INDIANA STATE BOARD OF NURSING

Will meet on
Thursday, February 18, 2010
at 8:30 a.m.
in the Auditorium of the
Indiana Government Center-South
302 West Washington Street
Indianapolis, Indiana 46204

I. CALL TO ORDER AND ESTABLISHMENT OF QUORUM **8:30 a.m.**

II. ADOPTION OF THE AGENDA

III. ADOPTION OF THE MINUTES FROM THE DECEMBER 10, 2009 AND JANUARY 21, 2010 MEETINGS OF THE BOARD

IV. INDIANA STATE NURSES ASSISTANCE PROGRAM

V. EDUCATION

The Indiana State Board of Nursing Education Subcommittee Meeting will be held Friday, February 19, 2010 in Conference Rooms 4 and 5 of the Indiana Government Center South. The meeting will begin at 9:00 a.m. and cover a variety of topics including pass rates, new programs, and accreditation issues.

A. FYI: ITT Technical Institute – Newburgh has a new Nursing Program Chair effective January 11, 2010: Tamara Wilder.
B. ITT Technical Institute, Fort Wayne
C. Ivy Tech Community College – State-wide proposed curriculum changes for all ASN and PN programs.

VI. DISCUSSION

A. Two voluntary surrender requests:
1. Melinda D. Hokey, 28125238A –
2. Kelly L. Martin , 27033297A -

B. 2007 Indiana Registered Nurse Re-Licensure Survey Report now available online at www.ahec.iupui.edu

C. Kate Callahan re: MMPI-2 results

VII. BOARD DIRECTOR REPORT

A. February 2010 nurse licensure numbers
B. Nursing Boards from the past

VIII. PERSONAL APPEARANCES **8:45 a.m.**

Personal Appearance applicants will meet in the Auditorium but will be conducted by one or more Board Members in another conference center room concurrently with the administrative hearings scheduled for 8:45 a.m. The Board Member(s) conducting the personal appearance interviews will make recommendations to the full Board regarding their applications at the end of the full Board Meeting.

A. Appearances by Applicants for Licensure
1. Jeremy Jeffries – Examination
2. Rachel Wagner – Endorsement
3. Olga Marcova – Examination
4. Jamie Schultz – Endorsement
5. Lawrence Robinson – Examination
6. Jeremiah Bingham – Examination
7. Nicole Oviatt – Examination
8. Tobi Stephenson – Examination
9. Sheri Adams – Examination
10. Tanya Castellanos – Examination
11. Kytori Tolbert – Examination
12. Jennifer Haviland – Examination
13. Janice Ray – Examination
14. Nancy – Distin – Endorsement
15. Sherinda Teague – Examination
16. Donald Ranus – Examination

17. Kenyanna Gentry -Examination

B. **Appearances by Applicants for Renewal - More Than Three Years**
   1. Amanda Chandler

VIII. ADMINISTRATIVE HEARINGS

The following hearings are scheduled to begin at 9:00 a.m. Cases will be heard on order of arrival, with the exception of agreements, which will be heard first. A sign-up sheet will be available at 8:00 a.m.

A **In the Matter of the License of: Jason Winningham, L.P.N., License No. 27055914A**
Administrative Cause No. 2009 NB 181
Re: Disciplinary Hearing

B. **In the Matter of the License of: Cindy Jo Lane, L.P.N., License No. 27050050A**
Administrative Cause No. 2009 NB 259
Re: Proposed Settlement Agreement

C. **In the Matter of the License of: Deborah Finks, R.N., License No. 28136326A**
Administrative Cause No. 2010 NB 012
Re: Disciplinary Hearing

C. **In the Matter of the License of: Barbara Ann Norris, R.N., N.P., C.S.R., License Nos. 28094810A, 71001043A, 71001043B**
Administrative Cause No. 2009 NB 050
Re: Disciplinary Hearing
Request for a Continuance

E. **In the Matter of the License of: Alisha Moore, R.N., License No. 28168273A**
Administrative Cause No. 2010 NB 010
Re: Proposed Settlement Agreement

F. **In the Matter of the License of: Rhonda Aldridge, R.N., License No. 28168312A**
Administrative Cause No. 2010 NB 009
Re: Disciplinary Hearing

G. **In the Matter of the Application to Renew the License of: D. Patrick Vonderau, R.N., License No. 28160807A**
Administrative Cause No. 2009 NB 209
Re: Motion to Appeal Decision

H. **In the Matter of the License of: Heather Whitmer, R.N., License No. 28161403A**
Administrative Cause No. 2009 NB 199
Re: Disciplinary Hearing

I. **In the Matter of the License of: Christina Painter, R.N., License No. 28125249A**
Administrative Cause No. 2009 NB 162
Re: Disciplinary Hearing

J. **In the Matter of the License of: Kandace Ubelhour, R.N., License No. 28136240A**
Administrative Cause No. 2010 NB 014
Re: Disciplinary Hearing

K. **In the Matter of the License of: Patricia Ortman, L.P.N., License No. 27031185A**
Administrative Cause No. 2009 NB 224
Re: Disciplinary Hearing
Respondent's Request for a Continuance

L. **In the Matter of the License of: Barbara Johnson, L.P.N., License No. 27034849A**
Administrative Cause No. 2010 NB 015
Re: Disciplinary Hearing
Motion for Continuance

The following hearings are scheduled to begin at 1:30 pm. Cases will be heard on order of arrival, with the exception of agreements, which will be heard first.

M. In the Matter of the License of: Carolyn Turner, R.N., L.P.N., License Nos. 28085734A and 27015088A
Administrative Cause No. 2010 NB 013
Re: Settlement/ Pre-Hearing Conference

N. In the Matter of the License of: Angela Marie Daly, L.P.N., License No. 27050020A
Administrative Cause No. 2010 NB 020
Re: Disciplinary Hearing

O. In the Matter of the License of: Betty Marie Sumner, L.P.N., License No. 27038766A
Administrative Cause No. 2009 NB 254
Re: Disciplinary Hearing

P. In the Matter of the License of: Lisa Ann Penick, L.P.N., License No. 27049343A
Administrative Cause No. 2009 NB 256
Re: Disciplinary Hearing

Q. In the Matter of the License of: Kristy Ann Walsh, R.N., License No. 28097305A
Administrative Cause No. 2009 NB 248
Re: Disciplinary Hearing

R. In the Matter of the License of: Debra Lynn Nichols, R.N., License No. 28109347A
Administrative Cause No. 2009 NB 252
Re: Disciplinary Hearing

S. In the Matter of the License of: Billie Ruth Thomas, L.P.N., License No. 27044063A
Administrative Cause No. 2009 NB 151
Re: Disciplinary Hearing

T. In the Matter of the License of: April Dawn Hughes, L.P.N., License No. 27046063A
Administrative Cause No. 2009 NB 157
Re: Disciplinary Hearing

U. In the Matter of the License of: Christina Ann Baker, R.N., License No. 28158912A
Administrative Cause No. 2007 NB 0136
Re: Order to Show Cause

V. In the Matter of the License of: David W. Keller, L.P.N., License No. 27058339A
Administrative Cause No. 2008 NB 207
Re: Order to Show Cause

W. In the Matter of the License of: Gretchen Murray, R.N., License No. 28125195A
Administrative Cause No. 2007 NB 0191
Re: Order to Show Cause

X. In the Matter of the License of: Charymar Gerding, R. N., License No. 28162832A
Administrative Cause No. 2009 NB 227
Re: Request to Withdraw Probation

Y. State of Indiana v. Dennis Ray Miller, L.P.N., License No. 27041641A
Administrative Cause No. 2006 NB 0013
Re: Request to Reinstate

Z. In the Matter of the License of: Marlene E. Craig, R.N., License No. 28163452A
Administrative Cause No. 2008 NB 140
Re: Request to Reinstate

AA. In the Matter of the License of: Misty Renee White Gomez, R. N., License No. 28162439A
Administrative Cause No. 2008 NB 0081
Re: Order to Show Cause

BB. In the Matter of the License of: Susan Kay Cales, L.P.N., License No. 27029891A
Administrative Cause No. 2010 NB 016

CC. In the Matter of the Application to Renew the License of: Tammy DeGroft, R.N., License No. 28175379A
Administrative Cause No. 2010 NB 007 CONTINUED
Re: Petition for Review of Decision on Application to Renew License

DD. In the Matter of the License of: Holly Schultz, L.P.N., License No. 27057764A
Administrative Cause No. 2010 NB 026
Re: Disciplinary Hearing

EE. In the Matter of the License of: Asia Yvette Edwards, L.P.N., License No. 27054870A
Administrative Cause No. 2010 NB 027
Re: Disciplinary Hearing

FF. In the Matter of the License of: Laura Borders, R.N., License No. 28145328A
Administrative Cause No. 2010 NB 028
Re: Disciplinary Hearing

GG. In the Matter of the License of: Robin Lynn Coplen, R.N., License No. 28134328A
Administrative Cause No. 2010 NB 025
Re: Disciplinary Hearing

HH. In the Matter of the License of: Kimberly Coudret, R.N., License No. 28091846A
Administrative Cause No. 2010 NB 024
Re: Disciplinary Hearing

II. . In the Matter of the License of: Carol A. Gilkerson, R.N., License No. 28120944A
Administrative Cause No. 2010 NB 029
Re: Disciplinary Hearing

JJ . In the Matter of the License of: Judy Kay Hart, L.P.N., License No. 27032538A
Administrative Cause No. 2010 NB 030
Re: Disciplinary Hearing

KK. In the Matter of the License of: Jeffrey Stubblefield, L.P.N., License No. 27061115A
Administrative Cause No. 2010 NB 032
Re: Disciplinary Hearing

LL. In the Matter of the License of: Emily Rose Hall, L.P.N., License No. 27031575A
Administrative Cause No. 2010 NB 033
Re: Disciplinary Hearing

MM. In the Matter of the License of: Deborah Wallen, L.P.N., License No. 27025610A
Administrative Cause No. 2010 NB 035
Re: Disciplinary Hearing

NN. In the Matter of the License of: Kristina Bartlett, R.N., License No. 28165856A CONTINUED
Administrative Cause No. 2010 NB 036
Re: Disciplinary Hearing

OO. In the Matter of the License of: Jessica Beam, L.P.N., License No. 27058321A CONTINUED
Administrative Cause No. 2010 NB 037
Re: Disciplinary Hearing

PP. State of Indiana v. Catherine Novak, L.P.N., License No. 27037662A
Administrative Cause No. 99 NB 032
Re: Notice of Proposed Dismissal

QQ. In the Matter of the License of George Barnes, R.N., License No. 28120533A
Administrative Cause No. 2007 NB 020
Re: Order to Show Cause

RR. In the Matter of the License of: Angela Gehlhausen, L.P.N., License No. 27060888A
Administrative Cause No. 2007 NB 0167
Re: Order to Show Cause

SS. In the Matter of the License of: Connie Louann House, R. N., License No. 28080979A
Administrative Cause No. 2007 NB 0130

Re: Order to Show Cause

IX. DEFAULT HEARINGS

A. In the Matter of the License of Tammy Anderson, L.P.N., License No. 27036376A
Administrative Cause No. 2009 NB 214
Re: Notice of Proposed Default

B. In the Matter of the License of: Cecilia Hicks, L.P.N., License No. 27045893A
Administrative Cause No. 2009 NB 0177
Re: Notice of Proposed Default

C. In the Matter of the License of: Bonnie Applegate, L.P.N., License No. 27046265A
Administrative Cause No. 2009 NB 197
Re: Notice of Proposed Default
Received Telephonic Response

D. In the Matter of the License of: Dennis Beeching, L.P.N., License No. 27036390A
Administrative Cause No. 2009 NB 00195
Re: Notice of Proposed Default

E. In the Matter of the License of: Michell Mae Eckert, L.P.N., License No. 27036379A
Administrative Cause No. 2009 NB 242
Re: Notice of Proposed Default

X. ADJOURNMENT

Next Scheduled Meeting:

Thursday, March 18, 2010 - Full Board Meeting
Indiana Government Center-South
Auditorium

INDIANA STATE BOARD OF NURSING
Thursday, December 10, 2009
at 8:30 a.m.
in the Auditorium of the
Indiana Government Center-South
302 West Washington Street
Indianapolis, Indiana 46204

I. CALL TO ORDER AND ESTABLISHMENT OF QUORUM

Mr. Burghduff called the meeting to order at 8:30 a.m. in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana 46204 and declared a quorum, in accordance with IC § 25-23-1-5(b).

Board Members Present:

Jerry Burghduff, L.P.N., Vice-President
Marcia Laux, R.N., Member
Lynda Narwold, R.N., Secretary
Anne Ogle, Consumer Member
Stacy Henderson, L.P.N., Member
Connie McIntosh, R.N., Member

Board Members Absent

Carolyn Slagle, R.N., C.N.S., Member
Laurel Valentino, R.N., President
Scott Johns, R.N., C.R.N.A., Member

State Officials Present:

Sean Gorman, Board Director, Indiana Professional Licensing Agency
Lori Grice, Assistant Board Director, Indiana Professional Licensing Agency
Lisa Chapman, Litigation Specialist, Indiana Professional Licensing Agency
Gordon White, Nursing Board Advisory Counsel, Office of the Attorney General

II. ADOPTION OF THE AGENDA

A motion was made and seconded to adopt the agenda, as amended.

NARWOLD/LAUX
Motion Carried 5-0-0.

III. ADOPTION OF THE MINUTES FROM THE NOVEMBER 19, 2009 MEETING OF THE BOARD

A motion was made and seconded to adopt the proposed minutes.

LAUX/NARWOLD
Motion Carried 5-0-0.

IV. INDIANA STATE NURSES ASSISTANCE PROGRAM

Charles Lindquist, ISNAP Program Director, presented the monthly report to the Board. Mr. Lindquist informed the Board that ISNAP has, as of December 1, 2009, 596 active clients, 44 new intakes, 76 intakes in process, 26 closures in monitoring and 29 new Recovery Monitoring Agreements returned.

Mr. Lindquist addressed the attendees at the Board Meeting at the request of the Board Vice-President and described the nature of the ISNAP program, which provides monitoring and assessment / treatment referral services to nurses licensed in Indiana who meet the program's monitoring criteria.

V. EDUCATION

Review of ITT Technical Institute –Merrillville Campus – Associate RN program site visit report and application for initial accreditation.

VI. DISCUSSION

LPN program director qualifications: hypothetical scenario involving a PN administrator with a Master's in another health care field and in pursuit of an MSN.

Mr. Gorman invited Board discussion on this scenario; after discussion, the Board concluded that a Master's degree in nursing was absolutely required as a minimum qualification to be a program chair for a Board accredited nursing school.

Mr. Gorman addressed the students in the audience regarding Board procedure for the monthly meeting and described the different types of hearings that will be conducted and how they develop procedurally. He also requested that the students take note of the types of situations nurses find themselves facing discipline for, and to be particularly careful when answering the application and renewal questions, advising them to err on the side of disclosure rather than give any appearance of holding back information sought by the Board.

VIII. PERSONAL APPEARANCES

Personal Appearances were conducted in a separate conference center room concurrently with Board hearings scheduled for the morning. Ms. Narwold and Ms. Ogle conducted the Personal Appearance interviews and made recommendations for the full Board's consideration and official action. A motion was made and seconded to approve those recommendations as follows:

A. Appearances by Applicants for Licensure

1. Miriene Clement (rescheduled)

2. Daryn Fritz

Ms. Fritz appeared before the Board regarding her application for licensure by examination. Ms. Fritz disclosed multiple alcohol related criminal convictions. A motion was made and seconded to require Ms. Fritz contact ISNAP and sign an RMA if eligible, and demonstrate compliance for 6 months prior to eligibility for withdraw.

3. Tracy Miller – Endorsement

Tracy Miller appeared before the Board regarding her application for license by endorsement of her licenses in West Virginia and Ohio. Ms. Miller is on a probationary license in Ohio for a 2008 misdemeanor and a 1992 felony. Ms. Narwold recommended that Ms. Miller's license be issued on a probationary status with the requirement that she maintain compliance with the terms of her Ohio Consent Agreement.

4. Elaine Sutton – Endorsement

Elaine Sutton appeared before the Board regarding her application for license by endorsement of her Ohio PN license. Ms. Sutton is on probation in Ohio and has a felony conviction for which she is on criminal probation. Ms. Narwold recommended that the Board table consideration of her application for a later date while Ms. Sutton determines whether she wants to maintain her Ohio monitoring program and would be willing to also participate in ISNAP as a condition for licensure.

5. Jamie Schultz – Endorsement; **Continued to Jnaury**

B. Appearances by Applicants for Renewal

1. Katherine Callahan

Katherine Callahan appeared before the Board regarding her application for renewal of licensure. Ms. Callahan disclosed a recent felony conviction for arson. She is currently on criminal probation for 5 years. Ms. Narwold recommended that her license renewal application be denied. Ms. Narwold further advised that Ms. Callahan present the results of an MMPI-2 with an evaluation speaking to her ability to practice safely.

2. Lynn Criggley

Ms. Criggley appeared before the Board regarding her application for renewal of licensure. Ms. Criggley disclosed a Nov. 2008 conviction for Reckless Driving from an alcohol related arrest. A motion was made and seconded that Ms. Criggley's license be renewed free and clear upon proof of completing criminal probation and a letter of support from her EAP provider.

3. Jessica Slone

Jessica Slone appeared before the Board regarding her application for renewal of licensure. Ms. Slone disclosed a November OWI conviction. A motion was made and seconded to renew Ms. Slone's license and to require her to contact ISNAP for an evaluation and to sign an RMA if eligible. She will be renewed free and clear.

4. Tammy Padgett

Tammy Padgett appeared before the Board regarding her application for licensure by renewal. Ms. Padgett disclosed a recent termination, but has also disclosed past terminations on previous renewal applications. A motion was made and seconded to renew Ms. Padgett's license on a probationary status for at least one year with required quarterly performance reports submitted by her nursing supervisor.

5. Scott Fairhurst

Scott Fairhurst appeared before the Board regarding his application for renewal of licensure. Mr. Fairhurst reported a criminal conviction for public intoxication stemming from an OWI arrest. A motion was made and seconded to require Mr. Fairhurst to contact ISNAP and sign an RMA if eligible. He will be renewed free and clear.

6. Kathy Carrico Pachmayr
Kathy Carrico Pachmayr appeared before the Board regarding her application for renewal of licensure. Ms. Pachmayr disclosed OWI convictions in 2007 and 2008. A motion was made and seconded to deny Ms. Pachmayr's license renewal application. The Board further advised her to continue with her substance use treatment prior to reapplying for renewal.

7. Gustav Schlueter
Gustav Schlueter appeared before the Board regarding his license renewal application. Mr. Schlueter disclosed several convictions for diversion in two states, revocation and voluntary surrender of licensure in two states. He also disclosed an OWI and past theft conviction. A motion was made and seconded to deny his renewal application.

8. Suzan Cook
Suzan Cook appeared before the Board regarding her license renewal application. Ms. Cook disclosed ongoing treatment for substance use issues. A motion was made and seconded to renew Ms. Cook's license free and clear.

9. Sharon Reynolds
Sharon Reynolds appeared before the Board regarding her application for renewal of licensure. Ms. Reynolds disclosed 4 termination in the past renewal cycle. Ms. Reynolds disclosed the details regarding each of these terminations. Ms. Narwold recommended that Ms. Reynolds be renewed on a probationary status for at least 4 quarterly reports from nursing supervisors.

10. Paul Durgan – **continued to January**

11. Melissa Rivelli – **continued to January**

12. Barbara Thomas – **continued to January**

13. Odilia Garcia – **continued to January**

14. Pamela Glisson Nunning
Pamela Nunning appeared before the Board along with her attorney Susan Zeal regarding her license renewal application. Ms. Nunning disclosed a criminal conviction for conversion. Circumstances involved her writing an unauthorized script. Ms. Narwold recommended that Ms. Nunning be renewed free and clear.

15. Jeanie Marshall
Jeannie Marshall appeared before the Board along with her attorney Patrick Chavis IV regarding her application for renewal of licensure. Ms. Marshall disclosed a termination for an incident at her place of employment due to allegations that she had fallen asleep at work due to an adverse reaction to a prescription medication. Ms. Narwold recommended that Ms. Marshall's license be renewed free and clear.

16. Jennifer Link – **Canceled, set as OTSC**

17. Crystal Williams
Crystal Williams appeared before the Board regarding her application for renewal of licensure. Ms. Williams disclosed a criminal conviction for prescription fraud. She has been closed out of ISNAP for noncompliance. Ms. Narwold recommended that Ms. Williams renewal application be denied. She further advised that Ms. Williams contact ISNAP and re-enter an RMA.

18. Lori Gough
Lori Gough appeared before the Board regarding her application for renewal of licensure. Ms. Gough disclosed a termination from employment for a missed urine drug screens. ISNAP reports that she has had some issues with missed and dilute drug screens. Ms. Narwold recommended that Ms. Gough be renewed on probationary status for at least 6 months of full compliance with her ISNAP RMA.

19. Eric Moss
Eric Moss appeared before the Board regarding his application for renewal of licensure. Mr. Moss disclosed a criminal conviction for possession of marijuana. Mr. Moss has completed the requirements of his criminal probation. Ms. Narwold recommended that Mr. Moss be renewed free and clear.

20. Lindsey Everman

Lindsey Evermann appeared before the Board regarding her application for renewal of licensure. Ms. Evermann disclosed a conviction for prescription fraud in 2009. She did not meet criteria for monitoring and has never tested positive for any substances. Ms. Narwold recommended that Ms. Evermann's license be renewed free and clear.

21. Kelly Montgomery – **continued to January**

C. Appearances by Applicants for Renewal - More Than Three Years

1. Dawn Sites (Expired 2003)
Dawn Sites did not appear before the Board regarding her application to renew her license, which expired in 2003. Ms. Narwold recommended that Ms. Sites' renewal application be denied.

2. Gloria Artigue (expired 2005)
Gloria Artigue appeared before the Board regarding her application for renewal of her expired license. Ms. Artigue disclosed that up until recently, she was teaching as an adjunct faculty in the nursing program at Indiana State University on an expired license. Ms. Narwold recommended that Ms. Artigue's renewal application be denied.

3. Teresa Ruff (expired 1997) **continued to January**

4. Sharon Stowers (expired 2005)
Sharon Stowers did not appear before the Board regarding her application to renew her license, which expired in 2005. Ms. Narwold recommended that Ms. Stowers' renewal application be denied.

5. Stephanie Baranko – Expired 2005 **Renewed 12/8/09**

VIII. ADMINISTRATIVE HEARINGS

The following hearings were scheduled to begin at 9:00 a.m.

A In the Matter of the License of: Bonnie F. Applegate, L.P.N., License No. 27046265A
Administrative Cause No. 2009 NB 197
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Elizabeth Kiefner-Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: The State of Indiana filed an amended complaint against Respondent's license on October 26, 2009. The Respondent did not appear as scheduled in a hearing notice sent to her address on record with the IPLA.

Board Action: A motion was made and seconded to issue a Notice of Proposed Default to the Respondent.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

B. In the Matter of the License of: Heidi Smith, L.P.N., License No. 27026527A
Administrative Cause No. 2009 NB 194
Re: Disciplinary Hearing

Parties and Counsel Present:
Heidi Smith, Respondent.
Elizabeth Kiefner-Crawford, Deputy Attorney General on behalf of the State of Indiana.
Chuck Lindquist, Witness on behalf of the State.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle

Ms. McIntosh

Case Summary: The State of Indiana filed a complaint against Respondent's license on October 1, 2009.

Board Action: A motion was made and seconded place Respondent's license on indefinite suspension and require her to maintain 6 months of full compliance with an ISNAP RMA prior to eligibility for reinstatement.

BURGHDUFF/OGLE
Motion Carried 5-0-0.

C. **In the Matter of the License of: Dennis M. Beeching, L.P.N., License No. 27036390A**
Administrative Cause No. 2009 NB 195
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Elizabeth Kiefner-Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: The State of Indiana filed an complaint against Respondent's license on October 1, 2009. The Respondent did not appear as scheduled in a hearing notice sent to her address on record with the IPLA.

Board Action: A motion was made and seconded to issue a Notice of Proposed Default to the Respondent.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

D. **In the Matter of the License of: Angela Williams, L.P.N., License No. 27041490A**
Administrative Cause No. 2009 NB 198
Re: Proposed Settlement Agreement; Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Elizabeth Kiefner-Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: The State of Indiana filed a proposed settlement agreement between the State and Respondent that would issue a $250 fine against Respondent to be paid within 90 days.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as final disposition of the matter.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

E. **In the Matter of the License of: Cindy Marie Hibler, L.P.N., License No. 27036556A**
Administrative Cause No. 2009 NB 218
Re: Disciplinary Hearing

At the request of the State, the above matter is CONTINUED.

