

****

For good cause this case is marked off docket. It is further ordered that all records of the arrest involved in this cause and the prosecution of the defendant of this cause are ordered expunged along with all other records. It is further ordered that the police department shall seal and expunge all records of this matter and such records are orderred sealed and not be released without permission of this Court. It is further ordered that all records of the Bureau of Identification and Investigation, London, Ohio be sealed and expunged and that no records of the matter are to be released without further order of this Court.

APPROVAL:
PROSECUTOR Thomas J Augh

DATE: 2-11-08

JUDGE Kate P. Fox

ATTN: Marion Wilson RN.

NOTICE OF EXPUNGEMENT COURT ORDER

NAME: BELINDA CLARK
ADD: 306 BRANDON BLVD. SANDUSKY OH 44870
NEW ADDRESS: SAME
SOCIAL SECURITY NUMBER: 282880826 DOB: 07/25/75
CASE NO. S2006CRB 1911 arresting agency: BPD-39
DATE CHARGED: 10/21/06 ; CONVICTION DATE: 11-06-06

DATE OF COURT ORDER: 2/11/08

X certified copy of court order enclosed.

Bellevue Municipal Court
3100 Seneca Industrial Parkway
Bellevue, Ohio 44811
Telephone 419-483-5880

Date: 3/3/08

Ann Marie Kerstetter
Clerk, Deputy Clerk

****

TO ALL POLICE DEPARTMENTS, SHERIFFS OFFICES AND CLERKS OF COURTS:

WHEN SUBMITTING REQUESTS FOR SEALED RECORDS AND/OR EXPUNGEMENTS, BC&I REQUESTS YOU ATTACH THE FOLLOWING FORM TO EACH COURT ORDER SO COMPLETE INFORMATION IS RECEIVED WITH THE COURT ORDER.

****

****SEALED RECORD AND EXPUNGEMENT FORM FOR BC&I****

DEFENDANT'S NAME: Belinda Clark
COMMON PLEAS CASE NUMBER: NONE
MUNICIPAL COURT CASE NUMBER: S2006CRB 1911- 1912
DOB: 7-25-75 SSN DATE OF ARREST: ARREST NUMBER
ARRESTING AGENCY: BELLEVUE POLICE OFFENSE/CHARGE theft 2913.02 A1 M1
BC&I NUMBER: FBI NUMBER:
Date: 3/4/08 mail to: BCI; Arresting Agency; Cty. Jail;
Ohio Bureau of Criminal Identification & Investigation
PO Box 365, London, Ohio 43140

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Indiana Professional Licensing Agency

Case #07-1001

Ohio Board of Nursing

www.nursing.ohio.gov
17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

COPY

May 29, 2007

Belinda L. Clark, L.P.N. Applicant
306 Brandon Boulevard
Sandusky, Ohio 44870

Dear Ms. Clark:

Enclosed is an offer of a Consent Agreement with the Ohio Board of Nursing. Under the terms and conditions of the proposed agreement, your license to practice nursing as a Licensed Practical Nurse shall be subject to **permanent practice restrictions.**

If the proposed agreement is acceptable to you, please sign the enclosed original Consent Agreement and return it to my attention **by June 14, 2007.** A copy of a fully executed Consent Agreement will be forwarded to you provided that the Board ratifies this agreement at its next Board meeting, which is scheduled for July 19 & 20th 2007.

Please be advised that if you do not accept the proposed Consent Agreement, the Board shall proceed with formal disciplinary proceedings against your Application to practice nursing in Ohio as a Licensed Practical Nurse.

Thank you for your cooperation and assistance in this matter. If you have any additional questions, please contact me at (614) 466-9552.

Sincerely Yours,

A. Phalyn Williams, J.D.
Adjudication Coordinator

Enclosure

Case #07-1001

Ohio Board of Nursing www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

CONSENT AGREEMENT
BETWEEN
BELINDA L. CLARK, L.P.N. APPLICANT
AND
OHIO BOARD OF NURSING

This Consent Agreement is entered into by and between **BELINDA L. CLARK, L.P.N. APPLICANT (MS. CLARK)** and the Ohio Board of Nursing (Board), the state agency charged with enforcing Chapter 4723. of the Ohio Revised Code (ORC), and all administrative rules promulgated thereunder.

MS. CLARK voluntarily enters into this Consent Agreement being fully informed of her rights under Chapter 119, ORC, including the right to representation by legal counsel and the right to a formal adjudicative hearing on the issues considered herein.

This Consent Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Consent Agreement.

BASIS FOR ACTION

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

A. The Board is empowered by Section 4723.28, ORC, to deny, permanently revoke, revoke, suspend, or place restrictions on any license issued by the Board; reprimand or otherwise discipline a licensee; or impose a fine of five hundred dollars ($500.00) or less per violation. Section 4723.28(B)(4), ORC, authorizes the Board to deny a license or otherwise discipline a licensee for a conviction of, a plea of guilty to, a judicial finding of guilt of, a judicial finding of guilt resulting from a plea of no contest to, or a judicial finding of eligibility for intervention in lieu of conviction for, any felony or of any crime involving gross immorality or moral turpitude.

B. On or about March 14, 2007, **MS. CLARK** submitted to the Board an Application for Licensure by Examination to Practice in Ohio as a Licensed Practical Nurse.

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MAR 26 2010

Indiana Professional Licensing

C. **MS. CLARK** knowingly and voluntarily admits to the following:

1) On or about November 6, 2006, in Bellevue Municipal Court Case No. S2006CRB1911, **MS. CLARK** entered a plea of no contest to and was found guilty of Theft, a misdemeanor of the first degree, in violation of Section 2913.02(A)(1), ORC. **MS. CLARK** was ordered to pay a fine and court costs.

2) According to the police report, **MS. CLARK** obtained two (2) credits cards by using a family member name and social security number without prior authorization. Further, one of the credit cards that **MS. CLARK** obtained had an unpaid balance of $1,137.00 and payment was 30 days late. **MS. CLARK** told the police that she had prior permission to use the family member's name and social security number to obtain the credit card(s). Moreover, **MS. CLARK** agreed to take a polygraph test. On or about August 23, 2006, **MS. CLARK** underwent a polygraph test, which she failed due to indications of "deception" and that **MS. CLARK** did not appear to "tell the truth during the [polygraph] test."

3) **MS. CLARK** submitted a statement to the Board and reported that the 2006 misdemeanor Theft conviction stemmed from an agreement between **MS. CLARK** and her family member. **MS. CLARK** described her misdemeanor Theft conviction as "bogus." **MS. CLARK** further stated that her family member agreed to allow **MS. CLARK** to use her name and social security number to open a credit card account. **MS. CLARK** stated that she asked for assistance from her family member because at the time **MS. CLARK** was ill and was unable to work. **MS. CLARK** further alleged that the family member denied that they had a prior agreement because the family member's spouse was upset about being denied a bank loan due to the unpaid balance of $1,137.00 on the credit card that **MS. CLARK** obtained and misused. **MS. CLARK** also stated that the family member's spouse pressured the family member into filing criminal charges against **MS. CLARK.**

4) **MS. CLARK** indicated that she has worked in the healthcare field as an STNA since 1996.

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5) **MS. CLARK** also submitted a letter of support from a former supervisor, who stated that **MS. CLARK** "really cared for her patients."

D. **MS. CLARK** was permitted to take the NCLEX-PN, and on or about May 15, 2007, **MS. CLARK** passed the NCLEX-PN.

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, **MS. CLARK** knowingly and voluntarily agrees with the Board to the following terms, conditions, and limitations: Upon meeting the requirements for licensure, **MS. CLARK** shall be granted a license to practice nursing as a licensed practical nurse in the State of Ohio. **MS. CLARK's** license to practice nursing as a licensed practical nurse shall be suspended indefinitely. Such suspension shall be stayed, subject to the following **PROBATIONARY** terms, conditions, and limitations until at least **July 2009:**

1. **MS. CLARK** shall obey all federal, state, and local laws, and all laws and rules governing the practice of nursing in Ohio.

2. **MS. CLARK** shall appear in person for interviews before the full Board or its designated representative as requested by the Board or its designee.

3. Prior to submitting a request for release from the probationary terms, conditions, and limitations of this Consent Agreement, **MS. CLARK** shall submit satisfactory documentation to the Board from Bellevue Municipal Court indicating that **MS. CLARK** has satisfactory complied with all of the terms of the sentence in Case Number S2006CRB1911.

Employment Conditions

4. Prior to accepting employment as a nurse, each time with every employer, **MS. CLARK** shall notify the Board.

5. **MS. CLARK** shall have her employer(s), if working in a position where a nursing license is required, submit written reports regarding job performance on a quarterly basis **beginning September 1, 2007. MS. CLARK** shall provide her employer(s) with a copy of this Consent Agreement and shall have her employer(s) send documentation to the Board, along with the first employer report, of receipt of a copy of this Consent Agreement. Further, **MS. CLARK** is

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under a continuing duty to provide a copy of this Consent Agreement to any new employer prior to accepting employment.

Reporting Requirements of MS. CLARK

6. **MS. CLARK** shall report to the Board, in writing, any violation of this Consent Agreement within thirty (30) days of the occurrence of the violation.

7. **MS. CLARK** shall sign release of information forms allowing health professionals and other organizations to submit the requested documentation directly to the Board.

8. **MS. CLARK** shall submit any and all information that the Board may request regarding her ability to practice according to acceptable and prevailing standards of safe nursing practice.

9. **MS. CLARK** shall not submit or cause to be submitted any false, misleading, or deceptive statements, information, or documentation to the Board or to employers or potential employers.

10. **MS. CLARK** shall submit the reports and documentation required by this Consent Agreement on forms specified by the Board. All reporting and communications required by this Consent Agreement shall be made to the Compliance Unit of the Board.

11. **MS. CLARK** shall submit the reports and documentation required by this Consent Agreement or any other documents required by the Board to the attention of the Compliance Unit, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, OH 43215-7410.

12. **MS. CLARK** shall verify that the reports and documentation required by this Consent Agreement are received in the Board office.

13. **MS. CLARK** shall inform the Board within five (5) business days, in writing, of any change in employment status or of any change in residential or home address or telephone number.

Permanent Practice Restrictions

MS. CLARK further knowingly and voluntarily agrees with the Board to the following **PERMANENT LICENSURE RESTRICTIONS:**

Unless otherwise approved in advance by the Board or its designee, MS. CLARK shall not practice nursing as a licensed practical nurse (1) for agencies providing home

care in the patient's residence; (2) for hospice care programs providing hospice care in the patient's residence; (3) as a nurse for staffing agencies or pools; (4) as an independent provider where the nurse provides nursing care and is reimbursed for services by the State of Ohio through State agencies or agents of the State; or (5) for an individual or group of individuals who directly engage **MS. CLARK** to provide nursing services for fees, compensation, or other consideration or as a volunteer.

Unless otherwise approved in advance by the Board or its designee, MS. CLARK shall not function in a position or employment where the job duties or requirements involve management of nursing and nursing responsibilities, or supervising and evaluating nursing practice. Such positions include, but are not limited to, the following: Director of Nursing, Assistant Director of Nursing, Nurse Manager, Vice President of Nursing.

MS. CLARK shall not function in any position or employment, where the job duties or requirements involve financial activity and/or financial transactions while working in a position for which a nursing license is required.

FAILURE TO COMPLY

MS. CLARK agrees that her license to practice nursing as a licensed practical nurse will be automatically suspended if it appears to the Board that **MS. CLARK** has violated or breached any terms or conditions of the Consent Agreement. Following the automatic suspension, the Board shall notify **MS. CLARK** via certified mail of the specific nature of the charges and automatic suspension of her license. Upon receipt of this notice, **MS. CLARK** may request a hearing regarding the charges.

The above described terms and conditions shall constitute "restrictions placed on a license" for purposes of Section 4723.28(B), ORC. If, in the discretion of the Board, **MS. CLARK** appears to have violated or breached any terms or conditions of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

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DURATION/ MODIFICATION OF TERMS

The terms, limitations, and conditions, of this Consent Agreement, **other than the permanent licensure restrictions,** may be modified or terminated, in writing, at any time upon the agreement of both **MS. CLARK** and the Board.

The Board may only alter the probationary period imposed by this Consent Agreement if: (1) the Board determines that **MS. CLARK** has complied with all aspects of this Consent

Agreement; and (2) the Board determines that **MS. CLARK** is able to practice according to acceptable and prevailing standards of safe nursing care without Board monitoring, based upon an interview with **MS. CLARK** and review of the reports as required herein. Any period during which **MS. CLARK** does not work in a position for which a nursing license is required shall not count toward fulfilling the probationary period imposed by this Consent Agreement.

ACKNOWLEDGMENTS/LIABILITY RELEASE

MS. CLARK acknowledges that she has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

MS. CLARK waives all of her rights under Chapter 119, ORC, as they relate to matters that are the subject of this Consent Agreement.

MS. CLARK waives any and all claims or causes of action she may have against the Board, and its members, officers, employees and/or agents arising out of matters, which are the subject of this Consent Agreement.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, ORC. The information contained herein may be reported to appropriate organizations, data banks and governmental bodies.

This Consent Agreement is not an adjudication order within the meaning of Section 119.01(D), ORC. Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedures Act, Chapter 119, ORC.

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EFFECTIVE DATE

MS. CLARK understands that this Consent Agreement is subject to ratification by the Board prior to signature by the Board President and shall become effective upon the last date of signature below.

Belinda L. Clark — 6-11-07

BELINDA L. CLARK, L.P.N. APPLICANT — DATE

Cynthia A. Krueger, MSN RN — 7/20/07

CYNTHIA A. KRUEGER, President
Ohio Board of Nursing — DATE

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Your Verification Summary

Congratulations! Your verification report is now available to the board(s) of nursing that you selected below:

CLARK, BELINDA L - PN
OHIO $30.00

Verification will be available to: INDIANA

Total: $30.00

Billing Information

Name:	BELINDA CLARK	**E-mail:**	lpnurse2007@aol.com
Credit Card Type:	Visa	**Credit Card Number:**	xxxxxxxxxxxx6114
Authorization Code:	800181	**Transaction ID:**	VPFA4F4104A5

COPY

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Certificate of Completion

This is to certify that Belinda L. Clark PN126668 has completed the 15 contact hour course #3075 Postoperative Complications on 01/31/2010.

Freda S. O'Brien Erin K. Meinyer

Freda S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
Executive Director

CME Resource is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Alabama Provider #ABNP0353, (Valid through December 12, 2013). California BRN Provider #CEP9784. California BVNPT Provider #V10662. Florida Provider #50-2405. Iowa Provider #295. Kentucky Provider #7-0054 through 12/31/2012. Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of program content. Texas ANCC/Type I. AACN Synergy CERP Category A.

This certificate must be retained for a period of four years after course completion. Do not send this certificate to the Board of Nursing. Keep it for your personal records.

PO BOX 997571 SACRAMENTO, CALIFORNIA 95899-7571 1-800-232-4CEU

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Certificate of Completion

This is to certify that Belinda L. Clark PN126668 has completed the 1 contact hour course #3136 The Ohio Nurse Practice Act on 01/31/2010.

Freda S. O'Brien Erin K. Meinyer

Freda S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
Executive Director

CME Resource is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Alabama Provider #ABNP0353, (Valid through December 12, 2013). California BRN Provider #CEP9784. California BVNPT Provider #V10662. Florida Provider #50-2405. Iowa Provider #295. Kentucky Provider #7-0054 through 12/31/2012. Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of program content. Texas ANCC/Type I. AACN Synergy CERP Category B.

This continuing nursing education activity was approved by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Ohio Nurses Association #13,968-I, 1 Contact hour for Category A, approval valid through 02/19/2011.

This certificate must be retained for a period of four years after course completion. Do not send this certificate to the Board of Nursing. Keep it for your personal records.

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Certificate of Completion

This is to certify that Belinda L. Clark PN126668 has completed the 10 contact hour course #9038 Ischemic Stroke on 01/31/2010.

Freda S. O'Brien Erin K. Meinyer

Freda S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
Executive Director

CME Resource is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Alabama Provider #ABNP0353, (Valid through December 12, 2013). California BRN Provider #CEP9784. California BVNPT Provider #V10662. Florida Provider #50-2405. Iowa Provider #295. Kentucky Provider #7-0054 through 12/31/2012. Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of program content. Texas ANCC/Type I. AACN Synergy CERP Category A.

This certificate must be retained for a period of four years after course completion. Do not send this certificate to the Board of Nursing. Keep it for your personal records.

PO BOX 997571 SACRAMENTO, CALIFORNIA 95899-7571 1-800-232-4CEU

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PharMerica
Value. Trust. Performance.

1901 Campus Place
Louisville, KY40299

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CERTIFICATE OF COMPLETION

Name: *Belinda L. Clark*

Date 05-20-09

has successfully completed:

MANAGEMENT OF INSOMNIA IN LONG-TERM CARE

Number of contact hours for continuing education credit: 1.0

PharMerica is approved as a provider of continuing nursing education by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Amy Kayce

PharMerica CE Coordinator

It has been assigned code # 74LRLJ-PRV-07-INSOMNIA0509

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Sandusky Career Center
School of Practical Nursing

Sandusky City Schools Presents this Certificate of Recognition
March 14, 2007

"Gain the competitive edge"
Sandusky Career Center
Sandusky City Schools

BELINDA L. CLARK

Has satisfactorily completed the 1210 hour Certification Program

Practical Nursing

Viki Kaszonyi, Director
Vocational and Adult Education

Lauralee Krabill, RN, C, CNOR, MBA
Director, School of Practical Nursing

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Report Card
Sandusky Career Center School of Practical Nursing

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Name of Student Belinda Clark

Date of Enrollment - May 1, 2006

Date of Graduation/ Leaving - March 14, 2007 Reason for Leaving - Graduation

Name of Course	Total # of Theory Hours	Total # of Clinical Hours	Total # of Lab Hours	Total Clock Hours	Student's %	Student's Grade
Science I	35		5	40	90	B
Nutrition and Diet Therapy	30			30	88	B
Medical Terminology and Math	30			30	95	A
Fundamentals of Nursing	80	80	50	210	87	B
Science II	35		5	40	91	B
Pharmacology I	40		10	50	90	B
Medical Surgical Nursing I	80	100	40	220	90	B
Human Development Across the Lifespan	30			30	88	B
Medical Surgical Nursing II	80	100	40	220	94	A
Pharmacology II	30	15	5	50	90	B
Nursing Trends	40			40	87	B
Professionalism	30			30		A
Nursing Care of the Family	80	100	40	220	94	A
Total Clock Hours				1210		

Signature of Director Lauralee S Kickert, RN, C, CNOR, MBA

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To Whom This May Concern,

The probationary terms applied to my LPN licensure have been lifted as of 2008.

Thank You

BLCLPN

OHIO BOARD OF NURSING
17 South High Street, Suite 400
Columbus, Ohio 43215-7410
614/466-3947

LICENSE

This is to certify that:

BELINDA L CLARK

License Number: **PN. 126668** **IV**

is entitled to practice nursing in OHIO as a LICENSED PRACTICAL NURSE from **06/13/2008** until AUGUST 31, 2010.

COPY

PROBATIONARY TERMS OR PERMANENT PRACTICE RESTRICTIONS

State of Ohio COPY

Board of Nursing

License

This is to Certify, that

BELINDA L CLARK

has qualified under the laws of this State and the requirements of the Board,

and is now entitled to practice nursing in this State as a

Licensed Practical Nurse

In Witness Whereof, This License Number PN . 126668

Issued by Examination is granted, and we hereunto subscribe our names and affix the seal of the Board of Nursing

on this Twenty-Fourth day of July, A.D., 2007

BOARD OF NURSING STATE OF OHIO

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Betsy J. Houchen

Betsy J. Houchen, Executive Director

Nursys Speed Memo

From: LINDA STEPHENSON

Date: 03/26/2010 3:34 PM

To: OHIO

Category: Discipline General

Regarding Nurse: CLARK, BELINDA L | OHIO PN 126668

Subject: Discipline for this nurse

Her discipline is not in NURSYS, can you send our board discipline infomation please?

Linda Stephenson - Indiana Board of Nursing

2nd Review - Additional information received 3/10/10

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Rebecca Newman

Exam applicants

1. **Approval for Exam:** **Yes** X **No** _____

Needs personal appearance: **Yes** X **No** _____ 3-17-10

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Rebecca Newman
(2/18/10)

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

✓

1. Approval for Exam: **Yes** _____ **No** _____

Needs personal appearance: **Yes** _____ **No** ✓

Approved by (please initial): SG _____ LG ✓ 2/25/10

Endorsement applicants

2. Issue Temporary Permit: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Stephenson, Linda New - additional information

From: Rebecca Newman [rnewman1@indstate.edu]
Sent: Tuesday, March 09, 2010 2:49 PM
To: Group 02
Subject: Attention: Sean Gornman
Attachments: Statement to the board.docx

March 8, 2010

Dear Indiana State Board of Nursing,

I am writing a sworn statement to report to the Indiana State Board of Nursing, I was arrested for DWI on March 5, 2010. This incidence happened in Vigo County in the state of Indiana. I currently have not been convicted of the crime. I am self disclosing this information because I know the importance of honesty in the nursing profession. The officer pulled me over at 3:30am, claiming that I had swerved. He gave me three breathalyzers and my blood alcohol level was: 0.10, 0.11, and 0.12. I have no excuses for my wrong doing and I know it is never okay to get behind the wheel after a drink. This was the first and only time I will ever drink and drive. I have always been an advocate for designated drivers because I lost a friend in high school in a drunk driving accident. I had a lapse in my morale compass because I thought I was under the legal limit to drive. I have no one to blame but myself and take full responsibility for my actions. I am ready and willing to work hard to get my life back on track.

I am ashamed of my terrible mistake and for using such poor judgment. I realize I put my own life and the lives of innocent bystanders in jeopardy. Thankfully, no one was physically harmed in this incidence. This incidence was very out of character for me and I fully regret the horrible decision. Now I have put my future career on the line that I have worked so hard to accomplish. I am 24 years old, a new graduate from Indiana State University. I have worked full time at Alpha-Care Nursing Professionals in Champaign Illinois for the last five and half years. I dedicated and gave up every weekend to work at Alpha full time, while going to school full time, during the week at Indiana State University. I am not a drinker; this was a special occasion and I regret making the mistake of getting behind the wheel.

This is the biggest mistake of my life and has been a hard lesson learned. I wanted to report this immediately to the Board to show my seriousness and determination of fixing my mistake. I can promise that I will work twice as hard to prove that I am worthy to be in this great profession. I love the field of nursing and I am very passionate about becoming an excellent well rounded nurse. I have wanted to become a nurse ever since I was 8 years old, when my father died of cancer. I am scheduled to sit for Boards on March 16, 2010. Please give me the chance to take boards, fix my mistake, so I can be an advocate to other nurses about drinking and driving as well as for my patients. I know now the feeling of thinking you could lose everything in life. I will make sure all my future co workers know there isn't anything in this world worth jeopardizing your career, hurting yourself or other innocent people. I do realize if the board grants me permission to sit for boards on the 16th, I will be expected to follow and complete the Boards requirements and recommendations. Thank you for your time and consideration, it is greatly appreciated.

Sincerely,

January 5, 2010

Dear Indiana State Board of Nursing,

I am writing a personal statement regarding a misdemeanor I received as a minor. I attended a welcome home party for the 1544 National Guard troops in Edgar County on March 25, 2005. I am not proud I consumed alcohol as a minor but it was a hard mistake that I regret and have learned from. I have no excuses for my actions and did take full responsibility for my wrong doing. On April 18 2005, I pleaded guilty and was charged with unlawful consumption of alcoholic liquor and received a fine of $150.00 and 6 months court supervision. I was arrested for this crime but with the successful completion of court supervision, I was not convicted. I am reporting this to the Indiana state board of nursing because I know the responsibilities that come with being an honest nurse.

Sincerely,

Rebecca R. Newman

Rebecca Newman

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APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY		
Application fee: 50	Date fee paid (*month, day, year*): 2/3/10	Receipt number: 3191077
License number:	Issuance date (*month, day, year*):	

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a: ☑ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously? ☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used		
Newman, Rebecca, Rose			
Street address (*number and street or rural route*)	**City**	**State**	**ZIP code**
413 Cass St	Brazil	IN	47834q
Daytime telephone number (*include area code*)	**Date of birth** (*month, day, year*)	**Place of birth** (*city and state*)	
(217) 390-0006	July 22, 1985	Kansas City, MO	
Social Security number *	**E-mail address**		

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Indiana State University College of Nursing, Health & Human Performance

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Terre Haute, In	Aug 18, 2006	Dec 18, 2009

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☐ Associate Degree (2 year)
- ☑ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Paris High School

Location (*city and state*): Paris, IL

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
May 30, 2003	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☐ Yes ☑ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

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Indiana Professional Licensing Agency

rnewman1@indstate.edu

continued page one

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF FOREIGN NURSING SCHOOLS

State Form 50023 (R / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
License number	Date of issuance (*month, day, year*)	

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a: ☒ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously? ☐ Yes ☒ No

If Yes, when and in what state? Indiana

APPLICANT INFORMATION

Name (*last, first, middle, maiden*) (*include any names EVER used*): Newman, Rebecca, Rose

Address (*number and street or rural route, city, state, and ZIP code*):

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(217) 390-0006	7/22/85	

Social Se[illegible] number*	E-mail address
[illegible]	rneuman1@indstate.edu

NURSING EDUCATION

Name of nursing school:

Length of program	Date of entrance (*month, day, year*)
Date of completion (*month, day, year*)	Date of graduation (*month, day, year*)

You must submit an **OFFICIAL** or **NOTARIZED** copy of your nursing school transcripts, separated into clinical and theory hours or days.

HIGH SCHOOL EDUCATION

Name of school:

Location:

Date of graduation (*month, day, year*):

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*) ☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice any regulated health occupation? ☐ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice any regulated health occupation.

License Type	State / Country / Territory	Number	Date of Issue	Status

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[illegible] 2010
Indi[illegible]onal Licensing Agency

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No

2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No

3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No

4. Have you ever been convicted of, pled guilty or nolo contendre to:

   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No

   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No

5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No

6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No

7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)

(over)

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Rebecca R. Neuman	1/5/2010

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)

(You must place your signature, the program director's signature and the school seal on the front of your photograph.)

RECEIVED
FEB 03 2010
Indiana Professional Licensing Agency

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

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A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Rebecca R Newman	2/8/2010

RECEIVED
FEB 18 2010
Indiana Professional
Licensing Agency

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 W. Washington St., Room 041
Indianapolis, IN 46204
(317) 232-2960

CERTIFICATION OF COMPLETION

✓ **RN**

I hereby certify that Rebecca R. Newman was admitted to the Indiana State University Program of Nursing located in Terre Haute, IN on January 2007 and completed requirements for graduation on December 18, 2009 and did graduate on December 19, 2009.

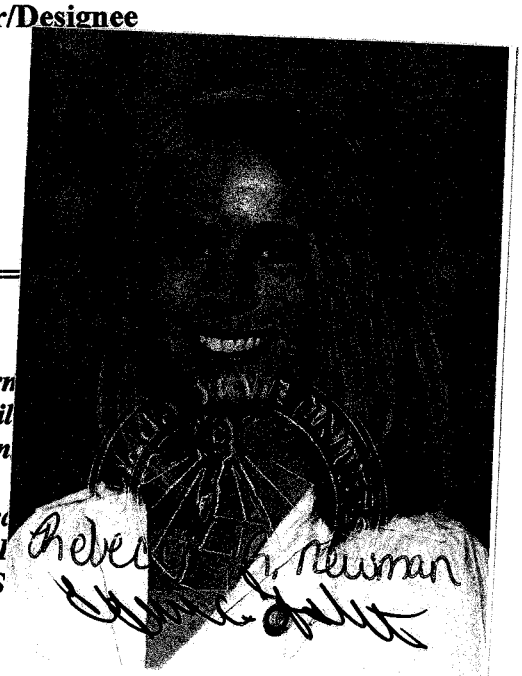
Date: December 2009

Signed: _____

Ms. Lynn C. Foster
Printed Name

Director
Dean/Director/Designee

SCHOOL
SEAL



APPLICANT: The CERTIFICATION OF COMPLETION form
Health Profession Bureau by your program of nursing. You will
examination until this form is received by the Health Profession

DIRECTOR OF PROGRAM: The applicant cannot be declared
this form is received by the Health Professions Bureau. CERTI
SHOULD NOT BE SENT TO THE HEALTH PROFESSIONS
HAS <u>COMPLETED</u> THE PROGRAM OF NURSING.

NCLEX-RN® CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 03/16/10
Test Center: 47021 - Terre Haute

Rebecca Rose Newman
413 Cass street
Brazil, IN 47834
United States

Candidate Number: 21622211
Date of Birth: 07/22/1985
Social Security Numbe
Program Code: 48-574
Program Name: INDIANA STATE UNIVERSITY - BS
A TERRE HAUTE, IN

Rebecca Rose Newman, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS PASSED** the National Council Licensure Examination for Registered Nurses.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 25, 2010

Patricia Wark
50 Vans Avenue
Coldwater, MI 49036

Dear Ms. Wark:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010** to review your application for licensure as a registered nurse by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**, to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee 50	Permit fee
Date fee paid (*month, day, year*) 1-19-10	Date fee paid (*month, day, year*)
Receipt number 3183927	Receipt number
License number	Permit number
Issuance date (*month, day, year*)	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

☒ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☒ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure Michigan	Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☒ No	

APPLICANT INFORMATION

Name (*last, first, middle, maiden*) Waek, Patricia Marie			List any other last names ever used
Street address (*number and street or rural route*) 50 Vans Ave	City Coldwater	State Mich	ZIP code 49036
Daytime telephone number (*include area code*) (517) 279 0031	Date of birth (*month, day, year*) 09-10-73	Place of birth (*city and state*) Southfield, Mi	
Social Security number *	E-mail address waekm@hotmail.com		

NURSING EDUCATION

Name of nursing school Kellogg Community College		
Location (*city and state*) Battle Creek, Michigan	Date of enrollment (*month, day, year*) 8-25-97	Date of graduation (*month, day, year*) June 2002

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☒ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school Coldwater High School	
Location (*city and state*) Coldwater, Michigan	
Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? ☒ Yes ☐ No

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☒ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Michigan	June 2002

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☒ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
RN	Michigan	4704235711	6-2002	active

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☒ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☒ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Patricia Maine Ward	1-4-10

JAN 2010
Indiana Professional

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Patricia Marie Ware	1-4-10

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)

JAN 7 2010

Indiana Professional Licensing Agency

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF NURSING
VERIFICATION OF LICENSURE AS OF 01/29/2010

PROFESSIONAL LICENSING AGENCY
402 W WASHINGTON ST RM W072
INDIANAPOLIS IN 46204

NAME: Patricia Marie Wark
ADDRESS: 50 Vans Ave
Coldwater, MI 49036

BIRTHDATE: 09/10/1973

TYPE: RN
LICENSE NUMBER: 4704235711
OBTAINED BY: NCLEX
STATUS: Active
ORIGINAL DATE: 08/20/2002
EXPIRATION DATE: 03/31/2011

EXAM DATE	EXAM TYPE	SERIES # (if applicable)	EXAM SCORE
08/16/2002	NCLEX - RN		PASSED

APPROVED SCHOOL ATTENDED	LOCATION:	DEGREE:	GRAD DATE
Kellogg Community College	Battle Creek MI	Associates Degree	05/13/2002

DISCIPLINARY ACTION
NONE

OPEN FORMAL COMPLAINTS
NONE

RECEIVED
FEB 04 2010
Indiana Professional Licensing Agency

Daniel J Burns

DANIEL J. BURNS

M470331 117 R -001

CUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH

BOARD OF NURSING
REGISTERED NURSE
LICENSE

PATRICIA MARIE WARK
50 VANS AVE.
COLDWATER MI 49036

PERMANENT I.D. NO. EXPIRATION DATE
4704235711 03/31/2011 2391639

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

COMPLAINT INFORMATION:

The issuance of this license should not be construed as a waiver, dismissal or acquiescence to any complaints or violations pending against the licensee, its agents or employees.

WALL CERTIFICATE INFORMATION:

If the box is checked, you may purchase a State of Michigan Official Wall Certificate. Please visit http://tbsddp.com/certificates or call 1-800-875-3676 X

FUTURE CONTACTS:

You should direct all inquires regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF
NURSING

P.O. BOX 30670
LANSING MI 48909-8170

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

L1536035

BOARD OF NURSING

REGISTERED NURSE
LICENSE

PATRICIA MARIE WARK

PERMANENT I.D. NO. EXPIRATION DATE
4704235711 03/31/2011 2391639

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN.

JAN 1 [illegible] 2010

Indiana Professional
Licensing [illegible]

VERIFY A LICENSE/REGISTRATION

Name and Address

Name : PATRICIA MARIE WARK
Address : Coldwater, MI 49036

Profession and License/Registration Information

Profession : Nursing **Type :** LPN

Permanent ID #	Status	Issue Date	Expiration Date
4703091555	Lapsed	06/07/2001	03/31/2004

Complaint(s)

Open Formal Complaints
None

Disciplinary Action

Disciplinary Action	Date of Action
Probation	05/08/2003
Fine Imposed	05/08/2003
Community Service	05/08/2003

New Search Return to Search

The data on this web page is refreshed daily.

DISCLAIMER

The **Issue Date** is the date the license/registration was first issued. Please note this information is not always available in the datal **Expiration Date** given above is the date the license/registration expired or will expire. The license/registration may not have been the **Issue Date** to the **Expiration Date**. There may have been periods of non-licensure or registration.

For those licensees/registrants who have actions listed in the **Disciplinary Action** section above, the date the licensee/registrant c with their board order is listed for all disciplinary actions subsequent to January 1, 2005. The date of compliance is not listed for dis actions that began prior to that date. You should check with our office to confirm the status of the cases if the date of compliance is

You may fax a request for additional information under the Freedom of Information Act (FOIA) at 517-241-1212 or contact Mary E. FOIA Coordinator at BHP-FOIAINFO@michigan.gov for directions on how to obtain more information regarding the license/registrati or disciplinary actions.

Copyright © 2001-2008 State of Michigan

VERIFY A LICENSE/REGISTRATION

Name and Address

Name : PATRICIA MARIE WARK
Address : Coldwater, MI 49036

Profession and License/Registration Information

Profession : Nursing **Type :** RN

Permanent ID #	Status	Issue Date	Expiration Date
4704235711	Active	08/20/2002	03/31/2011

Complaint(s)

Open Formal Complaints
None

Disciplinary Action

Disciplinary Action
None

New Search Return to Search

The data on this web page is refreshed daily.

DISCLAIMER

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Michigan.gov Home | MDCH Home | Site Map | Contact MDCH | State Web Sites
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Michigan CNA

PROMETRIC

Professional Licensing Agency
402 West Washington St. Room W072
Indianapolis, Indiana 46204
Telephone (317) 233-4236

RECEIVED

FEB 19 2010

Indiana Professional
Licensing Agency

Prometric
1260 Energy Lane St Paul, MN 55108
800.343.6001

RECEIVED
FEB 11 2010

PROCESSED
FEB 11 2010

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236
www.pla.IN.gov

VERIFICATION OF STATE LICENSURE

State Form 7143 (R4 / 2-06)

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (last, first, middle, maiden)	Date of birth (month, day, year)	Social Security number *
Ware, Patricia Marie Houghton	9-10-73	[redacted]

Address (number and street or rural route): 50 Vans Ave

City	State	ZIP code
Coldwater	Michigan	49036

Type of license held	License number	Date of issuance (month, day, year)
CNA	23034640997	09-03-1997

I hereby authorize the State of Michigan to furnish the Professional Licensing Agency with the information below.

Signature of applicant	Date signed (month, day, year)
Mware	2-10-2010

DO NOT WRITE BELOW THIS LINE

License number	Date of issuance (month, day, year)	Date of expiration (month, day, year)
23034640997	9/03/1997	9/03/1999

Licensed by	Type of examination	Date of administration (month, day, year)
☒ Exam ☐ Endorsement ☐ Other	Clinical & Knowledge	7/15/97 & 9/03/97

Attach subjects, scores, date of examination, and average.

License is current and in good standing	License is or has been invalid	Any derogatory information?
Expired ☐ Yes ☒ No	Expired ☐ Yes ☐ No	☐ Yes ☒ No

If license has been encumbered in any way, please provide certified copies of all related documents.

FORM COMPLETED BY

Signature	Date (month, day, year)
A Vue	02/12/10

Printed name	Title
A VUE	Processor

State Board	Telephone number	E-mail address
Prometric	(800)736-3926	

Please affix board seal below

RECEIVED
FEB 18 2010
Indiana Professional
Licensing Agency

Patricia Wark

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** _____

Needs personal appearance: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. Issue Temporary Permit: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Need more detailed explanation about LPN duties she refers to, and the court doc. she refers to. LG 12/5/10

To whom it may Concern:

I am applying for an Indiana State RN license. Prior to obtaining an LPN and then my RN License I was charged for praiding an LPN duty prior to obtaining my LPN Licensure. I completed all sanctions which included fines, cost and proration. This occurance took place in 2000, but the Board of Nursing did not complete all paper work until 2003. 3yrs later. Therefore, even thorugh I have never had any issues during my LPN or RN practice, It shows up on both of my Michigan Licenses. I am currently working with Pamela Millben from the Bureau of Health Professions, to have this mark removed from my RN License, as again - I have never had issues with neither of my licenses and this Situation took place prior to obtaining a license. I am attatching a copy of the Court paper with the original date of occurance. I am asking that you take this into consideration and grant me an RN License free and clear.

Thank you,
Patricia Marie WARK
1-4-2010.

2/16/10 additional information

Positive Response

Stephenson, Linda

From: marie wark [warkm@hotmail.com]
Sent: Saturday, February 13, 2010 12:40 PM
To: Stephenson, Linda
Subject: RE: Patricia Wark - Indiana nursing application-additional information needed
Attachments: ~WRD000.jpg

statement

Keep for file

Linda,
Since I filed for an Indiana RN license, the board has removed the sanction from my RN license. It still remains on my expired LPN license. The details are slightly vague to me as it has been over 11 years ago. I was an CNA, I distributed medication and practiced under the supervision of an LPN. It took almost 2 years for the board of nursing to get the complaint, by the time they recieved the complaint I had already obtained my LPN and then my RN license. That is why they sanctioned both license. My terms were to complete 40 hr community service, fines and 1 year probation, which all have been completed. I have requested my CNA license and my LPN license from the board of Michigan, so you should be recieving them soon.. Please let me know if you need anything else from me.
Thanks,
Patricia marie Wark
2/13/2010

Subject: FW: Patricia Wark - Indiana nursing application-additional information needed
Date: Tue, 9 Feb 2010 07:12:41 -0500
From: lstephenson@pla.IN.gov
To: warkm@hotmail.com

Good morning Patricia,

We do not necessarily need your court document at this time that you mentioned you had previously attached to your application.
We do need additional information in your own words regarding the specific details as related to the probation on your LPN license. Please submit the additional information either via mail, e-mail or fax. Sign and date the statement.

What were the terms of the probation?
What duties were performed that you mentioned you provided as an LPN prior to obtaining licensure?
Any other details surrounding the probation such as: termination of employment, etc.

Verifications needed: Official verification(s) for any license/certificate/permit you hold or have held. Please request an official verification directly from the following board(s) of nursing: We need an official verification for your Michigan – LPN license that you hold/held. Please request the verification directly from the Michigan board of nursing.

*We also need some type of verification of the CNA you mentioned you hold/held in Michigan. We need an official verification that you request directly from the issuing agency for your CNA in the state of Michigan.

Thank you,

Linda Stephenson

Stephenson, Linda

To: BHP-FOIAINFO@michigan.gov
Subject: Can you provide a copy of the board order that put this LPN license on probation?

This nurse has applied for an Indiana registered nurse license. Please provide the information via mail, e-mail or fax.

Thank you for your assistance.

Linda Stephenson - Case Manager
Indiana Professional Licensing Agency
Board of Nursing and Dietitians
402 West Washington Street, Room W072
Indianapolis, IN 46204
Phone: 317-234-2043
Fax: 317-233-4236
Group e-mail: pla2@pla.in.gov
Web: www.pla.in.gov

Name and Address	
Name :	PATRICIA MARIE WARK
Address :	Coldwater, MI 49036

Profession and License/Registration Information			
Profession : Nursing		**Type :** LPN	
Permanent ID #	**Status**	**Issue Date**	**Expiration Date**
4703091555	Lapsed	06/07/2001	03/31/2004

Complaint(s)
Open Formal Complaints
None

Disciplinary Action	
Disciplinary Action	**Date of Action**
Probation	05/08/2003
Fine Imposed	05/08/2003
Community Service	05/08/2003

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

RECEIVED
FEB 22 2010
Indiana Professional
Licensing Agency

February 16, 2010

Linda Stephenson
Indiana Professional Licensing Agency
Board of Nursing and Dietitians
402 West Washington Street, Room W072
Indianapolis, IN 46204

RE: FOIA Request – Patricia Marie Wark, L.P.N., R.N.
L.P.N. License No. – 47-03-091555, Expired 3/31/2004
R.N. License No. – 47-04-235711, Expires 3/31/2011

Dear Ms. Stephenson:

In response to your request received February 5, 2010, and in accordance with the Freedom of Information Act (FOIA), 1976 P.A. 442, as amended, please find enclosed a copy of the following:

1) Final Order dated April 8, 2003;
2) Proposal for Decisions dated January 15, 2003;
3) Administrative Complaint dated March 19, 2002.

Sincerely,

Kathy Farley
Freedom of Information Section
Bureau of Health Professions

kdf

Enclosures

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BOARD OF NURSING DISCIPLINARY SUBCOMMITTEE

In the Matter of

PATRICIA MARIE WARK, L.P.N., R.N.
License Numbers: 47-03-091555
47-04-235711

File Number: 47-02-0041-00
Docket Number: 2002-813

FINAL ORDER

On March 19, 2002, the Department of Consumer & Industry Services, Bureau of Health Services, hereafter Department, filed an Administrative Complaint with the Disciplinary Subcommittee of the Michigan Board of Nursing, hereafter Disciplinary Subcommittee, charging Patricia Marie Wark, L.P.N., R.N., hereafter Respondent, with violating sections 16221(b)(vi) and 16221(h) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq.

On January 15, 2003, following an administrative hearing in the matter, the administrative law judge issued a Proposal for Decision setting forth recommended findings of fact and conclusions of law in the matter.

The Disciplinary Subcommittee, having reviewed the administrative record, considered the within matter at a regularly scheduled meeting held in Okemos,

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Michigan, on March 12, 2003, and accepted the administrative law judge's findings of fact and conclusions of law in the Proposal for Decision. Now therefore,

IT IS HEREBY ORDERED that for the aforesaid violations of sections 16221(b)(vi) and 16221(h) of the Public Health Code, supra, Respondent is placed on PROBATION for a period of one year, commencing on the effective date of this order. Reduction of the probationary period will only occur while Respondent is practicing as a nurse and working the equivalent hours of a full-time nurse. The terms of probation shall be as follows:

1. COURSE REQUIREMENT: During the period of probation, Respondent shall complete a course in the area of nursing ethics. These hours shall **not** apply in computing Respondent's current continuing education requirements for license renewal. Prior approval of these continuing education course credits shall be obtained from the Chairperson of the Disciplinary Subcommittee or the Chairperson's designee.

   Respondent shall submit information concerning the proposed continuing education credits for approval to the Department of Consumer & Industry Services, Bureau of Health Services, Sanction Monitoring, P.O. Box 30670, Lansing, MI 48909.

   The timely filing of all coursework information required herein shall be Respondent's responsibility, and failure to file said coursework within the time limitations herein provided shall be deemed a violation of an order of the Disciplinary Subcommittee.

2. RESIDENCY AND PRACTICE OUTSIDE MICHIGAN: Periods of residency and practice outside Michigan shall not reduce the probationary period of this order. Respondent shall report any change of residency or

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practice outside Michigan no more than 15 days after the change occurs. Compliance with this provision does not satisfy the requirements of sections 16192(1) and 16221(g) of the Public Health Code, supra, regarding Respondent's duty to report name or address changes to the Department.

3. COMPLIANCE WITH THE PUBLIC HEALTH CODE: Respondent shall comply with all applicable provisions of the Public Health Code and rules promulgated thereunder.

4. COSTS: Respondent shall be solely responsible for payment of all costs incurred in complying with the terms of this order.

IT IS FURTHER ORDERED that Respondent shall be automatically discharged from probation at the end of the one-year probationary period, PROVIDED Respondent has complied with the terms of this order and has not violated the Public Health Code.

IT IS FURTHER ORDERED that for the aforesaid violations of the Public Health Code, Respondent is FINED in the amount of $500.00 to be paid within one year of the effective date of this order. The fine shall be mailed to the Department of Consumer & Industry Services, Bureau of Health Services, Sanction Monitoring, P.O. Box 30185, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the formal complaint number **47-02-0041-00**.

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IT IS FURTHER ORDERED that timely payment of the fine as herein required shall be Respondent's responsibility, and should Respondent fail to pay the fine within the time limits herein provided, the Disciplinary Subcommittee may determine that Respondent has violated an order of the Disciplinary Subcommittee and may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

IT IS FURTHER ORDERED that for the aforesaid violations of the Public Health Code, Respondent shall perform 40 hours of uncompensated COMMUNITY SERVICE, in a nursing capacity involving direct patient contact, within one year from the effective date of this order. Prior to performing the community service, Respondent shall submit a plan of the community service to the Disciplinary Subcommittee Chairperson or designee for approval. The plan for community service, as well as the verification of the completed community service, shall be submitted to the Department of Consumer & Industry Services, Bureau of Health Services, Sanction Monitoring, P.O. Box 30670, Lansing, MI 48909.

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this order, and if such violation is deemed to constitute an independent violation of the Public Health Code or the rules promulgated thereunder, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

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IT IS FURTHER ORDERED that this order shall be effective 30 days from the date signed by the Disciplinary Subcommittee's Chairperson or its authorized representative, as set forth below.

Dated: April 8, 2003

MICHIGAN BOARD OF NURSING
DISCIPLINARY SUBCOMMITTEE

By: Melanie B. Brim
Melanie B. Brim, Director
Bureau of Health Services

This is the last and final page of a Final Order in the matter of Patricia Marie Wark, L.P.N., R.N., File Number 47-02-0041-00, Docket Number 2002-813, before the Disciplinary Subcommittee of the Michigan Board of Nursing, consisting of five pages, this page included.

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STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
BUREAU OF HEARINGS

In the matter of

Bureau of Health Services,
Petitioner
v
Patricia Marie Wark, L.P.N.,
Respondent

Docket No. 2002-813

Agency No. 47-02-0041-00

Agency: Bureau of Health Services

Case Type: Sanction

RECEIVED
JAN 21 2003
BUREAU OF HEALTH SERVICES
COMPLAINT & ALLEGATION DIVISION

Issued and entered
this 15th day of January, 2003
by C. David Jones
Administrative Law Judge

PROPOSAL FOR DECISION

PROCEDURAL HISTORY

This matter began with the filing of an Administrative Complaint against Respondent on March 19, 2002. Respondent's Answer was received on April 29, 2002.

On May 22, 2002, a Notice of Hearing was mailed scheduling the hearing to commence on July 11, 2002, at 9:00 a.m. at 611 West Ottawa Street, Lansing, Michigan.

On June 27, 2002, an Order Dismissing Case and Acknowledging Settlement was issued and entered. However, on September 24, 2002, a request was received from the Bureau of Health Services to schedule a hearing because the Nursing Board Disciplinary Subcommittee had rejected the proposed Consent Order.

On September 26, 2002, a Notice of Hearing was mailed scheduling the hearing to commence on November 22, 2002.

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The hearing commenced as scheduled on November 22, 2002. Paul W. Jones, Assistant Attorney General, represented Petitioner. Respondent represented herself. Respondent testified at the request of the Assistant Attorney General. The following exhibits were admitted into the record: Petitioner's Exhibit 1, April 16, 2002, Answer (received April 29, 2002); Petitioner's Exhibit 2, February 23, 2001, felony information; Petitioner's Exhibit 3, Case Register of Action; Petitioner's Exhibit 4, transcript of June 11, 2001, plea; Petitioner's Exhibit 5, records of employment at Vanguard; Petitioner's Exhibit 6, May 17, 2001, certification; Petitioner's Exhibit 7, June 7, 2001, record of licensure.

ISSUES AND APPLICABLE LAW

This hearing was held pursuant to the Public Health Code of 1978, as amended, (Health Code), MCL 338.1101, *et seq*. The Administrative Hearing Rules for this hearing are found at 1996 AACS, R 338.1601-1637.

The issues in this case are as follows:

1. Does Respondent lack good moral character contrary to Health Code Section 16221(b)(vi)?

2. Did Respondent engage in the practice of nursing as a licensed practical nurse, although not licensed contrary to Health Code Sections 16221(h) and 17221?

FINDINGS OF FACT

1. Respondent claimed that prior to June 7, 2001, she was a nurse's aide.

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2. Respondent attended the licensed practical nurse program at Kellogg Community College. She began her licensed practical nurse program on August 25, 1997, and completed it May 14, 2001. She was scheduled to receive her Kellogg Community College certificate on May 17, 2001. Respondent received her licensed practical nurse license on June 7, 2001.

3. Respondent stated that at some point before June 2000 she worked in a facility called Drew's Place containing mainly Alzheimer's patients. Respondent stated she passed medications and did treatment.

4. Respondent stated that she had three young sons and was single as of June 2000. Her last name at that time was Houghton. Respondent stated that she remarried August 19, 2000, and took the last name of Wark.

5. Respondent began employment for Vanguard Staffing Services on or about June 1, 2000, and stopped working on or about July 26, 2000. Vanguard provided nurse aides, licensed practical nurses and registered nurses to facilities (including nursing homes) and private individuals. Vanguard sent Respondent to work at two nursing homes (Tendercare and Mercy Pavilion). The exact number of days Respondent worked is unclear on record, but Respondent did work at Mercy Pavilion at least on the following dates: June 3, 4, 11, 14, 15, 16; and July 17, 18, 20, 21, 25 and 26.

6. At Tendercare and Mercy Respondent engaged in the practice of nursing as a licensed practical nurse. Respondent held herself out as practicing as a licensed practice nurse. The reasonable and permissible inference is that she did in fact practice as a licensed practical nurse. Among her job responsibilities were to pass out

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medications and take blood pressure and pulse for patients with various diagnoses including dementia, Alzheimer's, brain injury, sepsis, pneumonia and severe arthritis. Respondent, however, claimed at hearing that she really only practiced as a nurse's aide. Respondent also indicated she did some work described in a check-off book used in her licensed practical nurse classes, although allegedly only those things her instructors had verified she was able to do.

7. Respondent signed and submitted to Vanguard from June 4, 2000, to July 26, 2000, at least 13 work time forms which indicated she was a licensed practical nurse (Exhibit 5). Respondent did not specifically deny at hearing that the licensed practical nurse designation was on the forms when she signed and submitted them, but only claimed she was unsure if the designation was on them and that the secretary sometimes filled in missing information.

8. Respondent created a document which falsely appeared to be a license and which stated she was a licensed practical nurse. Respondent gave this document to Vanguard Staffing Services.

9. Respondent stated that she submitted the false license because she wanted to keep her job. Respondent stated that because she had three small sons and was recently divorced and going to school she was afraid to be without a job.

10. Respondent submitted the false license to Vanguard at the time she started employment on or about June 1, 2000. Respondent admitted submitting the false license on or about June 1, 2000, when she entered her plea in Calhoun Circuit Court on June 11, 2001, (Exhibit 4). At this administrative proceeding Respondent claimed she

STATE OF MICHIGAN-INGHAM COUNTY
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submitted the false license to Vanguard at the end of her employment on or about July 26, 2000, but this claim is not credible.

11. In February of 2001 Respondent was criminally charged in Calhoun County with a violation of MCL 333.16294 (practicing or holding herself out as practicing nursing without a license), a felony. On June 12, 2001, as part of a plea bargain Respondent entered a plea of guilty in Circuit Court before Judge Miller. Upon questioning, Respondent admitted that on or about June 1, 2000, she held herself out to Vanguard Staffing Services as practicing as a licensed practical nurse, by providing Vanguard with a false license although she was not licensed.

12. As part of the plea agreement Judge Miller took the plea under advisement for 11 months (until May 6, 2002), and the parties in the Court agreed that if Respondent had no criminal charges for the 11 months, the felony charge would be dismissed, Respondent would be found guilty of a misdemeanor (yet to be determined) with a fine and probation.

13. At this hearing Petitioner and Respondent agreed that the Circuit Court in May 2002 dismissed the felony charge and found Respondent guilty of a misdemeanor. Respondent indicated she paid a fine and was put on probation until June of 2003. Petitioner indicated the misdemeanor was obtaining funds under $200 by false pretenses.

14. Respondent stated that subsequent to April 29, 2002, she completed a program to become qualified as a registered nurse and received her registered nurse license.

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15. In reference to employment subsequent to July 2000, Respondent testified as follows: 1) Prior to her licensure in June 2001 she worked as a waitress; 2) At some point maybe between July 2000 and June 2001, she provided health services to a quadriplegic; 3) After June 2001 Vanguard, Tendercare and Mercy all offered to hire her; 4) At present she works at Bronson Methodist Hospital in Kalamazoo as a trauma nurse.

16. In her answer (Petitioner's Exhibit 1) Respondent stated that she was guilty of wrongdoing and she knew the "whole situation" was very wrong.

17. Respondent claims to have attended extra classes and to be a very good nurse. Respondent attached to her Answer a testimonial letter reportedly from Robin Shook but it was not offered into evidence at this hearing.

CONCLUSIONS OF LAW

A. Good Moral Character

Petitioner claimed that the following ground exists for Disciplinary Subcommittee Action:

> Personal disqualifications consisting of one or more of the following. . .vi. Lack of good moral character.
>
> MCL 333.16221(b)(vi); Health Code Section 16221(b)(vi)
>
> The Health Code defines good moral character as follows:
>
> Good moral character as defined and determined under Act 381 of the Public Acts of 1974, as amended, being Sections 338.41-338.47 of the Michigan Compiled Laws.
>
> MCL 333.16104(5); Health Code Section 16104(5)

STATE OF MICHIGAN-INGHAM COUNTY
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1974 PA 381, as amended, defines good moral character and provides guidance for an agency in evaluating good moral character. MCL 338.41 *et seq.* It provides in relevant part as follows:

> The phrase good moral character or words of similar import when used as a requirement for an occupational or professional license...shall be construed to mean the propensity of the part of the person to serve the public in the licensed area in a fair, honest and open manner. Section 1(1)

Evidence on record establishes that Respondent lacks good moral character. This record shows several actions of Respondent not serving the public in the licensed area in a fair, honest and open manner. Respondent signed and submitted to an employer, Vanguard, from June 1, 2000, to July 26, 2000, at least 13 work time forms which falsely indicated she was a licensed practical nurse. In June 2000 Respondent created a document which falsely appeared to be her licensed practical nurse license and gave it to Vanguard. In her Answer to the Administrative Complaint and in her sworn testimony at this hearing, Respondent falsely claimed that she submitted the false license to Vanguard on July 2000 at the end of her employment and then did not return to work.

These actions are all reasonably related to her occupation as a nurse. She submitted the false work time forms and false license to Vanguard Staffing for whom she was working as a nurse. She made her false claim (about the date she submitted the false license to Vanguard) in her testimony in this hearing which concerns her licensure as a nurse.

Evidence does not show that Respondent is currently rehabilitated or has good moral character. It is true that in Respondent's April 29, 2002, Answer Respondent

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admitted wrongdoing. However, also in her Answer and then in her sworn testimony at hearing she made the false claim described above.

B. Practicing as a Licensed Practical Nurse Without a License

1. Introduction

Petitioner claimed that the following ground exists for disciplinary subcommittee action:

> A violation or aiding or abetting a violation of this article or of a rule promulgated under this article.
>
> MCL 333.16221(g); Renumbered by 2002 PA 402, effective June 3, 2002, to MCL 333.16221(h)

Specifically Petitioner accused Respondent of violating the following:

> A person shall not engage in the practice of nursing or the practice of nursing as a licensed practical nurse unless licensed or otherwise authorized by this article.
>
> MCL 333.17211

2. Practice of Nursing as a Licensed Practical Nurse

Respondent admitted in Court that at Vanguard she held herself out to Vanguard as practicing as a licensed practical nurse (Exhibit 4). As further discussed below, this holding herself out as a licensed practical nurse started at the beginning of her approximate two-month employment at Vanguard. The reasonable and permissible inference is that Respondent actually did practice as a licensed practical nurse. It is very unlikely that Vanguard and the nursing homes that they sent her to would have a licensed practical nurse only work as a nurse's aide as Respondent now claims. Respondent worked with a number of patients with severe illnesses (Exhibit 5).

STATE OF MICHIGAN-INGHAM COUNTY
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Furthermore, Respondent admitted she did some work described in a check-off book she used in her licensed practical nurse classes. Such a check-off book must have included the tasks of a licensed practical nurse.

3. How Respondent Held Herself Out as Practicing as a Licensed Practical Nurse

This record shows Respondent held herself out in two ways. First, as Respondent admitted, she created a document which falsely appeared to be a licensed practical nurse license, and she gave it to Vanguard.

Second, Respondent signed and submitted 13 work time forms to Vanguard which falsely indicated she was a licensed practical nurse. Respondent has not provided an adequate exculpatory explanation for this false information's presence on the 13 work time forms she signed. She did not specifically deny that the licensed practical nurse designation was on the forms when signed and submitted. She merely said she was unsure if the designation was on them and that the secretary sometimes filled in missing information.

4. When Respondent First Held Herself Out as Practicing as a Licensed Practical Nurse

Respondent first held herself out to Vanguard as a licensed practical nurse at the time she started employment with Vanguard on or about June 1, 2000. The earliest work time form is for June 3 and June 4, 2000, and indicates she is a licensed practical nurse (Petitioner's Exhibit 5, page 16).

In addition, the clear weight of evidence on record indicates Respondent submitted the false licensed to Vanguard (and thus held herself out as a licensed practical

STATE OF MICHIGAN-INGHAM COUNTY
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Bureau of Health Professions

nurse) at the time she started employment on or about June 1, 2000, rather than at the end of her employment on or about July 26, 2000. I have arrived at this conclusion based on my evaluation of Respondent's demeanor and for the following additional reasons.

First, Respondent admitted submitting the false license on or about June 1, 2000, when she entered her plea in Calhoun Circuit Court on June 11, 2001, (Petitioner's Exhibit 4, pages 14-16). The information/felony form, Petitioner's Exhibit 2, alleged that the crime was committed on or about June 1, 2000, and there is no indication Respondent ever contested that date in the criminal proceeding. Only in this administrative proceeding has Respondent contested the date.

Second, Respondent's current explanation for how she came to submit the false license to Vanguard at the end of her employment on or about July 26, 2002, is not credible. Respondent claimed Vanguard knew from the beginning of her employment that she was not a licensed practical nurse. However, that is untrue because Vanguard regularly received work time forms from Respondent indicating she was a licensed practical nurse.

Respondent claimed that on or about July 26, 2000, Vanguard requested a copy of her licensed practical nurse license, but this claim conflicts with Respondent's claim that Vanguard knew she did not have a license, as well as Respondent's statement in Circuit Court.

In Respondent's written Answer, Petitioner's Exhibit 1, page 3, Respondent said Vanguard's request for the license came by a note, but in her testimony at hearing, Respondent said the request came by a telephone call.

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Respondent claimed that after she told Vanguard she had not graduated, Vanguard continued to request a license. If so, then Vanguard virtually solicited fraud, which I think is unlikely.

Respondent claimed that right after submitting the false license she changed her mind and decided not to return to work at Vanguard. I find this implausible. Respondent went to considerable trouble and risk and most likely would have tried to benefit from that. At hearing when I asked Respondent about this sudden change of mind, she could not explain it right away. After a long pause she came up with an explanation (her fiancé talked her out of returning to work), but I view the explanation as manufactured.

Finally I note that Respondent's extraordinary version of these events is not supported by any third party verification. Respondent had a clear interest in minimizing her misconduct so as to avoid or reduce the consequences of it.

PROPOSED DECISION

Based on the above Findings of Fact and Conclusions of Law, the undersigned Administrative Law Judge recommends the following decision:

1. Respondent lacks good moral character contrary to Health Code Section 16221(b)(vi).

2. Respondent engaged in the practice of nursing as a licensed practical nurse although not licensed, contrary to Health Code Sections 16221(h) and 17211.

EXCEPTIONS

The parties may file exceptions to this Proposal for Decision within 15 days after the Proposal for Decision is issued and entered. An opposing party may file a

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response within 5 days after exceptions are filed. Any such exceptions and responses shall be filed with the Department of Consumer and Industry Services, Bureau of Health Services, P.O. Box 30670, Lansing, Michigan 48909, Attention: Robert C. Miller.

C. David Jones
Administrative Law Judge

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PROOF OF SERVICE

I hereby state, to the best of my knowledge, information and belief, that a copy of the foregoing document was served upon all parties and/or attorneys of record in this matter by Inter-Departmental mail to those parties employed by the State of Michigan and by UPS/Next Day Air, facsimile, and/or by mailing same to them via first class mail and/or certified mail, return receipt requested, at their respective addresses as disclosed by the file on the 16th day of January, 2003.

Tiffany C. Vedder
Bureau of Hearings

Howard C. Marderosian
Department of Attorney General
Health Professionals Division
One Michigan Avenue Bldg, 1st Floor
P.O. Box 30217
Lansing, MI 48909

Patricia Marie Wark, L.P.N.
56 N. Circle Drive
Coldwater, MI 49036

Bureau of Health Services
c/o Robert C. Miller
Ottawa Building, 1st Floor
P.O. Box 30670
Lansing, MI 48909

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STATE OF MICHIGAN
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
BUREAU OF HEALTH SERVICES
BOARD OF NURSING
DISCIPLINARY SUBCOMMITTEE

In the Matter of

PATRICIA MARIE WARK, L.P.N.
License Number: 47-03-091555

File Number: 47-02-0041-00

ADMINISTRATIVE COMPLAINT

NOW COMES the Michigan Department of Consumer & Industry Services, hereafter Complainant, by Thomas C. Lindsay II, Director, Bureau of Health Services, and files this complaint against Patricia Marie Wark, L.P.N., hereafter Respondent, alleging upon information and belief as follows:

1. The Michigan Board of Nursing, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Code.

2. Respondent is currently licensed to practice as a licensed practical nurse, hereafter L.P.N., in the state of Michigan.

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3. Good moral character is defined under Act No. 381 of the Public Acts of 1974, as amended, in MCL 338.41 as "the propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner."

4. Respondent became licensed as an L.P.N. on June 7, 2001.

5. Prior to becoming licensed as an L.P.N., Respondent practiced as an L.P.N. at Tendercare in Kalamazoo, Michigan, and Mercy Pavilion in Battle Creek, Michigan. To gain employment, Respondent altered the L.P.N. license of L.L.M. (initials used to protect privacy) by placing Respondent's name on L.L.M.'s license.

6. On June 12, 2001, in the 37th Circuit Court, County of Calhoun, State of Michigan, Case Number 01-000518-FH, Respondent pled guilty to Unauthorized Practice of a Health Profession, a felony. This plea was taken under advisement, and sentencing is delayed until May 6, 2002.

COUNT I

Respondent's conduct, as set forth above, evidences a lack of good moral character, in violation of section 16221(b)(vi) of the Public Health Code, supra.

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COUNT II

Respondent's conduct, as set forth above, constitutes engaging in the practice of nursing as an L.P.N. without a license in violation of section 17211 of the Public Health Code, supra, contrary to section 16221(g) of the Public Health Code, supra.

WHEREFORE, Complainant requests that the within complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Public Health Code, supra, Respondent has 30 days from the date of receipt of this complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Thomas C. Lindsay II, Director, Bureau of Health Services, Department of Consumer & Industry Services, P.O. Box 30670, Lansing, MI 48909.

RESPONDENT IS FURTHER NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, supra, Respondent's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained

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herein and shall result in transmittal of this complaint directly to the Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 3/19/02

for Thomas C. Lindsay II, Director
Bureau of Health Services

This is the last and final page of an Administrative Complaint in the matter of Patricia Marie Wark, L.P.N., File Number 47-02-0041-00, before the Disciplinary Subcommittee of the Michigan Board of Nursing, consisting of four pages, this page included.

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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF NURSING
VERIFICATION OF LICENSURE AS OF 02/26/2010

PROFESSIONAL LICENSING AGENCY
402 W WASHINGTON ST RM W072
INDIANAPOLIS IN 46204

RECEIVED

MAR 04 2010

Indiana Professional Licensing Agency

NAME:	Patricia Marie Wark	**BIRTHDATE:**	09/10/1973
ADDRESS:	190 Morse Street Coldwater MI 49036		
TYPE:	LPN	**ORIGINAL DATE:**	06/07/2001
LICENSE NUMBER:	4703091555	**EXPIRATION DATE:**	03/31/2004
OBTAINED BY:	NCLEX		
STATUS:	Lapsed		

EXAM DATE	EXAM TYPE	SERIES # (if applicable)	EXAM SCORE
06/02/2001	NCLEX - LPN		PASSED

APPROVED SCHOOL ATTENDED	LOCATION:	DEGREE:	GRAD DATE
Kellogg Community College	Battle Creek MI	LPN Certificate	05/14/2001

DISCIPLINARY ACTION

Community Service	05/08/2003	
Fine Imposed	05/08/2003	
Probation	05/08/2003	05/07/2004

OPEN FORMAL COMPLAINTS
NONE

Our records indicate that there has been disciplinary action taken by the licensing board against the licensee in question, or that there may be a pending formal administrative complaint concerning the licensee. Under the Michigan Freedom of Information Act (FOIA), 1976 PA 442, as amended, you may request a copy of all available disciplinary documents by writing to the Department of Community Health, Bureau of Health Professions, FOIA, P.O. Box 30670, Lansing, Michigan 48909 {Fax: (517) 241-1212}. You will be charged pursuant to the Bureau's FOIA policy, if the documents are more than 40 pages total.

Daniel J Burns

DANIEL J. BURNS

Stephenson, Linda

To: warkm@hotmail.com
Subject: FW: Patricia Wark - Indiana nursing application-additional information needed
Attachments: Verification form.pdf

Good morning Patricia,

We do not necessarily need your court document at this time that you mentioned you had previously attached to your application.
We do need additional information in your own words regarding the specific details as related to the probation on your LPN license. Please submit the additional information either via mail, e-mail or fax. Sign and date the statement.

What were the terms of the probation?
What duties were performed that you mentioned you provided as an LPN prior to obtaining licensure?
Any other details surrounding the probation such as: termination of employment, etc.

Verifications needed: Official verification(s) for any license/certificate/permit you hold or have held. Please request an official verification directly from the following board(s) of nursing: We need an official verification for your Michigan – LPN license that you hold/held. Please request the verification directly from the Michigan board of nursing.

*We also need some type of verification of the CNA you mentioned you hold/held in Michigan. We need an official verification that you request directly from the issuing agency for your CNA in the state of Michigan.

Thank you,

Linda Stephenson

From: Stephenson, Linda

Sent: Friday, February 05, 2010 9:34 AM
To: 'warkm@hotmail.com'
Subject: Patricia Wark - Indiana nursing application-additional infc

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 5, 2010

Patricia Marie Wark
50 Vans Avenue
Coldwater MI 49036

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

Verifications needed: Official verification(s) for any license/certificate/permit you hold or have held. Please request an official verification directly from the following board(s) of nursing: We need an official verification for your Michigan – LPN license that you hold/held. Please request the verification directly from the Michigan board of nursing.

We need additional details as related to the statement you submitted:
You indicated you were attaching a copy of a court paper with the statement you previously submitted but there was not any attachment.

Details as related to the probation you indicated as related to your LPN license.
What were the terms of the probation?
What duties were performed that you mentioned you provided as an LPN prior to obtaining licensure?

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

Files that are one (1) year old will automatically be coded "abandoned" and you will have to reapply.

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,
Linda Stephenson – Case manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 12, 2010

Anne Marie Sahingoz
239 Ridgeview Dr.
New Haven, KY 40051

Dear Ms. Sahingoz:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010,** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** _____

Needs personal appearance: **Yes**_____ **No**_____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. Issue Temporary Permit: **Yes** ✓ **No**_____ Set for March PD 2/12/10

Approved by (please initial): SG _____ LG ✓

Check here if the file must be reviewed again for a permanent license: ✓

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee $50.00	Permit fee
Date fee paid (*month, day, year*) 2/9/10	Date fee paid (*month, day, year*)
Receipt number 3193732	Receipt number
License number	Permit number
Issuance date (*month, day, year*)	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

☑ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☑ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure: kentucky		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Sahingoz,Anne Marie, Castillo			List any other last names ever used: Anne Marie Stearns
Street address (*number and street or rural route*): 239 Ridgeview Dr	City: New Haven	State: Ky	ZIP code: 40051
Daytime telephone number (*include area code*): (502)549-3028	Date of birth (*month, day, year*): 05/12/1967	Place of birth (*city and state*): Los Angeles, Ca	
Social Security number *	E-mail address: azrausa@yahoo.com		

NURSING EDUCATION

Name of nursing school: Spencerian College		
Location (*city and state*): Louisville ky	Date of enrollment (*month, day, year*): October 1 2003	Date of graduation (*month, day, year*): March 1 2005

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☑ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: St Rose of Lima High School	
Location (*city and state*): New Hope Ky 40052	
Date of graduation (*month, day, year*): June 1 1985	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No

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EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☑ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
kentucky	5/1/2005

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
r.n.	kentucky	1106157	5/6/2005	active
lpn	kentucky	2037162	1/2/2003	no

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☑ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☑ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☑ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Anne M Saley RN	2/3/2010

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FEB 09 2010
Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

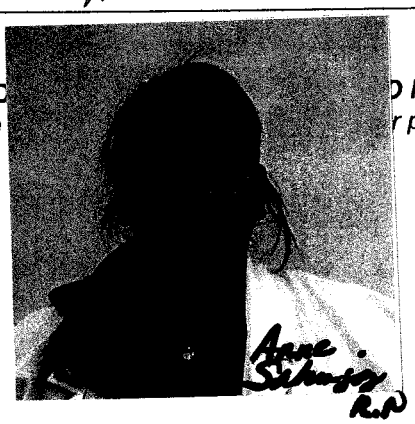
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Anne M Sahaijan R.N	2/8/2010

PLEASE TAPE YO **O NOT STAPLE)**
(*You must place* *r photograph.*)



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FEB 09 2010
Indiana Professional Licensing Agency

APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
Sahingoz,Anne Marie,	Anne Marie Castillo,Anne Marie Stearns

Street address (*number and street or rural route*)
239 Ridgeview Dr

City	State	ZIP code
New Haven	Ky	40051

Social Security number *	* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☑ Registered Nurse ☐ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
1106157	10/31/20011	active

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
Ann M Sahingoz R.N	2/3/2011

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Ann M Sahingoz R. N	2/3/2010

LAURA B. HUFF NOTARY PUBLIC STATE AT LARGE KENTUCKY MY COMMISSION EXPIRES APRIL 15, 2011

NOTARY SEAL

SWORN TO AND SIGNED BEFORE ME THIS

3 DAY OF February, 2010.

Laura B. Huff
Signature of notary public

4-15-11
Expiration date of commission (*month, day, year*)

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Indiana Professional Licensing Agency

Print this page

Your Verification Summary

Congratulations! Your verification report is now available to the board(s) of nursing that you selected below:

SAHINGOZ, ANNE - PN KENTUCKY (NLC)	$30.00
Verification will be available to: INDIANA	
SAHINGOZ, ANNE MARIE - RN KENTUCKY (NLC)	$30.00
Verification will be available to: INDIANA	
Total: $60.00	

Billing Information

Name:	ANNE SAHINGOZ	**E-mail:**	azrausa@yahoo.com
Credit Card Type:	MasterCard	**Credit Card Number:**	xxxxxxxxxxx6217
Authorization Code:	088052	**Transaction ID:**	VUGA4E3274E9

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Indiana Professional

NURSYS®

Verification Report

NCSBN
National Council of State Boards of Nursing

PLEASE NOTE: The Boards of Nursing will not accept this Verification Report for endorsement purposes. You must complete the Nurse License Verification process.

License Information

Name	Jurisdiction	License Type	License Number	Compact Status	Is License Active	Original Issue Date	Expiration Date	Discipline Against License	Discipline Against Privilege to Practice (PTP)
SAHINGOZ, ANNE	KENTUCKY	PN	2037162	MULTISTATE	NO	1/2/2003	10/31/2005	YES	NO
SAHINGOZ, ANNE	KENTUCKY	RN	1106157	MULTISTATE	YES	5/6/2005	10/31/2010	YES	NO

Friday, February 05, 2010 1:29:00 PM

Discipline Case

Discipline Jurisdiction	License Jurisdiction	License Type	License Number	Date Action Was Taken	Against Privilege to Practice (PTP)
KENTUCKY	KENTUCKY	PN	2037162	4/11/2007	NO
KENTUCKY	KENTUCKY	RN	1106157	4/11/2007	NO

Basis for Action

Description

INCOMPETENCE

Actions

Description	Effective Date(s)
REPRIMAND OR CENSURE	04/11/2007 - 09/30/2007
PUBLICLY AVAILABLE FINE/MONETARY PENALTY	04/11/2007 - 09/30/2007

Narrative :
License reprimanded she has to pay a civil penalty and complete thirty (30) contact hours of continuing education before her license can be cleared.; civil penalty

Definitions

- **Multistate Licensure Privilege** - Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single State License** - A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Nurse Licensure Compact** page - www.ncsbn.org/nlc.htm

The NURSYS database does not constitute official government records and the National Council of State Boards of Nursing (NCSBN) makes no representations about the completeness or currency of the data. For information on when the last time a board of nursing submitted data to Nursys, please visit www.nursys.com/LQC/QuickConfirmJurisdictions.aspx.

Friday, February 05, 2010 1:29:00 PM

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FEB 09 2010
Indiana Professional Licensing Agency

Indiana State Board of Nursing

402 West Washington St RM W072

Indianapolis, IN 46204

Dear Sirs and or Madam

My name is Anne Marie Sahingoz R.N. I am requesting licensure by endorsement. I am currently a Kentucky R.N. I am employed in the State of Kentucky. I am writing to offer information on my license .

My license was reprimanded and disciplinary action was taken on 4/11/2007 . The Kentucky State Board deemed I had been incompetent , reprimanded me to pay a civil fine and acquire 30 C.E.U's Specifically on "Surviving and Thriving ,in nursing in addition to the standard C.E.U. requirement.

The incident occurred at Flaget Hospital , Bardstown,Ky. I had worked there as an LPN and had never had any issues, I had indeed gotten various awards on nursing care. Upon receiving my R.N , I transferred to ICU/TCU 7p-7a. Also at this time I was dealing with the death and loss of my 11 month old , in the middle of a messy divorce from a marriage of 15 years, and trying to deal with the sole care of my remaining 6 children. While in ICU ad TCU , I made several med errors which placed my patients at risk, and though it pains me to say it, I was incompetent, I was a terrible risk for my patients all of them. I should have taken a leave of absence but I tried to use work as a means to deal. Ultimately I was not an effective nurse at all, not by any means. I do not blame anyone but myself and I fully take all the responsibility for my actions at that time. I was an unhealthy nurse and I was ineffective in my non professional life , I knew it ,but did not want to face it. I was in depression .

I am grateful to the Ky Board of Nursing that they gave me a chance to renew. I took the opportunity to deal with my situation and grow as a healthy nurse so that I could again say I was a "good " nurse for my patients. I am very diligent on patient safety especially with medication and use all my fall safes, I check and check again, if in doubt, I call pharmacy and ask questions .

I have played attention to stressors , I and my family have been through counseling to help us heal , and stay away from "super nurse" thinking. Since then,I have had excellent evaluations from my employers and received awards in patient care.

If you need to review my file from the KY board of nursing you have my permission .

I am requesting license by endorsement. Thank you for the opportunity to request this from you.

Respectfully Yours ,

Anne Marie Sahingoz R.N

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FEB 09 2010
Indiana Professional
Licensing Agency

Online Validation Results

Online Validation Results

Identifier	Validation Result
1106157	Anne Sahingoz PREVIOUS DISCIPLINARY ACTION BY KBN (CLEARED), cleared on 04-SEP-07. For more information on the status of this license please call the Kentucky Board of Nursing at 502-429-3300 ext 3325 or 3314. **License #:** 1106157 **License Type:** RN **Status:** Active **Expiration Date:** 31-OCT-10 **Original Date of KY licensure:** 06-MAY-05 This license has multistate practice privileges in compact states. Does not hold an active status as a State Registered Nurse Aide and is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. **Verification date:** 09-FEB-10. Click here for a list of Compact States.

Copyright © 2010 Commonwealth of Kentucky
All rights reserved.

Discipline Case Summary Report

Printed for INDIANA on 02/09/2010

INDIVIDUAL:

SSN: **RESTRICTED** Name: **SAHINGOZ, ANNE MARIE**

DOB: **05/12/1967** Gender: **FEMALE**

LICENSES DISCIPLINED:

KENTUCKY | PN | 2037162

KENTUCKY | RN | 1106157

GENERAL CASE INFORMATION:

Case Number: **411111** Date Action Was Taken: **04/11/2007**

Jurisdiction: **KENTUCKY**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **11 - INCOMPETENCE**

HIPDB Narrative (Comments):

On May 8, 2006, the Board received information that on April 7, 2006, while employed as a registered nurse at Flaget Memorial Hospital, Bardstown, Kentucky, Ms. Stearns was placed on a work improvement plan for errors relating to the administration of medications, inability to identify the correct medication as ordered by the physician and her continued use of inappropriate abbreviations when documenting in the medical record. On May 1, 2006, Ms. Stearns was terminated from her position for continued medication errors, failure to follow hospital policy regarding removal of medications from the night cart and failure to comply with the terms of the work improvement agreement. On October 11, 2006, the Board received a letter of explanation from Ms. Stearns advising that she had experienced personal/family problems and wrote "I never had problems with my nursing. I made these errors during a very stressful time and I did look for help. I reached out to my fellow nurses for guidance and leadership. Hindsight, I believe I should have transferred out of the unit."

