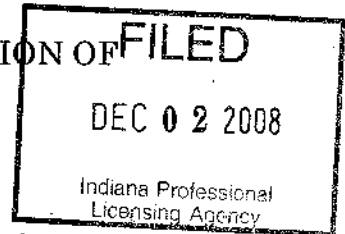


BEFORE THE INDIANA STATE  
BOARD OF NURSING  
CAUSE NUMBER: 2008 NB 174

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF  
DEVOTA OWENS  
LICENSE NUMBER: 27034445A



**DECISION ON LICENSE RENEWAL APPLICATION**

Devota Owens ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on November 20, 2008, in the Auditorium 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 87 South 52<sup>nd</sup> Place, Richmond, Indiana 47374.
2. Applicant applied to renew her license as a nurse in 2008.
3. Along with her application, Applicant informed the Board that in 2007 her employment was terminated due to suspicion of diversion of narcotics because she failed to document the destruction of a Lortab tablet. She is a recovering alcoholic.
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:

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 90 days of full compliance with a recovery monitoring agreement (RMA) with the Indiana State Nurses Assistance Program (ISNAP).

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 must sign an RMA with ISNAP and comply with it.

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 her to a show cause hearing and the imposition of further sanctions.

SO ORDERED, this 02 day of December, 2008.

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 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:

Devota Owens  
87 South 52<sup>nd</sup> Place  
Richmond, Indiana 47374  
CERTIFIED MAIL NUMBER: 7002 0510 0002 5862 4439  
RETURN RECEIPT REQUESTED

525279