F. **In the Matter of the License of: Tammy L. Anderson, L.P.N., License No. 27036376A**
Administrative Cause No. 2009 NB 214
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.

Elizabeth Kiefner-Crawford, Deputy Attorney General on behalf of the State of Indiana.
Chuck Lindquist, Witness on behalf of the State.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: The State of Indiana filed a complaint against Respondent's license on October 28, 2009. The Respondent did not appear as scheduled in a hearing notice sent to her address on record with the IPLA.

Board Action: A motion was made and seconded to issue a Notice of Proposed Default to the Respondent.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

A motion was made and seconded to place Respondent's license on emergency suspension status.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

G. **In the Matter of the License of: Cecilia Hicks, L.P.N., License No. 27045893A**
Administrative Cause No. 2009 NB 177
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: The State of Indiana filed an complaint against Respondent's license on September 24, 2009. The Respondent did not appear as scheduled in a hearing notice sent to her address on record with the IPLA.

Board Action: A motion was made and seconded to issue a Notice of Proposed Default to the Respondent.

BURGHDUFF/HENDERSON
Motion Carried 5-0-0.

H. **In the Matter of the License of: Martha Likens, L.P.N., License No. 27041889A** **CONTINUED**
Administrative Cause No. 2009 NB 156
Re: Disciplinary Hearing

I. **In the Matter of the License of: Christina Painter, R.N., License No. 28125249A**
Administrative Cause No. 2009 NB 162
Re: Settlement Conference; Disciplinary Hearing

Pursuant to agreement by the parties, this matter is CONTINUED.

J. **In the Matter of the License of: Heather Jo Whitmer, R.N., License No. 28161403A**
Administrative Cause No. 2009 NB 199
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle

Ms. McIntosh

Case Summary: The State of Indiana filed a complaint against Respondent's license on November 17, 2009. The Respondent did not appear as scheduled in a hearing notice sent to her address on record with the IPLA.

Board Action: A motion was made and seconded to issue a Notice of Proposed Default to the Respondent.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

A motion was made and seconded to extend Respondent's license on emergency suspension status.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

K. State of Indiana v. Phillip Townsend, R.N., License No. 28142710A
Administrative Cause No. 2001 NB 0009
Re: Request to Withdraw Probation

Parties and Counsel Present:
Phillip Townsend, Respondent.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.
Chuck Lindquist, Witness on behalf of Respondent.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: Respondent's license was placed on indefinite probation pursuant to the order issued October 29, 2008. Respondent provided testimony and evidence that he has met all requirements of that probationary order.

Board Action: A motion was made and seconded to withdraw the probationary status from the Respondent's license.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

L. State of Indiana v. Kimberly Sue Crady, L.P.N., License No. 27040208A
Administrative Cause No. 2002 NB 0060
Re: Order to Show Cause

Parties and Counsel Present:
Kimberly Crady, Respondent.
Elizabeth Kiefner-Crawford, Attorney General on behalf of the State of Indiana.
Chuck Lindquist, witness on behalf of the State of Indiana

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: Respondent's license was placed on indefinite probation pursuant to an order issued March 19, 2007. The Board issued this order to show cause on November 23, 2009, upon receiving information that Respondent has not complied with the probationary order.

Board Action: A motion was made and seconded to place Respondent's license on indefinite suspension for at least one year of compliance with an ISNAP RMA.

BURGHDUFF/MCINTOSH
Motion Carried 5-0-0.

M. State of Indiana v. Shannon Rae Simmons, L.P.N., License No. 27038030A

Administrative Cause No. 2001 NB 0070
Re: Request to Withdraw Probation **REQUEST CANCELED UNTIL LATER DATE**

N. **In the Matter of the Application to Renew the License of: Kimberly Ann Weaver, R.N., License No. 28076669A**
Administrative Cause No. 2009 NB 253
Re: Motion to Reconsider Denial of Renewal Application

Parties and Counsel Present:
Kimberly Weaver, Respondent.
Lorie Brown, Counsel on behalf of Respondent.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Laux
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: The Board voted to deny Respondent's renewal application for the 2009 RN Renewal cycle; Respondent appeals.

Board Action: A motion was made and seconded to renew Respondent's license and to refer the matter to the Attorney General's office for investigation.

MCINTOSH/LAUX
Motion Carried 4-0-1, OGLE opposed.

The following hearings were scheduled to begin at 1:30 pm. Cases will be heard on order of arrival, with the exception of agreements, which will be heard first.

O. **In the Matter of the License of Patricia A. Farmer, L.P.N., License No. 27031181A**
Administrative Cause No. 2009 NB 179
Re: Disciplinary Hearing

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Thomas McGee, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Narwold
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Case Summary: The parties filed a proposed settlement agreement on December 4, 2009 that would issue Respondent's license on indefinite probation for at least 6 months, issue a $250 fine, and require the completion of at least 24 contact hours of continuing education for nurses.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as final disposition of the matter.

BURGHDUFF/MCINTOSH
Motion Carried 5-0-0.

P. **In the Matter of the License of: Amy Wynne Joy Johnson, R.N., License No. 28129284A**
Administrative Cause No. 2009 NB 183
Re: Proposed Settlement Agreement

Q. **In the Matter of the License of: Cheryl (Chambers) Shepherd, R.N., License No. 28132892A**
Administrative Cause No. 2009 NB 146
Re: Settlement Conference
CONTINUED to January 2010 Board Meeting.

R. **In the Matter of the License of: Beth Ann Tom, R.N., License No. 28138530A**
Administrative Cause No. 2008 NB 159
Re: Order to Show Cause

CONTINUED to January 2010 Board Meeting.

S. In the Matter of the License of: Sandra Love, L.P.N., License No. 27032353A
Administrative Cause No. 2008 NB 197
Re: Disciplinary Hearing

CONTINUED to January 2010 Board Meeting.

T. In the Matter of the Application to Renew the License of: D. Patrick Vonderau., R.N., License No. 28160807A **CONTINUED TO FEBRUARY**
Administrative Cause No. 2009NB 209
Re: Request to Appeal Decision

U. State of Indiana v. Rodney Lee Cupp, L.P.N., License No. 27038966A **CONTINUED**
Administrative Cause No. 2004 NB 0111
Re: Order to Show Cause

V. In the Matter of the License of: Jennifer Lynn Link, R.N., License No. 28159431A
Administrative Cause No. 2007 NB 0192
Re: Order to Show Cause

Parties and Counsel Present:
Jennifer Link, Respondent.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.
Chuck Lindquist, witness on behalf of the State.
Vickie Hull, witness on behalf of the Respondent.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Narwold
Ms. Henderson
Ms. Ogle
Ms. Laux

Case Summary: Respondent was placed on indefinite probation pursuant to an order issued on December 27, 2007. Upon learning of potential compliance issues with this probationary order, The Board filed this Order To Show Cause on December 1, 2009.

Board Action: A motion was made and seconded to issue Respondent's license on indefinite suspension for at least one year of compliance with an ISNAP RMA.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

W. State of Indiana v. Julie M. Anderson, R.N., License No. 28142547A
Administrative Cause No. 2003 NB 0166
Re: Order to Show Cause

Parties and Counsel Present:
Julie Anderson, Respondent.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.
Chuck Lindquist, witness on behalf of the State.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Narwold
Ms. Henderson
Ms. Ogle
Ms. Laux
Ms. McIntosh

Case Summary: Respondent was placed on indefinite probation pursuant to an order issued on August 26, 2009. Upon learning of potential compliance issues with this probationary order, The Board filed this Order To Show Cause on December 1, 2009.

Board Action: A motion was made and seconded to REVOKE Respondent's nursing license.

BURGHDUFF/LAUX
Motion Carried 6-0-0.

X. **In the Matter of the License of: Jason Whitman, R.N., License No. 28153139A**
Administrative Cause No. 2009 NB 196
Re: Settlement Conference

Parties and Counsel Present:
Jason Whitman, Respondent.
Elizabeth Kiefner-Crawford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Narwold
Ms. Henderson
Ms. Ogle
Ms. Laux

Case Summary: The parties filed a proposed settlement agreement on November 6, 2009 that would issue Respondent's license on indefinite probation for at least one year of full compliance with Respondent's Ohio consent agreement.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as final disposition of the matter.

BURGHDUFF/LAUX
Motion Carried 4-0-1, MCINTOSH abstained.

Y. **In the Matter of the License of: Dawn Wiley, L.P.N. License No. 27047427A**
Administrative Cause No. 2009 NB 132
Re: Proposed Settlement Agreement

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Narwold
Ms. Henderson
Ms. Ogle
Ms. Laux

Case Summary: The parties filed a proposed settlement agreement on December 2, 2009 that would issue Respondent's license on indefinite probation for at least 6 months, issue a reprimand and a $750 fine, and require the completion of at least 24 contact hours of continuing education for nurses.

Board Action: A motion was made and seconded to adopt the proposed settlement agreement as final disposition of the matter.

BURGHDUFF/NARWOLD
Motion Carried 5-0-0.

Z. **In the Matter of the License of: Rita Tattersall, L.P.N. License No. 27053856A**
Administrative Cause No. 2009 NB 239
Re: Petition for Emergency Suspension

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Darren Covington, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Mr. Burghduff (Hearing Officer)
Ms. Narwold
Ms. Henderson
Ms. Ogle
Ms. McIntosh

Board Action: A motion was made and seconded to place the Respondent's license on emergency suspension.

BURGHDUFF/MCINTOSH

Motion Carried 5-0-0.

AA. In the Matter of the License of: April Dawn Hughes, R.N., License No. 28149040A
Administrative Cause No. 2009 NB 157
Re: Disciplinary Hearing

Settlement Conference conducted. Matter CONTINUED.

IX. DEFAULT HEARINGS

A. In the Matter of the License of: Mary Ann Edwards, R.N., License No. 28142623A
Administrative Cause No. 2009 NB 080
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Laura Wilford, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Burghduff (Hearing Officer)
Ms. Henderson
Ms. Narwold
Ms. Laux
Ms. Ogle

Case Summary: Notice of Proposed Default was issued by the Board on November 12, 2009, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

BURGHDUFF/NARWOLD
Motion Carried 5-0-0

A motion was made and seconded to place Respondent's license on indefinite suspension for at least 5 years. Prior to eligibility for reinstatement, Respondent must have at least one year of compliance with an ISNAP RMA, pay a $750 fine and costs to IPLA.

NARWOLD/OGLE
Motion Carried 4-0-1, LAUX abstained.

B. In the Matter of the License of David Alan Loeffler, Jr., L.P.N., License No. 27059378A
Administrative Cause No. 2008 NB 215
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Burghduff (Hearing Officer)
Ms. Henderson
Ms. Narwold
Ms. McIntosh
Ms. Ogle

Case Summary: Notice of Proposed Default was issued by the Board on October 13, 2009, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

MCINTOSH/OGLE
Motion Carried 5-0-0

A motion was made and seconded to place Respondent's license on indefinite suspension for at least 5 years. Prior to eligibility for reinstatement, Respondent must have at least one year of compliance with an ISNAP RMA, pay a $750 fine and costs to IPLA.

NARWOLD/BURGHDUFF
Motion Carried 5-0-0.

C. In the Matter of the License of Kimberly Kay Koenig, L.P.N., License No. 27040416A
Administrative Cause No. 2007 NB 0135
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Burghduff (Hearing Officer)
Ms. Henderson
Ms. Narwold
Ms. McIntosh
Ms. Ogle

Case Summary: Notice of Proposed Default was issued by the Board on October 20, 2009, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

BURGHDUFF/NARWOLD
Motion Carried 5-0-0

A motion was made and seconded to place Respondent's license on indefinite suspension for at least 25 years. Respondent must pay a $500 fine and costs.

NARWOLD/MCINTOSH
Motion Carried 5-0-0.

D. In the Matter of the License of Natalie Cross, L.P.N., License No. 27034242A
Administrative Cause No. 2009 NB 152
Re: Notice of Proposed Default

Parties and Counsel Present:
Respondent did not appear in person or by counsel.
Morgan Burton, Deputy Attorney General on behalf of the State of Indiana.

Participating Board Members:
Ms. Burghduff (Hearing Officer)
Ms. Henderson
Ms. Narwold
Ms. Laux
Ms. Ogle

Case Summary: Notice of Proposed Default was issued by the Board on November 12, 2009, and no response was received from Respondent.

Board Action: A motion was made and seconded to hold Respondent in default.

NARWOLD/OGLE
Motion Carried 5-0-0

A motion was made and seconded to REVOKE Respondent's license.

BURGHDUFF/LAUX
Motion Carried 5-0-0.

X. Personal Appearances from December 9, 2009 meeting.

The Indiana State Board of Nursing requested the following individuals to appear before the Board in regards to their application for initial licensure or renewal of an established license to practice nursing in Indiana. These personal appearances were conducted by Board Vice-President Jerry Burghduff acting in the capacity of an Administrative Law Judge. A motion was made and seconded to approve the recommendations as follows:

E. Appearances by Applicants for Licensure

1. Andrea Webb
   Ms. Webb appeared before the Board regarding her application for licensure by examination. Ms. Webb disclosed a 2002 conviction for burglary. Mr. Burghduff recommended that Ms. Webb be made eligible to test and that her license be issued on a probationary status for at least 6 months.

2. Maureen Keilman (rescheduled from November)
   Ms. Keilman did not appear before the Board regarding her application for licensure by examination. She will be rescheduled for a January 2010 personal appearance before the Board.

3. Virginia Hansen
   Ms. Hansen did not appear before the Board regarding her application for licensure by examination. She will be rescheduled for a January 2010 personal appearance before the Board.

4. Mallory Geneus
   Ms. Geneus requested that her application for licensure be withdrawn.

5. Ed Chery
   Mr. Chery requested that his application for licensure be withdrawn.

6. Jacqueline Clement
   Ms. Clement did not appear before the Board regarding her application for licensure by examination. She will be rescheduled for a January 2010 personal appearance before the Board.

F. Appearances by Applicants for Renewal

1. Lynn Lichatowich
   Ms. Lichatowich appeared before the Board regarding her application for renewal of licensure. She has an outstanding fine of $250 from a past disciplinary action. Mr. Burghduff recommended that her license be renewed upon payment of the fine.

2. Ronald Altenhof **(continued to January)**

3. Johnny Burton
   Mr. Burton appeared before the Board regarding his application for renewal of licensure. He disclosed a termination from employment for several issues. Mr. Burghduff recommended that the matter be referred to the Attorney General's office as a consumer complaint.

4. Annamaria Adaka
   Ms. Adaka appeared before the Board regarding her application for renewal of licensure. She disclosed several terminations over her career for medication administration and documentation errors. Ms. Adaka attributes those circumstances to miscommunication due to her status as a non native English speaker. Mr. Burghduff recommended that Ms. Adaka's license be renewed on a probationary status for at least 6 months with requirements that she complete 24 contact hours of continuing education for nurses, 6 each in the areas of documentation, medication administration, patient assessment, and ethics.

5. Michael Allison
   Mr. Allison did not appear before the Board regarding his application for renewal of licensure. He will be rescheduled for a January 2010 appearance before the Board.

6. Linda Benson
   Ms. Benson appeared before the Board regarding her application for renewal of licensure. Ms. Benson reported a malpractice suit for which she was found liable for a patient death. Mr. Burghduff recommended that the matter be referred to the Attorney General's office for their investigation.

7. Michelle Binkley **– renewed 12/8/09; yes in error**

8. Laura Borders
   Ms. Borders did not appear before Board regarding her application for renewal of licensure. The Board received information that in her position as a nurse director / administer she employed and individual as a nurse who was not licensed in Indiana. Mr. Burghduff recommended that the matter be referred back to the Attorney General's office.

9. Sharon Bowles
   Ms. Bowles did not appear before the Board regarding her application for renewal of licensure. She will be rescheduled for a January 2010 appearance before the Board.

10. Sarah Brookshire – **Continued to January**

11. Marie Chandler
Ms. Chandler did not appear before the Board regarding her application for renewal of licensure. She will be rescheduled for a January 2010 appearance before the Board.

12. Amanda Davis-Houchen
Ms. Davis-Houchen appeared before the Board regarding her application for renewal of licensure. Ms. Davis-Houchen disclosed an inappropriate prescriptive relationship with a physician. Mr. Burghduff recommended that the matter be refererred to the Attorney General's office for investigation.

13. Tammy DeGroft – Canceled
Ms. DeGroft reported along with her renewal application that she is currently on a probation status in several states stemming from her probationary license in Virginia. She is willing to accept a probationary license in Indiana requiring her to remain compliant with the probationary requirements against her Virginia license.

14. Shannon Dilsaver
Ms. Dilsaver did not appear before the Board regarding her application for renewal of licensure. She will be rescheduled for a January 2010 appearance before the Board.

15. Elizabeth Earhart
Ms. Earhart appeared before the Board regarding her application for renewal of licensure. Ms. Earhart disclosed that she had previous disciplinary action by the Board, but the Board did not receive any statement from her regarding her positive response. Mr. Burghduff recommended that Ms. Earhart's license be renewed free and clear.

16. Sonja Farr
Ms. Farr appeared before the Board regarding her application for renewal of licensure. Ms. Farr reported treatment for substance abuse. Mr. Burghduff recommended that Ms. Farr's license be renewed on a probationary status for at least one year of compliance with an ISNAP RMA.

17. Michael Gashti
Mr. Gashti appeared before the Board regarding his application for renewal of licensure. Mr. Gashti reported a termination for diversion and is currently participating in ISNAP. ISNAP reports that he has been noncompliant with some of the conditions of his RMA. He has been in monitoring since July of 2008. Mr. Burghduff recommended that his license be renewed on a probationary status for at least one year of full compliance with his ISNAP RMA.

18. James Gennari
Mr. Genarri did not appear before the Board regarding the positive response on his renewal application. He will be rescheduled for the January meeting.

19. Leigh Ann Green
Ms. Green appeared before the Board regarding her application for renewal of licensure. She disclosed having been recently criminally convicted of felony battery. She is currently participating in ISNAP. Mr. Burghduff recommended that her license be renewed on a probationary status for the duration of her ISNAP RMA. She is also required to submit the results of an MMPI-2 evaluation.

20. Michelle Gumbert
Ms. Gumbert did not appear before the Board regarding her application for renewal of licensure. Ms. Gumbert's license is currently suspended in Ohio. Mr. Burghduff recommended that her license renewal be denied.

21. Lori Hanna
Ms. Hanna appeared before the Board regarding her application for renewal of licensure. Ms. Hanna has pending criminal charges for diversion. She is currently participating in ISNAP. Mr. Burghduff recommended that she be renewed on a probationary status for the duration of her ISNAP RMA.

22. Michael Hauck
Mr. Hauck did not appear before the Board regarding his application for renewal of licensure. He has voluntarily surrendered his license in Missouri and had his application for licensure denied in Arizona. Mr. Burghduff recommended that Mr. Hauck's application for renewal be denied.

23. Kimberly Henley
Ms. Henley did not appear before the Board regarding her application for renewal of licensure. She will be rescheduled for a January 2010 appearance before the Board.

24. Mary Herndon

Ms. Herndon sent correspondence to the Board following her renewal application stating that she would not attend and that there is a current complaint with the Attorney General's office. Mr. Burghduff recommended that her renewal application be denied.

25. Stacy Johnson
Ms. Johnson appeared before the Board regarding her application for renewal of licensure. It was disclosed that she was DON at a facility where a CNA battered a resident; the Medicaid Fraud Control Unit investigation reported that she did not report the incident. Mr. Burghduff recommended that the matter be forwarded to the Attorney General's office.

26. Brandon Kaser
Mr. Kaser appeared before the Board regarding his application for renewal of licensure. He reported a 2009 OWI conviction for which he is on criminal probation through February 2010. He reports no prior offenses. Mr. Burghduff recommended that his license be renewed free and clear.

27. Angela Katzelis - renewed 12/8/09; yes in error

28. Stevo Kecman
Mr. Kecman appeared before the Board regarding his application for renewal of licensure. He reported a previous denial of license in California due to his failure to meet requirements. He completed an ISNAP RMA successfully recently. Mr. Burghduff recommended that his license be renewed free and clear.

29. Alexandra Kimbowa
Ms. Kimbowa appeared before the Board regarding her application for renewal of licensure. She inadvertently answered "yes" to one of the renewal questions.

30. Barbara Maher
Ms. Maher did not appear before the Board regarding her application for renewal of licensure. She will be rescheduled for a January 2010 appearance before the Board.

31. Cathy Makara-Vukin
Ms. Makara-Vukin did not appear before the Board regarding her application for renewal of licensure. She provided documentation that the pending consumer protection investigation had been resolved. Mr. Burghduff recommended that her license be renewed free and clear.

32. Garry Melton
Mr. Melton did not appear before the Board regarding his application for renewal of licensure. He will be rescheduled for a January 2010 appearance before the Board.

33. Sherry Miller
Ms. Miller did not appear before the Board regarding her application for renewal of licensure. She will be rescheduled for a January 2010 appearance before the Board.

34. Cathy Minix
Ms. Minix appeared before the Board regarding her application for renewal of licensure. The Board received allegations that she had been terminated and that she had pending criminal charges. Ms. Minix did disclose a termination that was not reported on her renewal application. Mr. Burghduff recommended that her license be renewed free and clear.

35. Kathryn Minor
Ms. Minor appeared before the Board regarding her application for renewal of licensure. The Medicaid Fraud Control Unit provided an investigative report alleging that Ms. Minor did not report a situation where another nurse had behaved inappropriately. Mr. Burghduff recommended that the matter be referred to the Attorney General's office for investigation.

36. Dawn Welch
Ms. Welch appeared before the Board and with counsel regarding her application for renewal of licensure. She disclosed an ongoing investigation in Kentucky regarding a suspected diversion of controlled substances. No formal charges have been issued by the Board. She has submitted to several drug screens and provided documentation of negative results. Mr. Burghduff recommended that she be renewed free and clear.

BURGHDUFF/LAUX
Motion Carried 6-0-0

XI. ADJOURNMENT

There being no further business, and having completed its duties, the meeting of the Indiana State Board of Nursing adjourned at 4:35 p.m.

Laurel Valentino, R.N., President — Date

Lynda Narwold, R.N., Secretary — Date

Next Scheduled Meeting:

Thursday, January 21, 2010 - Full Board Meeting
Indiana Government Center-South
Auditorium

ITT Technical Institute ITT

10999 Stahl Road
Newburgh, IN 47630-7430

(812) 858-1600
(812) 858-0646 (fax)
(800) 832-4488
www.itt-tech.edu

January 29, 2010

Sean Gorman, Board Director
Indiana State Board of Nursing
Indiana Professional Licensing Agency
Indiana Government Center South
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

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RE: ITT Technical Institute, Newburgh

Dear Mr. Gorman:

Please accept this letter as notification of the resignation of ITT Technical Institute, Newburgh's Nursing Program Chair, Arlene Fechtmeister, effective December 21, 2009. At her request, she may continue to assist with the Nursing program as an adjunct instructor in future quarters. Ms. Fechtmeister has been replaced as Nursing Program Chair by Tamara Wilder as of January 11, 2010 (see attached resume).

If you require additional information, please do not hesitate to contact me at (812) 858-1600 or via email at rdodson@itt-tech.edu .

Thank you for your continued support.

Sincerely,

Roseanna Dodson

Roseanna Dodson
Director
ITT Technical Institute, Newburgh

cc: Laurel Valentino, RN Board President
Lynda Narwold, RN, Board Secretary
ITT Educational Services, Inc.

CURRICULUM VITAE

Tamara L. "Tammy" Wilder
Director of Quality Management
Evansville State Hospital
3400 Lincoln Avenue
Evansville, IN 47714
Office phone: 812 469-6800
Home phone: 812 303-5801
Cell phone: 812 459 7780
E-mail: kuhio2@insightbb.com

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Education

1987	MSN	University of Evansville Evansville, IN
1972	BSN	University of Evansville Evansville, IN
1968	Diploma	F.J. Reitz High School Evansville, IN

Experience

July 2008-Present — Director of Quality Management, Evansville State Hospital

Responsibilities

Risk Management, Infection Control, Medical Support, Nursing Education, orientation and clinical staff development, ,Contracts with local and regional secondary education/nursing and other students, monitoring and improving clinical processes to meet regulatory requirements. Data reporting to Governing Body and regulatory agencies. Preparation for triennial Joint Commission Survey. Member of Executive Staff reporting to Superintendent.

