

BEFORE THE INDIANA STATE BOARD OF NURSING
IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF
SUZANNE YVETTE BRITT
License Number 28101919A
Cause Number 2004 NB 0025

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DECISION ON LICENSE RENEWAL

Suzanne Yvette Britt ("Applicant") appeared before the Indiana State Board of Nursing ("Board"), on January 15, 2004 in Room A of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Applicant appeared to explain her application to renew her license as a registered nurse wherein she indicated that she had been convicted of a crime.

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 4 Heritage Drive, Terre Haute, Indiana 47803.
2. Applicant applied to renew her license as a registered nurse in 2003. In the application, she answered "yes" to the following question: "Have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"
3. Applicant pled guilty to driving under the influence and conversion in December 2003. The court ordered her to undergo treatment for alcohol abuse and she is receiving intensive out patient treatment from Fellowship House in Terre Haute. She admits to being an alcoholic. Her sobriety date is November 7, 2003.
4. Applicant may practice nursing under the terms and conditions set out below and she agrees to those terms and conditions.

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probationary terms withdrawn from her license after ninety (90) days from the date of this decision.

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 at all times.

c) Applicant must contact the Indiana State Nurses Assistance Program (ISNAP), make an appointment to see an addictionologist and sign all releases necessary to assist in an assessment by the addictionologist within 10 days of the date of this decision. If the Applicant is found to be a candidate for ISNAP, she must sign a Recovery Monitoring Agreement (RMA) with ISNAP within 45 days of the date of this decision.

d) If the Applicant signs a RMA, she must comply with the terms of that agreement.

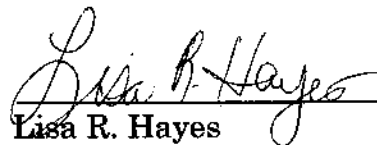
e) Applicant shall comply with all statutes and rules regulating the practice of nursing.

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 28th day of January, 2004.

INDIANA STATE BOARD OF NURSING

By:



Lisa R. Hayes

Executive Director

Health Professions Bureau

Copy to:

Suzanne Yvette Britt. RN

4 Heritage Drive

Terre Haute, Indiana 47803.

CERTIFIED MAIL NUMBER: 7002 3150 0000 1730 8108

RETURN RECEIPT REQUESTED

Applicant

Indiana State Nurses Assistance Program

PRMC

P O Box 1630

Brighton, MI 48116