ACTIONS:

Action Code: **1140 - REPRIMAND OR CENSURE** Stayed: **NO**

Duration: **04/11/2007 - 09/30/2007** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

License reprimanded she has to pay a civil penalty and complete thirty (30) contact hours of continuing education before her license can be cleared.

Action Code: **1173 - PUBLICLY AVAILABLE FINE/MONETARY PENA...** Stayed: **NO**

Fine: **$500.00** Appeal - Date: **NO**

HIPDB Narrative (Comments):

civil penalty

REVISIONS:

Verification Report

Printed for INDIANA (PN) on 02/09/2010

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
RESTRICTED	SAHINGOZ, ANNE MARIE (ALL)	05/12/1967 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	CASTILLO (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
KY	PN	2037162	10/30/2005	10/31/2005	INACTIVE	EXAM	01/02/2003	12/31/2002

Address Information

Juris.	Address	City	State	Zip	Country
KY	239 RIDGEVIEW DR POBOX 239	NEW HAVEN	KY	40051	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
KY	SPENCERIAN COLLEGE	12/00/2002	PN	CERTIFICATE	LOUISVILLE	KY

Discipline Summary Information

Case Number	Reporting Jurisdisction	Date Action Was Taken	Licenses Disciplined	Against Privilege
411111	KENTUCKY	04/11/2007	KENTUCKY | PN | 2037162 KENTUCKY | RN | 1106157	NO

** Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

Verification Report

Printed for INDIANA (RN) on 02/09/2010

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
RESTRICTED	SAHINGOZ, ANNE MARIE (ALL)	05/12/1967 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	CASTILLO (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
KY	RN	1106157	09/24/2009	10/31/2010	ACTIVE	EXAM	05/06/2005	05/05/2005

Address Information

Juris.	Address	City	State	Zip	Country
KY	239 RIDGEVIEW DR POBOX 239	NEW HAVEN	KY	40051	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
KY	SPENCERIAN COLLEGE - ADN	03/00/2005	RN	ASSOCIATES	LOUISVILLE	KY

Discipline Summary Information

Case Number	Reporting Jurisdisction	Date Action Was Taken	Licenses Disciplined	Against Privilege
411111	KENTUCKY	04/11/2007	KENTUCKY | PN | 2037162 KENTUCKY | RN | 1106157	NO

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We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

April 24, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Official verification of MI licensure. Please complete the verification of state licensure form enclosed.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

Files that are one (1) year old will automatically be coded "abandoned" and you will have to reapply.

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

May 06, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

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Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

June 23, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

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Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

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We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

August 25, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

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It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

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If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

September 15, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Official verification of MI licensure.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

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Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

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We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

October 26, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Official verification of MI licensure.

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If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

November 23, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Official verification of MI licensure.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

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If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

December 1, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

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If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

July 24, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Official verification MI licensure

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If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee $ 50.00	Permit fee $ 10.00
Date fee paid (*month, day, year*) 4/24/09	Date fee paid (*month, day, year*) 4/24/09
Receipt number 2948379	Receipt number 2948379
License number	Permit number 990371594
Issuance date (*month, day, year*)	Issuance date (*month, day, year*) 4/24/09

DO NOT WRITE ABOVE THIS LINE

☒ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☑ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure Michigan	Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No	

APPLICANT INFORMATION

Name (*last, first, middle, maiden*) CARREL PAMELA ELAINE Clipfell		List any other last names ever used PHILLIPS	
Street address (*number and street or rural route*) 17171 APACHE TRAIL	City THREE RIVERS	State Michigan	ZIP code 49093
Daytime telephone number (*include area code*) (269) 278-2218	Date of birth (*month, day, year*) 01 20 1960	Place of birth (*city and state*) Three Rivers Michigan	
Social Security number * [redacted]	E-mail address Pam2218EC@yahoo.com		

NURSING EDUCATION

Name of nursing school Southwestern Michigan College		
Location (*city and state*) Dowagic Michigan	Date of enrollment (*month, day, year*) Jan 1980	Date of graduation (*month, day, year*) Aug 6 1981

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☑ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school Three Rivers High School	
Location (*city and state*) Three Rivers Michigan	
Date of graduation (*month, day, year*) June 7 1978	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No

RECEIVED
APR 24 2009
Indiana Professional Licensing Agency

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☑ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Michigan	Feb 1982

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
Registered Nurse	Michigan	4704138788	1982	active

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☑ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Pamela E. Carel	4-21-2009

RECEIVED

APR 24 2009

Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

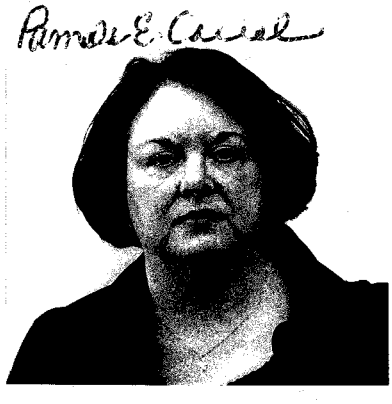
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Pamela E. Carel	4-24-2009

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)



RECEIVED
APR 24 2009
Indiana Professional Licensing Agency

APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
Carrel Pamela Elaine	Clipfell, Phillips

Street address (*number and street or rural route*): 13171 Apache Trail

City	State	ZIP code
Three Rivers	Michigan	49093

Social Security number *

* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☒ Registered Nurse ☐ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
470413878	3-31-10	Michigan

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
Pamela E. Carrel	4-23-09

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Pamela E. Carrel	4-23-09

NOTARY SEAL

SWORN TO AND SIGNED BEFORE ME THIS

23 DAY OF April, 2009.

Signature of notary public

11/29/2013

Expiration date of commission (*month, day, year*)

RECEIVED

APR 24 2009

Indiana Professional Licensing Agency

M470120 108 R -001

CUT OUT FOR WALLET CARD

STATE OF MICHIGAN - DEPARTMENT OF COMMUNITY HEALTH

BOARD OF NURSING
REGISTERED NURSE
LICENSE

PAMELA ELAINE CARREL
17171 APACHE TRAIL
THREE RIVERS MI 49093

PERMANENT I.D. NO. EXPIRATION DATE
4704138788 03/31/2011 2313286

COMPLAINT INFORMATION:

The issuance of this license should not be construed as a waiver, dismissal or acquiescense to any complaints or violations pending against the licensee, its agents or employees.

WALL CERTIFICATE INFORMATION:

If the box is checked, you may purchase a State of Michigan Official Wall Certificate. Please visit http://tbsddp.com/certificates or call 1-800-875-3676

[X]

FUTURE CONTACTS:

You should direct all inquires regarding this license or address changes to the:

DEPARTMENT OF COMMUNITY HEALTH

BOARD OF
NURSING

P.O. BOX 30670
LANSING MI 48909-8170

YOUR LICENSE MUST BE DISPLAYED IN A PROMINENT PLACE.

REVERSE SIDE OF LICENSE CONTAINS IMPORTANT INFORMATION.

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

L1455169

BOARD OF NURSING

REGISTERED NURSE
LICENSE

PAMELA ELAINE CARREL

PERMANENT I.D. NO. EXPIRATION DATE
4704138788 03/31/2011 2313286

THIS DOCUMENT IS DULY ISSUED UNDER THE LAWS OF THE STATE OF MICHIGAN.

RECEIVED

APR 24 2009

Indiana Professional
Licensing Agency

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

May 6, 2009

Pamela Elaine Carrel
17171 Apache Trail
Three Rivers MI 49093

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Official verification of MI license

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

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If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

emailed this date;

March 15, 2010

LG

Pamela Alexander
PO Box 146
North Salem, IN 46165-0146

Dear Ms. Alexander:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010** to review your application for practical nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice, Assistant Director
Indiana State Board of Nursing

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 4, 2010

Pamela Alexander
6584 Reed Road
Pittsboro, IN 46167-9032

Dear Ms. Alexander:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010** to review your application for practical nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes ✓ No _____

Needs personal appearance: Yes ✓ No _____

Approved by (please initial): SG _____ LG ✓ 1/22/10

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

6584 Reed Road
Pittsboro IN 46167-9032

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

Walk-in

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	11/22/10	3185884

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
ALEXANDER, PAMELA, SUE, FERGUSON	REID

Street address (*number and street or rural route*)	City	State	ZIP code
P.O. BOX 1146	NORTH SALEM	IN	46165

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 366-6454	01/12/62	HEIDELBERG, GERMANY

Social Security number *	E-mail address
	pam_alexander46167@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: MEDTECH COLLEGE

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
INDIANAPOLIS, IN	06/25/07	12/18/09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☑ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: TRI WEST HENDRICKS H.S.

Location (*city and state*): LIZTON, IN

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
05/18/1980	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
CNA	INDIANA	CNA0900204	12/19/09	ACTIVE

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ **RN** ☑ **LPN**

I hereby certify that Pamela S. Alexander *was admitted to the* MedTech College School of Nursing LPN *Program of Nursing located in* Indianapolis, Indiana *on* June 25, 2007 *and completed requirements for graduation on* December 18, 2009 *will/did graduate on* December 18, 2009 . *His/Her Social Security number is* [redacted].

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 12-18-09 *SIGNED* Margaret A Brandes
Signature

Margaret A Brandes
Printed Name

Director
Dean / Director / Designee

SCHOOL SEAL

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

December 16, 2009

On February 19, 1999, I was arrested for operating a motor vehicle while intoxicated in Alameda, California. I plead no contest was sentenced to 5 years court probation, court costs and fines in the amount of $1150, attended a 15 week drug and alcohol class and lost my driving privileges for a period of one year. At the time of sentencing in the state of California, a first offense is an automatic felony. Upon completion of my 5 year probationary period without incident, the felony charge was dropped to a misdemeanor.

On September 17, 2005, I was arrested for driving under the influence in Pittsboro, Indiana. I plead no contest to the charges. I was sentenced to one year probation, court costs in the amount of $1500, ordered to attend Mother's speak out, received a drug and alcohol evaluation which found I was not an alcoholic but tendencies were there that could lead to alcoholism, attended an eight hour drug and alcohol class targeting prevention. I successfully completed all the terms of my probation and have kept myself clean since the second incident.

During nursing school, the education I received regarding drug and alcohol abuse has helped me to remain clean. I made a conscious decision to stop drinking because becoming a nurse was more important to me than having a drink. I have found new interests that occupy my time more effectively and productively.

Pamela S. Alexander

Pamela S. Alexander

December 16, 2009

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Kimberly Oates
505 Yellowstone Road
Valparaiso, IN 46385

Dear Ms. Oates:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing is currently on expired status and we did not receive your positive response explanation until 3/2/10.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all renewals with a positive response!

Name Kimberly Oates

License number 28167960A

Paper renewals

Positive response statement submitted Yes ✓ No _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent 2-17-10

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes ✓ No~~✓~~

Decision after personal appearance if applicable: Needs to send legible (preferably typewritten) explanation to yes to cases. 1+5 on renewal. LG

Web renewals

Date letter sent for positive response statement: date sent_____

Date positive response statement submitted date recd_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

Set for April P.A. 3/3/10 LG

505 Yellowstone Rd.
Valparaiso, IN 46385

To Whom it MAY CONCERN,

I recieved this letter before my License whould be sent to ME. Prior to ME Recieving this letter I Sent my Renewal + LATE Fees. So you hAve my Renewal Fee AlReady.

I answered yes to questions 1 + 5.

1) I WAS terminated d/t a DARVOCET been Missing. I took A urine testing + for dARvocet. I had NO previous order for darvocet but a prior darvocet ORDER With just a Few doses left in the bottle. I CALLed My doctor to SEE if it Would be OK to tAke one d/t the Amount of pain I WAS in. I WAS diagnosed With SEVERE FiBromyalgiA Which WAS the amount of pain it WAS in. I NO Longer had the prescription bottle my pharmAcy NO longer hAd it in the Computer System d/t the time frAME I Went to My doctor He Wrote a Note Stating thAt I hAd a previous ORDER I took thAt to the DON + Administer. They stAted since I Couldn't prove it they terminated me and

-turned it OVER to the a Horney general. It has been at least 2 years Since I heard anything When I Went on Line to check my Status of my License it just stated that it was just Expired. I Spoke My Attorney I believe he corresponded with Someone there. The Last year and half I have been disabled and applied for disability awaiting a hearing date. But I still want my Nursing License Renewed To Maybe Able to possible be able to work from Home to Supplement my INCOME. I had Worked at SouthLAKE I had the notes from doctor but that was Not good enough Since I coulent prove it without the prescription bottle or printout From my pharmacy So I think Mayse my ANSWER should of been NO instead of yes for #1 because I was Not disciplened or any formal charges that I Am AWARE of.

5) This Answer could be answered along OR the SAme as #1 I AM A good Nurse and Supervisor for MANY years. I am compassionate With my Residents and pain control is A big issue along with the rest of their CARE Thank you Kimberly Oates

PS. also I did have an attorney to assit me with this issue if you need to speak with him his name + # is

JOE CIOE JR
EXT 2# 03
phone # is 477-6490
fax # 477-2590

Thank you
Kimberly Oates

Indiana Professional Licensing Agency
Nursing Board
402 W. Washington St., Room W072, Indianapolis IN 46204
(317) 234-2043

REGISTERED NURSE

Kimberly Elizabeth Oates

License Number	Expiration Information
28167960A	Expires October 31st Odd Years

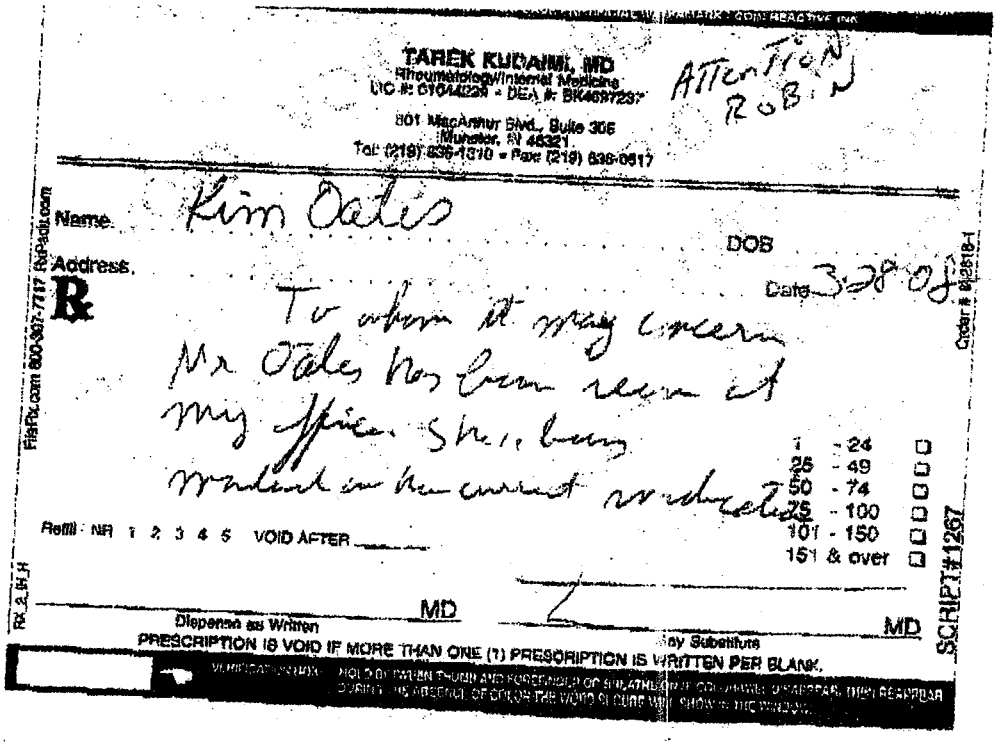
Current License Status can be verified online
www.pla.in.gov License Express Option

JOB STATUS REPORT

TIME : 03/31/2008 23:49
NAME : MMI 4
FAX# : 219-836-8300
TEL# : 219-836-8300
SER.# : 000006090155

DATE,TIME	03/31 23:49
FAX NO./NAME	18131 72973525
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE



TAREK KUDAIMI, MD
Rheumatology/Internal Medicine
UIC #: 01044229 • DEA #: BK4697237
801 MacArthur Blvd., Suite 306
Munster, IN 46321
Tel: (219) 836-1310 • Fax: (219) 836-0517

ATTENTION ROBIN

Name: Kim Oates

DOB

Address:

Date: 3-28-08

Rx

To whom it may concern
Mr Oates has been seen at
my office. She is being
maintained on the current medication

1 - 24 ☐
25 - 49 ☐
50 - 74 ☐
75 - 100 ☐
101 - 150 ☐
151 & over ☐

Refill: NR 1 2 3 4 5 VOID AFTER _____

MD
Dispense as Written

MD
Say Substitute

PRESCRIPTION IS VOID IF MORE THAN ONE (1) PRESCRIPTION IS WRITTEN PER BLANK.

VERIFICATION BOX: HOLD BY THEIR THUMB AND FORECASTER OF SPEATHER IN COLORWELL DISAPPEAR, THEN REAPPEAR DURING THE ABSENCE OF COLOR THE WORD SECURE WILL SHOW IN THE WINDOW.

FlexRx.com 800-397-7717 RxPadx.com

Order # 9/2818-1

SCRIPT#1267

RX_2_IH_H

Franciscan PHYSICIAN Network

April 18, 2008

Re: Kimberly Oates
DOB 2/11/1959

To Whom It May Concern:

Kimberly Oates is being treated for Fibromyalgia at our office and by her rheumatologist, Dr. Kudaimi. Her medications include Vicodin and Relafin. She is compliant with her prescription therapy and she regularly follows with our office and Dr. Kudaimi's

Sincerely yours

Michael Manakas, DO

FAXED
4-21-08
BP

Valparaiso Health Center 2421 Laporte Avenue • Valparaiso, IN 46383 • 219.462.6192 • fax 219.464.2585
www.stanthonymedicalcenter.com

CAMBRIDGE

WHO'S WHO

April 27, 2007

Kimberly E Oates
505 Yellowstone Rd
Valparaiso, IN 46385-4555

Dear Kimberly E Oates,

It is my pleasure to inform you that in honor of **National Nurses Week,** you were recently appointed as a biographical candidate into the ***Cambridge Who's Who Among Executives and Professionals in Nursing and Healthcare,*** and for inclusion in the upcoming 2007/2008 *"Honors Edition"* section of the Registry.

Recognition of this kind is an honor shared by thousands of nursing and healthcare professionals throughout America every year. Inclusion is limited to individuals who have demonstrated leadership and achievement in their profession.

For accuracy and publication deadlines, please complete your application form and return it to us within ten business days. For your convenience, an online form is also available at **www.cambridgewhoswho.com/onlineapp.**

Upon final confirmation, you will be listed among thousands of accomplished professionals in healthcare in the Cambridge Who's Who Registry. There is no cost to be included.

On behalf of the Managing Director, we wish you continued success.

Sincerely,

Jennifer A. Gonzalez
Editor in Chief

Cambridge Who's Who is proudly not associated or affiliated with any other Who's Who Publication or Organization

A7460

0013936

ESTABLISHED PATIENT EXAMINATION

Kim Oates DOB: 2/11/59 DATE: 5/13/08

Pulse: 116 RR: 16 BP: 134/84 Wt: 100# Allergies: NKDA

ons/Refills needed? Y X N

Y GIVEN BY:

Current Medications: See List ✓ | Reviewed ✓

MS - Pain Mgmt

MED Refills -

AM.

Saw rheumatol. Agreed c fibro. → Rec: trial of Duloxetine

+ Klonopin to 2mg.

+ started Baclofen -

Stress level ↑ 2° to job status / increase responsibility

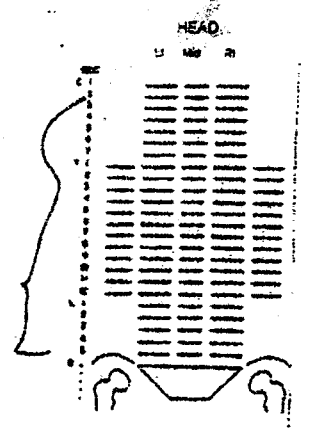
Examination √ = Normal, X = Abnormal	Description of Abnormal Finding
ppearance(3 or more)	
op ☐ Nutrition ☐ Grooming ☐ Habitus ☐ Deformities ☐ All WNL	
ictivae & lids ☐ Pupils & irises ☐ Opth ex optic discs ☐ All WNL	
, Mouth & Throat	
rs & nose ☐ Auditory canals & TM ☐ Hearing ☐ Nasal mucosa, urbinates ☐ Lips, teeth & gums ☐ Oropharynx ☐ All WNL	
☐ Thyroid ☐ Trachea ☐ All WNL	
y	
☐ Percussion ☐ Palpation ☐ Auscultation ☐ All WNL	
ular- Heart	
on ☐ Auscultation	
ular- Peripheral	
l ☐ Abd. aorta ☐ Peripheral art ☐ Edema/varicosities ☐ All WNL	
asts)	
(symmetry, discharge) ☐ Palpation breasts and Axillae ☐ All WNL	
stinal (abdomen)	
ender ☐ Liver/spleen ☐ Hernia ☐ Anus/perineum/rectum ☐ All WNL	
ary-Male	
contents ☐ Penis ☐ Digital prostate gland ☐ All WNL	
ary-Female	
nitalia ☐ Urethra/Bladder ☐ Cervix ☐ Uterus ☐ Adnexa ☐ All WNL	
eletal	
Head ☐ Spine/ribs/pelvis ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ All WNL	
g tissue ☐ Palpation skin/sq tissue ☐ All WNL	
al	
nerves test ☐ DTR ☐ Sensation ☐ Mental status ☐ All WNL	
nt/insight ☐ Oriented x3 ☐ Memory ☐ Mood/affect ☐ All WNL	

Decreased sensation

Time

Can't work with meds so wait to get loan

>20 tender trigger. CTL spine



Decision Making

ved:

Plan/Risk Treatments:

Add Norflex BID

ptions: Serum Fung / Ch. pain synd. Sleep Disorder 2°.

Darvocet.

Vicodin ES #180 2 q 3-4h prn Spasm

Dilaudid 2mg #5 q 4h prn Refill Baclofen

Signature

raiso Health Center 2421 LaPorte Avenue Valparaiso, IN 46383 (219) 462-6192 Fax:(219) 464-2585

05/13/08 Time: 1:30
nt: KIMBERLY E OATES
(219) 464-9203 Wk#: (219) 464-9203
ss: 505 YELLOWSTONE
VALPARAISO, IN 46385
emark:

Acct#: 123846.0
DOB: 02/11/59
Carrier Code:
Ins #1: NoPriIns, Check Account I ID1:
Ins #2: ID2:

Dr: 109 RICHARD C TURK DO
Guarantor: KIMBERLY E OATES
User Note:

Voucher#: 781364
DOL Pmt: 02/18/08
Global Dt: 04-06-07
Cop: Bal Due: 288.37
Cop: Pat Bal: 288.37
Unapplied:
Other Requirements:

Office Medical Care

nt #2:	New Patient	Est. Patient
	99201	99211
	99202	99212
	99203	X 99213
	99204	99214
	99205	99215

Office consults

onsult 2	99242
onsult 3	

Preventative Me

	New	
31	—	<1yr
32	—	1-4
33	—	5-11
34	—	12-17
35	—	18-39
36	—	40-64
37	—	65>

Electro-Cryo Su

Warts or Moles (1)	
Additional	

Minor Surgery

Excision / Biopsy	
Incision & Drainage	
Joint Aspiration & Inj. (LG)	20610
Joint Aspiration & Inj. (SM)	20605
Trigger Injection	20550
Laceration Repair	

Immunization & Injections

Injection - Medicine/GA/MCR	90772
Injection - Antibiotic	90788
Prevnar	90669
Tetanus Toxic/TT	90703
Tetanus & Dipth./Td	90718
Immunization Administration	90471
Varicella	90716
IPV	90713
MMR	90707
Pneumovax	
Admin. Pneu.	G0009
DTAP	90700
Flu. Vac.	
Flu. Vac. Child	90657
Admin. Flu.	G0008
HIB	90647
Hepatitis B	90744
TD-Pertusis	90715
Prevnar	90669

Total Charge:
Amount Paid:
Balance Due:

Lab

ANA	86038
Antithyroid Microsomal	86376
Anti-Thyroglobulin	86800
Basic Metabolic Panel	80049
Blood Sugar / QW / MCR	82947
BS/Finger Stick (Q4)	82962
B12	82607
Electrolyte Panel	80051
HCG Serum	84703
Lanoxin	80162
LFT	
LH	83002
Lipid Profile	80061
Lithium	80178
Mono Spot	86308
Occult Blood G0107	82270
Office Strep Screen	87880
Thin Prep	88142
Pathology	88304
Mantoux	86580
PSA (sign form)	84513
Prothrombin Time (PT)	86510
Rheumatoid Factor	86430
RPR or VDRL	86592
Testosterone	84403
Theophylline	80198
Free T-3	84481
T-4	84436
T-4 Free	84439
Triglycerides	84478
TSH	84443
U.A. (Q4)	81002
Wet Mount	87210

Indiana Professional Licensing Agency
Nursing Board
402 W. Washington St., Room W072, Indianapolis IN 46204
(317) 234-2043

REGISTERED NURSE

Kimberly Elizabeth Oates

License Number	Expiration Information
28167960A	Expires October 31st Odd Years

Current License Status can be verified online
www.pla.in.gov License Express Option

Professional Services

Tax ID:3520742833125 UPIN:E05798

Ear Lavage	69210
Osteopathic Manipulation	98925
Nebulizer	94640
Allergy Single 95115	95117
EKG	93000
EKG (MCR)	93005

Referrals

Michelle Green Re: Neuromusc - massage tx.

Labs

9 weeks x 12 wk.

X-ray

Procedures

Mamog - Screen.

Diagnosis

FMS - Severe.
Chronic Pain Synd.

Schedule Next Appointment:
Days
Weeks
1 Months

Copy Chart to pt.

Release info for records for Dr Kudiami - copies

X [signature]
PHYSICIAN'S SIGNATURE / DATE

STAN LELEK, PSY.D., CADAC, NCAC-II
8 N. MORGAN BLVD.
VALPARAISO, IN. 46383
(219) 464-9495

ISNAP EVALUATION

Name: Kimberly Oates
Date: 02/21/08

DOB: 02-11-59

Kimberly Oates is a forty-nine year old, single, Caucasian female who was referred for an evaluation by ISNAP. Ms. Oates reports that recently she was brought to the attention of her employer for Darvocet that was missing from her place of employment. Ms. Oats voluntarily submitted to a drug screen. The drug screen testing positive for prescribed Hydrocodone but also tested positive for Darvocet (Propoxyphene) for which she had an out dated invalid prescription. Given her Darvocet prescription was not valid and given Darvocet was missing from her place of employment, Ms. Oates was terminated from her work and referred to ISNAP. ISNAP requests that this evaluator differentiate between a substance abuse versus substance dependence problem and make treatment recommendations if warranted. For the evaluation, I spoke with Ms. Oats today and administered a substance abuse test (SASSI-3).

After considerable discussion today, it appears as if Ms. Oates suffers from a chronic pain disorder. She has been diagnosed and treated by Dr. Turk for chronic fibromyalgia syndrome. She currently is being prescribed Vicoden by Dr. Turk. Ms Oates reports that she has not been in any trouble for substance abuse issues throughout her nursing career and she denies that she took Darvocet from her previous place of employment. However, she understands that she had an invalid prescription for Darvocet and Darvocet was missing from her last place of employment. She is willing to accept the consequences for her actions. She also states that she will continue to follow the treatment recommendations of her physician (Dr. Turk) for fibromyalgia syndrome.

The specific substance abuse test (SASSI-3) classifies Ms. Oates as "low probability of having a substance dependence problem". However, she answers the questions in a manner consistent with individuals who may abuse/misuse substances rather than consistent with individuals who are dependent on substances.

Given the above information, I have the following diagnostic impressions and treatment recommendations:

INITIAL DIAGNOSTIC IMPRESSION:

AXIS I (1) 292.9 Opioid (Darvocet) Work Related Disorder

AXIS II V71.09 No Diagnosis

AXIS III Medical evaluation deferred to Dr. Turk.

AXIS IV Severity of Psychosocial Stressors Moderate (4) Stressors include money, work and family issues.

AXIS V Global Assessment of Functioning Past Year - Unknown Current - 65

PROGNOSIS: Good.

Franciscan PHYSICIAN Network

Valparaiso Health Center
2421 LaPorte Avenue
Valparaiso, IN 46383
(219) 462-6192
Fax: (219) 464-2585

MICHAEL MANAKAS, D.O.
Lic# 02000642A
RICHARD TURK, D.O.
Lic# 02000643A

℞

NAME Kim Oates DATE 11/15/07

ADDRESS _____ TEL: _____

To whom it may Concern:

Ms. Oates has received pain prescriptions for Darvocet according to her medical records from previous physician

Dr. _____
Dispense As Written

Dr. _____
May Substitute

REFILL _____ TIMES

Franciscan PHYSICIAN Network

Valparaiso Health Center
2421 LaPorte Avenue
Valparaiso, IN 46383
(219) 462-6192
Fax: (219) 464-2585

☐ Michael [illegible]
Lic# 02000642A

☑ Richard Turk D.O.
Lic# 02000643A

DEA # AT8172964

PATIENT NAME Kimberly Oates DATE 3/17/08

ADDRESS

Initial Quantity
☐ 1-24
☐ 25-49
☐ 50-74
☑ 75-100
☐ 101-150
☐ 151 and over

Darvocet N100 # 180
Sig: ÷ q 3-4 hr
p sweep pain

Refill NR 1 ~~2~~ ~~3~~ ~~4~~ 5 Void After [signature]

Professional Licensing Agency
att Nurse Board.

My license has been held for approx 1.5 years I have not worked I have been ill. I spoke c my attorney and he told me to just talk to you in RI if It is good or not. Last letter I recieved from my attorney stated there was still no decision. I would like to know if I could still apply since its like from October with it being in good standing. Please let me know as soon as possible. I would appreciate it.

Thank You
Kimberly E Oates

My nursing license # 28167940 A

RECEIVED
JAN 27 2010
Indiana Professional Licensing Agency

RECEIVED
FEB 09 2010
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
Nursing Board (Group 2)
402 W. Washington St. Room W072
Indianapolis, IN 46204

We work to keep you working
IPLA
Professional Licensing Agency

Kimberly Elizabeth Oates
505 Yellowstone Road
Valparaiso IN 46385

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency".

2/9/10 $100.00 3193653

EXPIRED REGISTERED NURSE RENEWAL

License Number	Date Expired	Expired Renewal Fee
28167960A	10/31/2009	**$100.00**

Kimberly Elizabeth Oates
505 Yellowstone Road
Valparaiso IN 46385

Mail To: Indiana Professional Licensing Agency
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	(YES) NO
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES (NO)
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES (NO)
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES (NO)
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	(YES) NO

Signature Of Applicant (respond Yes or No to all questions): Kimberly E Oates

Date Signed: 1-27-10

- Your **license can still be renewed online for approximately 18 months after expiration.** Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

RECEIVED
FEB 09 2010
Indiana Professional Licensing Agency

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

February 17, 2010

Kimberly Elizabeth Oates
505 Yellowstone Road
Valparaiso IN 46385

RECEIVED
MAR 02 2010
Indiana Professional Licensing Agency

NOTIFICATION

Please send legible positive response to questions 1 and 5 on renewal Include complete details, beginning, ending dates, whether ongoing to what happened and any legal documents that may be helpful

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,
Janet Cassidy Case Manager

Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

Grice, Lori

From: Stacy A [nurse_stacya@yahoo.com]
Sent: Sunday, March 07, 2010 2:26 AM
To: Group 02
Subject: Renewal
Attachments: --static--bg_daisygreen_1.gif

Hi
I am sending this in response to the questions on the renewal of my RN. I answered yes to whether i have been terminated. I was terminated from TRI-CAP because i called my boss and told her i had stolen 4 lortab and 4 xanex from a co workers purse. I am an the process of dealing with a Theft charge so that caused me to answer yes to another question.
Since that time, I returned to treatment at stepping stone in evansville and completed inpatient treatment. Please call if you have any questions 812-454-9158
oh, and i am not working in nursing at this time!
Sincerely,
Stacy Anderson

28B0487A

1405 Denning
Evansville IN 47714

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Stacy Anderson
1405 Henning
Evansville, IN 47714

Dear Ms. Anderson:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing is currently on expired status and we did not receive your positive response explanation until 3/7/10.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Kimberly Singleton
1407 Clear Creek Trail
North Manchester, IN 46952

Dear Ms. Singleton:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing is currently on expired status and we did not receive your positive response explanation until 3/9/10.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Grice, Lori

From: Kimberly Singleton [berlysue75@yahoo.com]
Sent: Tuesday, March 09, 2010 7:05 PM
To: Group 02
Subject: Positive Response

March 9, 2010

Indiana State Board of Nursing,

I was employed as an Registered Nurse at Grace Village from 07/19/2007 to 10/31/2007. On October 31, 2007 my DON called me at my home and terminated my employment. I do not recall the DON's name at this time. The DON received a report of concern from another employee regarding my personal conduct during patient care that occurred the previous 1 or 2 days I had worked. I was assisting two CNA's transfer and provide peri care to a male resident in the resident's personal bathroom. This resident was holding onto the grab bar on the wall and leaning back away from the aid and myself. Due to the resident doing this prior to transferring the resident I explained to the resident that I knew due to his Parkinson's he can not control a lot of his muscles but can control some of his movements and if he could try his best to relax and trust myself and the two CNA's transferring him would be much easier. Myself and one the CNA's were transferring the resident off the toilet. The second CNA was holding the resident's wheelchair. The resident urinated onto the bathroom floor while being stood up off the toilet and being transferred to the wheelchair. I told the two CNA's, "He peed on the floor, my shoe, and pants. Be careful or we will slip on the floor.". The DON told me that another employee in the hall by this residents room heard me talking to the resident and reported I was yelling at the resident and said the resident had pissed on the floor. I explained the resident was hard of hearing so I did speak louder the resident, but was not yelling at the resident. I also said the resident had peed on the floor not pissed. I was told regardless I was being terminated. Prior to my termination I had never received any verbal or written warnings related to my job performance or a poor evaluation indicating my need of improvement.

I was employed as an Registered Nurse at Peabody Retirement from February 2008 to April 2008. My employment was terminated due to a written warning for failure to change a residents H20 bottle on the oxygen concentrator and not following up with a residents skin breakdown issue. I explained that on the assigned day to change H20 bottles not every resident needed a new H20 bottle and therefore I would change it on the day it needed it. I had thought my supervisor ,which was working the weekly skin sheets, was addressing the residents skin issue. I understand now proper communication with my supervisor would had prevented the skin issue from not being followed up on.

I was employed at Miller's Merry Manor from April 2008 to April 2009. I was off work during April 2009 due to knee surgery for my left knee fracture that occurred at work in November 2008. After being off work for three weeks and paid by Workman's comp. I was terminated and told it was due to job performance. I had received no verbal or written warnings regarding my job performance prior to termination. I had received a satisfactory job evaluation in November 2008 and was given a raise of $ 0.25 per hours at that time. I filed for unemployment and the State ruled I was terminated without just cause due to Miller's Merry Manor not provided required paperwork to justify my termination.

I hope this is sufficient details explaining my positive response.

Sincerely,

Kimberly Sue Singleton lic. issued 7/25/07

1407 Clear Creek Trail
North Manchester, IN 46962

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 26, 2010

LaDonna Harris
5560 Johnson St.
Merrillville, IN 46410

Dear Ms. Harris:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing in Indiana is currently on expired status and you indicated a positive answer to question 3 for which the Board would like more information

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all renewals with a positive response!

Name LaDonna Harris

License number 28182553A

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Web renewals Online renewal 3/15/10 Pos to. # 3

Date letter sent for positive response statement: date sent_____

Date positive response statement submitted date recd 3/26/10

Hold(s) date released_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes ✓ No_____

Decision after personal appearance if applicable:_____

_____

5560 Johnson St.
Merrillville IN 46410

Krawczyk, Joyce

From: Grice, Lori on behalf of Group 02
Sent: Friday, March 26, 2010 8:38 AM
To: Krawczyk, Joyce
Subject: FW: License Renewal

From: La Donna Harris [mailto:smrtchc1@yahoo.com]
Sent: Thursday, March 25, 2010 12:31 PM
To: Group 02
Subject: License Renewal

Attention Joyce

I am submitting this email to further explain the "yes" response on my renewal application. During the past year my identity was stolen. I found this out during a routine traffic stop. Subsequently, I have been paying a lawyer to fight this "felony" case and prove that my identity was stolen and my innocence in the whole matter. Unfortunately, due to unforeseen financial obligations I could no longer pay a lawyer. In my best interest my lawyer advised me to take a deal that would convert the charge to a misdemeanor once I have completed probation. My probation will be complete 07/10. I have no further arrest record or criminal history. I am also a licensed RN in Illinois. Please feel free to email me with an question or if you need any more details

&n

bsp; Thank You La Donna Harris RN

Set for PA

Indiana Professional Licensing Agency
Nursing Board (Group 2)
402 W. Washington St. Room W072
Indianapolis, IN 46204

We work to keep you working
IPLA
Professional Licensing Agency

Judith
~~Judity~~ Anne Ballard
812 ~~804~~ North Central Avenue
Muncie IN 47303

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency". Pd. 11/13/2009 ck #1776

EXPIRED REGISTERED NURSE RENEWAL

Indiana License Renewal Application

Judith
~~Judity~~ Anne (Ballard) Eby, RN
812 ~~1010~~ N. Central Avenue
Muncie IN 47303

812 N Central Ave

Mail To: **Indiana Professional Licensing Agency**
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form.
Failure to answer questions and/or sign the renewal form WILL delay your renewal.

License Number	Date Expired	Expired Renewal Fee
28088094A	10/31/1991	$100.00 Pd.

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending? 1999	(YES)	NO
2. Have you been denied a license, certificate, registration, or permit in any state?	YES	(NO)
3. Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending? misdemeanor 1999; 2003	(YES)	NO
4. Have you had a malpractice judgment against you or settled a malpractice action?	YES	(NO)
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? 1999, 2003	(YES)	NO

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

Signature Of Applicant (respond Yes or No to all questions): Judith Anne Ballard-Eby

Date Signed: 03/23/2010

- Your **license can still be renewed online for approximately 18 months after expiration.** Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

March 23, 2010

IPLA
402 W Washington St. Room W072
Indianapolis, IN 46204

RE: 28088094A
Expiration Date: 10/31/1991

Attention: Joyce Krawczyk, Case Manager
Indiana State Board of Nursing

Dear Joyce,

I do apologize for taking so long to gather all the documentation needed to complete my request. My assignment in WV was extended so I just recently returned to Indiana. Your letter had not been forwarded to me so did not receive it until I returned.

For some reason there's been a typographical error on my first name. You have it as Judity and it's actually Judith . Would you please be so kind to change this? The address on the IPLA application is also incorrect. My correct address is below and I have corrected this on the application as well.

I hope that I have enclosed all the necessary paperwork that you require.. If you have any questions, please contact me @ 765-717-8689.

Please Note: As of March 29, 2010, I will be in Tennessee on a nursing travel assignment until the end of June. Please send my license to my ***mailing*** address: Judith A Eby, RN
2544 Vintage Drive, Apt 102
Cordova, TN 38108

Thank you very much.

Sincerely,

Judith Anne Ballard - Eby RN

Judith Anne Ballard-Eby, R.N.
812 N Central Ave
Muncie, IN 47303

March 23, 2010

IPLA
402 W. Washington Street Room W072
Indianapolis, IN 46204

To Whom it May Concern:

I had misdemeanor charges for some hot checks written in Bexar County, TX, back in 1999. This was when I was out of work due to an auto accident. My land payment was not to have been taken out of my account for 45 days & also only one payment. They took 2 payments out in 15 days causing some checks to show NSF. When I found out, my now ex-husband stated he would take care of the matter. Whenever I would ask him about it, he told me he had taken care of the matter & not to worry about it. As it turned out, he hadn't. The matter was taken care of by me as soon as I was aware that it had not been resolved. All restitution was made & the matter cleared with the court as ordered. There were also misdemeanor charges in Bandera County, TX in August, 1999 for alleged cruelty to animals. I was in the hospital due to same accident & had asked my ex- husband's cousins to feed & water my horses while I was recovering, which they agreed they would do. We were providing the feed & paying them to go feed them each evening. I found out, much to my chagrin, that they had neglected my horses. I turned the horses over to the vet, paid restitution, & completed all requirements set by the court.

I have learned not to trust anyone unless I see proof & have it in writing that the things requested have been done. I always make sure I have enough money in my bank account to cover any checks I have written & do not allow any automatic withdrawals from my account.

The Texas Board of Nursing had sanctioned me in 1999 for allegedly taking money from a client. I had just sold a litter of 6 registered kittens @ $275.00 each, so did not need any money. What the client told me @ the time was that she needed to withdraw the money for "a drug debt" so her "dealer would not come after her". She cashed the check herself & went about her business. The other person, who stated in a letter to the BNE that he was coerced by my then employer to file charges, stated he was paid back in a timely manner. I was under a lot of duress @ the time but I learned that, no matter what, you do not get close to the clients , you do not let them become friends & NEVER borrow money. I had nothing before on any of my licenses & nothing since.

I have enclosed a copy of all the records . If you have any concerns or questions, please call me @ either number provided below.

Sincerely,

Judi Eby RN

Judi Ballard-Eby, R.N.
812 N Central Ave.
Muncie, IN 47303

765-717-8689 Cell
765-288-2426 Home

RECEIVED
MAR 25 2010
Indiana Professional
Licensing Agency

300.00 8

F: ~~$680.00~~; CC: $165.00; Jail: 30 days; Jail Suspended: 30 days; Probation: ~~6~~ months; ~~Restitution: $284.00;~~ P.Fee: $30.00 mo.

NO. 5980-99

THE STATE OF TEXAS	§	IN THE COUNTY COURT
	§	
VS.	§	OF
	§	
JUDITH A. EBY	§	BANDERA COUNTY, TEXAS

JUDGMENT AND PROBATION SENTENCE

On July 6, **1999,** came on to be heard and considered the above entitled and numbered cause, and the above named Defendant, **JUDITH A. EBY,** appeared in person and **waived his/her right to representation by counsel, and represented by his/her attorney of record** N/A, and the County Attorney appeared for the State, and both parties announced ready for trial; and the Defendant waived a trial by jury and entered a plea of **guilty/nolo contendere** to the charge contained in the information, and submitted the decision of the cause to the Court; thereupon, the Court admonished the Defendant of the consequences of such plea, but the Defendant persisted in pleading **guilty/nolo contendere**, and, after due inquiry, it plainly appearing to the Court that the Defendant is sane and is uninfluenced by any consideration of fear, by an persuasion or delusive hope of pardon prompting him/her to confess his/her guilt, the said plea of **guilty/nolo contendere** was received by the Court.

The Court, having heard the information read, the evidence adduced, and the plea of Defendant, finds that the said Defendant is guilty of the offense of **Cruelty to Animals**, date of offense being **June 28, 1999,** and that punishment be fixed at confinement in the Bandera County Jail for the time period stated below, a fine in the amount stated below, and all costs of this prosecution expended.

And said Defendant, being asked whether Defendant had anything to say why sentence should not be pronounced against Defendant, answered nothing in bar thereof, and it appearing to the court that Defendant is sane, the Court thereupon proceeded in the presence of Defendant to pronounce sentence against Defendant. The Court finds that there is sufficient information in the record to permit the meaningful exercise of sentencing discretion; further, the Defendant requests that a presentence investigation and report not be made.

CERTIFIED TRUE AND CORRECT COPY CERTIFICATE
STATE OF TEXAS, COUNTY OF BANDERA
The document to which this certificate is affixed containing 1 of 5 pages, is a full, true and correct copy of the original on file and of record in my office.
APR 30 2009
ATTESTED:
CANDY WHEELER, COUNTY CLERK
BANDERA COUNTY, TEXAS
BY _____ DEPUTY

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that:

1) Defendant pay a fine in the amount of ~~**SIX HUNDRED AND NO/100 DOLLARS ($600.00)**~~. Three Hundred and 00/100 ($300)

2) Defendant pay all costs of this prosecution expended in the amount of **ONE HUNDRED SIXTY-FIVE AND NO/100 DOLLARS ($165.00).**

3) Defendant be and is hereby sentenced to confinement in the Bandera County Jail for a period of **thirty (30) days.**

4) Defendant is hereby remanded to the custody of the Sheriff of Bandera County, Texas, until this sentence is fully satisfied as required by law.

Defendant's fine and court costs shall be payable as follows:

X Payment of Costs of $165.00 on or before 7-06-99.

___ Payment of Costs of $_____ in _____ ( ) monthly installments of $_____ commencing on _____, until paid.

___ Payment of Fine of _____ on or before _____.

X Payment of Fine of $300.00, in ~~X~~ 8 monthly installments of $~~30~~ 50.00 commencing on Aug. 06, 1999 and a like payment due on the same day of each successive month until paid.

___ Payment of Fine and Costs of $_____ in monthly installments of $_____ commencing on _____ and a like payment due and payable on the same day of each successive month until paid. Such payment shall be applied to costs first.

ATTESTED: CANDY WHEELER, COUNTY CLERK BANDERA COUNTY, TEXAS BY _____ DEPUTY

COUNTY COURT OF TEXAS BANDERA COUNTY

The document to which this certificate is affixed containing 2 pages, is a full, true and correct copy of the original on file and of record in my office. APR 30 2009

The Defendant is further ORDERED to notify the County Clerk of Bandera County, Texas, of any change in address within ten (10) days of such change.

It further appearing to the Court that said Defendant filed with the Clerk of this Court, prior to the trial of this cause, a written application for probation; that said Defendant had not been granted probation, nor been under the Misdemeanor Probation Act of Texas or any probationary act in the preceding five years, and that the ends of justice and the best interest of society and of said Defendant will be served by granting probation, IT IS, THEREFORE, ORDERED by the Court that the execution and imposition of sentence of confinement above stated be suspended and that said Defendant be placed on **community supervision** for a period of ~~**six (6)**~~ **months**, the terms and conditions of such community supervision being as follows:

-That said Defendant commit no offense against the laws of this or any State of the United States;

-That said Defendant report his arrest, including traffic tickets within **ten (10) days** of the offense to the Community Supervision Officer;

-That said Defendant avoid injurious or vicious habits including possession of any non-prescription controlled substance;

-That said Defendant avoid persons or places of disreputable or harmful character;

-That said Defendant support Defendant's dependents, if any;

-That said Defendant submit a copy of Defendant's fingerprints to the Sheriff's Office of Bandera County, Texas;

-That said Defendant work faithfully at suitable employment as steadily as possible;

-That the Defendant not operate a motor vehicle in Texas without a valid Texas driver's license and proof of a valid policy of automobile liability insurance as required by law;

-That said Defendant remain in the State of Texas except by permission from the Community Supervision Officer, or until further order by the Court;

-That said Defendant report to the Community Supervision Officer having jurisdiction for Bandera County, Texas, on or before **ten (10) days** after the date of entry of this Judgment, and monthly on or before the 15th day of the month and as directed at such other times thereafter by said Community Supervision Officer;

-That said Defendant pay forthwith a Community Supervision Fee of **~~Thirty and No/100 Dollars ($30.00)~~** per month for the period of community supervision; $15.00

-That said Defendant shall participate in any and all other programs required by the Community Supervision Officer;

-That said Defendant shall permit the Community Supervision Officer to visit the Defendant at Defendant's home, work, or elsewhere at any and all times;

-That said Defendant submit to an assessment/evaluation, as may be directed by his Community Supervision Officer, with Hill Country Council on Alcohol and Drug Abuse, Inc. for treatment, the appropriateness of alcohol or drug rehabilitation, within **forty-five (45) days** of this judgment, and that said Defendant

CERTIFIED TRUE AND CORRECT COPY CERTIFICATE
STATE OF TEXAS, COUNTY OF BANDERA
The document to which this certificate is affixed containing 3 pages, is a full, true and correct copy of the original on file and of record in my office.
APR 30 2009
ATTESTED:
CANDY WHEELER, COUNTY CLERK
BANDERA COUNTY, TEXAS
BY _____ DEPUTY

submit to, comply with, and successfully complete any alcohol or drug rehabilitation program reported through the assessment/evaluation and recommended by the Community Supervision Officer and pay said costs.

-That said Defendant attend a Maintenance Education On Substance Abuse (MESA) program given by the Hill Country Council on Alcohol and Drug Abuse, Inc. as may be directed by his Community Supervision Officer, and pay said costs.

-That said Defendant not possess or consume any alcoholic beverage during the period of community supervision;

-That said Defendant submit to urine, blood, or breath specimen when required by the Community Supervision Officer, and pay the costs for said tests;

RESTITUTION:

___ IT IS FURTHER ORDERED THAT DEFENDANT SHALL MAKE RESTITUTION IN THE AMOUNT OF **$284.00** ON OR BEFORE _____, BY MAKING SAID PAYMENT TO THE **BANDERA COUNTY CLERK.** BANDERA COUNTY CLERK TO MAKE PAYMENT TO:

$150.00 - Bandera Veterinary Clinic
$100.00 - John Bruce
$ 34.00 - Bandera County, Texas

___ IT IS FURTHER ORDERED THAT DEFENDANT SHALL MAKE RESTITUTION IN THE AMOUNT OF **$284.00** IN MONTHLY INSTALLMENTS OF $_____ COMMENCING ON _____ AND A LIKE PAYMENT DUE AND PAYABLE ON THE SAME DATE OF EACH SUCCESSIVE MONTH UNTIL PAID, BY MAKING SAID PAYMENT TO THE **BANDERA COUNTY CLERK.** BANDERA COUNTY CLERK TO MAKE PAYMENT TO:

$150.00 - Bandera Veterinary Clinic
$100.00 - John Bruce
$ 34.00 - Bandera County, Texas

SIGNED and **ENTERED** on the date first mentioned above.

PRESIDING JUDGE
Bandera County, Texas

CERTIFIED TRUE AND CORRECT COPY CERTIFICATE
STATE OF TEXAS, COUNTY OF BANDERA
The document to which this certificate is affixed containing 4 of 5 pages, is a full, true and correct copy of the original on file and of record in my office.

APR 30 2009

ATTESTED: 4
CANDY WHEELER, COUNTY CLERK
BANDERA COUNTY, TEXAS
BY _____ DEPUTY

Eby.CRU/Jud.Disk-June99

DEFENDANT'S RECEIPT

Receipt is hereby acknowledged on the date of entry thereof, of one copy of the above and foregoing Order.

Judith A. Eby,
JUDITH A. EBY, Defendant

Defendant's Right Thumb print

Attorney for the Defendant

FILED
6 Day of July A.D. 19 99
O'Clock M
Clerk Bandera County, Texas
D

CERTIFIED TRUE AND CORRECT COPY CERTIFICATE
STATE OF TEXAS, COUNTY OF BANDERA
The document to which this certificate is affixed containing 5 of 5 pages, is a full, true and correct copy of the original on file and of record in my office.

APR 30 2009

ATTESTED:
CANDY WHEELER, COUNTY CLERK
BANDERA COUNTY, TEXAS
BY [signature] DEPUTY

Eby.CRU/Jud.Disk-June99

FILED IN MY OFFICE
GERRY RICKHOFF
COUNTY CLERK BEXAR CO.
2004 APR -1 P 1:08

CAUSE NO. 764828

THE STATE OF TEXAS

VS

JUDITH A. EBY

IN THE COUNTY COURT

AT LAW NO. 9

BEXAR COUNTY, TEXAS

COURT ORDER

TERMINATION FROM COMMUNITY SUPERVISION

OFFENSE: THEFT $20-$500-CHECK

[X DEF. ADJ [ ] REGULAR

It appearing to the Court after considering the report made by the defendant's community supervision officer and other matters and evidence in this cause in which the Community Supervision term has expired or would have expired on March 28, 2004.

It is the ORDER of the Court that the Community Supervision in this cause is hereby terminated and the cause is thereby dismissed.

Rita F. Garcia

RITA F. GARCIA
COMMUNITY SUPERVISION OFFICER
BEXAR COUNTY CSCD

Entered this the 1st day of April, A.D., 2004.

HONORABLE OSCAR KAZEN,
JUDGE, COUNTY COURT AT LAW NO. 9
BEXAR COUNTY, TEXAS

VOL 11796 PG 0226

FUG

01 CC 764828

CRIMINAL DOCKET

COUNTY COURT AT LAW #_____ BEXAR COUNTY, TEXAS

GERRY RICKHOFF

BEXAR COUNTY CLERK

THE STATE OF TEXAS

VS

EBY, JUDITH A

05/27/99 THEFT $20-$500 - CHECK

CC9 CAUSE: 764828 TYPE:

SID: 0747798 JN: 0884146 DOB: 08/07/44

DATE	ORDERS OF THE COURT
3-4-03	mailed court date to def set for 3/28/03
03-28-03	NC + DA + $O + CC + 1yr DA + rest to DA's Hot ckn scr
	$ 540.23/yr + 24 hrs CS
3-28-03	CRT DEF RT OF APPL
5/29/03	S/R - Waive 24 CSR sanction due to disability.
4-1-04	dsmd def adj

ATTORNEY: Timothy Stewart

BAR NO: 24028094 PH# 7310246

ATTORNEY:

BAR NO: PH#

COURT COST: 28 | ATTY FEES: 100

TOTAL:

PENDING CASES:

JAIL TIME CREDIT:

DATE FILED: AUG 3 1 2000 CAPIAS ISSUED: AUG 3 1 2000

RIGHT THUMB

SIGNATURE

P.O.C. Vinglass

(JSC22A)

CC CC9

DEED BOOK VOL. 0 PAGE 0

CAPIAS PRO FINE --- DEFERRED ADJUDICATION

REST TO DA'S HOT CHECK SECTION OF $540.33, SUP FEE $50.00, 24HRS CSR

THE STATE OF TEXAS JUDGMENT CAUSE NO. 764828

VS. OFFENSE THEFT $20-$500 - CHECK

JUDITH A EBY

TO: THE SHERIFF OR ANY CONSTABLE OF BEXAR COUNTY-GREETINGS:

ON THE 28TH OF March, 2003, THE DEFENDANT JUDITH A EBY IN THE ABOVE STYLED AND NUMBERED CAUSE WAS CALLED. THE STATE OF TEXAS APPEARED BY HER ASSISTANT CRIMINAL DISTRICT ATTORNEY, NICOLE E THORNBRO. THE DEFENDANT JUDITH A EBY APPEARED IN PERSON, AND BY COUNSEL, TIMOTHY T STEWART.

HAVING BEEN DULY ARRAIGNED, THE DEFENDANT ENTERED A PLEA OF NOLO CONTENDERE TO THE OFFENSE OF THEFT $20-$500 - CHECK AS CHARGED IN THE INFORMATION. AND THE DEFENDANT IN OPEN COURT WAIVED HER RIGHT TO TRIAL BY JURY. WHEREAS, ON THE 28TH OF March, 2003, THE COURT, AFTER RECEIVING DEFENDANT'S PLEA, AFTER HEARING THE EVIDENCE SUBMITTED, THE COURT DEFERRED FURTHER PROCEEDINGS WITHOUT ENTERING AN ADJUDICATION OF GUILTY, PLACED THE DEFENDANT ON PROBATION FOR A TERM OF 1 YRS, CONDITIONED THAT SAID DEFENDANT SHALL PAY ALL FINES AND COSTS HEREIN BELOW DESIGNATED:

CLERK	TRIAL	D.A.	CSA	LEOCE	STENO	JCPT	CVC	CJP
40.00	0.00	25.00	0.00	0.00	0.00	2.00	35.00	0.00

FINE	SHERIFF	APPT ATTY	CS	OCL	CCC	PA	JCD	TP
0.00	70.00	100.00	3.00	0.00	40.00	5.00	0.50	25.00

CR	JP	RM P	OTHER	CE	CMIT	DNA	GRAND TOTAL
0.00	15.00	20.00	0.50	0.00	0.00	0.00	381.00

HEREIN FAIL NOT, UNDER PENALTY OF LAW, BUT THE WRIT AND YOUR SERVICES THEREON MAKE DUE RETURN WHEN SAID ORDER HAS BEEN PERFORMED.

WITNESS, GERRY RICKHOFF, CLERK, COURT AT LAW NO. CC9, AND SEAL OF SAID COURT, OF BEXAR COUNTY AT MY OFFICE IN SAN ANTONIO, TEXAS, THIS 28TH OF March, 2003.

CC764828

GERRY RICKHOFF
CLERK, COUNTY COURT AT LAW NO. CC9
BEXAR COUNTY, TEXAS

BY _____ DEPUTY

SHERIFF/PROBATION

CAUSE NO. 764,828

FILED IN MY OFFICE
GERRY RICKHOFF
COUNTY CLERK BEXAR CO.
2003 MAY 29 P 12:40

THE STATE OF TEXAS § IN THE COUNTY COURT

VS. § AT LAW NO. 9, OF

JUDITH EBY § BEXAR COUNTY, TEXAS

SUPPLEMENTAL REPORT

On March 28, 2003, the defendant, Judith Eby was granted one year probation for the misdemeanor offense of Theft $20-$500 Check.

Since being granted probation, the Honorable Court ordered that the defendant perform 24 CSR hours. However, the defendant submitted documentation, advising the court that she is disabled and on various medications. Please see attached documents. The APO requests that the court waive 24 hours of CSR.

Would the Honorable Court wish to consider any of the following:

1. Waive 24 hours of community service restitution.

2. Other

The foregoing report is respectfully submitted to the Honorable Court.

SUBMITTED: 5/27/03

RETURNED: 5/29/03

Charlena Vinglass

CHARLENA VINGLASS
SUPERVISION OFFICER

Approved:
/s/ L. Caesar Garcia

L. CAESAR GARCIA
CHIEF SUPERVISION OFFICER
BEXAR COUNTY CSCD

BEXAR COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
CONDITIONS OF MISDEMEANOR ADULT PROBATION

VOL.: _____
PAGE: _____

ORDER DEFERRING [redacted]URICATION OF GUILT AND GRANTING ADULT [redacted]BATION (NON-JURY)

NO: 764,828

THE STATE OF TEXAS

VS

JUDITH EBY

FILED IN MY OFFICE
GERRY RICHMOND
COUNTY CLERK BEXAR CO.

OF THE COUNTY COURT
AW NO. 9 , OF
BEXAR COUNTY, TEXAS
OFFENSE: THEFT $20-$500 CHECK

On this the 28TH day of MARCH, A.D., 2003, in the above numbered and entitled cause, said appeared in open court the State by her District Attorney, and the defendant, JUDITH EBY in person and by counsel, , for the purpose of a hearing on said defendant's application for Adult Probation. After receiving a guilty plea entered by defendant on MARCH 28, 2003, hearing the evidence and finding that it substantiates the defendant's guilt deferri further proceedings without entering an adjudication of guilt, the Court is of the opinion that probation should granted.

THEREFORE, IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that without entering an adjudication of guilt the defenda is hereby placed on Probation for a term of 1 YEAR, effective MARCH 28, 2003 conditioned that said defendant:

1. Neither commit nor be convicted of any offense against the Laws of the State of Texas; or any other State of the United States of America;
2. Avoid injurious or vicious habits and abstain from the illegal use of controlled substances, dangerous drugs, nor use alcoholic beverages; will submit to urinalysis instanter as directed by the Court Supervision Officer, and/or a duly authorized agent of the Court and pay a one-time Urinalysis Fee of $20.00 within 90 days from and after MARCH 28, 2003 through the Bexar County Community Supervision and Corrections Department;
3. Avoid places and persons of harmful or disreputable character, including places where controlled substances and dangerous drugs are illegally possessed, sold and used and not associate with persons of criminal records;
4. Obtain and keep gainful employment in a lawful occupation; the defendant will tender all financial documents if ordered by Court and/or the Community Supervision Officer;
5. Report, in person, to the Supervision Officer of Bexar, Texas, on the 1ST APPT day of each month, and when said day of the month falls on a Saturday, Sunday, or legal holiday, then you will report on the next working day, and conduct yourself in a proper and orderly manner;
6. Permit the Supervision Officer, or his Assistants, to visit you at your home, or elsewhere;
7. Remain within Bexar County, Texas, unless permitted in writing to depart by the Court and/or by the Supervision Officer;
8. Not leave the State of Texas, without the written consent of this Court filed among the papers of the cause;
9. Support your dependents that you now have or that you may acquire during the term of this probation;
10. Report any change OF address, change of job or arrest to the Supervision Officer within 48 hours;
11. Pay the Court Cost in the amount of $281.00, within 10 MONTHS from and after 3/28/03 through the Bexar County Community Supervision and Corrections Department; payments will be at the rate of $;
11a. Pay the Court Cost/Fine in the amount of $, within days from and after through the Bexar County Community Supervision and Corrections Department;
12. Pay Restitution in the amount of $540.33, through the Bexar County Community Supervision and Corrections Department at the rate of $54.03 per month, payment due and payable on 4/28/03, and continuing until the amount of Restitution has been paid;
13. Pay an Administrative Fee to the County Court at Law No. 9 , Bexar County, Texas, through the Bexar County Community Supervision and Corrections Department in the amount of $50.00 per month, beginning 4/28/03 and continuing during the term of the probation;
14. Pay a Fine in the amount of $, through the Bexar County Community Supervision and Corrections Department at the rate of $ per month, payment due and payable on , and continuing until the amount has been paid;
15. Pay Court Appointed Attorney Fees in the amount of $100.00, within 10 MONTHS from and after APRIL 28, 2003 through the Bexar County Community and Corrections Department until the amount of Court Appointed Attorney fees has been paid;
16. Will immediately report to and apply for Career Orientation at The Bexar County Justice Center, Central Jury Room, 300 Dolorosa at 6:00p.m. on .
17. The defendant will submit to a period of detention in the Bexar County jail to serve a term of inprisonment no to exceed 30 days; period of detention shall be for ____ to begin ___. Upon completing the term of inprisonment the defendant will immediately report to the Bexar County Community Supervision and Corrections Department.

Having been placed on probation, you are to comply with all directions of the Court and/or the Bexar County Community Supervision and Corrections Department, in that you are to comply with all treatment, testing, rules and instructions directed by the head of or authorized personnel of the above agencies. You will remain in the above programs until discharged

JUDGE PRESIDING

You are hereby advised that under the Laws if this State, the Court shall determine the Terms and Conditions of your Adult Probation and may at anytime during the period of your probation, alter or modify the terms and conditions of your probation. THE COURT, ALSO, HAS THE AUTHORITY, AT ANY TIME DURING THE PERIOD OF YOUR PROBATION TO REVOKE SAME FOR VIOLATIONS OF ANY OF THE CONDITIONS OF YOUR PROBATION SET OUT ABOVE. The Court has placed you on probation, believing that if you sincerely try to obey and comply with the conditions of your probation, your attitude and conduct will improve to the benefit of the public and of yourself. I acknowledge receipt if a copy of the Condition of Adult Probation and fully understand same.

X Judith A. Eby
DEFENDANT

Address: HC3, Box 320A
Lakeside, TX 78063

Charlena Vaughan
SUPERVISING OFFICER
BEXAR COUNTY COMMUNITY SUPERVISION AND CORRECTION DEPARTMENT
601 Dolorosa
San Antonio, Texas 78207 335-7200

A copy furnished to the above-named Defendant and noted on the docket this 31ST day of MARCH, A.D., 2003.

Clerk, County Court at Law No. 9
Bexar County, Texas

VOL 6613 PG 0091

CAUSE NO. 764,828

THE STATE OF TEXAS § IN THE COUNTY COURT

VS. § AT LAW NO. 9, OF

JUDITH EBY § BEXAR COUNTY, TEXAS

ATTACHMENT

Condition No. _: Defendant will immediately within 30 DAYS report to/apply for :

( ) A. COMMUNITY ALLIANCE FOR TRAFFIC AND SAFETY (CATS), 7719 PIPERS LANE, 681-8655.
( ) B. PROFESSIONAL ASSOCIATES FOR COUNSELING AND EVALUATION 5430 FREDERICKSBURG RD. STE. 614, 340-2436.
( ) C. KILDAY COUNSELING 8209 ROUGHRIDER STE. 101 S.A., TX 508-0449 OR 655-7702.
( ) D. CONFLICT RESOLUTION COUNSELING(CRC), 4814 WEST AVE, 344-4110.
( ) E. ADULT PROBATION ALCOHOL COUNSELING SERVICES (APACS), 601 DOLOROSA.
( ) F. ADULT PROBATION STRESS EDUCATION (APSE), 601 DOLOROSA.
( ) G. ALCOHOL TREATMENT PROGRAM EVALUATION
( ) H. ALTERNATIVES TO SHOPLIFTING EDUCATION (ATSE), 601 DOLOROSA.
( ) I. BEXAR COUNTY ANTABUSE PROGRAM, 600 N. LEONA, 335-8953.
( ) J. SOUTH TEXAS OFFENDER PROJECT (STOP), 6323 SOVEREIGN DR. 366-2288
( ) K. DRUG OFFENDER EDUCATION PROGRAM. (SEE LIST)
( ) L. IMAGE COUNSELING CENTER, 301 S. PRIO STE 308, 270-4530.
( ) M. PARENTING EDUCATION, SEE LIST.
( ) N. TREATMENT ALTERNATIVE TO INCARCERATION PROGRAM (TAIP) 200 MAIN PLAZA.
( ) O. JOB COUNSELING 335-0039.
( ) P. GED COUNSELING 335-0025.

Condition No. _: NO HOI CONTACT ORDER: Defendant is prohibited from intentionally, knowingly, or recklessly communicating with: _____ whether by telephone, in writing, or in person in an offensive or injurious manner.

Condition No. _: ABSOLUTE NO CONTACT ORDER: Defendant is absolutely prohibited from communicating with: _____ whether by telephone, in writing, or in person.

Condition No. 18: Defendant will perform 24 hours of Community Service Restitution as determined by the Bexar County Community Supervision and Corrections Department. To begin by 4/28/03 at the rate of 8 hours per month.

Condition No. _: Defendant will report ONCE A WEEK or as scheduled by the Court through the Bexar County Community Supervision and Corrections Department: DWI Repeat Offenders Project (DROP)/Intensive Supervision Program.

Condition No. _: Defendant will immediately report to/apply within 30 days for a Certified DWI Education Program as directed by the Court and/or authorized by the Bexar County Community Supervision and Corrections Department.

Condition No. _: Defendant will immediately report to/apply within 30 days for the DWI Intervention Program as directed by the Court and/or authorized by the Bexar County Community Supervision and Corrections Department.

Condition No. _: Defendant will immediately report to/apply within 30 days for the DWI Victim Impact Panel as directed by the Court and/or authorized by the Bexar County Community Supervision and Corrections Department.

Condition No. _: Defendant will immediately report to/apply within 30 days for SR 22/32 as directed by the Court and/or authorized by the Bexar County Supervision and Corrections Department.

Condition No. 19: The defendant will pay a onetime fee of $5.00 through the Bexar County Community Supervision and Corrections Department, for the benefit of the Crime Stopper's Program, payment due and payable on 4/28/03.

Having been placed on probation, you are to comply with all directions of the Court and/or the Bexar County Community Supervision and Correctic Department, in that, you are to comply with all treatment, testing, rules and instructions directed by the head of or authorized personnel of the abc agencies. You will remain in the above programs until formally discharged.

X Judith A. Eby
DEFENDANT

3/31/03
DATE:

JUDGE PRESIDING

Charlena Vinglass
SUPERVISIONOFFICER

01613PG0092

*REPORT DIRECTLY TO: PROBATION OFFICE - 601 DOLOROSA, SAN ANTONIO, TEXAS 78207

APPLICATION FOR PROBATION / DEFERRED ADJUDICATION

CAUSE NO. 764828

THE STATE OF TEXAS X IN THE COUNTY COURT

VS. JUDITH EBY X AT LAW NO. 9

X BEXAR COUNTY, TEXAS

TO THE JUDGE OF SAID COURT:

Now comes the Defendant in the above styled and numbered cause, and praying that he be granted probation in said cause, would show the Court:

(1) That he/she has never before been convicted in this or any other jurisdiction of a felony.

(2) That he/she has fully executed, and has attached as an exhibit to this application, a "Defendant's Personal Data Sheet". each statement of which is true and correct and is made a part of this application as fully and to all intents and purposes as though incorporated in this the body thereof.

Judith A. Eby
DEFENDANT

THE STATE OF TEXAS X
COUNTY OF BEXAR X

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared the Defendant in the above styled and numbered cause, who being by me duly sworn, deposes and says on this oath that every averment in the foregoing petition and application for probation, and in the "Defendant's Personal Data Sheet", attached as an exhibit thereto, is true and correct, and that he/she understands and acknowledges that any untrue statement in said application, or in said exhibit, may be grounds for denial or revocation of any probation in said cause.

SID NO. 0747798

OFFENSE THEFT by check

CASE NO. 764828

Judith A. Eby
DEFENDANT

SUBSCRIBED AND SWORN TO BEFORE ME, this 26 day of March A.D. 20 03.

FINE 0

SENTENCE

PROBATED FOR 1 yr

COURT COSTS 281.00 CAA: 100.00

SUPERVISORY FEE 150.00

COMMUNITY SERVICE 24 hrs

RESTITUTION

AIDE

PAYMENT PERIOD

OTHER : need to DA's hot check section of $540.73

Evon R
BEXAR COUNTY DEPUTY CLERK

ATTY'S NAME Timothy Stewart

CAUSE NO. 74823

THE STATE OF TEXAS

VS.

JUDITH EBY

IN THE COUNTY COURT

AT LAW # 9

BEXAR COUNTY, TEXAS

DEFENDANT'S WAIVER OF CONSTITUTIONAL RIGHTS
AND COURT'S ADMONITIONS

I, JUDITH EBY, THE DEFENDANT, BEING PRESENT IN COURT IN PERSON, HEREBY WAIVE THE READING OF THE INFORMATION IN THE ABOVE NUMBERED AND STYLED CAUSE.

I UNDERSTAND THAT I AM CHARGED WITH THE OFFENSE OF: THEFT BY CHECK

I HEREBY ENTER A PLEA OF Nolo TO THIS CHARGE.
I AM INFORMED BY THE COURT AS FOLLOWS:

1. I understand the range of punishment for this offense is (Check one):

____ DWI 1st - $0 to $2000 fine and 72 hours to 180 days jail
____ DWI 2nd - $0 to $4000 fine and 30 days to one year jail
____ DWI Open Container - $0 to $2000 fine and 6 days to 180 days jail
____ DWLS - $100 to $500 fine and 72 hours to 180 days jail
____ Class A - $0 to $4000 fine and 0 days to one year jail
✓ Class B - $0 to $2000 fine and 0 days to 180 days jail
____ Class C - $0 to $500 fine
____ Other _____

2. I understand my right to a jury trial, cross-examination of witnesses and right to remain silent. I freely and voluntarily give up (waive) those rights;

3. I am now mentally competent. My plea is entered without any consideration of fear. I have not been threatened into making my plea. I have not been coerced into making my plea; it is freely and voluntarily made;

4. I am entering a plea of GUILTY to this charge because I am guilty and for no other reason;

5. If my plea is one of NOLO CONTENDERE, it is because I have considered all aspects of my legal situation and discussed them with my attorney and have determined that the entry of such plea is in my own best interest;

6. The punishment recommendation of the prosecuting attorney is not binding on the Court. The Court may accept or reject any plea agreement made between you and the State. If the Court rejects the plea agreement, you shall be permitted to withdraw your plea and no statement received during such plea hearing may be admitted against you on the issue of guilt or punishment in any subsequent criminal proceeding;

7. If the punishment assessed by the trial Court does not exceed the plea bargain, the trial Court must give permission to you in order to appeal any non-jurisdictional defect or error that occurred prior to the entry of the plea, unless the appeal relates to matters raised by written motions filed by you prior to trial and ruled upon by the Court;

8. If you are not a citizen of the United States of America, a plea of guilty or nolo contendere for the offense charged may result in deportation, the exclusion from admission to this country, or the denial of naturalization under federal law;

(OVER)

9. If an application for deferred adjudication is granted, upon revocation, if any, you may be arrested and detained. You will be entitled to a hearing limited to the determination by the Court of whether it proceeds with an adjudication of guilt on the original charge. No appeal may be taken from this determination. After an adjudication of guilt, all proceedings, including assessment of punishment, pronouncement of sentence, granting of community supervision, and defendant's appeal continue as if the adjudication of guilt had not been deferred;

I HAVE READ OR HAVE HAD READ TO ME THE ADMONITIONS AND STATEMENTS CONTAINED IN THIS DOCUMENT AND AM AWARE OF THE CONSEQUENCES OF MY PLEA OF GUILTY/NOLO CONTENDERE;

DATE: 3/28/03 DEFENDANT'S SIGNATURE: Judith A. Ebey

* *

I certify that I am the attorney of record for the above defendant. I waive the 10 days allowed by statute to prepare and elect to proceed today. I have counseled with the Defendant and have concluded that the Defendant has a rational, as well as factual, understanding of both the charge pending and this proceeding. Additionally, I have fully explained this waiver to my client and I am satisfied that in each instance the Defendant has voluntarily relinquished a known right and is aware of the consequences of this plea. I join in the Defendant's waiver of the right of trial by jury.

DATE: 3/28/03 ATTORNEY FOR THE DEFENDANT

* *

The application to waive the Jury is approved and my consent is hereby given and entered of record. The Court having considered the foregoing plea of the Defendant, it appears to the Court that the Defendant is mentally competent. The Court having duly admonished the Defendant of the consequences of his plea, the Court accepts the Defendant's plea and hereby approves this Defendant's Affidavit of Admonitions, and orders this plea, jury waiver, and plea bargain filed and entered upon the minutes of this Court.

SIGNED AND ENTERED THIS 28 DAY OF MARCH, 2003

JUDGE PRESIDING

* *

* *

"I have been advised this ____ day of _____, 20___, by the Court of my right to counsel in the trial of the charge pending against me. I have been further advised that if I am financially unable to employ counsel, one will be appointed for me free of charge. Understanding this, I wish to waive that right and request the Court to proceed with my case without any attorney being appointed for me. I hereby give up my right to counsel."

DATE: _____ DEFENDANT'S SIGNATURE: _____

The Court having given the Defendant the above admonition, hereby consents to Defendant's self-representation.

SIGNED AND ENTERED THIS ____ DAY OF _____, 20___.

JUDGE PRESIDING

BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS
****

In the Matter of License Number 553195	§	AGREED
issued to JUDITH ANNE EBY	§	ORDER

An investigation by the Board produced evidence indicating that JUDITH ANNE EBY, hereinafter referred to as Respondent, License Number 553195, may have violated Article 4525(b)(9), Revised Civil Statutes of Texas, as amended.

An informal conference was held on September 19, 2000, at the office of the Board of Nurse Examiners, in accordance with Section 301.464 of the Texas Occupations Code.

Respondent appeared in person. Respondent was notified of her right to be represented by legal counsel and elected to waive representation by counsel. In attendance were Sandra Owen, MSN, RN, Director of Professional Nursing Practice, Executive Director's Designee; Phong Phan, Assistant General Counsel; Anthony L. Diggs, MSCJ, Director, Enforcement Division; Casey England, Investigator; and Cynthia Barber, Investigator.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license.

2. Respondent waived representation by counsel, notice and hearing, and consented to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas.

4. Respondent received an Associate Degree in Nursing from Southwestern Michigan College, Dowagiac, Michigan, in May 1983. Respondent was licensed to practice professional nursing in the State of Texas in July 1989.

5. Respondent's professional employment history includes:

1980 - 1989	Staff Nurse Alpha Christian Registry New Buffalo, Michigan
1989 - 1990	Staff Nurse Visiting Nurse Association San Antonio, Texas
1990 - 1993	Charge Nurse Western Medical Services San Antonio, Texas
1993 - 1994	Staff Nurse Medina Community Hospital Home Health Hondo, Texas
1994 - 1999	Charge Nurse Center for HealthCare Services San Antonio, Texas
1999 - August 1999	Charge Nurse Starlite Village Hospital Center Point, Texas
August 1999 - March 2000	Not employed in Nursing
March 2000 - May 2000	Staff Nurse Patrician Movement San Antonio, Texas
June 2000 – Present	Unknown

7. At the time of the incident, Respondent was employed as a staff nurse with the Center for Health Care Services, San Antonio, Texas, and had been in this position for four (4) years and nine (9) months.

8. On or about December 7, 1998, while employed with the Center for Health Care Services, San Antonio, Texas, Respondent financially exploited patient D.B. by borrowing one hundred dollars ($100.00) from him. Respondent's conduct was likely to deceive, defraud, and injure patients and the public.

9. Formal charges were filed on April 12, 2000.

10. Formal charges were mailed to Respondent on April 17, 2000, via certified mail return receipt requested.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-.455, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.

3. The evidence received is sufficient to prove violations of Article 4525(b)(9), TEX. REV. CIV. STAT. ANN., and 22 TEX. ADMIN. CODE §217.13(19).

4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against License Number 553195, heretofore issued to JUDITH ANNE EBY, including revocation of Respondent's professional license to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Board of Nurse Examiners, that RESPONDENT SHALL receive the sanction of a Warning with Stipulations, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Revised Civil Statutes of Texas as amended, Texas Occupations Code §§301.001 *et seq.*, the Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.01 *et seq.* and this Order.

IT IS FURTHER ORDERED AN AGREED that this Order Shall be applicable to Respondent's multistate privilege, if any, to practice professional nursing in the State of Texas.