March – July 2008 — Staff RN-casual, Deaconess Cross Pointe Adult Unit, routine care of adults with mental illness

January 2007-May 2008 — Adjunct Faculty, Workforce and Economic Development, Ivy Tech Community College

Responsibilities

Creation of continuing education offerings for nursing contact hour Credits through ISNA

May –July 2006 Interim Director of Nursing, Evansville Psychiatric Childrens Center
Responsibilities
Supervision of 30 + Nursing Department FTE's

August 2005- May 2008 Full time Faculty. ASN Program, Ivy Tech Community College
Responsibilities
Teaching first, second, third semester students Fundamentals, Basic and advanced Medical-Surgical and Psychiatric Nursing

January 2005- May 2007 Adjunct Faculty. MEA program, Ivy Tech Community College
Responsibilities
Teaching two sections of 3 credit hour Medical Terminology class

October – Nov 2004 Adjunct Faculty , Corporate and Continuing Education, Ivy Tech State College
Responsibilities
Teaching 2- 8 hr sessions, lab and didactic, "Assessment for LTC Residents"

January 2003- August 2005 Full time Faculty, Ivy Tech State College, PN program
Responsibilities
Teaching full range of curriculum, Med-Surg, Geriatrics, Fundamentals, IV Therapy

Nov 2003- March 2004 Adjunct Faculty, Corporate and Continuing Education
Developing, organizing and teaching new QMA Curriculum

Aug 2002 - January 2003 Instructor, Adjunct Faculty, Ivy Tech, PN program
Responsibilities
Instruct practical nursing students in the lab and clinical settings, in Medical Surgical and Long Term Care

Adjunct Faculty, Ivy Tech, CNA Program
Responsibilities
Instruct CNA candidates in the classroom, lab and clinical settings

House Weekend Supervisor, Westpark Rehabilitation Center
Responsibilities:
Direct supervision of clinical staff, on shift problem solving for staffing and other resident care issues.

2000-2002 Director of Quality Management, St. Mary's Warrick Hospital
Responsibilities:
Development of a new department responsible for regulatory compliance, Medical Staff Performance and Improvement, establishment of an accredited Continuing Education Program for Physicians, establishment of a physician peer review system, chaired hospital Quality Committee, member of Ethics, Infection Control, Credentials, Safety Committees. Provided quarterly reports of performance data to Board of Directors.

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1997-2000 Director of Emergency Nursing and Occupational Health, St. Mary's Warrick Hospital

Responsibilities
Staffing, continued competency, budget, supervision of twenty nursing and clerical staff in a five bed ER with 10,000 visits annually. Also coordinated triennial JCAHO survey preparation.

1993-1997 Manager, Medical Staff Quality, Welborn Baptist Hospital
Responsibilities
Developed performance measures with eight medical staff department chairs, coordinated data collection and display, created individual physician profiles forwarded to credentials review at biennial reappointment time. Coordinated JCAHO Survey preparation related to medical staff standards.

1991-1993 Instructor/Research Assistant, part time, Education Dept, Welborn Baptist Hospital
Responsibilities
Orientation of new SN's, NA's, Unit Secretaries, other projects as requested by the VP for Nursing.

1991-1993 Relief Nursing Supervisor, part time, Nursing Administration, Welborn Baptist Hospital
Responsibilities
Night shift relief house supervision on weekends and holidays, alternating with Instructor position.

1990- 1991 Assistant Director of Surgery, Emergency and Critical Care Nursing, Welborn Baptist Hospital
Responsibilities
Direct supervision of nursing staff in critical care areas during the night shift

1989-1990 Staff Nurse, Surgery, Welborn Baptist Hospital
Responsibilities
Pre-op and intraoperative care of surgical patients with primary experience with general and neurosurgical patients.

1979-1988 House Supervisor, Night Shift, Welborn Baptist Hospital
Responsibilities
Initially, whole house direct supervision of nursing staff for problem solving, staffing and all immediate patient care issues. Became responsible for only staff and patients in critical care areas (ER, ICU, CCU, Surgery, PICU, NICU, Recovery, Open Heart Recovery).

1977-1979 Clinical Instructor, LPN Program, EVSC and Welborn Baptist Hospital
Responsibilities

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Clinical and classroom instruction and supervision of practical nursing students. Specific areas include Obstetrical, Emergency, Geriatrics and Medical-Surgical Nursing.

1976-1977 Staff Nurse, Medco North
Responsibilities
Care of all intermediate care level residents.

1974-1976 Clinical Instructor, School of Nursing, Deaconess Hospital
Responsibilities
Classroom and clinical supervision of second year diploma students in the areas of Orthopedics, Rehabilitation and Geriatric nursing.

1974 Staff Nurse, Emergency Department, Deaconess Hospital
Responsibilities
Direct care of all patients on night shift.

1972-1974 Staff Nurse, Emergency Department, Hazard Appalachian Regional Hospital
Responsibilities
Direct care of all patients on various shifts.

Workshops and Seminars

Presenter – Certification Review Course (entirety), Academy of Medical Surgical Nurses, 2/4-2/6/2008, Walter Reed Army Medical Center, Washington, D.C.

Presenter – Certification Review Course (entirety), Academy of Medical Surgical Nurses, 3/28-3/30/2006, Maine Medical Center, Portland, Maine

Tuberculosis Educator Seminar, December, 2004

NLN Educational Summit, September, 2004

Med Surg Nursing Certification Preparation Course, March, 2004

Med Surg Certification Exam, October, 2004

National Association for Healthcare Quality, Annual Conference, Reno, Nevada, September, 2001

Indiana Association for Healthcare Quality, Annual Education Conferences, Indianapolis, IN, April, 1999 and 2000

CPHQ Certification Workshops , Birmingham, AL, 2000 and Indianapolis, IN, 2001

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Certifications

Certified as Gerontological Nurse through ANCC, April, 2006 – April, 2011

Certified Medical Surgical Nurse (AMSN) - October, 2004 through October, 2009 (Application in process for renewal)

National Faculty – Academy of Medical Surgical Nurses – December, 2004-March, 2008

Indiana Lung Association-Validation as Tuberculosis Educator- January, 2005-November, 2007

Indiana Lung Association-Validation as Tuberculosis Educator-Trainer, November, 2007- present (one of 10 in IN)

Committees

At Evansville State Hospital
Executive Staff, Infection Control, Pharmacy and Therapeutics, Quality Council (Chair), Code Blue Oversight (Chair), Health Information Services, Staff Development, Medical Staff, Medication Management Workgroup (Co-Chair), Diabetes Management Workgroup, Patient Safety

At Ivy Tech Community College:
Tobacco Free Task Force, February 2006 – January, 2007, Diversity Team, 2005-2006, Faculty Development Team, Library 2003-4, Student Government Faculty Advisor 2004-2006; named Phi Theta Kappa faculty co-advisor, March 2006-May, 2007, named Strategic Plan 2010, Personal and Professional Development Team member, February, 2008

At St. Mary's Warrick:
Department Director, Safety, Infection Control, Credentials, Planning, JCAHO Preparation* Quality*, Medical Staff Quality, Credentials, Ethics, Continuing Medical Education, Patient Satisfaction*, Board of Directors (reporting only) * = Chair

At Welborn Baptist Hospital:
Safety, Infection Control, Medical Records, Blood Usage Review, Critical Care, Quality, Medical Staff Quality, United Way, Quality Committee of the Board of Directors (reporting only).

Other
American Lung Association of Indiana, State Education Committee – 2005-2008

Professional Memberships

Academy of Medical Surgical Nurses April, 2004 – present

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National Association for Healthcare Quality 1999-2002

Indiana Association for Healthcare Quality 1999-2002 (Board Member and State Education Chairperson)

National Association for Medical Staff Services 1999-2002

Sigma Theta Tau – Eta Lambda Chapter, University of Evansville 1986-2008

Volunteer Community Activities

Taught one hour course on "Skin Assessment" as guest speaker to nursing staff at Evansville State Hospital, May, 2008

Taught two hour lecture on "Advanced Assessment" as guest speaker to nursing staff at Good Samaritan Nursing Home, November, 2007

Taught one hour lecture on "CBC Basics" as guest speaker to nursing staff, Evansville State Hospital, July, 2007

Taught one hour lecture on "Acute Abdominal Assessment" as guest speaker to nursing staff, Evansville State Hospital, October, 2006

Presented TB Certification classes to North Park Nursing Center, July, 2007

Presented TB Certification classes to EPCC Nursing staff , June and July, 2006

Presented TB Certification classes to Pine Haven Nursing Home Staff, December, 2005

Presented TB Certification classes to Bethel Manor nursing staff, December, 2005

Presented TB Certification classes to Columbia Healthcare Center nursing staff, July, 2005

Presented topic – "Normal Aging" to SWIRCA annual educational meeting, April, 2005

Presented topic – "Resident Assessment" Series to Columbia Healthcare nursing staff, November, 2004

Ladies' Auxiliary, American Legion Post 305, St. Pete Beach, FL, Member

Ladies' Auxiliary, VFW Post #1114 Life Member (1967-present)

Ladies' Auxiliary, American Veterans Post #84 Life Member (Past President)

Ladies' Auxiliary, American Veterans Post #1 Charter Member and President (1999-2001)

FEB - 1 2010
Indiana Professional

TITLE 848 INDIANA STATE BOARD OF NURSING

NOTE: Originally adopted by the Board of Nurses' Registration and Nursing Education. Name changed by P.L.169-1985, SECTION 67 (IC 25-23-1-2), effective July 1, 1985.

848 IAC 1-2-7 Eligible institutions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 7.
(a) The program in nursing shall be incorporated or be a part of an incorporated institution. **Met**
(b) Educational institutions, colleges, or universities conducting a nursing program or with which a program of nursing is affiliated shall be accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools or the Indiana commission on proprietary education. Hospitals conducting a nursing program shall be accredited by an organization that has been granted deeming authority. Long term care facilities shall be licensed by the Indiana state department of health. **Met**
(c) The philosophy, mission, and objectives of the program in nursing shall be in accordance with this rule. **Met**
(d) There shall be assurance that the program can meet the requirements for Indiana accredited programs in nursing.
(Indiana State Board of Nursing; 848 IAC 1-2-7; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4528; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939;filed Sep 13, 2004, 9:45 a.m.: 28 IR 596) **Met**

848 IAC 1-2-9 Philosophy, mission, and objectives
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 9.
The philosophy, mission, and objectives of the program in nursing shall be as follows:
(1) Clearly defined in writing in the official records. **Met**
(2) Consistent with the philosophy and mission of the controlling institution. **Met**
(3) Formulated and accepted by the faculty. **Met. The curriculum is the same that is offered at other ITT campuses. There is an ITT faculty organization with periodic meetings for curriculum review.**
(4) Inclusive of program beliefs regarding education, nursing, and the learning process. **Met**
(5) Descriptive of the practitioner to be prepared. **Met**
(6) The basis for planning, implementing, and evaluating the total program. **Met**
(7) Reviewed periodically and revised as necessary by the nursing faculty. **Met**
(Indiana State Board of Nursing; 848 IAC 1-2-9; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 597)

848 IAC 1-2-10 Organization and administration
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 10.
(a) Responsibility for developing and implementing the program in nursing shall be placed in the faculty of the nursing education unit. **Met. Department Chair and five other faculty members have been hired. Currently the Chair and one other faculty member are full time. The other four are part-time.**
(b) The institution shall have an effective plan of organization and administration appropriate to the purpose and implementation of the instructional program in nursing. There shall be an organizational chart of the:
(1) institution indicating the place of the nursing program; and
(2) nursing program. **Met**
(c) There shall be a controlling body that recognizes the program in nursing as an educational program and delegates authority to the chief administrative officer of the institution who, in turn, delegates authority to the program director. **Met**
(d) When a program director resigns, it is the responsibility of the administration of the controlling organization to inform the board in writing within thirty (30) days of notification of the following:
(1) Intended resignation.
(2) Effective date.
(3) Plans for filling the position. **N/A**
(e) The program in nursing shall be assured of stable, financial resources adequate for and effectively allocated to support

its educational activities. There shall be a budget prepared in accordance with sound educational and financial practices. The financial statement shall give a clear picture of the status of the program. The program director, with documentation of faculty input, shall have the following responsibilities relating to the financial operation of the program in nursing:

(1) Preparing the budget for one (1) year in advance of the fiscal period and recommending it to the proper authorities.

(2) Controlling the use of the approved budget through an accurate system of records.

(3) Reviewing financial reports routinely and making necessary revisions.

(4) Consulting with proper authorities within the institution in regard to interpretation, preparation, and implementation of the budget. **Met. The Program Chair has input into the budget through the Director of the Ft. Wayne Campus.**

(Indiana State Board of Nursing; 848 IAC 1-2-10; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 597)

848 IAC 1-2-11 Admissions

Authority: IC 25-23-1-7

Affected: IC 25-23-1-7

Sec. 11.

(a) There shall be published policies for admission established by the nursing faculty. **Met. Information is available through website and written materials. Faculty established the criteria for admission.**

(b) Students shall be selected on the basis of established criteria and in compliance with all applicable state and federal laws. **Met. Criteria has been identified.**

(c) There shall be well defined written policies governing payment and refund of tuition and other fees. **Met**

(d) The number of students admitted to a nursing education program shall be determined by the following:

(1) The number of qualified faculty.

(2) The availability of the following:

(A) Adequate educational facilities and resources.

(B) Appropriate clinical learning activities. **Met: There are currently 112 students enrolled in the program in the five quarters that are being offered. Students begin clinical courses in the forth quarter and there are sufficient clinical facilities to offer the required experiences.**

(e) An applicant shall be graduated from a state approved high school or its equivalent. A complete high school transcript shall be on file. **Met. Site visitor reviewed 6 student files. Files are well organized and all required documentation is present.**

(f) A person who has qualified for equivalency to high school graduation on the basis of satisfactory completion of the general equivalency degree test (GED) shall be eligible for entrance to an Indiana accredited program in nursing upon proof of the following:

(1) A copy of the test results listing individual and total scores on the GED test shall be on file to validate satisfactory test completion.

(2) Satisfactory completion of college courses relevant to nursing may nullify unsatisfactory test scores.

(g) There shall be written policies regarding the following:

(1) The readmission of a student who:

(A) withdrew from the program; or

(B) failed required courses.

(2) The admission of a transfer student.

(Indiana State Board of Nursing; 848 IAC 1-2-11; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.:

25 IR 939) ***MET.*** **All policies for admission are in place**

848 IAC 1-2-12 Faculty
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 12.

(a) The program in nursing shall provide and maintain a qualified faculty. The general qualifications for all nurse faculty members shall include the following:

(1) Graduation from an approved program of nursing accepted by the board.

(2) Current, unencumbered registered nurse licensed in Indiana. **MET**

(b) The personnel policies for faculty members shall be defined in writing. **MET**

(c) Faculty, other than registered nurses, who teach nonclinical nursing courses, including, but not limited to:

(1) issues and trends;

(2) nutrition;

(3) research;

(4) management; and

(5) statistics;

shall hold master's degrees in areas appropriate to the responsibilities inherent in the position. **The faculty members who teach TB 133 Strategies for the Technical Professional do not have master's degrees.**

(d) Clinical preceptorships may be used for the clinical experiences of students. When clinical preceptors are used, the following conditions shall be met:

(1) Written agreements between the cooperating agency and nursing program shall delineate the functions and responsibilities of the parties involved.

(2) Criteria for selecting clinical preceptors shall be developed and in writing.

(3) The clinical preceptors shall have the following minimum qualifications:

(A) Current licensure as a registered nurse.

(B) Three (3) years of experience as a registered nurse.

(4) Written clinical objectives shall be specific and shared with the clinical preceptor prior to the experience.

(5) The designated faculty member shall:

(A) be responsible for the learning experience of each student; and

(B) meet with each clinical preceptor and student for the purpose of monitoring and evaluating the learning experience.

(6) The designated faculty member shall be available by phone or in person when students are in the clinical area.

(7) A faculty member shall be responsible for coordinating the clinical preceptorships of no more than ten (10) students. **N/A**

(Indiana State Board of Nursing; 848 IAC 1-2-12; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 598)

848 IAC 1-2-13 Faculty qualifications; registered nurse programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 13.

(a) The director shall be a registered nurse with a minimum of a master's degree in nursing and be employed full-time, excluding vacations and holidays, during the enrollment period of the students. A doctoral degree is recommended. The director shall have experience in the following:

(1) The practice of nursing.

(2) Nursing education.

(3) Administration. **MET**

(b) The nurse faculty member shall have experience in the practice of nursing and hold a master's degree. The majority of the faculty shall hold master's degrees with majors in nursing. The remainder of the faculty shall hold master's degrees in a field appropriate to their teaching or clinical responsibilities. The majority of the faculty shall be full-time employees of the institution. The reappointment of a person who does not hold a master's degree in nursing shall be made only if that person, within one (1) year of initial appointment, has a written plan of study for degree completion and has matriculated in a college or university. Continuing reappointment of a person who does not hold a master's degree in nursing shall be contingent upon orderly progression toward degree completion. **MET. Currently along with the Chair of the Program, five other nursing faculty members have been hired. The Chair and the other full time faculty member have master degrees. Three of the four part-time faculty members have a master's degree and the fourth faculty member will complete a master's in July of 2010.**

(Indiana State Board of Nursing; 848 IAC 1-2-13; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 598)

848 IAC 1-2-15 Student personnel services

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 15.
Within the framework of the controlling institution, policies regulating student personnel services shall be delineated in writing, including, but not limited to, the following:

(1) Counseling and guidance.
(2) Health services.
(3) Financial aid.
(4) Housing.
(5) Student organization.
(6) Job placement.
(7) Liability insurance.

(Indiana State Board of Nursing; 848 IAC 1-2-15; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4531; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939) **MET**

848 IAC 1-2-16 Curriculum; all programs

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 16.
(a) The:

(1) development;
(2) implementation;
(3) evaluation; and
(4) revision;

of the curriculum shall be the responsibility of the nursing faculty and shall be based on the stated philosophy and objectives of the program. **MET. Faculty from all campuses meets periodically for curriculum discussion and revision.**

(b) The program shall provide an opportunity for the student to learn:

(1) facts;
(2) principles;
(3) concepts; and
(4) skills;

which ensure that each graduate meets the minimal qualifications essential for safety to practice as a licensed nurse. **MET**

(c) There shall be concurrent didactic instruction and clinical experiences in the care of patients from all age groups except when students repeat courses for failing or withdrawal. Those students may repeat the failed course by itself without also repeating the concurrent course. **MET**

(d) The clinical experiences shall be determined by the philosophy, mission, and objectives of the program. **MET**

(e) Classroom and clinical experiences shall be the responsibility of program faculty. **MET**

(f) Observational experiences shall be determined by the philosophy, mission, and objectives of the program. As used in this subsection, "observational experiences" means those experiences in which the student is in the role of observer. Observational experiences shall be:

(1) planned for and guided by the faculty, but may not require direct supervision; and **MET**
(2) included in the program's annual report to the board.

(g) There shall be an outline of the total curriculum showing the placement of courses according to:

(1) year and semester or term;
(2) the ratio of credits to hours; or
(3) the total number of hours. **MET**

(h) The school year shall be divided into definite terms with dates set for the beginning and ending of each. The dates shall be communicated to the students at the beginning of the academic year. **MET. The program is divided into 9 quarters.**

(i) Board approval shall be granted prior to the initiation of any major curriculum change. If the change is minor, in that it does not substantially alter the curriculum, it shall be reported to the board in writing in the program's annual report to the board. **N/A**

(j) A major change, which would require the board's approval prior to implementation, includes the following:

(1) Major changes in philosophy, mission, or objectives.
(2) The number of credits required for successful completion of the program or the major in nursing.
(3) The number and type of general education courses.
(4) Relocation of the program or any of its components.
(5) Change in required clinical hours.
(6) Admission times.
(7) Progression options.
(8) Additions of satellite locations.

(k) There shall be a systematic written plan for program evaluation that is ongoing according to the time frame specified by the faculty. The findings from the systematic evaluation shall be used for development, maintenance, and revision of the program components. The written plan shall include, but is not limited to, the following:

(1) Philosophy, mission, and objectives of the nursing education program.
(2) Expected knowledge, skills, and abilities of the graduates.
(3) Teaching and learning experiences.
(4) Student evaluation of courses.
(5) Instructor evaluation of students.
(6) Pass rates on licensure examination.
(7) Follow-up studies of graduates' evaluation of the program of learning.
(8) Employment performance of graduates **MET**

(Indiana State Board of Nursing; 848 IAC 1-2-16; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4531; readopted filed Nov 6, 2001, 4:18 p.m. 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 599)

848 IAC 1-2-17 Curriculum; registered nurse programs

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 17.

(a) The length of a full-time program shall be a minimum of two (2) academic years or its equivalent.

(b) The curriculum shall provide instruction in the following areas:

(1) Physical and biological sciences, including content drawn from the areas of:

(A) anatomy;
(B) physiology;
(C) chemistry;
(D) microbiology;
(E) pharmacology;
(F) physics; and
(G) nutrition;

that may be integrated, combined, or presented as separate courses. **MET All concepts are covered in the curriculum. There are specific courses for anatomy, physiology, and microbiology. Chemistry concepts are covered in the Survey of Sciences course.**

(2) Social and behavioral sciences shall include content drawn from the areas of:

(A) interpersonal communications, English composition, or speech;
(B) psychology; and
(C) sociology;

that may be integrated, combined, or presented as separate courses. **MET**

(3) The nursing content shall establish the following:

(A) Provide concurrent theory and clinical experience in the following areas:

(i) Adult nursing.
(ii) Maternity nursing.
(iii) Nursing of children.
(iv) Mental health nursing.
(v) Gerontological nursing.
(vi) For baccalaureate programs, community health nursing and research.

(B) Include:

(i) history;
(ii) trends;
(iii) legal aspects; and
(iv) ethical aspects;

of nursing that may be integrated, combined, or presented as separate courses.

(C) Include content about chemical substance abuse among professionals.

(D) Computer technology shall be integrated, combined, or presented as a separate course.

(E) Standard precautions education shall be integrated, combined, or presented as a separate course.

(Indiana State Board of Nursing; 848 IAC 1-2-17; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4532; readopted filed Nov 6, 2001, 4:18 p.m. 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 600)

MET. This is a Registered Nurse Program. All of the necessary components are included in the curriculum. The students must complete 109 quarter hours in 27 months, or 9 quarters. The curriculum is clearly delineated and organized in a logical sequence. Contact hours are figured Theory/Lecture: 1credit = 1 contact, Lab: 1 credit = 2 contact, and clinical: 1 credit = 3 contact.

848 IAC 1-2-19 Clinical experience; all programs

Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 19.

(a) Clinical facilities used for learning experiences shall be approved by an organization that has been granted deeming authority or appropriate licensing bodies. Long term care facilities shall be licensed by the Indiana state department of health. **MET**

(b) There shall be written agreements between the program and any institution or agency, which is used for clinical experiences. Agreements shall state the responsibilities and privileges of both parties. Written agreements are not necessary for observational experiences. **MET. SV reviewed the signed contracts for clinical placements for 11 facilities. Facilities included opportunities in long term care, acute care, pediatric and psychiatric areas.**

(c) Nursing program faculty shall:

(1) assign;
(2) guide;
(3) evaluate; and
(4) supervise;

the learning activities of students in the clinical experience.

