BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2022NB0122

IN THE MATTER OF THE LICENSE OF:)
)
CHELSEA A. MILLER)
)
LICENSE NO.: 27073732A)

HEARING NOTICE AND CASE MANAGEMENT ORDER

Pursuant to Ind. Code § 4-21.5-3-20, the Indiana State Board of Nursing("Board") issues the following Hearing Notice:

1) This notice is being provided to the Petitioner, Chelsea Miller, 1208 Meadowood Drive, Danville, IN 46122.

2) The official cause number of this action is 2022NB0122.

3) This action is a hearing to determine whether the terms of probation on Petitioner's license should be withdrawn.

4) The hearing will address the Petition to Withdraw Probation submitted by Petitioner on April 11, 2025 and the issues contained in the Final Order filed on February 27, 2023, which are attached hereto and incorporated herein by reference.

5) A hearing regarding this petition is scheduled on July 17, 2025, at 1:30pm local time, in Conference Center Room 3 at 302 W. Washington St., Indianapolis, IN 46204.

6) The Board will be presiding as administrative law judge in this matter. The Board is empowered to hold this administrative hearing pursuant to the authority of Ind. Code ch. 25-1-9 and Ind. Code art. 4-21.5. et seq.

4) In preparation for the hearing, the parties shall adhere to the following dates:

7/10/2025	On or before this date, each party shall file with the Board: (1) a final witness and exhibit list; and (2) copies of all proposed exhibits. Each exhibit must be clearly labeled with an exhibit title and consecutive page numbers. The State shall label its exhibits numerically (e.g., Ex. 1). Petitioner shall label his or her exhibits alphabetically (e.g., Ex. A). Each party shall provide an estimate of time necessary for their case presentation.

5) If applicable, any party to the proceeding is entitled to an interpreter to assist the party throughout the proceeding pursuant to Ind Code. § 4-21.5-3-16. The party may supply their own interpreter or request that the Board supply an interpreter. Costs for the interpreter are the responsibility of the requesting party. Identification of a party's interpreter or requests to the Board for an interpreter need to be submitted to clerk@pla.in.gov at least 20 days prior to the hearing.

6) Communications regarding hearing schedules and procedures shall be sent via e-mail to Clerk@pla.in.gov.

7) Any party may be represented by counsel at the party's own expense.

8) 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 Ind. Code § 4-21.5-3-24.

SO ORDERED this 30th day of June 2025.

By: Andrea Racine for
Jennifer Miller, MSN, RN, President
Indiana State Board of Nursing

DISTRIBUTION

I certify that a copy of this Case Management Order has been duly served upon:

Chelsea Miller
1208 Meadowood Drive
Danville, IN 46122
[redacted]
Petitioner
Service by Email

6/30/2025
Date

Kayla Cridlin
Kayla Cridlin, Litigation Coordinator

Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236
Email: Clerk@pla.in.gov

Explanation of Service Methods
Personal Service: by delivering a true copy of the aforesaid document(s) personally.
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.
Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2022 NB 0122

IN THE MATTER OF THE LICENSE OF:)
)
CHELSEA MILLER, L.P.N.)
)
LICENSE NUMBER: 27073732A)

FILED
February 27, 2023
Indiana Professional Licensing Agency

FINAL ORDER

Kim Cooper, M.S.N., R.N.., designated by the Indiana State Board of Nursing ("Board") pursuant to Ind. Code § 4-21.5-3-9 to act as an administrative law judge ("ALJ"), held a personal appearance on November 3, 2022, via Webex, concerning Chelsea Miller's ("Applicant") application to renew her license as a nurse.

A copy of the ALJ panel's "Recommended Decision on Application for Renewal" is attached hereto as **Exhibit A** and made a part hereof.

Pursuant to Ind. Code § 4-21.5-3-29(c) the Board, at its meeting of February 16, 2023, votes 8-0-0 to affirm said Recommended Findings of Fact, Conclusions of Law and Order and adopt it as a final order in this proceeding.

The Applicant's license is **RENEWED** on **PROBATION .**

ISSUED this 27th day of February 2023.