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL deliver the wallet-size license issued to JUDITH ANNE EBY, to the office of the Board of Nurse Examiners within ten (10) days of the date of this Order. for appropriate notation.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in nursing jurisprudence. RESPONDENT SHALL obtain Board approval of the course prior to enrollment. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience must include registered nurses. It must be a minimum of six (6) contact hours in length. The course's content shall include the Nursing Practice Act, standards of practice, and documentation of care. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT's successful completion of the course. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure.

(3) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in nursing ethics to include professional boundaries. RESPONDENT SHALL obtain Board approval of the course prior to enrollment. Home study courses and video programs will not be approved. The course must be a minimum of six (6) contact hours in length. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to verify RESPONDENT's successful completion of the course. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure.

IT IS FURTHER AGREED, SHOULD RESPONDENT CHOOSE TO PRACTICE AS A REGISTERED NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING, UNDER THE FOLLOWING STIPULATIONS FOR TWO (2) YEARS OF EMPLOYMENT:

(4) RESPONDENT SHALL notify each present employer in professional nursing of this Order of the Board and the stipulations on RESPONDENT's license. RESPONDENT SHALL present a copy of this Order to each present employer within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers in professional nursing of this Order of the Board and the stipulations on RESPONDENT's license. RESPONDENT SHALL present a copy of this Order to each future employer prior to accepting an offer of employment.

(5) RESPONDENT SHALL CAUSE each present employer in professional nursing to submit the Notification of Employment form, which is provided by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form to the Board's office within five (5) days of employment as a professional nurse.

BALANCE OF PAGE INTENTIONALLY LEFT BLANK.

CONTINUED ON NEXT PAGE.

(6) RESPONDENT SHALL be supervised by a registered nurse who is on the premises. The supervising RN is not required to be on the same unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(7) RESPONDENT SHALL CAUSE each employer to submit, on forms provided by the Board, periodic reports as to RESPONDENT's capability to practice professional nursing. These reports shall be completed by the Registered Nurse who supervises the RESPONDENT. These reports shall be submitted to the office of the Board at the end of each three (3) months for two (2) year(s) of employment as a professional nurse.

(8) RESPONDENT SHALL pay a monetary fine in the amount of one hundred dollars ($100.00). RESPONDENT SHALL pay this fine within forty-five (45) days of entry of this Order. Payment is to made directly to the Board of Nurse Examiners in the form of cashier's check or U.S. money order. Partial payments will not be accepted.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, RESPONDENT SHALL be issued an unencumbered license and multistate privileges, if any, to practice professional nursing in the State of Texas.

BALANCE OF PAGE INTENTIONALLY LEFT BLANK.

CONTINUED ON NEXT PAGE.

RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license to practice professional nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 25 day of November, 2000.

Judith Anne Eby
JUDITH ANNE EBY, Respondent

Sworn to and subscribed before me this 25 day of November, 2000.

SEAL

Blanca E. Tamez
Notary Public in and for the State of 04-13-2003

BLANCA E. TAMEZ
Notary Public
State of Texas
My Comm. Exp. 04-13-2003

WHEREFORE, PREMISES CONSIDERED, the Board of Nurse Examiners for the State of Texas does hereby ratify and adopt the Agreed Order that was signed on the 25th day of November, 2000, by JUDITH ANNE EBY, License Number 553195, and said Order is final.

Effective this 12th day of December, 2000.

Katherine A. Thomas

Katherine A. Thomas, MN, RN
Executive Director on behalf
of said Board

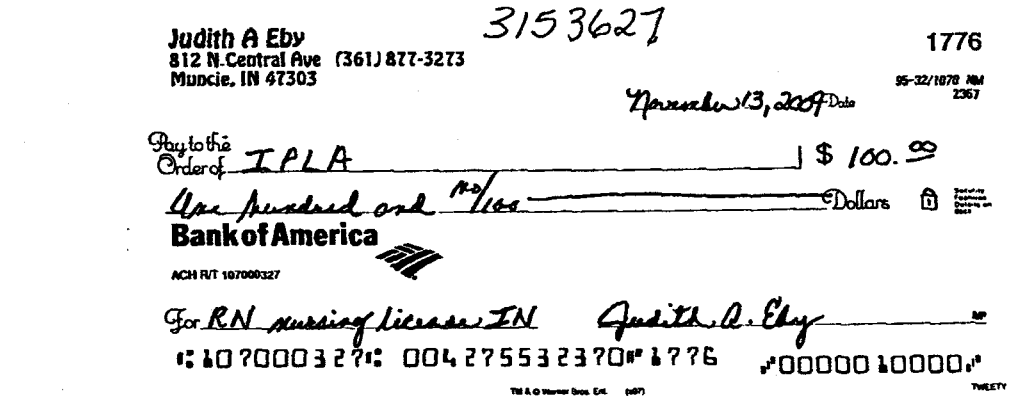
I certify this to be a true copy of the records on file with the Texas Board of Nursing.
Date: 6-15-09
Signed: A Passenger

Bank of America

Online Banking

MyAccess Checking - 2370 : Check Image

Check Image:



Judith A Eby
812 N.Central Ave (361) 877-3273
Muncie, IN 47303

3153627

1776

95-32/1078 RM
2367

November 13, 2009 Date

Pay to the Order of IPLA $ 100.89

One hundred and no/100 Dollars

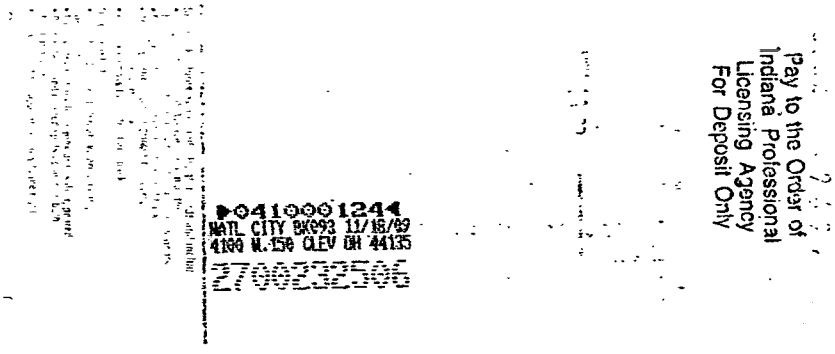
Bank of America

ACH R/T 107000327

For RN nursing license IN Judith A. Eby

⑆107000327⑆ 004275532370⑈1776 ⑈00000100000⑈

TWENTY



⑆041000124⑆
NATL CITY BK093 11/16/09
4100 W.150 CLEV OH 44135
⑈7000325⑈

Pay to the Order of
Indiana Professional
Licensing Agency
For Deposit Only

RECEIVED
MAR 25 2010
Indiana Professional
Licensing Agency

December 2, 2009

To Whom It May Concern,

I have known Judy Eby for several months as she worked as a staff nurse at Mildred Mitchell-Bateman Hospital. I have supervised her and have conversed with her on both personal and professional levels.

She is punctual and reliable in attendance. She easily picks up new tasks and is willing to learn. She completes her assignments in an appropriate and timely manner. She gets along well with patients and staff alike.

I would recommend her highly as a staff nurse or as a charge nurse. If you need to talk with me further, please contact me at 304-5257801 ext 231.

Sincerely,

Charlotte Nixon, ASN, BSN, RN

Charlotte Nixon ASN BSN RN

Nursing QA Coordinator

RECEIVED
MAR 25 2010
Indiana Professional
Licensing Agency

OFFICE OF COUNTY CLERK

GILLESPIE COUNTY, TEXAS

C E R T I F I E D R E C O R D O F M A R R I A G E F A C T S

THE STATE OF TEXAS)
(
COUNTY OF GILLESPIE) As County Clerk in and for Gillespie County, Texas, I do hereby certify that the following marriage facts are true and correct:

A marriage certificate was issued on May 17, 1994

under Register Number 13839

to

Mr. Glenn Wayne Kasper

and

Ms. Judith Anne Ballard

The marriage was performed on May 21, 1994

by: Carl E. Schoessow, J.P. Pct.
2-101 W. Main St. #6
Fredericksburg, Texas 78624

in the County of Gillespie

as found of record in my office in Volume R page 297 of the Marriage Records of Gillespie County, Texas.

TO CERTIFY MARRIAGE FACTS, witness my hand and seal of office on this the 15th day of March, A.D. 2010.

Mary Lynn Rusche

Mary Lynn Rusche, County Clerk
Gillespie County, Texas

(Seal)

By: Peggy Herber, Deputy

CAUSE NO. 98CI-02947

IN THE MATTER OF THE MARRIAGE OF	)	IN THE 57TH DISTRICT COURT
JUDITH A. KASPER, AND GLENN WAYNE KASPER.	)	OF
	)	BEXAR COUNTY, TEXAS

FINAL DECREE OF DIVORCE

On the 27th day of July, 1998, this case came on for hearing.

1.00 Appearances

Petitioner, JUDITH A. KASPER, Social Security Number 314-46-1556 and Driver's License #15109016-TX appeared by and through attorney of record, FRANCES DUNHAM.

Respondent, GLENN WAYNE KASPER, Social Security Number , and Texas Driver's License # , failed to appeared after having been duly served notice of this suit.

1.01 Record

A record of testimony was made by the official court reporter of the Presiding Judicial District, Bexar County District Court.

1.02 Jurisdiction and Domicile

The Court finds that the pleadings of Petitioner are in due form and contain all the allegations, information and prerequisites required by law. The Court, after receiving evidence, finds that it has jurisdiction over this cause of action and the parties and that at least 60 days have elapsed since the date the suit was filed. The Court finds that Petitioner and Respondent have been domiciliaries of this state for at least a six-month period preceding the filing of this action and residents of the county in which this suit is filed for at least a 90-day period preceding the filing of this action. All persons entitled to citation were properly cited.

1.03 Jury

A jury was waived, and all questions of fact and of law were submitted to the Court.

1.04 Divorce

IT IS ORDERED that JUDITH A. KASPER, Petitioner, and GLENN WAYNE KASPER, Respondent, are divorced and that the marriage between them is dissolved

2.00 Children of the Marriage

The Court finds that no children have been born of this marriage and none is expected.

3.00 Division of Marital Estate

The Court finds that the following is a just and right division of the parties' marital estate, having due regard for the rights of each party and the children of this marriage.

IT IS THEREFORE ORDERED that Petitioner, JUDITH A. KASPER, is awarded the following as Petitioner's sole and separate property, and shall own, possess, and enjoy that property, and Respondent hereby partitions, quitclaims, assigns, conveys and is hereby divested of all right, title, interest and claim in and to such property:

a) Exclusive use of the leased property located at 5420 Uecker Road, San Antonio, Texas 78220.

b) The 1992 S10 Blazer, VIN # _____ together with all prepaid insurance, keys, and title documents.

c) All household furniture, furnishings, fixtures, goods, art objects, collectibles, appliances, and equipment in the possession of, or subject to the sole control of Petitioner.

d) All clothing, jewelry and other personal effects in the possession of, or subject to the sole control of Petitioner.

e) Any and all sums of cash in the possession of or subject to the control of Petitioner, including funds on deposit, together with accrued but unpaid interest, in banks, savings institutions, or other financial institutions, which accounts stand in Petitioner's sole name or from which Petitioner has the sole right to withdraw funds or which are subject to Petitioner's sole control.

f) All sums, whether matured or unmatured, accrued or unaccrued, vested or otherwise, together with all increases thereof, the proceeds therefrom, and any other rights related to any insurance, profit-sharing plan, retirement plan, Keogh plan, pension plan, employee stock option plan, 401(k) plan, employee savings plan, accrued unpaid bonuses, disability plan, or other benefits existing by reason of Petitioner's past, present, or future employment.

g) Any and all life insurance policies insuring the life of Petitioner.

h) All brokerage accounts, stocks, bonds, mutual funds, and securities registered in the name of Petitioner, together with all dividends, splits, and other rights and privileges in connection therewith.

Respondent, GLENN WAYNE KASPER is awarded the following as Respondent's sole and separate property, and shall own, possess, and enjoy that property, and Petitioner hereby partitions, quitclaims, assigns, conveys and is hereby divested of all right, title, interest, and claim in and to such property:

a) All clothing, jewelry and other personal effects in the possession of, or subject to the sole control of Respondent.

b) Any and all sums of cash in the possession of or subject to the control of Respondent, including funds on deposit, together with accrued but unpaid interest, in banks, savings institutions, or other financial institutions, which accounts stand in Respondent's sole name or from which Respondent has the sole right to withdraw funds or which are subject to Respondent's sole control.

c) All sums, whether matured or unmatured, accrued or unaccrued, vested or otherwise, together with all increases thereof, the proceeds therefrom, and any other rights related to any insurance, profit-sharing plan, retirement plan, Keogh plan, pension plan, employee stock option plan, 401(k) plan, employee savings plan, accrued unpaid bonuses, disability plan, or other benefits existing by reason of Respondent's past, present, or future employment.

d) Any and all life insurance policies insuring the life of Respondent, except as otherwise indicated in this decree.

e) All brokerage accounts, stocks, bonds, mutual funds, and securities registered in the name of Respondent, together with all dividends, splits, and other rights and privileges in connection therewith.

4.00 Division of Debts

Debts paid by Petitioner IT IS HEREBY ORDERED, ADJUDGED, AND DECREED, that Petitioner shall pay as part of the division of the marital estate, the following debts and obligations and shall indemnify Respondent and hold Respondent's property harmless from any failure to so discharge these debts and obligations as follows:

a) Any and all debts, charges, liabilities, and other obligations incurred (solely) by Petitioner from and after January 1, 1998, unless express provision is made in this decree to the contrary.

b) The balance owing on the 1992 S10 blazer awarded to Petitioner.

IT IS FURTHER, ORDERED, ADJUDGED AND DECREED that Respondent shall pay as a part of the division of the estate of the parties the following debts, and obligations, and shall indemnify and hold Petitioner and Petitioner's property harmless from any failure to so discharge these debts and obligations; the balance due and including principal due and all other charges on the following account:

a) Any and all debts, charges, liabilities, and other obligations incurred (solely) by Respondent from and after January 1, 1998, unless express provision is made in this decree to the contrary.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED, that each party shall be responsible for their own debts incurred in their individual name since the date of separation, January 1, 1998, and each shall indemnify, protect and hold harmless the other party from such individual debt.

IT IS ORDERED AND DECREED that each party shall send to the other party, within three days of its receipt, a copy of any correspondence from a creditor or taxing authority concerning any potential liability of the other party.

IT IS ORDERED AND DECREED that no provision of this decree shall be construed as alimony under the Internal Revenue Code. No provision of this decree is intended to be interpreted as providing for taxable alimony.

5.00 Federal Income Tax

IT IS ORDERED AND DECREED that GLENN WAYNE KASPER and JUDITH A. KASPER shall be equally responsible for all federal income tax liabilities of the parties from the date of marriage through December 31, 1997, and each party shall timely pay 50 percent of any deficiencies, assessments, penalties, or

interest due thereon and shall indemnify and hold the other party and his or her property harmless from 50 percent of such liabilities unless such additional tax, penalty, and/or interest resulted from a party's omission of taxable income or claim of erroneous deductions. In such case, the portion of the tax, penalty, and/or interest relating to the omitted income or claims of erroneous deductions shall be paid by the party who earned the omitted income or proffered the claim for an erroneous deduction. The parties agree that nothing contained herein shall be construed as or is intended as a waiver of any rights that a party has under the Innocent Spouse provision of the Internal Revenue Code.

IT IS FURTHER ORDERED AND DECREED that, for the calendar year 1998, each party shall file an individual income tax return in accordance with the Internal Revenue Code.

IT IS FURTHER ORDERED AND DECREED that each party shall be entitled to use as a credit against his or her tax liability all estimated tax payments, credit for tax payments made in prior years, and withholdings made solely in the name of the reporting party and 50 percent of such estimated tax payments, credit for tax payments, and withholdings made in the names of both parties before the date of divorce together with any net loss resulting from property subject to the sole management and control of the reporting party and 50 percent of any net loss attributable to property subject to the joint management of the parties, and for 100 percent of the reporting party's estimated tax payments and withholdings occurring after the date of divorce.

IT IS ORDERED that, for the calendar year 1998, and all years subsequent, each party shall timely pay and indemnify and hold the other party and his or her property harmless from any federal income tax liability attributable to the personal earnings of the reporting party and any net income resulting from property subject to the sole management and control of the reporting party from January 1 of that year through the date of divorce and for all such post-divorce earnings and income.

IT IS ORDERED AND DECREED that if a refund is made for overpayment of taxes for any year during the parties' marriage through December 31 of 1997, each party shall be entitled to one-half of the refund, and the party receiving the refund check is designated a constructive trustee for the benefit of the other party, to the extent of one-half of the total amount of the refund, and shall pay to the other party one-half of the total amount of the refund check within five days of receipt of the refund check. Either party is ORDERED to endorse a refund check on presentation by the other party.

IT IS FURTHER ORDERED AND DECREED that each party shall keep and preserve for a period of four years from the date of divorce all financial records relating to the community estate, and each party is ORDERED AND DECREED to allow the other party access to these records in the event of any tax audits.

IT IS FURTHER ORDERED AND DECREED that each party shall furnish to the other party all financial records relating to acquisition dates, basis, and recapture information concerning property in which the community has had an interest.

IT IS FURTHER ORDERED AND DECREED that all payments made to the other party in accordance with the allocation provisions for payment of federal income taxes contained in this Decree of Divorce are not deemed income to the party receiving those payments but are part of the property division and necessary for a just and right division of the parties estate.

6.00 Community Liability Not Expressed

IT IS FURTHER ORDERED AND DECREED, as a part of the division of the estate of the parties, that any community liability not expressly assumed by a party under this decree is to be paid by the party incurring the liability.

7.00 No Alimony

IT IS ORDERED AND DECREED that no provision of this decree shall be construed as alimony under the Internal revenue Code, except as this decree expressly provides for payment of maintenance or alimony under the Internal Revenue Code.

8.01 Execution of Documents

IT IS ORDERED AND DECREED that the parties shall execute any documents necessary to accomplish and finalize any part of this decree that awards a specific item or items to either party, or for which their performance is necessary.

8.02 Attorneys Fees

To effect an equitable division of the estate of the parties and as a part of the division, and for services rendered in connection with conservatorship and support of the child, each party shall be responsible for his or her own attorney's fees incurred as a result of legal representation in this case.

8.03 Clarifying Orders

Without affecting the finality of this Decree of Divorce, this Court expressly reserves the right to make orders necessary to clarify and enforce this decree.

8.04 Relief Not Granted

IT IS ORDERED AND DECREED that all relief requested in this cause and not

It it further ORDERED AND DECREED that Petitioner's name is changed to Judith Eby. [illegible]

expressly granted is denied.

8.05 Date of Judgment

This Decree of Divorce SIGNED AND RENDERED in open court at San Antonio, Bexar County, Texas, on this 27 day of July, 1998.

Carol R. Haberman
JUDGE PRESIDING

APPROVED AS TO FORM ONLY

Frances Dunham
FRANCES DUNHAM
Attorney for Petitioner
State Bar No. 00793654
127 Lewis Street
San Antonio, Texas 78212
Telephone: (210) 226-2161
Telecopier: (210) 226-2201

The undersigned parties, by affixing their signatures hereto, approve the foregoing Agreed Final Decree of Divorce as to content and form, and mutually represent, warrant, contract, and agree:

1) That they have carefully read and understand said Agreed Final Decree of Divorce;
2) That said Agreed Final Decree of Divorce shall be signed, rendered, and entered by the Court;
3) That they shall each be bound by all the terms and provisions of said Agreed Final Decree of Divorce contractually as well as by Orders of the Court;
4) That in the event either party fails to comply with any of the terms and provisions hereof, the other party may seek enforcement either by suit on such contract and agreement, or by action for contempt, to the extent allowed by law, or by pursuing any and all other such remedies available under law; and,
5) That this cause may be heard by the Court, and this Agreed Final Decree of Divorce may be entered, at any time after both parties have affixed their signatures hereto, without further notice of any kind.

Signed and Agreed this 27th day of July, 1998.

APPROVED AND CONSENTED AS TO BOTH FORM AND SUBSTANCE:

Judith A. Kasper
JUDITH A. KASPER
Petitioner

CERTIFIED COPY CERTIFICATE STATE OF TEXAS
I, MARGARET G. MONTEMAYOR, BEXAR COUNTY DISTRICT CLERK, CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD AS INDICATED BY THE VOLUME, PAGE AND COURT ON SAID DOCUMENT. WITNESS MY OFFICIAL HAND AND SEAL OF OFFICE THIS

MAR 17 2010

MARGARET G. MONTEMAYOR
BEXAR COUNTY, TEXAS
By: _____ DEPUTY

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

November 17, 2009

Judity Anne (Ballard) Eby
812 North Central Avenue
Muncie IN 47303

RE: 28088094A
Expiration Date: 10/31/1991

Judity Anne (Ballard) Eby:

Thank you for applying for renewal of your Indiana license, we have received your Renewal Fee and attachments. Enclosed please find a RN Renewal Form that will need to be completed and returned to the Indiana Professional Licensing Agency. The renewal will not be processed until we receive this detailed information. Also, please enclose a copy of the name changed document reflecting the change from Ballard to Eby.

We look forward to receiving the required information from you soon to ensure timely processing of your renewal. If you have any questions, you can contact me at (317) 234-2043 or via email at pla2@pla.in.gov.

Sincerely,

Joyce Krawczyk, Case Manager
Indiana State Board of Nursing

Indiana Professional Licensing Agency
Nursing Board (Group 2)
402 W. Washington St. Room W072
Indianapolis, IN 46204

We work to keep you working
IPLA
Professional Licensing Agency

Judity Anne Ballard
804 North Central Avenue
Muncie IN 47303

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency".

EXPIRED REGISTERED NURSE RENEWAL

Indiana License Renewal Application

Judity Anne (Ballard) Eby, RN
1616 N. Central Avenue
Muncie IN 47303

License Number	Date Expired	Expired Renewal Fee
28088094A	10/31/1991	**$100.00**

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	YES	NO
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES	NO
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES	NO
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES	NO
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	YES	NO

Mail To: **Indiana Professional Licensing Agency**
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form.
Failure to answer questions and/or sign the renewal form WILL delay your renewal.

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

Signature Of Applicant (respond Yes or No to all questions)

Date Signed

- Your **license can still be renewed online for approximately 18 months after expiration.** Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

November 13,2009

Indiana Board of Nursing and Dieticians
402 W. Washington St., Room W 072
Indianapolis, IN 46204

Attn: Katrina Simmons, Case Manager

RE: IN RN License 28088094A Issued: 10/1983 Expired > 20 years

Dear Katrina:

As per our emails several months ago, I am enclosing copies of my current licenses, my current work history and a check for $100.00 made out to IPLA. I am currently working as a travel nurse but have relocated my home to Muncie, IN and will be returning there on, or about, the 15th of December, 2009.

Please let me know if there is anything else you need to expedite this matter. I will be at my current mailing address until the 10th of December, then I will be at the Muncie address. Thank you.

Sincerely,

Judith A. Eby, RN

Judith A. Eby (Ballard) R.N.
1616 Spring Valley Drive, # 29
Huntington, WV 25704
ravensilver@sbcglobal.net
361-877-3273

Address after 12/10/2009:
Judith A. Eby, R.N.
812 N Central Ave
Muncie, IN 47303

RECEIVED
NOV 16 2009
Indiana Professional Licensing Agency

State of Wyoming

Board of Nursing

Certifies that

Judith Eby

Is duly qualified to practice in Wyoming as a

Registered Nurse

Lic Number 27139

Issued: 6/19/2009

Expires: 12/31/2010

Mary Kay Hoetter

Executive Director

Signature: Judith Anne Eby RN

Control No. 21770

REGISTERED NURSE

TEXAS BOARD OF NURSING

333 Guadalupe #3-460, Austin, Texas 78701

A CERTIFICATE OF RE-REGISTRATION TO PRACTICE PROFESSIONAL NURSING ISSUED BY THE TEXAS BOARD OF NURSING TO

RN LIC. NO. 553195

EXPIRES LAST DAY OF: AUG 2010

JUDITH ANNE EBY

Katherine A. Thomas

EXECUTIVE DIRECTOR

Judith Anne Eby

RN SIGNATURE REQUIRED

STATE OF FLORIDA AC# 3378836

DEPARTMENT OF HEALTH

DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
04/07/2009	RN 9243763	1098651

The **REGISTERED NURSE** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2011**

JUDITH A EBY

Judith A. Eby RN

LICENSEE SIGNATURE

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

This is to certify Licensure as a REGISTERED PROFESSIONAL NURSE

LICENSE NO.	EFFECTIVE DATE	EXPIRATION DATE
76557	11/1/2009	10/31/2010

JUDITH ANNE EBY

Judith Anne Eby

NOT VALID UNLESS SIGNED

Laura Skidmore Rhodes RN

EXECUTIVE DIRECTOR

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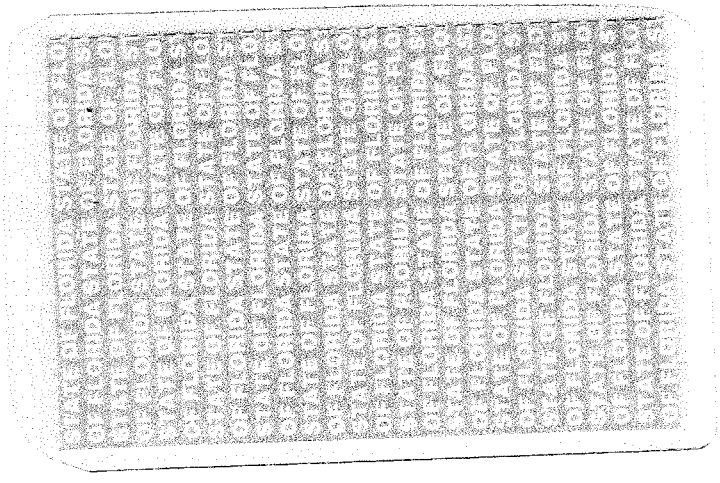
NOV 16 2009

Indiana Professional Licensing Agency

Coded License Legend

01 Probated License
02 License with Stipulations
03 Limited License
04 Duplicate License

Texas nursing licenses may be verified online at:
www.bon.state.tx.us



WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES
101 DEE DRIVE, SUITE 102
CHARLESTON, WEST VIRGINIA 25311-1620
TELEPHONE: (304) 558-3596
FAX: (304) 558-3666
VOICE MAIL PHONE
TOLL FREE: 1-877-743-6877
NURS
www.wvrnboard.com

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Indiana Professional
Licensing Agency

Judith A. Eby, R.N. *DOB: 08/07/1944* *SS:* ----

Professional Employment History

MILDRED MITCHELL BATEMAN HOSPITAL, HUNTINGTON, WV
07/20/2009 to Present **Travel Contract**
RN, Staff 4A Psych, Shifts: Varied 40 hrs/wk
Agency: Aureus Medical, Omaha, NB 68130

05/16/09 to 07/20/09 Between Assignments

ANN ARBOR VA HOSPITAL, ANN ARBOR, MI 48105
11/12/2008 to 05/15/2009 **Travel Contract**
RN, Staff, 8W Psych 7:30a-4:00p 40 hrs/wk.
Agency: Aureus Medical, Omaha, NB 68130

GREEN OAKS BEHAVORIAL HEALTH SERVICES, Dallas, TX 75251
07/21/2008 to 10/06/2008 **Travel Contract**
RN, Psych Emergency Services 7p-7a 36 hrs/wk
Agency: Advance Med, Dallas, TX

10/16/08 to 11/12/08 Between assignments

VISTACARE HOSPICE, Corpus Christi, TX 78411
03/30/2008 to 05/30/2008 36/44 hrs/wk
Case Manager/Charge Nurse, Inpatient Hospice 7a-7p

02/18/08 to 03/30/09 Actively looking for assignment

LEGACY HOME HEALTH & HOSPICE, 208 W. Cleveland, Beeville, TX 78102
10/16/2007 to 02/18/2008 40 hrs/wk
Case Manager, Hospice/Psych/Home Health

08/05/08 to 10/16/08 Vacation time and Between Assignments

MARICOPA COUNTY LOWER BUCKEYE JAIL, Phoenix, AZ
05/04/07 to 08/05/07 **Travel Contract**
Charge Nurse, LBJ Outpatient Clinic 7pm-7am 36/44 hrs/wk
Agency: Critical Nursing Solutions, Phoenix, AZ

04/14/07 to 05/04/07 Between Assignments

FORT DEFIANCE INDIAN HOSPITAL, Fort Defiance, AZ
10/16/06 to 04/14/07 36/44 hrs/wk
Charge Nurse, Adolescent Care Unit 7pm - 7am **Travel Contract**
Agency: Anderson Bates Staffing, Gilbert, AZ

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LIFEMASTERS SUPPORTED SELFCARE, INC., San Antonio, TX
11/23/05-10/13/06 40 hrs/wk
Clinical Nurse Consultant, Cancer Specialty Team

UNIVERSITY OF TEXAS MEDICAL BRANCH (TEXAS DEPARTMENT OF CRIMINAL JUSTICE), Kenedy, TX, John B. Connally, Jr. Unit
03/05 to 09/05 36/44 hrs/wk
Staff Nurse III

CHRISTUS SPOHN MEMORIAL, Corpus Christi, TX
10/04 to 03/05 36/44 hrs/wk
RN, Staff/Charge, Psych

UNIVERSITY HOSPITAL, San Antonio, TX
09/00 to 10/04 32/40 hrs/wk
RN, Staff/Charge Nurse, Psych

St. Lukes Hospital, San Antonio, TX
(Baptist Health System) 04/00 to 09/00 40 hrs/wk
RN, Home Health Staff RN

08/1999 to 04/2000 Home Health Agency in Kerrville, TX : **Staff RN** 40 hrs/wk and small psych hospital in Comfort, TX (unable to recall name of hosp. as name changed) **RN, night supervisor** 40 hrs/wk.

02/1999 to 08/1999 Time off for recovery from MVA

THE CENTER FOR HEALTH CARE SERVICES, San Antonio, TX
03/1994 to 02/1999 40 hrs/wk
Night Supervisor - Inpatient Substance Abuse, **Senior RN** -ACT Team

MEDINA COMMUNITY HOSPITAL HOME HEALTH Hondo, Texas
08/1993 to 03/1994 40 hrs/wk
R. N. Case Manager, IV Therapist

WESTERN MEDICAL, San Antonio, TX
08/1990 - 08/1993 36/48 hrs/wk
R.N. Team Leader, Nurse III, Wilford Hall Medical Center, Lackland AFB, San Antonio, TX.

VISITING NURSES ASSOCIATION, San Antonio, TX
08/1989 - 08/1990 40 hrs/wk
R. N. Case Manager and IV Therapist.

08/1981 - 08/1989 Worked for several agencies & hospitals in Indiana & Michigan, 1st as LPN, then as RN. Can furnish details if needed.

RECEIVED
NOV 16 2009
Indiana Professional Licensing Agency

IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

Governor Mitchell E. Daniels, Jr.

November 17, 2009

Judith
~~Judity~~ Anne (Ballard) Eby
812 North Central Avenue
Muncie IN 47303

RE: 28088094A
Expiration Date: 10/31/1991

Judith
~~Judity~~ Anne (Ballard) Eby:

Thank you for applying for renewal of your Indiana license, we have received your Renewal Fee and attachments. Enclosed please find a RN Renewal Form that will need to be completed and returned to the Indiana Professional Licensing Agency. The renewal will not be processed until we receive this detailed information. Also, please enclose a copy of the name changed document reflecting the change from Ballard to Eby.

We look forward to receiving the required information from you soon to ensure timely processing of your renewal. If you have any questions, you can contact me at (317) 234-2043 or via email at pla2@pla.in.gov.

Sincerely,

Joyce Krawczyk, Case Manager
Indiana State Board of Nursing

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

February 25, 2010

Diana Walton
3026 Wirth Avenue
Louisville, KY 40217

Dear Ms. Walton:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010** to review your application for renewal of your expired registered nursing license. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**, to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

* See ILS Notes

2/19/10 - Requested copy of KY board order via speed memo through NURSYS

POSITIVE RESPONSE FORM - This form is for all renewals with a positive response!

Name Diana Walton

License number 2812045OA

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Web renewals

Date letter sent for positive response statement: date sent_____

Date positive response statement submitted date recd_____

Hold(s) date released_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

IA issued lic 9/14/93
expired 10/31/95
6/23/94 KY action taken

Found on Nursys:

Had action in Kentucky

6/23/94

J:

pla.IN.gov)

59:05 PM

2/19/10

renewal is available for approximately 18 months after your license has
elow. To renew by mail - please return this entire page to the address
ns on the form. Be sure to enclose your renewal fee for an expired
d be payable to: "Indiana Professional Licensing Agency".

2.5.

3198942

EXPIRED REGISTERED NURSE RENEWAL

Indiana License Renewal Application	Diana Kay Walton 3026 Wirth Avenue Louisville KY 40217	License Number 28120450A	Date Expired 10/31/1995	Expired Renewal Fee **$100.00**

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	YES	(NO)
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES	(NO)
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES	(NO)
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES	(NO)
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	YES	(NO)

Mail To: **Indiana Professional Licensing Agency**
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form.

Failure to answer questions and/or sign the renewal form WILL delay your renewal.

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

Signature Of Applicant (respond Yes or No to all questions): Diana Kay Walton, RN

Date Signed: 02 14 / 2010 new

- Your **license can still be renewed online for approximately 18 months after expiration**. Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

RECEIVED

FEB 19 2010

Indiana Professional Licensing Agency

Kentucky Board of Nursing

REGISTERED NURSE

Validation of this license MUST be made from www.kbn.ky.gov

Lic No. 1067011
DIANA K WALTON

ORIGINAL DATE OF KENTUCKY LICENSURE
03/21/1991

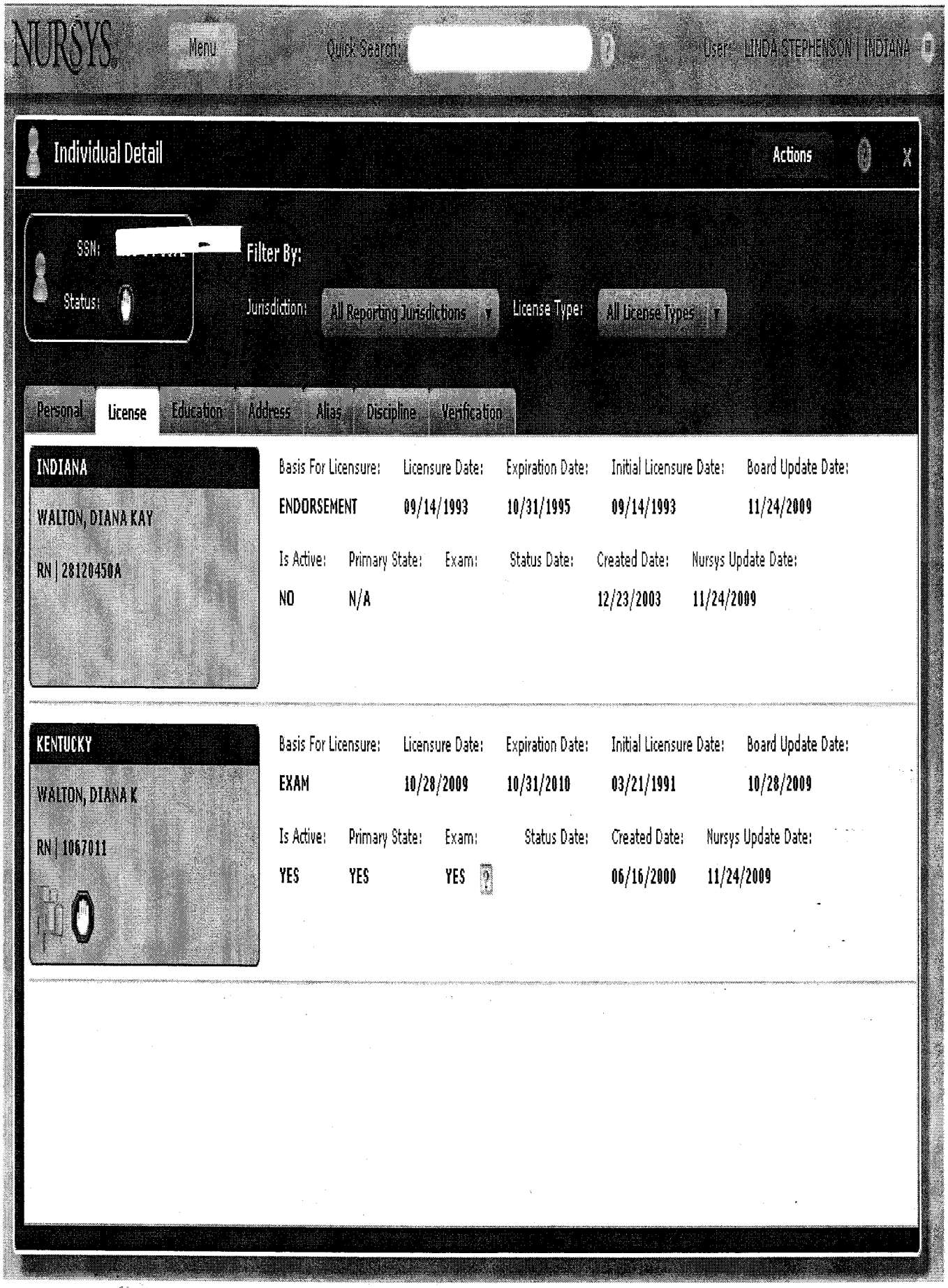
Diana K Walton, RN

RECEIVED
FEB 1 9 2010
Indiana Professional
Licensing Agency

RECEIVED

FEB 19 2010

Indiana Professional
Licensing Agency


NURSYS
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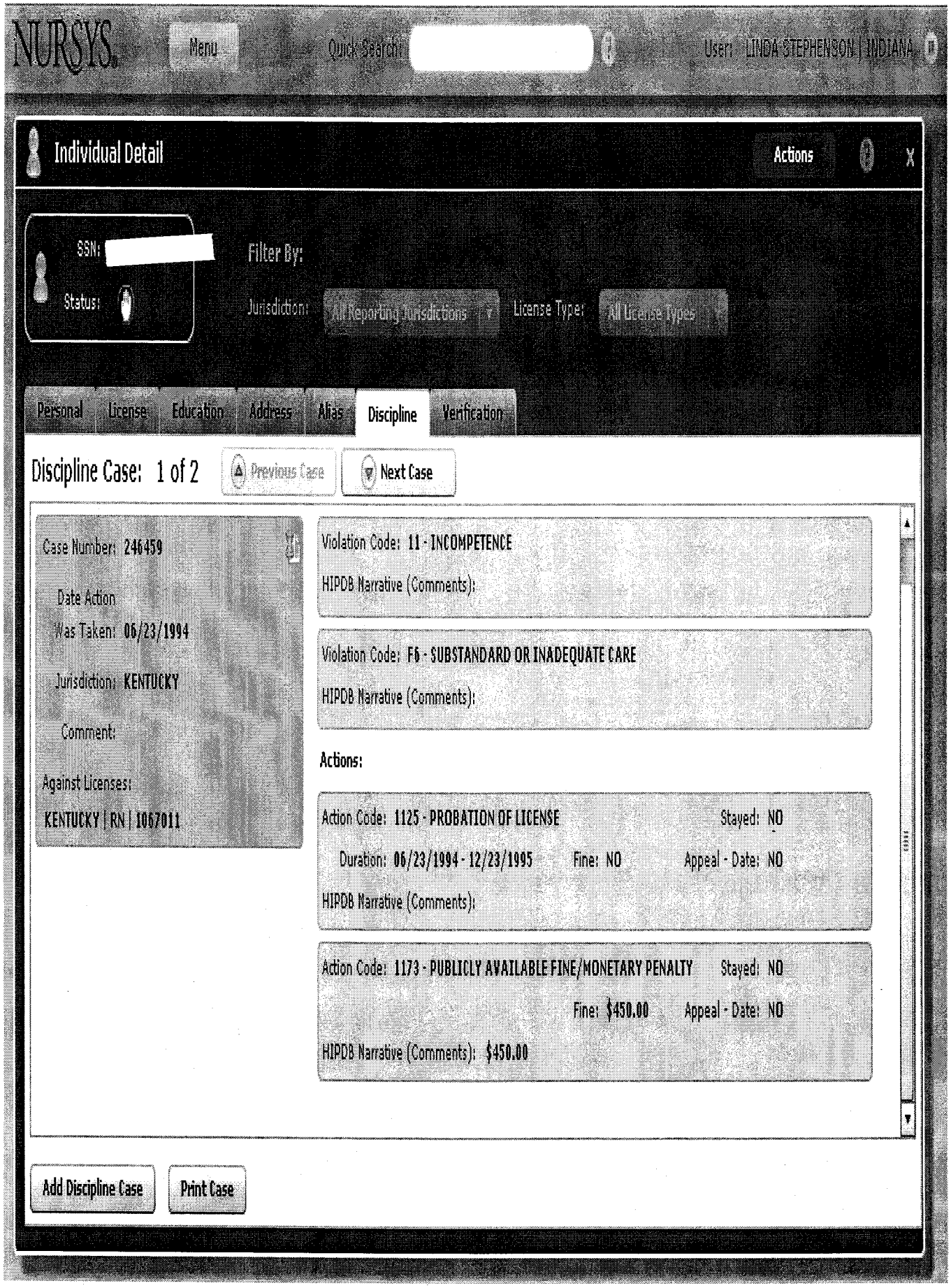
Quick Search:
User: LINDA STEPHENSON | INDIANA
Individual Detail
Actions
SSN:
Status:
Filter By:
Jurisdiction:
All Reporting Jurisdictions
License Type:
All License Types
Personal
License
Education
Address
Alias
Discipline
Verification
INDIANA
WALTON, DIANA KAY
RN | 28120450A
Basis For Licensure: ENDORSEMENT
Licensure Date: 09/14/1993
Expiration Date: 10/31/1995
Initial Licensure Date: 09/14/1993
Board Update Date: 11/24/2009
Is Active: NO
Primary State: N/A
Exam:
Status Date:
Created Date: 12/23/2003
Nursys Update Date: 11/24/2009
KENTUCKY
WALTON, DIANA K
RN | 1067011
Basis For Licensure: EXAM
Licensure Date: 10/28/2009
Expiration Date: 10/31/2010
Initial Licensure Date: 03/21/1991
Board Update Date: 10/28/2009
Is Active: YES
Primary State: YES
Exam: YES
Status Date:
Created Date: 06/16/2000
Nursys Update Date: 11/24/2009


NURSYS
Menu
Quick Search:
User: LINDA STEPHENSON | INDIANA
Individual Detail
Actions
SSN:
Status:
Filter By:
Jurisdiction:
All Reporting Jurisdictions
License Type:
All License Types
Personal
License
Education
Address
Alias
Discipline
Verification
Discipline Case: 1 of 2
Previous Case
Next Case
Case Number: 246459
Date Action Was Taken: 06/23/1994
Jurisdiction: KENTUCKY
Comment:
Against Licenses:
KENTUCKY | RN | 1067011
Violation Code: 11 - INCOMPETENCE
HIPDB Narrative (Comments):
Violation Code: F6 - SUBSTANDARD OR INADEQUATE CARE
HIPDB Narrative (Comments):
Actions:
Action Code: 1125 - PROBATION OF LICENSE
Stayed: NO
Duration: 06/23/1994 - 12/23/1995
Fine: NO
Appeal - Date: NO
HIPDB Narrative (Comments):
Action Code: 1173 - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
Stayed: NO
Fine: $450.00
Appeal - Date: NO
HIPDB Narrative (Comments): $450.00
Add Discipline Case
Print Case

Discipline Case Summary Report

Printed for INDIANA on 02/19/2010

INDIVIDUAL:

SSN: [illegible] Name: **WALTON, DIANA K**

DOB: **06/07/1958** Gender: **FEMALE**

LICENSES DISCIPLINED:

KENTUCKY | RN | 1067011

GENERAL CASE INFORMATION:

Case Number: **246459** Date Action Was Taken: **06/23/1994**

Jurisdiction: **KENTUCKY**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **11 - INCOMPETENCE**

HIPDB Narrative (Comments):

Violation Code: **F6 - SUBSTANDARD OR INADEQUATE CARE**

HIPDB Narrative (Comments):

ACTIONS:

Action Code: **1125 - PROBATION OF LICENSE** Stayed: **NO**

Duration: **06/23/1994 - 12/23/1995** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

Action Code: **1173 - PUBLICLY AVAILABLE FINE/MONETARY PENA...** Stayed: **NO**

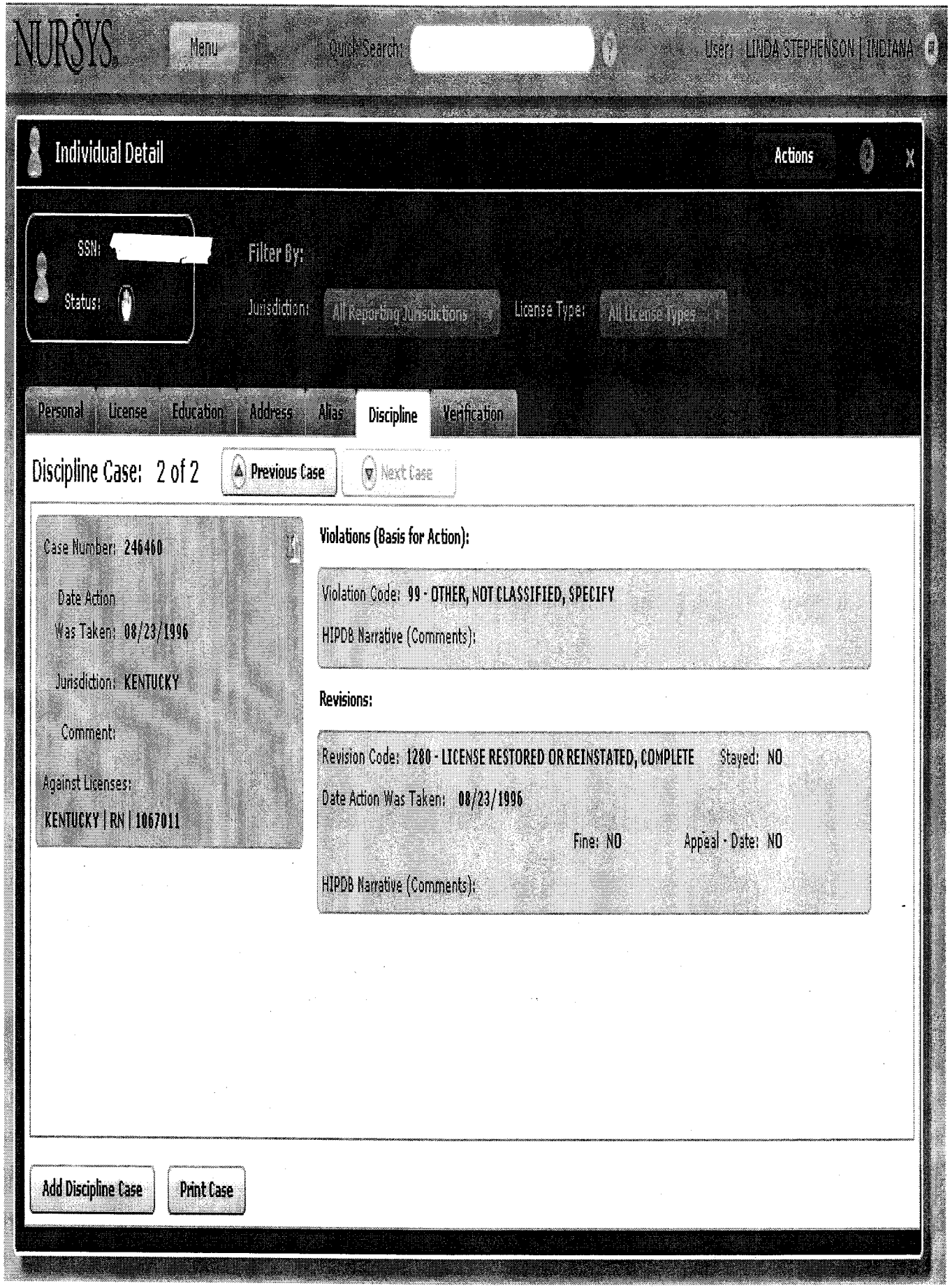
Fine: **$450.00** Appeal - Date: **NO**

HIPDB Narrative (Comments):

$450.00

REVISIONS:

There are no revisions for this Discipline Case


NURSYS
Menu
Quick Search:
User: LINDA STEPHENSON | INDIANA
Individual Detail
Actions
SSN: [redacted]
Status:
Filter By:
Jurisdiction: All Reporting Jurisdictions
License Type: All License Types
Personal
License
Education
Address
Alias
Discipline
Verification
Discipline Case: 2 of 2
Previous Case
Next Case
Case Number: 246460
Date Action Was Taken: 08/23/1996
Jurisdiction: KENTUCKY
Comment:
Against Licenses:
KENTUCKY | RN | 1067011
Violations (Basis for Action):
Violation Code: 99 - OTHER, NOT CLASSIFIED, SPECIFY
HIPDB Narrative (Comments):
Revisions:
Revision Code: 1280 - LICENSE RESTORED OR REINSTATED, COMPLETE
Stayed: NO
Date Action Was Taken: 08/23/1996
Fine: NO
Appeal - Date: NO
HIPDB Narrative (Comments):
Add Discipline Case
Print Case

Discipline Case Summary Report

Printed for INDIANA on 02/19/2010

INDIVIDUAL:

SSN: Name: **WALTON, DIANA K**

DOB: 06/07/1958 Gender: **FEMALE**

LICENSES DISCIPLINED:

KENTUCKY | RN | 1067011

GENERAL CASE INFORMATION:

Case Number: **246460** Date Action Was Taken: **08/23/1996**

Jurisdiction: **KENTUCKY**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **99 - OTHER, NOT CLASSIFIED, SPECIFY**

HIPDB Narrative (Comments):

ACTIONS:

REVISIONS:

Revision Code: **1280 - LICENSE RESTORED OR REINSTATED, COMPLETE** Stayed: **NO**

Date Action Was Taken: **08/23/1996**

Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

Nursys Speed Memo

From: LINDA STEPHENSON

Date: 02/19/2010 12:52 PM

To: KENTUCKY

Category: Discipline General

Regarding Nurse: WALTON, DIANA KAY | INDIANA RN 28120450A
WALTON, DIANA K | KENTUCKY RN 1067011

Subject: Regarding discipline on this nurse...

Good afternoon,

When running this nurses information on your website it indicated no discipline (see below) however she has discipline showing in NURSYS. Can you please send a copy of her board order(s) to our nursing board? Thank you for your assistance!

Linda Stephenson - Indiana board of Nursing
****

Identifier Validation Result 6
1067011 Diana K Walton
License #: 1067011 License Type: RN Status: Active Expiration Date: 31-OCT-10 Original Date of KY licensure: 21-MAR-91

This license has multistate practice privileges in compact states.
No discipline information on file.

Does not hold an active status as a State Registered Nurse Aide and is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry.

Verification date: 19-FEB-10.
Click here for a list of Compact States.

Online Validation Results

Online Validation Results

Identifier	Validation Result
1067011	Diana K Walton **License #:** 1067011 **License Type:** RN **Status:** Active **Expiration Date:** 31-OCT-10 **Original Date of KY licensure:** 21-MAR-91 This license has multistate practice privileges in compact states. No discipline information on file. Does not hold an active status as a State Registered Nurse Aide and is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. **Verification date:** 19-FEB-10. Click here for a list of Compact States.

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502-429-3300
800-30[illegible]2042
Fax: 502-429-3311

KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
kbn.ky.gov

Steven L. Beshear
Governor

February 23, 2010

Indiana State Board of Nursing
Health Professions Bureau
Attn: Linda Stephenson
402 W. Washington Street, Rm #066
Indianapolis, IN 46204

RE: **Diana K. Walton, RN**

Dear Ms. Stephenson:

I am in receipt of your Open Records request concerning **Diana K. Walton, RN**. Enclosed please find certified copies of the information you requested on the individual above.

If you should have any questions please contact me at (502) 429-7192.

Sincerely,

Tomeca Valentine

Tomeca Valentine
Legal Executive Secretary/
Docket Coordinator

RECEIVED
FEB 25 2010
Indiana State Board of Nursing
Licensing Agency

2-23-10
I certify this to be a true copy of the record(s) on file with the Kentucky Board of Nursing
Kathleen Valentine

[#93-06-94]

KENTUCKY BOARD OF NURSING

AGREED ORDER

IN RE: DIANA K. WALTON

RN LICENSE #1067011

The Kentucky Board of Nursing, hereinafter referred to as the Board, having evidence that Diana K. Walton was in violation of KRS Chapter 314 and Diana K. Walton, desiring to avoid the necessity of a formal hearing, do enter into this Agreed Order in lieu of proceeding with a formal administrative hearing.

Diana K. Walton, hereinafter known as Licensee, agrees to the following statements and conditions:

FILED
FEB 26 2010

1. Licensee stipulates to the following facts for the limited purpose of this Agreed Order:

   That on September 18, 1993, while working as a registered nurse at Twinbrook Nursing Home, Louisville, Kentucky through Kentuckiana Nursing Service, Louisville, Kentucky she left the facility before the end of her assigned shift leaving the facility without a registered nurse on the premises, and without calling her agency to replace her.

   Licensee acknowledges such actions were in violation of KRS 314.091(1) (c), (d) and (h).

2. Licensee understands and agrees that the above stipulated facts will be disclosed to the Board during the consideration of this Agreed Order. All parties understand that said stipulations may not be used for any evidentiary purpose in the event this Agreed Order is not accepted by the Board. Should a hearing be scheduled Licensee agrees that no challenge to the impartiality of the hearing panel will be made because of the disclosure of the above stipulated facts during the course of consideration of this Agreed Order by the Board.

3. Licensee agrees that the registered nurse license will be placed on probation when this Agreed Order is entered and that the probation will continue for at least eighteen (18) months of employment as a registered nurse.

4. Licensee agrees that her registered nurse license will be returned to the Kentucky Board of Nursing office to be reissued on probation immediately upon notification that the Order was entered by the Board.

5. Licensee agrees that if she is employed she will provide her employer(s) with a copy of this Order.

6. Licensee agrees that during the period of probation, she will have quarterly visits with a Board representative in the Kentucky Board of Nursing office or at a mutually agreed upon location and will have

quarterly written reports submitted to the Board by her employer(s), if employed in nursing. Licensee understands that an employer report indicating unsafe practice shall constitute prima facie evidence of a violation of the terms of this Agreed Order.

7. Licensee agrees to provide evidence of successful completion of continuing education offerings of at least thirty (30) on the legal/ethical issues of nursing by December 15, 1994. The thirty (30) contact hours are to be over and above any other continuing education requirement for reinstatement or renewal of the registered nurse license.

8. Licensee agrees that she may not be employed by a nurse registry, temporary nurse employment agency, or as an in-home nurse during the period of probation.

9. Licensee shall immediately notify the Board of any change in name, address and/or employment.

10. Licensee agrees to pay a civil penalty of four hundred fifty dollars ($450) to the Board by the end of the probationary period.

11. Licensee understands that failure to comply with any requirement as stated in this Agreed Order will result in the scheduling of a hearing to consider further action on the registered nurse license.

12. Submission of fraudulent documents or reports or misrepresentation of facts relating to the terms and conditions stated herein shall constitute a violation of this probation.

13. Licensee understands that removal from probation will be dependent upon satisfactory review of all relevant data and compliance with all terms of probation as stated in this Agreed Order. If all terms of probation are met, including the requirement that she not commit any act during the probationary period which would be grounds for disciplinary action pursuant to KRS 314.091, no hearing will be required for removal of license from probation.

14. Licensee understands that by signing this Agreed Order, and if the Order is accepted by the Board, then she agrees to waive the right to a hearing on the charges made, including the right to be present with counsel, to subpoena witnesses and to confront those against her, and the right to appeal the Board's decision as entered in the Agreed Order, and the full panoply of rights of hearing and appeal authorized by statute, regulation, or court decision.

15. Licensee understands that this Agreed Order when approved by the Board, is public information and can be disseminated.

RECEIVED
FEB 2 6 2010
Licensing Agency

LICENSEE

Diana K. Walton

DIANA K. WALTON

I hereby certify that Diana K. Walton signed this before me this 19 day of June, 1994.

Notary Public Richard W Lee

State of KY

My Commission expires 1-3-1996

S E A L

RECEIVED
FEB 25 2010
Licensing Agency

Entered on June 23, 1994

Roberta Scherer
Roberta G. Scherer, RN, President
Kentucky Board of Nursing

I hereby certify that Roberta G. Scherer, RN, President, Kentucky Board of Nursing, signed this before me.

SWORN to before me this 23rd day of June, 1994.

Pamela Dean
Notary Public
Commonwealth of Kentucky
My Commission expires 5/31/97

S E A L

RECEIVED
FEB 05 2001
Indiana
Licensure

KENTUCKY BOARD OF NURSING

(502) 329-7000
FAX (502) 329-7011

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172

PAUL E. PATTON
GOVERNOR

August 28, 1996

Date 2-23-10
I certify this to be a true copy of the record(s) on file with the Kentucky Board of Nursing
Ronica Valentine

DIANA K EATMON WALTON
3026 WIRTH AVE
LOUISVILLE KY 40217

Dear Ms. Walton:

This is to advise you that the Kentucky Board of Nursing reviewed information relative to the eighteen (18) month probationary period at the regular meeting on August 22 and 23, 1996, and it was determined that your registered nurse license is to be removed from probated status.

Your 1996-98 registered nurse license will be issued without the status code and there are no further probationary requirements to be met.

Please contact Sandra L. Johanson at the Board of Nursing office (Extension 228) if you have any questions.

Sincerely,

LINDA J. THOMAS, MSN, RN
PRESIDENT

Sharon M. Weisenbeck

By: Sharon M. Weisenbeck, MS, RN
Executive Director

rcc

RECEIVED
FEB 25 2010
Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

March 12, 2010

Edris Yvonne Hurt
3007 W. 83rd Street
Inglewood, CA 90305

Dear Ms. Hurt:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010**, to review your application for renewal of licensure. The meeting will take place in the Auditorium of the Conference Center, Indiana Government Conference Center, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. In particular, the Board would request that you be prepared to further discuss the "yes" responses on your renewal application. Your license will not be renewed with your personal appearance before the Board, and your application may be denied should you fail to appear.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman
Director, Indiana State Board of Nursing

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

January 5, 2010

EDRIS YVONNE HURT
3007 W. 83rd Street
Inglewood CA 90305

RE: 28083895A
Expiration Date: 12/31/1983

EDRIS YVONNE HURT:

Thank you for applying for renewal of your Indiana license. As you may be aware, you answered yes to question number one (1) **"Has any Health Profession license, certificate, registration or permit you hold or have held been disciplined *or* are formal charges pending?", three (3) "Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?" and five (5), "Since you last renewed, have you been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse *or* as another health care professional?"** Please be advised that you were instructed to attach details of any action taken. Your renewal **will not** be processed further until we receive this detailed information. This must be received in our office within **2 weeks** of the date of this letter. You may mail, fax or email your detailed information to:

Indiana Professional Licensing Agency
Attn: Nursing Board
402 West Washington Street, Room 072
Indianapolis IN 46204
Fax: 317-233-4236
Email: pla2@pla.in.gov

Failure to provide this additional detailed information may result in your request to personally appear before the board to explain your positive response. Failure to personally appear, if requested, may result in your renewal being denied.

According to Indiana Code 25-1-5-4(g): "The agency may delay issuing a license renewal for up to ninety (90) days after the renewal date for the purpose of permitting the board to investigate information received by the agency that the applicant for renewal may have committed an act for which the applicant may be disciplined." Your license/certification does remain valid during the ninety (90) days following the expiration date, unless your renewal is denied following a personal appearance before the Board.

We look forward to receiving the required information from you soon to ensure timely processing of your renewal. If you have any questions, you can contact me at (317) 234-2043 or via email at **pla2@pla.in.gov**.

Sincerely,

Sean Gorman, Director
Indiana State Board of Nursing

Indiana Professional Licensing Agency
Nursing Board (Group 2)
402 W. Washington St. Room W072
Indianapolis, IN 46204

We work to keep you working
IPLA
Professional Licensing Agency

EDRIS YVONNE HURT
3007 W. 83rd Street
Inglewood CA 90305

Probation - in CA
12/18/09

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency". 1/5/10 # 3178326

EXPIRED REGISTERED NURSE RENEWAL

Indiana License Renewal Application

EDRIS YVONNE HURT
3007 W. 83rd Street
Inglewood CA 90305

License Number	Date Expired	Expired Renewal Fee
28083895A	12/31/1983	**$100.00**

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	(YES)	NO
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES	(NO)
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	(YES)	NO
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES	(NO)
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	(YES)	NO

Mail To: **Indiana Professional Licensing Agency**
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form.
Failure to answer questions and/or sign the renewal form WILL delay your renewal.

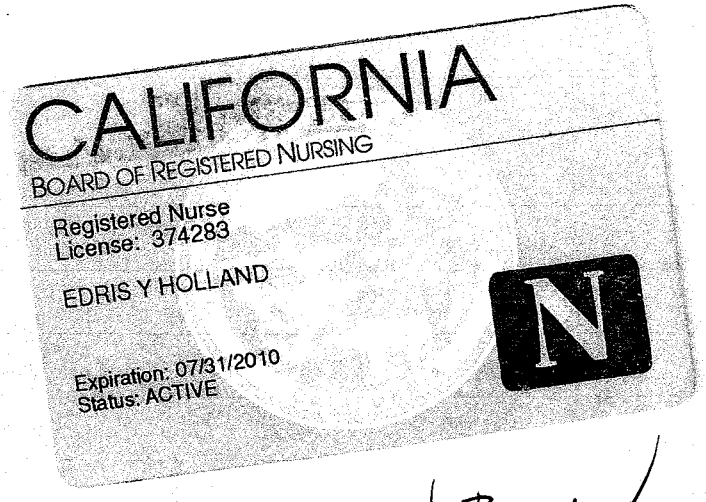
I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

Signature Of Applicant (respond Yes or No to all questions) Edris Hall RN BSN

Date Signed 12/30/09

- Your **license can still be renewed online for approximately 18 months after expiration.** Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

RECEIVED
JAN 05 2010
Indiana Professional Licensing Agency



Edris Holland RN BSN

RECEIVED
JAN 05 2010
Indiana Professional
Licensing Agency

RECORD OF EMPLOYEE EDUCATIONAL DEVELOPMENT

RECEIVED

EMPLOYEE'S NAME: HOLLAND, EDRIS
Last First

JAN 05 2010

Indiana Professional Licensing Agency

DATE	PROGRAM TITLE	CONDUCTED BY	LOCATION	NO. OF HRS.
3/11/08	New Employee Orientation	LCMT	CHE	
4/10/08	Nursing Orientation	LCMT	CHE	
5/19/08	Information & security	Healthstream	LCMT	
5/19/08	End of life care	Healthstream	LCMT	
5/23/08	Oth Associated Infectn + Oth	Healthstream	LCMT	1.0
5/26/08	Blood Administration	Healthstream	LCMT	
5/26/08	PAIN Management	Healthstream	LCMT	
5/27/08	Rapid regulatory Clinical	Healthstream	LCMT	
5/27/08	Patient Safety	Healthstream	LCMT	
6/3/08	SARS 2008	LCMT Educ	CHE	4.5 ceus
6/17/08	HIV Prevention Strategies in Medical Caresetting	Elite Continuing Ed CEP# 100022	online	1.0 ceus
6/17/08	Medical Errors in NSG	Elite ceus	online	2.0 Ceu
6/17/08	Nursing: Domestic Violence	Elite CEUs	online	2.0 ceu
6/17/08	Nursing and Antimicrobial Resistance	Elite CEUs	online	10.0 CEUs
6/17/08	Issues in Palliative Care Communication Techniques for End of Life Care	Elite	online	8.0 Ceu
6/17/08	Travel medicine - Wildlife & Environment Risk	Elite Ceus	online	4.0 CEU
6/17/08	Childhood obesity	Elite Ceus	online	4.0 CEUs
6/27/08	BLS Recert Part I	LCMT	Healthstream Schneider	
7/1/08	BLS Recert Part I	LCMT	Schneider	
10/24/08	ADOT Commercial	Healthstream	LCMT	
10/24/08	Pelvic-A-Smart Pump	Healthstream	LCMT	
10/27/08	ARSO Training	CHE	LCMT	3.0 ceus
10-3-08	CARDIOVASCULAR Symposium	LCMT	Education for STAFF Develo	6.5 ceus

LCMH-582

4/17/08 College MATH BSN Program B+ 3.0 Cred NUC403-C 2008 Total 35 CEUs
3/11/08 College MATH 2 BSN Program B- 3.0 Ceu NUC427-PASS
2/17/08 NUC301 Dos NSG PACE B- 3.0 NUC 402-A- NUC 405-A = 39.5 ceu 08

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

December 18, 2009

EDRIS YVONNE HURT
3007 W. 83rd Street
Inglewood CA 90305

RE: 28083895A
Expiration Date: 12/31/1983

EDRIS YVONNE HURT:

You have applied for renewal of a license that has been expired for more than ten (10) years. **Please provide one of the following within thirty (30) days**:

1. Please provide proof of current active, unrestricted licensure in another state: Either a copy of your active license with expiration date or a copy of your state board of nursing online verification will provide that proof; **OR**

2. Provide other proof of continued competence to practice nursing in the State of Indiana. The Indiana State Board of Nursing has consistently required, at a minimum, a total of 24 contact hours of continuing education for nurses; 6 hours each in the following areas: Documentation, Assessment, Pharmacology, and Legal Issues / Ethics. **Because your license has been expired for more than 10 years, the Board may require additional documentation, such as proof of completion of, or enrollment in a nursing refresher course with a clinical component.**

Failure to provide proof of current licensure in another state or adequate documentation of continued competence to practice nursing within 30 days of this notification will result in your request to personally appear before the board. Failure to personally appear, if requested, may result in your renewal being denied.

Please submit a copy of this letter with any documentation you provide to the Nursing Group. If you have any questions, please feel free to contact us at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
Indiana State Board of Nursing

RECEIVED
JAN 05 2010
Indiana Professional
Licensing Agency

University of Phoenix
Registrar's Office
4025 South Riverpoint Parkway
Phoenix, AZ 85040
1-800-866-3919

Date Issued: 10/19/2009
Record of: EDRIS Y. HOLLAND
Student Number: 283591 / ***-**-****
Birthdate: 06/26/1959

Mo/Year	Course ID	Course Title	Grade	Credits Attempted	Credits Earned	Quality Points	Rep
08/2009	COMM/215	ESSENTIALS OF COLLEGE WRITING	A-	3.00	3.00	11.01	

	GPA	Credits Attempted	Credits Earned	Quality Points
Total Cumulative Credits:			60.00	
UOPX Cumulative:	3.16	56.00	56.00	177.09

BSN Program GPA : 3.16

UNIVERSITY OF PHOENIX
DEGREES, CERTIFICATES

BACHELOR OF SCIENCE IN NURSING: COMPLETED 09/08/2009, CONFERRED 09/2009

**********End of Transcript**********

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JAN 05 2010
Indiana Professional Licensing Agency

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Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 23, 2010

Jaime McMahon
1315 N. Colorado Ave.
Indianapolis, IN 46201

Dear Ms. McMahon:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010** to review your application to renew an expired practical nursing license and the positive response you submitted with that application. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning your ability to practice nursing safely in Indiana.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

215110
3192159
$100.00
KT

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions o the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency".

EXPIRED LICENSED PRACTICAL NURSE RENEWAL

Jaime Dawn McMahon
1315 N. Colorado Ave.
~~5922 Sunset Drive~~ Indpls, In
~~Indianapolis IN 46239~~ 46201

Mail To: Indiana Professional Licensing Agency

402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

License Number	Date Expired	Expired Renewal Fee
27056420A	10/31/2008	$100.00

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	YES	NO
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES	NO
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES	NO
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES	NO
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	YES	NO

Signature Of Applicant (respond Yes or No to all questions): Jaime McMahon

Date Signed: 2-1-10

➢ **Your license can still be renewed online for approximately 18 months after expiration. Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.**

➢ To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID i your primary license number. Password is your social security #. You can update your addres and other demographic information during the renewal or any other time by logging in to your records online.

➢ Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.

➢ If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

RECEIVED
FEB 05 2010
Indiana Professional Licensing Agency

POSITIVE RESPONSE AFFIDAVIT

RECEIVED
FEB 11 2010
Professional Licensing Agency

STATE OF Indiana

COUNTY OF Marion

PERSONALLY came and appeared before me, the undersigned Notary, the within named Jaime McMahon, who is a resident of Marion County, State of Indiana, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

On July 16, 2008, I was terminated from my position as an LPN at Beech Grove Meadows. I had been differing medication from the patients. I was questioned regarding some discrepancies by the DON, and admitted to her that I had in fact differed the medication. I was immediately terminated, and given information about ISNAP. Beech Grove Meadows contacted the licensing board and the local police. Formal charges of theft and receiving stolen property were filed. I pled guilty to these charges in Drug Diversion Court in October 2009. After successful completion of the program all charges will be dropped and removed from my record. Their drug treatment program is very intense, requiring therapy 3 days a week for 3 hours at a time, 3 drug screens a week, court once a week, and active participation in NA/AA meetings. This program lasts for a minimum of 1 year. I also am in a monitoring agreement with ISNAP; this agreement was signed in October 2009, and will last for a minimum of 3 years.

DATED this the 8th day of February, 2010

Jaime McMahon
Signature of Affiant

SWORN to subscribed before me, this 8th day February, 2010

Joy Planck
NOTARY PUBLIC

Jaime McMahon
X Jaime McMahon

JOY D. PLANCK, Notary Public
Resident of Marion County
My Commission Expires 7-30-2017

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My Commission Expires:
7/30/2017

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Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

November 21, 2008

Jamie McMahon
5922 Sunset Drive
Indianapolis, IN 46239

Dear Ms. McMahon:

The Indiana State Board of Nursing reviewed your application for renewal at their meeting held on November 20, 2008, in which you appeared.

According to IC 25-1-5-4(g):

(g) The agency may delay issuing a license renewal for up to ninety (90) days after the renewal date for the purpose of permitting the board to investigate information received by the agency that the applicant for renewal may have committed an act for which the applicant may be disciplined. If the agency delays issuing a license renewal, the agency shall notify the applicant that the applicant is being investigated. Except as provided in subsection (h), before the end of the ninety (90) day period, the board shall do one (1) of the following:

(1) Deny the license renewal following a personal appearance by the applicant before the board.

(2) Issue the license renewal upon satisfaction of all other conditions for renewal.

(3) Issue the license renewal and file a complaint under IC 25-1-7.

(4) Request the office of the attorney general to conduct an investigation under subsection (i) if, following a personal appearance by the applicant before the board, the board has good cause to believe that there has been a violation of IC 25-1-9-4 by the applicant.

(5) Upon agreement of the applicant and the board and following a personal appearance by the applicant before the board, renew the license and place the applicant on probation status under IC 25-1-9-9.

(h) If an individual fails to appear before the board under subsection (g), the board may take action on the applicant's license allowed under subsection (g)(1), (g)(2) or (g)(3).

Based upon the above statute, the Board voted to deny your application for renewal.

You have the right to petition for review of this decision under IC 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and

demonstrating that you have been aggrieved or adversely affected by the Board's decision.

According to law, the petition for review must be filed with the Board within eighteen (18) days from the date of this letter unless such date is a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency is closed during regular business hours, in which case the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute, or day that the Indiana Professional Licensing Agency is closed during regular business hours.

If your petition for review is filed timely and review is granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the State of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

If you have any questions, please do not hesitate to contact the Indiana State Board of Nursing at (317) 234-2043, via fax at (317) 233-4236 or via e-mail at pla2@pla.in.gov.

Sincerely,

Michelle Hines, Assistant Director
Indiana State Board of Nursing
CERTIFIED MAIL # **7002 0510 0002 5862 5542**
RETURN RECEIPT REQUESTED

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402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

Deny renewal per BOD 11-20-08

October 14, 2008

Jamie D. McMahon
5922 Sunset Drive
Indianapolis, IN 46239

Dear Ms. McMahon:

This letter is in response to the renewal of your nursing license.

According to Indiana Code 25-1-5-4:

The agency may delay issuing a license renewal for up to ninety (90) days after the renewal date for the purpose of permitting the board to investigate information received by the agency that the applicant for renewal may have committed an act for which the applicant may be disciplined. If the agency delays issuing a license renewal, the agency shall notify the applicant that the applicant is being investigated. Except as provided in subsection (h), before the end of the ninety (90) day period, the board shall do one (1) of the following:

(1) Deny the license renewal following a personal appearance by the applicant before the board.

(2) Issue the license renewal upon satisfaction of all other conditions for renewal.

(3) Issue the license renewal and file a complaint under IC 25-1-7.

(4) Request the office of the attorney general to conduct an investigation under subsection (i) if, following a personal appearance by the applicant before the board, the board has good cause to believe that there has been a violation of IC 25-1-9-4 by the applicant.

(5) Upon agreement of the applicant and the board and following a personal appearance by the applicant before the board, renew the license and place the applicant on probation status under IC 25-1-9-9.

(h) If an individual fails to appear before the board under subsection (g), the board may take action on the applicant's license allowed under subsection (g)(1), (g)(2) or (g)(3).

(i) If the board makes a request under subsection (g)(4), the office of the attorney general shall conduct an investigation. Upon completion of the investigation, the office of the attorney general may file a petition alleging that the applicant has engaged in activity described in IC 25-1-9-4. If the office of the attorney general files a petition, the board shall set the matter for a hearing. If, after the hearing, the board finds the practitioner violated IC 25-1-9-4, the board may impose sanctions under IC 25-1-9-9. The board may delay issuing the renewal beyond the ninety (90) days after the renewal date until a final determination is made by the board. The applicant's license remains valid until the final determination of the board is rendered unless the renewal is denied or the license is summarily suspended under IC 25-1-9-10.

(j) The license of the applicant for a license renewal remains valid during the ninety (90) day period unless the license renewal is denied following a personal appearance by the applicant before the board before the end of the ninety (90) day period. If the ninety (90) day period expires without action by the board, the license shall be automatically renewed at the end of the ninety (90) day period.

After reviewing the information submitted with your renewal application, the Board requests that you personally appear before them on **November 20, 2008** at **8:45 a.m.**, in the Auditorium of the Conference Center located in the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Your license does remain valid during the ninety (90) days following the expiration date, unless your renewal is denied following your personal appearance before the Board.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If I may be of further assistance, please feel free to contact me at the above address, by calling (317) 234-2043 or via e-mail at mihines@pla.in.gov.

Sincerely,

Michelle Hines

Michelle Hines, Assistant Director
Indiana State Board of Nursing
CERTIFIED MAIL # **7006 2760 0003 4668 5611**
RETURN RECEIPT REQUESTED

08/19/2008

INDIANA PROFESSIONAL LICENSING AGENCY
Internet Renewal Questions

Name:	**McMahon, Jaime Dawn**	LICENSE#:	**27056420A**
Care Of:			
Address:	**5922 Sunset Drive**	Phone#:	3177558130
City/St/Zip:	**Indianapolis, IN 46239**	Phone2/Fax	

Birth Date	**08/06/1983**	Email	j.mcmahon@insightbb.com

Date/Time Completed: 10/8/2008 12:15:20PM

1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?	N
2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	N
3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?	N
4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
5.) Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?	N

STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL
MEDICAID FRAUD CONTROL UNIT
8005 CASTLEWAY DRIVE • INDIANAPOLIS, IN 46250-1946
www.AttorneyGeneral.IN.gov

GREG ZOELLER
INDIANA ATTORNEY GENERAL

TOLL FREE: 800.382.1039
PHONE: 317.915.5300
FAX: 317.232.6523

To: Sean Gorman, Board Director
Professional Licensing Agency
Attn: Indiana State Board of Nursing

From: Allen Pope, Director
Medicaid Fraud Control Unit

Date: January 21, 2009

Our File #: 08-10843
Licensee: Amy V. Keil, RN #28128189A
Date of Incident: July and August, 2008
Victims: Margaret Hires

The Medicaid Fraud Control Unit (MFCU) has completed an investigation concerning the incident identified above. I am referring this matter to you for appropriate administrative action.

RN Amy V. Keil tested positive for THC, cocaine, opiates, and amphetamines. As a result, her employment at Healthwin was terminated on July 30, 2008.

The MFCU is required by federal regulation to report the status of referrals and we ask that your agency advise us of the findings and disposition as to this referral.

The MFCU has a detailed investigative summary and a complete file documenting its investigation. Subject to our confidentiality rules, we will make our work product available to anyone who needs it.

All records of the MFCU are confidential under Indiana's Public Records Law. Any agency to which the MFCU transfers the unit's records is required by Indiana's Public Records Law to maintain the confidentiality of those records in exactly the same manner as that confidentiality is maintained by the MFCU. Under Indiana's Public Records Law, records of the MFCU may only be released at the discretion of the unit.

Additional needed information can be obtained by contacting paralegal Steve Routh. His phone number is 317-915-5332. his e-mail address is srouth@atg.state.in.us. Paralegal Routh is also the appropriate person to receive the findings and disposition information.

Thank you for your consideration.

Allen K. Pope
Director

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JAN 26 2009
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Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

March 12, 2010

Amy Keil
1623 Orkney Drive
South Bend, IN 46614

Dear Ms. Keil:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **March 18, 2010**, to review your application for renewal of licensure and reports the Board has received of your noncompliance with your ISNAP Recovery Monitoring Agreement. The meeting will take place in the Auditorium of the Conference Center, Indiana Government Conference Center, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman
Sean Gorman
Director, Indiana State Board of Nursing

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: February 23rd, 2010

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: Amy V. Keil
License #: 28128189A – Active/Expired

___X___ Ms. Keil had relapsed on cocaine and has been in significant non-compliance with her recovery monitoring agreement (RMA).