(d) The ratio of faculty to students shall be a maximum of 1:10 or any portion thereof in the clinical or observational experience, exclusive of the nurse director or coordinator. **MET. Students do not begin clinical experiences until the forth quarter. 19 students were admitted into the first cohort of students. From that cohort of students, there are 9 in the 5th quarter of the program. There is a 1:8 or 9 faculty to student ratio in the clinical courses.**

(Indiana State Board of Nursing; 848 IAC 1-2-19; filed Jul 30, 1998, 4:59p.m.: 21 IR 4532; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 601)

848 IAC 1-2-20 Educational resources
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20

Sec. 20.
(a) Classrooms, laboratories, and conference rooms shall be provided to meet the needs of the students. **MET. There is one nursing lab with mannequins and skill practice equipment in place. The lab is adequate for the number of students currently in the program. There is also a lab for anatomy, physiology, microbiology and the survey of science course. There are 10 classrooms, plus multiple computer labs. There is also a large classroom that can seat 40 or 80 students depending on the need. All classrooms have technology capability.**

(b) The library shall be adequate in size and have current holdings to meet the educational needs of the students and faculty. There shall be a variety of current audiovisual and computer aids for individual and group instruction. The annual budget shall provide for accessions to the library. **MET There is a larger computer lab and classrooms that can be utilized to log into the "virtual library" There is a educational resource center that is open and staffed M – F 8:30 AM - 9:30 PM and Saturday 8:30 AM – 12:30 PM. IN the LRC, there are copies of textbooks, nursing journals, as well as other reference materials.**
(c) Furnishings, supplies, and office equipment shall be provided for the director, faculty, and clerical staff.
(d) Adequate office space shall be provided for the director, faculty, and clerical staff. **The Chair of the Nursing Program has a very large office and office equipment sufficient to do her job. However, the remainder of the nursing faculty is housed in small cubicles and all share a single computer and telephone. Faculty stated it is very difficult to accomplish their role with this limited equipment. Space will need to be made available for additional faculty.**
(e) There shall be adequate support services and secretarial personnel to meet the needs of the program. **MET**
(f) There shall be adequate support for faculty development. **MET. There is a well developed faculty development plan that is a part of the personnel file.**
(Indiana State Board of Nursing; 848 IAC 1-2-20; filed Jul 30 ,1998, 4:59 p.m.: 21 IR 4533; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 601)

848 IAC 1-2-21 Progression and graduation
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 21.
(a) There shall be written requirements for progression and graduation prepared by the faculty of each program. There shall be a written policy and procedure for academic probation and termination from the program. There shall be a code of conduct for students. **MET**
(b) The nursing program shall provide to enrolled students a student handbook that shall include all information specific to the nursing program. **MET**
(c) Candidates for the registered nurse licensing examination shall have successfully completed the educational program with an accumulative average grade of "C" or better, and a grade of "C" or better in each course as identified in section 17 of this rule. **MET**
(d) Candidates for the practical nurse licensing examination shall have successfully completed the educational program with a grade of "C" or better in each course. **N/A**
(Indiana State Board of Nursing; 848 IAC 1-2-21; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4533; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 602)

848 IAC 1-2-22 Records and program catalog
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 22.
(a) There shall be a record system that provides for accurate recording of admission data and student academic records. Provisions shall be made for safe storage of records to prevent loss by destruction and unauthorized use. **MET**
b) Individual student files, maintained by the program of nursing during the student's enrollment, shall include, at a minimum, the following:
(1) Documents required for admission.
(2) Results of performance evaluation relating to the student's progression or lack thereof.
(3) Documentation of standard precautions training.

(c) The institution must maintain in readily accessible form, or cause to be maintained in readily accessible form, sufficient records to generate an official student transcript for a period of sixty (60) years after the date the student attended the institution. **MET**

(d) Information about the program shall be published periodically, at least every two (2) years. The publication shall be dated and include the following:

(1) Philosophy, mission, and objectives of the nursing program.
(2) A general description of the program.
(3) The curriculum plan.
(4) Brief course descriptions.
(5) Facilities and conditions provided for student learning and welfare.
(6) Faculty information.
(7) A statement of tuition, fees, and refund policies.
(8) A statement regarding nondiscriminatory policies for student and faculty recruitment.
(9) A statement regarding student complaint and grievance procedures.
(10) Housing and residence facilities information
(11) Admission, progression, and graduation policies. . **Site Visitor reviewed 2009 and 2010 catalogs. All required policies and information included.**

(Indiana State Board of Nursing; 848 IAC 1-2-22; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4533; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 602)

848 IAC 1-2-23 Reports to the board **NOT AVAILABLE AT THIS TIME**

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 23.

The director of the nursing program shall submit an annual report to the board on forms provided by the board. The report shall provide current data on the following:

(1) Administrative personnel, credit hours, and faculty to student ratios.
(2) Organizational, administrative, and physical changes.
(3) Any curriculum changes.
(4) Student statistics.
(5) A faculty list with a:
    (A) completed faculty qualification record for each new member;
    (B) supplemental qualification record for each faculty member pursuing a master's degree; and
    (C) list of faculty no longer employed by the institution since the last annual report.
(6) A clinical agency list and a list of those agencies no longer used since the last annual report.
(7) An organizational chart for the nursing program and for the parent institution.

(Indiana State Board of Nursing; 848 IAC 1-2-23; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 602)

848 IAC 1-2-24 Records **NOT APPLICABLE AT THIS TIME**

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 24.

A copy of each annual report to the board, the program catalog, and nursing student handbook shall be maintained in the permanent records of the institution.

(Indiana State Board of Nursing; 848 IAC 1-2-24; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 603)

SUMMARY REPORT

OVERVIEW OF THE VISIT

The visit was for continuing accreditation for a RN Program that is a satellite from the ITT Technical Institute that has campuses in 30 + States. There are also campuses in Indianapolis, South Bend, Merriville, and Newburgh.

The visitor met with the following persons:

Alois Johnson, Director of the Ft. Wayne Campus
Charlotte Weybright, Dean of Academic Affairs
Kim Meyers, Associate Dean of General Education
Denise Jordan, Nursing Program Chair
Sandra Cockrell, Director of Recruitment
Joe McMichael, Director of Career Services
Christina Treber, Director of Finance
Tiffany Masterson, Administrative Coordinator
Dr. Louise Hart, National Nursing consultant to ITT Technical Institute
Susan Towle, Full-time Nursing Faculty member
Carolyn Davis, Cara Stansifer, Lucinda Scheib-Novosel, Part-time Nursing Faculty
Wanda Akabar, Greg Shade, and Liz Straley, General Education Faculty
8 Nursing Students

Documents reviewed:

Employee files for 14 faculty members, 6 student files, 11 clinical affiliation agreements, course syllabi, current handbook, and materials prepared for the visit, selected textbooks.

HISTORY

ITT Technical Institute has campuses in over 30 States. Not all campuses have a nursing program, but there is a National Consultant assisting ITT Administration with the development of these programs. There are currently 5 Indiana Board approved campus in Indiana. There is a National Curriculum Coordinator who works with the Consultant and Chair of the Programs to organize and offer the curriculum on each campus.

The same curriculum is offered at all ITT campuses. The curriculum consists of 109 hours divided into 9 quarters. 61 credits are in Nursing with 48 credits in General Education. The students have theory classes and most general education classes during the day and clinical experiences are currently offered during the day, but may expand to include the afternoon and evenings. There are sufficient clinical sites in place. There is also ample classroom and lab space for the program. Currently 6 nursing faculty are in place, counting the Chair. Two are full time and four are part-time. Five are Masters prepared and the 6th will finish MSN in July 2010. There is currently a search to hire two more full time faculty with interviews scheduled week of 1/25/10. The plan is to admit 30 students each quarter to total 120/year. Thus far, the largest cohort admitted was 23. When fully implemented, there will be around 240 students minus attrition.

PROGRAM STRENGTHS

The Chair of the Program has a strong educational and administrative background. The other faculty hired have teaching experience and meet State requirements. Although the program is expensive, $493 times 109 credits =$53,737, for the two year program, this is all inclusive except for uniforms and tool kit. Transfer credits are accepted from other schools after review of course content. The students are eligible for the usual student loans and grants. The financial aid department works with the students to identify their needs and make a plan for payment before the student begins the programs. All policies are in writing and are shared with the students. The Career Services work with the students to obtain jobs after graduation. Services are available to all ITT grads for life. All required aspects of the content are contained within the curriculum plan. The Program is accredited by ACICS. The curriculum is designed using NLNAC standards of care and ANA Code of ethics. ITT plans to work toward NLNAC accreditation.

PROGRAM CONCERNS

- **ITT is a proprietary college and is accredited by ACICS, however, the courses offered at ITT Tech are usually not transferable to other colleges or universities in the State. The students are informed of this fact prior to admission to the program. Cost of the program has increased from around $48,000 to over $53,000 in one year.**
- **Students voiced concerns regarding not having enough supplies to practice skills in the nursing lab. This issue was identified in the previous quarter and the Chair has submitted orders for additional supplies.**
- **Faculty does not have the equipment needed to fulfill the role of teaching including computer and telephone access.**

Final Recommendation:

Continued Accreditation until next visit scheduled following the graduation of one or two groups of students.

REPORT OF SURVEY VISIT
REGISTERED NURSE PROGRAM
INDIANA STATE BOARD OF NURSING
INDIANA PROFESSIONAL LICENSING AGENCY
402 West Washington Street Room W066
Indianapolis, Indiana 46204

PROGRAM CHAIR: **Denise Jordan, MA, BSN, RN**

NURSING EDUCATION PROGRAM: **ITT Technical Institute**
2810 Dupont Commerce Ct.
Ft. Wayne, IN

TYPE OF PROGRAM: **Registered Nurse Program**

DATE OF VISIT: **January 22, 2010**

VISIT MADE BY: **Lynda D. Narwold, MA, RN, Board Member**

DATE REPORT PRESENTED TO BOARD:

RECOMMENDATION: **Continued accreditation until the next visit which will be after one or two groups of students graduate. Approximately May or June of 2011.**

CC: **Sean Gorman, Executive Director, Indiana State Board of Nursing**

TITLE 848 INDIANA STATE BOARD OF NURSING

NOTE: Originally adopted by the Board of Nurses' Registration and Nursing Education. Name changed by P.L.169-1985, SECTION 67 (IC 25-23-1-2), effective July 1, 1985.

848 IAC 1-2-7 Eligible institutions
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 7.
(a) The program in nursing shall be incorporated or be a part of an incorporated institution. **Met**
(b) Educational institutions, colleges, or universities conducting a nursing program or with which a program of nursing is affiliated shall be accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools or the Indiana commission on proprietary education. Hospitals conducting a nursing program shall be accredited by an organization that has been granted deeming authority. Long term care facilities shall be licensed by the Indiana state department of health. **Met**
(c) The philosophy, mission, and objectives of the program in nursing shall be in accordance with this rule. **Met**
(d) There shall be assurance that the program can meet the requirements for Indiana accredited programs in nursing.
(Indiana State Board of Nursing; 848 IAC 1-2-7; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4528; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939;filed Sep 13, 2004, 9:45 a.m.: 28 IR 596) **Met**

848 IAC 1-2-9 Philosophy, mission, and objectives
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 9.
The philosophy, mission, and objectives of the program in nursing shall be as follows:
(1) Clearly defined in writing in the official records. **Met**
(2) Consistent with the philosophy and mission of the controlling institution. **Met**
(3) Formulated and accepted by the faculty. **Met. The curriculum is the same that is offered at other ITT campuses. There is an ITT faculty organization with periodic meetings for curriculum review.**
(4) Inclusive of program beliefs regarding education, nursing, and the learning process. **Met**
(5) Descriptive of the practitioner to be prepared. **Met**
(6) The basis for planning, implementing, and evaluating the total program. **Met**
(7) Reviewed periodically and revised as necessary by the nursing faculty. **Met**
(Indiana State Board of Nursing; 848 IAC 1-2-9; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 597)

848 IAC 1-2-10 Organization and administration
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 10.
(a) Responsibility for developing and implementing the program in nursing shall be placed in the faculty of the nursing education unit. **Met. Department Chair and five other faculty members have been hired. Currently the Chair and one other faculty member are full time. The other four are part-time.**
(b) The institution shall have an effective plan of organization and administration appropriate to the purpose and implementation of the instructional program in nursing. There shall be an organizational chart of the:
(1) institution indicating the place of the nursing program; and
(2) nursing program. **Met**
(c) There shall be a controlling body that recognizes the program in nursing as an educational program and delegates authority to the chief administrative officer of the institution who, in turn, delegates authority to the program director. **Met**
(d) When a program director resigns, it is the responsibility of the administration of the controlling organization to inform the board in writing within thirty (30) days of notification of the following:
(1) Intended resignation.
(2) Effective date.
(3) Plans for filling the position. **N/A**
(e) The program in nursing shall be assured of stable, financial resources adequate for and effectively allocated to support

its educational activities. There shall be a budget prepared in accordance with sound educational and financial practices. The financial statement shall give a clear picture of the status of the program. The program director, with documentation of faculty input, shall have the following responsibilities relating to the financial operation of the program in nursing:

(1) Preparing the budget for one (1) year in advance of the fiscal period and recommending it to the proper authorities.

(2) Controlling the use of the approved budget through an accurate system of records.

(3) Reviewing financial reports routinely and making necessary revisions.

(4) Consulting with proper authorities within the institution in regard to interpretation, preparation, and implementation of the budget. **Met. The Program Chair has input into the budget through the Director of the Ft. Wayne Campus.**

(Indiana State Board of Nursing; 848 IAC 1-2-10; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 597)

848 IAC 1-2-11 Admissions

Authority: IC 25-23-1-7

Affected: IC 25-23-1-7

Sec. 11.

(a) There shall be published policies for admission established by the nursing faculty. **Met. Information is available through website and written materials. Faculty established the criteria for admission.**

(b) Students shall be selected on the basis of established criteria and in compliance with all applicable state and federal laws. **Met. Criteria has been identified.**

(c) There shall be well defined written policies governing payment and refund of tuition and other fees. **Met**

(d) The number of students admitted to a nursing education program shall be determined by the following:

(1) The number of qualified faculty.

(2) The availability of the following:

(A) Adequate educational facilities and resources.

(B) Appropriate clinical learning activities. **Met: There are currently 112 students enrolled in the program in the five quarters that are being offered. Students begin clinical courses in the forth quarter and there are sufficient clinical facilities to offer the required experiences.**

(e) An applicant shall be graduated from a state approved high school or its equivalent. A complete high school transcript shall be on file. **Met. Site visitor reviewed 6 student files. Files are well organized and all required documentation is present.**

(f) A person who has qualified for equivalency to high school graduation on the basis of satisfactory completion of the general equivalency degree test (GED) shall be eligible for entrance to an Indiana accredited program in nursing upon proof of the following:

(1) A copy of the test results listing individual and total scores on the GED test shall be on file to validate satisfactory test completion.

(2) Satisfactory completion of college courses relevant to nursing may nullify unsatisfactory test scores.

(g) There shall be written policies regarding the following:

(1) The readmission of a student who:

(A) withdrew from the program; or

(B) failed required courses.

(2) The admission of a transfer student.

(Indiana State Board of Nursing; 848 IAC 1-2-11; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4529; readopted filed Nov 6, 2001, 4:18 p.m.:

25 IR 939) ***MET.*** **All policies for admission are in place**

848 IAC 1-2-12 Faculty
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 12.
(a) The program in nursing shall provide and maintain a qualified faculty. The general qualifications for all nurse faculty members shall include the following:
(1) Graduation from an approved program of nursing accepted by the board.
(2) Current, unencumbered registered nurse licensed in Indiana. **MET**
(b) The personnel policies for faculty members shall be defined in writing. **MET**
(c) Faculty, other than registered nurses, who teach nonclinical nursing courses, including, but not limited to:
(1) issues and trends;
(2) nutrition;
(3) research;
(4) management; and
(5) statistics;
shall hold master's degrees in areas appropriate to the responsibilities inherent in the position. **The faculty members who teach TB 133 Strategies for the Technical Professional do not have master's degrees.**

(d) Clinical preceptorships may be used for the clinical experiences of students. When clinical preceptors are used, the following conditions shall be met:
(1) Written agreements between the cooperating agency and nursing program shall delineate the functions and responsibilities of the parties involved.
(2) Criteria for selecting clinical preceptors shall be developed and in writing.
(3) The clinical preceptors shall have the following minimum qualifications:
(A) Current licensure as a registered nurse.
(B) Three (3) years of experience as a registered nurse.
(4) Written clinical objectives shall be specific and shared with the clinical preceptor prior to the experience.
(5) The designated faculty member shall:
(A) be responsible for the learning experience of each student; and
(B) meet with each clinical preceptor and student for the purpose of monitoring and evaluating the learning experience.
(6) The designated faculty member shall be available by phone or in person when students are in the clinical area.
(7) A faculty member shall be responsible for coordinating the clinical preceptorships of no more than ten (10) students. **N/A**
(Indiana State Board of Nursing; 848 IAC 1-2-12; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 598)

848 IAC 1-2-13 Faculty qualifications; registered nurse programs
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 13.
(a) The director shall be a registered nurse with a minimum of a master's degree in nursing and be employed full-time, excluding vacations and holidays, during the enrollment period of the students. A doctoral degree is recommended. The director shall have experience in the following:
(1) The practice of nursing.
(2) Nursing education.
(3) Administration. **MET**
(b) The nurse faculty member shall have experience in the practice of nursing and hold a master's degree. The majority of the faculty shall hold master's degrees with majors in nursing. The remainder of the faculty shall hold master's degrees in a field appropriate to their teaching or clinical responsibilities. The majority of the faculty shall be full-time employees of the institution. The reappointment of a person who does not hold a master's degree in nursing shall be made only if that person, within one (1) year of initial appointment, has a written plan of study for degree completion and has matriculated in a college or university. Continuing reappointment of a person who does not hold a master's degree in nursing shall be contingent upon orderly progression toward degree completion. **MET. Currently along with the Chair of the Program, five other nursing faculty members have been hired. The Chair and the other full time faculty member have master degrees. Three of the four part-time faculty members have a master's degree and the fourth faculty member will complete a master's in July of 2010.**

(Indiana State Board of Nursing; 848 IAC 1-2-13; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4530; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 598)

848 IAC 1-2-15 Student personnel services

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 15.
Within the framework of the controlling institution, policies regulating student personnel services shall be delineated in writing, including, but not limited to, the following:

(1) Counseling and guidance.
(2) Health services.
(3) Financial aid.
(4) Housing.
(5) Student organization.
(6) Job placement.
(7) Liability insurance.

(Indiana State Board of Nursing; 848 IAC 1-2-15; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4531; readopted filed Nov 6, 2001, 4:18 p.m.:25 IR 939) **MET**

848 IAC 1-2-16 Curriculum; all programs

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 16.
(a) The:

(1) development;
(2) implementation;
(3) evaluation; and
(4) revision;

of the curriculum shall be the responsibility of the nursing faculty and shall be based on the stated philosophy and objectives of the program. **MET. Faculty from all campuses meets periodically for curriculum discussion and revision.**

(b) The program shall provide an opportunity for the student to learn:

(1) facts;
(2) principles;
(3) concepts; and
(4) skills;

which ensure that each graduate meets the minimal qualifications essential for safety to practice as a licensed nurse. **MET**

(c) There shall be concurrent didactic instruction and clinical experiences in the care of patients from all age groups except when students repeat courses for failing or withdrawal. Those students may repeat the failed course by itself without also repeating the concurrent course. **MET**

(d) The clinical experiences shall be determined by the philosophy, mission, and objectives of the program. **MET**

(e) Classroom and clinical experiences shall be the responsibility of program faculty. **MET**

(f) Observational experiences shall be determined by the philosophy, mission, and objectives of the program. As used in this subsection, "observational experiences" means those experiences in which the student is in the role of observer. Observational experiences shall be:

(1) planned for and guided by the faculty, but may not require direct supervision; and **MET**
(2) included in the program's annual report to the board.

(g) There shall be an outline of the total curriculum showing the placement of courses according to:

(1) year and semester or term;
(2) the ratio of credits to hours; or
(3) the total number of hours. **MET**

(h) The school year shall be divided into definite terms with dates set for the beginning and ending of each. The dates shall be communicated to the students at the beginning of the academic year. **MET. The program is divided into 9 quarters.**

(i) Board approval shall be granted prior to the initiation of any major curriculum change. If the change is minor, in that it does not substantially alter the curriculum, it shall be reported to the board in writing in the program's annual report to the board. **N/A**

(j) A major change, which would require the board's approval prior to implementation, includes the following:

(1) Major changes in philosophy, mission, or objectives.
(2) The number of credits required for successful completion of the program or the major in nursing.
(3) The number and type of general education courses.
(4) Relocation of the program or any of its components.
(5) Change in required clinical hours.
(6) Admission times.
(7) Progression options.
(8) Additions of satellite locations.

(k) There shall be a systematic written plan for program evaluation that is ongoing according to the time frame specified by the faculty. The findings from the systematic evaluation shall be used for development, maintenance, and revision of the program components. The written plan shall include, but is not limited to, the following:

(1) Philosophy, mission, and objectives of the nursing education program.
(2) Expected knowledge, skills, and abilities of the graduates.
(3) Teaching and learning experiences.
(4) Student evaluation of courses.
(5) Instructor evaluation of students.
(6) Pass rates on licensure examination.
(7) Follow-up studies of graduates' evaluation of the program of learning.
(8) Employment performance of graduates **MET**

(Indiana State Board of Nursing; 848 IAC 1-2-16; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4531; readopted filed Nov 6, 2001, 4:18 p.m. 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 599)

848 IAC 1-2-17 Curriculum; registered nurse programs

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 17.

(a) The length of a full-time program shall be a minimum of two (2) academic years or its equivalent.

(b) The curriculum shall provide instruction in the following areas:

(1) Physical and biological sciences, including content drawn from the areas of:

(A) anatomy;
(B) physiology;
(C) chemistry;
(D) microbiology;
(E) pharmacology;
(F) physics; and
(G) nutrition;

that may be integrated, combined, or presented as separate courses. **MET All concepts are covered in the curriculum. There are specific courses for anatomy, physiology, and microbiology. Chemistry concepts are covered in the Survey of Sciences course.**

(2) Social and behavioral sciences shall include content drawn from the areas of:

(A) interpersonal communications, English composition, or speech;
(B) psychology; and
(C) sociology;

that may be integrated, combined, or presented as separate courses. **MET**

(3) The nursing content shall establish the following:

(A) Provide concurrent theory and clinical experience in the following areas:

(i) Adult nursing.
(ii) Maternity nursing.
(iii) Nursing of children.
(iv) Mental health nursing.
(v) Gerontological nursing.
(vi) For baccalaureate programs, community health nursing and research.

(B) Include:

(i) history;
(ii) trends;
(iii) legal aspects; and
(iv) ethical aspects;

of nursing that may be integrated, combined, or presented as separate courses.

(C) Include content about chemical substance abuse among professionals.

(D) Computer technology shall be integrated, combined, or presented as a separate course.

(E) Standard precautions education shall be integrated, combined, or presented as a separate course.

(Indiana State Board of Nursing; 848 IAC 1-2-17; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4532; readopted filed Nov 6, 2001, 4:18 p.m. 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 600)

MET. This is a Registered Nurse Program. All of the necessary components are included in the curriculum. The students must complete 109 quarter hours in 27 months, or 9 quarters. The curriculum is clearly delineated and organized in a logical sequence. Contact hours are figured Theory/Lecture: 1credit = 1 contact, Lab: 1 credit = 2 contact, and clinical: 1 credit = 3 contact.

848 IAC 1-2-19 Clinical experience; all programs

Authority: IC 25-23-1-7
Affected: IC 25-23-1-20
Sec. 19.

(a) Clinical facilities used for learning experiences shall be approved by an organization that has been granted deeming authority or appropriate licensing bodies. Long term care facilities shall be licensed by the Indiana state department of health. **MET**

(b) There shall be written agreements between the program and any institution or agency, which is used for clinical experiences. Agreements shall state the responsibilities and privileges of both parties. Written agreements are not necessary for observational experiences. **MET. SV reviewed the signed contracts for clinical placements for 11 facilities. Facilities included opportunities in long term care, acute care, pediatric and psychiatric areas.**

(c) Nursing program faculty shall:

(1) assign;
(2) guide;
(3) evaluate; and
(4) supervise;

the learning activities of students in the clinical experience.

(d) The ratio of faculty to students shall be a maximum of 1:10 or any portion thereof in the clinical or observational experience, exclusive of the nurse director or coordinator. **MET. Students do not begin clinical experiences until the forth quarter. 19 students were admitted into the first cohort of students. From that cohort of students, there are 9 in the 5th quarter of the program. There is a 1:8 or 9 faculty to student ratio in the clinical courses.**

(Indiana State Board of Nursing; 848 IAC 1-2-19; filed Jul 30, 1998, 4:59p.m.: 21 IR 4532; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 601)

848 IAC 1-2-20 Educational resources
Authority: IC 25-23-1-7
Affected: IC 25-23-1-20

Sec. 20.
(a) Classrooms, laboratories, and conference rooms shall be provided to meet the needs of the students. **MET. There is one nursing lab with mannequins and skill practice equipment in place. The lab is adequate for the number of students currently in the program. There is also a lab for anatomy, physiology, microbiology and the survey of science course. There are 10 classrooms, plus multiple computer labs. There is also a large classroom that can seat 40 or 80 students depending on the need. All classrooms have technology capability.**

(b) The library shall be adequate in size and have current holdings to meet the educational needs of the students and faculty. There shall be a variety of current audiovisual and computer aids for individual and group instruction. The annual budget shall provide for accessions to the library. **MET There is a larger computer lab and classrooms that can be utilized to log into the "virtual library" There is a educational resource center that is open and staffed M – F 8:30 AM - 9:30 PM and Saturday 8:30 AM – 12:30 PM. IN the LRC, there are copies of textbooks, nursing journals, as well as other reference materials.**
(c) Furnishings, supplies, and office equipment shall be provided for the director, faculty, and clerical staff.
(d) Adequate office space shall be provided for the director, faculty, and clerical staff. **The Chair of the Nursing Program has a very large office and office equipment sufficient to do her job. However, the remainder of the nursing faculty is housed in small cubicles and all share a single computer and telephone. Faculty stated it is very difficult to accomplish their role with this limited equipment. Space will need to be made available for additional faculty.**
(e) There shall be adequate support services and secretarial personnel to meet the needs of the program. **MET**
(f) There shall be adequate support for faculty development. **MET. There is a well developed faculty development plan that is a part of the personnel file.**
(Indiana State Board of Nursing; 848 IAC 1-2-20; filed Jul 30 ,1998, 4:59 p.m.: 21 IR 4533; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 601)

848 IAC 1-2-21 Progression and graduation
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 21.
(a) There shall be written requirements for progression and graduation prepared by the faculty of each program. There shall be a written policy and procedure for academic probation and termination from the program. There shall be a code of conduct for students. **MET**
(b) The nursing program shall provide to enrolled students a student handbook that shall include all information specific to the nursing program. **MET**
(c) Candidates for the registered nurse licensing examination shall have successfully completed the educational program with an accumulative average grade of "C" or better, and a grade of "C" or better in each course as identified in section 17 of this rule. **MET**
(d) Candidates for the practical nurse licensing examination shall have successfully completed the educational program with a grade of "C" or better in each course. **N/A**
(Indiana State Board of Nursing; 848 IAC 1-2-21; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4533; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 602)

848 IAC 1-2-22 Records and program catalog
Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 22.
(a) There shall be a record system that provides for accurate recording of admission data and student academic records. Provisions shall be made for safe storage of records to prevent loss by destruction and unauthorized use. **MET**
b) Individual student files, maintained by the program of nursing during the student's enrollment, shall include, at a minimum, the following:
(1) Documents required for admission.
(2) Results of performance evaluation relating to the student's progression or lack thereof.
(3) Documentation of standard precautions training.

