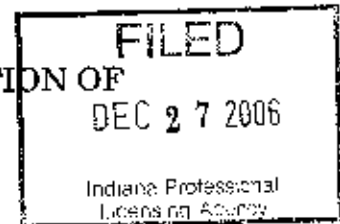


BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2006 NB 0169

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF
ANGELA MARIE SHEETS
LICENSE NUMBER 27050573A



DECISION ON LICENSE RENEWAL APPLICATION

Angela Sheets ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on December 14, 2006 in Room W064 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 practical nurse.

After considering Ms. Sheets' statements and taking official notice of its file in this matter, the Board issues the following Decision:

BACKGROUND

1. Applicant's mailing address is 282 North Belleview Place, Indianapolis, Indiana, 46222.
2. Applicant applied to renew her license as a practical nurse in October 2006.
3. Along with her application, Applicant informed the Board that she had been arrested for driving under the influence in September 2006 and shoplifting in December 2005. She is currently on criminal probation.
4. Applicant has demonstrated that she may practice nursing in Indiana with a probationary license.

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 practical nurse will be renewed on **INDEFINITE PROBATION**. She may apply to withdraw the probation from her license after she successfully completes her criminal probation.

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) name, address, and telephone number at all times.

c) Applicant shall provide a copy of all Board orders imposing discipline or limiting practice to any nursing employer who shall sign and return a copy of such orders to the Board within seven (7) days of employment or receipt of this order.

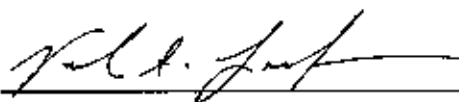
d) Applicant shall contact the Indiana State Nurses Assistance Program ("ISNAP") immediately and be evaluated within ninety (90) days. If she is determined to be a candidate for ISNAP, she must sign a recovery monitoring agreement with them and comply with its terms.

e) 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 27th day of DECEMBER 2006.

INDIANA STATE BOARD OF NURSING

By:  FOR FRANCES KELLY
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:

Angela Sheets
282 North Belleview Place
Indianapolis, Indiana 46222
CERTIFIED MAIL NUMBER: 7005 3110 0002 4931 8974
RETURN RECEIPT REQUESTED