**BEFORE THE INDIANA STATE BOARD OF NURSING**
**CAUSE NUMBER: 2015 NB 178**

**IN THE MATTER OF THE LICENSE APPLICATION OF:** )
)
**AMANDA PICKARD** )
)
**LICENSE NUMBER:** )



**AMENDED ORDER ON**

**DECISION ON APPLICATION FOR LICENSE**

The Indiana State Board of Nursing ("Board") requested that Amanda Pickard ("Applicant") personally appear before a Board member on July 9, 2015, in Room 3 of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. She came for the purpose of providing information and answering questions concerning her application for a license as a nurse. The Applicant appeared in person.

The Board member made a recommendation to the full Board at its meeting on July 15, 2015 and the Board approved the recommendation by a vote 8 to 0. However, subsequently, it came to the Board's attention that the Order drafted and filed to reflect that Order contained factual errors. The full Board, after considering the advice of counsel and reviewing its file in this matter at its meeting on August 20, 2015, voted 8 to 0 to issue the following Amended Order:

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## FACTS

1. The Applicant, who resides at 441 Mutton Creek Drive, Seymour, Indiana 47274, submitted an application to the Board for a license as a registered nurse. She has active licenses as a registered nurse in Illinois and Wisconsin.

2. Along with her application, the Applicant revealed that in 2012 she was charged and convicted for driving under the influence. This is her sole conviction.

3. The Indiana State Nurses Assistance Program did not find the Applicant to be a candidate for monitoring.

4. The Applicant has demonstrated to the Board that she is able to practice competently and safely if she 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 The Applicant may petition to have the probationary order withdrawn after six months of active nursing practice.

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 she is employed as a nurse, Pickard will cause her employer to submit written reports to the Board every quarter advising the Board of her professional competence, sense of responsibility, work habits, mental attitude and ability to work with others. If Pickard is unemployed as a nurse while on probation, she will submit a written personal report to the Board on a quarterly basis.

d) 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 her to a show cause hearing and the imposition of further sanctions, including emergency suspension of her license.

**SO ORDERED**, this 2nd day of September, 2015.

INDIANA STATE BOARD OF NURSING

By: Herbert W Price

for Natalie Hall, 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 "Amended Order on Decision on Application for License" has been duly served upon:

Amanda Pickard
441 Mutton Creek Dr
Seymour, IN 47274
**Service by U.S. Mail**

9. 2. 2015
Date

Lisa Chapman
Lisa Chapman

Indiana State Board of Nursing
Indiana Government Center South
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Indianapolis, IN 46204
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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.