(c) The institution must maintain in readily accessible form, or cause to be maintained in readily accessible form, sufficient records to generate an official student transcript for a period of sixty (60) years after the date the student attended the institution. **MET**

(d) Information about the program shall be published periodically, at least every two (2) years. The publication shall be dated and include the following:

(1) Philosophy, mission, and objectives of the nursing program.
(2) A general description of the program.
(3) The curriculum plan.
(4) Brief course descriptions.
(5) Facilities and conditions provided for student learning and welfare.
(6) Faculty information.
(7) A statement of tuition, fees, and refund policies.
(8) A statement regarding nondiscriminatory policies for student and faculty recruitment.
(9) A statement regarding student complaint and grievance procedures.
(10) Housing and residence facilities information
(11) Admission, progression, and graduation policies. . **Site Visitor reviewed 2009 and 2010 catalogs. All required policies and information included.**

(Indiana State Board of Nursing; 848 IAC 1-2-22; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4533; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 602)

848 IAC 1-2-23 Reports to the board **NOT AVAILABLE AT THIS TIME**

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 23.

The director of the nursing program shall submit an annual report to the board on forms provided by the board. The report shall provide current data on the following:

(1) Administrative personnel, credit hours, and faculty to student ratios.
(2) Organizational, administrative, and physical changes.
(3) Any curriculum changes.
(4) Student statistics.
(5) A faculty list with a:
    (A) completed faculty qualification record for each new member;
    (B) supplemental qualification record for each faculty member pursuing a master's degree; and
    (C) list of faculty no longer employed by the institution since the last annual report.
(6) A clinical agency list and a list of those agencies no longer used since the last annual report.
(7) An organizational chart for the nursing program and for the parent institution.

(Indiana State Board of Nursing; 848 IAC 1-2-23; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 602)

848 IAC 1-2-24 Records **NOT APPLICABLE AT THIS TIME**

Authority: IC 25-23-1-7
Affected: IC 25-23-1-7
Sec. 24.

A copy of each annual report to the board, the program catalog, and nursing student handbook shall be maintained in the permanent records of the institution.

(Indiana State Board of Nursing; 848 IAC 1-2-24; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4534; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 939; filed Sep 13, 2004, 9:45 a.m.: 28 IR 603)

SUMMARY REPORT

OVERVIEW OF THE VISIT

The visit was for continuing accreditation for a RN Program that is a satellite from the ITT Technical Institute that has campuses in 30 + States. There are also campuses in Indianapolis, South Bend, Merriville, and Newburgh.

The visitor met with the following persons:

Alois Johnson, Director of the Ft. Wayne Campus
Charlotte Weybright, Dean of Academic Affairs
Kim Meyers, Associate Dean of General Education
Denise Jordan, Nursing Program Chair
Sandra Cockrell, Director of Recruitment
Joe McMichael, Director of Career Services
Christina Treber, Director of Finance
Tiffany Masterson, Administrative Coordinator
Dr. Louise Hart, National Nursing consultant to ITT Technical Institute
Susan Towle, Full-time Nursing Faculty member
Carolyn Davis, Cara Stansifer, Lucinda Scheib-Novosel, Part-time Nursing Faculty
Wanda Akabar, Greg Shade, and Liz Straley, General Education Faculty
8 Nursing Students

Documents reviewed:

Employee files for 14 faculty members, 6 student files, 11 clinical affiliation agreements, course syllabi, current handbook, and materials prepared for the visit, selected textbooks.

HISTORY

ITT Technical Institute has campuses in over 30 States. Not all campuses have a nursing program, but there is a National Consultant assisting ITT Administration with the development of these programs. There are currently 5 Indiana Board approved campus in Indiana. There is a National Curriculum Coordinator who works with the Consultant and Chair of the Programs to organize and offer the curriculum on each campus.

The same curriculum is offered at all ITT campuses. The curriculum consists of 109 hours divided into 9 quarters. 61 credits are in Nursing with 48 credits in General Education. The students have theory classes and most general education classes during the day and clinical experiences are currently offered during the day, but may expand to include the afternoon and evenings. There are sufficient clinical sites in place. There is also ample classroom and lab space for the program. Currently 6 nursing faculty are in place, counting the Chair. Two are full time and four are part-time. Five are Masters prepared and the 6th will finish MSN in July 2010. There is currently a search to hire two more full time faculty with interviews scheduled week of 1/25/10. The plan is to admit 30 students each quarter to total 120/year. Thus far, the largest cohort admitted was 23. When fully implemented, there will be around 240 students minus attrition.

PROGRAM STRENGTHS

The Chair of the Program has a strong educational and administrative background. The other faculty hired have teaching experience and meet State requirements. Although the program is expensive, $493 times 109 credits =$53,737, for the two year program, this is all inclusive except for uniforms and tool kit. Transfer credits are accepted from other schools after review of course content. The students are eligible for the usual student loans and grants. The financial aid department works with the students to identify their needs and make a plan for payment before the student begins the programs. All policies are in writing and are shared with the students. The Career Services work with the students to obtain jobs after graduation. Services are available to all ITT grads for life. All required aspects of the content are contained within the curriculum plan. The Program is accredited by ACICS. The curriculum is designed using NLNAC standards of care and ANA Code of ethics. ITT plans to work toward NLNAC accreditation.

PROGRAM CONCERNS

- **ITT is a proprietary college and is accredited by ACICS, however, the courses offered at ITT Tech are usually not transferable to other colleges or universities in the State. The students are informed of this fact prior to admission to the program. Cost of the program has increased from around $48,000 to over $53,000 in one year.**
- **Students voiced concerns regarding not having enough supplies to practice skills in the nursing lab. This issue was identified in the previous quarter and the Chair has submitted orders for additional supplies.**
- **Faculty does not have the equipment needed to fulfill the role of teaching including computer and telephone access.**

Final Recommendation:

Continued Accreditation until next visit scheduled following the graduation of one or two groups of students.

IVY TECH COMMUNITY COLLEGE

Sean Gorman,
Professional Licensing Agency
Attn: Indiana State Board of Nursing
402 W. Washington Street, Room W072
Indianapolis, Indiana 46204

January 6, 2010

Dear Mr. Gorman and Board Members,

This is to inform you of changes to the state -wide curriculum and philosophy for all Ivy Tech Community College programs. There are changes to both ASN and PN curricular requirements. None of the changes result in a change in required credit hours or in general education content categories. The ASN general education math requirement and social science electives have been changed and the remedial math requirement for admission to the PN program was changed to reflect the College's restructure of the remedial math sequence.

The philosophy for our nursing programs (ASN and PN) has been expanded to include further definition of concepts threaded throughout the curriculum. There is no substantial change in the essence of the philosophy. The additional concepts were added to provide clarity to the conceptual framework of the program.

Please find attached the revised philosophy for the Ivy Tech nursing programs, a brief description of the curricular changes, a copy of the Curriculum of Record for the ASN program with new general education course requirements, and course outlines of record for the math and social science electives that have been added to the ASN curriculum.

If you need further information, please let me know. We look forward to your approval of these changes

Sincerely,

Gail B. Sprigler, MSN, RN
College-Wide Director of Nursing Education
Ivy Tech Community College of Indiana

RECEIVED
JAN 08 2010
Indiana Professional Licensing Agency

50 WEST FALL CREEK PARKWAY NORTH DRIVE
INDIANAPOLIS, INDIANA 46208-5752
P. 317-921-4882

Ivy Tech is an accredited, equal opportunity, affirmative action community college.

Ivy Tech Community College of Indiana
Proposed Curriculum and Philosophy Changes
Associate of Science in Nursing and Practical Nursing Programs

ASN Changes:

1. The Associate of Science in Nursing Program Chairs and faculty recommended the following general education requirement changes:
   a. The general education math requirement will be changed from MATH 117 (an applied geometry class) or MATH 118 (an applied algebra class) to the student's choice of any MATH 13X course.
      - MATH 13X will become a pre-requisite for admission to the program for all cohorts admitted fall 2011 and beyond; however, it will not be used in the admission/selection point system.
      - Course descriptions for all MATH 13X courses are included for your review.
      - The rationales for this change include the following: 1) our ASN students have scored lower than national average for the past 2 years on College assessments of general education outcomes; 2) Several of the MATH 13X course are on the Indiana Core Transfer Library and will therefore more easily transfer to baccalaureate institutions; 3) MATH 13X courses will better prepare students for statistics courses required by many baccalaureate program; and 4) faculty felt this would develop problem solving skills and assist students with more complicated dosage calculation operations.
      - This change will take effect for students admitted fall 2010; however, MATH 117 & MATH 118 will accepted for students who have already completed them until fall 2011.
   b. The social science/psychology course elective cluster was expanded to include all 200 level psychology courses and 100 level sociology courses (PSYC 2XX or SOCI 1XX).
      - The rationales for this change are to provide students with more flexibility in choosing a course based on their particular interests and to provide more flexibility in accepting transfer credits from other institutions.
      - The PSYC 101 course is still required as a prerequisite to admission to the program.
      - Copies of the course descriptions have been attached for your review. Some SOCI 1XX AND PSYC 2XX courses in our inventory have additional college-level course pre-requisites and would only provide flexibility for students transferring to Ivy Tech.
      - This change will take effect for students admitted fall 2010 and beyond.
   c. We have changed the way verified credits appear on the Curricula of Record for LPN to ASN Transition and Paramedic to ASN tracks. There is no change in the actual curriculum. We have always provided verified credit for 100 level nursing courses to transition students upon successful completion of their required transition courses with a grade of C or better. We have added these verified courses to the Curricula of Record for the purpose of clarify since the verified

credits appear on the students' transcript and are counted in attempted hours for the financial aid determinations.

2. Data collection regarding the new curriculum is ongoing and discussions regarding more substantive curricular changes will be occurring as more complete data is available.

Practical Nursing Change:

1. The Practical Nursing Program Chairs and faculty recommended that as a prerequisite to program admission practical nursing students be required to meet the highest level of math in the new College math remediation sequences: test out of (based on the COMPASS College placement exam), demonstrate waiver of those courses based on previous coursework or PSAT/SAT/ACT scores, or complete the courses recommended by placement exam.
    a. Rationales for this decision include: 1) PN students should be able to demonstrate mastery of math content equivalent to that required in high school; 2) students who complete the PN program and wish to transition into the ASN program will have met prerequisite requirements for the math required in the ASN program; and 3) the increase in math remediation will assist students who struggle with dosage calculations.
    b. This will take effect for cohorts admitted fall 2010 and beyond.
2. Data collection regarding the new curriculum is ongoing and discussions regarding more substantive curricular changes will be occurring as more complete data is available.

Philosophy

The nursing programs of Ivy Tech Community College utilize the metaparadigm of individual, environment, health, and nursing to organize and unify the curricula. Concepts related to these overarching themes are infused throughout the curricula. These concepts include professionalism, leadership, professional communication, nursing process for patient centered care, interdisciplinary collaboration, safety, and patient education. The concepts of student, educator, and nursing education are defined by our beliefs about the interrelationships between these overriding themes.

Individual

Individuals are unique and complex organisms, with integrated physiological, psychosocial, cultural, intellectual, and spiritual dimensions, all of which are in a continuous state of change. Individuals are endowed with dignity, rights, responsibility and power of choice, which facilitate self-awareness and interactions with others, and the environment. The individual's ability to meet needs is enhanced by awareness, perception, decision-making, and motivation for learning and applying knowledge.

Environment

The external environment is all that exists physically external to the individual, including other individuals. The internal environment is all that is within the complex individual and is influenced by individual genetic makeup and response to changes that occur as a result of both internal and external factors. The individual and the environment are in constant, dynamic interaction. The individual interaction in the environment should be guided by principles of ethical conduct.

Nursing

Nursing is an art and science focused on the ethical, culturally competent, and holistic care of Individual. Prevention of illness and the maintenance, promotion and restoration of health, as well as the support of death with dignity are integral to nursing care. The nurse-patient interaction is a purposeful collaboration that requires critical thinking, interpersonal involvement, and communication skills central to the establishment of a caring, therapeutic relationship. The patient is defined as an individual, family, group, or community that is in need of nursing care. The nursing process provides a methodology of progressive scientific problem solving and critical thinking by which the nurse can provide care. Nursing care is delivered in accordance with the role differentiation of the licensed practical nurse and the registered nurse in accordance with the Indiana Nurse Practice Act.

Health

Health is a dynamic state, unique to each individual, relative to the wellness-illness continuum. Health is more than the absence of illness; it is the optimal functioning of the individual physiologically, psychosocially, culturally, intellectually, and spiritually. The individual response to internal and external environmental factors influences awareness, perception, decision-making, and motivation for health-seeking behaviors.

Professionalism

Professionalism is the accountable and responsible behavior of the nurse that incorporates legal and ethical principles and compliance with standards of nursing practice (Assessment Technologies Institute, 2009).

Leadership

Leaderships is The process by which nurses use a set of skills that directs and influences others in the provision of individualized, safe, quality patient care. Leadership activities include delegation and supervision and are guided by the differentiated roles of licensed practical nurses and the registered nurses (Assessment Technologies Institute, 2009).

Professional Communication
Communication in nursing is an interactive process through which there is an exchange of information that may occur verbally, non-verbally, in writing, or through information technology. Those who may be included in this process are the nurse, patient, significant support person(s), other members of the healthcare team, and community agencies. Effective communication demonstrates caring, compassion, and cultural awareness, and is directed toward promoting positive outcomes and establishing a trusting relationship. Therapeutic communication is an interactive verbal and non-verbal process between the nurse and patient that assists the patient to cope with change, develop more satisfying interpersonal relationships, and integrate new knowledge and skills (Assessment Technologies Institute, 2009).

Nursing Process for Patient Centered Care
Use of the nursing process includes assessment, diagnosis, planning, intervention and evaluation activities aimed at providing the provision of caring and compassionate, culturally sensitive care that is based on a patient's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values (Assessment Technologies Institute, 2009).

Interdisciplinary Collaboration
Interdisciplinary collaboration involves the delivery of patient care, in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive patient outcomes (Assessment Technologies Institute, 2009).

Safety
Safety entails the minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for patients, self, and others (Assessment Technologies Institute, 2009).

Patient Education
Patient education is the provision of health-related education to patients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes (Assessment Technologies Institute, 2009).

Student
The student learner is an individual with integrated physiological, psychosocial, cultural, intellectual, and spiritual dimensions. The student brings to the educational process lifelong learning that has occurred as a result of environmental diversity and life experiences. Each student enters the learning process with unique strengths, learning needs, and learning styles. Student learning is influenced by both the internal and external environments.

Through active participation in the educational process, the student will assimilate the knowledge necessary to apply the art and science of nursing to provide collaborative, safe, ethical, culturally competent, and holistic care. This includes the development of interpersonal skills, communication skills, caring therapeutic relationships, critical thinking, and the use of scientific principles to guide nursing practice. The student is empowered to engage in health promotion through the enhancement of awareness, perception, decision-making, and motivation for learning and the application of knowledge. The student is accountable for self-direction, independent study, and self-evaluation.

Educator
The educator is an individual with integrated physiological, psychosocial, cultural, intellectual, and spiritual dimensions. Embracing the values that shape the art and science of nursing, the educator models the caring attitudes and behaviors necessary to provide collaborative, safe, ethical, culturally competent, and holistic care. The educator reinforces the principles of health promoting behaviors.

The educator creates a learning environment, based upon diverse professional and educational experiences, which provides for differences in individual learning needs. As a facilitator of learning, the educator utilizes a multi-sensory approach in presenting content, encouraging critical thinking and problem solving, promoting independence and self-directed learning.

Nursing Education Process
The nursing curricula at Ivy Tech Community College are built on the foundation that learning is a dynamic lifelong growth process and that education is ongoing and continuous. Nursing education is a systematic endeavor to facilitate change through knowledge, practice, and experiences proceeding from simple to complex. Furthermore, there must be collaboration among the student, the educator, the College, and the community at large. Learning is facilitated when concepts are presented sequentially to provide continuity and to express coherent relationships. Correlation between theory and practice promotes an optimal learning environment by combining cognitive, affective, and psychomotor components of the desired behavior.

The nursing curricula allow the student to determine the career track, which meets his/her individual needs, and provide a seamless transition between paramedic, practical nursing, and associate degree nursing. Nursing education assists the student to grow personally and to demonstrate the attributes of professional responsibility and accountability.

Curricular experiences assist students to define the role of both the practical nurse and the associate degree nurse, and provide opportunities for students to acquire and broaden their knowledge base in nursing and interdisciplinary health promotion. The curricula incorporate concepts directed toward promoting, maintaining and restoring health, and supporting death with dignity. The nursing process is included throughout the curricula as the foundation for critical thinking and decision making.

The curricula will prepare graduates for entry level positions. Role differentiation will be defined throughout the curricula. Complexity of coursework and the expected outcomes will increase sequentially to provide knowledge essential to the specific roles of the licensed practical nurse and the registered nurse as determined by the Indiana Nurse Practice Act.

The College is responsible for providing an academic environment and services, which enhance student life and promote personal as well as professional growth. The nursing faculty strives to create an educational culture of respect for dignity, rights, responsibility and power of choice, which facilitates caring interactions between students, educators, the health care team, patients, and significant others. Systematic evaluation of the programs provides a measure of accountability to the student, the College, and the community.

Reference:

Assessment Technologies Institute, Inc. (2009). *Curriculum management and articulation program (C-MAP.* Available at www.atitesting.com

Ivy Tech Community College
Associate of Science in Curricula of Record
Effective Fall 2010
Pending ISBN and NLNAC Approval

Please note: the remedial math sequence has been revised for the College; however, remedial courses are not included in Curricula of Record. Remedial course requirements are determined by COMPASS placement scores upon admission to the College and are required prior to admission to the nursing programs.

DRAFT

COLLEGEWIDE CURRICULUM OF RECORD
SCHOOL OF HEALTH SCIENCES
Nursing
ASSOCIATE OF SCIENCE
Traditional

GENERAL EDUCATION - 19 CREDITS

####APHY	101	Anatomy and Physiology I	3
####APHY	102	Anatomy and Physiology II	3
####ENGL	111	English Composition	3
####PSYC	101	Introduction to Psychology	3
IVYT	1XX	Life Skills Elective	1
		Select 1 of the following courses.	
COMM	101	Fundamentals of Public Speaking	3
COMM	102	Introduction to Interpersonal Communication	3
		Select 1 of the following courses.	
ENGL	112	Exposition and Persuasion	3
ENGL	211	Technical Writing	3
		Select 1 of the following courses.	
§§MATH	13X	Math Elective	3
		Select 2 of the following courses.	
APHY	201	Advance Human Physiology	4
!!BIOL	201	General Microbiology I	4
!!BIOL	211	Microbiology I	3
~~CHEM	101	Introductory Chemistry I	3
~~CHEM	111	Chemistry I	4
PHYS	101	Physics I	3
		Select 1 of the following courses.	
PSYC	2XX	Psychology Elective	3
SOCI	1XX	Sociology Elective	3
		General Education:	**31-33**

PROFESSIONAL-TECHNICAL

NRSG	100	Fundamentals of Nursing	3
x NRSG	101	Fundamentals of Nursing Lab	1
NRSG	102	Medical Surgical Nursing I	2
NRSG	103	Medical Surgical Nursing I Lab	2
NRSG	105	Medical Surgical Nursing I Clinical	2
NRSG	106	Pharmacology for Nursing	3
NRSG	110	Medical Surgical Nursing II	3
NRSG	111	Medical Surgical Nursing II Clinical	2

NRSG	112	Maternal Child Nursing	3
NRSG	113	Maternal Child Nursing Clinical	2
NRSG	114	Health Care Concepts in Nursing	1
^NRSG	200	Complex Medical Surgical Nursing for the ASN	3
NRSG	201	Complex Medical Surgical Nursing for the ASN Clinica	4
NRSG	202	Nursing Care of the Complex Family Clinical	2
NRSG	203	Nursing Care of the Complex Family	2
NRSG	204	Psychiatric Nursing	2
NRSG	205	Psychiatric Nursing Clinical	1
		Professional-Technical:	38
		Total:	**69-71**

Courses must be successfully completed prior to admittance to the ASN

X Advanced placement may be available for Certified Nursing Assistant - see program chair

§ MATH 13X will be required as a prerequisite to admission beginning with admission to Fall 2011; MATH 117 and MATH 118 may be substituted for students admitted to nursing through Summer 2011 but will no longer be accepted for admission Fall 2011 and beyond

~~ Students may take either CHEM 101 or CHEM 111, but not both.

!! Students may take either BIOL 201 or BIOL 211, but not both.

^ Capstone Course

DRAFT

COLLEGEWIDE CURRICULUM OF RECORD
SCHOOL OF HEALTH SCIENCES
Nursing
ASSOCIATE OF SCIENCE
LPN to ASN Transtion - LPN graduates of the current PN curriculum

GENERAL EDUCATION - 19 CREDITS

####APHY	101	Anatomy and Physiology I	3
####APHY	102	Anatomy and Physiology II	3
####ENGL	111	English Composition	3
####PSYC	101	Introduction to Psychology	3
IVYT	1XX	Life Skills Elective	1
		Select 1 of the following courses.	
COMM	101	Fundamentals of Public Speaking	3
COMM	102	Introduction to Interpersonal Communication	3
		Select 1 of the following courses.	
ENGL	112	Exposition and Persuasion	3
ENGL	211	Technical Writing	3
		Select 1 of the following courses.	
§§MATH	13X	Math Elective	3
		Select 2 of the following courses.	
APHY	201	Advance Human Physiology	4
!!BIOL	201	General Microbiology I	4
!!BIOL	211	Microbiology I	3
~~CHEM	101	Introductory Chemistry I	3
~~CHEM	111	Chemistry I	4
PHYS	101	Physics I	3
		Select 1 of the following courses.	
PSYC	2XX	Psychology Elective	3
SOCI	1XX	Sociology Elective	3
		General Education:	**31-33**

PROFESSIONAL-TECHNICAL

***NRSG	100	Fundamentals of Nursing	3
***NRSG	101	Fundamentals of Nursing Lab	1
***NRSG	102	Medical Surgical Nursing I	2
***NRSG	103	Medical Surgical Nursing I Lab	2
***NRSG	105	Medical Surgical Nursing I Clinical	2
***NRSG	106	Pharmacology for Nursing	3
***NRSG	110	Medical Surgical Nursing II	3
***NRSG	111	Medical Surgical Nursing II Clinical	2

***NRSG	112	Maternal Child Nursing	3
***NRSG	113	Maternal Child Nursing Clinical	2
***NRSG	114	Health Care Concepts in Nursing	1
^NRSG	200	Complex Medical Surgical Nursing for the ASN	3
NRSG	201	Complex Medical Surgical Nursing for the ASN Clinic	4
NRSG	202	Nursing Care of the Complex Family Clinical	2
NRSG	203	Nursing Care of the Complex Family	2
NRSG	204	Psychiatric Nursing	2
NRSG	205	Psychiatric Nursing Clinical	1
		Professional-Technical:	38
		Total:	**69-71**

Courses must be successfully completed prior to admittance to the ASN Program

§ MATH 13X will be required as a prerequisite to admission beginning with admission to Fall 2011; MATH 117 and MATH 118 may be substituted for students admitted to nursing through Summer 2011 but will no longer be accepted for admission Fall 2011 and beyond

~~ Students may take either CHEM 101 or CHEM 111, but not both.

