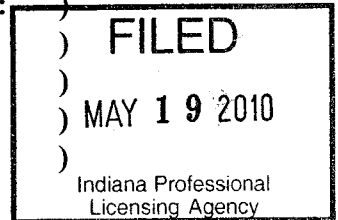


BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 096

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:

HEATHER POTTS

License Number: 27053159A



DECISION ON APPLICATION FOR LICENSE RENEWAL

The Indiana State Board of Nursing ("Board") requested that Heather Potts ("Applicant") personally appear before the Board on April 15, 2010, 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 Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted five (5) to zero (0), to issue the following decision:

FACTS

1. The Applicant, who resides at 3029 Breton Street, Robinson, Texas 76706, submitted an application to the Board to renew her license as a nurse.
2. Along with her application, the Applicant revealed that she was convicted of public intoxication in 2009. The Applicant also reported two previous convictions for public intoxication and prior participation in the Indiana State Nurses Assistance Program ("ISNAP").
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.

5. The Applicant is in agreement with the Board that her license be renewed and that the license be placed on probationary status.

TERMS AND CONDITIONS

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

1. The Applicant's license as a nurse is renewed on **INDEFINITE PROBATION**. The Applicant may petition to have the probationary order withdrawn after successful completion of a recovery monitoring agreement with ISNAP if she is a candidate for that program. If she is not eligible for ISNAP, she may apply to withdraw the probation after that determination is made.

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 immediately contact ISNAP and sign a recovery monitoring agreement with that organization if she is deemed eligible. If she enters into an agreement with ISNAP she must comply with its terms.

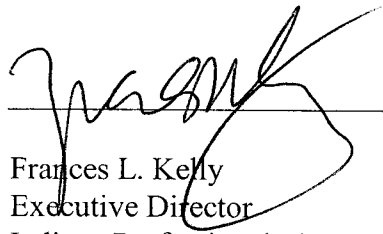
c) The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests to the Board.

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 19 day of May, 2010.

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 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.

Copies to:

Heather Potts 3029 Breton Street
Robinson, Texas 76706

CERTIFIED MAIL NUMBER: 91 7190 0005 2720 0001 0015
RETURN RECEIPT REQUESTED