COMMENTS:

*10.22.08 – Ms. Keil called to initiate the intake process. She was referred by the Attorney General's office for a termination from her previous employer for testing positive on a urine drug screen (UDS). Ms. Keil tested positive for marijuana, cocaine, amphetamines and opiates.
*12.01.08 – Worksite confirmation completed with Golden Living Center – Fountain View in Mishawaka, Indiana. Shana Pedimonte, DON, was the identified worksite monitor (WSM), phone #: 574-277-2500.
*01.22.09 - Assessment received from Pat Parker, CADAC IV, and Dr. Susan Taccheri from Oaklawn Services in Elkhart, Indiana. Ms. Keil was diagnosed with alcohol and cannabis abuse and a history of depressive disorder.
*01.23.09 – Clinical Team (CT) reviewed Ms. Keil's assessment and recommended an eighteen (18) month RMA. The RMA was mailed out and returned on 02.06.09. A needs assistance fund (NAF) application was mailed to Ms. Keil.
*02.06.09 – Ms. Keil informed ISNAP that she had resigned her position at Fountain View.

(continued)

*04.09.09 – Oaklawn informed ISNAP that Ms. Keil had failed to provide an adequate UDS and she had refused to stay to submit a second screen.
*04.28.09 – Another NAF application was mailed to Ms. Keil.
*06.16.09 – Ms. Keil's NAF application was approved.
*06.22.09 – Ms. Keil's UDS was dilute with a creatinine of .11 and was positive for cocaine. Ms. Keil admitted to using cocaine. She was referred to Child and Family Services (C & F S) for a re-assessment. C & F S recommended an intense outpatient program (IOP).
*07.14.09 – Quarterly compliance report and Ms. Keil was in partial compliance.
*08.26.09 – CT reviewed Ms. Keil's relapse and accepted the treatment recommendations. Ms. Keil's RMA was extended for six months.
*09.15.09 – Ms. Keil's NAF application was approved.
*10.29.09 – Quarterly compliance report and Ms. Keil was in significant non-compliance.
*11.23.09 – CT reviewed Ms. Keil's non-compliance and extended her RMA for three months. Any further non-compliance would result in case closure.
*01.06.10 – Progress report received from F & C S and Ms. Keil's participation was satisfactory.
*02.03.10 – Quarterly compliance report and Ms. Keil was in significant non-compliance.
*02.03.10 – Ms. Keil's UDS from 01.28.10 was received and was positive for cocaine.
*02.23.10 – CT reviewed Ms. Keil's positive UDS and non-compliance and recommended case closure.
*02.23.10 – Memo of closure typed and e-mailed to the AG's office.

Ms. Keil's license is currently active. Based on Ms. Keil's second relapse on cocaine and non-compliance with her RMA, Ms. Keil's ***case dynamics are consistent with imminent risk to public safety and ISNAP would recommend a timely review of her file.*** To the best of ISNAP's knowledge, she is not working as a nurse. In fact, her license has expired.

Cc: Amy V. Keil, 1623 Okney Drive, South Bend, Indiana 46614
Phone #: 574-520-3579 (cell)

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Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 31, 2010

Heather Potts
3029 Breton Street
Robinson, TX 76706

Dear Ms. Potts:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a practical nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing in Indiana is currently on expired status and you indicated a positive answer to questions 3 and 5 for which the Board would like more information.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

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Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 31, 2010

Melissa Morton
204 E. North Street
PO Box 181
Eaton, IN 47338

Dear Ms. Morton:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing in Indiana is currently on expired status and you indicated a positive answer to question 3 for which the Board would like more information

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

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PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 31, 2010

Susan Warren
1523 Poplar Street
Anderson, IN 46012

Dear Ms. Warren:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing in Indiana is currently on expired status and you indicated a positive answer to question 5 for which the Board would like more information

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

We work to keep you working
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Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

April 5, 2010

Rebecca Brunty
4023 W. 77th Place Apt. 10
Merrillville, IN 46410

Dear Ms. Brunty:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010**, to review your application for renewal of licensure and the circumstances surrounding your reported criminal conviction. The meeting will take place in the Auditorium of the Conference Center, Indiana Government Conference Center, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman
Sean Gorman
Director, Indiana State Board of Nursing

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IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 15, 2010

Gail Gemmell
17953 Lorenz Avenue
Lansing, IL 60438

Dear Ms. Gemmell:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing is currently on expired status and we did not receive your positive response explanation until 3/8/10.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all renewals with a positive response!

Name GAIL GEMMELL

License number 28130710A

Paper renewals

Positive response statement submitted Yes ✓ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes ✓ No_____

Decision after personal appearance if applicable:_____

* HAS CURRENT RN LICENSE IN ILLINOIS

Web renewals

Date letter sent for positive response statement: date sent_____

Date positive response statement submitted date recd_____

Hold(s) date released_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

IL lic on prob. thru 2011

Set for April PA

March 3, 2010

To Whom it May Concern,

My Illinois RN license was suspended in May 2005, for diverting Stadol from the University of Chicago Hospital. I resigned as they were in the process of deciding what to do with my case. I entered into a drug treatment program and I have been sober since June 23, 2005. I continue with an aftercare program and monthly, sometimes twice monthly random drug screens.

I applied for restoration of my Illinois RN license in March 2009, and my license was granted on a Probationary basis in June 2009.

Attached is a copy of my Consent Order that describes in detail the terms of my License Restoration / Probation.

If you need anything else, please call me at 708 843-1238.

Thank You,

Gail Marie Hannell

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MAR 08 2010
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Licensing Agency

Indiana Professional Licensing Agency
Nursing Board (Group 2)
402 W. Washington St. Room W072
Indianapolis, IN 46204

We work to keep you working
IPLA
Professional Licensing Agency

GAIL MARIE GEMMELL
17953 LORENZ AVENUE
LANSING IL 60438

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency".

3/8/10
3208137

EXPIRED REGISTERED NURSE RENEWAL

Indiana License Renewal Application

GAIL MARIE GEMMELL
17953 LORENZ AVENUE
LANSING IL 60438

Mail To: **Indiana Professional Licensing Agency**
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form.
Failure to answer questions and/or sign the renewal form WILL delay your renewal.

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

License Number	Date Expired	Expired Renewal Fee
28130710A	10/31/2003	**$100.00**

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

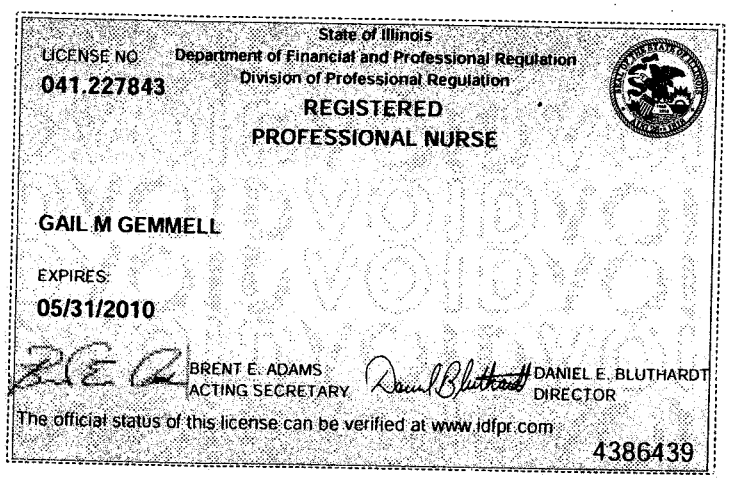
1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	(YES)	NO
2. Have you been denied a license, certificate, registration, or permit in any state?	YES	(NO)
3. Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES	(NO)
4. Have you had a malpractice judgment against you or settled a malpractice action?	YES	(NO)
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	(YES)	NO

Signature Of Applicant (respond Yes or No to all questions): Gail Marie Gemmell

Date Signed: 3-3-2010

- Your **license can still be renewed online for approximately 18 months after expiration.** Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

RECEIVED
MAR 08 2010
Indiana Professional Licensing Agency



State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041.227843

REGISTERED
PROFESSIONAL NURSE

GAIL M GEMMELL

EXPIRES:
05/31/2010

BRENT E. ADAMS
ACTING SECRETARY

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

4386439

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MAR 08 2010
Indiana Professional
Licensing Agency

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

IN RE: The License Restoration of	)	
	)	No. 200404272
GAIL GEMMELL	)	
License No. 041227843, Petitioner,	)	

CONSENT ORDER

THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, Division of Professional Regulation, [hereinafter referred to as the "Department"] by and through Beth Renee Nussbaum, one of its attorneys, and GAIL GEMMELL, Petitioner, hereby agree to the following:

STIPULATIONS

1. That pursuant to the terms of a Consent Order approved by the Director on May 24, 2005, Petitioner's State of Illinois Registered Nurse License Number 041227843 was Suspended Indefinitely.
2. Petitioner filed a Petition for Restoration of her Registered Nurse license on or about March 23, 2009.
3. As a result of the foregoing Petition, the Department held an Informal Conference at the offices of the Department, 100 West Randolph Street, Chicago, Illinois on April 16, 2009. Julio Santiago appeared as a member of the Nursing Board of the State of Illinois and Beth Renee Nussbaum appeared as an attorney for the Department. The Petitioner appeared in person, Pro Se.
4. Petitioner has presented evidence that she has complied with the terms of the Order dated May 24, 2005 in order to have her license reinstated and placed on

Probation.

5. Petitioner has been advised that she has a right to a hearing on her Petition to Restore her license, the right to contest any allegations made, and the right to administrative review of any Order resulting from a hearing. Petitioner knowingly waives each of these rights, as well as any right to an administrative review of this Consent Order.

6. Petitioner acknowledges that she has freely and willfully entered into this Consent Order without threat or coercion by any person and that she has not relied upon any statement or representation made by any person on behalf of the Department other than as specifically set forth herein.

7. Petitioner and the Department have agreed, in order to resolve this matter, that Petitioner be permitted to enter into a Consent Order with the Department, providing for the restoration of her license, which is fair and equitable in the circumstances and which is consistent with the best interests of the people of the State of Illinois.

8. It is stipulated that the Department has jurisdiction over the subject matter and of the parties in this case.

9. It is further stipulated that the Petitioner has demonstrated that Restoration of GAIL GEMMELL's license to Probationary status is within the public interest.

RECOMMENDATION

A. The Department, through Beth Renee Nussbaum, one of its attorneys, and the Board of Nursing of the Department, recommend to Daniel E. Bluthardt, Director of the Department, that the Certificates of Registration, License No.

041227843, be removed from Suspended status and placed on Indefinite Probation for a minimum period of two (2) years, upon completion of all necessary forms and payment of all necessary fees.

B. During the period of Probation, Petitioner shall adhere to the following:

1. Petitioner shall not ingest alcohol or controlled substances;
2. Petitioner shall not ingest mood or mind altering substances except those therapeutically prescribed by a treating prescriber whose patient records reflect that the treating prescriber knew of Petitioner's disease and ongoing recovery;
3. Petitioner shall provide monthly random urine screens during the entire Probation period. The type of screen shall be dictated by the Probation department. Failure to appear for, refusal to provide, adulteration, dilution of or tampering with a sample for any urine drug screen shall cause that screen to be presumed positive. Any positive screen shall act as a violation of this order;
4. Petitioner shall actively participate in an ongoing program of aftercare accepted by the Department, which monitors the Petitioner's recovery and includes random monthly urine drug screens. Petitioner is also subject to random urine drug screens at the direction of the Department.
5. Petitioner shall cause the program to submit written quarterly reports detailing the Petitioner's program status and immediate notification of instances of non-compliance. Petitioner shall provide

the Department with copies of any treatment plans, aftercare/monitoring agreements, program discharges or dismissals or any revisions thereto. Failure to satisfactorily participate in an accepted program shall act as a violation of this order;

6. Petitioner shall meet with a Probation Investigator as directed;

7. Petitioner shall provide the Department with quarterly reports which include:

   a. current residential address and telephone number where she can be reached;

   b. if working as a nurse, Petitioner shall provide a copy of any performance evaluation completed by her employer within the prior quarter. Petitioner, shall at the beginning of Probation, provide the Department with objective documentation as to the frequency of employee performance evaluations;

   c. a description of job duties, responsibilities and name of immediate supervisor, if employed in a nursing related environment;

   d. a copy of all incident reports involving the Petitioner within the prior quarter.

C. Petitioner shall notify the Department's Acting Chief of Probation Investigations in writing of any change in employment and home address and telephone within five (5) days;

D. Petitioner shall comply with all terms and conditions of the Nurse Practice Act (2007) 225 ILCS 65/50-1 et seq. and the Rules enacted in furtherance thereof. Petitioner's failure to do so shall be deemed a violation of the terms of probation.

E. Petitioner agrees that any violation of paragraphs B 1, 2, 3, 4, 6 or D of this Consent Order permits the Director of the Department of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Petitioner's Registered Nurse's License No. 041227843 for a minimum period of twelve months (12) months. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. In the event Petitioner contests in writing (by the filing with the Department within 15 days the effective date of the suspension, a Petition complying with the Department's Rules of Practice in Administrative Hearings), the factual basis underlying said suspension, then Petitioner shall be afforded a hearing on the merits within thirty (30) days from the filing of that petition.

F. All reports required to be submitted to the Department pursuant to this Consent Orders shall be sent to the Department of Professional Regulation, Attention: Acting Chief of Probation Investigations, 100 West Randolph Street, Suite 9-300 Chicago, Illinois 60601.

G. Any violation by Petitioner of the terms and conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke the Petitioner's license to practice as a Registered Nurse in the State of Illinois.

G. Petitioner shall be required to file a Petition to Restore to restore her license to unencumbered status.

H. This Consent Order shall become effective immediately upon signing and approval by the Director of this Department.

4/27/09
DATE

Beth Renee Nussbaum
Attorney for the Department

4-21-09
DATE

Petitioner

4/30/09
DATE

Member, Illinois Board of Nursing

The foregoing Consent Order is approved in full.

DATED THIS 12th day of June, 2009.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION,
DIVISION OF PROFESSIONAL REGULATION
OF THE STATE OF ILLINOIS,
MICHAEL T. McRAITH, ACTING SECRETARY

DANIEL E. BLUTHARDT
DIRECTOR

REF: License No. 041227843
Case No. 200404272

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 25, 2010

Robert Sledge
1318 Mill Race Road
Louisville, KY 40242

Dear Mr. Sledge:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a registered nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing in Indiana is currently on expired status and your Kentucky nursing license is under scrutiny.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Grice, Lori

From: R.D. Sledge [rdsledge@hotmail.com]
Sent: Wednesday, March 24, 2010 3:06 PM
To: Grice, Lori
Subject: licensure renewal

rDear Ms. Grice, the person investigating my case with the Kentucky Board of Nursing is Ms. Carney,Her phone number is 429-7173, street address is; 312 Whittington PKY, Suite 300,Louisville,Ky,40222.
I will be working at Wellston Regional Hospital, 2700 Vissing Park Road,Jeffersonville,IN 47130. Kim Jackson RN is in charge of staff development there. Her number is 813-258-1051. Ms. Jackson knows that I am under investigation in Kentucky. I am to start work there on 04/05/2010 and need an Indiana RN license. I have been off work for close to 2 months and really need the work.
I will be happy to keep you advised as to my status with my RN license in Kentucky. I have an informal hearing on 04/12/2010.

If I may be of any help,please let me know.
R. Sledge RN

Hotmail: Trusted email with powerful SPAM protection. Sign up now.

POSITIVE RESPONSE FORM - This form is for all renewals with a positive response!

Name Robert Sledge

License number 28135680A

Paper renewals

Positive response statement submitted Yes _____ No _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

Set for May due to KY Bd mtg 4/12/10
4/15/10 ~~5/20/10~~ in LN Lg

Web renewals

Date letter sent for positive response statement: date sent_____

Date positive response statement submitted date recd_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Cassidy, Janet

From: R.D. Sledge [rdsledge@hotmail.com]
Sent: Wednesday, March 24, 2010 1:13 PM
To: Cassidy, Janet
Subject: Indiana Bord of Nursing renewal
Attachments: scan0001.jpg; scan0002.jpg

Dear Ms. Cassidy, I have attached a copy of the letter I sent to the Kentucky Bord of nursing.The investigation is still ongoing.I have an appointment for an informal hearing with the Ky. Bord on 5/12/10. Please fell free to contact me. R Sledge RN

Subject: renewal
Date: Wed, 24 Mar 2010 12:10:28 -0400
From: jcassidy@pla.IN.gov
To: rdsledge@hotmail.com

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

March 24, 2010

Robert Daniel Sledge
1318 Mill Race Road
Louisville KY 40242

NOTIFICATION

Please provide: Statement in own words regarding positive response #5 giving complete details beginning, ending dates, or whether ongoing. Enclose any helpful court documents

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Cassidy, Janet

From: R.D. Sledge [rdsledge@hotmail.com]
Sent: Wednesday, March 24, 2010 2:34 PM
To: Cassidy, Janet
Subject: Indiana Board of Nursing renewal
Attachments: image001.png

Dear Ms.Cassidy the letter of explanation I sent was related to my termination from the Louisville Metro Dep. of Health and Wellness. I Worked at the M.O.R.E. which is an opiate treatment program (Methadone). Thank You, R. Sledge RN

Subject: renewal
Date: Wed, 24 Mar 2010 12:10:28 -0400
From: jcassidy@pla.IN.gov
To: rdsledge@hotmail.com

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Tel : (317) 232-2980 Fax : (317) 233-4236

March 24, 2010

Robert Daniel Sledge
1318 Mill Race Road
Louisville KY 40242

NOTIFICATION

Please provide: Statement in own words regarding positive response #5 giving complete details beginning, ending dates, or whether ongoing. Enclose any helpful court documents

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Robert D. Sledge
1318 Mill Race Road
Louisville, K.Y. 40242
Home: (502)420-9997
Cell: (502)544-1283
E-Mail: rdsledge@hotmail.com

To whom it may concern,

This letter is to answer allegations of practicing beyond the scope of practice as a registered nurse in KRS 314.011(6)C, KRS 314.02(12) and Public Health Chapter 1 Title 42, sections 8.12 (h) (4) (i) (1) (2) (i) (ii) (iii) (iv) (v) (vi) (vii) (viii) (3) (i).

This is all in relation to a medication error that started on 10-01-09 with a clerical error and ended with this nurse's termination on 10-07-09 with allegations of practicing beyond the scope of practice. This was a medication error on my part. At no time did I, with willful knowledge and/or forethought, try to implement orders on my own or circumvent procedure or any part of the Kentucky Revised Statute 314, Kentucky Nurse Practice Statute, Title 42 Public Health Chapter 1 Certification of Opioid Treatment Programs, or Louisville Metro Government Personal Policies. It was my thought that special exemption had been granted for the patient, allowing him to have multiple take home doses due to his medical condition and his treatment.

On Thursday, 10 01-02, I made a clerical error with the take home doses on this patient. The patient had take home doses on Monday, Tuesday, Thursday, and Friday, with clinic visits on Saturday, Sunday, and Wednesday. Somehow I had mistakenly given him doses for Monday through Friday. I had Friday off. The patient was given his dose on Saturday 10 03-09. On Sunday, 10 04-09, I dosed the patient at the clinic and gave him doses for Monday through Friday. I had know about the patient's special exemption for take home doses (because of his medical condition and treatment) since they had been discussed in a staff meeting and granted. The discussion in the staff meeting and the order, that was in error, caused me to make the medication error.

I began to think more about the doses after the patient had left. I checked with the supervisor about the special exemption order. It was not in the computer. I thought I would wait until Tuesday, his counselor's off days being Sunday and Monday, to speak with his counselor about the special exemption and what dates it included. The counselor informed me that the doctor had left before signing the paperwork, and the exemptions would start the next week.

I saw my supervisor and told her that I had made a medication error when I had given the patient a take home dose for Wednesday. I suggested that we call the patient that day, Tuesday 10 06-09, and have him come in on Wednesday (10 07-09) with the dose for Wednesday. I suggested that he take the dose in front of Nursing and have the doses for

Thursday and Friday examined. My supervisor said, "No, he's too sick and I wouldn't make him do that." When talking to my supervisor, I freely admitted that I had made a medication error. My supervisor may have thought I was talking about something other than a medication error.

I never heard anything about practicing beyond my scope of practice until Wednesday, 1007-09, when I was terminated. The chief of staff had asked me if I knew that dispensing medication without an order was a major offense. I answered that, yes, I did. The chief of staff may have taken this as an admission. However, it was a response to that specific question, not an admission. I attempted to explain the circumstances as I knew them at the time, but this fell on deaf ears. I was very shocked at my termination and dumbfounded, as I has never had an infraction in eight years. I thought this was very harsh and expressed my dismay.

Subsequently this reliable patient's exemption paperwork was completed properly and submitted with approval. The next week the patient had take home doses for Monday through Saturday.

If I may be of any other help in this matter, feel free to contact me.

R. Sledge RN

R. Sledge R.N.

Indiana Professional Licensing Agency - RN Renewal Form

From: **Krawczyk, Joyce** (JKrawczyk@pla.IN.gov)
Sent: Fri 3/19/10 6:22 PM
To: rdsledge@hotmail.com

Please return this form with the $100.00 Renewal Fee and a copy of your KY license.

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency". 32164403 3/24/10 $100.00

EXPIRED REGISTERED NURSE RENEWAL

Robert Daniel Sledge
1318 Mill Race Road
Louisville KY 40242

Mail To: Indiana Professional Licensing Agency
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

License Number	Date Expired	Expired Renewal Fee
28135680A	10/31/2001	**$100.00**

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	YES	(NO)
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES	(NO)
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES	(NO)
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES	(NO)
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	(YES)	NO

Signature Of Applicant (respond Yes or No to all questions): Robert Daniel Sledge

Date Signed: 03/19/2010

- Your **license can still be renewed online for approximately 18 months after expiration**. Online is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

RECEIVED
MAR 24 2010
Indiana Professional Licensing Agency

Online Validation Results

Online Validation Results

Identifier	Validation Result
1081762	Robert Sledge **ALERT:** UNDER INVESTIGATION. For more information on the status of this license please call the Kentucky Board of Nursing at 502-429-3300 ext 3325 or 3314. **License #:** 1081762 **License Type:** RN **Status:** Active **Expiration Date:** 31-OCT-10 **Original Date of KY licensure:** 08-FEB-96 This license has multistate practice privileges in compact states. Does not hold an active status as a State Registered Nurse Aide and is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. **Verification date:** 19-MAR-10. Click here for a list of Compact States.

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RECEIVED
MAR 24 2010
Indiana Professional
Licensing Agency

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

April 6, 2010

Marlene Lewis
1718 CR 40
Auburn, IN 46706

Dear Ms. Lewis:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **April 15, 2010** to review your application for renewal of licensure as a practical nurse. The meeting will take place in the **Auditorium on the first level of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana.** The Board requests that you appear before them at **8:45 a.m.** to answer questions they have concerning approval of your renewal application.

Your license to practice nursing in Indiana is currently on expired status and you will need to provide proof of active licensure in another state or proof of 24 hours of continuing education which is 6 hours in each of the following: documentation, assessment, pharmacology, and legal/ethics.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

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IPLA
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Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

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Governor Mitchell E. Daniels, Jr.

CE's 4/5
not provided
in 30 days.
Janet

March 1, 2010

Marlene Kay Lewis
1718 CR 40
Auburn IN 46706

Marlene Kay Lewis:

You have applied for renewal of a license that has been expired for more than three (3) years. **Please provide one of the following within thirty (30) days**:

1. Please provide proof of current active, unrestricted licensure in another state: Either a copy of your active license with expiration date or a copy of your state board of nursing online verification will provide that proof; **OR**

2. Provide other proof of continued competence to practice nursing in the State of Indiana. The Indiana State Board of Nursing has consistently required, at a minimum, a total of 24 contact hours of continuing education for nurses; 6 hours each in the following areas: Documentation, Assessment, Pharmacology, and Legal Issues / Ethics.

Continuing Education can be found at American Nurse Credentialing Center www.nursecredentialing.org 1800-284-2378. Indiana State Nurses Association www.indiananurses.org 1-317-299-4575. The National Council of State Boards of Nursing, Inc. www.ncsbn.org 1-312-525-3600. Yahoo.com, Ask.com and RN.com

Failure to provide proof of current licensure in another state or adequate documentation of continued competence to practice nursing within 30 days of this notification will result in your request to personally appear before the board. Failure to personally appear, if requested, may result in your renewal being denied.

Please submit a copy of this letter with any documentation you provide to the Nursing Group. If you have any questions, please feel free to contact us at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,
Janet Cassidy Case Manager

Nursing Group
Indiana State Board of Nursing

From: Barclay, Stacie (sbarclay@pla.IN.gov)
To: marlenel41@yahoo.com
Date: Fri, February 12, 2010 9:35:02 AM
Subject: Renewal Form

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency". 3204814 100.00 3/1/10

EXPIRED LICENSED PRACTICAL NURSE RENEWAL

MARLENE KAY SHULER
1718 County Road 40
Auburn IN 46706

Mail To: Indiana Professional Licensing Agency
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form. Failure to answer questions and/or sign the renewal form WILL delay your renewal.

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

License Number	Date Expired	Expired Renewal Fee
27037812A	10/31/2006	**$100.00**

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	YES	(NO)
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES	(NO)
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES	(NO)
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES	(NO)
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	YES	(NO)

Signature Of Applicant (respond Yes or No to all questions): Marlene Lewis

Date Signed: 2-16-10

➢ Your **license can still be renewed online for approximately 18 months after expiration**. Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.

➢ To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.

➢ Name changes must be done in writing – include a copy of a marriage license or court order and mail to the address above. Be sure to include your license number.

➢ If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

Please Change my last name from Shuler to Lewis.
Enclosed is a copy of my marriage license.

Thank you,
Marlene Lewis
260-541-0297 Marlene141 @yahoo.com

RECEIVED
MAR 01 2010
Indiana Professional Licensing Agency

State of Indiana
Original

Marriage Certificate

I, Lester A. Bush, hereby certify that on the 4th day of September, one thousand nine hundred and 99 at Syracuse in the County of Kosciusko, State of Indiana,

Groom Richard Aaron Lewis of Allen County, State of Indiana,

and

Bride Marlene Kay Shuler of Allen County, State of Indiana,

were by me united in

Marriage

as authorized by a marriage license issued for that purpose by Lisbeth A. Blosser, Clerk of the Allen Circuit Court, Fort Wayne, Indiana, dated the 18th day of August, 1999

Signed Lester A. Bush

Official Designation Ordained Elder / Pastor

Witnessess: Dodie Nilchak

Angela A Lewis

ANGELA A. LEWIS, Notary Public
Allen County, State Of Indiana
My Commission Expires April 2, 2001

RECEIVED
MAR 01 2010
Indiana Professional Licensing Agency

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 015

IN THE MATTER OF THE LICENSE OF:

BARBARA LOUISE JOHNSON, L.P.N.

LICENSE NO: 27034849A,

RESPONDENT

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

CONTINUANCE ORDER AND SETTLEMENT/PRE- HEARING CONFERENCE NOTICE

Comes now the Indiana State Board of Nursing upon a Request for Continuance, filed by the State of Indiana, Thomas McGee, Deputy Attorney General, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 9:00 a.m., be rescheduled to **April 15, 2010, at 9:00 a.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a settlement/pre-hearing conference, as referenced in Exhibit A.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on January 29, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 22 day of March, 2010

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Barbara Johnson
8905 Evergreen Ave., Apt. 169
Indianapolis, IN 46240
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 8036
RETURN RECEIPT REQUESTED

Ronald E. Elberger
Bose, McKinney & Evans
111 Monument Circle, Suite 2700
Indianapolis, IN 46204

Thomas. P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO.: 2010 NB 015

IN THE MATTER OF THE LICENSE OF)
)
BARBARA LOUISE JOHNSON, L.P.N.,)
)
LICENSE NO. 27034849A,)
)
Respondent.)

FILED
MAR 0 4 2010
Indiana Professional
Licensing Agency

MOTION FOR CONTINUANCE OF SETTLEMENT CONFERENCE

Respondent, Barbara L. Johnson, L.P.N., by counsel, respectfully moves the Indiana State Board of Nursing ("Board") for an Order setting aside the March 18, 2010 settlement/pre-hearing conference and rescheduling the settlement/pre-hearing conference for the **April 15, 2010** regularly scheduled board meeting at 8:30 a.m. and in support thereof shows as follows:

1. No previous prehearing conference has been conducted in this matter.

2. This request for a continuance is made in good faith and is not made for the purpose of delay.

3. Undersigned counsel spoke on March 2, 2010 by telephone with Deputy Attorney General Thomas McGee concerning this request and Petitioner (the State of Indiana) has no objection to this Motion.

WHEREFORE, Respondent, Barbara L. Johnson, L.P.N., by counsel respectfully requests that the Board enter an Order vacating the March 18, 2010 settlement/pre-hearing conference and setting that conference for April 15, 2010 at 8:30 a.m.

Exhibit D

Respectfully submitted,

Ronald E. Elberger, Atty. No. 6675-49
Kelly M. Scanlan, Atty. No. 25779-49

Bose McKinney & Evans LLP
111 Monument Circle, Suite 2700
Indianapolis, Indiana 46204
Telephone: (317) 684-5000
Facsimile: (317) 223-0464

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing "Motion For Continuance Of Settlement Conference" has been served upon the following by hand delivery this 4th day of March, 2010:

Thomas McGee
Laura E. Wilford
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, Fifth Floor
402 West Washington Street
Indianapolis, Indiana 46204-2770

Kelly M. Scanlan

1619503_1

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 015

IN THE MATTER OF THE LICENSE OF)
)
BARBARA LOUISE JOHNSON, L.P.N.,)
)
LICENSE NO: 27034849A)

FILED
JAN 14 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Barbara Louise Johnson, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 8905 Evergreen Avenue, Apt. #169, Indianapolis, Indiana 46240 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27034849A in 1992.

2. On or around October 30, 2006, Respondent began employment as a night staff nurse at North Willow Center located in Indianapolis, Indiana.

3. On or around November 7, 2006, Respondent administered 30 units of Lantus Insulin to a patient rather than the 20 units as ordered. Respondent reported the error immediately. The patient did not exhibit any ill effects from the mistake.

4. On or around November 28, 2006, Respondent forgot to administer a patient's 7:00 a.m. insulin. The patient experienced increased blood sugar but showed no signs of an adverse reaction. Respondent received a written warning due to this medication error.

5. On or around February 28, 2007, at approximately 6:00 a.m., Respondent pre-set medications for five patients and used a black marker to label each of the cups. This practice is contrary to North Willow Center's policy, which prohibits pre-setting medications.

6. Patient B.W. was scheduled to receive Dilantin, Morphine Sulphate Extended Release, and Cymbalta. Patient B.B. was scheduled to receive Propass (a nutritional supplement), Colace, multivitamin, Calcium/Vitamin D, Lasix 40 mg, K-Dur, Seroquel, and Klonopin.

7. Respondent gave patient B.B. what she thought were patient B.B.'s medications. When patient B.W. arrived at the nursing station for her medications, her cup was gone. Respondent then realized that she may have given patient B.W.'s medications to patient B.B.

8. After realizing that patient B.B. may have received patient B.W.'s medication, Respondent proceeded to give patient B.B. her routine medications.

9. Respondent then set out new medications for patient B.W., with the exception of patient B.W.'s ordered Morphine because Respondent realized the narcotic count would then be wrong and her medication error discovered.

10. Respondent realized her error and was aware that she should have filled out a medication error report and called a doctor. But based on patient B.B.'s behavior and her vital signs, Respondent thought she had not been adversely affected and did not notify anyone of her mistake out of fear of disciplinary action.

11. At approximately 12:30 p.m., after Respondent went off shift, patient B.B. began experiencing respiratory distress. She was found unresponsive, with fixed pupils, shallow breath, and a pulse of 80. Emergency services transported patient B.B. to the hospital.

12. Hospital and facility records do not indicate that anyone besides the Respondent was aware of the possible medication error.

13. On or around March 2, 2007, at approximately 6:55 a.m., patient B.B. died in the hospice unit. The immediate cause of death was stroke and cerebrovascular disease. Patient B.B. had a do not resuscitate order on file.

14. On or around March 2, 2007, Respondent approached the Director of Nursing (DON) at North Willow Center and admitted that she felt responsible for patient B.B.'s hospitalization. Respondent then confided to the DON about the possible medication error. Respondent acknowledged that she had crushed the Morphine and opened the Dilantin Kapseals ordered for patient B.W. prior to administration against the physician order. These medications are also on the facility's "Do Not Crush Medication List." Respondent stated that she was unfamiliar with the unit she was working in that morning. She stated that the patients were not properly identified and she was afraid of getting behind when passing medication because of previous reprimands.

15. On or around March 2, 2007, Respondent's employment with North Willow Center was suspended while an investigation of the medication error was conducted.

16. On or around March 7, 2007, Respondent's employment with North Willow Center was terminated for failure to follow facility policy by not reporting her medication error.

17. On or around October 27, 2008, Respondent renewed her Indiana nursing license online and answered all questions "no," including question number five which asks, "Since you

last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice, to wit: 848 IAC 2-3-3(1) in that Respondent used unsafe judgment and technical skills in providing nursing care as demonstrated by her committing medication errors regarding two patients and crushing Morphine Sulphate Sustained Release pills, which is contraindicated in its administration and in North Willow Center's medication administration policy.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities, to wit: 848 IAC 2-3-3(6) in that Respondent falsified and omitted documentation of nursing actions on the official patient record as demonstrated by Respondent's failure to report and document the medication errors, as well as signing out Morphine for patient B.W. when it was given to patient B.B.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation,

suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(A) in that Respondent has continued to practice although she has become unfit to practice due to professional incompetence as evidenced by Respondent's administration of patient B.B.'s routine medications after she had been given patient B.W.'s medications and by Respondent's failure to file a medication error report after realizing that patient B.B. may have received the wrong medication.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of the current professional theory or practice, to wit: 848 IAC 2-3-2(3) in that Respondent failed to communicate, collaborate, and function with other members of the health care team to provide safe and effective care, as evidenced by Respondent's failure to notify anyone of the medication error, thereby precluding any appropriate medical intervention.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT V

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent has engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose her termination from North Willow Center on her 2008 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

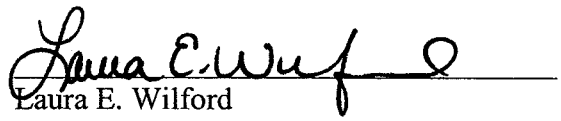
By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this **14th** day of **January, 2010.**

Barbara Louise Johnson
8905 Evergreen Avenue Apt. # 169
Indianapolis, IN 46240



Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 243

IN THE MATTER OF THE LICENSE OF:)
)
CONNIE CUTCLIFF, R.N.)
)
LICENSE NO: 28067786A)
)
RESPONDENT)

FILED
MAR 22 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing (Board) upon a Request for Continuance filed by counsel for the Respondent, Albert Barclay Wong and Jennifer Strange, Attorneys for the Respondent, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for January 21, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010 at 9:00 a.m.,** Eastern Standard time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 17, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 22 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

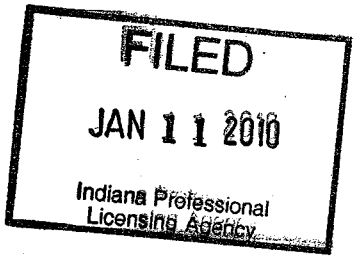
Connie Cutcliff
1538 Belfontaine Street
Indianapolis, IN 46202
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 8043
RETURN RECEIPT REQUESTED

Albert Barclay Wong
Jennifer Strange
Harrison & Moberly
10 West Market Street Ste 700
Indianapolis, IN 46204

Darren Covington, Deputy Attorney General
Office of the Attorney General
ndiana Government Center South
02 West Washington Street, 5th Floor
dianapolis, Indiana 46204

STATE OF INDIANA	)	BEFORE THE INDIANA STATE
	) SS:	NURSING BOARD
COUNTY OF MARION	)	CAUSE NUMBER: 2009 NB 243

STATE OF INDIANA,	)
	)
Petitioner,	)
	)
v.	)
	)
CONNIE CUTCLIFF, R.N.,	)
License Number: 28067786A,	)
	)
Respondent.	)



RESPONDENT'S MOTION FOR CONTINUANCE

Connie Cutcliff, R.N., by counsel, Albert Barclay Wong and Jennifer L. Strange, respectfully requests that the Board continue the disciplinary hearing scheduled for January 21, 2010 at 1:30 p.m. and reschedule the hearing no earlier than the Board's regularly scheduled April 15, 2010 meeting.

1. The State filed its Complaint on December 4, 2009.

2. The Board scheduled a disciplinary hearing for January 21, 2010 at 1:30 p.m.

3. The Respondent recently underwent a medical procedure and the Respondent and the State are currently pursuing settlement negotiations.

4. The Respondent needs additional time to prepare for a disciplinary hearing and to discuss possible resolution with the Attorney General's Office.

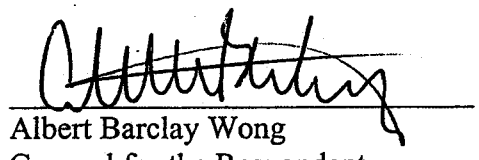
5. The Respondent's counsel contacted the Petitioner's counsel regarding this request, and the Attorney General's Office has no objection to the Respondent's continuance request.

6. The Respondent respectfully requests that the Board continue the disciplinary hearing scheduled for January 21, 2010 at 1:30 p.m. and reschedule the hearing no earlier than the Board's regularly scheduled April 15, 2010 meeting.

WHEREFORE, the Respondent respectfully requests that the Board continue the disciplinary hearing scheduled for January 21, 2010 at 1:30 p.m., reschedule the hearing no earlier than the Board's regularly scheduled April 15, 2010 meeting, and for all other relief as is just and proper in the premises.

Respectfully submitted,

HARRISON & MOBERLY, LLP

By: 

Albert Barclay Wong
Counsel for the Respondent

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing has been served by First Class United States Mail, postage pre-paid on this 7th day of January, 2010 upon:

Sean Gorman
Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

Darren R. Covington
Deputy Attorney General
302 West Washington Street
Indianapolis, Indiana 46204

Albert Barclay Wong

Albert Barclay Wong, #23394-49
Jennifer L. Strange, #28849-49
HARRISON & MOBERLY, LLP
10 West Market Street
Suite 700
Indianapolis, IN 46204
Telephone: (317) 639-4511
Facsimile: (317) 639-9565

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2009 NB 243

IN THE MATTER OF THE LICENSE OF)
)
CONNIE CUTCLIFF, R.N.,)
)
LICENSE NO: 28067786A)

COMPLAINT

This complaint is brought against the nursing license of Connie Cutcliff, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Darren R. Covington, Deputy Attorney General, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1538 Belfontaine Street, Indianapolis, IN 46202 and she is a Registered Nurse in the State of Indiana having been issued license number 28067786A in 1977.

2. On or around October 8, 2001, Respondent began employment as a nurse at St. Vincent Hospital located in Indianapolis, Indiana.

3. On or around June 27, 2002, Respondent was interviewed by Investigator Garry O. Schoon, Manager Sue Ann Pflum and Human Resources Consultant Elizabeth Stahl regarding Respondent's recent Pyxis withdraws of Demerol without a physician's order. Respondent admitted she was a recovering alcoholic and drug addict and stated that she had been in Intensive Care in February 2002 after two days of abusing drugs.

Respondent admitted to taking the Demerol and that she had a problem abusing narcotics. Respondent's employment was then terminated from St. Vincent Hospital.

4. On or around July 1, 2002, Respondent began intake with the Indiana State Nurses Assistance Program ("ISNAP") after being referred by St. Vincent Hospital following her diversion of Demerol for personal use.

5. On or around July 1, 2002, ISNAP received an assessment from St. Vincent's Employee Assistance Program which diagnosed Respondent with chemical dependence.

6. On or around July 19, 2002, Respondent was charged in Marion County Superior Criminal Court 14 with Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony, Possession of a Controlled Substance, a Class D Felony and Theft, a Class D Felony, under Cause Number 49G14-0207-FD-194270, based upon Respondent's diversion of 38 vials of Demerol from St. Vincent Hospital.

7. On or around July 19, 2002, Respondent signed a five-year recovery monitoring agreement ("RMA") with ISNAP.

8. On or around August 1, 2002, Respondent completed an application for employment with the Indiana Developmental Training Center. She wrote on the application that her reason for leaving St. Vincent Hospital was to find a position with "consistent hours." Respondent was then hired as a staff nurse on August 26, 2002.

9. On or around October 10, 2002, Respondent enrolled in the Marion County Drug Treatment Diversion Program.

10. On or around November 25, 2002, Nancy Ward, Respondent's worksite monitor at Indiana Developmental Training Center, reported to ISNAP that Respondent

diverted Ativan 4 mg from the emergency access box on November 22, 2002. Respondent was suspended until further notice, but Respondent resigned on December 3, 2002. This was considered a relapse by ISNAP.

11. On or around January 27, 2003, Respondent completed an application for employment with Dialysis Clinic, Inc. of Indiana. Respondent wrote on the employment application in response to the question, "Have you ever been discharged or asked to resign from a position? If so, explain," that she offered her resignation from Indiana Developmental Training Center, but failed to explain that she was discharged from St. Vincent Hospital for drug diversion. On February 3, 2003, Respondent began her employment with Dialysis Clinic, Inc. of Indiana.

12. On or around July 14, 2003, Respondent informed ISNAP that she had tested positive for opiates in a urine drug screen ("UDS") ordered by the court. Respondent indicated she had taken two Vicodin pills which were left over from a prescription she obtained after visiting the emergency room. Therapist Mary Ann Helak characterized it as a "relapse."

13. On her September 24, 2003 online licensure renewal, Respondent answered "no" to the questions: "Since you last renewed, have you been charged with or convicted of a crime, or have charges been dismissed?" and "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

14. On or around December 4, 2003, the Marion County Superior Criminal Court 14 dismissed all charges against the Respondent because she completed her drug rehabilitation program successfully.

15. On or around April 24, 2004, Respondent resigned from Dialysis Clinic, Inc.

16. On or around July 19, 2004, Respondent began employment at Wishard Hospital.

17. On or around February 22, 2005, Respondent's UDS tested positive for benzodiazepines.

18. On or around February 22, 2005, Respondent called ISNAP to state that she was in the emergency room because of back pain and was prescribed Vicodin and Valium. Respondent presented two prescriptions, one for hydrocodone (Vicodin) and the other for diazepam (Valium), both issued on February 20, 2005.

19. On or around February 28, 2005, Respondent's UDS tested positive for opiates and benzodiazepines.

20. On or around March 11, 2005, Respondent informed ISNAP that she had discontinued use of the diazepam on March 3, 2005. Respondent also indicated that she had four Vicodin left. Respondent indicated that she would finish taking the rest of the Vicodin.

21. On or around March 14, 2005, Respondent's UDS tested positive for opiates and benzodiazepines. Respondent informed ISNAP that she had taken one Vicodin that day. Respondent was instructed to discard the rest of her prescription from February 20, 2005.

22. On or around March 18, 2005, Respondent's UDS tested positive for benzodiazepines.

23. On or around July 6, 2005, Respondent tested positive for opiates, however an explanation was never given.

24. On or around August 11, 2005, Respondent's UDS was positive for opiates. Respondent admitted to taking medication from a prior prescription. She was referred to addictionist Dr. Hinchman for reassessment after Dr. Karimi stopped providing services for ISNAP.

25. On or around August 22, 2005, Dr. Hinchman presented his assessment of Respondent to ISNAP. In his assessment, he wrote, "her insight and judgment with regard to her addiction are somewhat suspect in view of her recent actions. She did not seem to grasp the potential risk of relapse and potential resultant consequences . . ."

26. On or around August 23, 2005, Respondent's UDS was positive for opiates.

27. On her September 13, 2005 online licensure renewal, Respondent answered "no" to the question: "Since you last renewed, have you been charged with or convicted of a crime, or have charges been dismissed?"

28. On or around January 11, 2006, Respondent's UDS tested positive for opiates. Respondent reported to ISNAP that she had been prescribed Norco on January 10, 2006 after going to the emergency room.

29. On or around January 18, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for Norco dated January 10, 2006. Respondent informed ISNAP that she discontinued her use of Norco on January 16, 2006.

30. On or around January 23, 2006, ISNAP's quarterly review indicated that Respondent had missed one UDS and was in partial compliance.

31. On or around January 27, 2006, Respondent's UDS tested positive for opiates. ISNAP left Respondent a voicemail asking her if she was still taking Norco which was prescribed to her on January 10, 2006.

32. On or around February 2, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for Norco from January 10, 2006.

33. On or around February 3, 2006, Respondent returned ISNAP's voicemail from January 27, 2006 and informed ISNAP that she thought she could continue taking Norco, as long as she took it at least fifteen hours before going into work. ISNAP informed Respondent that ISNAP would only authorize the short use of a controlled substance and since she had been using Norco for three weeks she would either have to refrain from working or discontinue her use of Norco. ISNAP further stated that Respondent could not take controlled substances in the evening and go into work the next morning; she had to be off the medication for at least 24 hours. She was referred to Dr. Hinchman to address her use of Norco.

34. On or around February 13, 2006, Respondent's UDS was positive for opiates. Respondent informed ISNAP that she had been given Lyrica samples from her physician and that she stopped using Lyrica on February 12, 2006 after she learned it was a controlled substance. A letter from her physician was received collaborating this.

35. On or around April 7, 2006, Respondent's UDS tested positive for opiates. Respondent presented a valid prescription for hydrocodone dated March 3, 2006.

36. On or around April 20, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for hydrocodone dated March 3, 2006.

37. On or around April 25, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for hydrocodone dated March 3, 2006.

38. On or around June 8, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for hydrocodone dated March 3, 2006.

39. On or around June 13, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for hydrocodone dated March 3, 2006.

40. On or around June 20, 2006, Respondent became a Nurse Auditor with Wishard Hospital.

41 On or around June 28, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for hydrocodone dated March 3, 2006.

42 On or around July 5, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for hydrocodone dated March 3, 2006. The Respondent was instructed to discontinue use by mid-July 2006.

43. On or around July 31, 2006, Respondent had surgery and was prescribed Percocet and Keflex.

44. On or around September 25, 2006, Respondent's UDS was positive for opiates. Respondent informed ISNAP that she had been prescribed Soma and Vicodin on September 24, 2006.

45. On or around October 23, 2006, Respondent's UDS was positive for opiates. ISNAP noted that Respondent had a prescription for Vicodin dated September 24, 2006.

46. On or around November 3, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for Vicodin dated September 24, 2006.

47. On or around November 14, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for Vicodin dated September 24, 2006.

48. On or around December 6, 2006, Respondent's UDS tested positive for opiates. ISNAP noted that Respondent had a prescription for Vicodin dated September 24, 2006.

49. On or around December 26, 2006, ISNAP closed Respondent out of her RMA because of her continued use of controlled substances for pain management.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that the Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her pending criminal charges for Obtaining a Controlled Substances by Fraud or Deceit, Possession of

a Controlled Substance and Theft in Marion County Superior Court on her September 2003 online renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that the Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her termination from St. Vincent Hospital in June 2002 and her termination from Indiana Developmental Training Center in November 2002 on her September 2003 online renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that the Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose that her charges, supra, were dismissed in December 2003 on her September 2005 online renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that the Respondent engaged in material deception in the course of professional services or activities, as evidenced by Respondent's fraudulent statement on her August 1, 2002 application for employment with the Indiana Developmental Training Center. Respondent wrote that her reason for leaving St. Vincent Stress Center was "consistent hours;" Respondent was terminated from St. Vincent due to drug diversion.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that the Respondent engaged in material deception in the course of professional services or activities, as evidenced by Respondent's fraudulent response to the question, "Have you ever been discharged or asked to resign from a position? If so, explain," on her January 27, 2003 application for employment with Dialysis Center, Inc. of Indiana. Respondent failed to disclose that she was discharged from St. Vincent Hospital for drug diversion.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VI

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(D) in that the Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's diversion of Demerol from St. Vincent Hospital and Ativan from Indiana Developmental Training Center; Respondent's diagnosis of chemical dependence; Respondent's relapses in November 2002 and July 2003; Respondent's continued use of controlled substances while in ISNAP; and, Respondent's failure to complete her RMA with ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VII

1. Respondent violated Ind. Code § 25-1-9-4(a)(8)(A) in that the Respondent diverted a legend drug as evidenced by the fact that she took Demerol from St. Vincent Hospital without a physician's permission and took Ativan from Indiana Developmental Training Center without a physician's permission.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D. R Cy

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the counsel of record listed below, by United States mail, first-class, postage prepaid, on this 4th day of Dec, 2009.

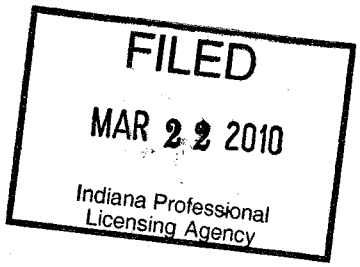
Albert Barclay Wong
Harrison-Moberly
Attorney for Respondent
10 W. Market St., Ste. 700
Indianapolis, IN 46204

By: D R C
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 224

IN THE MATTER OF THE LICENSE OF:	)
	)
PATRICIA ORTMAN, L.P.N.	)
	)
LICENSE NO: 27031185A	)
	)
RESPONDENT	)



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed the Respondent, Patricia Ortman, which is incorporated herein as Exhibit A, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for February 18, 2010 at 9:00 a.m., be rescheduled to **April 15, 2010 at 9:00 a.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 17, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 22 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Patricia Ortman
235 North Meadow Lane
Albany, IN 47320
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7084
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

Fax Cover Sheet

To: IDLA Date 2/3/10

Fax Number: 1-317-233-4236 Time:

From: Patricia Ortman

Number of Pages Faxed: 2 (Including Cover Sheet)
If you don't recieve the proper number of pages, call (765-789-8423)

Message:
RE: Hearing Date

Notice: This message is intended solely to be used by the individual, or entity to which it is addressed. It may contain information which is privileged, confidental, and otherwise exempt by law from disclosure. If the reader of this message is not the intended recipient, or an employee of the recipient, and dissemination, distribution, or copying of this communication is strictly prohibited. If you have recieved this communication in error... Please notify us by telephone immediately and return this communication to the persons above at the following address.

235 North Meadow Lane
Albany, In 47320

Thank You:

Thank You
Patricia Ortman

Exhibit A-1

2/3/10

To IPLA,

I am writing to request an extended continuance for my Hearing scheduled for 2/18/10 at 9 AM. I just underwent back surgery and would like the extra time to recover to be able to drive 90 mile one way to obtain consults for an Attorney.

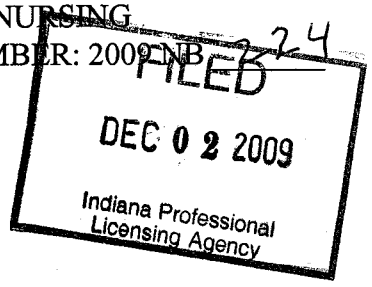
My husband will be out of state 2/10/10 - 2/20/10 and I will not have anyone to drive me. Also I give my permission for you to talk with my husband regarding this matter until he leaves on 2/10/10.

Thank you for your consideration.

Patricia Ortman
Cause # 2009 DB 224
Exhibit A-1

Exhibit A-2

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009-NB-824



IN THE MATTER OF THE LICENSE OF)
)
PATRICIA ANN ORTMAN, L.P.N.,)
)
LICENSE NO: 27031185A)

COMPLAINT

This complaint is brought against the nursing license of Patricia Ann Ortman, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 235 North Meadow Lane, Albany, Indiana 47320 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27031185A in 1989.

2. On or around April 24, 2008, Respondent began employment at Parkview Nursing Center (Parkview) located in Muncie, Indiana.

3. On or around July 25, 2008, an investigation was initiated into tampered Roxinal at Parkview after a nurse reported to Director of Nursing Diane Bradbury that she was concerned a patient's Roxinal had been tampered with because the color appeared watered down. Upon arriving at the facility and examining the vial of Roxinal, Bradbury called and verified with the pharmacy what color the Roxinal should be and then easily determined that the vial in question

had been tampered with as the color was wrong. All nurses who had worked that medication cart on July 24th or July 25th were suspended and sent for urine drug screens. Respondent informed Bradbury that she had taken her prescription medication that morning.

4. The nurse who discovered the tampered Roxinal informed Bradbury that she saw the Respondent with a bottle of Roxinal in her pocket and when the nurse asked the Respondent what she was doing, Respondent replied that she was taking the Roxinal to the resident's room because she knew the resident would want some.

5. On or around July 28, 2008, Respondent's employment with Parkview was terminated for insubordination. During Respondent's interview about the tampered Roxinal, Respondent reiterated that she went to resident's room and gave the resident some of the Roxinal using the dropper that came in the bottle. Bradbury informed her that this was not an acceptable practice and reminded Respondent that she had previously been counseled for placing hydrocodone in her pocket after she claimed she punched out two hydrocodone tablets instead of one and then forgot to replace it. In addition, Respondent's urine drug screen was reported positive for opiates, but Respondent produced prescriptions to justify the result.

6. On or around August 29, 2008, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP).

7. On or around September 11, 2008, ISNAP received medical records from Interventional Pain Care, LLC documenting Respondent's chronic pain condition.

8. On or around October 1, 2008, Respondent renewed her Indiana nursing license online and answered all questions "no," including question number five which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

9. On or around October 31, 2008, ISNAP received Respondent's assessment from Dr. Timothy Kelly, M.D. Dr. Kelly acknowledged Respondent's extensive medical regimen for chronic pain including prescribed medications of morphine, oxycodone, and Valium. Respondent urine drug screen at Dr. Kelly's office was positive for opiates including benzodiazepine and oxycodone. Dr. Kelly reported his impressions as opioid dependence, benzodiazepine dependence, history of chronic back pain, and depression. Dr. Kelly noted that, "...the combination of benzodiazepine and opiates cause cognitive deficits and impairment in a number of people. I believe this medication regimen would make it difficult to function as a nurse."

10. On or around November 3, 2008, ISNAP contacted Respondent regarding the conditions of a Recovery Monitoring Agreement. Respondent indicated that she did not believe she could come off her medications at this time and recommended ISNAP close her file.

11. On or around November 4, 2008, ISNAP closed Respondent's file indicating that she was choosing not to come into monitoring at that time due to her chronic pain issues and continued use of controlled substances.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice as evidenced by Respondent failure to properly handle and administer controlled substances while employed at Parkview.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation,

suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her termination from Parkview on her 2008 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(C) in that Respondent has continued to practice although she has become unfit to practice due to a physical disability as evidenced by Respondent continued extensive medical regimen for chronic pain including prescribed medications of morphine, oxycodone, and Valium to treat chronic pain resulting in impaired judgment and behavior while employed at Parkview.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's improper handling and administration of controlled substances while employed at Parkview, Respondent's extensive medical regimen for chronic pain including multiple prescribed controlled substances, and Respondent's diagnosis of opioid dependence and benzodiazepine dependence.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 2nd day of December, 2009.

Patricia Ann Ortman, L.P.N.
235 North Meadow Lane
Albany, IN 47320

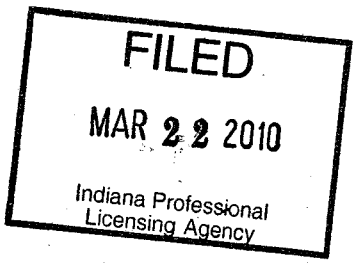
Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 031

IN THE MATTER OF THE LICENSE OF:)
)
CLAUDIEN LOUISSAINT, L.P.N.)
)
LICENSE NO: 27060751A)
)
RESPONDENT)



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing (Board) upon a Request for Continuance filed by counsel for the Respondent, Richard S. Zaifert, Attorney at Law, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 9:00 a.m., be rescheduled to **April 15, 2010 at 9:00 a.m.,** Eastern Standard time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Amended Complaint, which was electronically mailed to Counsel for Respondent on March 11, 2010 and is enclosed herein as Exhibit A.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 22 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Claudien Louissaint
13167 SW 26th Street
Miramar, FL 33027
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7756
RETURN RECEIPT REQUESTED

Richard S. Zaifert
Attorney at Law
7805 S. W. 6th Court
Plantation, FL 33324

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 031

IN THE MATTER OF THE LICENSE OF)
)
CLAUDIEN M. LOUISSAINT, L.P.N.)
)
LICENSE NO: 27060751A)

FILED
MAR 11 2010
Indiana Professional
Licensing Agency

AMENDED COMPLAINT

This complaint is brought against the nursing license of Claudien M. Louissaint, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 13167 SW 26th Street, Miramar, FL 33027 and Respondent does not dispute that this is her address. Furthermore, Respondent is a Licensed Practical Nurse (L.P.N.) in the State of Indiana having been issued license number 27060751A in 2007.

2. On or around January 3, 2005, Respondent enrolled in the practical nursing program at Health Opportunity Technical Center, Inc. (HOTC) in Miami, FL.

3. On or around July 7, 2006, Respondent ended her studies at HOTC after she failed to pass her medical surgical exam. Respondent had to pass this exam to continue in the nursing program. After Respondent failed this exam, she was allegedly approached by an individual in HOTC's parking lot who allegedly stated that she was

Exhibit A

with an international nursing school and that she could help Respondent "obtain her license." The woman asked for two payments of $5,000 to be given to a school located in Nigeria, which she did. Respondent never received any study guides or instructional materials but she did receive requests to send in fingerprint cards and money orders, which she also did.

4. On or around August 12, 2007, Respondent completed, or authorized another to complete, an application for licensure by endorsement in Indiana. The application stated that Respondent graduated from the "LBJ practical nursing program" in American Samoa in August 2001 and that she held L.P.N. license number "3151" from American Samoa. Included in the application was a "Verification of State Licensure," allegedly completed and signed by the Executive Secretary of the American Samoa Health Services Regulatory Board. Finally, the application stated that Respondent passed the National Council Licensure Examination (NCLEX) in November 2001 even though Respondent never took the NCLEX.

5. On or around October 25, 2007, Auguste Louissaint, on behalf of Respondent, wired $5,000 to V. E. Inwang's account at the Intercontinental Bank in Victoria Island, Nigeria.

6. On or around November 1, 2007, Auguste Louissant wired an additional $5,000 to Inwang.

7. On or around November 27, 2007, Respondent was issued a L.P.N. license in Indiana. IPLA mailed a pocket-card license to Respondent's address on file with IPLA; however, the pocket-card license misspelled Respondent's name. After receiving the pocket-card license, Respondent did not inform IPLA that she was ineligible for a

nursing license nor did she attempt to return the pocket-card license. Instead, on or around December 6, 2007, an amended pocket-card license was mailed to Respondent's address on file with the IPLA after Respondent, or someone authorized by Respondent, requested a new pocket-card license with a corrected spelling of Respondent's name.

8. On or around December 6, 2008, Respondent completed, or authorized another to complete, a paper application for licensure by endorsement in Florida. The application stated that Respondent graduated from the Clearfield County Career and Technology Center nursing program in September *2005*.

9. On or around January 14, 2008, Respondent completed, or authorized another to complete, a second application, this time online, for licensure by endorsement in Florida. It is unknown why a second application was completed. The application stated that Respondent passed the NCLEX in Indiana in November 2007 even though Respondent did not take the NCLEX. It also stated that Respondent graduated from the Clearfield County Carriers (sic) nursing program in September *2007*. Elsie Maurer, Nursing Program Director at Clearfield County Career and Technology Center, stated that Respondent did not graduate from their nursing program.

10. On or around September 18, 2008, Respondent completed an Indiana nursing license renewal application online.

11. On or around December 4, 2008, Respondent completed, or authorized another to complete, an online application for licensure by endorsement with the Minnesota Board of Nursing.

12. On or around December 16, 2008, Respondent submitted, or authorized another to submit, a "Confirmation of Nursing Employment" to the Minnesota Board of

Nursing. The confirmation was allegedly signed by the nursing manager at Prime Care Agency at 155 State Road, Topeka, KS, 6661 (sic). There is no such address. This was received in an envelope postmarked from Boston, MA.

13. On or around December 18, 2008, Respondent submitted, or authorized another to submit, a "Verification of Licensure" to the Minnesota Board of Nursing. This verification indicated that Respondent graduated from the University of Guam and held a Kansas nursing license. Included, was a document allegedly signed by the Kansas Board of Nursing stating that Respondent held a license there. Respondent does not have a nursing license in Kansas. This was also received in an envelope postmarked from Boston, MA.

14. On or around January 22, 2009, Seumalo indicated that Respondent was not licensed in American Samoa and that she did not sign the "Verification of State Licensure" form for the Indiana State Board of Nursing.

15. As of January 28, 2010, Respondent has not been granted a nursing license in either Florida or Minnesota.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice. Respondent herself completed, or authorized another to complete, a nursing application for licensure by endorsement in Indiana. This application falsely stated that Respondent graduated from a nursing program, held a nursing license in American Samoa and passed the NCLEX.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1,000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by the fact that Respondent perpetuated a fraud upon IPLA by requesting, or authorizing another to request, an amended pocket-card license when she knew she was not eligible to have an Indiana nursing license.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1,000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Responent engaged in fraud or material deception in the course of professional services or activities as evidenced by the fact that Respondent perpetuated a fraud upon IPLA by renewing her Indiana nursing license when she knew she was not eligible to have an Indiana nursing license.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1,000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D—R Cyt

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the counsel of record listed below, by electronic mail on this 11th day of March, 2010.

Richard Zaifert
Counsel for Respondent
richard@rszlaw.com

By: D— R Cy T
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NO. 2010 NB 024

IN THE MATTER OF THE LICENSE OF:)
)
KIMBERLY ANN COUDRET, R.N.)
)
LICENSE NO. 28091846A)
)
RESPONDENT,)

FILED
APR 0 1 2010
Indiana Professional Licensing Agency

SETTLEMENT/PRE-HEARING CONFERENCE NOTICE

Comes now the Respondent and the State of Indiana, by counsel, Thomas p. McGee, Deputy Attorney General, and moves the Indiana State Board of Nursing ("Board") for an order giving notice and setting this cause of action for a settlement/pre-hearing conference.

The Board after due consideration and being duly advised in the premises now GRANTS this motion and hereby ISSUES the following settlement conference notice: This notice is being provided to Respondent, Kimberly Ann Coudret, R.N., 238 Avenida de Azaleas, Evansville, IN 47712.

1. This notice is being given to counsel for Petitioner, State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 233-4075.

2. The settlement/prehearing conference regarding this matter will be **April 15, 2010 at 1:30 p.m.**, Eastern Standard time, in the Indiana Government Center South, Auditorium of the Conference Center, 302 W. Washington Street, Indianapolis, Indiana 46204.

3. The settlement/prehearing conference shall be conducted by the Board for purposes of discussing settlement possibilities and set prehearing deadlines.

5. The Board is empowered to hold this settlement conference pursuant to the authority of IC § 25-1-9-1 *et seq.,* and IC § 4-21.5-3-18.

6. Sean Gorman, director of the board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of Indiana Professional Licensing Agency 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov by facsimile at 317-233-4236, or by telephone at 317-234-2043.

7. Any party may be advised and represented by counsel at the party's own expense.

8. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under IC §4-21.5-3-24.

ORDERED this 01 day of April, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kimberly Ann Coudret
238 Avenida de Azaleas
Evansville, IN 47712
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7497
RETURN RECEIPT REQUESTED

Clay W. Havill
Ziemer, Shayman, Weitzel & Shoulders
20 N. First Street, PO Box 916
Evansville, IN 47706-0916

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South 5th floor
Indianapolis, Indiana 46204

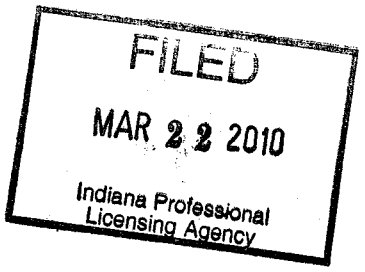
BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 024

IN THE MATTER OF THE LICENSE OF:

KIMBERLY ANN COUDRET, R .N.

LICENSE NO: 28091846A,

RESPONDENT



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing upon a Request for Continuance, filed by Counsel for the Respondent, Clay W. Havill, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15 2010, at 9:00 a.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on February 5, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 22 day of March, 2010

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Kimberly Coudret
238 Avenida de Azaleas
Evansville, IN 47712
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7268
RETURN RECEIPT REQUESTED

Clay W. Havill
Ziemer, Shayman, Weitzel & Shoulders
20 N. First Street, PO Box 916
Evansville, IN 47706-0916

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 024

IN THE MATTER OF THE LICENSE OF)
KIMBERLY ANN COUDRET, R.N.,)
LICENSE NO: 28091846A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kimberly Ann Coudret, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 301 N. Boehne Camp, Evansville, Indiana 47712 and she is a Registered Nurse in the State of Indiana having been issued license number 28091846A in 1985.

2. On or around June 27, 2002, Respondent was charged in Vanderburgh County Court, Indiana under cause number 82C01-0208-FC-00696 with Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony. The charge stemmed from Respondent calling in a prescription from Nick Coudret for liquid Lortab stating she worked for Dr. Hussain and was calling on his behalf. When the pharmacist called Dr. Hussain's office, Dr. Hussain denied authorizing the prescription. When Respondent appeared at the pharmacy to pick up the prescription, she was arrested and admitted to calling in the prescription.

Exhibit A

3. On or around August 12, 2002, Respondent's case in Vanderburgh County was transferred to the Vanderburgh County Drug Court under cause number 82C01-0208-FC-705. At this time, Respondent was receiving treatment at Stepping Stones.

4. On or around November 26, 2002, Respondent pled guilty under cause number 82C01-0208-FC-705 to Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony. Sentencing was deferred upon Respondent's completion of Vanderburgh County Day Reporting Drug Court ("VCDRDC").

5. On or around March 4, 2003, Respondent admitted to VCDRDC that she used methamphetamines. The court ordered Respondent to obtain inpatient treatment at Stepping Stones.

6. On or around April 1, 2003, VCDRDC was notified that Respondent was dismissed from day treatment for failing a urine drug screen and had to spend a day in jail.

7. On or around February 24, 2004, Respondent completed VCDRDC and the matter was dismissed.

8. On or around June 28, 2004, Respondent was charged in Vanderburgh Superior Court, Indiana under cause number 82D02-0406-FD-482 with Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony. Respondent had called in a fraudulent prescription for Codiclear under the alleged authorization of Dr. J. Polin under the assumed name of Emma Frey and attempted to pick up the prescription. Dr. J. Polin denied having a patient named Emma Frey or authorizing the prescription.

9. On or around October 11, 2004, Respondent pled guilty to Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony under cause number 82D02-0406-FD-482.

10. On or around November 17, 2004, Respondent was sentenced under cause number 82D02-0406-FD-482 to two years jail, suspended to the Drug Abuse Probation Services Program ("DAPS"). Respondent was also ordered to complete community services and pay costs and fees.

11. On or around October 31, 2005, Respondent renewed her Indiana nursing license and answered all questions "no," including question number three which asks, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

12. On or around January 11, 2007, Respondent was successfully discharged from DAPS and her judgment under cause number 82D02-0406-FD-482 was entered as a Class A Misdemeanor.

13. On or around May 29, 2008, Respondent called in a fraudulent prescription for Provigil 200mg #30 for herself to Beuhler's Buy Low Pharmacy in Evansville, Indiana under alleged authorization of nurse practitioner Pollyanna Haas, R.N. When the pharmacy called Hass for authorization, Haas denied calling in the prescription and instructed it not be filled.

14. On or around June 30, 2008, Respondent contacted the Indiana State Nurses Assistance Program ("ISNAP") and initiated intake. Respondent admitted to prescription forgery for Provigil. Respondent admitted to three prior treatments for substance abuse.

15. On or around July 15, 2008, ISNAP received Respondent's assessment from Dr. James, Macke, M.D. Dr. Macke noted that Respondent "has an acknowledged addiction disorder dating all the way back to 1992 with her initial treatment. She reports ten years of abstinence...Since her relapse, she has never had any type of consistent recovery...Her most

INDIANA STATE BOARD OF NURSING

recent relapse was on Provigil where she called in the prescription." Dr. Macke diagnosed Respondent with poly-substance dependence and residential treatment was recommended.

16. On or around August 11, 2008, Respondent notified ISNAP that she does not plan on returning to nursing and does not wish to be monitored by ISNAP.

17. On or around August 27, 2008, Respondent's ISNAP file was closed.

18. On or around October 31, 2009, Respondent's Indiana nursing license expired.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although Respondent has become unfit to practice due addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's forging of prescriptions for controlled substances, Respondent's admitted history of addition and treatment for drug addiction, and Respondent's diagnosis of poly-substance dependence.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her 2004 guilty plea under cause number 82D02-0406-FD-482 on her 2005 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(2)(A) in that Respondent has been convicted of a crime that has a direct bearing on her ability to practice safely as evidenced by Respondent's 2004 guilty plea to Obtaining a Controlled Substance by Fraud or Deceit.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by Respondent calling in or forging prescriptions for controlled substances.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United State mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Kimberly Ann Coudret
301 N. Boehne Camp
Evansville, Indiana 47712

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 056

IN THE MATTER OF THE LICENSE OF:)
)
SANDY JANSSON, R.N.)
)
LICENSE NO: 28164912A)
)
RESPONDENT)

FILED
MAR 22 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Sandy Jansson, R.N., 383 Rose Ellen Drive, Crown Point, Indiana 46307.
2. This notice is being provided to counsel for the State of Indiana, Christa J, Jewsbury, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-4782.
3. The official cause number of this action is: 2010 NB 056.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 17, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 22 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

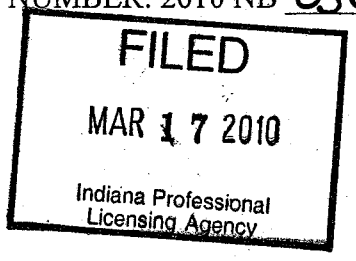
Copies to:

Sandy Jansson
383 Rose Ellen Drive
Crown Point, IN 46307
CERTIFIED MAIL NO. 7008 3230 0000 0200 7763
RETURN RECEIPT REQUESTED

Christa J. Jewsbury, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 056

IN THE MATTER OF THE LICENSE OF)
)
SANDY JANSSON, R.N.,)
)
LICENSE NO: 28164912A)



COMPLAINT

This complaint is brought against the nursing license of Sandy Jansson, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Christa J. Jewsbury on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 383 Rose Ellen Drive, Crown Point, Indiana 46307 and she is a Registered Nurse in the State of Indiana having been issued license number 28164912A in 2005.

2. On or around January 23, 2006, Respondent began employment as a clinical nurse at St. Margaret Mercy Healthcare Centers (St. Margaret) located in Dyer, Indiana.

3. On or around July 9, 2006, a complaint was made to St. Margaret's Emergency Services Manager, Cam Adams, stating that the Respondent revealed a patient's confidential medical information to employees not involved in the patient's care, several of whom were friends of the patient. This release of information prompted an internal investigation into the alleged violation of the Health Insurance Portability and Accountability Act (HIPAA).

Exhibit A

4. On or around July 28, 2006, Respondent resigned her position at St. Margaret in lieu of termination. The resignation notice states that Respondent was unable to meet the required goals and that her quality of work and job knowledge were unsatisfactory.

5. On or around September 7, 2006, Respondent began employment as a Registered Nurse at Wittenberg Lutheran Village (Wittenberg) in Crown Point, Indiana.

6. On or around October 28, 2006, Respondent received an oral warning for failing to follow facility policy regarding observation of residents as they swallow their medications. Respondent failed to observe Resident W to ensure she swallowed all of her medication.

7. On or around May 18, 2007, Respondent was counseled after she failed to properly identify a patient before administering medication, which resulted in her administering insulin to Resident R, who did not have doctor's orders to receive insulin, when it was intended for Resident A. Both residents had the same first name and the Respondent failed to identify the correct resident.

8. On or around August 16, 2007, Respondent received a written warning after she administered a resident's insulin approximately two (2) hours earlier than it was scheduled to be administered. The warning included a requirement that Respondent have a second nurse present when administering insulin and that she be referred for additional education on insulin administration.

9. On or about October 1, 2007, Respondent received an oral warning after she failed to notify the physician of a resident's lab results.

10. On or about December 28, 2007, Respondent received a written reprimand after she administered instaglucose to a hyperglycemic resident without notifying the doctor. Further review indicated the resident did not need instaglucose.

11. On or about February 8, 2008, Respondent was terminated from employment at Wittenberg when it was determined that her conduct, behavior and overall work performance violated Wittenberg policies.

12. On or about October 13, 2009, Respondent submitted online an application for renewal of her Indiana nursing license. Respondent answered "No" to all questions asked on the renewal, including number five (5), which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice in that Respondent failed to keep details of a patient's medical information confidential per facility policy and as required by HIPAA.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice in that Respondent failed to follow facility policy and standard nursing protocols when she failed to ensure a patient swallowed her medication, failed to properly identify the correct patient prior to administering insulin, administered insulin to a

patient approximately two (2) hours early, failed to notify the physician of a patient's lab results and administered instaglucose to a hyperglycemic resident without first notifying the physician.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(A) in that Respondent continued to practice although she has become unfit to practice due to professional incompetence as evidenced by Respondent's failure to properly administer medications and provide appropriate care to diabetic patients.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that she has engaged in or knowingly cooperated in material deception in order to obtain a license to practice, as evidenced by Respondent's failure to disclose her 2008 termination from Wittenberg on her 2009 Indiana nursing license renewal application.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 17th day of March, 2010.

Sandy Jansson, R.N.
393 Rose Ellen Drive
Crown Point, Indiana 46307

Christa J. Jewsbury

Christa J. Jewsbury
Deputy Attorney General
Attorney No.: 27180-49

OFFICE OF THE ATTORNEY GENERAL
8005 Castleway Drive
Indianapolis, IN 46250
Telephone Number (317) 915-9305

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 019

IN THE MATTER OF THE LICENSE OF:

MICHELLE LEE SMITH L.P.N.

LICENSE NO: 27038302A,

RESPONDENT

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

CONTINUANCE ORDER AND /PRE- HEARING CONFERENCE NOTICE

Comes now the Indiana State Board of Nursing upon a Request for Continuance, filed by the State of Indiana, Darren Covington, Deputy Attorney General, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010, at 9:00 a.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a pre-hearing conference, as referenced in Exhibit A.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on March 2, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 22 day of March, 2010

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Michelle Lee Smith
1455 Murphy's Landing Drive #103
Indianapolis, IN 46217
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7275
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

Grice, Lori

From: Covington, Darren [Darren.Covington@atg.in.gov]
Sent: Friday, March 19, 2010 11:34 AM
To: Grice, Lori
Subject: Michelle Smith

Lori,

Michelle Smith was unable to attend the prehearing conference yesterday. Could you please have it put on the agenda for April?

Thanks,

Darren Covington
Deputy Attorney General
Office of the Indiana Attorney General
Consumer Protection Division, Medical Licensing
302 W. Washington St., IGCS-5th Floor
Indianapolis, IN 46204
Phone: 317.233.6506
Fax: 317.233.4393

Exhibit A

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 06

IN THE MATTER OF THE LICENSE OF)
)
MICHELLE LEE SMITH, L.P.N.)
)
LICENSE NO: 27038302A)

FILED
FEB 01 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Michelle Lee Smith, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1455 Murphy's Landing Dr. #103, Indianapolis, IN 46217 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27038302A in 1994.

2. On or around September 5, 2005, Respondent began her employment at Autumn Glen Assisted Living in Indianapolis, Indiana.

3. On or around December 5, 2005, Respondent's employment was terminated from Autumn Glen Assisted Living due to Respondent's "excessive absenteeism."

4. On or around October 31, 2006, Respondent's Indiana nursing license expired.

5. On or around November 6, 2006, Respondent renewed her Indiana nursing license and answered "no" to the question, "Since issuance or last renewal, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?"

6. On or around May 21, 2007, Respondent was hospitalized at Community Hospital South, located in Indianapolis, Indiana after she swallowed a push pin.

7. On or around May 26, 2007, Respondent was hospitalized again at Community Hospital South after she swallowed another push pin. Respondent's "Flowsheet" on May 26 indicated that Respondent reported that her pain level was high while at the same time she was "leisurely conversing with a friend." It also noted that Respondent kept asking for pain medications and Phenergan. Then, on June 1, the "Flowsheet" indicated that Respondent reported having a bowel movement and she used her finger to look through her feces to find the swallowed push pin. Finally, the "Flowsheet" indicated that Respondent kept asking for Benadryl.

8. On or around September 12, 2007, Respondent telephoned St. Francis Hospital, located in Beech Grove, Indiana, representing herself as a physician with Indiana Internal Medicine Consultants (IIMC) and gave admittance orders for "Michelle Smith." Respondent then faxed hand-written admission orders, on IIMC letterhead. The orders stated:

> "1) may place picc if unable to get periphal IV
> 2) NS @ 100 cc/hr
> 3) clear liquid diet
> 4) Demerol 50 mg IVP Q 3° prn pain

5) Phenergan 25 mg IVP Q 6° prn n/v
[signed] Yarnell/Smith Michelle Dr. Veejay"

Respondent then reported to St. Francis Hospital and the orders were followed.

9. On or around September 14, 2007, a staff member from St. Francis Hospital telephoned IIMC after no updated order was received and no physician from IIMC visited Respondent. Dr. Asif Ansari of IIMC confirmed that no one from IIMC had phoned in or faxed in admission orders for Respondent. Respondent was then discharged from St. Francis Hospital.