!! Students may take either BIOL 201 or BIOL 211, but not both.

*** Courses are completed as part of the PN Program, prior to admittance to the ASN Program and appear in the PN transcript along with other PN course requirements.

^ Capstone Course

DRAFT

COLLEGEWIDE CURRICULUM OF RECORD
SCHOOL OF HEALTH SCIENCES
Nursing
ASSOCIATE OF SCIENCE
LPN to ASN Transtion - LPN graduates of previous PN curriculum or external PN program

GENERAL EDUCATION - 19 CREDITS			
####APHY	101	Anatomy and Physiology I	3
####APHY	102	Anatomy and Physiology II	3
####ENGL	111	English Composition	3
####PSYC	101	Introduction to Psychology	3
IVYT	1XX	Life Skills Elective	1
		Select 1 of the following courses.	
COMM	101	Fundamentals of Public Speaking	3
COMM	102	Introduction to Interpersonal Communication	3
		Select 1 of the following courses.	
ENGL	112	Exposition and Persuasion	3
ENGL	211	Technical Writing	3
		Select 1 of the following courses.	
§§MATH	13X	Math Elective	3
		Select 2 of the following courses.	
APHY	201	Advance Human Physiology	4
!!BIOL	201	General Microbiology I	4
!!BIOL	211	Microbiology I	3
~~CHEM	101	Introductory Chemistry I	3
~~CHEM	111	Chemistry I	4
PHYS	101	Physics I	3
		Select 1 of the following courses.	
PSYC	2XX	Psychology Elective	3
SOCI	1XX	Sociology Elective	3
		General Education:	**31-33**
PROFESSIONAL-TECHNICAL			
***NRSG	100	Fundamentals of Nursing	3
***NRSG	101	Fundamentals of Nursing Lab	1
***NRSG	102	Medical Surgical Nursing I	2
***NRSG	103	Medical Surgical Nursing I Lab	2
***NRSG	105	Medical Surgical Nursing I Clinical	2
***!!NRSG	106	Pharmacology for Nursing	3
***NRSG	110	Medical Surgical Nursing II	3
***NRSG	111	Medical Surgical Nursing II Clinical	2
***NRSG	112	Maternal Child Nursing	3

***NRSG	113	Maternal Child Nursing Clinical	2
***NRSG	114	Health Care Concepts in Nursing	1
NRSG	120	Transition to Associate of Science in Nursing for the LPN	5
^NRSG	200	Complex Medical Surgical Nursing for the ASN	3
NRSG	201	Complex Medical Surgical Nursing for the ASN Clinical	4
NRSG	202	Nursing Care of the Complex Family Clinical	2
NRSG	203	Nursing Care of the Complex Family	2
NRSG	204	Psychiatric Nursing	2
NRSG	205	Psychiatric Nursing Clinical	1
		Professional-Technical:	**43**
		Total:	**74-76**

Courses must be successfully completed prior to admittance to the ASN Program.

*** Verified credit will be awared for these courses upon successful completion of NRSG 120 with a C or better.

xxxx Course must be completed prior to or with NRSG 120 if a separate and distinct pharmacology course was not included in the student's practical nursing program. If a separate course was completed in the practical nursing program, verified credit will be awarded upon successful completion of NRSG 120 with a C or better.

§ MATH 13X will be required as a prerequisite to admission beginning with admission to Fall 2011; MATH 117 and MATH 118 may be substituted for students admitted to nursing through Summer 2011 but will no longer be accepted for admission Fall 2011 and beyond

~~ Students may take either CHEM 101 or CHEM 111, but not both.

!! Students may take either BIOL 201 or BIOL 211, but not both.

^ Capstone Course

DRAFT

COLLEGEWIDE CURRICULUM OF RECORD
SCHOOL OF HEALTH SCIENCES
Nursing
ASSOCIATE OF SCIENCE
Paramedic to ASN Transtion

GENERAL EDUCATION - 19 CREDITS

####APHY	101	Anatomy and Physiology I	3
####APHY	102	Anatomy and Physiology II	3
####ENGL	111	English Composition	3
####PSYC	101	Introduction to Psychology	3
IVYT	1XX	Life Skills Elective	1
		Select 1 of the following courses.	
COMM	101	Fundamentals of Public Speaking	3
COMM	102	Introduction to Interpersonal Communication	3
		Select 1 of the following courses.	
ENGL	112	Exposition and Persuasion	3
ENGL	211	Technical Writing	3
		Select 1 of the following courses.	
§§MATH	13X	Math Elective	3
		Select 2 of the following courses.	
APHY	201	Advance Human Physiology	4
!!BIOL	201	General Microbiology I	4
!!BIOL	211	Microbiology I	3
~~CHEM	101	Introductory Chemistry I	3
~~CHEM	111	Chemistry I	4
PHYS	101	Physics I	3
		Select 1 of the following courses.	
PSYC	2XX	Psychology Elective	3
SOCI	1XX	Sociology Elective	3
		General Education:	**31-33**

PROFESSIONAL-TECHNICAL

***NRSG	100	Fundamentals of Nursing	3
***NRSG	101	Fundamentals of Nursing Lab	1
***NRSG	102	Medical Surgical Nursing I	2
***NRSG	103	Medical Surgical Nursing I Lab	2
***NRSG	105	Medical Surgical Nursing I Clinical	2
***NRSG	110	Medical Surgical Nursing II	3
***NRSG	111	Medical Surgical Nursing II Clinical	2
NRSG	106	Pharmacology for Nursing	3
NRSG	108	Transition for the Paramedic to Associate of Science in Nursing	5
NRSG	109	Trans for the Paramedic to Associate of Science in Nursing Lab/Clinic	3
NRSG	112	Maternal Child Nursing	3
NRSG	113	Maternal Child Nursing Clinical	2
NRSG	114	Health Care Concepts in Nursing	1

^NRSG	200	Complex Medical Surgical Nursing for the ASN	3
NRSG	201	Complex Medical Surgical Nursing for the ASN Clinical	4
NRSG	202	Nursing Care of the Complex Family Clinical	2
NRSG	203	Nursing Care of the Complex Family	2
NRSG	204	Psychiatric Nursing	2
NRSG	205	Psychiatric Nursing Clinical	1
		Professional-Technical :	**46**
		Total:	**77-79**

Courses must be successfully completed prior to admittance to the ASN Program.

*** Verified credit will be awared for these courses upon successful completion of NRSG 108 and NRSG 109 with a C or better.

§ MATH 13X will be required as a prerequisite to admission beginning with admission to Fall 2011; MATH 117 and MATH 118 may be substituted for students admitted to nursing through Summer 2011 but will no longer be accepted for admission Fall 2011 and beyond

~~ Students may take either CHEM 101 or CHEM 111, but not both.

!! Students may take either BIOL 201 or BIOL 211, but not both.

^ Capstone Course

COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 015, FUNDAMENTALS OF ALGEBRA I

COURSE TITLE: Fundamentals of Algebra I
COURSE NUMBER: MATH 015
PREREQUISITES: Demonstrated competency through appropriate assessment (COMPASS PALG 22 - 54) or a grade of "C" or better in MATH 040 Basic Mathematics Skills.
DEPARTMENT: Academic Skills Advancement
CREDIT HOURS: 5
CONTACT HOURS: Lecture: 5
DATE OF LAST REVISION: Summer, 2009
EFFECTIVE DATE OF THIS REVISION: Spring, 2010

CATALOG DESCRIPTION: Concentrates on basic operations with fractions, integers, exponents, proportional reasoning, basic linear and literal equations, algebraic expressions, and linear graphs. Includes a variety of applications of these topics.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course, the student will be expected to:

1. Demonstrate Number Sense by
    a. Performing fraction and integer operations by hand and with calculator
    b. Converting between fractions and decimals
    c. Identifying place values and using rounding and estimation
    d. Applying properties of integer exponents, including scientific notation
    e. Identifying perfect squares and calculating square roots
    f. Using order of operations
    g. Applying proportional reasoning and solving percent and proportion problems
    h. Operating within and between the US customary and Metric system
2. Demonstrate Algebraic Sense by
    a. Evaluating expressions and formulas
    b. Simplifying expressions
    c. Solving linear equations and literal equations
    d. Adding, subtracting, and multiplying polynomial expressions
3. Demonstrate Geometric Sense by
    a. Calculating perimeters, areas, and volumes of basic geometric figures
    b. Identifying characteristics and properties of circles, triangles, and quadrilaterals
4. Demonstrate Graphing Sense by
    a. Solving inequalities in one variable and graphing on a number line
    b. Reading and interpreting tables and graphs
    c. Demonstrating an understanding of and using the concept of slope
    d. Graphing linear equations using t-tables, intercepts, and slope-intercept form
    e. Writing linear equations from tables, graphs, and applications
5. Demonstrate Competence in Mathematical Language by
    a. Translating verbal expressions into algebraic symbols and vice-versa
    b. Using relevant mathematical language, laws, and notations appropriately

c. Defining variables in applications

6. Solve a variety of application problems in the above areas
7. Use a scientific calculator proficiently as related to coursework
8. Use computer technology which may include the Internet, e-mail, or computer software to enhance the course objectives

COURSE CONTENT: Topical areas of study include -

Integer's	Rational numbers
Proportional reasoning	Ratios and percents
Measurement systems	Algebraic expressions
Exponents	Solving and writing linear equations
Solving linear inequalities	Literal equations
Polynomial operations	Graphs of linear equations
Geometric concepts	Applications

CURRENT STATEWIDE GRADING SCALE:

A course grade of C or higher is required for successful completion of MATH 015. Students who do not meet this standard are encouraged to retake the COMPASS or ASSET placement exam.

Grading Scale

90 – 100%	A
80 – 89%	B
70 – 79%	C
60 – 69%	D
0 – 59%	F

HOW TO ACCESS THE IVY TECH COMMUNITY COLLEGE VIRTUAL LIBRARY:

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 023, ESSENTIALS OF ALGEBRA I

COURSE TITLE: Essentials of Algebra I
COURSE NUMBER: MATH 023
PREREQUISITES: Demonstrated competency through appropriate assessment (COMPASS ALG 24-34 or PALG 55-100 and ALGE 15-23) or a grade of "C" or better in MATH 044 Mathematics
DEPARTMENT: Academic Skills Advancement
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Summer, 2009
EFFECTIVE DATE OF THIS REVISION: Spring, 2010

CATALOG DESCRIPTION: Reviews signed numbers and basic linear equations. Concentrates on integer exponents, scientific notation, linear equations and inequalities, literal equations, polynomial operations, polynomial factoring, graphing linear equations, and applications.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course, the student will be expected to:

1. Perform mathematical operations on integers using the order of operations.
2. Simplify expressions.
3. Solve linear equations and inequalities.
4. Solve literal equations.
5. Add, subtract, multiply, and divide polynomial expressions.
6. Factor polynomials, including perfect square trinomials, difference of two squares, sum and difference of cubes, trinomials, and four-term polynomials.
7. Read and interpret tables and graphs.
8. Use and calculate slope.
9. Graph linear equations using t-tables, intercepts, and slope-intercept form.
10. Write linear equations from tables, graphs, and applications.
11. Translate verbal expressions into algebraic symbols and vice-versa.
12. Apply the properties of integer exponents, including scientific notation.
13. Evaluate expressions and formulas.
14. Use relevant mathematical language, laws, and notations appropriately.
15. Solve a variety of application problems in the above areas.
16. Use a scientific calculator proficiently as related to coursework.
17. Use computer technology which may include the Internet, e-mail, or computer software to enhance the course objectives.

COURSE CONTENT: Topical areas of study include—

Signed numbers
Linear equations
Integer exponents and scientific notation
Linear inequalities
Literal equations
Polynomial operations
Polynomial factoring
Graphs of linear equations
Applications

CURRENT STATEWIDE GRADING SCALE:

A course grade of C or higher is required for successful completion of MATH 023. Students who do not meet this standard are encouraged to retake the COMPASS or ASSET placement exam.

Grading Scale

90 – 100%	A
80 – 89%	B
70 – 79%	C
60 – 69%	D
0 – 59%	F

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 035, FUNDAMENTALS OF ALGEBRA II

COURSE TITLE: Fundamentals of Algebra II
COURSE NUMBER: MATH 035
PREREQUISITES: Demonstrated competency through appropriate assessment (COMPASS ALG 35-51) or a grade of "C" or better in MATH 015 Fundamentals of Algebra I or MATH 023 Essentials of Algebra I or MATH 050 Basic Algebra
DEPARTMENT: Academic Skills Advancement
CREDIT HOURS: 5
CONTACT HOURS: Lecture: 5
DATE OF LAST REVISION: Summer, 2009
EFFECTIVE DATE OF THIS REVISION: Spring, 2010

CATALOG DESCRIPTION: Reviews basic operations of polynomials, linear equations and inequalities, and graphing linear equations. An in-depth study of factoring algebraic expressions, properties of rational equations, systems of equations, rational exponents and radicals, quadratics, functions and their graphs, and logarithmic and exponential functions.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Solve linear equations and inequalities.
2. Solve literal equations.
3. Solve absolute value equations and inequalities.
4. Graph linear equations and inequalities.
5. Determine linear equations from geometric data.
6. Interpret functions algebraically, graphically, and numerically.
7. Solve 2 x 2 systems of equations graphically and by substitution and elimination.
8. Factor polynomials, including perfect square trinomials, difference of two squares, sum and difference of cubes, trinomials, and four-term polynomials.
9. Solve quadratic equations by factoring and using the quadratic formula.
10. Graph quadratic functions.
11. Perform basic operations with complex numbers.
12. Simplify rational expressions, including complex fractions, and solve rational equations.
13. Use the properties of rational exponents.
14. Simplify radicals and solve radical equations.
15. Solve basic exponential and logarithmic equations.
16. Graph simple exponential and logarithmic functions.
17. Solve a variety of application problems.
18. Use a scientific calculator proficiently as related to coursework.
19. Use computer technology which may include the Internet, email, or computer software to enhance the course objectives

COURSE CONTENT: Topical areas of study include—

A brief review of graphing, writing, and solving linear equations
Absolute value equations and inequalities
Compound inequalities
Polynomial operations
Factoring
Integer and rational exponents
Rational expressions and equations
Systems of linear equations
Radicals and radical equations
Quadratic equations
Functions and their graphs
Simple exponential and logarithmic functions
Applications
Complex numbers
Literal equations

CURRENT STATEWIDE GRADING SCALE:
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Grading Scale

90 – 100%	A
80 – 89%	B
70 – 79%	C
60 – 69%	D
0 – 59%	F

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 043, ESSENTIALS OF ALGEBRA II

COURSE TITLE: Essentials of Algebra II
COURSE NUMBER: MATH 043
PREREQUISITES: Demonstrated competency through appropriate assessment (COMPASS ALG 52-65) or a grade of "C" or better in MATH 023 Essentials of Algebra I or MATH 050 Basic Algebra
DEPARTMENT: Academic Skills Advancement
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Summer, 2009
EFFECTIVE DATE OF THIS REVISION: Summer, 2010

CATALOG DESCRIPTION: Reviews operations with polynomials, linear equations, inequalities, graphing, and factoring algebraic expressions. Concentrates on properties of integer and rational exponents and equations, systems of linear equations, radicals, radical equations, quadratic equations, functions including exponential and logarithmic, their graphs, and applications.

MAJOR COURSE LEARNING OBJECTIVES:
Upon successful completion of this course, the student will be expected to:

1. Graph linear equations by a variety of methods and write linear equations from geometric data.
2. Interpret functions algebraically, graphically, and numerically.
3. Solve 2 x 2 systems of equations graphically and by substitution and elimination.
4. Solve absolute value equations, compound inequalities and absolute value inequalities.
5. Solve quadratic equations by factoring and by using the quadratic formula.
6. Graph quadratic functions.
7. Perform basic operations with complex numbers.
8. Simplify rational expressions, including complex fractions, and solve rational equations.
9. Use the properties of rational exponents.
10. Simplify radicals, graph simple radical functions, and solve radical equations.
11. Solve basic exponential and logarithmic equations.
12. Graph simple exponential and logarithmic functions.
13. Use relevant mathematical language, laws, and notations appropriately.
14. Solve a variety of application problems in the above areas.
15. Use a scientific calculator proficiently as related to coursework.
16. Use computer technology which may include the Internet, email, or computer software to enhance the course objectives.

COURSE CONTENT: Topical areas of study include—

A brief review of graphing, writing, and solving linear equations
Review polynomial operations and factoring
Solving absolute value equations, inequalities and compound inequalities
Integer and rational exponents
Rational expressions and equations
Systems of linear equations
Radicals and radical equations
Quadratic equations
Complex numbers
Functions and their graphs
Simple exponential and logarithmic functions
Applications

CURRENT STATEWIDE GRADING SCALE:

A course grade of C or higher is required for successful completion of MATH 043. Students who do not meet this standard are encouraged to retake the COMPASS or ASSET placement exam.

Grading Scale

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80 – 89%	B
70 – 79%	C
60 – 69%	D
0 – 59%	F

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 131, ALGEBRA/TRIGONOMETRY I

COURSE TITLE: Algebra/Trigonometry I
COURSE NUMBER: MATH 131
PREREQUISITES: Successful completion of MATH 111 Intermediate Algebra or demonstrated competency through appropriate assessment.
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Spring, 2004
EFFECTIVE DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Presents an in-depth study of functions, quadratic, polynomial, radical, and rational equations, radicals, complex numbers, right triangle trigonometry, oblique triangles, vectors, and graphs of sine and cosine functions. First in a series of two courses of College Algebra/Trigonometry.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Determine, evaluate, and graph functions.
2. Simplify and perform operations on complex numbers.
3. Simplify rational expressions.
4. Simplify and perform operations on radicals.
5. Solve radical equations.
6. Solve quadratic and rational equations and inequalities.
7. Solve polynomial equations and graph polynomial functions.
8. Convert between degree measure and radian measure.
9. Find trigonometric function values of any angle expressed in degree or radian measure.
10. Solve right triangles.
11. Solve oblique triangles using the laws of sine and cosine.
12. Use and apply properties of vectors.
13. Graph the sine and cosine functions.
14. Apply the concepts of ratio, proportion and combined variation.
15. Solve a variety of application problems in the above areas.
16. Use a scientific and/or graphing calculator proficiently as related to coursework.
17. Use computer technology which may include the Internet, the Web, e-mail, or computer tutorials to enhance the course objectives.

COURSE CONTENT: Topical areas of study include --

Functions
Quadratic, polynomial, rational and radical equations
Variation
Right and oblique triangles
Graphs of sine and cosine function
Radicals and rational expressions
Graphs of polynomial functions
Complex numbers
Angles and trigonometric functions
Vectors

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 133, COLLEGE ALGEBRA WITH ANALYTIC GEOMETRY

COURSE TITLE: College Algebra with Analytic Geometry
COURSE NUMBER: MATH 133
PREREQUISITES: Successful completion of MATH 111 Intermediate Algebra or demonstrated competency through appropriate assessment.
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 4
CONTACT HOURS: Lecture: 4
DATE OF LAST REVISION: Spring, 2004
EFFECTIVE DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Presents an in-depth study of functions, quadratic, polynomial, radical, and rational equations, radicals, complex numbers, systems of equations, matrices, exponential and logarithmic functions, and conics. A standard College Algebra course.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Determine, evaluate, and graph functions.
2. Simplify and perform operations on complex numbers.
3. Simplify rational expressions.
4. Simplify and perform operations on radicals.
5. Solve radical equations.
6. Solve quadratic and rational equations and inequalities.
7. Apply the concepts of ratio, proportion and combined variation.
8. Apply the properties of logarithms to solve exponential and logarithmic equations.
9. Solve polynomial equations and graph polynomial functions.
10. Graph exponential and logarithmic functions.
11. Solve systems of equations with three variables.
12. Perform operations on matrices.
13. Determine the features of a conic section from a standard equation.
14. Graph circles, parabolas, ellipses and hyperbolas.
15. Solve a variety of application problems in the above areas.
16. Use a scientific and/or graphing calculator proficiently as related to coursework.
17. Use computer technology which may include the Internet, the Web, email, or computer tutorials to enhance the course objectives.

COURSE CONTENT: Topical areas of study include –

Functions	Radicals and rational expressions
Complex numbers	Graphs of polynomial functions
Conics	Quadratic, polynomial, rational and radical equations
Systems of equations	Exponential and logarithmic functions
Matrices	Variation

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 134, TRIGONOMETRY

COURSE TITLE: Trigonometry
COURSE NUMBER: MATH 134
PREREQUISITES: Successful completion of MATH 111 Intermediate Algebra or demonstrated competency through appropriate assessment.
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 2
CONTACT HOURS: Lecture: 2
DATE OF LAST REVISION: Spring, 2004
EFFECTIVE DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Presents an in-depth study of right triangle trigonometry, oblique triangles, vectors, graphs of trigonometric functions, trigonometric identities and equations and complex numbers in rectangular and polar/trigonometric forms, rectangular and polar coordinates. A standard college trigonometry course.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Convert between degree measure and radian measure.
2. Find trigonometric function values of any angle expressed in degree or radian measure.
3. Solve right triangles.
4. Solve oblique triangles using the laws of sine and cosine.
5. Use and apply properties of vectors.
6. Graph trigonometric functions.
7. Utilize trigonometric identities.
8. Solve trigonometric equations.
9. Convert between rectangular and polar coordinate systems.
10. Apply the properties of complex numbers in rectangular and polar forms.
11. Use the above principles to solve practical applications.
12. Use scientific/graphing calculator proficiently.

COURSE CONTENT: Topical areas of study include –

Complex numbers
Right and oblique triangles
Graphs of trigonometric functions
Rectangular and polar coordinates
Angles and trigonometric functions
Vectors
Trigonometric equations and identities

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 135, FINITE MATH

COURSE TITLE: Finite Math
COURSE NUMBER: MATH 135
PREREQUISITES: Successful completion of MATH 111 Intermediate Algebra or demonstrated competency through appropriate assessment.
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Spring, 2004
EFFECTIVE DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Surveys solving and graphing linear equations and inequalities, elementary set theory, matrices and their applications, linear programming, and elementary probability. A standard finite mathematics course.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Solve and graph linear equations and inequalities.
2. Solve systems of linear equations using graphing, the substitution method and the elimination method.
3. Perform addition, subtraction and multiplication on matrices.
4. Solve systems of linear equations using various matrix methods.
5. Solve linear programming problems using graphical techniques and/or simplex method.
6. Perform the set operations of union, intersection, and complementation.
7. Use Venn diagrams to illustrate properties of sets.
8. Use permutations, combinations, and other counting techniques.
9. Compute probabilities.
10. Use tree diagrams to compute probabilities.
11. Use Markov chains to calculate probabilities.
12. Solve a variety of application problems in the above areas.
12. Use a scientific and/or graphing calculator proficiently as related to coursework.
13. Use computer technology which may include the Internet, the Web, email, or computer tutorials to enhance the course objective.

COURSE CONTENT: Topical areas of study include --

Linear models
Linear programming: graphical and simplex methods
Probability
Variance and standard deviation
Systems of linear equations
Sets and Venn diagrams
Permutations and combinations
Expected value
Markov chains

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COLLEGEWIDE COURSE OUTLINE OF RECORD

MATH 136, COLLEGE ALGEBRA

COURSE TITLE: College Algebra
COURSE NUMBER: MATH 136
PREREQUISITES: Successful completion of MATH 111 Intermediate Algebra or demonstrated competency through appropriate assessment.
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Spring, 2008
EFFECTIVE DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Presents an in-depth study of functions, quadratic, polynomial, radical, and rational equations, radicals, complex numbers, systems of equations, matrices, rational fractions and exponential and logarithmic functions. MATH 136 and MATH 137 together comprise a standard two-semester college algebra and trigonometry course.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Determine, evaluate, and graph functions.
2. Simplify and perform operations on complex numbers.
3. Simplify rational expressions.
4. Simplify and perform operations on radicals.
5. Solve radical equations.
6. Solve quadratic and rational equations and inequalities.
7. Apply the concepts of ratio, proportion and combined variation.
8. Apply the properties of logarithms to solve exponential and logarithmic equations.
9. Solve polynomial equations and graph polynomial functions.
10. Graph exponential and logarithmic functions.
11. Graph rational functions.
12. Solve systems of equations with three variables.
13. Perform operations on matrices.
14. Solve a variety of application problems in the above areas.
15. Use a scientific and/or graphing calculator proficiently as related to coursework.
16. Use computer technology which may include the Internet, the Web, e-mail or computer tutorials to enhance the course objectives.