INDIANA STATE BOARD OF NURSING

By: _____for
Jennifer Miller, R.N.
President
Indiana State Board of Nursing

Exhibit A

CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order" has been duly served upon:

Chelsea Miller
1208 Meadowood Drive
Danville, IN 46122
Service via U.S. Mail
Service via E-mail

2/27/2023
Date


Catherine Briney, Litigation Coordinator

Indiana State Board of Nursing
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2043
Fax: 317-233-4236
Email: pla2@pla.in.gov

Explanation of Service Methods
Personal Service: by delivering a true copy of the aforesaid document(s) personally.
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.
Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2022 NB 0122

IN THE MATTER OF THE LICENSE OF:)
)
CHELSEA MILLER, L.P.N.)
)
LICENSE NUMBER: 27073732A)

RECOMMENDED DECISION ON APPLICATION FOR RENEWAL

Kim Cooper, M.S.N., R.N., designated by the Indiana State Board of Nursing ("Board"), pursuant to Ind. Code § 4-21.5-3-9 to act as an administrative law judge ("ALJ"), held a personal appearance on November 3, 2022, via Webex, concerning Chelsea Miller's ("Applicant") application to renew her license as a nurse. She came 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 ALJ, after considering the evidence presented and taking official notice of the file in this matter, issues the following Recommended Findings of Fact, Conclusions of Law and Order:

RECOMMENDED FINDINGS OF FACT

1. The Applicant's mailing address on file with IPLA is 1208 Meadowood Drive, Danville, IN 46122.

2. The Applicant is a Licensed Practical Nurse (L.P.N.) with license number 27073732A.

3. The Applicant submitted an application to renew her license as a nurse on August 27, 2022.

4. The Applicant, at her personal appearance before the ALJ, disclosed that she pled guilty on June 7, 2022, to Resisting Law Enforcement, a Class A Misdemeanor. The Applicant was sentenced to criminal probation.

5. The Applicant has committed an act for which the Applicant may be disciplined and the Applicant agreed to the terms of probation.

CONCLUSIONS OF LAW

1. "The agency may delay issuing a license renewal for up to one hundred twenty (120) 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… 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." Ind. Code § 25-1-5-4(g)(4).

2. The Applicant committed an act for which the Applicant may be disciplined.

ORDER

Based upon the foregoing and pursuant to Ind. Code § 25-1-5-4, the Board renews the license of the Applicant on indefinite probation. The following **TERMS AND CONDITIONS** govern the Applicant's practice while on probation:

1. The Applicant's license as a nurse is renewed on **INDEFINITE PROBATION** for the length of her criminal probation. While on probation, the Applicant shall engage in active nursing practice.

2. The Applicant must keep the Board apprised of the following information in writing and update it as necessary:

a. The Applicant's current home address, mailing address, e-mail address and residential telephone number.

b. The Applicant's place of employment, employment telephone number, employment e-mail address and name of supervisor.

3. The Applicant shall provide a copy of all Board orders, including this one, imposing discipline or limiting practice to any nursing employer who shall sign and return a copy of such orders to the Board within ten (10) days of employment or receipt of the Order.

4. The Applicant shall cause the person evaluating her nursing practice to submit quarterly reports to the Board indicating her professional competence, sense of responsibility, work habits, mental attitude and ability to work with others. If Applicant is unemployed while on probation, she will submit a written personal report to the Board.

5. The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests, instances of substance abuse, relapses, work discipline or terminations to the Board immediately in writing.

6. The Applicant shall comply with the terms of her criminal probation and submit proof of completion to the Board.

7. 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 her license.

SO ORDERED, this 7th day of February 2023.

INDIANA STATE BOARD OF NURSING

By: __  __for
Kim Cooper, M.S.N., R.N.
President
Indiana State Board of Nursing

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.