10. On or around October 2, 2007, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP). Respondent admitted to forging orders to gain admittance to St. Francis Hospital in order to obtain Demerol. Respondent also stated that she went to different hospitals "every couple of months" to get opiates. Respondent indicated she was in psychiatric treatment with Dr. William Wiseman and was taking Xanax and Ambien. Respondent also indicated that she was taking Flexeril for fibromyalgia.

11. On or around January 3, 2008, Respondent was admitted to Community Hospital South after she stabbed herself in the abdomen with scissors.

12. On or around January 10, 2008, Respondent's file with ISNAP was closed after Respondent failed to get an assessment.

13. On or around July 6, 2008, Respondent was admitted to Community Hospital South again after she stabbed her abdomen with a steak knife. An IV was started, but after Respondent was not given more pain and nausea medication, she stated "if you are not going to do anything to me, I want to go home."

14. On or around August 1, 2008, Respondent complained of abdominal pain and swelling around her stab wound at Community Hospital South. Respondent was transferred to Methodist Hospital where she was prescribed Phenergan and morphine.

15. On or around November 18, 2008, Respondent reported to Community Hospital South with complaints of pain and redness and drainage around a stab wound, which she inflicted upon herself on or around November 4, 2008.

16. On or around January 11, 2009, Respondent was admitted to Community Hospital South again. She stabbed herself with a serrated knife while cutting rope and swallowed a push pin. Her "Progress Notes" on January 11 noted that she had been hospitalized in the psychiatric ward at Methodist Hospital in November 2008.

17. On or around January 15, 2009, while still at Community Hospital South, Respondent took Benadryl she had in her purse and, as a result, the staff were unable to awaken her. When questioned, Respondent denied taking any medication, but later admitted to taking Benadryl. Respondent was instructed that it was dangerous to take unauthorized medications while being hospitalized. Respondent was then evaluated and diagnosed with Factitious Disorder combined with Psychological and Physical Signs and Symptoms, along with Borderline Personality Disorder. Respondent's evaluator noted that she had "no insight and extremely poor judgment."

18. On or around January 26, 2009, Respondent called for an ambulance after she dropped a can of cherry pie filling on her foot. The paramedic noted that Respondent was able to walk, but Respondent insisted on being transported to the hospital, where she was prescribed Darvocet for pain.

19. On or around May 22, 2009, Respondent indicated in a letter that she had "many psychological problems," which had been present since September 2006. Respondent indicated that she had been hospitalized on numerous occasions for self-mutilation and that she had had two inpatient stays for psychological evaluations.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose her termination from Autumn Glen Assisted Living in December 2005 on her November 2006 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities, as evidenced by the fraudulent admission order she wrote to St. Francis Hospital in September 2007.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(C) in that Respondent has continued to practice although she has become unfit to practice due to a mental disability as evidenced by Respondent's own admission that she has "many psychological problems;" her diagnosis of Factitious Disorder combined with Psychological and Physical Symptoms and Borderline Personality Disorder; Respondent's inpatient stay at the psychiatric ward of Methodist Hospital; and her repeated acts of self-inflicted harm.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely, as evidenced by her use of a fraudulent admission order to obtain Demerol and Phenergan from St. Francis Hospital in September 2007 and Respondent's admission that she committed acts of self-mutilation so that she could be admitted to the hospital and obtain pain medication.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by her use of a fraudulent order to obtain Demerol at St. Francis Hospital in September 2007.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

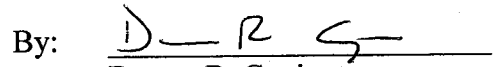
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: 

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon all parties listed below, by United States mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Michelle Lee Smith
1455 Murphy's Landing Dr. #103
Indianapolis, IN 46217

By: D R Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 040

IN THE MATTER OF THE LICENSE OF:

KRISTY BARLEY, R.N.

LICENSE NUMBER: 28105909A,

RESPONDENT

FILED
MAR 24 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing upon a Request for Continuance filed by counsel for the Respondent, David Schuler, Attorney at Law, and having considered the motion and finding that it is proper hereby ORDERS that the request for order to show cause hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010, at 9:00 a.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Board's Order to Show Cause, which was mailed to Respondent via certified mail on February 24, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Final Order and Approval and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 24 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kristy Barley
767 West Green Street
Scottsburg, IN 47170
CERTIFIED MAIL No.: 7008 3230 0000 0200 7862
Return Receipt Requested

David Schuler
Attorney at Law
150 South Third Street
Louisville, KY 40002

Laura E. Wilford
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street – 5th Floor
Indianapolis, IN 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 040

IN THE MATTER OF THE LICENSE APPLICATION OF:)
KRISTY BARLEY, R. N.)
LICENSE NUMBER: 28105909A)

FILED
FEB 24 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Kristy Barley ("Respondent"), R. N., 767 West Green Street, Scottsburg, Indiana 47170 to appear before the Board on **March 18, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28105909A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Decision on License Renewal Application filed on February 8, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Decision on Application to Renew License. The Board has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 24 day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Kristy Barley, R.N.
767 West Green Street
Scottsburg, IN 47170
SENT CERTIFIED MAIL #: 7008 3230 0000 0200 8289
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 040

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:)
)
KRISTY BARLEY)
)
License Number: 28105909A)

FILED
FEB 08 2010
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Kristy Barley ("Applicant") personally appear before the Board on January 21, 2010, for the purpose of providing information and answering questions concerning her application to renew her license as a nurse.

The Applicant appeared in person.

The Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted 6 to 0, to issue the following decision:

FACTS

1. The Applicant, who resides at 767 West Green Street, Scottsburg, Indiana 47170, submitted an application to the Board to renew her license as a nurse.

2. Along with her application, the Applicant revealed that she had been convicted of reckless driving in 2008 and arrested for operating a vehicle while intoxicated in 2009.

3. She has contacted the Indiana State Nurses Assistance Program ("ISNAP") for an evaluation.

4. The Applicant has demonstrated to the Board that she is able to practice competently and safely if she complies with the probationary terms set out below.

Exhibit A

3. The failure of the Applicant to comply with the terms of this decision may subject her to a show cause hearing and the imposition of further sanctions, including emergency suspension of her license.

SO ORDERED, this 08 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION

You may petition for review of this decision under Ind. Code § 4-21.5-3-7. The petition must be filed with the Indiana State Board of Nursing in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the state of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

Copies to:

Kristy Barley
767 West Green Street
Scottsburg, Indiana 47170
CERTIFIED MAIL NUMBER: 7008 1830 0001 4328 9721
RETURN RECEIPT REQUESTED

Discipline Case Summary Report

Printed for INDIANA on 02/11/2010

INDIVIDUAL:

SSN: [redacted] ame: **BARLEY, KRISTY L. LYNN**

DOB: **06/12/1953** Gender: **NOT SUPPLIED**

LICENSES DISCIPLINED:

ALABAMA | RN | 1-039524

GENERAL CASE INFORMATION:

Case Number: **211947** Date Action Was Taken: **01/29/1987**

Jurisdiction: **ALABAMA**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **45 - FAILURE TO MAINTAIN RECORDS OR PROVIDE MEDICAL, FIN...**

HIPDB Narrative (Comments):

Violation Code: **H6 - DIVERSION OF CONTROLLED SUBSTANCE**

HIPDB Narrative (Comments):

ACTIONS:

Action Code: **1110 - REVOCATION OF LICENSE** Stayed: **NO**

Duration: **01/29/1987 - INDEFINITE** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

REVISIONS:

There are no revisions for this Discipline Case

State Form 28849 (R6/7-88)

APPROVED BY STATE BOARD OF ACCOUNTS, 1988

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
One American Square
Suite 1020, Box 82067
Indianapolis, Indiana 46282-0004
(317) 232-2960

89004547A

APPLICATION FOR LICENSURE BY ENDORSEMENT

*Application Fee	40.00	Permit Fee	
*Date Fee Paid	6-13-89	Date Fee Paid	
*Receipt Number	173-280	Receipt Number	
*License Number	28105909	Permit Number	2435
*Issuance Date	8-03-89	Issuance Date	6-13-89

Are you applying for a license as a R.N. ___ or L.P.N. ___?

Do you desire a temporary permit? Yes ✓ No ___
If YES, you must submit the $10.00 temporary permit fee and proof of CURRENT licensure in another state, along with the application and fee for permanent license.

PLEASE TYPE OR PRINT CLEARLY IN INK. ANSWER ALL QUESTIONS.

NAME Last, First, Middle, Maiden (Include any names EVER used.)

BARLEY KRISTY L. MCCLENDON

ADDRESS Number and Street/Rural Route | City | State | Zip Code

PO BOX 19 SCOTTSBURG IND 47170

TELEPHONE NUMBER (Daytime) Include area code: 812-752-4011

DATE OF BIRTH Month/Day/Year: 6-12-53

PLACE OF BIRTH City and State: MARION, IND.

SOCIAL SECURITY NUMBER (Required pursuant to Indiana Code 4-1-8-1)

[redacted]

NURSING EDUCATION
Name of Nursing School: VINCENNES UNIV
Location: VINCENNES IND GRAD DATE 1975

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED:

RN PROGRAM -- Associate Degree (2 year) ✓
Baccalaureate Degree (4 year) ___
Diploma (3 year) ___

PN Program ___

HIGH SCHOOL EDUCATION
Name of school: SCOTTSBURG H.S.
Location: SCOTTSBURG, IND Date of Graduation: 1971

If you are not a high school graduate, have you taken and passed the GED?
YES ___ NO ___ If YES, submit an official copy of your GED scores.

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE

NCLEX-RN ✓ SBTPE-RN _____ NCLEX-PN _____ SBTPE-PN _____

State Board which administered the examination: _____

Do you hold, or have you ever held, a license, certificate, registration or permit to practice any regulated health occupation? YES ✓ NO _____

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice any regulated health occupation.

License Type	State	Number	Date of Issuance	Status
R.N.	KY.	1043432	EXP. 10-31-90	CURRENT

If your answer is "yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. If malpractice, provide name of plaintiff. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to the application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? Yes ____ No ✓
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or any regulated health occupation in any state (including Indiana) or country? Yes ____ No ✓
3. Are you now, or have you ever been treated for a drug abuse or alcohol problem? Yes ____ No ✓
4. Have you ever been charged with drug addiction? Yes ____ No ✓
5. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? Yes ____ No ✓
   B. To any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines) Yes ____ No ✓
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privilege revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? Yes ____ No ✓
7. Have you ever been admonished, censored, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have owned, operated, trained, monitored, managed or acted as a consultant? Yes ____ No ✓
8. Have you ever had a malpractice judgment against you or settled any malpractice action? Yes ____ No ✓

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

SIGNATURE: Kristy L Barley DATE: 6-13-89

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Health Professions Bureau of Indiana to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Bureau and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

SIGNATURE: Kristy Barley DATE: 6-13-89

1191L
07/25/88

KENTUCKY BOARD OF NURSING
4010 DUPONT CIRCLE, SUITE 430
LOUISVILLE, KENTUCKY 40207
07/28/89

V E R I F I C A T I O N O F L I C E N S U R E

TO THE STATE OF INDIANA

THIS IS TO CERTIFY THAT KRISTY L BARLEY

SOC SEC NO [redacted] AS ISSUED LICENSE NUMBER 1043432 ON 6/27/80

BY ENDORSEMENT TO BE A REGISTERED NURSE

EXPIRATION DATE: 10/31/90

*KBN RECORDS " DO NOT " INDICATE PREVIOUS DISCIPLINARY ACTION OR INVESTIGATION PENDING ON A COMPLAINT.

EDUCATIONAL PREPARATION IS ASSOCIATE DEGREE

NURSING PROGRAM 915

NAME Information not available

CITY _____ STATE _____

DATE GRADUATED 1975

SBTPE/NCLEX RESULTS	MEDICAL NURSING	PSYCH. NURSING	OBSTETRIC NURSING	SURG. NURSING	NURSING OF CHILDREN	COMP EXAM
STANDARD SCORES	428	358	388	504	580	
SERIES/FORM NO.	276	775	276	775	775	"PASS"

S E A L

Sharon M. Weisenbeck

cjm

SHARON M WEISENBECK, M.S., R.N.
EXECUTIVE DIRECTOR

STATE OF INDIANA

EVAN BAYH - Governor

Health Professions Bureau
One American Square
Suite #1020, Box 82067
Indianapolis, Indiana 46282
(317) 232-2960

HEALTH PROFESSIONS BUREAU
INDIANA STATE BOARD OF NURSING

TEMPORARY PERMIT

To practice as a nurse while awaiting licensure by endorsement in accordance with IC 25-23-1-10.5. The permit is valid until the expiration date listed below, or notification of denial of licensure by the Indiana State Board of Nursing.

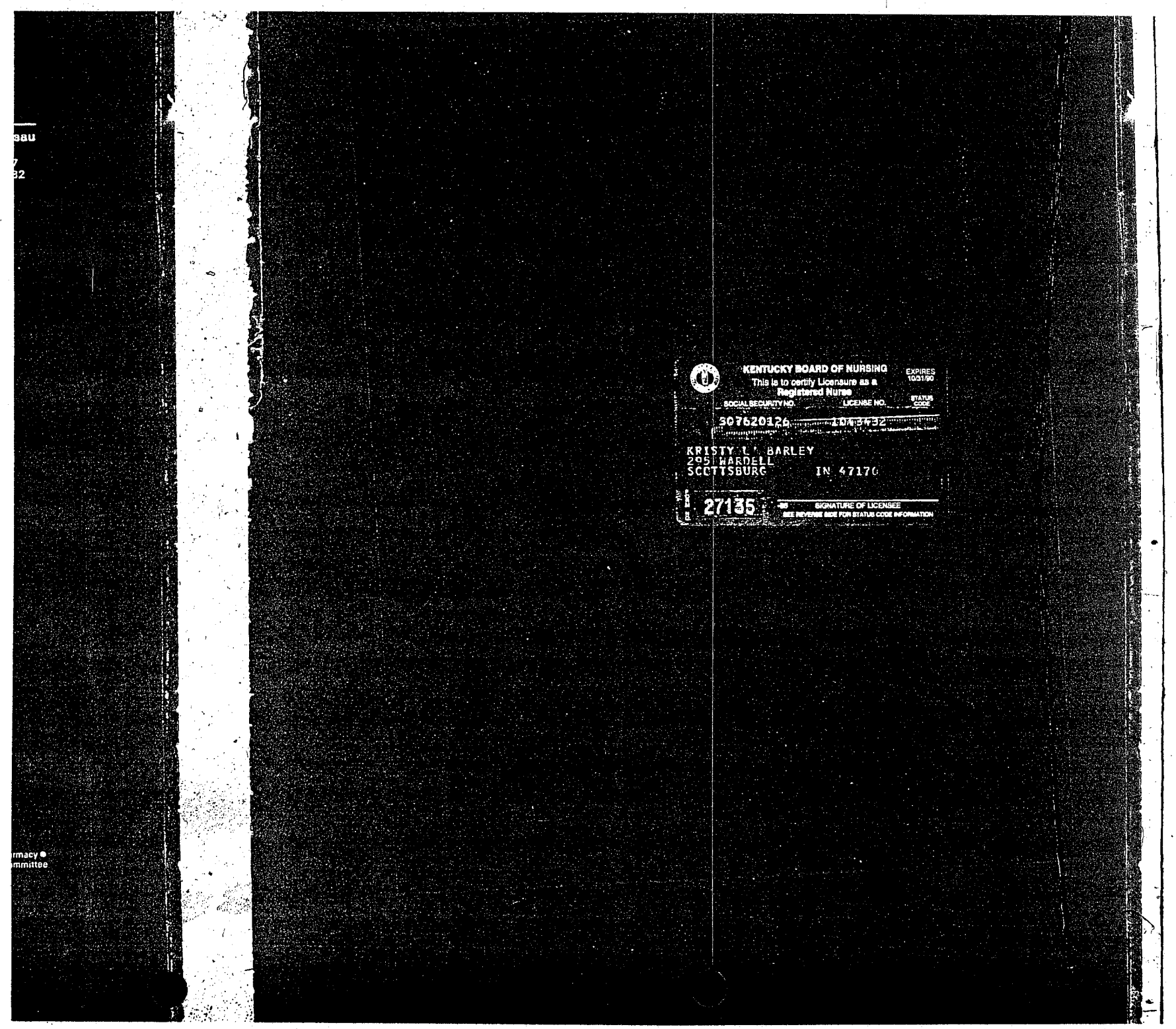
ISSUED TO:	Kristy L. Barley, R.N. P. O. Box 19 Scottsburg, IN 47170
TYPE:	Registered Nurse
PERMIT NUMBER:	2435
DATE OF ISSUE:	June 13, 1989
DATE OF EXPIRATION:	August 13, 1989

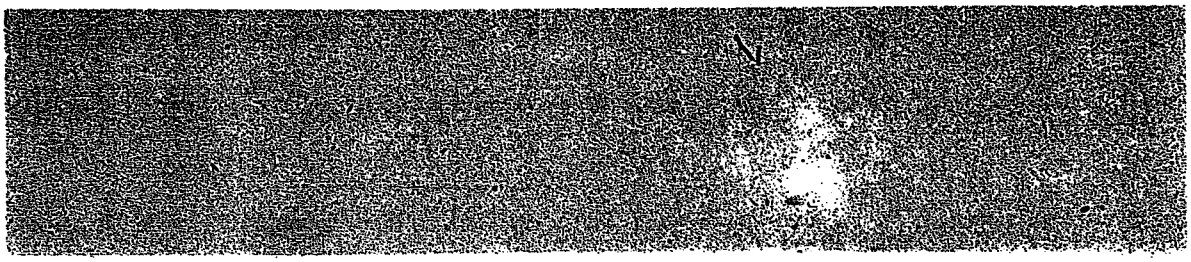
IC 25-23-1-10.5(a)(2) states "The board may issue a temporary permit to practice as a nurse to the following persons:

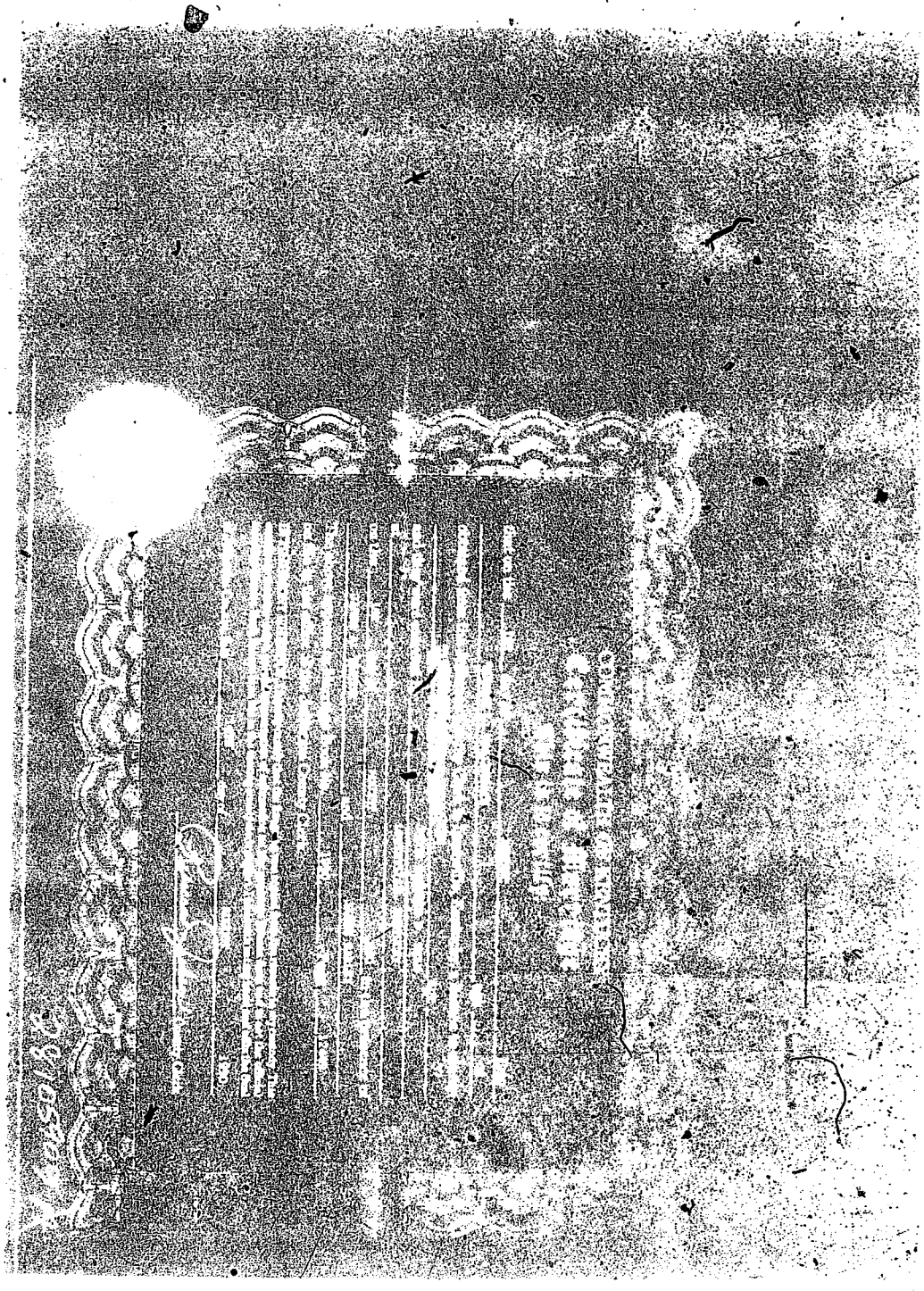
(2) A nurse licensed to practice in another state or territory of the United States, who has applied to the board for licensure by endorsement and submitted proof of current licensure to the board. The permit may be renewed by the board, for a period not to exceed sixty (60) days, if, in the determination of the board, it is not possible to complete the application process in that time period."

The issuance of this permit does not constitute eligibility for full licensure in Indiana. That determination shall be made upon receipt of additional, pending information. Should you have any questions concerning the temporary permit, contact Barbara Powers, Board Administrator, Indiana State Board of Nursing, Health Professions Bureau at the address above or calling (317) 232-2960.

cjm
R.N.

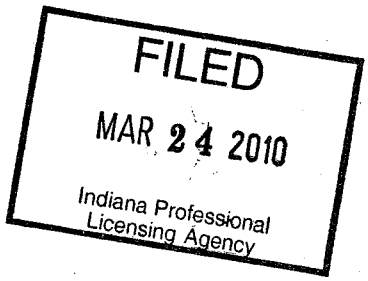

KENTUCKY BOARD OF NURSING
This is to certify Licensure as a
Registered Nurse
EXPIRES
10/31/90
SOCIAL SECURITY NO.
LICENSE NO.
STATUS CODE
307620126
108432
KRISTY L BARLEY
205 HARDELL
SCOTTSBURG IN 47170
27135
SIGNATURE OF LICENSEE
SEE REVERSE SIDE FOR STATUS CODE INFORMATION





BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 220

IN THE MATTER OF THE LICENSE OF:	)
	)
DANIELA JOYCE, R.N	)
	)
LICENSE NO: 28121584A	)
	)
RESPONDENT	)



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a written Request for Continuance from the Respondent, Daniela Joyce, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010, 2009 at 1:30 p.m., be rescheduled to **April 15, 2010 at 9:00 a.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Respondent's request is included herein as Exhibit A. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 4, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 24 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Daniela Joyce
3151 Richardson St.
North Port, FL 34288-8271
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7855
RETURN RECEIPT REQUESTED

Elizabeth Kiefner Crawford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

Grice, Lori

From: Daniela Joyce [rndennyduncan16@yahoo.com]
Sent: Tuesday, March 16, 2010 3:25 PM
To: Grice, Lori
Cc: Group 02
Subject: Request for Continuance/Daniela Joyce

Dear Ms. Grice,

Per my conversation with Elizabeth Kiefner Crawford, Deputy Attorney General, this afternoon, I am requesting a continuance of the hearing scheduled for March 18th, 2010. The attorney who was to represent me on this matter informed me, via voicemail on Thursday, March 11th, that she will not be able to represent me due to an unusually heavy caseload. I have spoken with an attorney who advised me to request a three months continuance due to the fact that I live in another state and need time to find new counsel and prepare for the hearing via long-distance.
I would also like to request copies of all documentation you have regarding my case, so that I may review it and prepare for the hearing. The formal "complaint" contains many inaccurate statements or "facts" that are detrimental to my case and I feel I have the right to see the origin of this information in order to prepare myself for a hearing. I strongly feel that requesting three months is more than reasonable and hope that you will take my request into consideration.
I would greatly appreciate an e-mail response verifying that you have received my request.
Sincerely,

Daniela Joyce, RN, BSN

Exhibit A

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO. 2009 NB 220

IN THE MATTER OF THE
LICENSE OF
DANIELA JOYCE, R.N.
LICENSE NO: 28121584

FILED
DEC 02 2009
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Daniela Joyce, R.N., ("Respondent") by the State of Indiana, by counsel Deputy Attorney General Elizabeth Kiefner Crawford, on behalf of the Office of the Attorney General ("Petitioner") and pursuant to Indiana Code § 25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq., and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana State Board of Nursing ("Board") is 9645 East Edgewood Avenue, Indianapolis, Indiana 46239 and she is a registered nurse ("RN") holding Indiana license number 28121584.

2. Respondent was employed as a Nurse at Major Hospital in Shelbyville, Indiana from January 30, 2007 until February 25, 2007.

3. On or about February 25, 2007, Respondent was terminated from Major Hospital after three (3) documented incidences of narcotic mismanagement. One incident involved failure to waste 6mg morphine. The other incidents involved two (2) occasions where Respondent failed to waste valium and morphine. Respondent took the syringes

containing valium and morphine home and failed to inform Major Hospital of taking the syringes home for a twenty-four (24) hour period of time.

4. On or about March 5, 2007, Respondent contacted the Indiana State Nurses Assistance Program (ISNAP) and was referred to Dr. Richard Hinchman for assessment.

5. On or about March 12 2007, Dr. Hinchman assessed Respondent with a history of THC and cocaine abuse, but noted that her substance of choice currently was alcohol. Dr. Hinchman noted that Respondent had a high probability of substance dependence and that there was no proof that the syringes returned to Major Hospital were filled with valium and morphine. Based on Dr. Hinchman's assessment ISNAP recommended a two (2) year Recovery Monitoring Agreement (RMA).

6. On or about March 13, 2007, ISNAP agreed to decrease the length of Respondent's RMA to eighteen (18) months at her request due to the fact that she had not used cocaine or marijuana since age 21.

7. On or about April 23, 2007, Respondent obtained legal counsel who indicated to ISNAP that Respondent was going to appeal her RMA. ISNAP invited Respondent to put into writing the specific conditions she wanted to appeal.

8. On or about May 15, 2007, ISNAP received a letter from Respondent's counsel indicating that Respondent requested closure of her ISNAP file. On this basis ISNAP closed Respondent's file on May 17, 2007.

9. On or about October 31, 2007, Respondent renewed her Indiana nursing license and answered "YES" to question 5 which reads, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your

practice as a Nurse or as another health care professional? Respondent failed to attach any details to her positive response.

10. On or about November 26, 2007, the Indiana Professional Licensing Agency sent Respondent a letter requesting details of her positive response no later than December 8, 2007.

11. On or about December 14, 2007, Respondent sent an email to Michelle Hines, the assistant director for the Board at that time. Respondent's email indicated that she was terminated in her probationary period due to not wasting narcotics in the proper amount of time. Respondent provided no details of her ISNAP diagnosis or the fact that her ISNAP file had been closed out at her request. Respondent's license was renewed without a personal appearance before the Board on December 17, 2007.

COUNT I

Respondent is in violation of Indiana Code § 25-1-9-4(a)(4)(D) addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely as evidenced by Dr. Hinchman's diagnosis and the Respondent's failure to engage in monitoring in the ISNAP program.

WHEREFORE, Petitioner demands an order against the Respondent, that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all the cost incurred in the prosecution of this case;

3. Provides any other relief the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER
Attorney General of Indiana

By: eCrawford
Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney Number: 24261-49A

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 234-2257

CERTIFICATE OF SERVICE

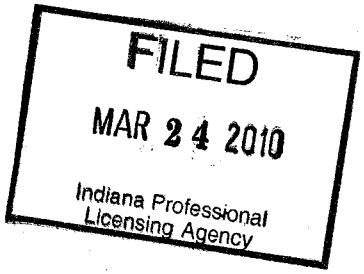
I certify that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail, first class postage prepaid, on this 2nd day of December, 2009.

Daniela Joyce
9645 East Edgewater Avenue
Indianapolis, IN 46239

eCrawford
Elizabeth Kiefner Crawford

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 020

IN THE MATTER OF THE LICENSE OF:)
)
ANGELA MARIE DALY, L.P.N.)
)
LICENSE NO: 270520209A,)
)
RESPONDENT)



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by counsel for the Respondent, Roderick McGillivray, Attorney, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010 at 9:00 a.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on February 3, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 24 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Angela Marie Daly
328 Sycamore St.
Columbus, IN 47201
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7831
RETURN RECEIPT REQUESTED

Roderick D. McGillivray
McGillivray Law Office
624 Third Street
Columbus, IN 47201

Darren R. Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 020

IN THE MATTER OF THE LICENSE OF)
)
ANGELA MARIE DALY, L.P.N.)
)
LICENSE NO: 27050020A)

FILED
FEB 01 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Angela Marie Daly, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 328 Sycamore St., Columbus, IN 47201 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27050020A in 2001.

2. On or around April 3, 2003, Respondent began her employment with Lutheran Homes in Ft. Wayne, Indiana.

3. On or around August 4, 2003, Respondent received a verbal warning from Lutheran Homes after she missed an order for labs to be drawn.

4. On or around October 2, 2003, Respondent's employment was terminated from Lutheran Homes because Respondent improperly transcribed a physician's order, conducted a glucometer check on a resident in a public area even though she was

Exhibit A

instructed to not do so, and failed to update the care plan of a resident after being instructed to do so.

5. On or around January 12, 2004, Respondent began her employment with ResCare, Inc. in Ft. Wayne, Indiana. ResCare provides nursing services to mentally retarded and developmentally disabled people in group and waiver home settings.

6. On or around October 16, 2004, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?"

7. On or around August 3, 2006, Respondent was counseled by ResCare on her inability to maintain paperwork and keep assessments updated.

8. On or around October 2, 2006, patient J. M. was discharged from Parkview Memorial Hospital in Ft. Wayne, Indiana following a surgery and returned to her home. J. M.'s discharge instructions stated that she was to take Darvocet every four hours routinely, with an initial order of sixty tablets. Since the sixty tablets would not arrive at J. M.'s home in time for her next dose, Respondent, as J. M.'s nurse, delivered six Darvocet tablets which she picked up from the pharmacy. Respondent then started a count sheet on a plain, yellow piece of paper contrary to ResCare's policy of using a "Controlled Drug Record." Respondent placed the medication in a locked container, but did not place the container in a locked cabinet as required by ResCare's policies. Respondent then took J. M.'s discharge papers with her which was also contrary to ResCare's policies.

9. After Respondent left on October 2, 2006, the other fifty-four tablets of Darvocet were delivered. At that time, a second count sheet was started. Also, the staff members who visited J.M. after Respondent left were unable to properly position J. M. because her discharge papers, which described how she was to be positioned, were not in the home.

10. On or around October 12, 2006, Respondent went to J. M.'s home for the first time since October 2, 2006 and started a third count sheet on a "Controlled Drug Record" because she said the "other one [second count sheet] did not make sense." The second count sheet was never located after Respondent started the third count sheet. Respondent stated that she counted the Darvocet in the home on this date, but did not check to see if the count was what it should have been, based upon the number of times the medication was administered. Respondent noted on the "Controlled Drug Record" that there were thirty-eight Darvocet tablets in the home and she took a card of seven tablets because she thought "there were too many [tablets] in the house." Other staff members reported that Respondent took between one to two cards. Respondent stated that she took the tablets to her office and kept them in her desk for twenty-four hours before placing them in a box to go back to the pharmacy. Respondent did not document that she returned the tablets to the pharmacy.

11. On or around October 19, 2006, another delivery of sixty Darvocet tablets, which Respondent phoned in pursuant to a physician's order, was made to J. M.'s home. The "Controlled Drug Record" did not reflect that this shipment was received and another count sheet was not located.

12. While J. M.'s discharge instructions stated that she was to receive one Darvocet tablet every four hours, Respondent recorded on the medication administration record (MAR) on October 2 that the order was one Darvocet tablet per day. On October 11, she changed the order to one Darvocet tablet, twice a day. Respondent also included an order for Darvocet every four hours as-needed and instructed the staff to call her to obtain permission to give as-needed medication.

13. On or around October 23, 2006, Respondent completed an "Employment Application" with The Village of Heritage in Monroeville, Indiana. Respondent answered "no" to the question, "Have you ever been discharged or asked to resign from any position?"

14. On or around October 24, 2006, ResCare discovered inaccuracies in the documentation of the Darvocet medication for J. M. A physical count was conducted and there were fifty-five pills left in J. M.'s home, even though 120 pills were delivered to the home, but only thirty-nine pills were recorded as administered.

15. On or around November 3, 2006, Respondent submitted a urine drug screen, which was negative, but was also dilute with a creatinine level of 8.9. A normal creatinine level is between 20 and 300.

16. On or around November 9, 2006, Respondent was again counseled by ResCare on her inability to maintain paperwork, follow physician orders in a timely manner and keep assessments updated.

17. On or around December 6, 2006, Respondent began her employment with The Village of Heritage.

18. On or around December 7, 2006, Respondent quit without notice from ResCare. Respondent was not eligible for rehire.

19. On or around March 7, 2007, Respondent received a verbal warning at The Village of Heritage for not recording that she administered medication. It was unclear whether or not the medication was actually administered.

20. On or around March 15, 2007, an Allen County Sheriff's officer was dispatched to Respondent's ex-boyfriend's home on a report that patient files were found in a file cabinet belonging to Respondent. Respondent lived in the home until March 13. Police confiscated, among various things, medical reports, physician orders, a signed prescription pad and medication belonging to patients at ResCare.

21. On or around March 27, 2007, Respondent received a verbal warning at The Village of Heritage for failing to change a dressing on March 23.

22. On or around May 1, 2007, Respondent received a verbal warning at The Village of Heritage because her intake and output documentations were incomplete.

23. On or around May 2, 2007, Respondent received a verbal warning at The Village of Heritage after a resident was found sitting in her own urine and feces. The resident also had a sore on her buttocks.

24. On or around May 9, 2007, Respondent received a written warning at The Village of Heritage after she failed to remove a resident's nitro patch, did not check in medications delivered on May 8, and charted that she administered medication on the MAR, even though a count of the medication revealed that they had not been administered.

25. On or around May 23, 2007, Respondent received a written warning at The Village of Heritage for not properly supervising the certified nursing assistants (CNAs) on her shift; as a result of Respondent's failure to supervise, four residents were found to have wet beds.

26. On or around May 25, 2007, Respondent received a written warning at The Village of Heritage after Respondent charted that she changed a patient's dressing on May 22. Another nurse had changed the dressing earlier in the day on May 22. On May 24, the first dressing from May 22 was still on the patient on May 24. Respondent was also counseled because room checks were not being completed, dried smeared feces were found on a bedfast patient, and dirty laundry was on the floors.

27. On or around June 5, 2007, Respondent received a written warning from The Village of Heritage for failing to complete her assigned duties and discussing her personal problems with co-workers and residents. Respondent was instructed to attend a communication seminar and was warned that future poor performance would result in a three day suspension.

28. On or around June 14, 2007, Respondent was suspended for three days at The Village of Heritage after she did not give one resident his morning medication and another resident his coumadin for two nights in a row.

29. On or around June 18, 2007, Respondent's employment was terminated from The Village of Heritage after Respondent failed to administer medications in a timely manner. A resident asked for pain medication but did not receive it until an hour later. Respondent was asked four times by other staff members to get the pain medication, but Respondent was on her cellular telephone.

30. On or around March 24, 2008, Respondent completed an "Application for Employment" with Miller's Merry Manor in Hope, Indiana. Respondent indicated that she left Village of Heritage because she "relocated."

31. On or around April 17, 2008, Respondent began her employment with Miller's Merry Manor.

32. On or around May 29, 2008, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP) after being referred based upon a report that Darvocet pills were missing from the home of a patient of ResCare who was under the care of Respondent.

33. On or around June 6, 2008, Respondent was a "no call, no show" at Miller's Merry Manor and as a result her employment was terminated.

34. On or around June 23, 2008, Respondent began her employment at Franklin Meadows in Franklin, Indiana.

35. On or around June 24, 2008, Respondent tested positive for opiates, but Respondent had a prescription for Tylenol with codeine.

36. On or around August 26, 2008, Respondent's assessor determined that Respondent did not have a substance abuse diagnosis, but ISNAP recommended a one year recovery monitoring agreement (RMA) because Respondent was accused of taking seven Darvocet tablets while working for ResCare. Respondent denied using controlled substances.

37. On or around September 19, 2008, Respondent signed a one-year RMA.

38. On or around September 26, 2008, Respondent submitted the only urine drug screen she would ever take in while in ISNAP. The urine drug screen was negative.

38. On or around October 31, 2008, Respondent's Indiana nursing license expired.

39. On or around November 1, 2008, Respondent completed an online renewal for her Indiana nursing license and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent did not pay her renewal fee and thus her license was not renewed.

40. On or around November 18, 2008, Respondent received a verbal warning at Franklin Meadows for failing to count narcotics, as required, on November 16 and 17 and for altering the narcotic count by writing over amounts which were recorded for several days prior.

41. On or around November 25, 2008, Respondent received a final written warning at Franklin Meadows based upon the following incidents:

a. On or around the night of November 21, 2008, Resident #3374 received new nebulizer treatment equipment which was to be assembled and used on November 22. Respondent documented at Franklin Meadows that she gave a nebulizer treatment to Resident #3374 on November 22, even though the staff later found the resident's nebulizer treatment equipment unassembled and in its original packaging. The same problem was also discovered with Resident #4137.

b. On or around November 22, 2008, Resident #3996 told Respondent that her dressing came off of her lower extremity, but Respondent did not replace it when asked to. Also, Respondent did not

change Resident #4151's wound vac, even though the order indicated it was to be changed on this date. Resident #4151 also stated that she only received her insulin in the morning, even though she was supposed to receive it at every meal. Respondent was the nurse on duty from 6:52 a.m. until 6:57 p.m. on this date and was responsible for these treatments and medication administration.

c. On or around November 23, 2008, Respondent allegedly gave medication through a g-tube at 7 p.m. to a resident at Franklin Meadows. The oncoming nurse assessed the g-tube at 7:30 p.m. and noted that it was "very difficult" to flush, even though medication was allegedly given a half-hour earlier.

d. On or around November 24, 2008, it was discovered that Resident #4153 had only received one tablet of his prescribed vancomycin, even though the order was received on November 21 and stated that it was to be given once a day. There was only one card of vancomycin sent from the pharmacy and only one tablet was missing. Furthermore, no vancomycin was used from the emergency drug kit. Respondent was the nurse on duty from 6:52 a.m. until 6:57 p.m. on November 22 and from 6:55 a.m. until 7:41 p.m. on November 23 and was responsible for administering this medication on these dates.

42. On or around December 6, 2008, Respondent received a verbal warning at Franklin Meadows for giving medication to the wrong resident.

43. On or around December 19, 2008, ISNAP instructed Respondent to not work after her worksite monitor expressed concerns about medication administration and because Respondent had not submitted a urine drug screen since September 26, 2008.

44. On or around January 19, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she had missed seven urine drug screens and did not submit any self-reports or meeting logs.

45. On or around February 24, 2009, ISNAP extended Respondent's RMA for an additional three months due to her non-compliance.

46. On or around March 6, 2009, Respondent returned to work without ISNAP's permission.

47. On or around April 22, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she did not submit any urine drug screens, her self-reports and meeting logs, and her worksite monitor report.

48. On or around May 21, 2009, Respondent paid her renewal fee, but did not complete a new renewal application, and her Indiana nursing license was renewed.

49. On or around June 11, 2009, Respondent's RMA was closed with ISNAP due to her significant non-compliance.

50. Also, on or around June 11, 2009, Respondent's employment was terminated from Franklin Meadows after Respondent failed to change dressings for two days.

51. On or around July 7, 2009, Respondent began her employment with Homeview Health and Rehabilitation.

52. On or around July 15, 2009, Respondent's employment was terminated from Homeview Health and Rehabilitation after it was discovered that Respondent signed out hydromorphone on July 13, 2009 for a patient who was no longer in the facility and forged the signature of another nurse on the MAR in an attempt to make it seem that the other nurse signed out the medication.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose her termination from Lutheran Homes in October 2003 on her October 2004 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose her termination from The Village of Heritage in June 2007 on her November 2008 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by her failure to disclose her termination from Lutheran Homes in October 2003 on her Employment Application with The Village of Heritage in October 2006.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by her failure to disclose her termination from Lutheran Homes in October 2003 on her Application for Employment with Miller's Merry Manor in March 2008.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities, to wit, 848 IAC 2-3-3(6), falsifying or destroying documentation of nursing actions on the official patient/client record, as evidenced by Respondent's recording of a medication order on a MAR without a corresponding physician's order while working for ResCare; confiscation of discharge papers for J. M. and "Controlled Drug Records" from Rescare; failure to document that she returned medication to the pharmacy while working for ResCare; failure to document the receipt of narcotics on the Controlled Drug Record while working for ResCare; charting that she administered medication even though she failed to do so while working at The Village of Heritage; charting that dressings were changed when they were not at The Village of Heritage; altering the narcotic count on a drug record sheet at Franklin Meadows; documenting that she gave a nebulizer treatment and changed dressings when she had not at Franklin Meadows; and forging the signature of another nurse on a MAR at Homeview Health and Rehabilitation.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VI

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(3) in that Respondent knowingly violated 848 IAC 1-1-13, any person who practices or offers to practice nursing as either a registered or licensed practical nurse in Indiana shall hold a

current Indiana license as proof of their legal authorization to practice, as evidenced by her continued practice as a nurse after her license expired on October 31, 2008 until May 21, 2009.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VII

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(A) in that Respondent has continued to practice although she has become unfit to practice due to professional incompetence, to wit: 848 IAC 2-3-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care; 848 IAC 2-3-3(3), disregarding a patient/client's dignity, right to privacy, or right to confidentiality; 848 2-3-3(6), omitting documentation of nursing actions on the official patient/client record; and 848 IAC 2-3-2(3), communicate, collaborate, and function with other members of the health care team to provide safe and effective care. This is evidenced by Respondent's failure to give medications as ordered while working for The Village of Heritage and Franklin Meadows; failure to complete treatments as ordered at The Village of Heritage and Franklin Meadows; failure to give medication to the correct patient at Franklin Meadows; failure to conduct a glucometer check in private on a patient when instructed to do so at Lutheran Homes; personal possession of ResCare patient records; failure to properly transcribe a physician's order while working for Lutheran Homes; failure to update care plans at Lutheran Homes; failure to maintain paperwork and keep

assessments updated while working for ResCare; failure to record that she administered medication to residents at The Village of Heritage; failure to complete intake and output documentation at The Village of Heritage; and failure to properly supervise CNAs on her shift while working at The Village of Heritage.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VIII

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D), in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely, as evidenced by her narcotic documentation discrepancies and removal of Darvocet, without documenting its destruction, at ResCare; Respondent's possession of medications belonging to patients of ResCare; Respondent's removal of hydromorphone from Homeview Health and Rehabilitation for a patient who was no longer in the facility and her subsequent failure to document that she wasted the medication; and, her failure to complete her RMA with ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IX

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(8) in that Respondent has diverted a legend drug or any other drug or device issued under a drug order for another person, as evidenced by Respondent's removal of seven Darvocet tablets from the home of a patient while working for ResCare without documenting its waste or return to the pharmacy; narcotic documentation discrepancies at ResCare; Respondent's possession of medications belonging to patients of ResCare; narcotic documentation discrepancies at The Village of Heritage; and, Respondent's removal of hydromorphone for a patient who was no longer at the facility and her failure to document the destruction of the medication at Homeview Health and Rehabilitation.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D—R Cvgt

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon all parties listed below, by United States mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Angela Marie Daly
328 Sycamore St.
Columbus, IN 47201

By: Darren R. Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

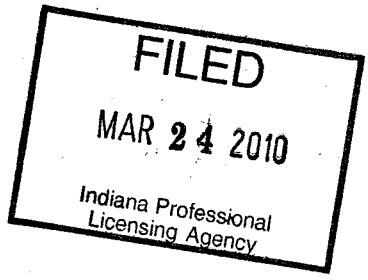
BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 010

IN THE MATTER OF THE LICENSE OF:

ALISHA DANIELLE MOORE, R.N.

LICENSE NO: 28168273A,

RESPONDENT



CONTINUANCE ORDER AND
SETTLEMENT CONFERENCE/PROPOSED
SETTLEMENT AGREEMENT HEARING NOTI CE

Comes now the Indiana State Board of Nursing upon a Request for Continuance, filed by Counsel for the Respondent, Kerry B. Lea, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010, at 9:00 a.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a proposed settlement/pre-hearing conference, as referenced in Exhibit A.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on January 26, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 24 day of March, 2010

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Alisha Danielle Moore
6575 E. Ramsey Road
Salem, IN 47167
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7220
RETURN RECEIPT REQUESTED

Kerry B. Lea
Baker & Daniels
600 East 96th St. Ste. 600
Indianapolis, IN 46240

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

IN THE MATTER OF THE LICENSE OF:	)	BEFORE THE INDIANA STATE BOARD OF NURSING
ALISHA DANIELLE MOORE, R.N.	)	
License Number: 28168273A	)	CAUSE NUMBER 2010 NB 010

FILED
MAR 17 2010
Indiana Professional Licensing Agency

MOTION FOR CONTINUANCE OF MARCH 18, 2010 HEARING

Respondent, Alisha Danielle Moore, by counsel, moves for a continuance of the review of the revised settlement agreement and the hearing to determine whether or not a disciplinary sanction should be imposed on the license of Respondent currently set for Thursday, March 18, 2010, at 1:30 p.m., and, in support thereof, states as follows:

1. The Board has indicated that ISNAP's assessment is a pre-requisite to approval of the Settlement Agreement. At the request of the Board, Respondent has initiated the ISNAP assessment process. Through no fault of the Respondent, her assessment is not yet complete.

2. The Deputy Attorney General assigned to this matter has been consulted and does not object to the continuance.

WHEREFORE, counsel for the Respondent, Alisha Danielle Moore, respectfully requests that the hearing currently set for Thursday, March 18, 2010, be continued to a date to be determined.

Respectfully submitted,

BAKER & DANIELS LLP

By: Kerry B Lea
Kerry B. Lea (#28280-49)

One of the Attorneys for
Alisha Danielle Moore

600 East 96th Street, Suite 600
Indianapolis, Indiana 46240
(317) 569-4643
(317) 569-4800 (facsimile)
E-mail: kerry.lea@bakerd.com

Exhibit A

CERTIFICATE OF SERVICE

The undersigned counsel hereby certifies that a copy of the foregoing Motion for Continuance has been served upon the following via United States first class mail, postage prepaid, this 17th day of March, 2010:

Lori Grice
Assistant Director
Indiana Professional Licensing Agency
Indiana State Board of Nursing
302 West Washington Street, Room W072
Indianapolis, IN 46204

Darren Covington
Deputy Attorney General
Office of the Attorney General
Consumer Protection Division, Medical Licensing
Indiana Government Center South
302 West Washington Street, IGCS-Fifth Floor
Indianapolis, IN 46204-3972

Kelly B Lea

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 0001

IN THE MATTER OF THE LICENSE OF)
)
ALISHA DANIELLE MOORE, R.N.)
)
LICENSE NO: 28168273A)

COMPLAINT

This complaint is brought against the nursing license of Alisha Danielle Moore, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 6575 E. Ramsey Rd., Salem, IN 47167 and she is a Registered Nurse in the State of Indiana having been issued license number 28168273A in 2006.

2. In February 2004, Respondent began her employment as a certified nursing assistant with Scott Memorial Hospital in Scottsburg, Indiana.

3. On or around June 8, 2006, Respondent was issued a Registered Nurse license in the State of Indiana.

4. On or around June 26, 2006, Respondent began working as a Registered Nurse at Scott Memorial Hospital.

5. On or around June 10, 2007, Respondent reported to work and stated that she had a "hangover." Respondent asked Amber Albus, L.P.N. to start an intravenous line on her and administer Zofran, an anti-nausea medication, to her. Albus refused to do so. Respondent then left her station in obstetrics, went to the emergency room, and asked Rhonda Aldridge, R.N. to remove a vial of Zofran from the automatic medication dispensing machine, from which Aldridge removed two vials. Either Aldridge or Respondent then administered the first vial of medication and Respondent subsequently administered the second vial of medication to herself. Respondent did not have a physician's order to receive Zofran.

6. On or around June 22, 2007, Respondent's employment was terminated with Scott Memorial Hospital.

7. On or around September 18, 2007, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent explained that her employment was terminated due to a "miscommunication/administration of a medication without a written order."

8. On or around September 20, 2007, Respondent's license was renewed by IPLA staff without making a personal appearance before the Indiana State Board of Nursing.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice even though she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care, as evidenced by her reporting to work with a "hangover" and injecting herself with Zofran, which was not prescribed for her, while working.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice even though she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-2(10), respect and safeguard the property of patient/client, family, significant others, and the employer, as evidenced by her using Zofran, belonging to her employer, for her own personal use without permission.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: _____
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the counsel of record listed below, by United States mail, first-class, postage prepaid, on this 12th day of January, 2010.

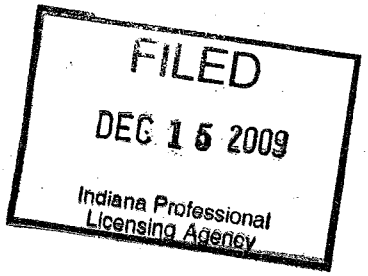
Chad S. Priest
Baker & Daniels
600 E 96th St.
Indianapolis, IN 46240

By: _____
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NO. 2009 NB 260

IN THE MATTER OF THE)
)
LICENSE OF KIMBERLY ELOISE MOORE, RN)
)
LICENSE NO: 28072700A)



COMPLAINT

This complaint is brought against the nursing license of Kimberly Moore, R.N., by the State of Indiana, by counsel, Deputy Attorney General, Elizabeth Kiefner Crawford, on behalf of the Office of the Attorney General ("Petitioner") and pursuant to Indiana Code § 25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-22.5 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq., and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana State Board of Nursing (Board) is South PA Avenue, Apollo, Pennsylvania 15613 and she is a licensed Registered Nurse holding Indiana license number 28072700A.

2. Respondent submitted an initial application for Registered Nursing to the Missouri Board of Nursing (Missouri Board) on October 26, 2006. Respondent disclosed a criminal conviction in Indiana for invasion of privacy in June 1999. Respondent's sentence called for criminal probation until June 2001 and an order to obtain a psychological evaluation.

Exhibit A

3. As part of their initial licensure process, the Missouri Board requested a copy of the Indiana psychological evaluation completed as part of the criminal sentence.

4. Respondent was given the opportunity to provide her Indiana psychological evaluation to the Missouri Board on several occasions. She sent the Missouri Board a series of emails which alleged that her Indiana criminal conviction was "tampered with."

5. In May 2007 the Pennsylvania State Board of Nursing ordered Respondent to undergo a mental and physical examination after separate allegations of incompetence and resident abuse arose. Respondent failed to do so and failed to appear for a hearing in the Pennsylvania matter. Respondent's Pennsylvania Nursing license was placed on indefinite suspension on August 6, 2007.

6. On or about December 12, 2007, the Missouri Board denied Respondent's licensure as a Nurse in the State of Missouri for lack of moral character.

7. On or about April 24, 2008, the North Carolina Board of Nursing suspended Respondent's North Carolina nursing license due to the denial of Respondent's Nursing license in Missouri and her indefinite suspension in Pennsylvania.

8. Respondent recently attempted to renew her Indiana Nursing license. Respondent was requested to appear at a personal appearance upon renewal but failed to do so. Respondent's Indiana Nursing license renewal was denied by the Board after her failure to appear on September 17, 2009.

COUNT I

Respondent is in violation of Indiana Code § 25-1-9-4(a)(7) in that the practitioner has had disciplinary action taken against the practitioner or the practitioner's

license to practice in any state or jurisdiction on ground similar to those under this chapter as evidenced by the indefinite suspension of Respondent's Pennsylvania Nursing license, the suspension of her Nursing license in North Carolina, and the denial of a Nursing license in Missouri.

WHEREFORE, Petitioner demands an order against the Respondent, that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all the cost incurred in the prosecution of this case;

3. Provides any other relief the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER
Attorney General of Indiana

By:_____
Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney Number: 24261-49A

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 234-2257

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail, first class postage prepaid, on this _____ day of _____, 2009.

Kimberly Moore
South PA Ave
Apollo, PA 15613

_____
Elizabeth Kiefner Crawford
Deputy Attorney General

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 260

IN THE MATTER OF THE LICENSE OF:

KIMBERLY ELOISE MOORE, R.N.

LICENSE NO: 28072700A,

RESPONDENT

FILED
MAR 24 2010
Indiana Professional
Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing upon a Request for Continuance, filed by the State of Indiana, Elizabeth Kiefner Crawford, Deputy Attorney General, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010, at 9:00 a.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 15, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 29 day of March, 2010

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

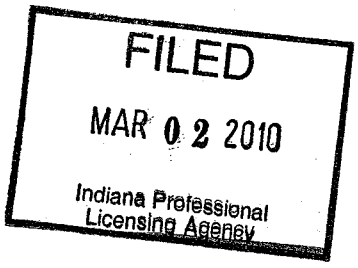
Distributed to:

Kimberly Moore
712 Old State Rd. South PA Ave.
Apollo, PA 15613
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7817
RETURN RECEIPT REQUESTED

Elizabeth Kiefner Crawford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NO. 2009 NB 260

IN THE MATTER OF THE)
)
LICENSE OF KIMBERLY ELOISE MOORE, RN)
)
LICENSE NO: 28072700A)



PETITIONER'S REQUEST FOR CONTINUANCE

Comes now Petitioner, by counsel Deputy Attorney General Elizabeth Kiefner Crawford, to file a Request for Continuance concerning the hearing set for March 18, 2010, and states in support thereof:

1. The Respondent has a hearing a scheduled before the Indiana State Board of Nursing on March 18, 2010.
2. Petitioner has a previously scheduled trial set for March 25, 2010, and would like additional time to present this matter.
3. Petitioner respectfully requests that the final hearing in this matter be continued.

WHEREFORE, the Petitioner, the State of Indiana, by counsel, respectfully moves the Board to continue the Final Hearing in this Matter and reset this matter before the Board at its regularly scheduled meeting on April 16, 2010.

Respectfully submitted,

GREGORY F. ZOELLER
Attorney General of Indiana

By: ECrawford
Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney Number: 24261-49A

Elizabeth E. Kiefner
Deputy Attorney General
OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
402 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: (317) 234-2257

CERTIFICATE OF SERVICE

I certify that a copy of the "Request for Continuance" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 2nd day of March, 2010.

Kimberly Moore
South PA Ave
Apollo, PA 15613

eCrawford

Elizabeth Kiefner Crawford
Deputy Attorney General

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 006

IN THE MATTER OF THE LICENSE OF:)
)
KRISTIE DAWN HORNADAY, R.N.)
)
LICENSE NO: 28127795A)
)
RESPONDENT)

FILED
MAR 23 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Kristie Dawn Hornaday, R.N., 7935 Broadmead Way, Indianapolis, IN 46259.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 006.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kristie Dawn Hornaday
7935 Broadmead Way
Indianapolis, IN 46259
CERTIFIED MAIL NO. 7008 3230 0000 0200 7282
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 006

IN THE MATTER OF THE LICENSE OF)
)
KRISTIE DAWN HORNADAY, R.N.)
)
LICENSE NO: 28127795A)

FILED
MAR 22 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kristie Dawn Hornaday, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 7935 Broadmead Way, Indianapolis, IN 46259 and she is a Registered Nurse in the State of Indiana having been issued license number 28127795A in 1995.

2. On or around December 3, 2004, Respondent was placed on a paid suspension until December 8, 2004 at Methodist Hospital. Respondent removed three Vicodin tablets from the medication dispenser within a two hour timeframe for a patient whose medication order was one Vicodin every four hours. Respondent was seen falling out of a chair three times, she could not "keep track" when giving report to the oncoming nurse, she had slurred speech, and she tried to shred documents in a printer. Respondent also went on a ten minute break, leaving ten patients without a nurse. Finally, Respondent

Exhibit A

drew blood from one patient, spilled it, and then did not clean it up. Respondent admitted to taking a Fioricet and Prozac pill, which she alleged was prescribed to her, before coming to work. Respondent was then referred to the employee assistance program (EAP).

3. On or around December 6, 2004, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP) after being referred by the EAP at Methodist Hospital. Respondent disclosed that she bought Vicodin off of the internet and used twenty Vicodin tablets a day for approximately one year.

4. On or around January 19, 2005, Respondent was diagnosed with opioid dependence. Respondent then signed a three-year recovery monitoring agreement (RMA) with ISNAP.

5. On or around April 29, 2005, Respondent's urine drug screen tested positive for alcohol. Respondent stated that she took Dayquil for sinus congestion.

6. On or around September 10, 2005, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

7. On or around October 6, 2005, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA. Respondent missed several urine drug screens and did not submit her addictionist report.

8. On or around January 31, 2006, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed one urine drug screen.

9. On or around April 7, 2006, the EAP at Methodist Hospital reported to ISNAP that Respondent's urine drug screen with them tested positive for Darvocet and Vicodin. Respondent, who was pregnant, was prescribed Vicodin by her gynecologist, but obtained the Darvocet from a friend. This was considered a relapse.

10. On or around April 17, 2006, Respondent reported to ISNAP that there were complications with her delivery and she was prescribed Percocet.

11. On or around May 2, 2006, Respondent's therapist reported to ISNAP that Respondent considered her use of Percocet a relapse. As a result, ISNAP lengthened Respondent's RMA for six months.

12. On or around July 20, 2006, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA. Respondent had one positive urine drug screen on April 7, 2006 and missed one urine drug screen.

13. On or around November 2, 2006, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA. Respondent missed three urine drug screens and admitted that she diverted Dialudid from Methodist Hospital on October 28, 2006.

14. On or around November 3, 2006, Respondent's employment was terminated from Methodist Hospital for failing to comply with her EAP requirements.

15. On or around December 1, 2006, ISNAP lengthened Respondent's RMA for six months.

16. On or around December 5, 2006, Respondent's therapist reported to ISNAP that Respondent had a positive urine drug screen in their program and Respondent had not been attending group meetings.

17. On or around December 8, 2006, ISNAP lengthened Respondent's RMA for six months and required her to attend an intensive outpatient program. Respondent was warned that any further noncompliance would result in her being required to seek treatment in a residential setting.

18. On or around January 26, 2007, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA. Respondent missed all of her urine drug screens, did not submit any reports and relapsed in October 2006.

19. On or around February 28, 2007, ISNAP recommended that Respondent's RMA be closed due to her non-compliance and her termination from Methodist Hospital in November 2006. Respondent appealed this decision with ISNAP and her RMA was extended for an additional three months.

20. On or around July 9, 2007, Respondent began her employment with St. Francis in Indianapolis, Indiana. On her employment application, Respondent stated that she left Methodist Hospital due to "childcare issues."

21. On or around July 26, 2007, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed one urine drug screen.

22. On or around October 11, 2007, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed two urine drug screens and two urine drug screens were submitted late.

23. On or around October 15, 2007, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever

been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

24. On or around January 23, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed two urine drug screens.

25. On or around April 19, 2008, Kelly Crites, R.N. reported to Stacey Richardson, a manager at St. Francis, that Respondent was not answering her call lights and could not be found and that when Respondent finally returned she appeared "stoned . . . and acted like she had been asleep." Through an investigation, it was discovered that Respondent was given permission to lay down because Respondent said she was sick. Respondent laid down in an empty patient room. Respondent's supervisor tried to awaken her three times but was unable to do so. On this shift, Respondent did not chart on patients every four hours as required by St. Francis policy. She also did not properly document the administration of pain medication she removed from the medication dispenser.

26. On or around April 24, 2008, Respondent was referred to St. Francis' EAP. A drug-screen panel was negative and Respondent was allowed to return to work.

27. On around April 25, 2008, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA. Respondent missed two urine drug screens and submitted to three urine drug screens late.

28. On or around April 26, 2008, Respondent left work at the end of her shift at approximately 8:30 p.m. At 1:30 a.m. on April 27, 2008, the local police called St. Francis and reported that they stopped Respondent's car because they suspected she was

driving under the influence of alcohol because she was driving on four flat tires. Respondent claimed that she blew the tires after running over a curb. Respondent was still in her uniform and stated that she was tired because she just left work. Respondent was then escorted to St. Francis. Respondent's supervisor noted that she appeared "very haggard," had slurred speech, and staggered while walking. As a result, another nurse was scheduled to replace Respondent on her shift for later that day. Respondent was also asked to submit to a urine drug test. The urine sample was cold and Respondent was instructed to drink some water and give a second sample. Respondent left the emergency room without giving the second sample. When questioned about the cold sample by EAP on April 28, 2008, Respondent admitted that she scooped some water from the toilet and put it in the sample cup. Respondent also admitted that she used Klonopin and Ambien CR after leaving work on April 26, 2008. EAP then referred Respondent to residential treatment at Tara Treatment Center in Franklin, Indiana.

29. On or around April 30, 2008, St. Francis EAP reported to ISNAP that Respondent sought treatment at Tara Treatment Center in Franklin, Indiana and admitted using controlled substances and drinking alcohol.

30. On or around May 27, 2008, ISNAP extended the length of Respondent's RMA for one year due to her relapse in April 2008.

31. On or around July 25, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA in ISNAP. Respondent missed two urine drugs, did not submit her monthly report or AA/NA support logs for April and relapsed in April 2008.

32. On or around October 17, 2008, Respondent tested positive at St. Francis on a urine drug screen for hydrocodone and fentanyl. Respondent admitted that she diverted Lortab and clozapine, an antipsychotic medication. Respondent stated that she had been relapsing for two weeks, diverted and used alcohol. As a result, Respondent's employment was terminated from St. Francis.

33. On or around December 9, 2008, ISNAP extended Respondent's RMA for six months due to Respondent's relapse in October 2008.

34. On or around January 6, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed one urine drug screen and relapsed in October 2008.

35. On or around January 8, 2009, Respondent completed an "Application for Employment" with Fresenius Medical Care in Indianapolis, Indiana. Respondent stated that she left St. Francis for "personal" reasons.

36. On or around March 2, 2009, Respondent began her employment with Fresenius Medical Care.

37. On or around April 27, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed one urine drug screen.

38. On or around August 5, 2009, Respondent received a written warning while working for Fresenius Medical Care after she reported to an offsite visit two hours late resulting in a patient's dialysis treatment being started late, and Respondent did not inform the patient's physician or the charge nurse that she started treatment even though she was instructed to do so.

39. On or around August 11, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed one urine drug screen.

40. On or around August 18, 2009, Respondent was observed by another nurse of Fresenius Medical Care in a patient's room, even though this patient was not assigned to Respondent, withdrawing Ativan from an intravenous (IV) bag by inserting a syringe directly into the bag. Respondent was then observed placing the syringe in her pocket. When questioned, Respondent indicated that the IV pump alarm went off and that was why she went into that patient's room. Later, when asked to empty her pockets by a supervisor, Respondent confessed that she withdrew medication and injected 1 mg of Ativan into her arm. At the time, Respondent was 29 weeks pregnant. Respondent's employment was then terminated from Fresenius Medical Care.

41. On or around October 29, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA. Respondent relapsed on August 18, 2009, missed three urine drug screens and did not submit a monthly report or AA/NA support log for August 2009.

42. On or around October 30, 2009, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

43. On or around December 22, 2009, Respondent's RMA was closed due to her history of diversion, relapses and non-compliance.

44. On or around January 11, 2010, the Petitioner filed a "Petition for Summary Suspension" with the Indiana State Board of Nursing (Board) against Respondent's Indiana nursing license.

45. On or around January 12, 2010, Respondent was charged in Hamilton County, Indiana Superior Court with Theft, a Class D Felony, under Cause Number 29D04-1001-FD-000168, stemming from her diversion of Ativan in August 2009 while working for Fresenius Medical Care.

46. On or around January 29, 2010, the Board approved an "Agreement for Summary Suspension" of Respondent's Indiana nursing license for a period of ninety days, effective January 21, 2010.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was suspended at Methodist Hospital in December 2004 on her September 2005 Indiana renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a

license to practice as evidenced by her failure to disclose that her employment was terminated from Methodist Hospital on her October 2007 Indiana renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from St. Francis and Fresenius Medical Care on her October 2009 Indiana renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by Respondent's failure to accurately disclose why her employment ended with Methodist Hospital on her employment application with St. Francis.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by Respondent's failure to accurately disclose why her employment ended with St. Francis on her employment application with Fresenius Medical Care.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VI

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities, to wit, 848 IAC 2-2-3(6), falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record, as evidenced by Respondent's narcotic documentation administration discrepancies at St. Francis on April 19, 2008.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VII

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behavior in providing nursing care. This is evidenced by:

a. Respondent reporting to work at Methodist Hospital while she was impaired due to her use of Fioricet and Prozac;

b. Respondent leaving ten patients alone without a nurse for ten minutes at Methodist Hospital;

c. Respondent failing to clean up spilt blood at Methodist Hospital;

d. Respondent sleeping while working at St. Francis resulting in patients not being assessed every four hours as required by St. Francis policy;

e. Respondent failing to arrive at an offsite location to conduct dialysis on a patient while working for Fresenius Medical Care and then failing to notify the patient's physician and charge nurse that she initiated treatment, even though she was instructed to do so; and,

f. Respondent using a syringe to withdraw Ativan from a patient's IV bag for her own personal use.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VIII

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that impair her ability to practice safely as evidenced by Respondent's impairment at Methodist Hospital following her use of Fioricet and Prozac, her admission that she used approximately twenty Vicodin tablets a day from December 2003 until December 2004 without a physician's order, her opioid dependence diagnosis, her positive urine drug screens with ISNAP and her employers, her admitted diversion of Dialudid from Methodist Hospital, her admitted diversion of Lortab and clozapine from St. Francis, her admitted diversion of Ativan from Fresenius Medical Care, her relapses in April 2006, May 2006, April 2008 and August 2009, and her significant non-compliance with her RMA and subsequent closure from ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IX

1. Respondent violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by Respondent's admission that she took Dialudid from Methodist Hospital, Lortab and clozapine from St. Francis, and Ativan from Fresenius Medical Care, without a physician's permission.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: D—R Cgt

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Kristie Hornaday
7935 Broadmead Way
Indianapolis, IN 46259

By: D—R Cov
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 068

IN THE MATTER OF THE LICENSE OF:

KIMBERLY HENLEY, R.N.

LICENSE NO: 28178190A

RESPONDENT

FILED
MAR 23 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Kimberly Henley, R.N., 7204 Jan Place Street, Louisville, KY 40258.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 068.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kimberly Henley
7204 Jan Place Street,
Louisville, KY 40258.
CERTIFIED MAIL NO. 7008 3230 0000 0200 7213
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE NURSING BOARD
CAUSE NUMBER: 2010 NB 068

IN THE MATTER OF THE LICENSE OF	)
	)
KIMBERLY HENLEY, R.N.	)
	)
LICENSE NO: 28178190A	)

FILED
MAR 22 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kimberly Henley, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, Deputy Attorney General, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 7204 Jan Place Street, Louisville, KY 40258 and she is a Registered Nurse in the State of Indiana having been issued license number 28178190A in 2008.

2. On or around March 20, 1999, Respondent was arrested for Alcohol Intoxication in a Public Place in Louisville, Kentucky. Respondent was issued a citation.

3. On or around December 22, 2006, Respondent was arrested by the University of Kentucky Police Department for Alcohol Intoxication in a Public Place. Respondent was issued a citation.

4. On or around May 30, 2007, Respondent completed an "Application for Licensure by Examination" to obtain an Indiana nursing license. Respondent answered

Exhibit A

"yes" to the questions, "Have you ever been convicted of, pled guilty or nolo contendre to: A) A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? B) To any offense, misdemeanor or felony in any state?"

5. On or around December 13, 2007, Respondent made a personal appearance before the Indiana State Board of Nursing (Board) regarding her disclosure on her Indiana nursing license application that she had been convicted of a crime. Respondent informed the Board that she was charged in Kentucky with Driving Under the Influence in 1999 and Alcohol Intoxication in 2006. Respondent was permitted to sit for the National Council Licensure Examination (NCLEX) and was instructed to obtain an evaluation from the Indiana State Nurses Assistance Program (ISNAP). Respondent was told that she could be licensed after she passed the NCLEX and had ISNAP's approval to be licensed.

6. On or around March 18, 2008, Respondent passed the NCLEX.

7. On or around March 21, 2008, Respondent initiated intake with ISNAP. Respondent reported that she began drinking as an adolescent and that she was attending AA meetings three to four times a week. Respondent also stated that she had a prn prescription for Valium.

8. On or around May 2, 2008, Respondent was diagnosed with alcohol abuse.

9. On or around May 15, 2008, Respondent signed a one-year recovery monitoring agreement (RMA) with ISNAP.

10. On or around May 16, 2008, Respondent reported to ISNAP that she was having panic attacks and that she used to take Valium for these. Respondent was referred to see her physician.

11. On or around May 19, 2008, Respondent was issued an Indiana Registered Nurse license.

12. On or around May 28, 2008, ISNAP mailed Respondent a "Needs Assistance Fund" (NAF) application after Respondent reported she was having difficulty paying for her urine drug screens.

13. On or around June 19, 2008, Respondent informed ISNAP that she did not want to be monitored because she allegedly could not afford the cost and was unable to find employment as a nurse.

14. On or around July 1, 2008, Respondent agreed to remain in monitoring and ISNAP sent Respondent another NAF application.

15. On or around October 24, 2008, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA. Respondent did not submit any self-reports or meeting logs and missed all of her urine drug screens.

16. On or around November 12, 2008, Respondent's RMA was closed.

17. As of March 3, 2010, Respondent had not re-enrolled in ISNAP.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to her addiction to, abuse of, or severe dependency upon alcohol or other drugs that impair her ability to practice safely as evidenced by her two alcohol related citations, her alcohol abuse

diagnosis, her significant non-compliance with her ISNAP RMA and her subsequent closure from ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: _____

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Kimberly Henley
7204 Jan Place Street
Louisville, KY 40258

By: D-R Cv
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 209

IN THE MATTER OF THE APPLICATION TO RENEW THE LICENSE OF:

D. PATRICK VONDERAU

LICENSE NO: 28160807A

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing upon a Request for Continuance filed by the Respondent, D. Patrick Vonderau, and having considered the motion and finding that it is proper hereby ORDERS that the request for the hearing to consider the Petition for Review of Decision on Application to Renew Licensure as Registered Nurse in the State of Indiana, previously scheduled for February 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010 at 1:30 p.m., Eastern Standard Time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Respondent's request is herein included as Exhibit A. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Decision on Application to Renew License issued by the Board on October 28, 2009, and the issues raised in the Respondent's Petition for Review of Decision on Application to Renew License, both of which were previously provided to both the Petitioner and the State on November 25, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 24 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

D. Patrick Vonderau
7810 N. 14th Place, Apt. 2089
Phoenix, AZ 85020
CERTIFIED MAIL No.: 7008 3230 0000 0200 7787
Return Receipt Requested

Gordon White, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street – 5th Floor
Indianapolis, IN 46204

Grice, Lori

From: pvonderau8585@comcast.net
Sent: Wednesday, February 17, 2010 3:29 PM
To: Group 02
Cc: pvonderau8585@comcast.net
Subject: attn: Lori Grise

Due to financial hardship, I am not able to attend the Feb. 18, 2010 meeting to review my case. I would like to reschedule for April's board meeting if possible.

Sincerely,
D. Patrick Vonderau

Exhibit A

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 209

IN THE MATTER OF THE APPLICATION TO RENEW THE LICENSE OF:

D. PATRICK VONDERAU

License Number: 28160807A

FILED
OCT 2 8 2009
Indiana Professional
Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that D. Patrick Vonderau ("Applicant") personally appear before the Board on October 15, 2009, for the purpose of providing information and answering questions concerning his application to renew his license as a nurse.

The Applicant appeared in person.

Board member Jerry Burghduff interviewed the Applicant and made a recommendation concerning the application to the full Board. The Board, after considering the information presented by the Applicant and reviewing its file in this matter, hereby issues the following decision:

FACTS

1. The Applicant, who resides at 7810 North 14th Place, Apartment 2089, Phoenix, Arizona 85020, submitted an application to the Board to renew his license as a nurse.

2. Along with his application, the Applicant revealed that his license to practice in Arizona is on probation because of practice issues that arose while he was working in Arizona.

3. The Applicant has demonstrated to the Board that he is able to practice competently and safely if he complies with the probationary terms set out below.

4. The Applicant is in agreement with the Board that his license be renewed and that the license be placed on probationary status.

Exhibit A

TERMS AND CONDITIONS

Based upon the foregoing, the Board renews the license of the Applicant pursuant to IC §25-1-5-4(g)(5) as follows:

1. The Applicant's license as a nurse is renewed on INDEFINITE PROBATION. The Applicant may petition to have the probationary order withdrawn after the probation on his Arizona license is withdrawn.

2. The Applicant's practice as a nurse shall be governed by the following TERMS AND CONDITIONS:

a) The Applicant must keep the Board apprised of the following information in writing and update it as necessary:

1. Applicant's current home address, mailing address, e-mail address and residential telephone number.
2. Applicant's place of employment, employment telephone number, employment e-mail address and name of supervisor.

b) Applicant must comply with the terms of probation on his Arizona license.

c) The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests to the Board.

3. The failure of the Applicant to comply with the terms of this decision may subject him to a show cause hearing and the imposition of further sanctions, including emergency suspension of his license.

SO ORDERED, this 28 day of October, 2009.

INDIANA STATE BOARD OF NURSING

By: _____

Frances Kelly
Executive Director
Indiana Professional Licensing Agency

NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION

You may petition for review of this decision under IC 4-21.5-3-7. The petition must be filed with the Indiana State Board of Nursing in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the state of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

Copies to:

D. Patrick Vonderau
7810 North 14th Place
Apartment 2089
Phoenix, Arizona 85020
CERTIFIED MAIL NUMBER:7008 0150 0002 4419 4577
RETURN RECEIPT REQUESTED

Petition for Review by the Indiana State Board of Nursing.
Indiana License Number: 28160807A

I am writing to request a review of the board's decision to follow the Arizona State Board of Nursing's probation of my RN license.

Reasons for request:
1. Facts found contradicting complaint were not included in Arizona case
2. Disciplinary measures taken were excessive
3. Facility policy was not followed for corrective action.
4. Evidence lacking to support details of complaint.

Thank you for considering my request.
Sincerely,

Donald Patrick Vonderau

Donald Patrick Vonderau

RECEIVED
NOV 23 2009
Indiana Professional Licensing Agency

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 052

IN THE MATTER OF THE APPLICATION TO RENEW THE LICENSE OF:

ODILIA GARCIA

License Number: 28174067A

FILED
MAR 24 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the Indiana State Board of Nursing (Board") pursuant to IC. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Petitioner, Odilia Garcia, 13246 Wood Climb, San Antonio, TX 78233.

2. This notice is being provided to counsel for the Board, Gordon White, Deputy Attorney General, Indiana Government Center South, 5th Floor, 302 West Washington Street, Indianapolis, Indiana, 46204, telephone number (317) 232-6307.

3. The official cause number of this action is 2010 NB 052.

4. This action is a hearing to consider the Petition for Review of the Board's Denial of Petitioner's Application for License Renewal as Registered Nurse in the State of Indiana.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of IC. § 4-21.5-3-7 and IC. § 4-21.5-3.

7. The Board will be presiding as administrative law judge. Sean Gorman, Board Director, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by telephone at (317) 234-2043, by e-mail at pla2@pla.in.gov, or by facsimile at 317-233-4236.

8. The hearing will address the issues contained in the Decision on Application to Renew License as a Registered Nurse issued by the Board on February 23, 2010 and the issues raised in the Petitioner's Petition for Review received March 2, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed IC § 4-21.5-3-24.

ORDERED this 24 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Odilia Garcia
13246 Wood Climb
San Antonio, TX 78233

SENT CERTIFIED MAIL #: 7008 3230 0000 0200 7794
RETURN RECEIPT REQUESTED

Gordon White, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, Indiana 46204

We work to keep you working
IPLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 23, 2010

Odilia Garcia
13246 Wood Climb
San Antonio TX 78233

Dear Ms. Garcia:

The Indiana State Board of Nursing reviewed your application for renewal of licensure at their meeting held on January 21, 2010. As you are aware, you answered "yes" to one or more of the renewal questions, and the Board requested that you personally appear to answer questions regarding the "yes" response(s). Pursuant to Indiana Code 25-1-8-8, the Board may delay and ultimately deny renewal of a license following a personal appearance by the applicant before the Board.

Based on the above information and your failure to appear before the Board as requested, the Board voted to deny your renewal application.

You may reapply for renewal of your expired license at any time. The Board further advises that you provide proof of continued participation and compliance with a substance abuse treatment program prior to applying for renewal.

You have the right to petition for review of this decision under Ind. Code 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision.

According to law, the request for administrative review must be filed with the Board within eighteen (18) days from the date of this letter. If such date is a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency offices are closed during regular business hours in which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency is closed during regular business hours.

If your petition for review is filed timely and review is granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A Deputy Attorney General may be present to represent the state of Indiana. As petitioner, you will have the burden of proving you are qualified to obtain review.