COURSE CONTENT: Topical areas of study include --

Functions
Quadratic, polynomial, rational
Radicals and rational expressions
Graphs of equations and functions

and radical equations
Complex Numbers
Matrices
Variation
Systems of equations
Exponential and logarithmic functions

SUPPLIES REQUIRED:

Scientific and/or Graphing Calculator

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COLLEGEWIDE COURSE OUTLINE OF RECORD

PSYC 201, LIFESPAN DEVELOPMENT

COURSE TITLE: Lifespan Development
COURSE NUMBER: PSYC 201
PREREQUISITES: PSYC 101 Introduction to Psychology and ENGL 111 English Composition
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Spring, 2004
EFFECTIVE DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Examines human growth and development through the prenatal, child, adolescent, and adult stages of life. Physical, emotional, psychosocial, and cognitive influences from conception to death will be addressed.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Identify the major theoretical perspectives addressing human development.
2. Describe and discuss the prenatal, child, adolescent, and adult stages of human development.
3. Apply theoretical principles to the stages of development.
4. Demonstrate knowledge of scientific research methods used in evaluating human development.

COURSE CONTENT: Topical areas of study include --

1. Social, emotional, physical and cognitive theories and research as applied to the developmental stages of:
   - Prenatal development
   - Child development
   - Adolescent development
   - Adult development

ACADEMIC HONESTY STATEMENT:

The College is committed to academic integrity in all its practices. The faculty value intellectual integrity and a high standard of academic conduct. Activities that violate academic integrity undermine the quality and diminish the value of educational achievement.

Cheating on papers, tests or other academic works is a violation of College rules. No student shall engage in behavior that, in the judgment of the instructor of the class, may be construed as

cheating. This may include, but is not limited to, plagiarism or other forms of academic dishonesty such as the acquisition without permission of tests or other academic materials and/or distribution of these materials and other academic work. This includes students who aid and abet as well as those who attempt such behavior.

COPYRIGHT STATEMENT:

Students shall adhere to the laws governing the use of copyrighted materials. They must insure that their activities comply with fair use and in no way infringe on the copyright or other proprietary rights of others and that the materials used and developed at Ivy Tech Community College contain nothing unlawful, unethical, or libelous and do not constitute any violation of any right of privacy.

ADA STATEMENT:

Ivy Tech Community College seeks to provide reasonable accommodations for qualified individuals with documented disabilities. If you need an accommodation because of a documented disability, please contact the Office of Disability Support Services.

If you will require assistance during an emergency evacuation, notify your instructor immediately. Look for evacuation procedures posted in your classroom.

COLLEGEWIDE COURSE OUTLINE OF RECORD

PSYC 205, ABNORMAL PSYCHOLOGY

COURSE TITLE: Abnormal Psychology
COURSE NUMBER: PSYC 205
PREREQUISITES: PSYC 101 Introduction to Psychology and ENGL 111 English Composition
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Spring, 2004
EFF. DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Examines theories and research related to abnormal behavior with primary emphasis on symptoms, etiology, and treatment of psychological disorders.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Compare and contrast major theoretical perspectives of psychological disorders.
2. Demonstrate an understanding of the historical evolution of abnormal psychology.
3. Analyze various factors that can lead to psychological disorders.
4. Define and discuss major categories of psychological disorders.
5. Demonstrate an understanding of specific psychological disorders and associated symptoms.
6. Analyze the purposes and uses of the Diagnostic and Statistical Manual IV-TR (DSM IV-TR).
7. Identify and apply the various axes in the DSM IV-TR.
8. Apply current research findings to the understanding of psychological disorders.

COURSE CONTENT: Topical areas of study include --

Historical Perspectives
Etiology and research
Legal, ethical, and sociocultural issues
Psychological assessment and classification
Definition and treatment of the following disorders:

Anxiety	Dissociative
Mood	Substance
Schizophrenias	Somatoform
Developmental	Sexual and gender identity
Personality	Cognitive

ACADEMIC HONESTY STATEMENT:

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COLLEGEWIDE COURSE OUTLINE OF RECORD

PSYC 210, DRUGS AND HUMAN BEHAVIOR

COURSE TITLE: Drugs and Human Behavior
COURSE NUMBER: PSYC 210
PREREQUISITES: PSYC 101 Introduction to Psychology and ENGL 111 English Composition
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Spring, 2004
EFFECTIVE DATE OF THIS REVISION: Fall, 2008

CATALOG DESCRIPTION: Examines theories and research related to human drug use and abuse. Drug pharmacology; physiological effects of drugs on the nervous system; social and psychological issues affecting drug abuse; the treatment, effects, prevention of substance abuse; and therapeutic uses of drugs in mental illness will be addressed.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Demonstrate a basic knowledge of drug use and abuse.
2. Demonstrate knowledge of scientific research methods used in evaluating drug use and abuse.
3. Describe and discuss various drugs and their effects on the nervous system.
4. Demonstrate a basic knowledge of drug psychopharmacology.
5. Demonstrate a basic knowledge of the social, psychological, and behavioral reasons for drug abuse.
6. Demonstrate a basic knowledge of the treatment of drug abuse.
7. Demonstrate a basic knowledge of the prevention of drug abuse.
8. Demonstrate a basic knowledge of the treatment of mental illness with drugs.

COURSE CONTENT: Topical areas of study include --

Drug Pharmacology
Social and Behavioral Adaptations
Research Design
Drug Abuse Treatment
Neurophysiology
Drug Abuse Prevention
Neurotransmitters
Drug Therapies
The Nervous System
Dependence and Addiction
Individual Drugs and their effects (i.e., Anitpsychotic, Alcohol, Opiates, Antidepressants, etc.)

ACADEMIC HONESTY STATEMENT:

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COLLEGEWIDE COURSE OUTLINE OF RECORD

PSYC 211, RESEARCH METHODS IN PSYCHOLOGY

COURSE TITLE: Research Methods in Psychology
COURSE NUMBER: PSYC 211
PREREQUISITES: PSYC 101 Introduction to Psychology and demonstrated competency through appropriate assessment or earning a grade of "C" or better in MATH 023 Essentials of Algebra I or MATH 050 Basic Algebra
SCHOOL: Liberal Arts and Sciences
PROGRAM: Liberal Arts
CREDIT HOURS: 3
CONTACT HOURS: Lecture: 3
DATE OF LAST REVISION: Summer, 2009
EFFECTIVE DATE OF THIS REVISION: Fall, 2010

CATALOG DESCRIPTION: The course will familiarize students with the basic concepts, techniques, and problems associated with conducting research in psychology. Students will be provided with the analytical and critical thinking skills required to design, conduct, and interpret empirical research. Problems specific to research in psychology will be explored.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Identify the purposes and challenges of conducting scientific research.
2. Understand fundamental concepts in psychological research such as reliability, validity, generalizability, causation, correlation, and sampling.
3. Understand key issues related to conceptualization and measurement.
4. Know the various forms of data collection, analysis and interpretation used in psychological research.
5. Understand the stages and problems involved in developing, conducting, and interpreting psychological research.
6. Be familiar with different types of research designs and their advantages and disadvantages.
7. Apply basic statistical and analytical techniques using SPSS.
8. Search existing literature effectively.
9. Prepare simple experimental reports.
10. Understand the ethical, political, and administrative constraints in psychological research.

COURSE CONTENT: Topical areas of study include –

Validity/Reliability	Experimental and control variables
Generalizability	Conceptualization and measurement
Research designs	Basic statistics
Evaluation	Causation and correlation

To Whom It May Concern:

Name: Melinda D. Hokey
License #: 28125238A
Type: RN

Wish to Voluntary Surrender my nursing license. You should receive a report from Vi Engel, Paralegal @ the Attorney Generals Office.

License were cut in half for the sole reason that if they become lost in the mail they may not be used by someone else.

Sincerely,
Melinda Hokey
1/27/2010

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FEB 02 2010
Indiana Professional
Licensing Agency

[redacted] Mr. Gorman:

January 20 2010

My name is Kelly L. Martin and I have been a licensed practical nurse for 19 years here in Indiana. This past October 2009 when I was terminated from my 18 year job at Bloomington Hospital for falsifying a refill prescription for my boyfriend that one of my friend who was a cardiologist had written for my boyfriend since he didn't have insurance. I did not alter the dose or medication it was just time for a refill and my doctor was out of town so I just made a bad choice and refilled it for him. After a police investigation no criminal charges were filed by the doctor who wrote the original prescription, the medical association who he is employed by or the hospital and the case was dropped.

I voluntarily contacted ISNAP and started the intake process in November. I went to a counselor recommended by ISNAP and was assessed and in her report to ISNAP found me not to have an addiction problem and recommended me for my own personal counseling and the minimum 6 month maintaining process. It was then 2 days before Christmas I received a letter from the attorney general saying my license was being investigated and I informed my Attorney Lorie Brown about.

Upon talking to the ISNAP people and my lawyer, Ms. Brown sent a letter to the attorney generals office and informed even though she did not think I met the criteria to be in the monitoring process, I would have no problem complying with the ISNAP recommendations. After I started the process I received for bad news that I as was denied unemployment and having some health issues and my mental health just became not in a healthy state and the stress was overwhelming.

I take full responsibility for my horrible lack in judgment and would like to comply with the monitoring recommendation but at this time I can not mentally complete the recommendations at this time. I feel I have to be healthy mentally for myself before I can be mentally healthy for anyone else. I asked my lawyer if there was anyway we could request to postpone my monitoring until my license came up for review in October and by then I would have be much more healthy mentally and could comply with the ISNAP program in its entirety but Ms. Brown informed me she didn't think that would be possible to postpone it. Even If I did complete the ISNAP process before October I have no intensions of using my nursing license before October anyway.

This is my request to postpone the ISNAP process until October because like I said my mental state is desperate and I am struggling through everyday without all the expectations of complying with the things that are being required of me by ISNAP. This is where I have to say if my monitoring can not be postponed, my only alternative is to forfeit my license. Ms. Brown informed me she did not think I would be allowed to do that there were possible charges pending on my license. If I can not postpone my process or forfeit my license the only alternative I have been informed of is that of where the Attorney General just revokes my license. To have my license revoked is certainly not what I want to happen but it sounds like that may be the only choice I am being given and for me to agree to have my license taken just proves how desperate my situation is mentally.

I love being a nurse. It is my life and my passion and my lack in judgment has cost me that and that is something that I am going to have to live with. I am asking out of complete desperation for you to take into consideration my request for postponement of my monitoring process and if that is not possible then me having the ability to forfeit my license. I love making differences in people lives by being a nurse but I just know that I am not mentally healthy enough to do that right now.

I hope you take into consideration my situation and my requests. Thank you for your assistance.

Sincerely
Kelly L. Martin

Kelly L Martin

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JAN 25 2010
Indiana Professional
Licensing Agency

STAN LELEK, PSY.D., CADAC, NCAC-II
8 N. MORGAN BLVD.
VALPARAISO, IN. 46383
(219) 464-9495

ASSESSMENT

Name: Kathleen M. (Barnes) Callahan D.O.B.: 10/16/1955
Date: 12/21/09

Kathleen (Barnes) Callahan requested an evaluation. When asked who requested the evaluation and for what purpose, she stated "I'm not clear. I think it's the Indiana Licensing Board". However, when asked for a specific contact person, Ms. Callahan provided the name of Robin Reibsomner who is employed by the Indiana State Nursing Assistance Program (ISNAP). Given this uncertainty and given this evaluator has performed assessments for both the Indiana Nursing Licensing Board and ISNAP for substance abuse and mental health problems, Dr. Lelek spoke with Ms. Callahan, reviewed past treatment records, completed a mental status evaluation and scored and interpreted a psychological test (MMPI-II). Given that there is no evidence of a substance dependence disorder, this evaluator did not administer a specific substance abuse test (SASSI-3).

Record review clearly indicates that Ms. Callahan suffers from Major Mood Disorder and probable Dissociative Disorder (psychogenic fugue).

Mental Status reveals that at the present time Ms. Callahan's judgment is intact. She is oriented to time, place, person and purpose for this evaluation. Her intelligence is within normal limits (probably bright intellectual range). Her memory is good in all three realms (immediate, short-term and long-term) except for the psychogenic fugue episode described in her treatment records. Typically, psychogenic fugue is sudden onset, precipitated and/or exacerbated by overwhelming stress and gets resolved when stressors are ameliorated. Her affect is more depressed rather than anxious. She has trouble falling asleep, staying asleep, waking up easily at night, reporting disturbing dreams and nightmares, waking up early in the morning and waking up tired in the morning. Her appetite is also not good. She reports losing approximately thirty-five pounds in the last six months. She has had past suicidal ideation and intention (burning herself up in a house) but no homicidal ideation or intention reported or detected. No present suicidal or homicidal ideation or intention reported or detected. Her thought process is intact. No hallucinations or delusions reported or detected. Her problem solving skills have been good in the past as evidenced by securing and maintaining high functioning employment. However, she has a chronic history of significant family (marital) problems.

Ms. Callahan has an extensive inpatient and outpatient treatment history. She has taken many psychotropic medications, most notable SSRI's and Benzodiazapines. Presently, she takes Xanax 1.0 mg bid, Prozac 40mg one time a day and Trazodone 75 to 150 mg as needed at night. Her prescribing psychiatrist is Dr. Popli.

Psychological testing (MMPI-II) was done in a valid and reliable manner (F- K = -6). Given the valid and reliable test taking attitude, many of the clinical scales are significantly elevated (gull-winged profile). The specific pattern is 3-4-1-2-F-8-7-6. This profile is consistent with individuals who suffer from a combination of physical health disorders (unknown), chronic mood disorder (depression, anxiety, agitation and anger) and significant trauma (Posttraumatic Stress Disorder and/or Dissociative Disorder). Her ego strength score is adequate and her sense of personal and social responsibility scale is good indicating good prognosis for change in a positive direction. Finally, her substance abuse scale is significantly elevated indicating that if medically indicated she should not be taking a psychotropic medication that has drug abuse/dependence potential. Although Ms. Callahan denies smoking cigarettes, drinking alcohol or using illicit substances, she has a long history of taking psychotropic medication including Benzodiazapines that have a use/abuse potential.

Given the above information and record review, this evaluator has the following observations, clinical impressions and treatment recommendations:

1. There is no strong evidence that Ms. Callahan suffers from a primary substance dependence disorder.
2. There is strong evidence that Ms. Callahan suffers from Major Depressive Disorder, Posttraumatic Stress Disorder and Dissociative (psychogenic fugue) Disorder.
3. There is strong evidence that she should continue regular and intensive psychotherapy and continue to take psychotropic medications prescribed by a psychiatrist.
4. There is strong evidence that she has significant marital problems that are yet to be resolved.
5. There is strong evidence that her felony (arson involving burning down her house) will have significant impact on her ability to continue to work as a licensed nurse.
6. Assuming she continues to be involved with counseling and continues to take her psychotropic medications, her mood disorder does not prohibit her from working in the nursing field. However, her legal (arson) charge probably will significantly (negatively) impact on her ability to work in the nursing field. She should make every effort in getting this legal issue resolved.

INITIAL DIAGNOSTIC IMPRESSION:

AXIS I (1) 296.33 Major Depressive Disorder recurrent severe without psychotic features
(2) 300.13 Dissociative Fugue
(3) 309.81 Posttraumatic Stress Disorder (probable)
(4) V62.89 Legal Problem
(5) V61.20 Marital Problem
AXIS II V71.09 No Diagnosis.
AXIS III Medical evaluation deferred to Dr. Popli.
AXIS IV Severity of Psychosocial Stressors Severe (5) stressors include: living arrangements, money, marriage, work, social and legal problems.
AXIS V Global Assessment of Functioning Past Year- Unknown Current - 50
PROGNOSIS: Good with treatment. Fair without treatment.

RECOMMENDATIONS:

1. In addition to the above observations and recommendations, Ms. Callahan should continue to engage in psychotherapy, take psychotropic medications as prescribed by her psychiatrist, decide on a place to live (e.g. Northwest Indiana, Indianapolis, Indiana or Detroit, Michigan) and continue to correspond with legal professionals to resolve her legal charge.

I hope this evaluation helps you in the disposition of this case. If you have any questions or require additional information, do not hesitate to contact me.

Stan Lelek, Psy.D., CADAC, NCAC-II
Psychologist and Chemical Dependency Therapist

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

January 22, 2010

Jeremy Jeffries
6358 W. Joliet Rd. Apt. West
La Porte IN 46350

Dear Mr. Jeffries:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Jeremy Jeffries

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** ✓

Needs personal appearance: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ LG ✓ 1/22/10

Let Fw Feb. PA

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

To whom it may concern.

I do have some things on my record that I have been convicted of that I hope that you will not hold against me. None of them are felonies. All except one were from too much partying in my late teens and early 20's. I have enclosed a list of my offenses, but this does not include the 4 or 5 public intoxications that I spent 8 hours in jail for until I sobered up. I also had a possession charge when I was 18 years old. This was marijuana and it was for my own personal use. I also had a contributing to the delinquency of a minor when I was about 19. I was sentenced to take drug and alcohol classes and well as probation for each offence. I also had a cruelty to a vertebrae at about this time. I was drunk and in a crappy mood because I found out that my girlfriend at the time was a prostitute. When I was petting the cat it all of a sudden just decided to attack me. I don't know what happened, it just decided to get mean. I grabbed it by the neck way to hard when I flung it across the room and the poor thing didn't get back up. That I assure you has never been one of my prouder moments. Unfortunately I had some neighbors that I didn't get along with and they told the cops that I did it on purpose in an attempt to get rid of me from the building. It wasn't until my daughter was born, that I left this life of partying behind me. I do not do any drugs anymore as evidenced by the urinalysis that I have submitted for your inspection. If you wish I will be more than happy to provide you with a blood test or a hair follicle for your peace of mind. I was what you might call the prodigal son. All of this has been out of my system and I no longer need any part of that life. It was about 6 months after my daughter was born when I was sitting in jail over an operating while intoxicated charge that I realized that Veronica (my daughter) wasn't going to quit eating, pooping or growing simply because I was in jail. This was when I decided to finally grow up. I am sorry for these stupid things that I did when I was a kid. I assure you that I am no longer that person. Please do not hold these things against me and allow me to take the N-CLEX. I did not have one day of a high school education when I first started college and I have finally made it through the nursing program because this is what I want to do for the rest of my life. A large part of why I have gone through all of this is to prove to my daughter that she can change her stars and to not give her a reason of why she can't go to college when her time comes. She is 9 years old going on 10 and its not going to be that far away. I also had a check deception charge (case was dismissed) that really was a disagreement between me and the bank. I had opened a checking account at fifth and third and when I deposited my pay role checks, they were holding them back for a week before crediting them to my account. So here I am writing all of these checks thinking that they were good and every one of them were bouncing. This incurred a $20 charge with $10 a day that they weren't paid up. I was writing checks for everything. So about a month later the bank sent me a statement telling me that I was about $3000 in the hole from all of this. So I closed the account and went from store to store paying these checks. I thought that I got them all, but as it turned out I had missed one and years later I was arrested for it at which point I paid it.

I am not blaming them for my mistakes, but I didn't have the greatest parents growing up. They pulled me out of school and kicked me out of the house when I was 14 years old and I have been on my own ever since. It took me a while, but I have finally figured out how to conform and be a constructive member of society. If you need someone to vouch for my character then please call Howard Conley (219) 324-9572. He

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JAN 15 2010

has been the Springfield township trustee for over 25 years and without his believing in me and his unwavering support, I would not have made it this far. I was a stupid kid and I have kept my nose clean for almost 10 years now. I am no longer that person, and I am begging you. Please don't stop me from taking the N-CLEX.

With great hope and at your mercy,
Jeremy Jeffries

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JAN 15 2010
Indiana Professional Licensing Agency

To Whom It May Concern:

My name is Jeremy Jeffries and I sent my $50 money order in with all of my other paperwork to apply for the N-CLEX and I forgot to send my picture as well so I am sending it now.

Sorry and thank you,
Jeremy Jeffries

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Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 15, 2010

Jeremy M. Jeffries
6358 W. Joliet Raod, Apt West
La Porte IN 46350

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

Photograph. Passport type photograph that is signed across the front by you and the dean or director of your nursing program that also bears the school seal.

Board director review. As part of your application process your file will be reviewed by the nursing board director as soon as your photograph is received.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

Files that are one (1) year old will automatically be coded "abandoned" and you will have to reapply.

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,
Linda Stephenson – Case manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

*****NOTIFICATION OF RESULTS FOR NCLEX EXAMINATION*****
Candidates will be notified via mail or e-mail regarding their outcome on the NCLEX. The processing of examination results takes at least three (3) weeks to complete from the date the candidate was administered the examination. Successful candidates will be able to verify their issued license details on our website. Unsuccessful candidates will receive a notification letter and an application to retake the examination. EXAMINATION RESULTS ARE NOT GIVEN OUT VIA TELEPHONE. Excessive calls or e-mails inquiring about results only hinders our staff's ability to process them as quickly as possible. New licenses can be verified on the internet via Access Indiana at www.ai.org/pla

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50	1-15-10	3182939

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☒ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☒ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Jeffries Jeremy J	

Street address (*number and street or rural route*)	City	State	ZIP code
6358 W Joliet Rd APT West	LaPorte	IN	46350

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(219) 785-2546	9-2-76	San Diego, California

Social Security number *	E-mail address
	jazie146350@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Purdue North Central

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Westville, IN	8-03	12-18-10

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☒ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: None

Location (*city and state*)

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
	☒ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☒ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

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Indiana Professional Licensing Agency

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☒ No

2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No

3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No

4. Have you ever been convicted of, pled guilty or nolo contendre to:

   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No

   B. To any offense, misdemeanor or felony in any state? *(Except for minor violations of traffic laws resulting in fines)* ☒ Yes ☐ No

5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No

6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No

7. Are you now being or have you ever been treated for drug or alcohol abuse? ☒ Yes ☐ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant [signature] Date (*month, day, year*) 1-13-10

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

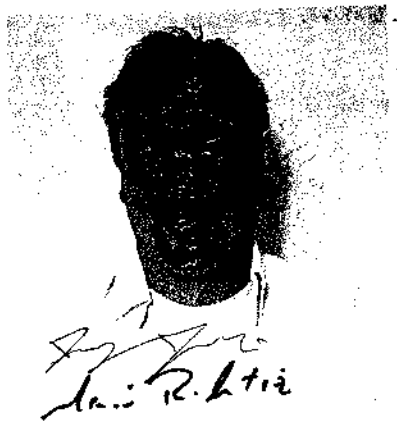
AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant [signature] Date (*month, day, year*) 1-13-10

PLEASE TAPE **(DO NOT STAPLE)**

(You must place your signature, the pro *hool seal on the front of your photograph.)*



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JAN 15 2010

Indiana Professional Licensing Agency

State of Indiana

Official Report of Test Results
THE AMERICAN COUNCIL ON EDUCATION
TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

Name of Examinee: JEREMY J JEFFRIES Social Security Number

Date of Birth: 09/02/76 Last Grade Completed: 8 Test Date: 09/02/93

	Form	Score	Percentile
Test 1: Writing Skills Test	AF	49	46
Test 2: Social Studies Test	AF	46	37
Test 3: Science Test	AF	51	53
Test 4: Interpreting Literature and the Arts	AF	47	38
Test 5: Mathematics Test	AF	53	59

Total : 246

Standard Score Average: 49.2

Passed | X |

Passing Standard for a Test Date ON or AFTER 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 40 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Passing Standard for a Test Date PRIOR to 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 35 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Center Identification Number: 3201 INDIANA DEPARTMENT OF EDUCATION

Signature of Chief Examiner Melinda K McKinney Date: 12/13/02

For GED use only: 9274625

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Revised 10/96 - IDOE - Form 30

State of Indiana

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Indiana Professional Licensing Agency

General Educational Development (GED) Diploma

Having qualified for this diploma by passing the Tests of General Educational Development in conformance with the provisions of IC 20-10.1-12.1-1 and of the Rules of the Indiana State Board of Education,

JEREMY J JEFFRIES

is awarded this diploma by the authority of the Office of State Superintendent of Public Instruction.

December 13, 2002

Superintendent of Public Instruction

Any erasure, change, or mutilation of this diploma renders it null and void.

