



3. The Applicant needs to sign a recovery monitoring agreement with the Indiana State Nurses Assistance Program (“ISNAP”).

4. The Applicant graduated from nursing school in December 2016 and has passed the qualifying exam.

5. 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.

### **TERMS AND CONDITIONS**

Based upon the foregoing, the Board will issue the license of the Applicant pursuant to Ind. Code § 25-1-9-16(a)(1) as follows:

1. The Applicant’s license as a registered nurse will be issued on **INDEFINITE PROBATION**. The Applicant may petition to have the probationary order withdrawn after the completion of his recovery monitoring agreement with ISNAP.

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 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.

c) While he is employed as a nurse, Pfingston will cause the person who supervises his nursing practice to submit written reports to the Board every quarter advising the Board of his professional competence, sense of responsibility, work habits, mental attitude and ability to work with others. If Pfingston is unemployed as a nurse while on probation, he will submit written personal report to the Board on a quarterly basis.

d) The Applicant shall sign a recovery monitoring agreement with ISNAP and shall be in full, complete and continuous compliance with its terms.

e) The Applicant shall comply with all the statutes and rules regulating the nursing profession.

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 19<sup>th</sup> day of June 2017.

INDIANA STATE BOARD OF NURSING

By: Maureen Bennett  
Kim Cooper, R.N.  
Board 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.

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**CERTIFICATE OF SERVICE**

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

Richard Pfingston  
5655 Maple Lane  
Newburgh, IN 47630  
**Service by U.S. Mail**

6/19/2017  
Date

Lisa Chapman  
Lisa Chapman, Litigation Specialist

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**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.