CERTIFICATE OF SERVICE

I certify that a copy of the "Recommended Decision on Application for Renewal" has been duly served upon:

Chelsea Miller
1208 Meadowood Drive
Danville, IN 46122
Service via U.S. Mail
Service via E-mail

02/07/2023
Date

Catherine Briney, Litigation Coordinator

Indiana State Board of Nursing
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2043
Fax: 317-233-4236
Email: pla2@pla.in.gov

Explanation of Service Methods
Personal Service: by delivering a true copy of the aforesaid document(s) personally.
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.
Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

Litigation Division Webform

4/11/2025 11:31:56 AM

1. Welcome

This webform serves as the Indiana Professional Licensing Agency's portal to allow Hoosiers to submit documentation regarding litigation to be reviewed by our internal Litigation Division. (Example: Petition for Withdrawal of Probation.)

Please follow any instructions that appear on screen and fill out the forms with the correct information.

Thank you.

2. Complaint File, Complaint Type, Profession, Filing Date, Related Case Number

Instructions

Please upload your documentation regarding litigation (Example: Petition, Appeal, etc), select your complaint type, select your profession, enter the filing date, and enter the related case number.

File Upload Tool: Miller Chelsea- FO 02-2023 3.pdf

Complaint Type: Petition for Probation Modification/Withdrawal

Profession: Nursing

Filing Date: 04-11-2025

Related Case Number

Case Number: 2022NB0122

3. Is the Filing Party Also the Respondent?

Instructions

Determine if the filing party is also the respondent. If "No" is selected, you must provide the filer's contact information on the next page.

Is the filing party also the respondent?:

- [X] Yes
- [ ] No

Exhibit B

5. Respondent Contact Information

Instructions

Please provide the respondent's contact information below.

Additional Contact Information

First Name: Chelsea

Last Name: Miller

Address

Address Line 1: 703 Wind Song Trail

Address Line 2:

City: Mooresville

State: Indiana

Zip: 46158

Phone: (317) 605-5244

Email: [redacted]

6. Choose Filing Type

Instructions

Please determine if your filing is for an individual, a business, or both. Your selection determines which form(s) you must complete.

Respondent Type:

- [X] Individual
- [ ] Business
- [ ] Both

7. Individual Respondent Form

Instructions

This page represents individual respondents. If you meant to select the "Business" respondent option, please return to the Choose Filing Type page. If you selected the "Both" option, you will be required to complete the business respondent form upon completion of the individual respondent form.

Contact Information

First Name: Chelsea

Last Name: Miller
License Number (For Unlicensed Individuals, Please Enter 000000): 27073732A

Address

Address Line 1: 703 Wind Song Trail

Address Line 2:

City: Mooresville

State: Indiana

Zip: 46158

Phone Number: (317) 605-5244

Email: [redacted]

9. Respondent's Attorney

Instructions

If applicable, please provide your attorney's information below.

Attorney Information

First Name:

Last Name:

Attorney License Number:

Address

Address Line 1:

Address Line 2:

City:

State:

Zip:

Phone:

Email:

10. Attorney General Information

Instructions

This page is for information relating to the Attorney General's office.

Attorney General Information

Consumer File Number (0 Can Be Entered If Not Applicable): 0

First Name (N/A Can Be Entered If Not Applicable): N/A

Last Name (N/A Can Be Entered If Not Applicable): N/A

License Number (0 Can Be Entered If Not Applicable): 27073732A

Address (N/A Can be Entered if Not Applicable)

Address Line 1: N/A

Address Line 2:

City:

State:

Zip:

Phone (000-000-0000 can be entered if not applicable): (000) 000-0000

Email (email@email.com if not applicable): email@email.com

Litigation File Number (0 Can Be Entered If Not Applicable): 2022NB0122

11. Violation Panel

Instructions

Please select what type of violation you are reporting (non-health or health).

Violation Panel: IC 25.1-9-4a3 (Health)

12. List of Alleged Charges

Instructions

Please use the space provided below to list any additional alleged charges (count, charge title, and charge details presented in the complaint file).

List of Alleged Charges

Alleged Charge: N/A

13. Completion of Form

Completion

The Indiana Professional Licensing Agency thanks you for completing this form. We are continually looking for ways to better serve Hoosiers.

A copy of the completed form and uploaded documentation has been sent to the Indiana Professional Licensing Agency's Litigation Division for review.

Thank you!