

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2013 NB 417

IN THE MATTER OF THE LICENSE)
RENEWAL APPLICATION OF:)
RYAN MORRIS, R.N.)
LICENSE NUMBER: 28196684A)

FILED

OCT 24 2013

Indiana Professional
Licensing Agency

DECISION ON LICENSE RENEWAL APPLICATION

The Indiana State Board of Nursing ("Board") requested that Ryan Morris ("Applicant") personally appear before a representative of the Board on October 16, 2013, for the purpose of providing information and answering questions concerning his application to renew his license to practice as a nurse.

The Applicant appeared in person.

The Board, at its meeting on October 17, 2013, considered the recommendation of the Board representative and the information presented by the Applicant, and reviewed its file in this matter. Thereafter, they voted 6 to 0 to issue the following decision.

FACTS

1. The Applicant, whose mailing address is 1210 Stonelily Drive, Jeffersonville, Indiana 47130, submitted an application to the Board to renew his license as a registered nurse.

2. In his application he revealed that in the last renewal cycle he was convicted of public intoxication. He will be on criminal probation until March 2014.

3. Applicant agrees to be evaluated by the Indiana State Nurses Assistance Program ("ISNAP").

4. The Applicant is in agreement with the Board that his license as a registered nurse be renewed and that the license be placed on probationary status.

TERMS AND CONDITIONS

Based upon the foregoing, the Board renews the license of the Applicant pursuant to Ind. Code § 25-1-5-4(g)(5) as follows:

1. The Applicant's license as a registered nurse will be renewed on

INDEFINITE PROBATION. The Applicant may petition to have the probationary order withdrawn after the completion of his criminal probation.

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

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

b) The Applicant must submit quarterly supervisor reports from his nursing employer to the Board. The reports to the Board shall indicate his professional competence, sense of responsibility, work habits, mental attitude, and ability to work with others. If the Applicant is unemployed as a nurse, he must submit quarterly reports to the Board on his personal circumstances.

c) The Applicant needs to sign a recovery monitoring agreement with ISNAP and comply with its terms if he is deemed to be a candidate for monitoring.

d) The Applicant shall comply with all statutes and rules regulating the practice of nursing in Indiana, comply with his criminal probation, 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 24th day of October, 2013.

INDIANA STATE BOARD OF NURSING

By: 
Nicholas W. Rhoad
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.

CERTIFICATE OF SERVICE

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

Ryan Morris
1210 Stonelily Drive
Jeffersonville, IN 47130
Service by U.S. Mail

Oct. 24, 2013
Date

Lisa Chapman
Lisa Chapman

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

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