Exhibit A

If further information is needed or if you have any questions, please do not hesitate to contact this office by calling (317) 234-2043 or by e-mailing pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman, Board Director
Indiana State Board of Nursing

CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 5813
RETURN RECEIPT REQUESTED

Grice, Lori

From: Odilia Garcia [margarita689@msn.com]
Sent: Tuesday, March 02, 2010 11:03 PM
To: Group 02
Subject: Petition for review of RN license denial

Odilia M. Garcia
RN #28174067
13246 Woodclimb
San Antonio, Texas 78233

Dear Indiana Board of Professional Licensing Agency:

I am writing to appeal/petition for review the decision not to renew my RN license under Ind. Code 4-21.5-3-7.

I currently work in the state of Texas and still am awaiting their decision regarding my license. I am currently employed with a telephone triage facility and need to have my Indiana license in order to continue employment with them.

I continue to remain in compliance with my probation that will end on May 19, 2010.

I misunderstood that because I was living out of state that the hearing was more of an option for me to go if I felt I needed to and not that it was mandatory in order to keep my license. This was my error and I certainly will appear before the board to answer any questions.

I can try to be there the next time the board meets this month. I will of course have to make arrangements quickly with work and family in order to do this so if this is possible. I am not sure how long my employer will allow me to work without my Indiana license and again very much want to get this taken care of as quickly as possible.

I will do what is necessary to meet with the board and answer any questions and address any concerns regarding my RN license.

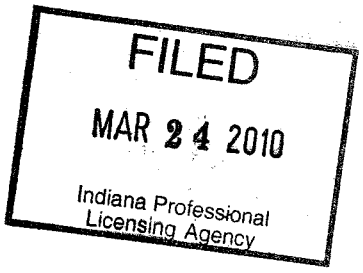
Respectfully,

Odilia M. Garcia

Exhibit B

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2007 NB 020

IN THE MATTER OF THE LICENSE OF:	)
	)
GEORGE EDWARDS BARNES, R.N.	)
	)
LICENSE NO: 28120533A	)
	)
RESPONDENT	)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to George Edwards Barnes, R.N., 607 S. English, Sidell, IL 61876.
2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.
3. The official cause number of this action is: 2007 NB 020.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Finding of Facts and Order filed March 9, 2010, attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 24 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

George Edwards Barnes
607 S. English
Sidell, IL 61876.
CERTIFIED MAIL NO. 7008 3230 0000 0200 7770
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 020

STATE OF INDIANA,	)
	)
Petitioner,	)
	)
v.	)
	)
GEORGE EDWARDS BARNES, R.N.	)
LICENSE NUMBER: 28120533A,	)
	)
Respondent.	)

FILED
MAR 0 9 2010
Indiana Professional Licensing Agency

FINDINGS OF FACT AND ORDER

The Indiana State Board of Nursing ("Board") held an administrative hearing on February 18, 2010 in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, 46204 concerning the Order to Show Cause filed by the Board against the Indiana nursing license of George Edwards Barnes, R.N. ("Respondent") originally on November 2, 2009 and again on February 4, 2010.

The State of Indiana ("Petitioner") was represented by Deputy Attorney General Laura E. Wilford. Respondent appeared in person and waived his right to counsel.

The Board, after considering the evidence presented and taking official notice of its file in this matter, by a vote of 4-3-0, issues the following Findings of Fact and Order:

FINDINGS OF FACT

1. The Respondent's address on file with the Indiana Professional Licensing Agency is 607 S. English, Sidell, Illinois 61876 and he is a Registered Nurse in the State of Indiana having been issued license number 28120533A in 1993.

Exhibit A

2. On July 26, 2007, the Board issued a final order issuing a Letter of Reprimand, 25 hours of community services related to nursing or patient care to be completed within 100 days of the final order, and 20 hours of continuing education in the area of documentation/ charting, diabetic care/ blood glucose monitoring, and ethics in nursing to be completed within 100 days of final order.

3. On October 26, 2009, Respondent submitted his application for renewal of his Indiana nursing license and answered "Yes," to question number five (5), which asks: "Since you last renewed...Have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice or as another health care professional?" Respondent sent follow-up correspondent noting that he had completed in-services as a resolution of his 2007 final order but that his Director of Nursing had not submitted them. He also asked for an extension of his community service requirements.

4. As of November 2009, proof of completion of the continuing education hours for community service or continuing education had not been submitted to the Board.

5. Around December 2009, Respondent submitted copies of in-services as proof of completion of his continuing education requirements.

6. During his Order to Show Cause hearing on February 18, 2010, Respondent testified that he has been struggling with family issues which have prevented him from completing his community service. Respondent testified that he sent a written request for an extension of time with his 2007 renewal and again with his 2009 renewal. He assumed that the 2007 requested had been granted since he did not hear back from anyone, although he admits that he did not attempt to confirm that anyone received his request. Respondent testified that he was confused about what would qualify for his community service hours and his continuing

education hours. He admitted that he did not contact anyone with the Board for clarification or direction regarding his final order and that the in-services completed were mainly completed after the original due date of the 2007 final order. Respondent further admitted that it was his responsibility to get the 2007 final order requirements completed and he failed to do so.

ULTIMATE FINDING OF FACT

Respondent violated Ind. Code § 25-1-9-4(a)(10) in that Respondent has failed to comply with an order imposing sanctions.

CONCLUSION OF LAW

Respondent's violation is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter or reprimand, probation, suspension, revocation and/or a fine up to the amount of $1,000 per violation as detailed in Ind. Code § 25-1-9-9.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent shall appear before the Board at the April 15, 2010 regularly scheduled meeting. At this meeting or prior to the meeting, Respondent shall submit proof to the Board of the following:

   A. Ten (10) contact hours of continuing education (excluding in-services) in the area of Documentation/Charting;

   B. Six (6) contact hours of continuing education (excluding in-services) in the area of Diabetic Care/ Blood Glucose Monitoring;

   C. Four (4) contact hours of continuing education (excluding in-services) in the area of Ethics in Nursing; and

D. Twenty-five (25) hours of community service of the Respondent's choosing.

2. A violation of the Final Order or any non-compliance with the statutes or regulations regarding the practice of nursing may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

SO ORDERED, this 09 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

George Edwards Barnes
607 S. English
Sidell, Illinois 61876
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 6049
RETURN RECEIPT REQUESTED.

Laura E. Wilford, Deputy Attorney General
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

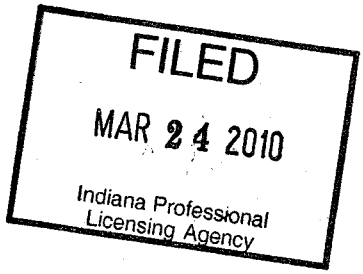
BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 233

IN THE MATTER OF THE LICENSE OF:

JOSEPH HURT, R. N.

LICENSE NUMBER: 28177199A,

RESPONDENT



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing upon a Request for Continuance filed by counsel for the Respondent, Ronald E. Elberger, Attorney at Law, and having considered the motion and finding that it is proper hereby ORDERS that the request for order to show cause hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010, at 1:30 p.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Board's Order to Show Cause, which was mailed to Respondent via certified mail on February 26, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Final Order and Approval and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 24 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Joseph Hurt
502 Gilmore Ave.
Jeffersonville, IN 47103
CERTIFIED MAIL No.: 7008 3230 0000 0200 7800
Return Receipt Requested

Ronald E. Elberger
Bose, McKinney & Evans
111 Monument Circle, Suite 2700
Indianapolis, IN 46204

Laura E. Wilford
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street – 5th Floor
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO.: 2009 NB 233

IN THE MATTER OF THE LICENSE OF)
)
JOSEPH HURT, R.N.)
)
LICENSE NO. 28177199A,)
)
Respondent.)

FILED
MAR 05 2010
Indiana Professional
Licensing Agency

UNOPPOSED MOTION FOR CONTINUANCE

Respondent, Joseph Hurt, R.N., by counsel, respectfully moves the Indiana State Board of Nursing ("Board") for an Order setting aside the March 18, 2010 show cause hearing and rescheduling the hearing for the **April 15, 2010** regularly scheduled board meeting at 1:30 p.m. and in support thereof shows as follows:

1. The Board's February 26, 2010 Order to Show Cause in this matter ordered Mr. Hurt to appear before the Board on March 18, 2010 at 1:30 p.m.

2. Undersigned counsel was retained today, March 5, 2010, to represent Mr. Hurt in this matter, and requires additional time to review the Order to Show Cause and additional pertinent materials and to confer with Mr. Hurt regarding this matter.

3. This request for a continuance is made in good faith in the furtherance of justice and is not made for the purpose of delay.

4. The December 30, 2009 closure memo from ISNAP indicates that "[t]here is no evidence to suggest that Mr. Hurt is a risk to public safety."

5. Undersigned counsel spoke by telephone today, March 5, 2010, with Deputy Attorney General Morgan Burton concerning this request and Petitioner (the State of Indiana) has no objection to this Motion.

WHEREFORE, Respondent, Joseph Hurt, R.N., by counsel, respectfully requests that the Board enter an Order vacating his March 18, 2010 show cause hearing and setting that hearing for **April 15, 2010** at 1:30 p.m.

Respectfully submitted,

Ronald E. Elberger, Atty. No. 6675-49
Kelly M. Scanlan, Atty. No. 25779-49

Bose McKinney & Evans LLP
111 Monument Circle, Suite 2700
Indianapolis, Indiana 46204
Telephone: (317) 684-5000
Facsimile: (317) 223-0464

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the foregoing "Unopposed Motion For Continuance" has been served upon the following by hand delivery this 5th day of March, 2010:

Morgan Burton
Laura E. Wilford
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770

Kelly M. Scanlan

1621005_1

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 233

Cert.

FILED
FEB 26 2010
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF JOSEPH HURT, R. N. LICENSE NUMBER: 28177199A)

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Joseph Hurt ("Respondent"), R. N., 502 Gilmore Avenue, Jeffersonville, Indiana 47130 to appear before the Board on **March 18, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28177199A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated his probation by not complying with the terms and conditions outlined in the Decision on Application to Renew License filed on December 9, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] is choosing not to enter into an Agreement with the Indiana State Nurses Assistance Program ("ISNAP"). ISNAP has requested a timely show cause hearing as his case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 26th day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Distributed to:

Joseph Hurt, R.N.
502 Gilmore Avenue
Jeffersonville, IN 47130
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9561
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 233

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:)
)
JOSEPH HURT)
)
License Number: 28177199A

FILED
DEC 09 2009
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Joseph Hurt ("Applicant") personally appear before the Board on November 19, 2009, for the purpose of providing information and answering questions concerning his application to renew his license as a nurse.

The Applicant appeared in person.

The Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted 6 to 0 with 2 abstentions, to issue the following decision:

FACTS

1. The Applicant, who resides at 502 Gilmore Avenue, Jeffersonville, Indiana 47130, submitted an application to the Board to renew his license as a nurse.

2. Along with his application, the Applicant revealed that he had been convicted of operating a vehicle while intoxicated in the past and had just been arrested for that same crime in September 2009. The latest charge has not been adjudicated and the Applicant maintains his innocence.

Exhibit A

b) The Applicant must contact ISNAP for an evaluation. If he is determined to be a candidate for monitoring, he must sign a recovery monitoring agreement with ISNAP and comply with its terms.

c) The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests to the Board.

3. The failure of the Applicant to comply with the terms of this decision may subject him to a show cause hearing and the imposition of further sanctions, including emergency suspension of his license.

SO ORDERED, this 09 day of December, 2009.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: December 30th, 2009

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: Joseph A. Hurt
License #: 28177199A – Active

___X___ Mr. Hurt is choosing not to enter into a six month recovery monitoring agreement (RMA) with ISNAP.

COMMENTS:

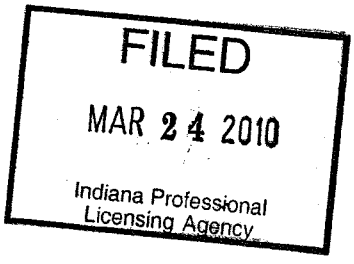
*11.18.09 – Mr. Hurt appeared before the ISBN for a personal appearance. Mr. Hurt had a DUI five years ago and another drinking and driving incident on 09.17.09 at which time he refused a breathalyzer. Mr. Hurt was referred to ISNAP for an assessment.
*11.24.09 – Mr. Hurt called to enroll with ISNAP. He was ultimately referred to Wellstone for an assessment. Even though Mr. Hurt is a nurse at Wellstone, Mr. Ambers, the assessor, assured ISNAP that he was not a co-worker or manager for Mr. Hurt.
*12.16.09 – Assessment received from Mr. Ambers, CSW, CADC, CADAC IV, ICAADC. Mr. Ambers wrote, in part, "According to the information obtained during the assessment, I could make no chemical abuse/dependency diagnosis with this individual. During the interview Mr. Hurt appeared to be open and forthright with the information he provided. Therefore, it is my recommendation that Mr. Hurt is not in need of nay treatment for substance abuse."
*12.16.09 – Clinical Team reviewed Mr. Hurt's assessment and based on two incidents of alcohol related offenses (according to Ms. Hurt's assessment, the later charges were "dismissed/amended due to mechanical defect"), Clinical Team recommended a six month RMA.
*12.17.09 – Mr. Hurt informed ISNAP that he was choosing not to enter into a RMA with ISNAP, in part, because he was trying to enter into the military.
*12.30.09 – Memo of closure typed and e-mailed to the AG's Office/IPLA.

Mr. Hurt's license is currently active. He is choosing not to enter into a short term RMA with ISNAP. There is no evidence to suggest that Mr. Hurt is a risk to public safety. He is currently working at Wellstone Behavioral Health in Jeffersonville, Indiana.

cc: Joseph A. Hurt, 502 Gilmore Avenue, Jeffersonville, Indiana 47130
Phone #: 812-498-3387 (cell)

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 009

IN THE MATTER OF THE LICENSE OF:)
)
RHONDA KAY ALDRIDGE, R.N.)
)
LICENSE NO: 28168312A,)
)
RESPONDENT)



CONTINUANCE ORDER AND
SETTLEMENT CONFERENCE/PROPOSED
SETTLEMENT AGREEMENT HEARING NOTI CE

Comes now the Indiana State Board of Nursing upon a Request for Continuance, filed by Counsel for the Respondent, LaTonia Denise Wright, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for March 18, 2010 at 1:30 p.m., be rescheduled to **April 15, 2010, at 1:30 p.m.,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a proposed settlement/pre-hearing conference, as referenced in Exhibit A.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on January 26, 2010.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the Complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, or may be contacted by telephone at 317-234-2043, or via email at pla2@pla.in.gov.

ORDERED this 24 day of March, 2010

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Rhonda Kay Aldridge
11199 W 500 N
Deputy, IN 47230
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7237
RETURN RECEIPT REQUESTED

LaTonia Denise Wright
Attorney At Law
11427 Reed Hartman Highway Ste. 205
Cincinnati, OH 45241

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 009

STATE OF INDIANA)
)
Petitioner)
)
v.)
)
RHONDA KAY ALDRIDGE, RN)
License Number: 28168312A)
)
Respondent)

MOTION FOR A SETTLEMENT CONFERENCE

Comes now the Respondent, Rhonda Kay Aldridge, by counsel, LaTonia Denise Wright, and respectfully requests a settlement conference in the above captioned case on April 15, 2010 in the afternoon or a date and time convenient to all parties.

Respectfully submitted,

Law Office of LaTonia Denise Wright, LLC

By: _____
LaTonia Denise Wright
Attorney at Law
Attorney No.: 24056-15

Attorney for Respondent-Licensee

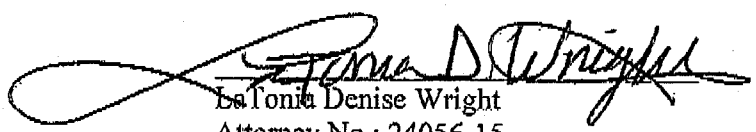
Exhibit A

CERTIFICATE OF SERVICE

I certify that a copy of the Motion for a Settlement Conference has been duly served upon by fax and first class mail on this 16th day of March 2010 to:

Indiana Professional Licensing Agency
402 W. Washington Street, Room W072
Indianapolis, Indiana 46204
Fax: (317) 233-4236

Darren R. Covington
Deputy Attorney General
Indiana Office of the Attorney General
302 West Washington Street, 5th floor
Indianapolis, IN 46204-2770
Fax: (317) 232-7979



LaTonia Denise Wright
Attorney No.: 24056-15

Attorney for Respondent-Licensee

Law Office of LaTonia Denise Wright, LLC
11427 Reed Hartman Highway, Suite 205
Cincinnati, Ohio 45215-0756
(513) 771-7266
(513) 771-0360 facsimile
ldw@nursing-jurisprudence.com

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 6091

IN THE MATTER OF THE LICENSE OF)
)
RHONDA KAY ALDRIDGE, R.N.)
)
LICENSE NO: 28168312A)

FILED
JAN 12 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Rhonda Kay Aldridge, R.N. (Respondent), by the Office of the Attorney General, by counsel, Darren R. Covington, Deputy Attorney General, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 11199 W 500 N, Deputy, IN 47230 and she is a Registered Nurse in the State of Indiana having been issued license number 28168312A in 2006.

2. On or around October 9, 2003, Respondent began her employment as a Licensed Practical Nurse with Scott Memorial Hospital in Scottsburg, Indiana.

3. On or around June 8, 2006, Respondent was issued a Registered Nurse license.

4. On or around June 16, 2006, Respondent began working as a Registered Nurse at Scott Memorial Hospital.

5. On or around June 10, 2007, Respondent removed two vials of Zofran from the automatic medication dispensing machine without a physician's order and started an intravenous line on Alisha Moore, R.N., who was not a patient, without a physician's order.

6. On or around June 21, 2007, Respondent's employment was terminated with Scott Memorial Hospital.

7. On or around October 16, 2007, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent stated that she started an IV on Moore and withdrew Zofran from the medication dispensing machine in the emergency room for Moore's "OB patient."

8. On or around December 13, 2007, Respondent made a personal appearance before the Indiana State Board of Nursing. The Board voted to renew her license and directed IPLA to file a consumer complaint against Respondent.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B), in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care, as evidenced by her starting an IV line on Alisha Moore, R.N., who was not a patient, without a physician's order.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by her withdrawal of two vials of Zofran from the automatic medication dispensing machine without a physician's permission.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

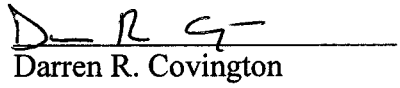
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: 

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the counsel of record listed below, by United States mail, first-class, postage prepaid, on this 11th day of January, 2010.

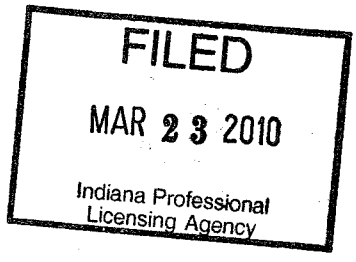
Rhonda Kay Aldridge, R.N.
11199 W 500 N
Deputy, IN 47230

By: D R C
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 067

IN THE MATTER OF THE LICENSE OF:)
)
STACY A. HARRISON, L.P.N.)
)
LICENSE NO: 27058692A)
)
RESPONDENT)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Stacy A. Harrison, L.P.N., 210 Kings Circle Street, Jeffersonville, IN 47130.

2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 067.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Stacy A. Harrison
210 Kings Circle Street
Jeffersonville, IN 47130
CERTIFIED MAIL NO. 7008 3230 0000 0200 7169
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 067

IN THE MATTER OF THE LICENSE OF)
)
STACY A. HARRISON, L.P.N.)
)
LICENSE NO: 27058692A)

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Stacy A. Harrison, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 210 Kings Circle Street, Jeffersonville, IN 47130 and he is a Licensed Practical Nurse in the State of Indiana having been issued license number 27058692A in 2006.

2. On or around August 28, 2007, Respondent began his employment with Hurstbourne Rehabilitation and Care Center (Hurstbourne) in Louisville, Kentucky.

3. On or around May 21, 2008, Respondent's employment was terminated from Hurstbourne after failing to administer CPR to A. L. who appeared to stop breathing and was a full code.

Exhibit A

4. On or around July 3, 2008, Respondent was indicted in Jefferson County, Kentucky Circuit Court with Knowingly Abusing or Neglecting an Adult, a Class C Felony, in Cause Number 08CR2026, after Respondent failed to respond to multiple requests to check on A. L., a patient of Hurstbourne, and failed to make any attempt to revive A. L. after he appeared to stop breathing.

5. On or around October 9, 2008, Respondent renewed his Indiana nursing license online and answered "no" to the questions, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?" and "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

6. On or around September 8, 2009, Respondent pled guilty in Jefferson Circuit Court to Knowingly Abusing or Neglecting an Adult. Respondent received a five year suspended sentence, five years of probation, and was ordered to irrevocably forfeit his license to practice nursing "in any and all jurisdictions" in which he held licensure.

7. On or around November 25, 2009, Respondent signed an "Agreed Order" with the Kentucky Board of Nursing which permanently revoked his Kentucky nursing license. Respondent waived any rights to a hearing and agreed that the Kentucky Board of Nursing had probable cause to believe that he violated the following Kentucky Revised Statutes:

a. § 314.091(1)(b), has been convicted of any felony, or a misdemeanor involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust,

physical harm or endangerment to others, or dishonesty, under the laws of any state or of the United States.

b. § 314.091(1)(d), has negligently or willfully acted in a manner inconsistent with the practice of nursing.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A), in that he engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by his failure to disclose his pending criminal charges in Jefferson Circuit Court on his October 2008 online Indiana renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A), in that he engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by his failure to disclose that his employment was terminated from Hurstbourne in May 2008 on his October 2008 online Indiana renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(7), in that he has had disciplinary action taken against his license to practice nursing in Kentucky on grounds similar to Ind. Code § 25-1-9-4(a)(2)(A), practitioner has been convicted of a crime that has a direct bearing on the practitioner's ability to continue to practice competently, Ind. Code § 25-1-9-4(a)(2)(B), practitioner has been convicted of a crime that is harmful to the public, and Ind. Code § 25-1-9-4(a)(4)(B), practitioner has continued to practice although the practitioner has become unfit to practice due to failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care and 848 IAC 2-2-3(7), abandoning or knowingly neglecting patients/clients requiring nursing care.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

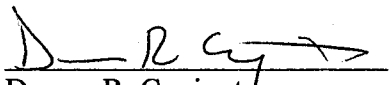
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: 

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Stacy Harrison
210 Kings Circle Street
Jeffersonville, IN 47130

By: D R Cov
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 066

IN THE MATTER OF THE LICENSE OF:)
)
CYNTHIA ANN CHERRY, R.N.)
)
LICENSE NO: 28065117A)
)
RESPONDENT)

FILED
MAR 23 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Cynthia Ann Cherry, R.N., 521 Mariway Road, Indianapolis, IN 46234.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 066.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

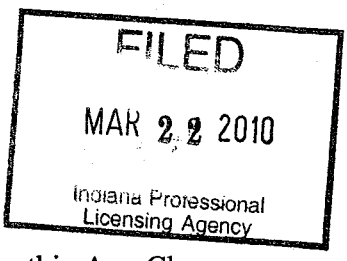
Copies to:

Cynthia Ann Cherry
521 Mariway Road
Indianapolis, IN 46234
CERTIFIED MAIL NO. 7008 3230 0000 0200 7145
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 066

IN THE MATTER OF THE LICENSE OF)
)
CYNTHIA ANN CHERRY, R.N.)
)
LICENSE NO: 28065117A)



COMPLAINT

This complaint is brought against the nursing license of Cynthia Ann Cherry, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 521 Mariway Road, Indianapolis, IN 46234 and she is a Registered Nurse in the State of Indiana having been issued license number 28065117A in 1976.

2. On or around September 22, 2008, Respondent began her employment with Wishard Health Services in Indianapolis, Indiana.

3. On or around December 20, 2008, Respondent reported to work with the smell of alcohol on her breath. Respondent was given a breathalyzer test which was positive for alcohol with a blood alcohol content level of 0.06. Respondent stated that she drank a glass of wine at lunch.

Exhibit A

4. On or around December 22, 2008, Respondent's employment with Wishard Health Services was terminated because she reported to work under the influence of alcohol.

5. On or around February 27, 2009, Respondent was mailed a letter referring her to the Indiana State Nurses Assistance Program, but this letter was returned "undeliverable."

6. On or around October 31, 2009, Respondent's Indiana nursing license expired.

7. On or around November 15, 2009, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A), in that she engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from Wishard Health Services in December 2008 on her November 2009 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B), in that she has continued to practice, although she has become unfit to practice, due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care, as evidenced by the fact that Respondent reported to work under the influence of alcohol.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D), in that she has continued to practice, although she has become unfit to practice, due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by the fact that Respondent had a blood alcohol content level of 0.06 while at work.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By:

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Cynthia Cherry
521 Mariway Road
Indianapolis, IN 46234

By: D—R G+
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 065

IN THE MATTER OF THE LICENSE OF:	)
	)
KIMBERLY MARIE PETERSON, R.N.	)
	)
LICENSE NO: 28168592A	)
	)
RESPONDENT	)

FILED
MAR 23 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Kimberly Marie Peterson, R.N., 543 Hickory Drive, Danville, IN 46122.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 065.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kimberly Marie Peterson
543 Hickory Drive
Danville, IN 46122
CERTIFIED MAIL NO. 7008 3230 0000 0200 7152
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 065

IN THE MATTER OF THE LICENSE OF
KIMBERLY MARIE PETERSON, R.N.
LICENSE NO: 28168592A

FILED
MAR 22 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kimberly Marie Peterson, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Board is 543 Hickory Drive, Danville, IN 46122 and she is a Registered Nurse in the State of Indiana having been issued license number 28168592A in 2006.

2. On or around May 15, 2006, Respondent began her employment with Indiana University Medical Center (IU Medical Center) in Indianapolis, IN.

3. On or around November 28, 2007, Respondent was assessed by Clarian Behavioral Health (Clarian) after she overdosed on alcohol and used six Vicodin tablets in an attempt to commit suicide. Respondent admitted to binge drinking and stated she was a "functional alcoholic."

Exhibit A

4. On or around December 3, 2007, Respondent went on a medical leave of absence from IU Medical Center.

5. On or around December 21, 2007, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP) after being referred by her therapist at Clarian.

6. On or around January 8, 2008, Respondent was diagnosed with alcohol abuse, rule out dependence.

7. On or around January 9, 2008, Respondent signed an eighteen month "Employee Recovery Agreement" with IU Medical Center. This agreement required Respondent to attend one AA and one nurse support group (NSG) meeting per week, attend monthly employee assistance program appointments, be part of a professional support group, and consent to random urine drug screens.

8. On or around January 22, 2008, Respondent signed an eighteen month recovery monitoring agreement (RMA) with ISNAP.

9. On or around February 4, 2008, Respondent returned to work at IU Medical Center.

10. On or around April 23, 2008, Respondent received a written warning from IU Medical Center due to her absenteeism.

11. On or around May 1, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her therapist report, meeting logs or March self-report.

12. On or around May 6, 2008, Respondent's urine drug screen was dilute with a creatinine level of 0.18. ISNAP mailed Respondent a "first dilute letter" which explained how to avoid dilute urine drug screens in the future.

13. On or around May 10, 2008, Respondent was observed swerving while driving. Respondent was given a breathalyzer test by a Hamilton County Sheriff's deputy. Respondent's blood alcohol level tested at 0.17. Respondent was then arrested. As a result, she was unable to work her scheduled shift on this date.

14. On or around May 13, 2008, Respondent received a written warning from IU Medical Center due to her absenteeism.

15. On or around June 23, 2008, Respondent received a written warning from IU Medical Center due to her absenteeism.

16. On or around June 26, 2008, Respondent was charged in Hamilton County, Indiana Superior Court with Operating a Vehicle While Intoxicated Endangering a Person and Operating a Vehicle with a Blood Alcohol Level of 0.15 or More, both Class A Misdemeanors, in Cause Number 29D06-0806-CM-003777. Respondent did not inform ISNAP of these charges.

17. On or around July 31, 2008, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she did not submit her therapist report, self-reports, and June meeting logs.

18. On or around August 14, 2008, Respondent received another written warning from IU Medical Center due to her absenteeism.

19. On or around August 19, 2008, Respondent pled guilty to Operating a Vehicle with a Blood Alcohol Level of 0.15 or More in Hamilton County Superior Court. Respondent received a one year suspended sentence and one year of probation.

20. On or around September 4, 2008, Respondent's RMA was extended three months due to her significant non-compliance.

21. On or around September 2, 2008, Respondent's employment was terminated from IU Medical Center due to her non-compliance with her "Employee Recovery Agreement." Respondent failed to attend her NSG meetings.

22. On or around September 29, 2008, Respondent began her employment with St. Francis Hospital in Indianapolis, Indiana.

23. On or around October 10, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she missed two urine drug screens.

24. On or around November 20, 2008, Respondent received a written warning at St. Francis Hospital for having four unscheduled absences during her probationary period. Respondent was warned that one more absence would result in her employment being terminated.

25. On or around November 25, 2008, Respondent's employment was terminated from St. Francis Hospital after Respondent was a "no call-no show" for her scheduled shift on November 24, 2008.

26. On or around January 28, 2009, Respondent's urine drug screen was dilute with a creatinine level of 0.13. ISNAP mailed Respondent a "first dilute letter."

27. On or around January 30, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she missed two urine drug screens and did not submit her self-reports or meeting logs.

28. On or around February 5, 2009, Respondent completed an "Application for Employment" with Valle Vista Health System (Valle Vista) in Greenwood, Indiana. Respondent stated that her employment was discharged from IU Medical Center due to a scheduling conflict.

29. On or around February 6, 2009, Respondent informed ISNAP that she quit her job at St. Francis due to medical issues.

30. On or around February 25, 2009, Respondent's RMA was extended three months due to her non-compliance.

31. On or around March 3, 2009, Respondent began her employment with Valle Vista.

32. On or around May 1, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her January self-report or meeting logs and missed two urine drug screens.

33. On or around June 30, 2009, Respondent received a verbal warning at Valle Vista due to her excessive absenteeism. Respondent missed four days of work since starting in March 2009.

34. On or around July 21, 2009, Respondent's employment was terminated from Valle Vista after Respondent had nine "no call-no shows" and failed to return to work. Also, a "First Information of Violation of Probation" was filed in Hamilton County Superior Court after Respondent falsified a community service log sheet which

stated that she performed community service, even though she had performed the community service.

35. On or around August 14, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she did not submit any self-reports or meeting logs and missed two urine drug screens.

36. On or around October 9, 2009, ISNAP closed Respondent out of her RMA due to her significant non-compliance.

37. On or around October 28, 2009, Respondent completed her Indiana nursing license renewal online and answered "no" to the questions, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?" and "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

38. On or around November 19, 2009, Respondent was found to have violated her criminal probation and as a result her probation was revoked and she was ordered to serve sixty additional days, thirty suspended, in incarceration.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose her criminal conviction for Operating a Vehicle with a Blood Alcohol Level of 0.15 or Higher on her October 2009 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from IU Medical Center and Valle Vista on her October 2009 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by her failure to accurately explain why her employment ended with IU Medical Center on her employment application with Valle Vista.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(2)(A) in that Respondent has been convicted of a crime that has a direct bearing on her ability to continue to practice competently as evidenced by her conviction for Operating a Vehicle with a Blood Alcohol Level of 0.15 or Higher in Hamilton County Superior Court..

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by her use of alcohol and Vicodin to attempt to commit suicide, her alcohol abuse, rule out dependence diagnosis, her conviction for Operating a Vehicle with a Blood Alcohol Level of 0.15 or Higher, her failure to comply with her "Employee Recovery Agreement" with IU Medical Center, and her significant non-compliance and closure with her RMA in ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

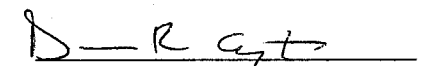
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: 

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

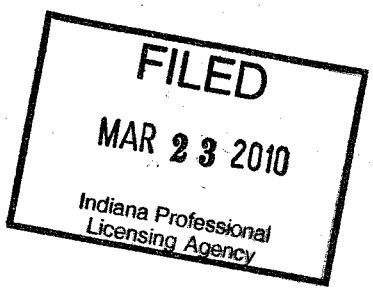
Kimberly Peterson
543 Hickory Drive
Danville, IN 46122

By: D—R Cvt
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 060

IN THE MATTER OF THE LICENSE OF:	)
	)
JACALYN KAE EVANS, L.P.N., R.N.	)
	)
LICENSE NO: 27038459A, 28168592A	)
	)
RESPONDENT	)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Jacalyn Kae Evans, 6232 E. 500 S., Waldron, IN 46182.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 060.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.
6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Jacalyn Kae Evans
6232 E. 500 S.
Waldron, IN 46182
CERTIFIED MAIL NO. 7008 3230 0000 0200 7114
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 060

IN THE MATTER OF THE LICENSE OF)
)
JACALYN KAE EVANS, L.P.N., R.N.)
)
LICENSE NO: 27038459A, 28179876A)

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Jacalyn Kae Evans, L.P.N., R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 6232 E 500 S, Waldron, IN 46182 and she is a Registered Nurse (R.N.) in the State of Indiana having been issued license number 28179876A in 2008. Respondent was a Licensed Practical Nurse (L.P.N.) in the State of Indiana having been issued license number 27038459A in 1994.

2. On or around February 5, 2001, Respondent began her employment with Major Hospital in Shelbyville, Indiana. Prior to October 2007, Respondent began working at Shelbyville Pediatrics, a division of Major Hospital.

Exhibit A

3. On or around October 4, 2007, Respondent phoned in a prescription for Macrobid, an antibiotic, for E. Evans using Dr. Barbara Divish's name. Dr. Divish denied authorizing this prescription.

4. On or around January 28, 2008, Respondent phoned in a prescription for Z-pak, an antibiotic, for E. Evans using Dr. Ariel Stilwell's name. Dr. Stilwell denied authorizing this prescription.

5. On or around February 25, 2008, Respondent phoned in a prescription for Keflex, an antibiotic, for E. Evans using Dr. Stilwell's name. Dr. Stilwell denied authorizing this prescription.

6. On or around April 18, 2008, P. M.'s mother spoke with Laura Horine, R.N. to discuss symptoms P. M. was experiencing. The next day, P. M.'s father called and gave an update on P. M.'s condition and asked if he should fill P. M.'s prescription for Augmentin, an antibiotic. There was no documentation in P. M.'s chart that P. M. had been prescribed Augmentin. It was discovered that Respondent phoned in a prescription on April 18, 2008 for Augmentin for P. M. using Dr. Stilwell's name. Dr. Stilwell denied authorizing this prescription.

7. On or around April 24, 2008, Respondent's employment was terminated from Major Hospital for phoning in prescriptions without a physician's order.

8. On or around May 1, 2008, Respondent completed an "Application for Licensure" to obtain a R.N. license in the State of Indiana. She answered "no" to the question, "Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?"

9. On or around May 14, 2008, A. T.'s mother, who worked at Shelbyville Pediatrics, reported to her supervisor that Respondent had given A. T. samples of Allegra from the office's medication closet when Respondent worked there. A. T.'s chart did not indicate that A. T. was given Allegra.

10. On or around June 30, 2008, Respondent completed an "Employment Application" with Hancock Regional Hospital in Greenfield, Indiana. Respondent indicated that she left Major Hospital because "they had a turn over of 5 MD's, it was my time to go to." Respondent was hired on August 18, 2008, but quit on November 23, 2008.

11. On or around July 16, 2008, Respondent was issued an Indiana R.N. license.

12. On or around October 31, 2008, Respondent's L.P.N. license expired.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment had been terminated from Major Hospital on her "Application for Licensure" as a R.N. in Indiana.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that

Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to accurately explain why her employment ended with Major Hospital on her employment application with Hancock Regional Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities. Respondent phoned in prescriptions using the names of Drs. Divish and Stilwell without their knowledge or consent.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(A)(i) in that Respondent has continued to practice although she has become unfit to practice due to professional incompetence due to her undertaking of professional activities that she is not qualified by training or experience to undertake as evidenced by the fact that she prescribed Macrobid, Z-pak, and Keflex to E. Evans, Augmentin to P. M. and distributed Allegra samples to A. T. even though she was not authorized or licensed to do so.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-3-3(6), omitting documentation of nursing actions on the official patient/client record, as evidenced by Respondent's failure to document that she prescribed Augmentin to P. M. and distributed Allegra samples to A. T.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: _____

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Jacalyn Evans
6232 E 500 S
Waldron, IN 46182

By: D— R Cy to
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 064

IN THE MATTER OF THE LICENSE OF:	)
	)
SARAH KATHRYN POTTS, L.P.N.	)
	)
LICENSE NO: 27049450A	)
	)
RESPONDENT	)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Sarah Kathryn Potts, L.P.N., 1246 South County Road 75 East, Winslow, IN 47598.

2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 064.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Sarah Kathryn Potts
1246 South County Road 75 East
Winslow, IN 47598
CERTIFIED MAIL NO. 7008 3230 0000 0200 7121
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE NURSING BOARD
CAUSE NUMBER: 2010 NB 064

IN THE MATTER OF THE LICENSE OF
SARAH KATHRYN POTTS, L.P.N.
LICENSE NO: 27049450A

FILED
MAR 22 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Sarah Kathryn Potts, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, Deputy Attorney General, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1246 South County Road 75 East, Winslow, N 47598 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27049450A in 2001.

2. On or around August 29, 2008, Respondent submitted to a post-offer, pre-employment drug test with Beverly Living Center in Petersburg, Indiana. Respondent's urine drug screen tested positive for amphetamines and methamphetamines. As a result she was ineligible to be hired.

Exhibit A

3. On or around January 7, 2009, Respondent signed an eighteen month recovery monitoring agreement (RMA) with the Indiana State Nurses Assistance Program (ISNAP) after she was diagnosed with amphetamine abuse rule out dependence.

4. On or around January 29, 2009, Respondent's urine drug screen tested positive for methamphetamines and amphetamines. Respondent denied using any drugs and claimed that she was in a room where these drugs were being used. As a result of this urine drug screen, Respondent's RMA was extended three months and she was referred to individual therapy.

5. On or around April 10, 2009, Respondent's therapist closed Respondent out of their program after Respondent failed to attend therapy sessions.

6. On or around May 1, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance due to her positive urine drug screen in January 2009 and her failure to engage in therapy.

7. On or around August 14, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her therapist's report and missed one urine drug screen.

8. On or around November 10, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her therapist's report and missed one urine drug screen.

9. On or around February 8, 2010, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her therapist's report and missed one urine drug screen.

10. As of March 3, 2010, Respondent was still in an ISNAP RMA.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to her addiction to, abuse, or severe dependency upon alcohol or other drugs that impair her ability to practice safely as evidenced by her positive urine drug screen for amphetamines and methamphetamines in August 2008; her amphetamine abuse rule out dependence diagnosis; her positive urine drug screen for amphetamines and methamphetamines in January 2009; and, her continued partial compliance with her ISNAP RMA.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: D— R Cgt

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

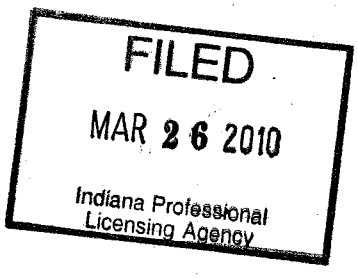
Sarah Potts
1246 South County Road 75 East
Winslow, IN 47598

By: D — R Cov
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NO. 2010 NB 063

IN THE MATTER OF THE LICENSE OF:	)
	)
KATHERINE MARY CALLAHAN, R.N.	)
	)
LICENSE NO. 28084442A	)
	)
RESPONDENT,	)



SETTLEMENT/PRE-HEARING CONFERENCE NOTICE

Comes now the Respondent and the State of Indiana, by counsel, Darren R. Covington, Deputy Attorney General, and moves the Indiana State Board of Nursing ("Board") for an order giving notice and setting this cause of action for a settlement/pre-hearing conference.

The Board after due consideration and being duly advised in the premises now GRANTS this motion and hereby ISSUES the following settlement conference notice:

1. This notice is being provided to Respondent, Katherine Mary Callahan, 1506 Vale Park Road, Apt. 1404, Valparaiso, Indiana 46383.
2. This notice is being given to counsel for Petitioner, State of Indiana, Darren R. Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 233-6506.

3. The settlement/prehearing conference regarding this matter will be **April 15, 2010 at 1:30 p.m.**, Eastern Standard time, in the Indiana Government Center South, Auditorium of the Conference Center, 302 W. Washington Street, Indianapolis, Indiana 46204.

4. The settlement/prehearing conference shall be conducted by the Board for purposes of discussing settlement possibilities and set prehearing deadlines.

5. The Board is empowered to hold this settlement conference pursuant to the authority of IC § 25-1-9-1 *et seq.,* and IC § 4-21.5-3-18.

6. Sean Gorman, director of the board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of Indiana Professional Licensing Agency 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov by facsimile at 317-233-4236, or by telephone at 317-234-2043.

7. Any party may be advised and represented by counsel at the party's own expense.

8. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under IC §4-21.5-3-24.

ORDERED this 26th day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

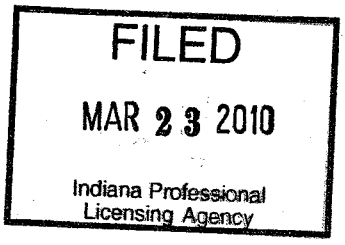
Copies to:

Katherine Mary Callahan
1506 Vale Park Road, Apt. 1404
Valparaiso, IN 46383
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7251
RETURN RECEIPT REQUESTED

Darren R. Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South 5th floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 063

IN THE MATTER OF THE LICENSE OF:)
)
KATHERINE MARY CALLAHAN, R.N.)
(FORMERLY BARNES))
)
LICENSE NO: 28084442A)
)
RESPONDENT)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Katherine Mary Callahan (formerly Barnes), R.N., 1506 Vale Park Road, Apt. 1404, Valparaiso, IN 46383.

2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 063.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Katherine Mary Callahan
1506 Vale Park Road, Apt. 1404
Valparaiso, IN 46383
CERTIFIED MAIL NO. 7008 3230 0000 0200 7138
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 063

IN THE MATTER OF THE LICENSE OF)
)
KATHERINE MARY CALLAHAN)
(FORMERLY BARNES), R.N.)
)
LICENSE NO: 28084442A)

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Katherine Mary Callahan, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1506 Vale Park Rd., Apt. 1404, Valparaiso, IN 46383 and she is a Registered Nurse in the State of Indiana having been issued license number 2808442A in 1982.

2. On or around November 15, 2001, Respondent was issued a R.N. license in Pennsylvania.

3. On or around October 25, 2004, Respondent began her employment with the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania.

4. On or around July 14, 2005, Respondent's employment was suspended for three days at the University of Pittsburgh Medical Center due to her excessive absenteeism.

Exhibit A

5. On or around October 5, 2005, Respondent's suspension was upheld in a grievance proceeding at the University of Pittsburgh Medical Center.

6. On or around October 25, 2005, Respondent resigned from the University of Pittsburgh Medical Center.

7. On or around October 30, 2005, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

8. On or around December 4, 2006, Respondent began her employment with Wishard Health Services (Wishard) in Indianapolis, Indiana.

9. On or around March 29, 2007, Respondent received a written reprimand at Wishard due to her excessive absenteeism.

10. On or around May 2, 2007, Respondent resigned from Wishard.

11. On or around May 30, 2007, Respondent drove from Indianapolis, where she was currently living, to Pittsburgh, where her and her estranged husband used to live. While in Pittsburgh, Respondent bought lighter fluid, matches, newspaper and three two-gallon gasoline containers. Respondent then went to her former home, broke into the home and set the gasoline on fire. A neighbor called the fire department after seeing smoke and Respondent was found lying face down in one of the rooms. Respondent later stated that she was trying to commit suicide, but allegedly did not remember trying to set the house on fire.

13. In June 2007, Respondent spent three weeks in therapy in Texas under the care of Dr. Jerry Mungadze after being referred to his program by a therapist in Indiana.

Dr. Mungadze diagnosed Respondent with psychogenic fugue state, a dissociative disorder. Dr. Mungadze described this state as a "rare disorder [that] often takes away a person's ability to remember ones immediate past after leaving one's place of work or dwelling [and] there is also violent behavior."

14. On or around July 9, 2007, Respondent was charged in Butler County, Pennsylvania Court of Common Pleas Criminal Division with Arson – Endangering a Person, a "Felony 1", and Recklessly Endangering Another Person, a "Misdemeanor 2" under Cause Number CP-10-CR-0001365-2007.

15. On or around October 17, 2007, Respondent renewed her Indiana nursing license online and answered "no" to the questions, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?" and "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

16. On or around February 19, 2008, Theresa K. Albini, L.C.S.W., diagnosed Respondent with hypertension and major depression with suicidal ideations. Albini believed that Respondent had fully recovered from her fugue state, but that she was depressed and anxious due to her pending criminal charges and divorce.

17. On or around March 26, 2008, Respondent was assessed by Dr. Frank J. Pieri, who also concluded that Respondent had a psychogenic fugue "episode" and diagnosed Respondent with major depression.

18. On or around June 11, 2008, Respondent pled guilty to Arson, a "Felony 3" in Butler County, Pennsylvania. Respondent was sentenced to five years of probation.

19. On or around October 31, 2008, Respondent's Pennsylvania nursing license expired.

20. On or around October 31, 2009, Respondent's Indiana nursing license expired.

COUNT I

1. Respondent is in violation of Ind. Code § 25-1-9-4(a)(1)(A) in that she engaged in material deception in order to obtain a license as evidenced by her failure to disclose that her employment was suspended at the University of Pittsburgh Medical Center in July 2005 on her October 2005 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent is in violation of Ind. Code § 25-1-9-4(a)(1)(A) in that she engaged in material deception in order to obtain a license as evidenced by her failure to disclose her pending criminal charges in Butler County, Pennsylvania for Arson and Recklessly Endangering Another Person on her October 2007 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent is in violation of Ind. Code § 25-1-9-4(a)(1)(A) in that she engaged in material deception in order to obtain a license as evidenced by her failure to disclose that she received a reprimand at Wishard for excessive absenteeism in March 2007 on her October 2007 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent is in violation of Ind. Code § 25-1-9-4(a)(2)(B) in that she has been convicted of a crime that is harmful to the public as evidenced by her guilty plea to Arson in Butler County, Pennsylvania in June 2008.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent is in violation of Ind. Code § 25-1-9-4(a)(4)(C) in that she has continued to practice although she has become unfit to do so due to a mental disability as evidenced by her current diagnosis of major depression with suicidal ideation and her past psychogenic fugue episode which resulted in her violent act of committing arson.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

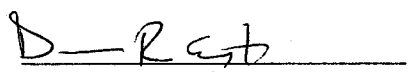
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: 

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Katherine Callahan
1506 Vale Park Rd., Apt. 1404
Valparaiso, IN 46383

By: D — R Cov

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 062

IN THE MATTER OF THE LICENSE OF:

SARAH ELLEN TURNER, L.P.N.

LICENSE NO: 27036414A

RESPONDENT

FILED
MAR 23 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Sarah Ellen Turner, L.P.N.,312 West Navarre Street, South Bend, IN 46616

2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 062.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Sarah Ellen Turner
312 West Navarre Street
South Bend, IN 46616
CERTIFIED MAIL NO. 7008 3230 0000 0200 7176
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 062

IN THE MATTER OF THE LICENSE OF)
)
SARAH ELLEN TURNER, L.P.N.)
)
LICENSE NO: 27036414A)

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Sarah Ellen Turner, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Darren R. Covington, Deputy Attorney General, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 312 West Navarre Street, South Bend, IN 46616 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27036414A in 1993.

2. On or around April 30, 2008, Respondent began her employment at Cardinal Nursing and Rehabilitation Center (Cardinal Nursing) in South Bend, Indiana.

3. Between May 27 and July 17, 2008, Respondent removed thirty-three hydrocodone tablets and sixteen alprazolam tablets from the medication dispenser at Cardinal Nursing without documenting on the medication administration record that she

Exhibit A

administered these tablets. Furthermore, Respondent did not document that she wasted these tablets.

4. Between July 14 and 17, 2008, the Indiana State Department of Health (ISDH) conducted their routine, annual survey at Cardinal Nursing. The surveyors discovered these discrepancies between the amount of narcotics Respondent removed from the medication dispenser and the amount that she documented she administered.

5. On or around July 17, 2008, Respondent was confronted about these discrepancies by ISDH surveyors and Cardinal Nursing supervisors. Respondent was ordered to give a urine drug screen which Respondent admitted she would fail. Respondent tested positive for hydrocodone and hydromorphone. Respondent was given an opportunity to produce a prescription, but after Respondent failed to produce a prescription her employment was terminated from Cardinal Nursing for having a positive urine drug screen and diversion.

6. On or around October 2, 2008, Respondent initiated the intake process with the Indiana State Nurses Assistance Program (ISNAP) after ISNAP received a report that Respondent diverted narcotics at Cardinal Nursing. Respondent produced a prescription for hydrocodone from April 2008 and claimed she took a tablet in July 2008 which caused her to test positive on her urine drug screen at Cardinal Nursing. Respondent reported that she had been prescribed Xanax for anxiety and Darvocet for back pain, but was no longer taking these medications. Respondent also stated that there were occasions where she administered medication at Cardinal Nursing but did not document it. Finally, Respondent stated that she had a new job in home health care and that there were no controlled substances in the home, but she could not remember the

name of the facility or her employer's phone number. Respondent was diagnosed with opioid abuse and ISNAP recommended an eighteen month recovery monitoring agreement.

7. On or around October 30, 2008, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" IPLA was unable to locate an explanation from Respondent about her positive response. Respondent was ordered to make a personal appearance before the Board, but she failed to appear. Her license was renewed on January 22, 2009.

8. On or around December 24, 2008, Respondent's file with ISNAP was closed after Respondent failed to sign a recovery monitoring agreement and failed to maintain contact with ISNAP since November 2008.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to do so due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that impair her ability to practice safely as evidenced by her narcotics documentation discrepancies at Cardinal Nursing, her positive urine drug screen for hydrocodone and hydromorphone at Cardinal Nursing and her opioid abuse diagnosis.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by her removal of hydrocodone and alprazolam from the medication dispenser at Cardinal Nursing and her subsequent failure to document that she administered or wasted this medication, and her positive urine drug screen for hydrocodone and hydromorphone at Cardinal Nursing.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D — R C —

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Sarah Turner
312 West Navarre St.
South Bend, IN 46616

By: D—R Cov

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 061

IN THE MATTER OF THE LICENSE OF:	)	FILED
	)	
ERNESTINE GARZA, R.N.	)	MAR 23 2010
	)	
LICENSE NO: 28107456A	)	Indiana Professional Licensing Agency
	)	
RESPONDENT	)	

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Ernestine Garza, R.N., 7723 Waterwood Drive, Indianapolis, IN 46214.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 061.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Ernestine Garza
7723 Waterwood Drive
Indianapolis, IN 46214
CERTIFIED MAIL NO. 7008 3230 0000 0200 7183
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 001

IN THE MATTER OF THE LICENSE OF)
)
ERNESTINE GARZA, R.N.)
)
LICENSE NO: 28107456A)

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Ernestine Garza, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 7723 Waterwood Drive, Indianapolis, IN 46214 and she is a Registered Nurse in the State of Indiana having been issued license number 28107456A in 1989.

2. On or around March 27, 2003, Respondent began her employment with Rosewalk Village in Indianapolis, Indiana.

3. On or around September 11, 2003, Respondent received a verbal warning because she failed to do skin assessments for two weeks.

4. On or around October 17, 2003 at 5:25 p.m., a representative from Rosewalk Village's pharmacy arrived at the facility to deliver medications and exchange the emergency drug kits. Respondent had the key to the narcotics room where the

Exhibit A

medications were stored, but she could not be located. The pharmacist left at 6:00 p.m., without leaving the emergency drug kits after Respondent could not be located. At 6:15 p.m. Respondent arrived at the facility. Respondent stated that she left to go get something "sweet" for a diabetic patient, but did not tell anyone that she left and did not clock out. Respondent stated that she "did this all the time." Respondent was instructed to leave the facility due to her "gross carelessness."

5. On or around October 20, 2003, Respondent's employment was terminated from Rosewalk Village due to "poor judgment and performance" and "patient neglect and leaving without permission during shift."

6. On or around August 17, 2005, Respondent completed an "Application for Employment" with Community Hospital. Respondent indicated that she left Rosewalk Village because she got married.

7. On or around September 26, 2005, Respondent began her employment and orientation with Community Hospital.

8. On or around November 29, 2005, Respondent was placed on a leave of absence because she was unable to complete the requisite competencies in the progressive care unit orientation program. Respondent was given 45 days to apply for another position within Community Hospital. Respondent was instructed that if she failed to secure another position her employment would be discharged from Community Hospital.

9. On or around December 27, 2005, Respondent completed an "Application for Employment" with Methodist Hospital. Respondent indicated that she left Rosewalk Village because she got married.

10. On or around January 16, 2006, Respondent was discharged from Community Hospital for unsatisfactory performance. Respondent did "not demonstrate the skill set or critical thinking to function as an acute care nurse" as evidenced by her inability to successfully complete the competencies in the orientation program for the progressive care unit. This discharge though was considered a "voluntary resignation."

11. On or around March 6, 2006, Respondent began her employment with Methodist Hospital.

12. On or around June 22, 2006, Respondent's employment was terminated from Methodist Hospital for "unsatisfactory work performance," although no further explanation is available.

13. On or around June 17, 2007, Respondent completed an "Employment Application" with Kindred Hospital. Respondent indicated that she resigned from Rosewalk Village and Methodist Hospital.

14. On or around October 3, 2007, Respondent was instructed at Kindred Hospital that she could only administer narcotics with a supervisor present after Respondent had several documentation errors regarding her administration of narcotics. Respondent was also placed in a mentoring program to coach her on how to document properly.

15. On or around October 26, 2007, Respondent completed her Indiana nursing license renewal and answered "no" to the question, "Since you last renewed, have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?"

16. On or around November 19, 2007, a "Safety Incident Report" was completed at Kindred Hospital because Respondent was not answering her overhead pages. Respondent stated that she was outside smoking.

17. On or around November 29, 2007, an investigation was conducted regarding Respondent's removal of medication from the narcotics cabinet and her failure to document the administration of the medication in the electronic medical record. It was discovered that Respondent removed medication on 125 occasions, but only documented that she administered the medication 37 times. It was also discovered that Respondent removed medications without a physician's order, documented administering medication to patients not in her care and gave some medications too frequently. The medications removed included alprazolam, hydrocodone, propoxyphene, lorazepam, fentanyl, morphine, oxycodone and hydromorphone. Respondent was suspended pending a conclusion of the investigation.

18. On or around December 4, 2007, Respondent's nursing manager learned that Respondent had administered narcotics by herself on November 29, 2007 in violation of the instructions given to her on October 3, 2007. As a result, her employment was terminated from Kindred Hospital.

19. On or around January 28, 2008, Respondent was referred to the Indiana State Nurses Assistance Program (ISNAP), but Respondent never contacted ISNAP.

20. On or around September 2, 2009, Respondent completed her Indiana nursing license renewal online and answered "no" to the question, "Since you last renewed, have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from Methodist Hospital in June 2006 on her October 2007 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from Kindred Hospital in December 2007 on her September 2009 Indiana online nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as

evidenced by her failure to accurately explain why her employment ended with Rosewalk Village on her employment application with Community Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to accurately explain why her employment ended with Rosewalk Village on her employment application with Methodist Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to accurately explain why her employment ended with Rosewalk Village and Methodist Hospital on her employment application with Kindred Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VI

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice as evidenced by the fact that Respondent's employment was terminated from Rosewalk Village due to her use of poor judgment by leaving the facility without seeking permission while she was still on duty; Respondent was unable to complete the requisite competencies in the orientation program at Community Hospital; Respondent's employment was terminated from Methodist Hospital due to her "unsatisfactory work performance"; and Respondent's narcotic administration documentation discrepancies at Kindred Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VII

1. Respondent violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent has diverted a legend drug as evidenced by Respondent's narcotic administration documentation discrepancies at Kindred Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D—R Cgt
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

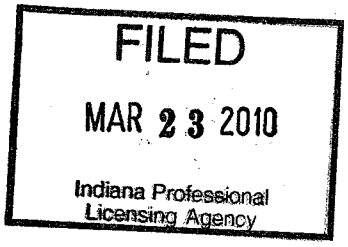
Ernestine Garza
7723 Waterwood Drive
Indianapolis, IN 46214

By: D—R Cgt
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 059

IN THE MATTER OF THE LICENSE OF:	)
	)
CONNIE SUE TOLBERT, LP.N.	)
	)
LICENSE NO: 27025869A	)
	)
RESPONDENT	)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Connie Sue Tolbert, L.P.N., 522 S. 14th St., Terre Haute, IN 47807.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 059.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Connie Sue Tolbert
522 S. 14th St.
Terre Haute, IN 47807
CERTIFIED MAIL NO. 7008 3230 0000 0200 7190
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 059

IN THE MATTER OF THE LICENSE OF)
)
CONNIE SUE TOLBERT, L.P.N.)
)
LICENSE NO: 27025869A)

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Connie Sue Tolbert, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 522 S. 14th St., Terre Haute, IN 47807 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27025869A in 1984.

2. On or around October 31, 1992, Respondent's Indiana nursing license expired.

3. On or around May 17, 2007, Respondent completed an "Application for Employment" with Harborside Health Care (Harborside) in Terre Haute, Indiana. Respondent indicated that she did not have an active Indiana nursing license.

4. On or around May 22, 2007, Respondent began her employment with Harborside.

Exhibit A

5. On or around August 30, 2007, Respondent charted in L. M.'s progress notes at 2 a.m. that L. M. "continued to try to climb out of bed. Ativan by mouth taken without problems. No effect noted. Placed in geri-chair with tray. Banging on tray continuously, shaking tray continuously. Attempted to pad tray with bath blanket to reduce possible injury to arms and legs. Yelling out at staff."

6. In response to L. M.'s banging and yelling, Respondent placed L. M. in the shower room alone with the door closed. Respondent left the patient and went outside to smoke a cigarette. L. M. was not removed from the shower room until a laundry aide heard L. M. in the shower room several minutes later and moved him to the nurses station.

7. Respondent's next entry in L. M.'s progress notes was made at 5:30 a.m. when she charted that L. M. was "sleeping while in the geri-chair. Earlier this shift patient began hallucinating stating that he was on fire – shouting out and pulling at chair." Respondent never charted that she placed L. M. in the shower room alone or that she called L. M.'s physician.

8. On or around August 30, 2007, Respondent's employment was terminated from Harborside for patient abuse.

9. On or around November 10, 2007, Respondent completed her Indiana nursing license renewal for the first time since her license expired in 1992 and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent's license was then renewed.

10. On or around January 30, 2008, Respondent was charged in Vigo County, Indiana Superior Court Four with one count of Unlicensed Practice of Nursing, a Class B Misdemeanor, in Cause Number 84D04-0801-CM-318.

11. On or around May 12, 2008, the Vigo Superior Court ordered prosecution of Respondent's charges deferred for 180 days so long as Respondent obeyed all local, state, and federal laws.

12. On or around October 28, 2008, Respondent completed her Indiana nursing license renewal online and answered "no" to the question, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

13. On or around January 7, 2009, the Vigo Superior Court dismissed the charges against Respondent since she met the requirements of the deferral agreement.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from Harborside in August 2007 on her November 2007 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that she had pending criminal charges on her October 2008 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(3) in that Respondent knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question, to wit, 848 IAC 1-1-13, any person who practices or offers to practice nursing as a licensed practical nurse in Indiana shall hold a current Indiana license as proof of their legal authorization to practice. Respondent knowingly worked as a licensed practical nurse at Harborside in Indiana without a valid Indiana nursing license between May 22, 2007 and August 30, 2007.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice as evidenced by her treatment of a resident at Harborside in which she placed the combative resident in a shower room unattended with the door closed. Furthermore, Respondent did not call the resident's physician to inform him of the resident's behavior nor did she document that other methods of intervention were used to calm the resident down.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

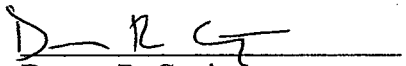
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: 

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Connie Tolbert
522 S. 14th St.
Terre Haute, IN 47807

By: D R Cov
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 058

IN THE MATTER OF THE LICENSE OF:

CASSANDRA RICHELLE SMITH, L.P.N.

LICENSE NO: 27025869A

RESPONDENT

FILED
MAR 23 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Cassandra Richelle Smith, L.P.N., 5023 Martinique Rd., Fort Wayne, IN 46815.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 059.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 22, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 23 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Cassandra Richelle Smith
5023 Martinique Rd.
Fort Wayne, IN 46815
CERTIFIED MAIL NO. 7008 3230 0000 0200 7206190
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 058

IN THE MATTER OF THE LICENSE OF)
)
CASSANDRA RICHELLE SMITH, L.P.N.)
)
LICENSE NO: 27055514A)

FILED
MAR 22 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Cassandra Richelle Smith, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, Deputy Attorney General, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 5023 Martinique Rd., Ft. Wayne, IN 46815 and she is a Licensed Practical Nurse (L.P.N.) in the State of Indiana having been issued license number 27055514A in 2005.

2. On or around December 17, 2004, Respondent completed an "Application for Licensure" to obtain her L.P.N. license in Indiana. Respondent disclosed that she was convicted of Battery in October 1988 and Criminal Conversion in July 1989. Respondent did not disclose that she was convicted of Check Deception, a Class A Misdemeanor, in August 1994, December 1994, January 1995 and July 1995, and Forgery, a Class C

Exhibit A

Felony, in May 1995, in Allen County, Indiana Superior Court Four. These charges were brought after Respondent stole a checkbook and fraudulently wrote checks.

3. On or around April 6, 2005, Respondent was issued an L.P.N. license.

4. On or around September 12, 2005, Respondent completed an "Application for Employment" with Lutheran Homes in Ft. Wayne, Indiana. The application asked, "Have you ever been convicted of a crime?" Respondent disclosed that she was convicted of battery in 1989 but did not disclose any of her other convictions.

5. On or around September 15, 2005, Respondent began her employment at Lutheran Homes.

6. On or around September 16, 2005, Respondent's employment was terminated from Lutheran Homes after a post-offer urine drug screen tested positive for marijuana.

7. On or around October 26, 2006, Respondent completed her Indiana nursing license renewal online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

8. On or around December 6, 2006, Respondent completed an "Employment Application" with InteliStaf Healthcare located in Ft. Wayne, Indiana. Respondent stated that she left Lutheran Homes for a "better position." Respondent stated that she was convicted of a misdemeanor in 1989 but did not disclose any other criminal convictions. Respondent also submitted to a pre-employment urine drug screen which tested positive for marijuana. As a result, Respondent was not hired.

9. On or around March 5, 2007, Respondent initiated contact with the Indiana State Nurses Assistance Program (ISNAP) after being referred due to her positive urine drug screen for marijuana at InteliStaf Healthcare. Respondent reported that she smoked two "blunts" of marijuana a day beginning in October 2006.

10. On or around March 21, 2007, Respondent's therapist diagnosed Respondent with rule out cannabis abuse.

11. On or around April 16, 2007, Respondent signed an eighteen month recovery monitoring agreement (RMA) with ISNAP.

12. On or around May 11, 2007, Respondent's therapist reported to ISNAP that Respondent had not attended any therapist meetings since March 2007.

13. On or around May 16, 2007, Respondent met with an addictionist for the first time since initiating contact with ISNAP. Respondent's addictionist diagnosed Respondent with cannabis dependence in partial remission. Due to the dependence diagnosis, her RMA was extended six months.

14. On or around July 23, 2007, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her sponsor report.

15. On or around November 2, 2007, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her September meeting log and missed one urine drug screen.

16. On or around January 22, 2008, Respondent's therapist quarterly report to ISNAP stated that Respondent had not contacted her since November 2007.

17. On or around January 24, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did not submit her sponsor report, December self-report and meeting logs, and missed four urine drug screens.

18. On or around March 29, 2008, Respondent submitted her last urine drug screen to ISNAP.

19. On or around May 2, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance because she did one urine drug screen two days late and did not submit her meeting logs, addictionist, worksite monitor or sponsor report.

20. On or around July 28, 2008, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she missed twelve urine drug screens and did not submit her addictionist, sponsor, self and worksite monitor reports and her meeting logs.

21. On or around August 28, 2008, Respondent's RMA was extended three months due to her non-compliance.

22. On or around December 9, 2008, Respondent completed a "Pre-application Questionnaire" with First Call Medical Staffing in Ft. Wayne, Indiana. Respondent was asked, "Have you ever been convicted of a misdemeanor or felony?" Respondent stated that she was convicted of a misdemeanor in 1988 but did not disclose her other convictions.

23. On or around December 16, 2008, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she failed to submit any reports and missed twelve urine drug screens.

24. On or around January 5, 2009, ISNAP closed Respondent's RMA due to her significant non-compliance.

25. On or around February 18, 2009, Respondent reinitiated intake with ISNAP.

26. On or around March 6, 2009, Respondent was diagnosed with marijuana abuse.

27. On or around April 9, 2009, Respondent signed a one year RMA with ISNAP.

28. On or around August 17, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she missed six urine drug screens and did not submit her self-reports, meeting logs or worksite monitor report.

29. On or around August 27, 2009, Respondent's therapist informed ISNAP that Respondent had not met with her since April 2009.

30. On or around October 5, 2009, ISNAP closed Respondent's RMA due to her continued non-compliance.

COUNT I

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(A) in that Respondent engaged in material deception in order to obtain a license to practice as evidenced by her

failure to disclose her criminal convictions for check deception and forgery on her Indiana "Application for Licensure" as a L.P.N.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(A) in that Respondent engaged in material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from Lutheran Homes in September 2005 on her October 2006 Indiana online nursing renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to disclose her criminal convictions for check deception and forgery on her employment application with Lutheran Homes.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to disclose that her employment was terminated from Lutheran Homes and her criminal convictions for check deception and forgery on her employment application with InteliStaf Healthcare.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to disclose her criminal convictions for check deception and forgery on her pre-employment questionnaire with First Call Medical Staffing.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VI

1. Respondent violated Ind. Code 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to her addiction to, abuse, or severe dependency upon alcohol or other drugs that impair her ability to practice safely as evidenced by her two positive urine drug screens for marijuana, her admitted use of marijuana, her marijuana abuse and dependence diagnoses and her failure to complete her RMA in ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D—R Cv

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 22nd day of Mar, 2010.

Cassandra Smith
5023 Martinique Rd.
Ft. Wayne, IN 46815

By: D— R Cgt
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE NURSING BOARD
CAUSE NUMBER: 2010 NB 034

IN THE MATTER OF THE LICENSE OF

ELIZABETH ANNE WEST, R.N.

LICENSE NO: 28142065A

FILED
APR 05 2010
Indiana Professional Licensing Agency

PROPOSED SETTLEMENT AGREEMENT

The State of Indiana (Petitioner), by Darren R. Covington, Deputy Attorney General, and Elizabeth Anne West, R.N. (Respondent), hereby execute this Agreement to a disposition of the Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana State Board of Nursing (Board) pursuant to Ind. Code § 25-1-9 et seq. and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq.

STIPULATED FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 3920 Bonnie Dr., Crown Point, IN 46307 and she is a Registered Nurse in the State of Indiana having been issued license number 28142065A in 1998.

2. On or around August 11, 2003, the Petitioner filed an Amended Complaint against Respondent alleging that she diverted Demerol from various facilities in Indiana, Illinois and Colorado.

3. On or around February 25, 2004, Respondent's Illinois nursing license was suspended due to her diversion of Demerol from two facilities in Illinois in July 2002.

4. On or around April 21, 2004, the Indiana State Board of Nursing (Board) approved a Settlement Agreement entered into between the Petitioner and Respondent. In this Agreement, Respondent stipulated that she diverted Demerol from St. Margaret Mercy Healthcare Center in Dyer, Indiana in 2000; that she pled guilty to Disorderly Conduct in January 2002; that she diverted 850 mg of Demerol from the Medical Center of Aurora, Colorado in April and May 2002; that the Colorado Board of Nursing denied her a nursing license in September 2002; that she diverted 150 mg of Demerol from St. Mary of Nazareth Hospital in Chicago, Illinois in July 2002; that she diverted 50 mg of Demerol from Ingall's Hospital in Harvey, Illinois in July 2002; and that she diverted 3,350 mg of Demerol from Jasper County (Indiana) Hospital in March and April 2003. Respondent had not disclosed that her Illinois nursing license was suspended. Based upon the terms of the Agreement, Respondent's license was indefinitely suspended.

5. On or around June 24, 2005, Respondent's license was reinstated on probation after Respondent testified she had been sober since January 21, 2004 and had signed a recovery monitoring agreement (RMA) with the Indiana State Nurses Assistance Program (ISNAP) in January 2004.

6. On or around October 4, 2005, Respondent answered "no" the question, "Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?" on her Indiana online license renewal.

7. On or around April 24, 2006, Respondent began her employment with Porter Hospital in Valparaiso, Indiana.

8. On or around January 19, 2007, Respondent completed her RMA in ISNAP.

9. On or around May 10, 2007, the Board voted to withdraw Respondent's probation because she completed her RMA in ISNAP.

10. On or around September 25, 2007, while still working at Porter Hospital, Respondent began her employment with Maxim Healthcare Services (Maxim), a nursing placement agency.

11. On or around September 28, 2007, Elton Vander Tuin, pharmacy director for Porter Hospital, received a report that Respondent was observed taking a syringe of Demerol from the secured narcotics cabinet, even though Respondent did not have any patients who were prescribed Demerol. An initial audit revealed that in September 2007, Respondent removed various narcotics, including Demerol, on 39 occasions from the secured narcotics cabinet without documenting the administration of the medication or its destruction. A final audit revealed that between January and September 2007, Respondent removed various narcotics, including Demerol, from the secured narcotics cabinet without a physician's order on approximately 250 occasions. Vander Tuin reported his findings to the Valparaiso Police Department.

12. On or around October 9, 2007, Respondent was placed in Regency Hospital in East Chicago, Indiana by Maxim. On this date, Respondent removed 50 mg of meperidine (Demerol) from the medication dispenser for R. S. at 4:33 a.m., 5:33 a.m. and 7:29 a.m. even though R. S.'s order stated that Demerol was to be administered every fours as-needed, but narcotics were to be avoided if possible. Respondent only

documented that she administered Demerol to R. S. at 5:30 a.m. and did not document the destruction of any medication.

13. On or around October 24, 2007, Respondent admitted to Detective Lieutenant Thomas Horn of the Valparaiso Police Department that she diverted Demerol on at least fifty occasions from the emergency room at Porter Hospital and that she was addicted to Demerol.

14. On or around October 25, 2007, Respondent wrote an order, without a physician's permission, on M. M.'s "Physician's Order" sheet at Regency Hospital for Demerol 50 mg, every four hours as-needed for pain. Respondent then removed 50 mg of Demerol from the medication dispenser at 8:39 p.m., 9:23 p.m. and 10:34 p.m. for M. M. Respondent recorded on the medication administration record (MAR) that Demerol 50 mg was administered on two occasions, at 9:00 p.m. and 10:00 p.m. Respondent did not document the destruction of any medication. Furthermore, according to the Nurses Notes, M. M. never complained of pain on this date.

15. On or around October 26, 2007, Respondent removed 50 mg of Demerol from the medication dispenser at Regency Hospital at 12:09 a.m., 1:15 a.m., 2:20 a.m., 4:13 a.m. and 5:46 a.m. for M. M. and recorded on the MAR that Demerol 50 mg was administered at 1:00 a.m., 4:00 a.m. and 7:00 a.m. After this, an order for Demerol 75 mg, every two hours as-needed for pain, was given by M. M.'s physician. Respondent then removed 75 mg of Demerol for M. M. at 9:29 p.m. and 10:19 p.m. even though the order stated that Demerol was to be administered in two hour intervals, as-needed. Respondent documented on the MAR that she administered this medication at 9:00 p.m.

and 10:00 p.m. The Nurses Notes indicated that M. M. never complained of pain on this date, nor did Respondent document the destruction of any medication.

16. On or around October 27, 2007, Respondent, at Regency Hospital, removed 75 mg of Demerol at 12:22 a.m. and 2:27 a.m. and 100 mg of Demerol at 3:52 a.m. and 5:42 a.m. even though the Nurses Notes indicated that M. M. never complained of pain. Respondent documented on the MAR that she administered 75 mg of Demerol to M. M. at 2:00 a.m., 4:00 a.m. and 6:00 a.m. Respondent did not document the destruction of any medication.

17. On or around October 29, 2007, Regency Hospital placed Respondent on its "Do Not Return List" prohibiting her from working at Regency Hospital after discovering Respondent's narcotic documentation discrepancies.

18. On or around November 9, 2007, Respondent's employment was terminated from Porter Hospital after she diverted Demerol from there.

19. On or around December 15, 2007, Respondent was charged with Theft, a Class D Felony, in Porter County, Indiana Superior Court under Cause Number 64D01-0712-FD-11760, based on her diversion of Demerol from Porter Hospital.

20. On or around December 26, 2007, Respondent signed a second, three-year RMA with ISNAP after she admitted to diverting Demerol and was diagnosed with opioid dependence.

21. On or around January 2, 2008, ISNAP received a prescription from Respondent for Tylenol with codeine which was filled on December 17, 2007. Respondent did not indicate what this prescription was for.

22. On or around March 10, 2008, Witham Laboratories reported to ISNAP that Respondent had not called the urine drug screen (UDS) telephone number in over six weeks to see if she was required to submit a urine drug sample for testing.

23. On or around March 12, 2008, ISNAP received a prescription from Respondent for Tylenol with codeine which was filled on March 1, 2008. Respondent reported that she had surgery on February 15, 2008.

24. On or around March 17, 2008, ISNAP decided to not close Respondent's RMA, even though she did not call the UDS line for six weeks, Respondent provided documentation that she had surgery in February 2008 and was restricted from driving for six weeks.

25. On or around April 24, 2008, ISNAP received a prescription from Respondent for hydrocodone dated April 20, 2008. Respondent provided documentation that she was hospitalized with kidney stones.

26. On or around July 8, 2008, ISNAP received a prescription from Respondent for Tylenol with codeine which was filled on June 26, 2008. Respondent did not provide an explanation for the purpose of this prescription.

27. On or around August 1, 2008, Respondent pled guilty to Theft, a Class D Felony, in Porter Superior Court. Respondent received a one-year suspended sentence and was placed on probation for one year.

28. On or around September 8, 2008, ISNAP received a prescription from Respondent for alprazolam and Tylenol with codeine which were filled on August 29, 2008. Respondent did not provide an explanation for the purpose of this prescription.

29. On or around August 19, 2009, Respondent renewed her Indiana nursing license online and answered "yes" to the questions, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?" and "Since you last renewed, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent disclosed that her employment was terminated in October 2007 after she diverted and that she pled guilty to theft.

30. On or around September 1, 2009, Respondent's conviction in Porter Superior Court for Theft was reduced to a Class A Misdemeanor because she completed her probation.

31. On or around September 4, 2009, ISNAP received a prescription from Respondent for Tylenol with codeine which was dated April 2, 2009. Respondent did not provide an explanation for the purpose of this prescription.

32. On or around September 11, 2009, Respondent's Indiana nursing license was renewed by IPLA staff who did not require her to make a personal appearance before the Board.

33. On or around January 18, 2010, ISNAP's quarterly compliance report indicated that Respondent was in full compliance.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent's conduct violated one count of Ind. Code § 25-1-9-4(a)(1)(A).

2. Respondent's conduct violated one count of Ind. Code § 25-1-9-4(a)(2)(A).

3. Respondent's conduct violated one count of Ind. Code § 25-1-9-4(a)(4)(D).

4. Respondent's conduct violated one count of Ind. Code § 25-1-9-4(a)(8)(A).

AGREED DISPOSITION

It is now therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Complaint.

4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana nursing license.

5. Respondent's Indiana nursing license shall be placed on **INDEFINITE PROBATION.**

6. Respondent's ISNAP RMA shall be extended six (6) months, or until June 30, 2011, whichever is later. While in an ISNAP RMA, Respondent shall submit to a hair sample drug test once every three months, effective the date of the Board's Final Order.

7. Respondent shall provide a copy of all Board orders, issued on or after April 1, 2010, imposing discipline or limiting her practice to any nursing employer who shall sign and return a copy of such orders to the Board within seven (7) days of employment or receipt of this order.

8. Respondent shall cause her nursing employer to submit monthly written reports to the Board advising the Board of her sense of responsibility, professional ethics and her medication administration and documentation practices. If Respondent is unemployed or employed in a profession other than nursing while on probation, Respondent will submit a written personal report to the Board.

9. Respondent may not petition for withdraw of probation until one year has passed from the date of her successful completion of her ISNAP RMA. Respondet must also remain in full and complete compliance with her ISNAP RMA while she is on probation.

10. Prior to petitioning for withdraw of probation:

a. Respondent shall pay a **FINE** in the amount of **FIVE HUNDRED ($500.00) DOLLARS** payable to the Indiana Professional Licensing Agency.

b. Respondent must have six months of active nursing practice and provided at least six favorable employer reports to the Board immediately preceding her petition for withdraw of probation.

c. Respondent shall submit proof to the Board of her completion of seventy-two (72) contact hours of continuing education in the following areas: twenty-four (24) contact hours in professionalism/ethics in nursing,

twenty-four (24) contact hours in medication administration and twenty-four (24) contact hours in documentation.

d. Respondent shall submit proof to the Board of her completion of fifty (50) hours of community service in a healthcare setting.

11. Respondent shall immediately notify the Board of any relapses on alcohol or other drugs.

12. Respondent shall have no criminal convictions, guilty pleas, or *nolo contendre* pleas, on or after the effective date of the Board's Final Order.

