BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2013 NB 131

FILED
MAR 26 2013
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF: MARCY ROMEOS, R.N. LICENSE NUMBER: 28109751A

DECISION ON LICENSE RENEWAL/REINSTATEMENT APPLICATION

The Indiana State Board of Nursing ("Board") requested that Marcy Romeos ("Applicant") personally appear before a representative of the Board on March 7, 2013, for the purpose of providing information and answering questions concerning her application to renew/reinstate her license to practice as a nurse.

The Applicant appeared in person.

The Board, at its meeting on March 21, 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 8 to 1 to issue the following decision.

FACTS

1. The Applicant, whose mailing address is 6 Glendale Boulevard, Valparaiso, Indiana 46383, submitted an application to the Board to renew/reinstate her license as a registered nurse. Her license expired in 2001.

2. Romeos moved to Greece with her husband and has not worked in the United States for over 20 years.

3. Romeos agrees that she will need to refresh her nursing skills.

4. The Applicant is in agreement with the Board that her license as a registered nurse be renewed/reinstated on probation.

TERMS AND CONDITIONS

Based upon the foregoing, the Board will renew/reinstate the license of the Applicant pursuant to Ind. Code § 25-1-5-4 as follows:

1. The Applicant's license as a registered nurse will be renewed/reinstated on **INDEFINITE PROBATION**. The Applicant may petition to have the probationary order withdrawn after she completes a refresher course with a clinical component.

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 take a refresher course with a clinical component.

c) The Applicant may not practice as a nurse until she documents completion of the refresher course.

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 26 day of March, 2013.

INDIANA STATE BOARD OF NURSING

By: _____

Virgil R. Madden
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" has been duly served upon:

Marcy Romeos
6 Glendale Boulevard
Valparaiso, IN 46383
Service by U.S. Mail

3.26.13
Date

Signature

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
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.