13. Respondent shall provide a copy to ISNAP of any and all prescriptions that are written and/or filled for herself.

14. Respondent shall not divert any drugs.

15. Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

16. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Agreement may result in the Petitioner requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

17. The parties agree to the continuing jurisdiction of the Board and that the

discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

Elizabeth Anne West, R.N.
Respondent

3-30-2010
Date

Darren R. Covington
Deputy Attorney General
Atty. No. 28511-16

4.5.2010
Date

STATE OF INDIANA)
)SS:
COUNTY OF Lake)

Before me a Notary Public for said County and State, personally appeared Elizabeth Anne West, R.N. being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 30 day of March, 2010.

Signature

Elizabeth Greenwell
Printed

My Commission Expires: Jan. 16, 2015

County of Residence: Porter

OFFICIAL SEAL
ELIZABETH S. GREENWELL
NOTARY PUBLIC - INDIANA
PORTER COUNTY
My Comm. Expires Jan. 16, 2015

BEFORE THE INDIANA STATE NURSING BOARD
CAUSE NUMBER: 2010 NB 036

IN THE MATTER OF THE LICENSE OF

KRISTINA J. BARLETT, R.N.

LICENSE NO: 28165856A

FILED
APR 0 5 2010
Indiana Professional Licensing Agency

PROPOSED SETTLEMENT AGREEMENT

The State of Indiana (Petitioner), by Darren R. Covington, Deputy Attorney General, and Kristina J. Barlett, R.N. (Respondent), hereby execute this Agreement to a disposition of the Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana State Board of Nursing (Board) pursuant to Ind. Code § 25-1-9 et seq. and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq.

STIPULATED FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 408 S. Red Bud Trail, Buchanan, MI 49107 and she is a Registered Nurse in the State of Indiana having been issued license number 28165856A in 2005.

2. On or around June 30, 2005, Respondent was issued a Temporary Registered Nurse license by the Indiana State Board of Nursing.

3. On or around July 5, 2005, Respondent began her employment at St. Joseph Regional Medical Center in South Bend, Indiana.

4. On or around September 26, 2005, Respondent was issued a Registered Nurse license by the Indiana State Board of Nursing.

5. On or around July 25, 2008, Respondent's employment was suspended for three days pending an investigation into alleged misconduct by Respondent. The

investigation revealed that Respondent's patient fell asleep while eating mashed potatoes. As a result, the patient did not swallow the mashed potatoes. Instead of performing a finger sweep to remove the mashed potatoes from the patient's mouth, Respondent engaged in a series of stimuli maneuvers to awaken the patient. These maneuvers included performing a sternal rub, tapping on an injured shoulder and sitting the patient up and shaking him from side-to-side. The patient's daughter asked Respondent why she was hurting her father and Respondent stated that it was necessary to wake the patient up so he could swallow the mashed potatoes. The patient eventually swallowed the mashed potatoes.

6. On or around July 31, 2008, Respondent's employment was terminated from St. Joseph Regional Medical Center for "mistreating a patient resulting in pain . . . and increased anxiety for the family" on July 25, 2008.

7. On or around October 28, 2009, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent explained that her employment was terminated for not adequately assisting a patient with heartburn. Respondent did not disclose what facility her employment was terminated from. Respondent's license was renewed by IPLA without requiring Respondent to make a personal appearance before the Indiana State Board of Nursing.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent's conduct violated one count of Ind. Code § 25-1-9-4(a)(1)(A).

2. Respondent's conduct violated one count of Ind. Code § 25-1-9-4(a)(4)(B).

AGREED DISPOSITION

It is now therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Complaint.

4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana nursing license.

5. Respondent agrees that within ninety (90) days of the date of the Final Order issued by the Board, she shall pay a **FINE** in the amount of **TWO HUNDRED FIFTY ($250) DOLLARS** payable to the Indiana Professional Licensing Agency.

6. Respondent agrees that within ninety (90) days of the date of the Final Order issued by the Board, she shall submit proof of completion of twelve (12) contact hours of continuning education in the following areas: six (6) contact hours of continuing education in assessment and six (6) contact hours of continuing education in airway management.

7. Respondent has carefully read and examined this Agreement and fully

understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

8. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Agreement may result in the Petitioner requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

9. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

Kristina Barlett, R.N.
Respondent

3/30/10
Date

Darren R. Covington
Deputy Attorney General
Atty. No. 28511-16

4.5.2010
Date

STATE OF INDIANA)
)SS:
COUNTY OF _____)

Before me a Notary Public for said County and State, personally appeared Kristina Barlett being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 30th day of March, 2010.

Catherine E. Emmel
Signature

Catherine E. Emmel
Printed

My Commission Expires: 11-18-2015

County of Residence: Berrien

CATHERINE E. EMMEL
Notary Public, State of Michigan
County of Berrien
My Commission Expires Nov. 18, 2015
Acting in the County of

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 071

IN THE MATTER OF THE APPLICATION TO RENEW THE LICENSE OF:

MARGUERITE MCAFEE

License Number: 28072185A

FILED
MAR 26 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the Indiana State Board of Nursing (Board") pursuant to IC. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Petitioner, Marguerite McAfee, 8 N. Locust Street, #1, Valparaiso, IN 46383.

2. This notice is being provided to counsel for the Board, Gordon White, Deputy Attorney General, Indiana Government Center South, 5th Floor, 302 West Washington Street, Indianapolis, Indiana, 46204, telephone number (317) 232-6307.

3. The official cause number of this action is 2010 NB 071.

4. This action is a hearing to consider the Petition for Review of the Board's Denial of Petitioner's Application for License Renewal as Registered Nurse in the State of Indiana.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of IC. § 4-21.5-3-7 and IC. § 4-21.5-3.

Copies to:

Marguerite McAfee
8 N. Locust Street, #1
Valparaiso, IN 46383
SENT CERTIFIED MAIL #: 7008 3230 0000 0200 7824
RETURN RECEIPT REQUESTED

Gordon White, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, Indiana 46204

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 23, 2010

Marquerite McAfee
8 N. Locust St. #1
Valparaiso, IN 46383

Dear Ms. McAfee:

The Indiana State Board of Nursing reviewed your application for renewal of licensure at their meeting held on January 20, 2010. As you are aware, you answered "yes" to one or more of the renewal questions, and the Board requested that you personally appear to answer questions regarding the "yes" response(s). Pursuant to Indiana Code 25-1-8-8, the Board may delay and ultimately deny renewal of a license following a personal appearance by the applicant before the Board.

Based on the above information and your failure to appear before the Board as requested, the Board voted to deny your renewal application.

You may reapply for renewal of your expired license at any time. The Board further advises that you provide proof of continued participation and compliance with a substance abuse treatment program prior to applying for renewal.

You have the right to petition for review of this decision under Ind. Code 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision.

According to law, the request for administrative review must be filed with the Board within eighteen (18) days from the date of this letter. If such date is a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency offices are closed during regular business hours in which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency is closed during regular business hours.

If your petition for review is filed timely and review is granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A Deputy Attorney General may be present to represent the state of Indiana. As petitioner, you will have the burden of proving you are qualified to obtain review.

Exhibit A

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

December 21, 2009

Marquerite Lu McAfee
8 N. Locust Street #1
Valparaiso, IN 46383

Dear Ms. McAfee:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **January 20, 2010** to review your application for renewal of your Indiana nursing license. The meeting will take place in Conference Room A on the first floor of the Indiana Government Center South Building, 402 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:00 a.m.**, to answer questions they have concerning approval of your renewal application.

You should bring any documentation with you that would support your ability to practice nursing professionally in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

December 8, 2009

Marquerite Lu McAfee
8 N. Locust St. #1
Valparaiso IN 46383

RE: 28072185A
Expiration Date: 10/31/2007

Marquerite Lu McAfee:

Thank you for applying for renewal of your Indiana license. As you may be aware, you answered yes to question number three (3) on your renewal application, which asks: **"Have you ever been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"** Please be advised that you were instructed to attach details of any action taken. Your renewal **will not** be processed further until we receive this detailed information. This must be received in our office within **2 weeks** of the date of this letter. You may mail, fax or email your detailed information to:

Indiana Professional Licensing Agency
Attn: Nursing Board
402 West Washington Street, Room 072
Indianapolis IN 46204
Fax: 317-233-4236
Email: pla2@pla.in.gov

Failure to provide this additional detailed information may result in your request to personally appear before the board to explain your positive response. Failure to personally appear, if requested, may result in your renewal being denied.

According to Indiana Code 25-1-5-4(g): "The agency may delay issuing a license renewal for up to ninety (90) days after the renewal date for the purpose of permitting the board to investigate information received by the agency that the applicant for renewal may have committed an act for which the applicant may be disciplined." Your license/certification does remain valid during the ninety (90) days following the expiration date, unless your renewal is denied following a personal appearance before the Board.

We look forward to receiving the required information from you soon to ensure timely processing of your renewal. If you have any questions, you can contact me at (317) 234-2043 or via email at pla2@pla.in.gov.

Sincerely,

Sean Gorman, Director
Indiana State Board of Nursing

DR. STAN LELEK
PSYCHOLOGIST
CHEMICAL DEPENDENCY THERAPIST
8 NORTH MORGAN BLVD.
VALPARAISO, IN 46383
219-464-9495

01/18/10

RE: Marguerite L McAfee DOB: 09/26/56

I have seen Ms. McAfee for outpatient mental health counseling for years. Although she has abused alcohol several years ago, she has not been drinking for approximately six years. She suffers from Bipolar Disorder and presently is stabilized with non-addicting medication prescribed by her psychiatrist and stabilized with outpatient counseling on a weekly basis with Dr. Lelek. Her mental health is as good as I have seen for many years. I plan on continuing to see her on a weekly basis for the foreseeable future.

If you have any questions or require additional information, feel free to call or write.

Stan Lelek, Psy.D., CADAC, NCAC-II

CC: Laurie Grice PLA

March 17, 2010

To: IPLA

Indiana Professional Licensing Agency

Nursing Board

Attn: Sean Gorman

Re: Petition for review of decision to deny renewal application of my nursing licensure as of January 20, 2010.

Exhibit B

DR. STAN LELEK
PSYCHOLOGIST
CHEMICAL DEPENDENCY THERAPIST
8 NORTH MORGAN BLVD.
VALPARAISO, IN 46383
219-464-9495

03/01/10

TREATMENT SUMMARY

Re: Marguerite McAfee DOB: 9/26/1956

I continue to see Ms. McAfee for counseling on an outpatient basis. In light of her recent IPLA correspondence, I have the following observations and recommendations:

1. Ms. McAfee has been clean/sober for six and one half years.

2. She still suffers from Bipolar Disorder that is being treated with non addicting psychotropic medications that are prescribed by Dr. Easton at the Chicago Campus of Rush University Hospital. I also see her on a weekly basis as a Psychologist, not as a Chemical Dependency Therapist, for her Bipolar Disorder psychological counseling. Finally, she regularly attends the local Bipolar Disorder support groups.

3. She attends college to further her knowledge in the nursing field, with the plan of returning to work in the nursing field as soon as possible.

4. I have treated Ms. McAfee on an outpatient basis for over 10 years. Her current mental/sobriety functioning is as stable as I have seen in the last 10 years. She should be able to discharge her nursing responsibilities at a 100% level.

4. I will continue to see her on an outpatient basis for the foreseeable future and would be willing to correspond with IPLA on an as needed basis.

If you have any questions or require additional information, feel free to contact me.

Stan Lelek, Psy.D., CADAC, NCAC-II

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 072

IN THE MATTER OF THE LICENSE OF:	)
	)
LORI SUE HOCHSTEDLER, R.N.	)
	)
LICENSE NO: 28145018A	)
	)
RESPONDENT	)

FILED
MAR 3 0 2010
Indiana Professional
Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Lori Sue Hochstedler, R.N., 6416 Covington Road, Town House D38, Fort Wayne, Indiana 46804.
2. This notice is being provided to counsel for the State of Indiana, Morgan L. Burton, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2598.
3. The official cause number of this action is: 2010 NB 072.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

Copies to:

Lori Sue Hochstedler
6416 Covington Road
Town House D38
Fort Wayne, IN 46804
CERTIFIED MAIL NO. 7008 3230 0000 0200 7398
RETURN RECEIPT REQUESTED

Morgan L. Burton, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 072

IN THE MATTER OF THE LICENSE OF LORI SUE HOCHSTEDLER, R.N., LICENSE NO: 28145018A

FILED
MAR 26 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Lori Sue Hochstedler, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Morgan L. Burton on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 6416 Covington Road, Town House D38, Fort Wayne, Indiana 46804 and she is a Registered Nurse in the State of Indiana having been issued license number 28145018A in 1999. Respondent is also reported to be currently incarcerated at Indiana Women's Prison located at 2596 N. Girl's School Road, Indianapolis, Indiana 46214.

2. Around July 1999, Respondent began as a Registered Nurse at Parkview LaGrange Hospital located in LaGrange, Indiana.

3. On or around May 10, 2004, Respondent began employment as a nurse at the office of Dr. Lisa Booth, M.D.

4. On or around April 10, 2006, Respondent submitted her resignation to Dr. Booth noting that her last day would be April 24, 2006.

Exhibit A

11. On or around August 1, 2006, ISNAP received Respondent's assessment from Oaklawn Center. Respondent was given a diagnosis of opioid dependence and a history of bi-polar disorder and migraine headaches.

12. On or around September 11, 2006, Respondent entered into a three-year Recovery Monitoring Agreement (RMA) with ISNAP.

13. On or around September 25, 2006, Respondent completed an application for employment with the Lutheran Homes, Inc. facility Shepherd of the Hill located in Kendallville, Indiana. Under the section titled "Employment History" Respondent listed Parkview LaGrange Hospital and indicated that her reason for separation was for "personal reasons."

14. On or around October 9, 2006, Respondent began employment at Shepherd of the Hill.

15. On or around January 26, 2007, ISNAP's quarterly compliance report showed Respondent in partial compliance.

16. On or around April 10, 2007, ISNAP authorized Respondent to have access to controlled substances.

17. On or around April 27, 2007, ISNAP's quarterly compliance report showed Respondent in full compliance.

18. On or around July 27, 2007, ISNAP's quarterly compliance report showed Respondent to be in full compliance.

19. On or around August 30, 2007, Respondent's urine drug screen reported diluted with a creatinine of 0.13.

20. On or around September 17, 2007, Respondent received a written warning after it was discovered Respondent signed out medications on the narcotic sign off sheet but the

25. On or around October 17, 2007, Respondent began employment at Avalon Village. ISNAP established a worksite monitor for Respondent.

26. On or around October 24, 2007, ISNAP's quarterly compliance report showed Respondent in significant non-compliance.

27. On or around December 12, 2007, ISNAP informed Respondent that she was to refrain from work until she had a negative urine drug screen and that her RMA was to be extended for three months.

28. On or around January 23, 2008, ISNAP's quarterly compliance report showed Respondent in significant non-compliance; however, Respondent did later submit her delinquent monthly and quarterly reports.

29. On or around February 26, 2008, Respondent's employment with Avalon Village was suspended for three days due to an investigation into Respondent's narcotic inconsistencies. Respondent signed out Demerol for a resident approximately eighteen times even though the resident did not have an order for Demerol. Respondent did not document in the Medication Administration Record that she had administered the medication; she had only signed the medication out of the Emergency Drug Kit.

30. On or around February 28, 2008, Respondent's employment with Avalon Village was terminated for falsification of records- poor documentation after an investigation revealed that Respondent administered Demerol to a patient without a physician order. The patient had a one time order for Demerol on January 10, 2008; however, Respondent administered Demerol approximately sixteen more times without a physician order. In addition, Respondent administered medication during times when the nurses' notes stated the alert and oriented patient had no complaint of pain. Avalon Village notified ISNAP of their findings.

subsequent audit of Respondent's medication administration also showed that on numerous occasions Respondent documented that she administered pain medications to patients after the medication had been discontinued or changed. Respondent also failed to appropriately destroy narcotics.

37. On or around May 5, 2008, Respondent's husband notified ISNAP that she was in detoxification in Chicago. ISNAP instructed Respondent to follow through with all treatment recommendations and to send confirmation to ISNAP of the same.

38. On or around June 4, 2008, Respondent was criminally charged in Noble County, Indiana Superior Court #1 with Theft, a Class D Felony under cause number 57D02-0901-FD-002 related to her diversion from Hickory Creek.

39. On or around July 25, 2008, ISNAP's quarterly compliance report showed Respondent in significant non-compliance.

40. On or around August 4, 2008, Respondent informed ISNAP that she was in treatment at the Center for Behavioral Health. She also noted that she was taking methadone for detoxification as she was pregnant and would discontinue that once she delivered in October.

41. On or around August 28, 2008, ISNAP closed Respondent's file for non-compliance.

42. On or around January 28, 2009, Respondent entered a guilty plea to Theft, a Class D Felony in Noble Superior Court under cause number 57D02-0901-FD-002. A Drug Court Participation Agreement was filed and accepted by the court allowing sentencing to be continued pending Respondent's participation in Drug Court. Should Respondent successfully complete the Drug Court, her criminal charges would be dismissed.

Village, diversion of narcotics for self-use from Hickory Creek, her opioid dependence diagnosis, her non-compliance and closure from ISNAP, and her continued use of non-prescribed controlled substances while in Noble County Drug Court.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her terminations from Parkview LaGrange Hospital and Shepherd of the Hill on her 2007 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her termination from Avalon Village on her 2009 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation,

Respondent's statement on Shepherd of the Hill employment application that she left Parkview LaGrange Hospital for "personal reasons" when she had been terminated.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT VII

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by Respondent's statement on Avalon Village employment application that her reason for leaving Shepherd of the Hill was "personal" when in fact she had been terminated.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT VIII

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by Respondent's statement on Hickory Creek employment application that she left Parkview LaGrange Hospital to "stay at home with her children" when she had been terminated. Respondent also indicated that she has spent the last year as a stay at home mom and did not indicated that she had been employed as a nurse.

By: Morgan L Burton

Morgan L. Burton
Deputy Attorney General
Attorney No.: 26152-10A

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 073

FILED
MAR 30 2010
Indiana Professional
Licensing Agency

IN THE MATTER OF THE LICENSE OF:)
)
RACHEL ANN MARTIN, L.P.N.)
)
LICENSE NO: 27057176A)
)
RESPONDENT)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Rachel Ann Martin, L.P.N., 190 South Wayne Street, Martinsville, Indiana 46151.
2. This notice is being provided to counsel for the State of Indiana, Morgan L. Burton, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2598.
3. The official cause number of this action is: 2010 NB 073.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

Copies to:

Rachel Ann Martin
190 South Wayne Street
Martinsville, IN 46151
CERTIFIED MAIL NO. 7008 3230 0000 0200 7404
RETURN RECEIPT REQUESTED

Morgan L. Burton, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 073

IN THE MATTER OF THE LICENSE OF)
RACHEL ANN MARTIN, L.P.N.,)
LICENSE NO: 27057176A)

FILED
MAR 26 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Rachel Ann Martin, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Morgan L. Burton on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 190 South Wayne Street, Martinsville, Indiana 46151 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27057176A in 2006.

2. On or around March 3, 2006, Respondent began employment as a nurse at Parkwood Health Care Center (Parkwood) located in Lebanon, Indiana.

3. On or around February 6, 2007, Parkwood placed Respondent on a performance improvement plan due to complaints from peers and managers in regards to Respondent leaving her unit for extended periods of time and being unreachable by staff, skin assessments were not being completed, Medicare charting was not being done, and Accuchecks were done late. It was noted that Respondent has previously been counseled for treatments not being completed and for medication errors.

Exhibit A

contacted Respondent and informed her that she needed to come in for a urine drug screen. Respondent asked her if she had a choice, and Kump informed her she could submit to the urine drug screen or resign. Respondent chose resignation.

10. On or around April 25, 2008, a nurse requesting to remain anonymous contacted the Indiana State Nurses Assistance Program (ISNAP) and informed them that Respondent was a "well know drug user/ dealer in the area" and that Respondent had lost several jobs in the area oftentimes refusing to do a urine drug screen when asked.

11. On or around May 2, 2008, ISNAP sent Respondent correspondence requesting she contact them regarding the complaint against her.

12. On or around May 20, 2008, Respondent contacted ISNAP to initiate the intake process. Respondent admitted to daily use of IV heroine for the past year. Respondent was referred to the Center for Behavioral Health to get an assessment.

13. On or around June 4, 2008, Respondent's mother contacted ISNAP and notified them that Respondent was at Centerstone in their intensive outpatient program (IOP). Due to floods though, the program had to relocate and IOP was suspended for a period of time.

14. On or around July 10, 2008, Respondent contacted ISNAP and informed them that she was still in IOP and that she would have Rose Miller, her therapist forward a copy of her assessment.

15. On or around August 4, 2008, ISNAP received Respondent's assessment from Miller. Miller diagnosed Respondent with opioid dependence and cannabis abuse.

16. On or around August 20, 2008, Respondent entered into a three-year Recovery Monitoring Agreement (RMA) with ISNAP.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although Respondent has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's opioid dependence diagnosis, her admitted use of IV heroine, and her non-compliance and closure with ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her termination from Parkwood on her 2008 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Morgan L. Burton

Morgan L. Burton
Deputy Attorney General
Attorney No.: 26152-10A

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 230

IN THE MATTER OF THE LICENSE OF)
)
CHRISTOPHER SPANGLER, R.N.)
)
LICENSE NUMBER: 28183759A)

FILED
MAR 3 0 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Christopher Spangler, R.N., 5052 Bird Branch Drive, Indianapolis, Indiana 46268.

2. This notice is being provided to counsel for the Board, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2009 NB 230.

4. This hearing is to determine whether the terms of probation on Respondent's R.N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Decision on Application to Renew filed December 9, 2009, and the Petition to Withdraw Probation submitted by Respondent on March 15, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C. §4-21.5-3.

ORDERED this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Christopher Spangler, R.N.
5052 Bird Branch Drive
Indianapolis, IN 46268
CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0467
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 230

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:)

CHRISTOPHER SPANGLER

License Number: 28183759A

FILED
DEC 09 2009
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Christopher Spangler ("Applicant") personally appear before Jerry Burghduff, a member of the Board, on November 18, 2009, for the purpose of providing information and answering questions concerning his application to renew his license as a nurse.

The Applicant appeared in person.

Burghduff interviewed the Applicant and made a recommendation concerning the application to the full Board at its meeting on November 19, 2009. The Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted 5 to 1 with 2 abstentions, to issue the following decision:

FACTS

1. The Applicant, who resides at 5052 Bird Branch Drive, Indianapolis, Indiana 46268, submitted an application to the Board to renew his license as a nurse.

2. Along with his application, the Applicant revealed that he had been convicted of driving while intoxicated in 2005 and recently arrested for driving while intoxicated in August 2009. The latter charges are still pending. The Applicant completed an alcohol

Exhibit A

b) The Applicant must maintain his recovery monitoring agreement with ISNAP and comply with its terms.

c) The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests to the Board.

3. The failure of the Applicant to comply with the terms of this decision may subject him to a show cause hearing and the imposition of further sanctions, including emergency suspension of his license.

SO ORDERED, this 09 day of December, 2009.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Christopher J. Spangler
5052 Bird Branch Drive
Indianapolis, IN 46268
March 11, 2010

Indiana State Board of Nursing
Professional Licensing Agency
402 W Washington St. Rm W072
Indianapolis, IN 46204

RE: License Number 28183759A

To whom it may concern:

In a meeting before the Indiana State Board of Nursing on November 18, 2009, I personally appeared for the purpose of providing information and answering questions concerning my application to renew my license as a nurse. At that time it was agreed upon by Mr. Jerry Burghduff , a board member, and myself that my nursing license be renewed with a probationary status.

In a letter filed with the PLA on December 9, 2009, the Board submitted it's decision. RE: Cause Number 2009 NB 230. According to the terms and conditions of the above referenced letter, I believe that I am in full compliance with the agreed terms and am requesting to have the probationary status removed from my license.

I am currently in a recovery monitoring agreement with ISNAP and have complied with it's terms. I have maintained my employment as a nurse at Wishard Hospital and have fulfilled any obligations regarding my legal case. I appreciate the Board's review of this case and am eager to move forward in this matter. I am willing to answer any further questions you may have.

Sincerely,

Christopher J. Spangler

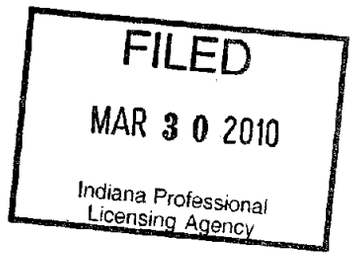
Christopher J. Spangler

RECEIVED
MAR 15 2010
Indiana Professional
Agency

Exhibit B

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2002 NB 088

STATE OF INDIANA)
)
Petitioner,)
)
v.)
)
MARY CATHERINS SERRANO, R.N.,)
License Number: 28119497A)
)
Respondent.)



HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Mary Catherine Serrano, R.N., 53 Arbor Drive, Carmel, Indiana 46032.

2. This notice is being given to counsel for Petitioner, State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2002 NB 088.

4. This hearing is to determine whether the terms of probation on Respondent's R.N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. §25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Final Order and Approval filed June 3, 2004, and the petition to Withdraw Probation submitted by Respondent on February 22, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C.§ 4-21.5-3.

All of which is **ORDERED** this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Mary Catherine Serrano, R.N.
53 Arbor Drive
Carmel, IN 46032
CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0450
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2002 NB 088

STATE OF INDIANA,

Petitioner,

v.

MARY CATHERINE SERRANO, R.N.,
License Number: 28119497A,

Respondent.

FILED

JUN 0 3 2004

HEALTH PROFESSIONS
BUREAU

FINAL ORDER AND APPROVAL

The Petitioner, the State of Indiana, by James R. Holden, Deputy Attorney General, Consumer Protection Division ("the Petitioner"), and the Respondent, Mary Catherine Serrano, R.N., ("the Respondent'), signed an Agreement which purports to resolve all issues involved in the Board's January 28, 2004 Order to Show Cause regarding Respondent's license, and which has been submitted to the Board for approval.

The Board, after reviewing the orally Amended Agreement, now finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement with Amendment as if fully set forth herein and approves and adopts in full the Agreement and Amendment as a resolution of this matter. The Board adopts the Agreement with Amendment, attached as Exhibit A, and the Findings of Fact and enters this Agreed Order by a vote of 6-0-1.

Exhibit A

Therefore it is now ordered,

1. Respondent's Indiana nursing license is hereby placed on **INDEFINITE SUSPENSION**. The suspension of the Respondent's license may not be withdrawn until the Board receives written confirmation from the Indiana State Nurses Assistance Program that the Respondent has signed a new Recovery and Monitoring Agreement (RMA) with ISNAP.

2. Upon receipt by the Board of the RMA, Respondent's Indiana registered nurse license shall be automatically placed on **INDEFINITE PROBATION**. Respondent may not petition for termination of probation for a period of **five (5) years** from the date of the execution of this Order. During the period that Respondent's license remains on probation, her practice of nursing shall be governed by the following **TERMS AND CONDITIONS**:

i. Respondent shall keep the Board informed of her residential address and telephone number at all times.

ii. Respondent shall keep the Board informed of her nursing employer's name, address, and telephone number at all times.

iii. Respondent shall sign a new recovery and monitoring contract with the Indiana State Nurses Assistance Program;

iv. Respondent shall comply with all terms and conditions of the contract with the Indiana State Nurses Assistance Program;

v. Respondent is not permitted to work in the capacity as a registered nurse until such time as the Indiana Nurses Assistance Program approves her as safe to enter the practice of nursing; any certification that Respondent is safe to practice

and return to work shall be accompanied by an addictionology evaluation conducted by an ISNAP-approved physician who has not previously evaluated the Respondent.

vi. Respondent shall provide a copy of all Board orders imposing discipline or limiting the practice to any nursing employer who shall sign and return a copy of such orders to the Board within seven (7) days of employment or receipt of this order.

vii. Respondent shall be responsible for causing her nursing employer to submit quarterly supervisor reports to ISNAP addressing such issues as attendance, competency and performance.

viii. Respondent shall abide by and not violate any laws or regulations governing the practice of nursing while on probation.

ix. Failure to comply with the terms and conditions of this Order will subject the Respondent to a show cause hearing and the imposition of further sanctions.

3. In addition, Respondent is ordered to pay a **CIVIL FINE** to the Health Professions Bureau in the amount of two hundred and fifty (**$250.00**) dollars within ninety (90) days of the date of the final order.

4. Violation of the resulting order, or otherwise reported non compliance with the statutes and regulations relating to the competent practice of nursing, may result in the State independently, or at the request of the Board, requesting an emergency

suspension of Respondent's license, pending a reinstatement of the initial action giving rise to this resolution, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Indiana Code § 25-1-9-4(a)(10), any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

5. The Board will have continuing jurisdiction of this matter.

So ORDERED, ADJUDGED, DECREED, this 3rd day of June, 2004.

INDIANA STATE BOARD OF NURSING

By: Lisa R. Hayes

Lisa R. Hayes
Executive Director
Health Professions Bureau

copies to:

Mary Catherine Serrano, R.N.
5788 Cooper's Hawk Drive
Carmel, IN 46033
SENT CERTIFIED MAIL NO. **7002 2410 0002 4111 4409**
RETURN RECEIPT REQUESTED.

Deputy Attorney General James R. Holden
Office of the Attorney General
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204-2770

Indiana State Nurses Assistance Program
PRMC
P O Box 1630
Brighton, MI 48116

Mary Catherine Serrano, RN, BSN
53 Arbor Drive
Carmel, Indiana 46032
(317) 987-7727

February 16, 2010

RECEIVED
FEB 22 2010
Indiana Professional Licensing Agency

Professional Licensing Agency
ATTENTION: Indiana State Board of Nursing
402 W. Washington Street, Room W072
Indianapolis, Indiana 46204

RE: Mary Catherine Serrano/License Number: 28119497A

To Whom It May Concern:

I am respectfully writing to request that my probationary status of my nursing license be lifted. I have been in recovery since 2004 and have successfully completed ISNAP's program. I remain clean and sober and continue attending AA meetings 2-3 times per week, including my home group on Saturday mornings, The Breakfast Club.

Can you please advice me as to how I should proceed about getting my licensure to simply state "active" *and not* "probation"? I would think that because I successfully completed ISNAP and have remained clean and sober (going on 6 years now), that perhaps my probation could be lifted at this point. If I need to come before the Board for this issue, can you please schedule a date that I can attend? Having probation on my license has been a negative issue surrounding my professional life. Therefore, it's understandable that I would like an opportunity to have that lifted.

I look forward to your reply as to how I should proceed from here. I can be reached at the address and telephone number listed above.

Respectfully yours,

Mary Catherine Serrano, RN

Exhibit B

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2004 NB 0191

STATE OF INDIANA	)
	)
Petitioner,	)
	)
v.	)
	)
JOAN KANE, R.N.,	)
License Number: 28123302A	)
	)
Respondent.	)

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Joan Kane, R.N., 5143 Annette Street, Indianapolis, Indiana 46208.

2. This notice is being given to counsel for Petitioner, State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2004 NB 0191.

4. This hearing is to determine whether the terms of probation on Respondent's R.N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. §25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Findings of Fact, Conclusions of Law and Order filed March 21, 2007, and the petition to Withdraw Probation submitted by Respondent on March 19, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C.§ 4-21.5-3.

All of which is **ORDERED** this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Joan Kane, R.N.
5143 Annette Street
Indianapolis, IN 46208
CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0443
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2004 NB 0191

STATE OF INDIANA,

Petitioner,

v.

JOAN KANE, R.N.,
License Number: 28123302A,

Respondent.

FILED
MAR 21 2007
Indiana Professional Licensing Agency

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Indiana State Board of Nursing ("Board") held an administrative hearing on February 15, 2007, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, concerning Joan Kane, R.N.'s ("Respondent") request to reinstate her license as a registered nurse.

Respondent appeared in person and waived her right to be represented by counsel. Shelley Johnson, Deputy Attorney General, represented the State of Indiana.

The Board, after considering the evidence presented and taking official notice of the file in this matter, issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Respondent, whose mailing address is 5143 Annette Street, Indianapolis, Indiana 46208, is a registered nurse with license number 28123302A.

2. Respondent received timely and proper notice of the date, time and location of this hearing pursuant to Indiana Code 4-21.5-3-20.

3. The Board is empowered to hold this administrative hearing pursuant to the authority of Indiana Code 25-1-9-9 and Indiana Code 4-21.5-3.

Exhibit A

4. The Board voted to suspend Respondent's license in November 2006 because of her repeated relapses into the abuse of alcohol and failed attempts to be monitored by the Indiana State Nurses Assistance Program ("ISNAP").

5. The Respondent submitted a request for reinstatement of her license in January 2007.

6. At the hearing on reinstatement, the Respondent maintained that she signed a new recovery monitoring agreement ("RMA") with ISNAP and has complied with it fully for the last three to four months. She has been sober since September 28, 2006. She is also on criminal probation after her conviction for public intoxication and has complied with the terms of her criminal probation.

7. Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation.

CONCLUSIONS OF LAW

1. "The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter." IND. CODE § 25-1-9-11.

2. Because the Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation, she qualifies for reinstatement of her license on probation.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. The Respondent's license as a registered nurse will be reinstated on **INDEFINITE PROBATION.** Respondent may petition to have the probationary order withdrawn after successful completion of her recovery monitoring agreement with the Indiana State Nurses Assistance Program.

2. The Respondent's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Respondent shall keep the Board informed of her residential address and telephone number at all times.

b) Respondent shall keep the Board informed of her nursing employer's or employers' name, address and telephone number at all times.

c) Respondent shall maintain her recovery monitoring agreement with ISNAP and comply with the terms of that agreement.

d) Respondent shall comply with all statutes and rules regulating the practice of nursing.

3. The failure of Respondent to comply with the terms of this order shall subject her to a show cause hearing and the imposition of further sanctions.

ISSUED, this 21 day of March 2007.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Joan Kane
5143 Annette Street
Indianapolis, Indiana 46208
CERTIFIED MAIL NUMBER: 7005 3110 0002 4931 4174
RETURN RECEIPT REQUESTED

Office of the Attorney General
Shelley Johnson, Deputy Attorney General
Indiana Government Center South
402 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

Joan Kane
5143 Annette Street
Indianapolis, IN 46208

IPLA
402 West Washington Street
W066
Indianapolis, Indiana 46204
Attention: Lisa Chapman

March 15, 2010

Dear Sir or Miss:

I am writing to request an appointment in front of the board to lift the probationary status of my nursing license. I completed my ISNAP contract June 2009. Thank you.

Sincerely,

Joan Kane RN

RECEIVED
Indiana Professional Licensing Agency

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 018

IN THE MATTER OF THE LICENSE OF:)
SHANNON DILSAVER, R.N.)
LICENSE NUMBER: 28145726A)

FILED
MAR 30 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Shannon Dilsaver ("Respondent"), R.N., 3425 Penwood Drive, New Albany, Indiana 47150 to appear before the Board on **April 15, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28145726A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Decision on Application to Renew License filed on February 8, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Decision on Application to Renew License t with the Indiana State Board of Nursing ("Board"). The Board has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Shannon Dilsaver, R.N.
3425 Penwood Drive
New Albany, IN 47150
SENT CERTIFIED MAIL #: 7006 2760 0003 4664 0498
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 018

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:

SHANNON DILSAVER

License Number: 28145726A

FILED
FEB 0 8 2010
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Shannon Dilsaver ("Applicant") personally appear before Jerry Burghduff, a member of the Board, on January 20, 2010, for the purpose of providing information and answering questions concerning her application to renew her license as a nurse.

The Applicant appeared in person.

Burghduff interviewed the Applicant and made a recommendation concerning the application to the full Board at its meeting on January 21, 20109. The Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted 6 to 0, to issue the following decision:

FACTS

1. The Applicant, who resides at 3425 Penwood Drive, New Albany, Indiana 47150, submitted an application to the Board to renew her license as a nurse.

2. Along with her application, the Applicant revealed that she is under contract with the Kentucky Alternative Recovery Effort ("KARE") and the Indiana State Nurses Assistance Program ("ISNAP"). She had originally entered KARE because of a history of substance abuse and drug diversion. She was sober for five years, but relapsed into the

Exhibit A

b) The Applicant must maintain, and comply with, her recovery monitoring agreement with ISNAP as well as her contract with KARE.

c) The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests to the Board.

3. The failure of the Applicant to comply with the terms of this decision may subject her to a show cause hearing and the imposition of further sanctions, including emergency suspension of her license.

SO ORDERED, this 08 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Discipline Case Summary Report

Printed for INDIANA on 03/02/2010

INDIVIDUAL:

SSN: Name: **DILSAVER, SHANNON LYNN**

DOB: **01/03/1972** Gender: **FEMALE**

LICENSES DISCIPLINED:

KENTUCKY | RN | 1083729

GENERAL CASE INFORMATION:

Case Number: **529745** Date Action Was Taken: **02/24/2010**

Jurisdiction: **KENTUCKY**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **A5 - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING B...**

HIPDB Narrative (Comments):

KARE PROGRAM AGREEMENT

ACTIONS:

Action Code: **1145 - VOLUNTARY SURRENDER OF LICENSE** Stayed: **NO**

Duration: **02/24/2010 - INDEFINITE** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

License voluntarily surrendered for a period of at least one (1) year. After the period of surrender her nursing license can be reinstated on a limited/probated status for a period of at least five (5) years of employment as a nurse, if all terms for reinstatement are met.
Ms. Dilsaver acknowledges admission to the Kentucky Alternative Recovery Effort (KARE) for Nurses Program on October 14, 2004. In October 2009, following a positive drug screen result for morphine, the Board's Credentials Review Panel directed that Ms. Dilsaver could remain in the KARE for Nurses Program for an additional five (5) years of monitoring. On January 13, 2010, documentation from FirstLab, the drug testing program utilized by the Board, was received indicating Ms. Dilsaver had a positive drug screen result for Cannabinoid. This specimen was collected on January 5, 2010. In an electronic mail message, received in the Board office on January 19, 2010, Ms. Dilsaver acknowledged having relapsed and that this was her second relapse using mood altering substances within a six (6) month period.
Ms. Dilsaver represents that she is unable to comply with the requirements of the KARE for Nurses Program Agreement and wishes to voluntarily surrender her registered nursing license. Ms. Dilsaver submitted a written request for resignation from the KARE for Nurses Program on January 21, 2010.

Action Code: **1173 - PUBLICLY AVAILABLE FINE/MONETARY PENA...** Stayed: **NO**

Fine: **$600.00** Appeal - Date: **NO**

HIPDB Narrative (Comments):

License voluntarily surrendered for a period of at least one (1) year. After the period of

Exhibit B

surrender her nursing license can be reinstated on a limited/probated status for a period of at least five (5) years of employment as a nurse, if all terms for reinstatement are met.
Ms. Dilsaver acknowledges admission to the Kentucky Alternative Recovery Effort (KARE) for Nurses Program on October 14, 2004. In October 2009, following a positive drug screen result for morphine, the Board's Credentials Review Panel directed that Ms. Dilsaver could remain in the KARE for Nurses Program for an additional five (5) years of monitoring. On January 13, 2010, documentation from FirstLab, the drug testing program utilized by the Board, was received indicating Ms. Dilsaver had a positive drug screen result for Cannabinoid. This specimen was collected on January 5, 2010. In an electronic mail message, received in the Board office on January 19, 2010, Ms. Dilsaver acknowledged having relapsed and that this was her second relapse using mood altering substances within a six (6) month period.
Ms. Dilsaver represents that she is unable to comply with the requirements of the KARE for Nurses Program Agreement and wishes to voluntarily surrender her registered nursing license. Ms. Dilsaver submitted a written request for resignation from the KARE for Nurses Program on January 21, 2010.

REVISIONS:

There are no revisions for this Discipline Case

JURISDICTION ALERT HISTORY:

Alert Date: 02/25/2010 12:59 PM Case Action: CREATED Sender: DSCRUSE
Recipients: IN

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2003 NB 0109

IN THE MATTER OF THE LICENSE OF)
)
RHONDA FRACES REDDY, R.N.)
)
LICENSE NUMBER: 28103722A)

FILED
MAR 3 0 2010
Indiana Professional
Licensing Agency

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Rhonda Frances Reddy, R.N., 7741 Harborside Drive Apartment B, Camby, Indiana 46113.

2. This notice is being provided to counsel for the Board, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2003 NB 0109.

4. This hearing is to determine whether the terms of probation on Respondent's R.N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Decision on License Renewal filed September 26, 2003, and the Petition to Withdraw Probation submitted by Respondent on January 26, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C. §4-21.5-3.

ORDERED this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Rhonda Frances Reddy, R.N.
7741 Harborside Drive Apt. B
Camby, IN 46113
CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0474
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF
RHONDA FRANCES REDDY, RN
License Number 28103722A
Cause Number 2003 NB 0109

SEP 26 2003
HEALTH PROFESSIONS
BUREAU

DECISION ON LICENSE RENEWAL

Rhonda Frances Reddy ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on September 18, 2003, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana to answer questions about her application to renew her license as a registered nurse.

The Board, after considering the statements of the Applicant and her counsel, Joan Isaacs Wolf, issues the following Decision.

BACKGROUND

1. Applicant has a mailing address of 6824 South Lawndale Avenue, Indianapolis, Indiana 46221.

2. Applicant applied to renew her license as a registered nurse in October 2001. In the application, she answered "yes" to the question "Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?" When she did not appear to explain to the Board why she answered "yes", her application was denied. She did not seek a judicial review of that decision and her license expired.

3. In June 2002 the Applicant applied to renew her license again. She made a personal appearance before the Board in July 2002. The Board decided at that time that matters surrounding the Applicant's employment history needed to be investigated by the Attorney General's Office before it would renew her license.

4. The Attorney General's Office has yet to file charges against the Applicant and the Applicant has asked that the Board take action on her application.

5. Applicant has a history, since at least the year 2000, of being demoted or terminated by different employers. The Attorney General's Office is investigating a consumer complaint against the Applicant and reports that it will be filing formal charges shortly.

Exhibit A

6. The Applicant qualifies for licensure on probation but the terms of probation may be subject to modification based on her employer reports. Her license may also be subject to further discipline based on the results of disciplinary charges which may be brought by the Attorney General's Office.

7. If the Applicant and the Board agree, the Board may "renew the license and place the applicant on probation status under IC 25-1-9-9." IND. CODE Sec. 25-1-5-4(f)(5).

TERMS AND CONDITIONS

Based on the foregoing, the Board Issues the following DECISION:

1. The Applicant's license as a registered nurse is renewed and placed on INDEFINITE PROBATION. Applicant may petition to have the probationary terms withdrawn after three (3) months of active nursing practice.

2. The Applicant's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Applicant shall keep the Board informed of her residential address and telephone number at all times.

b) Applicant shall keep the Board informed of her nursing employer(s) name, address and telephone number.

c) Applicant shall provide a copy of all Board orders imposing discipline or limiting practice to any nursing employer who shall sign and return a copy of such orders to the Board within seven (7) days of employment or receipt of this order.

d) Applicant shall be responsible for causing her nursing employer(s) to submit quarterly supervisor reports addressing attendance and competency.

e) Applicant shall comply with all statutes and rules regulating the practice of nursing.

3. The information contained in the above referenced employer reports may result in the Board scheduling this matter for a hearing on possible modification of the terms and conditions of probation on the Applicant's license.

4. The failure of Applicant to comply with the terms of this decision shall subject her to a show cause hearing and the imposition of further sanctions.

ISSUED, this 26th day of September, 2003.

INDIANA STATE BOARD OF NURSING

By: Lisa Hayes
Lisa Hayes
Executive Director
Health Professions Bureau

Copies to:
Rhonda Frances Reddy, L.P.N.
6824 South Lawndale Avenue
Indianapolis, Indiana 46221.
CERTIFIED MAIL NUMBER: 7002 3150 0000 1731 5571
RETURN RECEIPT REQUESTED
Applicant

Joan Isaacs Wolf
Tabbert, Hahn, Earnest and Weddle, LLP
1900 One Indiana Square
Indianapolis, Indiana 46204
Attorney for the Applicant

Shelley Johnson
Deputy Attorney General
402 West Washington Street
IGCS – 5th Floor
Indianapolis, Indiana 46204
Attorney for the State of Indiana

56920

Chapman, Lisa

From: rhonda reddy-davis [rfrdrn@yahoo.com]
Sent: Tuesday, January 26, 2010 3:54 PM
To: Chapman, Lisa
Subject: Fw: RE: APPEARANCE BEFORE BOARD

--- On **Wed, 11/4/09, Chapman, Lisa** <*lchapman@pla.IN.gov*> wrote:

From: Chapman, Lisa <lchapman@pla.IN.gov>
Subject: RE: APPEARANCE BEFORE BOARD
To: rfrdrn@yahoo.com
Date: Wednesday, November 4, 2009, 11:29 AM

Ms Reddy,

Are you still employed at Interim Healthcare if so we need a signed copy of your order from them the last report we received was in March. If you have any questions you may e-mail me back. Thank you.

Lisa Chapman, Litigation Specialist

Indiana State Board of Nursing &

Dietitian Certification Board

402 W. Washington Street Room W072

Indianapolis , IN 46204

(317) 234-2043

(317) 233-4236 fax

Exhibit B

-----Original Message-----
From: Grice, Lori On Behalf Of Group 02
Sent: Wednesday, November 04, 2009 2:17 PM
To: Chapman, Lisa

Subject: FW: APPEARANCE BEFORE BOARD

-----Original Message-----

From: rhonda reddy-davis [mailto:rfrdrn@yahoo.com]

Sent: Monday, November 02, 2009 4:39 PM

To: Group 02

Subject: APPEARANCE BEFORE BOARD

To Whom It May Concern:

I would like to request an appearance before the board to assess the status of my license for probationary to active. You may contact me at my new address, 7741 Harborside Dr. Apt B., Camby , IN 46113 or at my e-mail rfrdrn@yahoo.com. Thank you for your consideration.

Sincerely,

Rhonda F. Reddy, RN

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2000 NB 0033

STATE OF INDIANA,)
)
Petitioner,)
)
v.)
)
JOHN DICKELMAN, R.N.,)
LICENSE NUMBER: 28123112A)

FILED
MAR 30 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies John Dickelman ("Respondent"), R.N., 2550 Yeager Road, Building #1-Apartment #4, West Lafayette, Indiana 47906 to appear before the Board on **April 15 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28123112A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated his probation by not complying with the terms and conditions outlined in the Findings of Fact, Conclusions of Law and Order filed on January 31, 2008, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of his Recovery Monitoring Agreement with the Indiana State Assistance Program ("ISNAP"). ISNAP has requested

a timely show cause hearing as his case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED**, this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

John Dickelman, R.N.
2550 Yeager Road, Bldg. #1 Apt. #4
West Lafayette, IN 47906
SENT CERTIFIED MAIL #: 7006 2760 0003 4664 0504
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2000 NB 0033

STATE OF INDIANA,

Petitioner,

v.

JOHN DICKELMAN, R.N.,
License Number: 28123112A

Respondent.

FILED
JAN 31 2008
Indiana Professional
Licensing Agency

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Indiana State Board of Nursing ("Board) held an administrative hearing on January 17, 2008, in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, concerning John Dickelman's ("Respondent") request to reinstate his license as a registered nurse.

Respondent appeared in person and waived his right to be represented by counsel. Laura Wilford, Deputy Attorney General, represented the State of Indiana.

The Board, after considering the evidence presented and taking official notice of the file in this matter, issues the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent, whose mailing address is 2142 West US 40, Apartment 19, Greenfield, Indiana 46140, is a registered nurse with license number 28123112A.

2. Respondent received timely and proper notice of the date, time and location of this hearing pursuant to Indiana Code 4-21.5-3-20.

3. The Board is empowered to hold this administrative hearing pursuant to the authority of Indiana Code 25-1-9-9 and Indiana Code 4-21.5-3.

Exhibit A

4. The Board voted to suspend Respondent's license in October 2001. He had abused street drugs and prescription drugs in the past. In addition, he diverted drugs from his employer and was impaired at work. Ultimately, in 2000, he was convicted of attempting to obtain a controlled substance by fraud and possession of a Schedule IV controlled substance. As a result of his conviction he was incarcerated for nine months.

5. The Respondent submitted a request for reinstatement of his license in November 2007.

6. Since leaving prison, Respondent has undergone treatment for his addiction through several inpatient and outpatient programs throughout the state. In August 2007, he signed a recovery monitoring agreement with the Indiana State Nurses Assistance Program (ISNAP). He has complied with his agreement with ISNAP and Chuck Lindquist of ISNAP testified that he has done well in recovery.

7. Respondent has established that he may practice with reasonable skill and safety to the public if he complies with the terms of his probation.

CONCLUSIONS OF LAW

1. Pursuant to Indiana Code 25-1-9-11: "The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter."

2. Because the Respondent has established that he may practice with reasonable skill and safety to the public if he complies with the terms of his probation, he qualifies for reinstatement of his license on probation.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. The Respondent's license as a registered nurse will be reinstated on INDEFINITE PROBATION. Respondent may petition to have the probationary order withdrawn after successful completion of his recovery monitoring agreement with ISNAP.

2. The Respondent's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Respondent shall keep the Board informed of his residential address and telephone number at all times.

b) Respondent shall keep the Board informed of his nursing employer's or employers' name, address and telephone number at all times.

c) Respondent shall maintain his recovery monitoring agreement with ISNAP and comply with the terms of that agreement.

d) Respondent shall comply with all statutes and rules regulating the practice of nursing.

3. The failure of Respondent to comply with the terms of this order shall subject him to a show cause hearing and the imposition of further sanctions.

ISSUED, the 31st day of January, 2008.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

John Dickelman
2142 West US 40
Apartment 19
Greenfield, Indiana 46140
CERTIFIED MAIL NUMBER: 7002 3150 0003 3035 5858
RETURN RECEIPT REQUESTED
Respondent

Laura Wilford
Deputy Attorney General
402 West Washington Street
IGCS – 5th Floor
Indianapolis, Indiana 46204
Attorney for the State of Indiana

451187

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: March 12th, 2010

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: John Dickelman – License #: 28123112A – Probation

___X___ Mr. Dickelman has a history of suspected diversions and his INSPECT report suggests a possible relapse.

COMMENTS:

*06.09.06 – Mr. Dickelman called to initiate the intake process. His license has been suspended for five years following diversion in 1998, and he was eligible for license re-instatement. Mr. Dickelman never effectively engaged in a recovery monitoring agreement (RMA).
*05.29.07 – Mr. Dickelman called to re-enroll with ISNAP. He was currently in treatment at Gallahue Behavioral Health.
*07.13.07 – Assessment received from Brenda McKinney, LCSW. Mr. Dickelman was diagnosed with poly-substance dependence in full sustained remission.
*07.16.07 – Clinical Team (CT) reviewed Mr. Dickelman's assessment and recommended a standard three year RMA. The RMA was mailed and returned on 08.08.07.
*01.11.08 – Quarterly compliance report and Mr. Dickelman was in full compliance.
*01.17.08 – Mr. Dickelman appeared before the ISBN and his license was re-instated on a "probationary" status for the length of his RMA.
*04.21.08 – Quarterly compliance report and Mr. Dickelman was in full compliance.
*04.23.08 – Mr. Dickelman's urine drug screen (UDS) was positive for alcohol with an EtG of 968 ng/ml. Mr. Dickelman's explanation was that he had taken cough medicine for a cold. No concerns of relapse were expressed by his therapist.
*05.08.08 – Worksite confirmation completed with John Richart, Liberty Dialysis, Lafayette, Indiana, phone #: 765-420-8000.
*05.22.08 – Mr. Dickelman was terminated at work for being "too social" and difficulty "staying on task."
*07.10.08 – Quarterly compliance report and Mr. Dickelman was in partial compliance.
*10.21.08 – Quarterly compliance report and Mr. Dickelman was in full compliance.
*12.05.08 – Worksite confirmation completed with Elaine Smith, Regency Place, Lafayette, Indiana, phone #: 765-477-7791.

Exhibit B

(continued)

*01.05.09 – Mr. Dickelman's worksite monitor (WSM) requested a urine drug screen because there had been some missing medications at work. Mr. Dickelman was doing fine at work but they wanted to rule out the possibility of diversion.
*01.12.09 – Quarterly compliance report and Mr. Dickelman was in full compliance.
*02.13.09 – Mr. Dickelman's WSM called to share concerns that Mr. Dickelman had been taking his backpack into the bathroom frequently during the day. An observed UDS was scheduled. The UDS was negative.
*03.16.09 – Mr. Dickelman informed ISNAP that he had been suspended from his job for not having a waste witnessed and for forging a witness' signature. The WSM confirmed this and also stated that there were other missing controlled substances but they could not substantiate diversion. Mr. Dickelman was asked to do an observed UDS and the UDS was negative. Mr. Dickelman was terminated.
*04.22.09 – Quarterly compliance report and Mr. Dickelman was in full compliance.
*05.19.09 – Worksite confirmation completed with Tracy Schultz, St. Anthony's Healthcare, Lafayette, Indiana, phone #: 765-423-4861.
*07.28.09 – Quarterly compliance report and Mr. Dickelman was in full compliance.
*08.06.09 – Ms. Schultz called to share concerns that Mr. Dickelman may have diverted two fentanyl patches. ISNAP requested that the worksite do an observed UDS. That UDS was positive for fentanyl, hydrocodone and hydromorphone. Mr. Dickelman was terminated.
*08.07.09 – Mr. Dickelman denied the diversion but admitted to taking two vicodin from a friend. He was referred to Dr. Hinchman for a re-assessment and had an appointment for 08.11.09.
*08.18.09 – CT reviewed Dr. Hinchman's recommendations for an intense outpatient program (IOP). Mr. Dickelman's RMA was extended 6 months. Mr. Dickelman engaged in IOP at Wabash Valley.
*10.08.09 – Quarterly compliance report and Mr. Dickelman was in partial compliance.
*01.27.10 – Quarterly compliance report and Mr. Dickelman was in full compliance.
*02.02.10 – Mr. Dickelman informed ISNAP that he had gotten a job at Pickford Cottages in Lafayette, Indiana. Erin Petty was the identified WSM at 765-414-3386.
*02.16.10 – Worksite confirmation completed with Ms. Petty. Ms. Petty shared some concerns that Mr. Dickelman may have taken a couple of vicodin from a resident who is in charge of her own medications. Mr. Dickelman was scheduled to do an observed UDS. Ms. Dickelman missed this UDS and it was treated as positive. He was to be re-assessed by Dr. Hinchman.
*02.24.10 – Assessment received from Dr. Hinchman, Addictionist. The INSPECT report showed that Mr. Dickelman had a prescription filled for hydrocodone on 12.24.09. Mr. Dickelman did not inform ISNAP of the same and denied having the script filled. Dr. Hinchman stated that the "circumstantial evidence would indicate that he probably has relapsed."
*02.24.10 – CT reviewed Dr. Hinchman's assessment and recommended an OTSC hearing.
*03.04.10 – Mr. Dickelman informed ISNAP that he was terminated from Pickford Cottages.
*03.12.10 – Memo requesting a "show cause" hearing typed and e-mailed to the AG's office and IPLA.

Mr. Dickelman's license is currently on probation. Based on his pattern of suspected diversion and terminations, ISNAP is recommending a timely OTSC hearing. To the best of ISNAP's knowledge, he is not currently working as a nurse. However, Mr. Dickelman has no problems attaining employment.

Cc: John Dickelman, 2550 Yeager Road, Building #1 – Ap't #4, West Lafayette, Indiana 47906
Phone #: 765-490-5127 (cell)

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 047

IN THE MATTER OF THE LICENSE OF:)
SHANNON ELIZABETH KIRK, L.P. N.)
LICENSE NUMBER: 27053600A)

FILED
MAR 30 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Shannon Elizabeth Kirk ("Respondent"), L.P.N., 1621 Crimson Lane, Lebanon, Indiana 46052 to appear before the Board on **April 15, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 27053600A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Findings of Fact, Ultimate Findings of fact, Conclusion of Law and Order filed on June 12, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Recovery Monitoring Agreement with the Indiana State Nurses Assistance Program ("ISNAP"). ISNAP has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Shannon E. Kirk, L.P.N.
1621 Crimson Lane
Lebanon, IN 46052
SENT CERTIFIED MAIL #: 7006 2760 0003 4664 0481
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 047

IN THE MATTER OF THE LICENSE OF)
)
SHANNON ELIZABETH KIRK, L.P.N.,)
)
LICENSE NO: 27053600A)

FILED
JUN 12 2009
Indiana Professional
Licensing Agency

FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT,

CONCLUSION OF LAW AND ORDER

The State of Indiana, by Laura E. Wilford, Deputy Attorney General, ("Petitioner"), and Shannon Elizabeth Kirk, L.P.N. ("Respondent"), signed a Settlement Agreement ("Agreement") that purports to resolve all issues involved in the action by the Petitioner before the Indiana State Board of Nursing ("Board") regarding Respondent's license, and that Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the May 21, 2009, meeting, now finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement as if fully set forth herein and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 7-0-0. Incorporated into the Agreement was the consensus of both parties to the following Findings of Fact, Ultimate Findings of Fact, Conclusion of Law and Order. The Board hereby issues the following Findings of Fact, Ultimate Findings of Fact, Conclusion of Law and Order:

FINDINGS OF FACT

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1621 Crimson Lane, Lebanon, Indiana 46052 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27053600A in 2004.

Exhibit A

2. On or around June 5, 2006, Respondent began employment at Planned Parenthood of Indiana ("PPI") located in Indianapolis, Indiana.

3. On or around January 18, 2007, Respondent's employment with PPI was terminated as Respondent called in and picked up prescriptions for Lortab using the name and DEA number of a physician on staff with PPI who did not authorize the prescriptions.

4. On or around March 19, 2007, Respondent initiated intake with the Indiana State Nurses Assistance Program ("ISNAP"). She informed ISNAP she was currently in an Intensive Outpatient Program at St. Vincent's.

5. On or around April 2, 2007, ISNAP received Respondent's assessment from Janet With, LCSW and Dr. Paul Riley, M.D. Respondent was given an opiate dependence and depression NOS diagnosis.

6. On or around April 5, 2007, Respondent entered into a three (3) year Recovery Monitoring Agreement ("RMA") with ISNAP.

7. On or around July 30, 2007, ISNAP's quarterly compliance report showed Respondent to be in significant non-compliance with her RMA.

8. On or around October 31, 2007, Respondent's file with ISNAP was closed for non-compliance and lack of contact.

9. On or around September 9, 2008, Respondent renewed her Indiana nursing license online and answered all questions, "NO," including question number five (5), which asks: "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of you practice as a nurse or as another health care professional?"

ULTIMATE FINDINGS OF FACT

1. The Respondent's conduct violated Indiana Code § 25-1-9-4(a)(4)(D).

2. The Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A).

3. The Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B).

CONCLUSION OF LAW

Respondent's violation is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, letter of reprimand, probation, suspension, revocation, and a fine up to the amount of $1,000 per violation as detailed in Ind. Code §25-1-9-9.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent's Indiana nursing license shall be placed on **INDEFINITE PROBATION** subject to the following terms and conditions:

   A. Respondent may petition for withdrawal of probation once she has successfully completed her ISNAP RMA; and

   B. Respondent shall remain in complete compliance with her ISNAP RMA while on probation.

2. Prior to petitioning for withdrawal of probation, Respondent shall pay a **FINE** in the amount of **FIVE HUNDRED DOLLARS ($500.00)** payable to the Indiana Professional Licensing Agency.

3. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Settlement Agreement may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

SO ORDERED, this 12th day of June, 2009.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Shannon Elizabeth Kirk, L.P.N.
1621 Crimson Lane
Lebanon, IN 46052
SENT CERTIFIED MAIL NO. 7002 0510 0002 5862 2763
RETURN RECEIPT REQUESTED.

Deputy Attorney General Laura E. Wilford
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: March 9th, 2010

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: Shannon E. Kirk
License #: 27053600A – Probation

___X___ Ms. Kirk has been in significant non-compliance with her recovery monitoring agreement (RMA).

COMMENTS:

*03.19.07 – Ms. Kirk called to initiate the intake process. She was referred by the Attorney General's Office for calling in a prescription for herself. Ms. Kirk had been diagnosed with opioid dependence by St. Vincent's Stress Center where she was in the intense outpatient program (IOP).
*04.03.07 – Clinical Team (CT) reviewed Ms. Kirk's assessment and recommended a three year RMA. The RMA was mailed and returned on 04.18.07.
*10.31.07 – Ms. Kirk's file was closed and forwarded to the Attorney General's office for non-compliance.
*04.07.09 – Ms. Kirk called to re-enroll with ISNAP. Ms. Kirk stated that she had been clean and sober for three years.
*05.04.09 – Assessment received from Neal Williams, LCSW, Behavior Corp. Ms. Kirk was given an opioid withdrawal by history and provisional opioid abuse in full sustained remission diagnosis.
*05.22.09 – CT reviewed Ms. Kirk's request for access to controlled substances. This was supported by Ed Burns, her current therapist. CT authorized access to controlled substances. CT recommended a three year RMA.
*05.21.09 – Ms. Kirk's appeared before the ISBN and her license was placed on "indefinite probation" for the length of her RMA.

Exhibit B

(continued)

*05.25.09 – Worksite confirmation completed with Raelene Wing, DON, Hickory Creek Nursing Home, phone # : 765-482-6391.
*05.26.09 – The RMA was mailed to Ms. Kirk and returned on 07.14.09.
*06.09.09 – The needs assistance fund (NAF) was mailed to Ms. Kirk.
*06.17.09 – A peer of Ms. Kirk informed ISNAP of her concerns that Ms. Kirk appears impaired at work. Hickory Creek agreed to ask Ms. Kirk to submit to a urine drug screen (UDS).
*08.07.09 – Ms. Kirk informed ISNAP that she had been terminated from Hickory Creek.
*08.26.08 – Ms. Kirk's UDS was positive for methadone. Ms. Kirk denied use. She was referred to Dr. Hinchman for re-assessment.
*09.02.09 – The NAF application was mailed to Ms. Kirk.
*09.16.09 – Ms. Kirk's brother-in-law shared concerns that Ms. Kirk has been minimizing her drug use with family. He stated that he had seen Ms. Kirk walk into a 'drug house.'
*09.18.09 – Ms. Kirk's mother shared concerns about her daughter's behaviors.
*09.23.09 – Ms. Kirk had enrolled in the IOP at Methodist Hospital.
*10.07.09 – Ms. Kirk was sent a letter stating that she must pay her bill with Witham to remain in ISNAP.
*10.26.09 – CT reviewed Ms. Kirk's relapse, would require completion of the IOP and aftercare, and extended her RMA three months.
*11.04.09 – Quarterly compliance report and Ms. Kirk was in significant non-compliance, this in part, due to her relapse.
*11.23.09 – CT reviewed Ms. Kirk's non-compliance and extended her RMA for three months. Any further non-compliance would result in an OTSC hearing.
*02.04.10 – Quarterly compliance report and Ms. Kirk was in significant non-compliance.
*02.23.10 – CT reviewed Ms. Kirk's non-compliance and recommended an OTSC hearing.
*03.09.10 – Memo requesting an OTSC hearing typed and e-mailed to the AG's office/IPLA.

Ms. Kirk's license is currently on probation. Based on Ms. Kirk's relapse and non-compliance, ISNAP is recommending a timely OTSC hearing as ***her case dynamics may be consistent with possible imminent risk to public safety.*** To the best of ISNAP's knowledge, Ms. Kirk is not working as a nurse.

Cc: Shannon E. Kirk, 1621 Crimson Lane, Lebanon, Indiana 46052
Phone #: 317-702-1702

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0154

STATE OF INDIANA)
)
Petitioner,)
)
v.)
)
VIOLET LANAE THOMPSON., L.P.N.)
License Number: 27046741A)
)
Respondent.)

FILED
MAR 30 2010
Indiana Professional
Licensing Agency

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Violet Lanae Thompson, L.P.N., 318 South 6th Street Apartment 1, Lafayette, Indiana 47901.

2. This notice is being given to counsel for Petitioner, State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2007 NB 0154.

4. This hearing is to determine whether the terms of probation on Respondent's L. P. N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. §25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Findings of Fact, Conclusions of Law and Order filed June 27, 2008, and the petition to Withdraw Probation submitted by Respondent on January 15, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C.§ 4-21.5-3.

All of which is **ORDERED** this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Violet Lanae Thompson, L.P.N.
318 South 6th Street Apt. 1
Lafayette, IN 47901
CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0436
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0154

STATE OF INDIANA,

Petitioner,

v.

VIOLET LANAE THOMPSON, L.P.N.,
License Number: 27046741A

Respondent.

FILED
JUN 27 2008
Indiana Professional
Licensing Agency

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Indiana State Board of Nursing ("Board) held an administrative hearing on June 19, 2008, in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, concerning Violet Lanae Thompson's ("Respondent") request to reinstate her license as a practical nurse.

Respondent appeared in person and waived her right to be represented by counsel. Morgan Wills, Deputy Attorney General, represented the State of Indiana.

The Board, after considering the evidence presented and taking official notice of the file in this matter, issues the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent, whose mailing address is 3326 Bunting Lane, Lafayette, Indiana 47909, is a practical nurse with license number 27046741A.

2. Respondent received timely and proper notice of the date, time and location of this hearing pursuant to Indiana Code § 4-21.5-3-20.

3. The Board is empowered to hold this administrative hearing pursuant to the authority of Indiana Code § 25-1-9-11 and Indiana Code § 4-21.5-3.

Exhibit A

4. The Board voted to suspend Respondent's license in October 2007 because she did not answer the questions on her renewal application truthfully. She was convicted of driving under the influence in August 2006 and did not inform the Board of that fact.

5. The Respondent submitted a request for reinstatement of her license in March 2008.

6. At the hearing on reinstatement, Respondent testified that she has complied with the Board's order when it suspended her license. She has paid all fines and costs as well as submitting evidence of participation in counseling and a copy of her previous psychological evaluation. She has been evaluated by Indiana State Nurses Assistance Program and is not a candidate for that program.

7. Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation.

CONCLUSIONS OF LAW

1. "The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter." IND. CODE § 25-1-9-11.

2. Because the Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation, she qualifies for reinstatement of her license on probation.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. The Respondent's license as a practical nurse will be reinstated on INDEFINITE PROBATION. Respondent may petition to have the probationary order withdrawn after one (1) year from the date of this order.

2. The Respondent's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Respondent shall keep the Board informed of her residential address and telephone number at all times.

b) Respondent shall keep the Board informed of her nursing employer's or employers' name, address, and telephone number at all times.

c) Respondent shall present this order to her employer and have the employer sign a copy and return it to the Board within seven days from when the order was issued.

d) Respondent will cause her nursing employer to submit quarterly written reports to the Board advising the Board of her professional competence, sense of responsibility, work habits, mental attitude and ability to work with others. If Respondent is unemployed while on probation, she will submit a written personal report to the Board.

e) Respondent shall comply with all statutes and rules regulating the practice of nursing.

3. The failure of Respondent to comply with the terms of this order shall subject her to a show cause hearing and the imposition of further sanctions.

ISSUED, the 27 day of June, 2008.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Violet L. Thompson, L.P.N.
3326 Bunting Lane
Lafayette, Indiana 47909
CERTIFIED MAIL NUMBER: 7006 2760 0003 4663 7276
RETURN RECEIPT REQUESTED
Respondent

Morgan Wills
Deputy Attorney General
402 West Washington Street
IGCS – 5th Floor
Indianapolis, Indiana 46204
Attorney for the State of Indiana

Violet L. Thompson
License No: 27046741A.

January 13, 2010

To Whom it may Concern:

I am writing to petition the Nursing Board to Grant me, Violet Thompson License number 27046741A a hearing to lift the probation status that is currently on my license. I have been having difficulty obtaining a nursing position due to the probationary status of my nursing license. However, I have held a custodial position for over one year at Purdue University. I am enclosing evaluations from the last year. Also a recommendation letter from current supervisor. Also I am currently attending IVY Tech State College with a goal of obtaining an associates degree in nursing.

Thank You

Violet L Thompson
27046741A

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2005 NB 0211

IN THE MATTER OF THE LICENSE OF)
)
MARY CAHILL, R.N.)
)
LICENSE NUMBER: 28092854A)

FILED
MAR 3 0 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Mary Cahill, R.N., 15934 LeBaron Lane, Huntertown, Indiana 46748.

2. This notice is being provided to counsel for the Board, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2005 NB 0211.

4. This hearing is to determine whether the terms of probation on Respondent's R.N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Decision on License Renewal filed December 28, 2005, and the Petition to Withdraw Probation submitted by Respondent on February 18, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C. §4-21.5-3.

ORDERED this 30 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Mary Cahill, R.N.
15934 LeBaron Lane
Huntertown, IN 46748
CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0511
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA
STATE OF NURSING
Cause Number: 2005 NB 0011

IN THE MATTER OF THE
LICENSE RENEWAL
APPLICATION OF
MARY CAHILL
License Number 28092854A

FILED
DEC 28 2005
Indiana Professional
Licensing Agency

DECISION ON LICENSE RENEWAL

Mary Cahill, R.N., ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on December 15, 2005 in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Applicant appeared to explain her application to renew her license as a registered nurse. During the application process, Cahill revealed that she had been disciplined at work. After considering the statements of the Applicant and the contents of her file, the Board issues the following Decision:

BACKGROUND

1. Applicant has a mailing address of 6416 Post Brook Lane, Fort Wayne, Indiana, 46835. Her license number is 28092854A.

2. Applicant applied to renew her license as a registered nurse in 2005.

3. In December 2004, the Applicant had been disciplined at work for unsatisfactory work quality among other things. She was required to take three days off without pay.

4. Applicant maintained that her problems at work were an indirect result of the fact that she was in an abusive marital relationship that she has since terminated.

5. Applicant may practice nursing under the terms and conditions set out below. The Applicant agrees to these terms.

TERMS AND CONDITIONS

Based on the foregoing, the Board issues the following DECISION:

1. The Applicant's license as a registered nurse is renewed and placed on INDEFINITE PROBATION. Applicant may petition to have the

Exhibit A

probationary terms withdrawn after six (6) months of active nursing practice and after the Board has reviewed at least two quarterly employer reports.

2. The Applicant's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

(A) Applicant shall keep the Board informed of her residential address and telephone number at all times.

(B) Applicant shall keep the Board informed of her nursing employer's or employers' name, address and telephone number at all times.

(C) Applicant shall be responsible for causing her nursing employer to submit quarterly supervisor reports addressing attendance, competency, ability to work with others and successful completion of an orientation (if necessary).

(D) Applicant shall comply with all statutes and rules regulating the practice of nursing.

3. The failure of Applicant to comply with the terms of the decision shall subject her to a show cause hearing and the imposition of further sanctions.

ISSUED, the 28 day of December, 2005.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

NOTICE OF RIGHT TO OBJECT TO DECISION

The Applicant may object to the decision of the Board to place her license on probation but any objection must be filed with the Indiana State Board of Nursing identifying the basis of the objection with reasonable particularity, no later than eighteen (18) days from the ISSUANCE of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours.

Copy to:

Mary Cahill, R.N.
6416 Post Brook Lane
Fort Wayne, Indiana 46835
CERTIFIED MAIL NUMBER: 7002 2410 0002 4164 8188
RETURN RECEIPT REQUESTED

February 15, 2010

Mary Cahill
License #28092854A
15934 LeBaron Lane
Huntertown, IN 46748

To: Indiana Professional Licensing Agency
Attn: Nursing Board and Lisa Chapman, Litigation Specialist
402 West Washington Street, Room 072
Indianapolis. IN 46204

Dear Lisa Chapman and Nursing Board,

I, Mary Cahill, respectfully appeal to the Professional Licensing Agency to consider lifting my probationary status that was issued on December 5, 2005.

I have been employed by Woodview Healthcare, a long term care facility, since October 28, 2008. I have remained in compliance with the Nursing Board statutes during my probationary term. I have two quarterly reports on file from my current employer addressing my work performance.

I humbly request for reinstatement of my Professional Nursing License to active status based on my compliance and competency as a Registered Nurse.

I will look forward to your reply with a date set to appear before the Nursing Board.

Thank you,

Mary Cahill RN

Mary Cahill, RN

Exhibit B

RECEIVED
FEB 16 2010
Indiana Professional
Licensing Agency

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 011

IN THE MATTER OF THE LICENSE OF:	)
	)
STEPHANIE DEON BOWMER, L.P.N.	)
	)
LICENSE NO: 27038898A	)
	)
RESPONDENT	)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Stephanie Deon Bowmer, L.P.N., 707 South Huntsville Road, Winchester, IN 47394.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 011.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 31, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 01 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Stephanie Deon Bowmer
707 S. Huntsville Rd.
Winchester, IN 47394
CERTIFIED MAIL NO. 7008 3230 0000 0200 7312
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 011

IN THE MATTER OF THE LICENSE OF
STEPHANIE DEON BOWMER, L.P.N.
LICENSE NO: 27038898A

FILED
MAR 31 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Stephanie Deon Bowmer, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 707 South Huntsville Road, Winchester, IN 47394 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27038898A in 1994.

2. In January 2004, Respondent began her employment at The Waters of New Castle in New Castle, Indiana.

3. On or around July 22, 2004, Respondent's employment was suspended for three days at The Waters of New Castle because she was tardy fourteen times between March and July 2004.

4. In August 2004, Respondent resigned from The Waters of New Castle.

Exhibit A

5. On or around September 2, 2004, Respondent began her employment with Randolph Nursing Home and Rehabilitation Center (Randolph Nursing Home) in Winchester, Indiana.

6. On or around October 20, 2004, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

7. On or around December 2, 2004, Respondent received a written reprimand at Randolph Nursing Home for tardiness.

8. Between November 22, 2005 and January 25, 2006, Respondent fraudulently phoned in six prescriptions for herself, five for Lortab and one for Vicodin, under the names of Dr. Jason Phelps, Dr. Allison Syme and Megan Boogaart, N.P.

9. On or around January 26, 2006, Respondent admitted herself to Fairbanks due to a reported addiction to Vicodin. Respondent stated to the Fairbanks assessor that she started drinking and smoking marijuana when she was fourteen and that she drinks about once a month and smokes marijuana about every six months. Respondent stated that she started using opiates, particularly Vicodin, beginning in 2004 and that she took between fifteen to twenty tablets a day. She reported her last use was on January 25, 2006 when she took ten Vicodin tablets. Respondent also reported that she started taking codeine four months prior. Respondent was diagnosed with opioid analgesic dependence, depression and alcohol abuse. Respondent was discharged from Fairbanks on or around February 4, 2006.

10. On or around April 3, 2006, Respondent referred herself to the Indiana State Nurses Assistance Program (ISNAP).

11. On or around April 21, 2006, ISNAP received Fairbanks' assessment which diagnosed her with opioid dependence, depression and alcohol abuse.

12. On or around May 15, 2006, Respondent signed a three-year Recovery Monitoring Agreement (RMA) with ISNAP.

13. On or around June 8, 2006, Respondent's urine drug screen was dilute with a creatinine level of 0.20.

14. On or around June 12, 2006, Respondent's urine drug screen was dilute with a creatinine level of 0.11.

15. On or around June 27, 2006, Respondent's urine drug screen was dilute with a creatinine level of 0.19.

16. On or around July 10, 2006, Respondent's urine drug screen was dilute with a creatinine level of 0.18.

17. On or around July 31, 2006, Respondent was a "no-call, no-show" at Randolph Nursing Home. As a result her employment was terminated; however, it was considered a voluntary termination.

18. On or around August 11, 2006, Respondent's urine drug screen was dilute with a creatinine level of 0.20.

19. On or around September 18, 2006, Respondent began her employment with Parkview Nursing in Muncie, Indiana.

20. On or around October 25, 2006, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever

been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

21. On or around February 28, 2007, Respondent's urine drug screen was dilute with a creatinine level of 0.18.

22. On or around April 3, 2007, Respondent's urine drug screen was dilute with a creatinine level of 0.17.

23. On or around June 8, 2007, Respondent reported to ISNAP that she was unable to do a urine drug screen because the drop site was closed.

24. On or around October 7, 2007, Respondent was in partial compliance with her RMA, because she failed to submit her addictionist report.

25. On or around November 27, 2007, Respondent received a "first notice" at Parkview Nursing for having three absences and two tardies since March 2007.

26. On or around November 28, 2007, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

27. On or around January 15, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA, because she missed two urine drug screens and did not submit her self-report or meeting logs.

28. On or around January 24, 2008, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

29. On or around February 22, 2008, Respondent reported to ISNAP that she was unable to do a urine drug screen because the weather was bad.

30. On or around March 10, 2008, Respondent reported to ISNAP that she was unable to do a urine drug screen because her son was in a car accident.

31. On or around April 17, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA, because she missed two urine drug screens.

32. On or around May 2, 2008, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

33. On or around June 18, 2008, Respondent was charged with Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony, in Randolph County, Indiana Superior Court under Cause Number 68D01-0806-FD-0339, based upon her phoning in fraudulent prescriptions between November 2005 and January 2006.

34. On or around July 2, 2008, Respondent received a "first notice" at Parkview Nursing for having four absences and four tardies since August 2007. Respondent also reported to ISNAP that she was unable to do a urine drug screen on June 20, 2008 because she forgot to call to see if she was scheduled to do one.

35. On or around July 9, 2008, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

36. On or around July 17, 2008, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA, because she missed four urine drug screens.

37. On or around August 13, 2008, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

38. On or around September 2, 2008, Respondent's RMA was extended three months due to her significant non-compliance.

39. On or around October 8, 2008, Parkview Nursing's administrator reported to ISNAP that Respondent was suspected of diverting a fentanyl patch; however, Respondent's observed urine drug screen tested negative.

40. On or around October 27, 2008, Respondent reported to ISNAP that her urine drug sample spilled on October 24, 2008 and she asked if her urine drug screen could be rescheduled.

41. On or around October 31, 2008, Respondent renewed her Indiana nursing online and answered "no" to the question, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

42. On or around November 21, 2008, Respondent's charges in Randolph County Superior Court were amended and Respondent was charged with Conversion, a Class D Felony, instead of Obtaining a Controlled Substance by Fraud or Deceit. The Court then approved a pre-trial diversion agreement.

43. On or around November 24, 2008, Respondent reported to ISNAP that she was unable to do a urine drug screen on November 21, 2008 because she fell asleep and forgot to submit to one.

44. On or around December 30, 2008, Respondent's employment was terminated from Parkview Nursing. Respondent documented that she administered pain medications every four hours to G. C. even though the order was for every six hours. Respondent also documented that she administered Darvocet to a patient who was on a leave of absence from the facility. Finally, Respondent gave the emergency drug kit keys to another nurse without remaining with the nurse while it was opened.

45. On or around January 5, 2009, Respondent began her employment at Meadowbrooke Rehabilitation Center (Meadowbrooke) in Anderson, Indiana.

46. On or around January 6, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

47. On or around January 14, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

48. On or around January 16, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA, because she did not submit her addictionist report and missed two urine drug screens.

49. On or around February 2, 2009, at the end of Respondent's shift at Meadowbrooke, another nurse report that she found a medication cup in the top drawer of the medication cart that Respondent was using with one morphine and one hydrocodone tablet in it for H. D. These medications were not scheduled to be administered at the same time, but were scheduled to be administered with other medications respectively. There were no other medications in the medication cup or in the top drawer of the medication cart. A notation was made in Respondent's employment file, but no further action was taken.

50. On or around February 15, 2009, ten oxycodone tablets were discovered missing at Meadowbrooke. All of the nurses who had worked in the previous twenty-four hours were asked to come to the facility to submit to a urine drug screen, including Respondent. Respondent attempted to take two urine drug screens but was unable to produce a sample. Respondent came back to the facility on February 16, 2009 and her urine drug screen tested negative. It was then discovered that Respondent documented

on February 12, 2009 that L. S. had twenty-one hydrocodone tablets left in her prescription. Then, on February 13, 2009, she documented that she administered one hydrocodone tablet to L. S., but noted that there were nineteen hydrocodone tablets left. Respondent was the only nurse who had administered hydrocodone to this patient and she could not account for the missing hydrocodone tablet. Finally, it was also discovered that Respondent did not clock-out when she went on lunch on February 10, 2009. Respondent's employment was then terminated for failing to clock-out when she went on lunch and for her narcotic count discrepancies.

51. On or around February 18, 2009, Respondent completed an "Employment Application" with Golden Living Center in Richmond, Indiana. Respondent stated that she left Meadowbrooke because "I am unsatisfied with my employment" and she also stated that she left Parkview Nursing because "I thought I had better employment opportunity."

52. On or around March 2, 2009, Respondent's RMA was extended three months due to her significant non-compliance.

53. On or around March 25, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

54. On or around April 1, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

55. On or around April 23, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

56. On or around May 11, 2009, Respondent's urine drug screen was dilute with a creatinine level of 0.17.

57. On or around May 20, 2009, Respondent's charges in Randolph County Superior Court were dismissed after she completed the pre-trial diversion program.

58. On or around June 11, 2009, Respondent began her employment at Golden Living Center.

59. On or around June 18, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

60. On or around June 24, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

61. On or around July 1, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

62. On or around July 10, 2009, Respondent was scheduled to do an observed urine drug screen through Witham Laboratories (Witham), but Respondent refused to submit to one, but she did submit an unobserved urine drug screen.

63. On or around July 13, 2009, Golden Living Center's administrator informed ISNAP that Respondent was suspected of diverting drugs after an alert and oriented patient claimed he did not receive his pain medication for three days, even though Respondent documented on the medication administration record that she administered pain medication to the patient every four hours when she worked. Respondent stated that she crushed the medication and placed it in the patient's food and that is why the patient thought he did not receive his pain medication. This patient did not have an order for crushed medications. Another patient also reported that she took a Lortab, but it made her sick so she stopped taking it; however, Respondent continued to document that she administered Lortab to this patient. Respondent was asked to submit

to an observed urine drug screen at Golden Living Center, but she did not do so. Respondent's employment was then terminated from Golden Living Center for refusing to submit to a urine drug screen and falsifying patient records. Respondent did submit to a urine drug screen through Witham and this urine drug screen tested positive for morphine.

64. On or around July 16, 2009, ISNAP received the results of Respondent's July 10, 2009 urine drug screen with Witham. This drug screen also tested positive for morphine. Respondent denied using morphine; however, Respondent's addicitionist considered this a relapse.

65. On or around July 27, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance with her RMA, because she did not submit several reports and missed one urine drug screen.

66. On or around August 5, 2009, Respondent reported to ISNAP that she was unable to do a urine drug screen because she could not afford it.

67. On or around August 26, 2009, Respondent informed her therapist that she used morphine for two days while visiting a friend in July 2009. Respondent was referred to an intensive outpatient program and the length of her RMA was extended an additional year due to this relapse.

68. On or around September 8, 2009, Respondent's RMA was extended an additional three months due to her non-compliance.

69. On or around September 22, 2009, Respondent began her employment with Community Parkview Nursing Center in Elwood, Indiana. Respondent did not inform ISNAP until after she began her employment.

70. On or around October 12, 2009, Respondent completed her intensive outpatient program.

71. On or around October 23, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA, because she did not submit her addictionist's report, had two positive urine drug screens in July 2009 and relapsed.

72. On or around November 4, 2009, Respondent's therapist reported to ISNAP that Respondent had not been attending her aftercare meetings. Additionally, Respondent's urine drug screen was dilute with a creatinine level of 0.19.

73. On or around December 11, 2009, Community Parkview Nursing Center's administrator learned that four vials of morphine were found on a medication cart on the hall that Respondent worked on with the safety caps removed. A review of the patient charts was made and it was discovered that no morphine had been administered. A laboratory test revealed that the vials did not contain morphine but that the morphine had been replaced by another solution.

74. On or around December 14, 2009, Respondent, and the other employees who worked on the hall where the tampered morphine vials were found, were interviewed by Community Parkview Nursing Center's security personnel. All denied knowing about the tampered vials, including Respondent, and all denied that they were being monitored by any agency for drug or alcohol problems, including Respondent. The security personnel reviewed the employment files of all those interviewed and learned that Respondent was in ISNAP. After calling ISNAP, the security personnel discovered that

Respondent was prohibited from having any access to controlled substances. Respondent had not previously disclosed this.

75. On or around December 21, 2009, Respondent's RMA with ISNAP was closed due to her pattern of suspected diversion and for failing to receive permission to work from ISNAP. Also, Respondent's employment was terminated from Community Parkview Nursing Center for failing to disclose that she was not allowed to have access to controlled substances per the terms of her RMA in ISNAP.

76. On or around February 2, 2010, the Board issued an order summarily suspending Respondent's license for ninety days, effective January 21, 2010.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was suspended at The Waters of New Castle in July 2004 on her October 2004 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that she was reprimanded at Randolph

Nursing in December 2004 for tardiness on her October 2006 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose her pending criminal charges in Randolph County Superior Court on her October 2008 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by the fact that Respondent fraudulently phoned in prescriptions for herself for Lortab and Vicodin between November 2005 and January 2006 without a physician's permission.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by the fact that Respondent failed to accurately explain why her employment ended with Meadowbrooke and Parkview Nursing on her February 2009 employment application with Golden Living Center.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VI

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities, to wit, 848 IAC 2-2-3(6), falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record, as evidenced by her documentation that she administered Darvocet to a patient at Parkview Nursing, even though the patient was not in the facility at the time and for documenting that she administered pain medication to two residents at Golden Living Center in July 2009 even though both residents claimed they did not receive their pain medication.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VII

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behavior in providing nursing care as evidenced by her administering pain medication to a patient every four hours at Parkview Nursing, even though the patient's order was for every six hours; leaving a cup containing one morphine and one hydrocodone tablet laying in a medication cart at Meadowbrooke; and, failing to administer pain medication to a resident at Golden Living Center.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VIII

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that impair her ability to practice safely as evidenced by Respondent's act of phoning in fraudulent prescriptions for Lortab and Vicodin; Respondent's admitted addiction to Vicodin and use of marijuana and alcohol; Respondent's substance abuse diagnoses of opioid dependence and alcohol

abuse; Respondent's narcotic documentation discrepancies at Parkview Nursing and Golden Living Center; Respondent's positive urine drug screens and admitted relapse on morphine in July 2009; Respondent's dilute urine drug screens; and, Respondent's closure from ISNAP due to her pattern of significant non-compliance.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IX

1. Respondent violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by Respondent's act of phoning in fraudulent prescriptions for Lortab and Vicodin; Respondent's documentation that she administered Darvocet to a patient at Parkview Nursing, even though the patient was not at the facility; Respondent's narcotic documentation discrepancies at Meadowbrooke; and, Respondent's documentation that she administered pain medication to two residents at Golden Living Center, even though both residents denied receiving pain medication.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: _____
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United Parcel Service Ground, on this 31st day of March, 2010.

Stephanie Bowmer
707 South Huntsville Rd.
Winchester, IN 47394

By: D R C

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 239

IN THE MATTER OF THE LICENSE OF)
)
RITA M. TATTERSALL, L.P.N.)
)
LICENSE NO: 27053856A)

FILED
MAR 30 2010
Indiana Professional Licensing Agency

ORDER ACCEPTING AGREEMENT FOR SUMMARY SUSPENSION

The State of Indiana ("Petitioner"), by Darren R. Covington, Deputy Attorney General and Rita M. Tattersall, L.P.N. ("Respondent") signed an Agreement for Extension of Summary Suspension ("Agreement"), which was filed on March 17, 2010 whereby the Respondent's Indiana nursing license is voluntarily summarily suspended for an additional thirty (30) days.

The Board, after reviewing the Agreement at the March 18, 2010 meeting, and finding that an emergency exists and that Respondent represents a clear and immediate danger to the public health and safety if allowed to practice nursing in the State of Indiana, now finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Board, by a vote of 5-0-0, approves and adopts in full the Agreement for Extension of Summary Suspension.

WHEREFORE, RESPONDENT IS ORDERED to immediately cease and desist all acts constituting the practice of nursing for **thirty (30) days**.

SO ORDERED, this 30 day of March, 2010; **this Order is effective as of March 18, 2010.**

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Rita M. Tattersall, L.P.N.
403 N. Green St.
Greentown, IN 46936
SENT CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0382
RETURN RECEIPT REQUESTED

Darren R. Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 239

IN THE MATTER OF THE LICENSE OF:	)
	)
RITA M. TATTERSALL, L.P.N.	)
	)
LICENSE NO: 27053856A	)
	)
RESPONDENT	)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Rita M. Tattersall, L.P.N., 403 N. Green Street, Greentown, IN 46936.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2009 NB 239.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed March 31, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 01 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Rita M. Tattersall
403 N. Green Street
Greentown, IN 46936
CERTIFIED MAIL NO. 7008 3230 0000 0200 7329
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 239

IN THE MATTER OF THE LICENSE OF)
)
RITA M. TATTERSALL, L.P.N.)
)
LICENSE NO: 27053856A)

FILED
MAR 31 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Rita M. Tattersall, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Board is 403 N. Green St., Greentown, IN 46936 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27053856A in 2004.

2. On or around October 8, 2007, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP) after Respondent's therapist at Fairbanks notified ISNAP that Respondent was admitted for treatment of chemical dependence. Respondent reported to ISNAP that she drank six to twelve beers a day, with her last use in April 2007, that she took Xanax 3mg once a day, with her last use in September 2007, that she took Lortab 100mg once a day, with her last use in September 2007 and that she took six to seven Ephedra tablets a day, with her last use in September

Exhibit A

2007. Respondent also reported that she took a urine drug screen on September 14, 2007 and tested positive for marijuana. Respondent was diagnosed with sedative and opioid dependence.

3. On or around October 18, 2007, Respondent signed a three-year Recovery Monitoring Agreement (RMA) with ISNAP.

4. On or around April 18, 2008, Respondent began her employment with Century Villa in Greentown, Indiana.

5. On or around July 25, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA because she did not submit her therapist's report.

6. On or around January 23, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA because she did not submit her therapist's report.

7. On or around February 9, 2009, Respondent's urine drug screen was dilute with a creatinine level of 0.18.

8. On or around March 30, 2009, Respondent's urine drug screen tested positive for propoxyphene (Darvocet), with a creatinine level of 0.23. Respondent did not have a prescription for Darvocet, denied intentionally using Darvocet and stated that she may have taken a Darvocet from a co-worker believing it was generic Tylenol.

9. On or around April 23, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA because she had a positive urine drug screen on March 30, 2009.

10. On or around May 15, 2009, ISNAP extended Respondent's RMA for three months due to her positive urine drug screen.

11. On or around July 8, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA because she missed two urine drug screens.

12. On or around August 15, 2009, an investigation at Century Villa revealed that approximately 400 tablets of narcotic medications, including Lortab and Darvocet, were missing from a cabinet which held medications that were to be destroyed. Respondent was questioned about the missing narcotics and admitted to diverting these tablets for her own personal use rather than wasting them. Respondent indicated that she started using approximately ten Lortab tablets a day beginning in December 2008. As a result, Respondent's employment was terminated.

13. On or around August 19, 2009, Century Villa's administrator reported to ISNAP that Respondent's employment was terminated due to her drug diversion.

14. On or around September 2, 2009, ISNAP extended Respondent's RMA for six months after she relapsed by diverting narcotics at Century Villa.

15. On or around September 10, 2009, Respondent completed an "Application for Employment" with Community Home Health Network, a home healthcare services agency in Kokomo, Indiana. Respondent stated that she left Century Villa for a "different experience." Respondent also stated in her interview that she was in ISNAP due to her addiction to alcohol and not due to an addiction to narcotics.

16. On or around September 17, 2009, Respondent began her employment with Community Home Health Network.

17. On or around October 1, 2009, Respondent was charged in Howard County, Indiana Superior Court with Theft, a Class D Felony, in Cause Number 34D04-0910-FD-00147 for stealing approximately 400 Lortab tablets from Century Villa.

18. On or around November 4, 2009, Respondent was discharged from Community Home Health Network due to work-force reductions. Respondent was eligible to be rehired.

19. On or around November 5, 2009, Community Home Health Network learned that Respondent's employment was terminated from Century Villa because she stole narcotics and that Respondent was subsequently arrested. Later that day, Respondent returned to Community Home Health Network to retrieve her last paycheck and was informed that she was not eligible to be rehired due to her failure to inform them that her employment was terminated from Century Villa and that she was arrested.

20. Still later that day, on November 5, 2009, Respondent went to the home of R. K., a patient of Community Home Health Network. Respondent told R. K. that she needed to check her medications. Due to Respondent's ISNAP restrictions, Respondent was not permitted to handle medications. Respondent checked her medications and then left. R. K. called her daughter because she thought it was suspicious that Respondent would only look at her medications and not take her vitals as other nurses who visited did. R. K.'s daughter counted R. K.'s medication and found that there were twenty-one hydrocodone tablets, even though the previous day R. K.'s daughter noted there were approximately 100 tablets.

21. On or around November 6, 2009, Respondent returned to the home of R. K. again, checked R. K.'s medications and then left. After Respondent left, R. K.

counted the medication and noted there were only fourteen, even though she had not used any since Respondent's last visit on November 5, 2009.

22. On or around November 8, 2009, R. K.'s daughter reported the theft of R. K.'s medication to Community Home Health Network and the Kokomo Police Department. When questioned by police, R. K. stated that she only took about one tablet per week as needed.

23. On or around November 9, 2009, R. K. identified Respondent as the individual who came to her home on November 5 and 6, 2009 and handled her medications in a photographic line-up conducted by the Kokomo Police Department.

24. On or around November 11, 2009, Respondent's former worksite monitor at Community Home Health Network reported to ISNAP that Respondent was arrested for stealing narcotics from Century Villa in October 2009 and Respondent stole narcotics from a patient of Community Home Health Network at the patient's home after Respondent's employment was discharged.

25. On or around November 12, 2009, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA because she failed to submit her self-reports, therapist report and meeting logs.

26. On or around November 13, 2009, Respondent told ISNAP that she did not steal any medications from a patient and that she did not go back to any patient's home after she was discharged. ISNAP then contacted Respondent's former worksite monitor who stated that the patient identified Respondent as the individual who came to her home and took her medications. Respondent was then informed that she was

identified in a photographic line-up and Respondent stated that the patient probably identified her because her picture had been in the newspaper.

27. On or around November 16, 2009, Respondent's addictionist stated in his quarterly report to ISNAP that Respondent was not safe to practice nursing.

28. On or around December 2, 2009, Respondent was charged in Howard County Superior Court with Theft, a Class D Felony, in Cause Number 34D04-0912-FD-00193, stemming from her diversion of hydrocodone from R. K.

29. On or around December 4, 2009, ISNAP closed Respondent's RMA was terminated because Respondent relapsed in November 2009.

30. On or around December 10, 2009, the Indiana State Board of Nursing (Board) approved an "Agreement for Summary Suspension" between the Petitioner and Respondent, which placed Respondent's license on summary suspension for ninety days.

31. On or around February 11, 2010, An Amended Information charged Respondent with Conversion, a Class A Misdemeanor, in Howard County Superior Court in Cause Number 34D04-0912-FD-00147, in addition to Respondent's pending charge for Theft.

32. On or around March 12, 2010, Respondent pled guilty to Conversion, a Class A Misdemeanor, in Howard County Superior Court in Cause Number 34D04-0912-FD-00147. Pursuant to the plea agreement, Respondent's Theft charge in Cause Number 34D04-0912-FD-00147 and Respondent's Theft charge in Cause Number 34D04-0912-FD-00193 were dismissed. Respondent received a one year suspended sentence, one year of probation and was ordered to complete a drug and alcohol program as directed by the Probation Department.

33. On or around March 18, 2010, the Board approved an Agreement for Extension of Summary Suspension which extended Respondent's summary suspension for an additional thirty (30) days.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to accurately explain why her employment ended with Century Villa on her employment application with Community Home Health Network.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(2)(A) in that Respondent has been convicted of a crime that has a direct bearing on her ability to practice competently as evidenced by her guilty plea to Conversion in Howard County Superior Court on March 12, 2010, stemming from her diversion of narcotics from Century Villa.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(2)(B) in that Respondent has been convicted of a crime that is harmful to the public as evidenced by her guilty plea to Conversion in Howard County Superior Court on March 12, 2010, stemming from her diversion of narcotics from Century Villa.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by her opiate and sedative dependence diagnosis, her diversion of narcotics from Century Villa, her diversion of hydrocodone from R. K, her criminal conviction for Conversion in Howard County Superior Court, her positive urine drug screen for Darvocet in March 2009 and her failure to successfully complete her RMA in ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by her admission that she took narcotics that were intended to be destroyed from Century Villa, her conviction for Conversion in Howard County Superior Court, and the fact that she took hydrocodone from R. K. without the patient's or a physician's consent.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

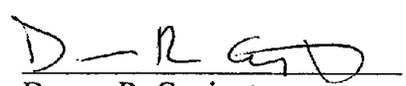
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: 

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United Parcel Service Ground, on this 31st day of March, 2010.

Rita M. Tattersall
403 N. Green St.
Greentown, IN 46936

By: D R C
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 077

IN THE MATTER OF THE LICENSE OF:	)
	)
MARSHA G. FRANKLIN, L.P.N.	)
	)
LICENSE NO: 27039152A	)
	)
RESPONDENT	)

FILED
APR 0 5 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Marsha G. Franklin, L.P.N., 9920 North CR 1150 West, Redkey, IN 47373.
2. This notice is being provided to counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-4075.
3. The official cause number of this action is: 2010 NB 077.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed April 1, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 05 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Marsha G. Franklin
9920 North CR 1150 West
Redkey, IN 47373
CERTIFIED MAIL NO. 7008 3230 0000 0200 7343
RETURN RECEIPT REQUESTED

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 077

IN THE MATTER OF THE

LICENSE OF MARSHA G. FRANKLIN, L.P.N.

LICENSE NUMBER: 27039152A

COMPLAINT

This complaint is brought against the nursing license of Marsha G. Franklin, L.P.N., (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Thomas P. McGee on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent is a Licensed Practical Nurse (LPN) in the State of Indiana holding license number 27039152A since September 29, 1994. Respondent's License expired on October 31, 2008. Respondent's address on file with the Indiana State Board of Nursing is 9920 North C.R. 1150 West, Redkey, IN 47373.

2. On or about June 3, 2008, Respondent was indicted in Delaware Circuit Court with one count of Forgery, a Class C Felony, and one count of Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony. Cause Number 18C03-0806-FC-20. These charges stemmed from Respondent's forging of five prescriptions for Adderall 20mg by copying Dr. Eric Unzicker's signature without his knowledge or consent.

Exhibit A

3. On or about July 9, 2008, Respondent initiated intake into the Indiana State Nurses Assistance Program (ISNAP). She admitted to ISNAP that she forged prescriptions for Adderall using her primary care physician's name. She also admitted that she was addicted and had done nothing to taper off her medication.

4. On or about August 14, 2008, ISNAP received Respondent's evaluation. Respondent was diagnosed with amphetamine abuse. Based on this diagnosis, ISNAP recommended Respondent enter into a one (1) year recovery monitoring agreement (RMA).

5. On or about September 17, 2008, Respondent's ISNAP file was closed based on Respondent failed to return her signed RMA.

6. On or about November 25, 2008, Respondent pled guilty to and was convicted of one count of Obtaining a Controlled Substance by Fraud, a Class A misdemeanor. Respondent was sentenced to the custody of the Delaware County Sheriff for a period of one (1) year, which was suspended; was assessed a fine in the amount of one hundred dollars ($100.00); ordered to pay costs; and placed on probation for a period of one (1) year. Respondent was also ordered to complete fifty (50) hours of community service.

COUNT I

1. The Respondent's conduct is in violation of Indiana Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely as evidenced by the Respondents diagnosis of amphetamine abuse and her admission that she was addicted to Adderall.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. The Respondent's conduct is in violation of Indiana Code §25-1-9-4(a)(8)(A) in that Respondent has diverted a legend drug as evidenced by the Respondent's admission that she forged prescriptions for Adderall using her primary care physician's name and her pleading guilty to and being convicted of Obtaining a Controlled Substance by Fraud, a Class A misdemeanor.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

3. The Respondent's conduct is in violation of Indiana Code §25-1-9-4(a)(2)(A) in that Respondent has been convicted of a crime that has a direct bearing on her ability to continue to practice competently as evidenced by the Respondent pleading guilty to and being convicted of Obtaining a Controlled Substance by Fraud, a Class A misdemeanor.

4. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

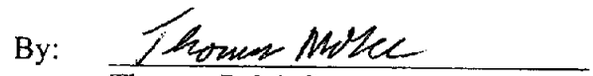
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: 

Thomas P. McGee
Deputy Attorney General
Attorney No.: 27247-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 233-4075

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 1st day of April, 2010.

Marsha G. Franklin, L.P.N.
9920 North C.R. 1150 West
Redkey, IN 47373

Thomas P. McGee
Deputy Attorney General

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 078

IN THE MATTER OF THE LICENSE OF:	)
	)
TIMOTHY ALAN COURTNEY R.N.	)
	)
LICENSE NO: 28172429A	)
	)
RESPONDENT	)

FILED
APR 0 5 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Timothy Alan Courtney, R.N., 135-D Kingsberry Drive, Rochester, New York 14626.
2. This notice is being provided to counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-4075.
3. The official cause number of this action is: 2010 NB 078.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed April 1, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 05 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Timothy Alan Courtney
135-D Kingsberry Dr.
Rochester, NY 14626
CERTIFIED MAIL NO. 7008 3230 0000 0200 7336
RETURN RECEIPT REQUESTED

Timothy Alan Courtney
FMC Devens
Federal Medical center
PO Box 879
Ayer, MA 01432

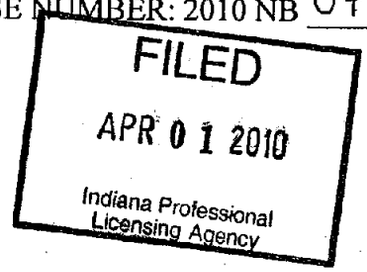
Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 078

IN THE MATTER OF THE

LICENSE OF TIMOTHY ALAN COURTNEY, R.N.

LICENSE NUMBER: 28172429A



COMPLAINT

This complaint is brought against the nursing license of Timothy Alan Courtney, R.N., ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Thomas P. McGee on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent is a Registered Nurse in the State of Indiana holding license number 28172429A since March 20, 2007. Respondent's License expired on October 31, 2007. Respondent's address on file with the Indiana State Board of Nursing is 135-D Kingsberry Drive, Rochester, New York 14626.

2. On or about August 10, 2007, the Arkansas State Board of nursing terminated the Respondents Temporary Nursing Permit and denied Respondent application for licensure in the State of Arkansas based on the Respondent's arrest and pending charges regarding receipt and distribution of child pornography.

Exhibit A

3. On or about September 5, 2007, Respondent was indicted in the United States District Court, Eastern District of Arkansas, cause number 4:07CR00261-JLH-1, with four counts based on the Respondent distributing visual depictions of minors engaging in sexually explicit conduct.

4. On or about February 6, 2008, a superseding indictment was filed against the Respondent in the United States District Court, Eastern District of Arkansas. This ten count indictment was also based on the Respondent distributing visual depictions of minors engaging in sexually explicit conduct.

5. On or about June 11, 2009, Respondent pled guilty to one count of Advertising for the Receipt of Child Pornography in violation of 18 U.S.C. § 2251(d)(1)(A),(d)(2)(B), and (e), a Class B felony, in the United States District Court, Eastern District of Arkansas. All other counts of the Superseding Indictment were dropped. The Court accepted the Respondent's plea and sentenced the Respondent to the custody of the United States Bureau of Prisons to be imprisoned for a total term of 180 months. The Court recommended that Respondent participate in residential substance abuse treatment and mental health counseling with an emphasis on sex offender treatment during incarceration. Upon release from imprisonment, the Respondent shall be on supervised release for a term of ten (10) years.

COUNT I

1. Respondent's conduct as described above constitutes a violation of Indiana Code § 25-1-9-4(a)(2) in that Respondent has been convicted of a crime that has a direct bearing on the practitioner's ability to continue to practice competently or is harmful to the public as evidenced by the Respondent's conviction for Advertising for the Receipt of Child Pornography in

violation of 18 U.S.C. § 2251(d)(1)(A),(d)(2)(B), and (e), a Class B felony, in the United States District Court, Eastern District of Arkansas.

2. Respondent's failure to comply with the above referenced standards is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Thomas McGee

Thomas P. McGee
Deputy Attorney General
Attorney No.: 27247-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 233-4075

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 1st day of April, 2010.

Timothy Alan Courtney, R.N.
135-D Kingsberry Drive
Rochester, NY 14626

And

Timothy Courtney 24756-009
FMC Devens
Federal Medical Center
P.O. BOX 879
Ayer, MA 01432

Thomas P. McGee
Deputy Attorney General

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 079

IN THE MATTER OF THE LICENSE OF:)
)
PATRICIA ANN JOHNSON, R.N.)
)
LICENSE NO: 28182398A)
)
RESPONDENT)

FILED
APR 05 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING (Board) pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Patricia Ann Johnson, R.N., 148 Webbs Way Drive, West Point, Georgia 31833.

2. This notice is being provided to counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-4075.

3. The official cause number of this action is: 2010 NB 079.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **April 15, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed April 1, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 05 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Patricia Ann Johnson
148 Webbs Way Drive
West Point, GA 31833
CERTIFIED MAIL NO. 7008 3230 0000 0200 7350
RETURN RECEIPT REQUESTED

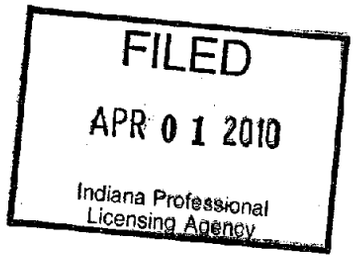
Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 079

IN THE MATTER OF THE

LICENSE OF PATRICIA ANN JOHNSON, R.N.

LICENSE NUMBER: 28182398A



COMPLAINT

This complaint is brought against the nursing license of Patricia Ann Johnson, R.N., (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Thomas P. McGee on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent is a Registered Nurse in the State of Indiana holding license number 28182398A since January 13, 2009. Respondent's License expired on October 31, 2009. Respondent's address on file with the Indiana State Board of Nursing is 148 Webbs Way Drive, West Point, Georgia 31833.

2. On or about October 17, 2008, Respondent submitted an "Application for License by Endorsement as a Nurse" (Indiana Application) with the Indiana State Board of Nursing. On this application, Respondent answered "no" to question 1 which asks, "Has disciplinary action ever been taken regarding any health license, certificate, registration, or permit you hold or have held in **any** state or country?" Respondent's license was subsequently granted on January 13, 2009 based upon this application.

Exhibit A

3. On or about February 4, 2009, submitted an application for licensure by endorsement as a registered nurse in the State of Alabama. Respondent answered "no" to the questions: "Have you ever had disciplinary action or is action pending against you by any board of nursing?"

4. On or about May 22, 2009, Respondent entered into a Consent Order with Alabama Board of Nursing (Alabama Board). In this Consent Order, Respondent admitted that her license as a licensed practical nurse (LPN) had been disciplined by the New Hampshire Board of Nursing in 1987. Respondent's LPN license in New Hampshire had been placed on probation due to questionable medication administration procedures and failure to medicate patients as directed by a physician's order. Respondent admitted that she was in violation of the Code of Alabama 1975, § 34-21-25, and the Alabama Board of Nursing Administrative Code, § 610-X-8-.03(1)(b) in that Respondent engaged in fraud or deceit in procuring or attempting to procure a license by misrepresenting or falsifying facts in applying for original licensure; and that she was in violation of the Code of Alabama 1975, § 34-21-25, and the Alabama Board of Nursing Administrative Code, § 610-X-8-.03(6)(z) in that she had a license denied, conditionally issued, reprimanded, placed on probation, suspended, revoked, or voluntarily surrendered in another state, territory or country, for any act or conduct which would constitute grounds for disciplinary action in Alabama.

5. Based on this Consent Order, the Respondent was issued a Public Reprimand from the Alabama Board, required to pay a fine in the amount of $300, and provide all health care employers, collaborative and covering physicians, and schools of nursing with a copy of the Board Order and cause each to acknowledge to the Board that copy of the Order has been provided to them.

COUNT I

1. Respondent's conduct as described above constitutes a violation of Indiana Code § 25-1-9-4(a)(7) in that Respondent has had disciplinary action taken against her license to practice in another state or jurisdiction on grounds similar to those under this chapter; to wit Indiana Code § 25-1-9-4(a)(1)(A) "A practitioner has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice" as evidenced by the Respondent's discipline in the State of Alabama for failure to disclose the 1987 discipline against her New Hampshire license on her initial application in Alabama.

2. Respondent's failure to comply with the above referenced standards is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent's conduct as described above constitutes a violation of Indiana Code § 25-1-9-4(a)(1)(A) in that Respondent has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by the Respondent's failure to disclose the 1987 discipline against her New Hampshire license on her initial application in Indiana.

2. Respondent's failure to comply with the above referenced standards is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: _____

Thomas P. McGee
Deputy Attorney General
Attorney No.: 27247-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 233-4075

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 1st day of April, 2010.

Patricia Ann Johnson, R.N.
148 Webbs Way Drive
West Point, GA 31833

Thomas P. McGee
Deputy Attorney General

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 090

IN THE MATTER OF THE LICENSE APPLICATION OF:)
SHONDA SHEREE JONES, L. P.N.)
LICENSE NUMBER: 27046024A)

FILED
APR 0 5 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Shonda Sheree Jones ("Respondent"), L. P.N., 1737 Johnson Street, Elkhart, Indiana 46514 to appear before the Board on **April 15, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 27046024A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her suspension by not complying with the terms and conditions outlined in the Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order filed on September 1, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order with the Indiana State Board of Nursing ("BOARD"). BOARD has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 05 day of April, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Shonda Sheree Jones, L.P.N.
1737 Johnson Street
Elkhart, IN 46514
SENT CERTIFIED MAIL NO: 91 7190 0005 2720 0000 5769
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 090

IN THE MATTER OF THE LICENSE OF:)
)
SHONDA SHEREE JONES, L.P.N.,)
)
LICENSE NO: 27046024A)
)
Respondent.)

FILED
SEP 0 1 2009
Indiana Professional Licensing Agency

FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT, CONCLUSION OF LAW AND ORDER

The Indiana State Board of Nursing ("Board"), held an administrative hearing on July 16, 2009 in the Auditorium of the Conference Center, Indiana Government Center South 302 West Washington Street, Indianapolis, Indiana, concerning an administrative complaint filed by the State of Indiana ("Petitioner") on May 5, 2009 against the license of Shonda Sheree Jones, L.P.N, ("Respondent").

The State of Indiana was represented by Deputy Attorney General Christa J. Jewsbury. The Respondent appeared in person and without counsel.

The Board, after considering the evidence presented and taking official notice of its file in this matter, by a vote of 7-0-1, issues the following Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1737 Johnson St., Elkhart, Indiana 46514, and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27046024A in 1998.

2. On or about June 14, 2005, Respondent was hired as the Assistant Director of Nursing ("ADON") at Woodland Manner ("Woodland") in Elkhart, Indiana.

Exhibit A

3. On or about October 24, 2005, Respondent was terminated from Woodland for "poor job performance." Respondent was responsible for maintaining the falls and infection control documentation, staff scheduling and working extra hours as needed. Respondent failed to maintain appropriate documentation and scheduling, and was unprofessional and rude to other staff members.

4. On or about October 25, 2005, Kelly Duhaime, Woodland's administrator, requested Tara Trevino, L.P.N. conduct an internal investigation into Respondent's possible diversion of Vicodin during her employment at Woodland. The post-termination review of Respondent's charting revealed several incidents where Respondent destroyed Vicodin without a second nurse present as required by Woodland's policy.

5. Ms. Trevino's internal investigation revealed that Respondent's drug destruction records showed Respondent to have destroyed as many as five hundred seventy (570) Vicodin pills without another nurse present as a witness. In addition, an undetermined amount of Vicodin pills were listed as destroyed by Respondent on October 25, 2005, the day after Respondent was terminated from employment at Woodland.

6. On or about November 3, 2005, Ms. Duhaime filed a police report for the possible theft of approximately five hundred seventy (570) Vicodin pills. She later decided not to press charges because she could not prove or disprove that the Vicodin pills were not actually destroyed.

7. On or around November 17, 2005, Respondent began employment at Eastlake Nursing and Rehab Center ("Eastlake") in Elkhart, Indiana.

8. On or about November 27, 2005, at 11:00 p.m., an order was written for a patient and faxed to Care Pharmaceutical Services for Sulfacetamide 30% solution, Flexeril and Vicodin ES. The authorizing signature on the order was, "S. Johnson, R.N.". There was no nurse employed at Eastlake by that name. Additionally, Respondent was the only nurse scheduled for the 10:00 p.m. to 6:00 a.m. shift on November 27, 2005.

9. In addition to the order for Vicodin written on November 27, 2005, all of Respondent's patients with prescriptions for Vicodin had a pill signed out that night. Four of the residents were interviewed by the ADON or DON and denied asking for or receiving the medication.

10. On or about November 28, 2005, Respondent was interviewed by the Eastlake ADON, Kathy Gerndt regarding the possible diversion of Vicodin and fraudulent orders for narcotics written on November 27, 2005. Respondent admitted that no one worked with her on the night in question and that no one else would have had access to the charts to write orders. Respondent was terminated from Eastlake due to suspected drug diversion.

11. On or about December 7, 2005, Respondent began employment with Regency Place of South Bend ("Regency Place").

12. On or about March 14, 2006, Respondent was suspended from employment pending an investigation into missing narcotics. The investigation indicated that Respondent was connected to multiple incidents of missing Vicodin pills with no documentation or evidence that the medications were destroyed.

13. On or about March 26, 2006, Respondent was terminated from Regency Place due to "standards of conduct violation."

14. On or about October 30, 2006, Respondent filled out a license renewal application with the Indiana Professional Licensing Agency ("IPLA"). Respondent answered "No" to all questions, including question number five (5), "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

15. On or about August 23, 2006, Respondent began employment with Courtyard of Goshen ("Courtyard").

16. On or about January 15, 2007, Courtyard began an investigation into potential drug diversion of Lomotil and drug tested several nurses as part of the investigation. Respondent was the only nurse who failed her drug test, as she tested positive for marijuana.

17. Due to her positive drug test, Respondent was placed on suspension pending the outcome of the drug diversion investigation.

18. The Goshen Police Department ("GPD") was contacted regarding the drug diversion investigation and Respondent's positive drug test. The GPD performed a polygraph test on Respondent, which she did not pass; however, GPD did not file charges in the matter.

19. On or about February 13, 2007, the Courtyard administrator contacted Respondent to terminate her from employment for suspected drug diversion. During the conversation, Respondent stated that she had already decided not to return to work.

20. On or about April 4, 2007, an Administrative Law Judge for the State of Indiana Department of Workforce Development, Unemployment Insurance Appeals ("DWD") determined that Respondent was "discharged for just cause," by Courtyard.

21. On or about March 5, 2007, Respondent signed a Recovery Monitoring Agreement ("RMA") with the Indiana State Nurses Assistance Program ("ISNAP") after being referred due to her positive drug test at Courtyard. Respondent was diagnosed with marijuana abuse.

22. On or about April 27, 2007, Respondent took a urine drug screen ("UDS") and tested positive for alcohol.

23. On or about June 14, 2007, Respondent took a UDS and again tested positive for alcohol.

24. On or about July 11, 2007, Respondent took a UDS and tested positive for temazepam and was dilute with a creatinine of .13.

25. On or about August 6, 2007, Respondent took a UDS and tested positive for tramadol.

26. On or about August 29, 2007, Respondent took a UDS and again tested positive for tramadol.

27. On or about September 11, 2007, ISNAP closed Respondent's file due to lack of compliance. ISNAP also had reason to believe Respondent was working as a nurse without authorization from ISNAP or her doctors.

28. On or about October 31, 2008, Respondent filled out a license renewal application with IPLA. Respondent answered "No" to all questions, including question number five (5), "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

29. On or about May 7, 2008, Respondent began employment with Sanctuary at St. Joseph's ("Sanctuary") in South Bend, Indiana.

30. On or about February 24, 2009, Respondent submitted a letter of resignation to Sanctuary stating that her last day of work would be March 31, 2009.

31. On or about March 1, 2009, Respondent submitted another letter to Sanctuary rescinding her resignation and requesting instead to be placed on PRN status working at least one (1) weekend per month. Sanctuary granted her request to change to PRN status in a letter dated March 2, 2009.

32. On or about March 11, 2009, the Director of Human Resources at Sanctuary, Jodi Duran, took the statements of Sanctuary employees Janet Robenson and Sharrie Wright. Both Ms. Robenson and Ms. Wright stated that they had found Respondent sleeping behind the nurse's station during her shifts.

33. On or about March 12, 2009, Respondent voluntarily terminated her employment with Sanctuary. Due to performance concerns and sleeping on the job, Sanctuary determined not to allow Respondent to work PRN and noted in her file that she is not eligible for rehire.

ULTIMATE FINDINGS OF FACT

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(8)(A) in that she has diverted a legend drug (as defined in Ind. Code § 16-18-2-199), as evidenced by Respondent's terminations by Woodland, Eastlake, Regency Place and Courtyard due to multiple incidents of suspected drug diversion.

2. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(D) in that she has continued to practice although she has become unfit to practice

due to an addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely, as evidenced by Respondent's diagnoses of marijuana abuse, positive urine drug screens for alcohol, temazepam and tramadol, and her non-compliance and closure out of ISNAP.

3. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that she has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice, to wit: 848 IAC 2-3-3(6) which states that "falsifying, omitting, or destroying documentation of nursing actions on the official patient/client record," is unprofessional conduct that fails to meet the minimal standards of acceptable and prevailing licensed practical nursing practices. Respondent falsified patient records when she documented administration of drugs that she did not actually give to the patients. Respondent also falsified or failed to document narcotic wastage appropriately.

4. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(1)(B) in that she has engaged in material deception in the course of professional services or activities, as evidenced by Respondent's fraudulently signing the name "S. Johnson, R.N.," to an order for Vicodin on November 27, 2005.

5. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(1)(A) in that she has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, as evidenced by Respondent's failure to disclose three (3) terminations prior to her 2006 license renewal when she falsely answered "No," to the question, "Since you last renewed, have you ever been terminated. . . ?"

6. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(1)(A) in that she has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, as evidenced by Respondent's failure to disclose at least one (1) termination prior to her 2008 license renewal when she falsely answered "No," to the question, "Since you last renewed, have you ever been terminated. . . ?"

CONCLUSION OF LAW

Respondent's violation is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter or reprimand, probation, suspension, revocation and/or a fine up to the amount of $1,000 per violation as detailed in Ind. Code § 25-1-9-9.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent's Indiana nursing license is hereby placed on **INDEFINITE SUSPENSION.** Respondent may not petition for reinstatement of her license for a period of at least five (5) years from the date of this final order.

2. Respondent must sign a Recovery Monitoring Agreement ("RMA") with the Indiana State Nurses Assistance Program ("ISNAP") and maintain at least one (1) year of full compliance with her RMA prior to petitioning for reinstatement.

3. Respondent shall pay a **FINE** of **SEVEN HUNDRED FIFTY DOLLARS ($750.00)** to the Indiana Professional Licensing Agency prior to petitioning for reinstatement of her license.

4. Respondent shall pay the costs of this proceeding, including **ONE HUNDRED TWENTY-SEVEN DOLLARS AND TEN CENTS ($127.10)** to the Office of the Attorney General and **ONE HUNDRED EIGHTY-SEVEN DOLLARS AND SIXTY-FOUR CENTS ($187.64)** to the Indiana Professional Licensing Agency.

5. Violation of this final Order, or otherwise reported non-compliance with the statutes and regulations relating to the competent practice of pharmacy may result in the State independently, or at the request of the Board, requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4(a)(10), any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

ORDERED this 1st day of September, 2009.

INDIANA STATE BOARD OF NURSING

By: _____ for Frances Kelly
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Shonda Sheree Jones
1737 Johnson St.
Elkhart, Indiana 46514
SENT CERTIFIED MAIL NO. 7008 1830 0003 8054 8445
RETURN RECEIPT REQUESTED.

Deputy Attorney General Christa J. Jewsbury
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770

SUMMONS

STATE OF INDIANA	)	IN THE ST. JOSEPH SUPERIOR COURT
	) SS:	
ST. JOSEPH COUNTY	)	
		CAUSE NO. 71D01-1002-CM-00846
STATE OF INDIANA	)	INFORMATION FOR PRACTICING NURSING
	)	WITHOUT A LICENSE,
VS.	)	CLASS B MISDEMEANOR
	)	
SHONDA S JONES	)	
1737 JOHNSON STREET	)	
ELKHART, IN 46514		
	)	

FILED

FEB 25 2010

Clerk
St. Joseph Superior Court

JOHN A. RULLI, upon information and belief, affirms under the penalty of perjury that:

On or between the 1st day of September, 2009, and the 13th day of October, 2009, in St. Joseph County, State of Indiana, SHONDA S JONES did knowingly practice nursing during the time period in which her nursing license was suspended or revoked under Indiana Code 25-23-.3.

All of which is contrary to the form of the statute in such cases made and provided, to wit: Indiana Code 25-23-1-27 and 25-23.3(4), and against the peace and dignity of the State of Indiana.

I affirm under the penalties for perjury, that the foregoing representations are true.

JOHN A. RULLI
DEPUTY PROSECUTING ATTORNEY

DATE: 2/25/10

WITNESSES:
All witnesses listed in police, medical and laboratory reports.

Case Number:
Police Agency: P

WARRANT

SUSPECT DESCRIPTION

NAME: SHONDA JONES

ADDRESS: 1737 JOHNSON STREET ELKHART, IN 46514

TELEPHONE NUMBER:

DATE OF BIRTH: 11-4-1974

SOCIAL SECURITY NUMBER: 409-19-6862

SEX: F

RACE: BLK

AGE: 35

BUILD: X

HEIGHT: 5'01"

WEIGHT: 139

HAIR: BRN

EYES: BRN

A/K/A: X

PLACE OF EMPLOYMENT: X

APPEARANCE FORM (CRIMINAL)

State of Indiana

1. Name of Defendant: SHONDA S JONES

2. Case Type of proceeding: CM

3. Prosecuting Attorney Information:

Michael A. Dvorak
St. Joseph County Prosecuting Attorney
227 W. Jefferson Boulevard, Room 1004
South Bend, Indiana 46601-1870

Attorney No. 4651-71
Telephone: (574) 235-9544
FAX: (574) 235-9761

Deputy assigned case (Optional):

4. Will the State accept service by FAX: NO

5. Arrest report number (Originating Agency Case Number): PROSECUTOR'S OFFICE

6. Additional information required by state or local rule:

Authority: Pursuant to Criminal Rule 2.1(A), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.

STATE OF INDIANA	)	IN THE ST. JOSEPH SUPERIOR COURT
	) SS:	
ST. JOSEPH COUNTY	)	CAUSE NO. 71D0____--CM-_00846
STATE OF INDIANA	)	
	)	
VS.	)	SUPPLEMENTAL AFFIDAVIT IN
Shonda S. Jones	)	SUPPORT OF PROBABLE CAUSE
	)	
DOB: XX-XX-1974	)	

JOHN A. RULLI, upon information and belief, affirms under the penalties for perjury, states that:

I am a Deputy Prosecuting Attorney with the 60th Judicial Circuit, St. Joseph County, State of Indiana, and make this affidavit after reviewing verified reports from Investigator Thomas Trenerry of the State of Indiana Office of Attorney General which were submitted to me.

On or about June 14, 2005, Defendant was hired as the Assistant Director of Nursing at Woodland Manner in Elkhart, Indiana. After an internal investigation was conducted into Defendant's possible diversion of Viocdin during her employment at Woodland, it was concluded that Defendant's charting revealed several incidents where Defendant destroyed Vicodin without a second nurse present, contrary to Woodland's policy. It was estimated that the Defendant had destroyed approximately five hundred and seventy (570) Vicodin pills without another nurse present as a witness. In addition, an undetermined amount of Viocdin pills were listed as destroyed by Defendant the day after Defendant was terminated from her employment at Woodland. On or about October 24, 2005, Defendant was terminated from her employment at Woodland.

Thereafter, on or about November 17, 2005, Defendant began employment at Eastlake Nursing and Rehab Center in Elkhart, Indiana. On or about November 28, 2005,

Defendant was interviewed by Kathy Gerndt of Eastlake regarding the possible diversion of Vicodin and fraudulent orders for narcotics written on November 27, 2005. Defendant was then terminated from her employment with Eastlake.

On or about December 7, 2005, Defendant began employment with Regency Place of South Bend. On or about March 14, 2006, Defendant was suspended from employment pending an investigation into missing narcotics. On March 26, 2006, Defendant was terminated from Regency Place due to "standards of conduct violation."

On or about October 30, 2006, Defendant filled out a license renewal application with the Indiana Professional Licensing Agency. Defendant answered "no' to all questions, including question number 5, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

On or about August 23, 2006, Defendant began employment with Courtyard of Goshen.

On or about January 15, 2007, Courtyard of Goshen began an investigation into potential drug diversion of Lomotil and drug tested several nurses as a part of the investigation. Defendant was the only nurse who failed her drug test. Defendant was placed on suspension pending the outcome of the drug diversion investigation. The Goshen Police Department was contacted regarding the drug diversion investigation and Defendant's positive drug test. On or about February 13, 2007 Defendant was terminated from her employment with Courtyard. On or about April 4, 2007, an Administrative Law Judge for the State of Indiana Department of Workforce Development, Unemployment

Insurance Appeals determined that Defendant was "discharged for just cause," by Courtyard.

Thereafter, on March 5, 2007, Defendant signed a Recovery Monitoring Agreement with the Indiana State Nurses Assistance Program. Defendant was diagnosed with marijuana abuse and therefore, submitted to urine drug screens. On April 27, 2007, June 14, 2007, July 11, 2007, August 6, 2007 and August 29, 2007, Defendant failed her urine drug screening by testing positive for alcohol and/or drugs. Thus, Defendant was terminated from the Indiana State Nurses Assistance Program on September 11, 2007 due to lack of compliance.

On May 7, 2008, Defendant began employment with Sanctuary at St. Joseph's in South Bend, Indiana. Defendant's employment with Sanctuary was terminated on or about March 12, 2009.

On October 31, 2008, again, Defendant filled out a license renewal application with the Indiana Professional Licensing Agency. Again, Defendant answered "no" to all questions, including question number 5.

Defendant was suspended on September 30, 2009 pending an investigation of information provided by the Indiana Licensing Board that Defendant had been working under an indefinitely suspended license and pending an investigation by Morningside of suspicious activity of medication diversion by the Defendant.

On March 18, 2009, Defendant began employment with Morningside Nursing and Memory Care Center, 18325 Bailey Avenue, South Bend, Indiana 46637. The Defendant's nursing license was suspended by the Indiana State Board of Nursing on September 1, 2009.

Defendant continued to practice nursing while her license was indefinitely suspended until she was suspended on September 30, 2009, then terminated from her employment with Morningside on October 13, 2009.

I affirm, under the penalties for perjury, that the foregoing representations are true.

JOHN A. RULLI
DEPUTY PROSECUTING ATTORNEY

STATE OF INDIANA } SS:
COUNTY OF ST. JOSEPH }

ORIGINAL

IN THE ST. JOSEPH SUPERIOR COURT 9

TRAFFIC & MISDEMEANOR DIVISION

CAUSE NO. 71 D 01 1002 CM 00846

SOUTH BEND, INDIANA

STATE OF INDIANA

vs.

JONES, SHONDA
1737 JOHNSON ST.
ELKHART, IN 46514

Defendant

SUMMONS

TO THE ABOVE NAMED DEFENDENT:

You have been charged with the offense (or infraction) of
NURSING W/NO LICENSE

Because you have been so charged, you are hereby ordered to appear in the St. Joseph Superior Court, Traffic & Misdemeanor Division which is located

TRAFFIC & MISDEMEANOR COURT - SOUTH BEND DIVISION

COURT HOUSE / 112 LAFAYETTE BLVD / SOUTH BEND, INDIANA 46601

on the 18th day of March, 20 10, at 8:00AM o'clock ____.M.

You are entitled to have a lawyer present with you at all court appearances. Your first court appearance at the date and time specified above will not be for trial, but is for arraignment, at which time you will be asked to enter a plea to the above stated charge.

CLERK'S ISSUANCE

DATE March 2nd, 20 10.

RITA L. GLENN
CLERK

BY DOCKET ROOM-CLL
DEPUTY

The following manner of service is hereby designated: [ ] Certified Mail [ ] By Sheriff as provided by law [ ] Other as follows: _____

ACKNOWLEDGMENT OF SERVICE OF SUMMONS

A copy of the above Summons was received by me at _____

this _____ day of _____, 20 _____.

_____
Signature of Defendant

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 052

IN THE MATTER OF THE LICENSE OF)
)
BRIAN GOODNIGHT, R.N.)
)
LICENSE NUMBER: 28186909A)

FILED
APR 05 2010
Indiana Professional
Licensing Agency

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Brian Goodnight, R.N., 5429 Village Walk Circle Apartment D, Terre Haute, Indiana 47803.

2. This notice is being provided to counsel for the Board, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2009 NB 052.

4. This hearing is to determine whether the terms of probation on Respondent's R.N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Decision on Application to filed March 13, 2009, and the Petition to Withdraw Probation submitted by Respondent on March 29, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C. §4-21.5-3.

ORDERED this 05 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Brian Goodnight, R.N.
5429 Village Walk Creek Apt. D
Terre Haute, IN 47803
CERTIFIED MAIL NUMBER: 91 7190 0005 2720 0000 5691
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO. 2009 NB 052

IN THE MATTER OF THE LICENSE APPLICATION OF
BRIAN GOODKNIGHT, II

FILED
MAR 13 2009
Indiana Professional
Licensing Agency

DECISION ON LICENSE APPLICATION

Brian Goodknight, II ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on February 19, 2009, in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. He appeared to answer questions from the Board concerning his application for a license as a registered nurse.

After considering Applicant's statements and taking official notice of its file in this matter, the Board issues the following Decision:

BACKGROUND

1. Applicant's mailing address is 836 Foxcrest Court, Apartment G, Terre Haute, Indiana 47803.

2. Applicant applied for a license as a registered nurse in 2008.

3. Along with his application, Applicant informed the Board that he had been convicted of driving under the influence in 1998; public intoxication in 2006 and driving under the influence in 2008. Applicant is an Army combat veteran and suffered flashback episodes during the latter two incidents. He suffers from post traumatic stress disorder after having served in Iraq.

4. Applicant has demonstrated that he may practice nursing in Indiana with a probationary license.

TERMS AND CONDITIONS

Based upon the foregoing Information, the Board imposes the following Terms and Conditions on the Applicant's license:

1. The Applicant's license will be issued on INDEFINITE PROBATION. Applicant may petition to have the probationary order

Exhibit A

withdrawn after six months and after submitting the results of an MMPI-2 assessment to the Board.

2. The Applicant's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Applicant shall keep the Board informed of his residential address and telephone number at all times.

b) Applicant shall keep the Board informed of his nursing employer's or employers' name, address and telephone number at all times.

c) Applicant must immediately contact ISNAP for evaluation. If he is a candidate for that program, he must sign a recovery monitoring agreement with that organization and comply with the terms of that agreement.

d) Applicant must also undergo the Minnesota Multiphasic Personality Inventory – 2 (MMPI-2) and provide the results to the Board before he can seek to withdraw the probation from his license.

d) Applicant shall not violate any laws regulating the practice of nursing.

3. The failure of Applicant to comply with the terms of this order may subject him to a show cause hearing and the imposition of further sanctions.

SO ORDERED, this 13th day of March 2009.

INDIANA STATE BOARD OF NURSING

By: _____ for

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION

You may petition for review of this decision under IC 4-21.5-3-7. The petition must be filed with the Indiana State Board of Nursing in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the State of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

Copy to:

Brian Goodknight, II
5866 South 400 East
Churubusco, Indiana 46723
CERTIFIED MAIL NUMBER: 7002 0510 0002 5863 3325
RETURN RECEIPT REQUESTED

603244

Chapman, Lisa

From: Grice, Lori on behalf of Group 02
Sent: Monday, March 29, 2010 11:05 AM
To: Chapman, Lisa
Subject: FW: Nursing License

From: brian goodknight II [mailto:bktanker@msn.com]
Sent: Monday, March 29, 2010 10:48 AM
To: Group 02
Subject: Nursing License

I, Brian Keith Goodknight II, am requesting to have my Indiana State Nursing License, 28186909A, be removed from Probation to Active. I can be reached by phone at 812-230-9549, by e-mail at bktanker@msn.com, and by mail at 5429 Village Walk Circle Apt. D, Terre Haute, IN, 47803.

Sincerely,
Brian K. Goodknight II

Hotmail: Trusted email with powerful SPAM protection. Sign up now.

Exhibit B

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2008 NB 208

IN THE MATTER OF THE LICENSE OF)
)
ASIA Y. EDWARDS, L.P.N.)
)
LICENSE NUMBER: 27054870A)

FILED
APR 0 6 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Asia Y. Edwards, L.P.N., 2913 Millicent Avenue, Dayton, Ohio 45408.

2. This notice is being provided to counsel for the Board, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2008 NB 208.

4. This hearing is to determine whether the terms of probation on Respondent's L.P. N. license should be withdrawn.

5. A hearing regarding this matter will be held on **April 15, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Decision on License Renewal Application filed December 23, 2008, and the Petition to Withdraw Probation submitted by Respondent on April 5, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C. §4-21.5-3.

ORDERED this 06 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Asia Y. Edwards, L.P.N.
2913 Millicent Ave.
Dayton, OH 45408
CERTIFIED MAIL NUMBER: 91 7190 0005 2720 0000 5882
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER 2008 NB 208

FILED
DEC 23 2008
Indiana Professional
Licensing Agency

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF
ASIA YVETTE EDWARDS
LICENSE NUMBER 27054870A

DECISION ON LICENSE RENEWAL APPLICATION

Asia Yvette Edwards ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on December 10, 2008, in Room 19 of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. She appeared to answer questions from the Board concerning her application for renewal of her license as a nurse.

After considering Applicant's statements and taking official notice of its file in this matter, the Board issues the following Decision:

BACKGROUND

1. Applicant's mailing address is 2913 Millicent Avenue, Dayton, Ohio 45408.

2. Applicant applied to renew her license as a nurse in 2008.

3. Along with her application, Applicant informed the Board that her license to practice in Ohio was on probation but has since been suspended due to a positive urine drug screen. The Indiana State Nurses Assistance Program (ISNAP) assessed the Applicant and determined that she does not meet their criteria for monitoring. In addition, ISNAP recommends that her license be renewed.

4. Applicant has demonstrated that she may practice nursing in Indiana with a probationary license. Applicant agrees to the terms of probation.

TERMS AND CONDITIONS

Based upon the foregoing Information, the Board imposes the following Terms and Conditions on the Applicant's license:

Exhibit A

1. The Applicant's license as a nurse will be renewed on INDEFINITE PROBATION. She may apply to withdraw the probation from her license after six months of active nursing practice.

2. The Applicant's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Applicant shall keep the Board informed of her residential address and telephone number at all times.

b) Applicant shall keep the Board informed of her nursing employer's or employers' name, address and telephone number at all times.

c) Applicant shall not violate any laws regulating the practice of nursing.

3. The failure of Applicant to comply with the terms of this order may subject her to a show cause hearing and the imposition of further sanctions.

SO ORDERED, this 23 day of December 2008.

INDIANA STATE BOARD OF NURSING

By: _____ ER

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION

You may petition for review of this decision under IC § 4-21.5-3-7. The petition must be filed with the Indiana State Board of Nursing in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the State of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

Copy to:

Asia Yvette Edwards
2913 Millicent Avenue
Dayton, Ohio 45408
CERTIFIED MAIL NUMBER: 7002 0510 0002 5862 4941
RETURN RECEIPT REQUESTED

530269

3222672
KT
4/5/10
#500.00

March 24, 2010

TO: Indiana Board of Nursing

I Asia Yvette Edwards am writting this letter to request that the probation status on my LPN license be lifted. I am currently employed by Rosecrete Village in Richmond Indiana 765-935-4440. I have been with this facility since May 8, 2008. My current address is 2913 Millicent Ave. Dayton OH 45417. phone # 937-825-4805. If you have any questions feel free to contact me or my employer anytime. Thank you

Asia Edwards LPN

Enclosed I have included a $500 money order as requested by IPLA.

RECEIVED
APR 05 2010
Indiana Professional Licensing Agency

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 151

IN THE MATTER OF THE LICENSE OF)
BILLIE RUTH THOMAS, L.P.N.)
LICENSE NO: 27044063A)

FILED
MAR 0 9 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT AND EXTENSION OF SUMMARY SUSPENSION ORDER

The Indiana State Board of Nursing ("Board"), pursuant to the authority of Ind. Code § 4-21.5-4-1 et seq. and Ind. Code § 25-1-9-10, at its regularly scheduled meeting on February 18, 2010, at the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, 46204, continues by a vote of 6-0-0 the **SUMMARY SUSPENSION** on the license held by Billie Ruth Thomas, L.P.N., ("Respondent") for ninety (90) days, as the Board finds that an emergency exists and that the Respondent represents a clear and immediate danger to the public health and safety if allowed to continue to practice as a practical nurse in the State of Indiana.

The State of Indiana was represented by Laura Wilford, Deputy Attorney General. Respondent did not appear in person or by counsel.

This **NON-FINAL** emergency order is based on the following evidence:

1. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 104 Plum Street, P.O. Box 493, Oxford, Indiana 47971, and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27044063A in 1997.

2. On or about October 26, 2007, Respondent began employment as a nurse with Help at Home, Inc. ("Help at Home") in Lafayette, Indiana.

3. On or about January 14, 2009, Respondent was terminated from Help at Home after it was discovered Respondent was having a sexual relationship with one of her patients. The patient was a male approximately twenty-nine (29) years old. Respondent's nursing supervisor, Teresa Kiger, R.N., conducted an investigation at which time both the Respondent and the patient admitted to having a physical relationship with one another.

4. During the February 18, 2010 hearing, Kiger testified before the Board that Respondent admitted to her that the relationship was sexual but that actual intercourse did not occur. Respondent admitted to Kiger that the sexual relationship occurred on company time so that her boyfriend would not find out. On the day Respondent informed the patient that she just wanted to be friends, the patient and Respondent had planned on engaging in sexual intercourse. Kiger testified that documentation and conversations with the patient evidenced to her that he was extremely upset and "heart broken" over the break up. Kiger testified that general boundary issues regarding patient/clients and nurses were reviewed with Respondent during her orientation; however, specifics regarding sexual boundaries were not as it was made clear that the hired nurses were to follow the standards of competent practice.

Pursuant to Ind. Code § 4-21.5-3-24, the Board, by a vote of 6-0-0, also **ISSUES** a Notice of Proposed Default Order on the following grounds:

1. The Respondent's address with IPLA 104 Plum Street, P.O. Box 493, Oxford, Indiana 47971.

2. An Administrative Complaint was filed in this Matter on August 28, 2009.

3. On January 29, 2010, IPLA sent a notice to Respondent at her listed address, informing her of the time, date, and place of the final hearing on this matter scheduled for February 18, 2010 by regular and certified mail. The certified mail notice was delivered at Respondent's address on February 2, 2010 and was returned unclaimed February 17, 2010.

4. On February 18, 2010, Respondent failed to appear for the hearing in person or by counsel. Respondent sent correspondence to IPLA on the morning of February 18, 2010 claiming that she had received the notice that morning and was unable to attend and would need a continuance.

5. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the date and time of the final hearing date and failed to appear for said hearing on February 18, 2010.

ORDER

WHEREFORE, RESPONDENT IS ORDERED to immediately cease from all acts constituting the practice of a practical nurse for an additional period of ninety (90) days from the effective date of this Order.

IT IS FURTHER ORDERED, that Respondent shall immediately surrender her pocket license and wall license to the Board, in care of IPLA, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204.

IT IS FURTHER ORDERED, that for the Respondent's failure to appear for her scheduled hearing, the Board issues the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting that the Board not enter a

default order in this case and stating the reasons relied upon for her request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any other relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 09 day of March, 2010; this Summary Suspension is effective as of February 18, 2010.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Billie Ruth Thomas
104 Plum Street
P.O. Box 493
Oxford, Indiana 47971
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 6070
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
OFFICE OF THE ATTORNEY GENERAL
302 West Washington Street
IGCS 5th Floor
Indianapolis, Indiana 46204-2770
Telephone: (317) 234-2600

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 199

IN THE MATTER OF THE LICENSE OF HEATHER JO WHITMER, R.N., LICENSE NO: 28161403A

FILED
MAR 0 9 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT

A final hearing was scheduled to be held on February 18, 2010 before the Indiana State Board of Nursing ("Board") in the Auditorium of the Conference Center in the Indiana Government Center South, 302 W. Washington Street, Indianapolis, Indiana, 46204, to consider the Administrative Complaint filed on November 17, 2009 against the Indiana nursing license of Heather Jo Whitmer, R.N. ("Respondent").

Deputy Attorney General Laura E. Wilford represented the State of Indiana ('Petitioner"). Respondent failed to appear in person or by counsel.

Pursuant to Ind. Code § 4-21.5-3-24, the Board, by a vote of 7-0-0, **ISSUES** a Notice of Proposed Default Order on the following grounds:

1. Respondent is a Registered Nurse in the State of Indiana holding license number 28161403A received on July 28, 2004.

2. The Respondent's address with IPLA is 4622 Brunswick Highway, Waycross, GA 31501.

3. An Administrative Complaint was filed in this Matter on November 17, 2009.

4. On January 29, 2010, IPLA sent a notice to Respondent at her listed address, informing her of the time, date, and place of the final hearing on this matter scheduled for February 18, 2010.

5. On February 18, 2010, Respondent failed to appear for the hearing in person or by counsel.

6. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the date and time of the final hearing date and failed to appear for said hearing on February 18, 2010.

ORDER

WHEREFORE, RESPONDENT IS ORDERED to immediately cease all acts constituting the practice of a practical nurse for an additional period of ninety (90) days from the date of this Order.

IT IS FURTHER ORDERED, that for the Respondent's failure to appear for his scheduled hearing, the Board issues the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting that the Board not enter a default order in this case and stating the reasons relied upon for his request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any other relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 09 day of March, 2010.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Heather Jo Whitmer
4622 Brunswick Highway
Waycross, GA 31501
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 6177
RETURN RECEIPT REQUESTED

Heather Jo Whitmer
319 Simonton Street #8
Elkhart, Indiana 46514

Laura E. Wilford, Deputy Attorney General
OFFICE OF THE ATTORNEY GENERAL
302 West Washington Street
IGCS 5th Floor
Indianapolis, Indiana 46204-2770
Telephone: (317) 234-2600

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2008 NB 016

FILED
MAR 30 2010
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF TOMMY POFF, L.P.N. LICENSE NO: 27052117A

NOTICE OF PROPOSED DEFAULT AND SUMMARY SUSPENSION ORDER

The Indiana State Board of Nursing ("Board"), pursuant to the authority of Ind. Code § 4-21.5-4-1 et seq. and Ind. Code § 25-1-9-10, at its regularly scheduled meeting on March 18, 2010 at the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, 46204, by a vote of 5-0-0, **SUMMARILY SUSPENDS** the license held by Tommy Poff, L.P.N., ("Respondent") for 90 days, as the Board finds that an emergency exists and that the Respondent represents a clear and immediate danger to the public health and safety if allowed to continue to practice as a practical nurse in the State of Indiana.

The State of Indiana was represented by Darren R. Covington, Deputy Attorney General. Respondent did not appear in person or by counsel.

This **NON-FINAL** emergency order is based on the following evidence:

1. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 2115 West Ryman Drive, Terre Haute, Indiana 47802, and he is a Licensed Practical Nurse in the State of Indiana having been issued license number 27052117A in 2003.

2. On or around September 16, 2008, Respondent's nursing license was placed on probation, pursuant to a settlement agreement approved by the Board. Under the terms and conditions of his probation, Respondent is required maintain compliance

with his Recovery Monitoring Agreement ("RMA") in the Indiana State Nurses Assistance Program ("ISNAP"), which he was participating in on this date.

3. On or around December 30 2008, Respondent's urine drug screen tested positive for tramadol. Respondent did not provide a copy of a prescription for tramadol to ISNAP.

4. On or around January 30, 2009, Respondent was in partial compliance with his ISNAP RMA since he had a positive urine drug screen.

5. On or around May 15, 2009, Respondent's RMA was extended three months due to his positive urine drug screen.

6 On or around November 10, 2009, Respondent was in significant non-compliance with his ISNAP RMA. Respondent failed to submit any paperwork or to submit to any urine drug screens.

7. On or around December 1, 2009, Respondent's RMA was extended three months due to his non-compliance.

8. On or around February 9, 2010, Respondent was in significant non-compliance with his ISNAP RMA. Respondent failed to submit any paperwork or to submit to any urine drug screens.

9. On or around February 23, 2010, ISNAP recommended an Order to Show Cause Hearing based on Respondent's pattern of non-compliance and not engaging in monitoring.

10. On or around February 24, 2010, the Board issued an Order to Show Cause to Respondent based upon his non-compliance with his ISNAP RMA.

11. During the course of the hearing on March 18, 2010, the Board heard testimony from Chuck Lindquist, program director for ISNAP. Mr. Lindquist testified that Respondent had been in significant non-compliance and that ISNAP had received several reports from Respondent's employers that they suspected he had diverted medication, although Respondent's urine drug screens were negative.

Pursuant to Ind. Code § 4-21.5-3-24, the Board, by a vote of 5-0-0, also **ISSUES** a Notice of Proposed Default Order on the following grounds:

1. Respondent's address with IPLA is 2115 West Ryman Drive, Terre Haute, Indiana 47802.

2. An Order to Show Cause in this matter was issued on February 24, 2010.

3. On February 24, 2010, IPLA sent notice to Respondent at his listed address by certified mail, return receipt requested informing him of the time, date, and place of the final hearing on this matter scheduled for March 18, 2010.

4. On March 18, 2010, Respondent failed to appear for the hearing in person or by counsel.

5. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the date and time of the final hearing date.

ORDER

WHEREFORE, RESPONDENT IS ORDERED to immediately cease all acts constituting the practice of a licensed practical nurse for a period of ninety (90) days, effective March 18, 2010.

IT IS FURTHER ORDERED, that for the Respondent's failure to appear for his scheduled hearing, the Board issues the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting that the Board not enter a default order in this case and stating the reasons relied upon for his request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any other relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 30 day of March, 2010; this Order is effective as of March 18, 2010.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly
Executive Director
Indiana Professional ~~Licensing~~ Agency

Copies to:

Tommy Poff, L.P.N.
4850 North Milliken Street
Terre Haute, IN 47805
SENT CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0375
RETURN RECEIPT REQUESTED

Darren R. Covington, Deputy Attorney General
OFFICE OF THE ATTORNEY GENERAL
302 West Washington Street
IGCS 5th Floor
Indianapolis, Indiana 46204-2770

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2008 NB 113

IN THE MATTER OF THE LICENSE OF AMY LYNN POOLE, L.P.N. LICENSE NO: 27050007A

FILED
MAR 30 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT AND SUMMARY SUSPENSION ORDER

The Indiana State Board of Nursing ("Board"), pursuant to the authority of Ind. Code § 4-21.5-4-1 et seq. and Ind. Code § 25-1-9-10, at its regularly scheduled meeting on March 18, 2010 at the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, 46204, by a vote of 5-0-0, **SUMMARILY SUSPENDS** the license held by Amy Lynn Poole, L.P.N., ("Respondent") for 90 days, as the Board finds that an emergency exists and that the Respondent represents a clear and immediate danger to the public health and safety if allowed to continue to practice as a practical nurse in the State of Indiana.

The State of Indiana was represented by Darren R. Covington, Deputy Attorney General. Respondent did not appear in person or by counsel.

This **NON-FINAL** emergency order is based on the following evidence:

1. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 6807 East Laurel Ridge Lane, Mooresville, Indiana 46158, and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27050007A in 2001. Respondent is also reported to reside at 301 West Harrison St., Apt. 15, Martinsville, IN 46151.

2. On or around December 2, 2008, Respondent's nursing license was placed on probation, pursuant to a settlement agreement approved by the Board. Under the

terms and conditions of her probation, Respondent was required to sign a Recovery Monitoring Agreement ("RMA") with the Indiana State Nurses Assistance Program ("ISNAP") and remain in compliance with the terms of her ISNAP RMA.

3. On or around February 4, 2009, Respondent signed a three-year ISNAP RMA.

4. On or around May 1, 2009, Respondent was in partial compliance with her ISNAP RMA because she failed to submit to one urine drug screen.

5. On or around August 14, 2009, Respondent was in significant non-compliance with her ISNAP RMA. Respondent failed to submit her self-reports and meeting logs and she failed to submit to two urine drug screens.

6. On or around September 4, 2009, Respondent's RMA was extended three months due to her non-compliance.

7. On or around October 29, 2009, ISNAP received a report from Respondent's worksite monitor at Fresenius Medical Care that her employment had been terminated for absenteeism and tardiness.

8. On or around November 10, 2009, Respondent was in significant non-compliance with her ISNAP RMA. Respondent failed to submit several reports and did not submit to eight urine drug screens.

9. On or around December 9, 2009, ISNAP recommended an Order to Show Cause Hearing based on Respondent's pattern of non-compliance and not engaging in monitoring.

10. On or around February 26, 2010, the Board issued an Order to Show Cause to Respondent based upon her non-compliance with his ISNAP RMA.

11. During the course of the hearing on March 18, 2010, the Board heard testimony from Chuck Lindquist, program director for ISNAP. Mr. Lindquist testified that Respondent had been in significant non-compliance and that Respondent had testified positive on a urine drug screen for amphetamines. Mr. Lindquist also testified that Respondent was using suboxone.

Pursuant to Ind. Code § 4-21.5-3-24, the Board, by a vote of 5-0-0, also **ISSUES** a Notice of Proposed Default Order on the following grounds:

1. Respondent's address with IPLA is 6807 West Laurel Ridge Lane, Mooresville, Indiana 46158.

2. An Order to Show Cause in this matter was issued on February 26, 2010.

3. On February 26, 2010, IPLA sent a notice to Respondent at her listed address by certified mail, return receipt requested and to 301 West Harrison Street, Apt. 15, Martinsville, Indiana 46151 by certified mail, return receipt requested, informing her of the time, date, and place of the final hearing on this matter scheduled for March 18, 2010.

4. On March 18, 2010, Respondent failed to appear for the hearing in person or by counsel.

5. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the date and time of the final hearing date.

ORDER

WHEREFORE, RESPONDENT IS ORDERED to immediately cease all acts constituting the practice of a licensed practical nurse for a period of ninety (90) days, effective March 18, 2010.

IT IS FURTHER ORDERED, that for the Respondent's failure to appear for her scheduled hearing, the Board issues the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting that the Board not enter a default order in this case and stating the reasons relied upon for her request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any other relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 30 day of March, 2010; this Order is effective as of March 18, 2010.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

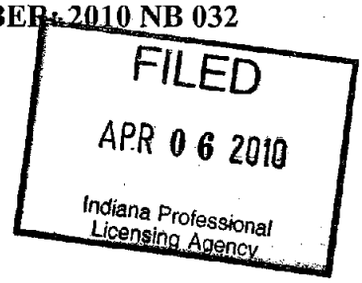
Copies to:

Amy Lynn Poole, L.P.N.
6807 East Laurel Ridge Lane
Mooresville, IN 46158
SENT CERTIFIED MAIL NUMBER: 7006 2760 0003 4664 0399
RETURN RECEIPT REQUESTED

Amy Lynn Poole, L.P.N.
301 West Harrison Street, Apt. #15
Martinsville, IN 46151

Darren R. Covington, Deputy Attorney General
OFFICE OF THE ATTORNEY GENERAL
302 West Washington Street
IGCS 5th Floor
Indianapolis, Indiana 46204-2770

BEFORE THE INDIANA STATE NURSING BOARD
CAUSE NUMBER: 2010 NB 032



IN THE MATTER OF THE LICENSE OF)
)
JEFFREY K. STUBBLEFIELD, L.P.N.)
)
LICENSE NO: 27061115A)

NOTICE OF PROPOSED DEFAULT

A final hearing was scheduled to be held on February 18, 2010 before the Indiana State Board of Nursing ("Board") in the Auditorium of the Indiana State Government Building South, 302 West Washington Street, Indianapolis, Indiana, 46204, to consider the Complaint filed against Jeffrey K. Stubblefield, L.P.N. ("Respondent") by the State of Indiana ("Petitioner") on February 2, 2010.

The Petitioner was represented by Deputy Attorney General Darren R. Covington. Respondent failed to appear in person or by counsel.

The Board, pursuant to Ind. Code § 4-21.5-3-24, voted 6-0-0 to issue a Notice of Proposed Default on the following grounds:

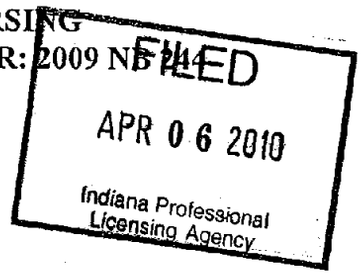
1. The Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 26203 Co. Rd. 4, Elkhart, IN 46514.

2. An Administrative Complaint was filed by the Petitioner in this matter against Respondent on February 2, 2010.

3. On February 4, 2010, IPLA sent a notice to Respondent at his listed address informing Respondent of the date, time, and place of the final hearing on the Petitioner's Administrative Complaint scheduled for February 18, 2010.

4. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the final hearing and failed to appear for the scheduled hearing on February 18, 2010.

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 244



IN THE MATTER OF THE LICENSE OF)
JOHNNIE WHEELER, L.P.N.,)
LICENSE NO: 27053871A)

NOTICE OF PROPOSED DEFAULT

A final hearing was scheduled to be held on January 21, 2010 before the Indiana State Board of Nursing ("Board") in the Auditorium of the Indiana State Government Building South, 302 West Washington Street, Indianapolis, Indiana, 46204, to consider the Complaint filed against Johnnie Wheeler, L.P.N. ("Respondent") by the State of Indiana ("Petitioner").

The Petitioner was represented by Laura E. Wilford, Deputy Attorney General. Respondent failed to appear in person or by counsel.

The Board, after taking official notice of its file in the matter and pursuant to Ind. Code § 4-21.5-3-24, voted 6-0-0 to issue a Notice of Proposed Default on the following grounds:

1. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 0900 South 250 East, Knox, Indiana 46534.

2. An Administrative Complaint was filed by the Petitioner in this Matter against Respondent on December 4, 2009.

3. On December 17, 2009, IPLA sent a notice to Respondent at his listed address informing Respondent of the date, time, and place of the final hearing on the State's Complaint scheduled for January 21, 2010.

4. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the final hearing and failed to appear for the scheduled hearing on January 21, 2010.

ORDER

For Respondent's failure to appear for the scheduled hearing, the Board issued the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, Respondent must file a written motion within seven (7) days of service of this Order requesting the Board not enter a default order in this case and stating the reasons relied upon for that request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If Respondent timely files a motion, the Board shall consider said motion along with any relevant facts in determining whether a default order should be entered. Should a default order be entered against Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of Respondent.

SO ORDERED, this 06 day of April, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies To:

Johnnie Wheeler
0900 South 250 East
Knox, IN 46534
SENT CERTIFIED MAIL NO. 7006 2760 0003 4664 0580
RETURN RECEIPT REQUESTED.

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770