DOE July 1995

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☒ RN ☐ LPN

I hereby certify that Jeremy L. Jeffries *was admitted to the* Purdue University North Central *Program of Nursing located in* Westville, Indiana *on* January 8, 2007 *and completed requirements for graduation on* December 14, 2009 *will/did graduate on* December 14, 2009. *His/Her Social Security number is* _____ _____.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 12 JAN 10 *SIGNED* _____
Signature

MARIO R. ORTIZ
Printed Name

CHAIR OF NURSING
Dean / Director / Designee

SCHOOL SEAL

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

RESULTS SUMMARY

CertifiedBackground.com
phone (888) 666-7788 • fax (910) 815-3881

Company Name: PURDUE UNIVERSITY NORTH CENTRAL, NURSING PROGRAM
Order Date: 06/20/2009
Company ID: PU01 **Order ID:** 9009-0620-1022-3300

AC2WXB
06-25-2009

First Name: JEREMY
Middle Name: JOSHUA
Last Name: JEFFRIES

Date of Birth (DOB): 09-02-1976
Social Security Number (SSN): ***-**-

Patriot Act Search

records found	name	ssn	status
NO	JEFFRIES, JEREMY JOSHUA	***-**-8333	COMPLETED

Social Security Alert

ssn	name	date of birth	status
***-**-8333	JEFFRIES, JEREMY JOSHUA	09-02-1976	COMPLETED

Sex Offender History

ssn	name	date of birth	status
***-**-8333	JEFFRIES, JEREMY JOSHUA	09-02-1976	COMPLETED

Criminal Records

records found	name	location	status
YES	JEFFRIES, JEREMY JOSHUA	US - IN - LA PORTE	COMPLETED

Sex Offender Index

records found	name	location	status
NO	JEFFRIES, JEREMY JOSHUA	US - NATIONWIDE	COMPLETED

NW Healthcare Fraud & Abuse Scan

records found	name	location	status
NO	JEFFRIES, JEREMY JOSHUA	US - NATIONWIDE	COMPLETED

Controlled Drug Screening

records found	name	status
NO	JEFFRIES, JEREMY JOSHUA	COMPLETED

All searches have a minimum scope of 7 years unless otherwise noted. The preceeding records may belong to the applicant or employee in question. A series of identifiers, including all or some combination of the following, were used in reporting these records: name, date of birth, address, sex, race, and social security number. Criminal records generally do not include a social security number. As a result, Castle Branch makes no claim or guarantee that these records belong to the applicant or employee in question and reminds employers that it is possible that the preceeding records do not apply to the name submitted. Castle Branch urges all employers to investigate any claims that these records are not those of the applicant or employee in question. For questions concerning these records please call (910) 815-3888.

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Record Match Status

CASE NUMBER 46D3-0009-CM-1356 IS A CONFIRMED MATCH.

Subject Section

Name on file:	JEFFRIES, JEREMY
DOB on file:	09/02/1976
SSN on file:	*NONE REPORTED.*
Address on file:	*NONE REPORTED.*
City:	*NONE REPORTED.*
State:	*NONE REPORTED.*
Country:	*NONE REPORTED.*
Zip:	*NONE REPORTED.*
Address Verified By:	*NONE REPORTED.*
Drivers License Number:	*NONE REPORTED.*

General Case Information

Reported out of:	LA PORTE
Case Number:	46D3-0009-CM-1356
Case Status:	DISPOSED

Count/Charge Information

Count:	1
Level of Charge:	MISDEMEANOR
Charge:	OPERATING WHILE IMPAIRED
Plea:	*NONE REPORTED.*
Verdict:	GUILTY
Level of Conviction:	MISDEMEANOR
Convicted of:	OPERATING WHILE IMPAIRED
Sentence:	SEE NOTES
Offense Date:	09/18/2000
Trial Date:	*NONE REPORTED.*
Disposition Date:	01/30/2001

Count/Charge Information

Count:	2
Level of Charge:	INFRACTION
Charge:	DRIVING WHILE SUSPENDED
Plea:	*NONE REPORTED.*
Verdict:	DISMISSED
Level of Conviction:	*NONE REPORTED.*
Convicted of:	*NONE REPORTED.*
Sentence:	*NONE REPORTED.*
Offense Date:	09/18/2000
Trial Date:	*NONE REPORTED.*
Disposition Date:	01/30/2001

Count/Charge Information

Count:	3
Level of Charge:	INFRACTION
Charge:	UNSAFE LANE MOVEMENT
Plea:	*NONE REPORTED.*

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SOCIAL SECURITY ALERT RESULTS

CertifiedBackground.com
phone (888) 666-7788 • fax (910) 815-3881

Company: PURDUE UNIVERSITY NORTH CENTRAL, NURSING PROGRAM

Order ID: 9009-0620-1022-3300 **Item Date:** 06/22/2009

Name: JEREMY JOSHUA JEFFRIES
Date of Birth (DOB): 09-02-1976
Social Security Number (SSN): ***-*
Location: US - NATIONWIDE

Applicant Provided Information

Social Security Alert

Based on a search of public and private databases, the following information is associated with the provided social security number:

name information	date of birth information
JEREMY J JEFFRIES	
JEREMY J JEFFRIES	
JEREMY J JEFFRIES	
JEREMY J JEFFRIES	
JEREMY J JEFFRIES	
JEREMY J JEFFRIES	
JEREMY J JEFFRIES	
JEREMY J JEFFRIES	

The only way to verify a Social Security Number is through the Social Security Administration (SSA). The SSA does not allow third parties, including employment screening companies, to verify Social Security Numbers. Verification of a Social Security Number can be done only by employers and only after they have extended a job offer to an individual. To verify an employee's Social Security Number, call 1-800-772-6270. Please have the employee's name as it appears on the Social Security card, Date of Birth, Sex, and your company's Federal EIN number ready to expedite this process.

All searches have a minimum scope of 7 years unless otherwise noted. The preceeding records may belong to the applicant or employee in question. A series of identifiers, including all or some combination of the following, were used in reporting these records: name, date of birth, address, sex, race, and social security number. Criminal records generally do not include a social security number. As a result, Castle Branch makes no claim or guarantee that these records belong to the applicant or employee in question and reminds employers that it is possible that the preceeding records do not apply to the name submitted. Castle Branch urges all employers to investigate any claims that these records are not those of the applicant or employee in question. For questions concerning these records please call (910) 815-3880.

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Licensing Agency

CASTLEBRANCH
www.castlebranch.com

TEL: 888.723.4263 | FAX: 910.772.9485

ATTENTION:

Shelly Pass

Purdue Univ North Central - Nursing (CERT)

1401 South US Hwy 421

Westville, IN 46391

Participant: Jeremy Jeffries

Participant ID: 128

SSI

Results of Controlled Substance Test

Record Status: Negative

Test Type: Other

Collection Date/Time: 06/23/2009 11:20 AM

Batch ID: 20090625

Specimen ID: 0653939160

Date COC Received: 06/23/2009

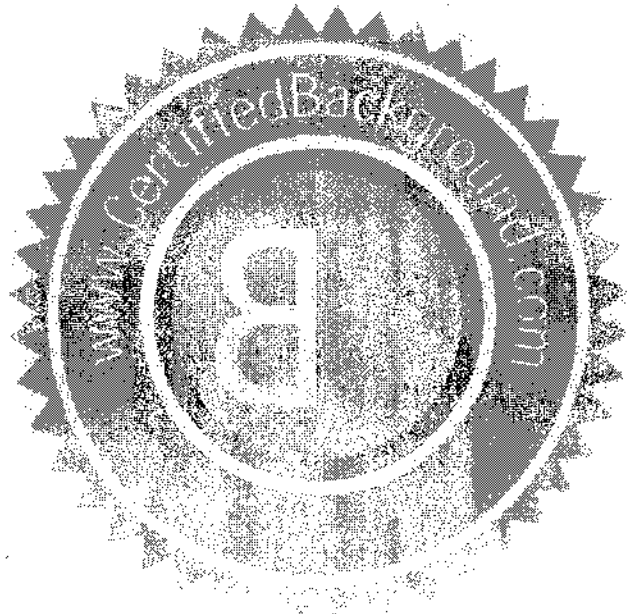
Sample Type: Urine

Laboratory: Labcorp

Collection Site: Labcorp-National

Specimen Collector: NS

Substance Tested	Result	Substance Tested	Result
Amphetamines	Negative	Barbiturates	Negative
Benzodiazepines	Negative	Cocaine	Negative
Methadone	Negative	Methaqualone	Negative
Opiates	Negative	Phencyclidine	Negative
Propoxyphene	Negative	Marijuana	Negative



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JAN 15 2010

Indiana Professional
Licensing Agency

We work to keep you working
IPLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 22, 2010

Rachel Wagner
8445 G Autumn Leaf Ct.
Indianapolis, IN 46268

Dear Ms. Wagner:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You sho ractice
nursing on you
will be

If you h ne at
(317) 23

Sincerel

Lori Gri
Indiana

Note - She also mentions a termination on page 2 of application.

Rachel Wagner 1/22/10

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** _____

Needs personal appearance: **Yes**_____ **No**_____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. Issue Temporary Permit: **Yes** ✓ **No**_____

Approved by (please initial): SG _____ LG_____

Check here if the file must be reviewed again for a permanent license: ✓

Set for Feb. PA 1-22-10

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Rachel Wagner

Address:

8445 G Autumn Leaf Ct.

Indianapolis, IN 46268

Phone #: (513) 375-1529

email: jsnrwagner@gmail.com

To The Indiana State Board of Nursing:

As required by law I am submitting my application and attesting to my poor decisions, which I have left behind me.

I have had unpleasant experiences which I would like to explain. On 01/19/04 in the state of Ohio (Butler County), I was charged with a DUI, to which I pled no contest. I had been drinking and alcohol was spilled on me by simple mishap; therefore the smell was present. Due to time restraints with school, I was unable to continue to fight the case. I was also charged with a DUI in the state of Virginia (Albermarle County) on 03/08/07, to which I pled guilty. I was unable to obtain a lawyer due to financial difficulty. I was a travel nurse there and went out with new coworkers. I had a drink that was stronger than I realized and made the grave mistake of driving home. I did not realize the effects of the drink until I was on my way home.

I understand that drinking and driving is a very poor choice and will not do it again. Therefore I will attest to you that I will abide by the state laws as I practice the medicine of nursing, which I take great pride in.

Sincerely,

Rachel Wagner

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee: 50	Permit fee: 10
Date fee paid (*month, day, year*): 1-22-10	Date fee paid (*month, day, year*)
Receipt number: 318548	Receipt number
License number	Permit number: 990409354
Issuance date (*month, day, year*)	Issuance date (*month, day, year*): 1-22-10

DO NOT WRITE ABOVE THIS LINE

☑ R.N. ☐ L.P.N.

Do you desire a temporary permit? ☑ Yes ☐ No

If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.

Please indicate original state of licensure: Ohio

Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Wagner, Rachel, Elizabeth, Friend

List any other last names ever used: Friend, Wagner

Street address (*number and street or rural route*): 8445 G Autumn Leaf Ct

City: Indianapolis | State: IN | ZIP code: 46268

Daytime telephone number (*include area code*): (513) 375-1529

Date of birth (*month, day, year*): 01-15-1979

Place of birth (*city and state*): Hamilton, Ohio

Social Security number *:

E-mail address: jsrwagner@gmail.com

NURSING EDUCATION

Name of nursing school: Cincinnati State Technical and Community College

Location (*city and state*): Cincinnati, Ohio

Date of enrollment (*month, day, year*): 01-03-2003 ?

Date of graduation (*month, day, year*): 01-31-2005

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM

☑ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Hamilton High School

Location (*city and state*): Hamilton Ohio

Date of graduation (*month, day, year*): 06-05-1997

If you are not a high school graduate, have you taken and passed the GED? NA ☐ Yes ☐ No

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☑ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Ohio	03-22-2005

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
RN	Ohio	RN.316847	03-22-2005	Active
RN	Louisiana	RN.1167168	10-01-2006	Expired
RN	Virginia	0001205053	01-13-2007	Expired

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☑ Yes ☐ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? Terminated from Deaconess Hospital in Cincinnati, Ohio in May 2009 for illness/missing work. ☑ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Rachel Wagner	01-22-2010

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Rachel Wagner	01-22-2010

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)

OHIO License CENTER

Name and Address	[back]
Name	RACHEL ELIZABETH WAGNER
City/State	

License and Registration Information

Credential	License Type	Original Issue	Issue Date	Expiration Date	Status	Discipline	How issued
RN.316847-	Registered Nurse	03/22/2005	09/04/2009	08/31/2011	ACTIVE		Examination

Understanding License and Certificate Verification: When interpreting the verification information provided on this web site, you should pay close attention to both the 'Issue Date', 'Expiration Date' and the 'Status'. The 'Issue' and 'Expiration' dates provide the time frame of the most recent license or certification period. The 'Status' describes the actual state of the license or certificate for the period provided. These two pieces of information together will provide the actual status of a license or certificate.

For a license or certificate to be valid, the current date must be within the 'Issue' and 'Expiration' date range and the 'Status' must indicate an 'Active' state. If either the current date is outside the range displayed or the status indicates something other than 'Active', the license or certificate may not be active.

Status Definitions: Below are descriptions of the most common 'Active' statuses.

ACTIVE - the license or certificate is current within the date range displayed. **ACTIVE IN RENEWAL** - the license or certificate is current within the date range displayed, but the individual has not completed the renewal process.
ACTIVE IN RENEWAL - INCOMPLETE - the license or certificate is current within the date range displayed, and the individual has started but not completed the renewal process.
ACTIVE IN RENEWAL - CE PENDING - the license or certificate is current within the date range displayed, and the individual has started but not completed the renewal process.
ACTIVE IN RENEWAL - PAID - the license or certificate is current within the date range displayed and the renewal is awaiting final payment processing.
INACTIVE - This individual has submitted a written request that the Board place their license or certificate on inactive status. This individual does not hold a current, valid license or certificate, and is not authorized to engage in the practice for which the license or certificate was issued.
LAPSED - A licensee or certificate holder has failed to fulfill all requirements for renewal, and has failed to comply with the requirements to place their license or certificate on inactive status. This individual does not hold a current, valid license or certificate, and is not authorized to engage in the practice for which the license or certificate was issued.

Discipline Column - a blank field indicates that their has been no final action taken by the Board. This field will be updated within 5 business days following a Board meeting.

In December 2009 the Board changed the descriptive subcategory of LPN licenses to more clearly display the differences between licensees authorized to administer 'medications only' and those authorized to administer 'medications and limited IV therapy procedures'.

LPN Meds - A licensed practical nurse who is authorized by the Board to administer medications.

LPN M-IV - A licensed practical nurse who is authorized by the Board to administer medications and to perform limited IV Therapy procedures.

Disclaimer: The Joint Commission and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.

Verification Performed: 1/21/2010.

APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
Wagner, Rachel, E.F.	Friend

Street address (*number and street or rural route*): 8445G Autumn Leaf Ct.

City	State	ZIP code
Indianapolis	Indiana	46268

Social Security number * — * Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

I [illegible] to practice nursing as follows: ☑ Registered Nurse ☐ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
RN.316847	08-31-2011	Ohio

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
Rachel Wagner	01-22-2010

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Rachel Wagner	01-22-2010

Walk IN NOTARY SEAL L.S.

SWORN TO AND SIGNED BEFORE ME THIS

_____ *DAY OF* _____, *20*_____.

Signature of notary public

Expiration date of commission (*month, day, year*)

Marriage License

The State of Ohio, Butler County

To Any Person Legally Authorized to Solemnize Marriages in the State of Ohio:

I, the undersigned,

Randy T. Rogers

Judge of the Court of Common Pleas, Probate Division within and for the County and State aforesaid, have Licensed, and do hereby License and Authorize

Mr. Joshua Scott Wagner and

M Rachel Elizabeth Friend

to be joined in Marriage.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of said Court, at Hamilton, Ohio this 17th day of August A.D. 2005

Randy T. Rogers

Judge

By Laura Moon

Deputy Clerk

The above marriage was solemnized by me this 3rd day of September, 2005 at Hamilton Ohio

Witnesses:

Holly A Cook

Signature

Chris Wagner

Clergy

Title

Grice, Lori

From: Grice, Lori on behalf of Group 02
Sent: Friday, January 29, 2010 7:48 AM
To: 'olga markova'
Subject: RE: Inquiry about eligibility for PN license

The Indiana State Board of Nursing meets the third Thursday of the month and conducts the personal appearance meetings in the morning. Your meeting can be changed to another month but no decision will be made on your application until you appear before the board.

Lori Grice, Assistant Director
Indiana State Board of Nursing
Indiana Dieticians Certification Board
Indiana Professional Licensing Agency
402 W. Washington St.
Indianapolis, IN 46204

From: olga markova [mailto:shmotya@yahoo.com]
Sent: Thursday, January 28, 2010 8:40 PM
To: Group 02
Subject: Re: Inquiry about eligibility for PN license

Hello Mrs. Grice,

I have received the letter that I need to appear before The Indiana State Board of Nursing on February 18, 2010 at 8:45 a.m. I would like to request to reschedule it to any time after 12:00 p.m. or for February 19, 2010.

Thank you,

Regards,

Olga Markova.

From: Group 02 <pla2@pla.IN.gov>
To: olga markova <shmotya@yahoo.com>
Sent: Tue, January 19, 2010 3:57:12 PM
Subject: RE: Inquiry about eligibility for PN license

You can send your application in as long as it is complete and the board will review your positive response and either approve the application or ask you to come in for a personal appearance. Since this is a very recent incident, you will probably be called in to come before the board.

Lori Grice, Assistant Director
Indiana State Board of Nursing
Indiana Dieticians Certification Board
Indiana Professional Licensing Agency
402 W. Washington St.
Indianapolis, IN 46204

From: olga markova [mailto:shmotya@yahoo.com]
Sent: Tuesday, January 19, 2010 3:40 PM
To: Group 02
Subject: Inquiry about eligibility for PN lisence

Hello,

I have graduated from Ivy Tech Indianapolis from PN program this December. I would like to apply for the license. I have a question related to eligibility being convicted to Felony D Theft. It is for shoplifting, 2 items from department store. It happened November 28, 2009. I had 2 trials and the next one is February 16, 2010. According to my last papers prepared by the attorney, it will be a conversion to misdemeanor with 364 days of probation that can be finished after completion of community service, 40 hours of community service and NCTI class. He will be asking for diversion program as well since it is first offence. I do not have any criminal history.
Can I send my application for license now? Am I eligible to take an exam?
I can send my court papers with application if needed.
Please let me know what I should do in this situation.
Thank you very much,
Regards,
Olga Markova.

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 22, 2010

Olga Markova
8451 Woods Edge E. Dr. 1B
Indianapolis, IN 46250

Dear Ms. Markova:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** ✓

Needs personal appearance: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ LG ✓ 1/22/10

Endorsement applicants

2. Issue Temporary Permit: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	1/21/10	3185222
License number	Issuance date (*month, day, year*)	

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a: ☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously? ☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
MARKOVA - OLGA Aleksandrovna	

Street address (*number and street or rural route*)	City	State	ZIP code
8451 Woods Edge E. Dr. 1B	Indianapolis	IN	46250

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 493-9067	07.21.1983	Saratov, Russia

Social Security number *	E-mail address
	shmotya@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Indianapolis, IN	09.01.2008	12.17.2009

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM ☐ Associate Degree (2 year) ☐ Baccalaureate Degree (4 year) ☐ Diploma (3 year)

☑ PN PROGRAM

HIGH SCHOOL EDUCATION

Name of school: Gymnasium #1

Location (*city and state*): Saratov, Russia

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
6.20.2000	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☐ Yes ☑ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

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JAN 21 2010

Indiana Professional Licensing Agency

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
[signature]	1.19.2010

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

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JAN 21 2010

Indiana Professional Licensing Agency

I hereby ... from any liability with regard to such inspectio...

I further ... ns, organizations, and instit... board of Nursing from any...

A photos...

I hereby...

Signature of...

(You... photograph.)

Mary Brown BSN MEDRN

[signature]

To Whom It May Concern:

I have graduated from Ivy Tech Indianapolis from PN program this December. I would like to apply for the PN license.

I have been charged with theft, class D felony. It is for shoplifting, 2 items from department store. It happened November 28, 2009. I had 2 trials and the next one is February 16, 2010. According to my last papers prepared by the attorney, it will be a conversion to misdemeanor with 364 days of probation that can be finished after completion of community service, 40 hours of community service and NCTI class. He will be asking for diversion program as well since it is first offence. I do not have any criminal history.

I have Bachelor and Master Degree in Foreign Languages and Literature from Saratov State University, Russia. After graduation, I worked as an instructor of English for a year in Russia. I came to the USA to pursue a career in healthcare. For the last two years I have been employed by United Health Care as a Health Educator and Case Manager for New York chronic disease management. I have been working and going to school full time. My future goals are to stay in this field and work on Bachelor's and Master's Degrees in Nursing.

I am extremely ashamed and remorseful about my actions.

Please accept my most sincere apologies for my conduct. I realize that there is no excuse for my behavior.

I realize how immature that was. Thinking about it now I can say that the main reason I have done this was for excitement and I did not consider the outcome seriously. From some perspective it was greed too. I have been shopping in this store not very often. I like some designer merchandise that they have and I can afford. It was not the problem that I wanted these items and could not afford them. I never really wanted them. The cost was definitely higher than I could afford. I did not realize how expensive they were either. I am mature enough to understand that for every action, there is a reaction and that improper actions result in consequences.

I intend to never allow it to happen again and will do everything in my power not to do that again and stop other people from shoplifting.

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JAN 21 2010
Indiana Professional
Licensing Agency

I have realized how wrong I was and that shoplifting is a serious crime. I admit that I was wrong and I accept full responsibility.

Sincerely,

Olga Markova. O. Markova 1.19.2010

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

CERTIFICATION OF COMPLETION

[ ] RN [X] LPN

I hereby certify that Olga Markova *was admitted to the* Ivy Tech Community College, Region 08 Practical Nursing *Program of Nursing located in* Indianapolis, IN *on* January 12, 2009 *and completed requirements for graduation on* December 18, 2009 *will/did graduate on* December 18, 2009. His/Her Social Security number is _____

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: December 18, 2009 *SIGNED* Mary Brown BSN MEd RN
Signature

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DEC 21 2009
Indiana Professional Licensing Agency

SCHOOL SEAL

Mary Brown, BSN M.Ed. RN
Printed Name

Program Chair, Practical Nursing Program
Dean/Director/Designee

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Health Professions Bureau by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Health Professions Bureau.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Health Professions Bureau. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE HEALTH PROFESSIONS BUREAU UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**

MARION SUPERIOR COURT ROOM NO: 24

Case Number: 49F24-0911-FD-097916
(Previously supplied by Clerk)

(File stamp)

FILED
(5) JAN 11 2010
Elizabeth A. White
CLERK OF THE MARION CIRCUIT COURT

/ / Check if *Pro Se.* In the event the defendant decides to represent himself or herself, complete this form listing address and other service information in number 2.

1. Name of Defendant(s): OLGA MARKOVA DOB:
Gallery No.
(All defendants represented by attorney listed below)

2. Defense Attorney information (as applicable for service):

Name: John W. Campbell
Address: BLACKWELDER, CAMPBELL & LEAVITT
151 N. Delaware St., Suite 1601
Indianapolis, IN 46204-2533

Attorney No. 04039-49
Phone: (317) 638-8060
FAX: 638-1879
Computer Address: JWC34@hotmail.com

DATED: January 12, 2010

SIGNED:

3. Will Defendant accept service by FAX: Yes X No ___

4. Additional information required by state or local rule:
Next Hearing Date: 1-12-2010/AM R.O.C.
Information Counts: theft/FD

Note: If separate attorneys represent separate defendants or separate sets of defendants, use an appearance form for each separately represented defendant or set of defendants.

Authority: ***Pursuant to Criminal Rule 2.1(B), this form shall be filed at the time a criminal proceeding is commenced. In emergencies, the requested information shall be supplied when it becomes available. Parties shall advise the court of a change in information previously provided to the court. This format is approved by the Division of State Court Administration.***

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JAN 21 2010
Indiana Professional Licensing Agency

ATE OF INDIANA COUNTY OF MARION	) SS:	IN THE MARION SUPERIOR COURT CRIMINAL DIVISION, ROOM 24
STATE OF INDIANA vs. OLGA MARKOVA	)	CAUSE NUMBER(S): 49F24-0911-FD-097916

PLEA AGREEMENT

Comes now the State of Indiana by and through its Deputy Prosecuting Attorney and the Defendant, in person and by counsel, and hereby enter into the following plea agreement:

1. The Defendant will Plead Guilty to: **2. The State shall Dismiss:**

A.	Cause 09097916	Count 1	Crime THEFT/FD	Cause		Count(s)	
B.	Cause	Count	Crime	Cause		Count(s)	
C.	Cause	Count	Crime	Cause		Count(s)	
D.	Cause	Count	Crime	Cause		Count(s)	

3. TERMS AND CONDITIONS OF SENTENCE:

	A.	B.	C.	D.
	09097916 Count 1			
Total Days	365			
Credit	4(2+2)			
Executed	4			
Placement	MCJ			
Suspended	361			
Probation	361			
AMS	Up front			
		Consecutive/Concurrent to:	Consecutive/Concurrent to:	Consecutive/Concurrent to:

4. TERMS AND PROBATION: 361 days on probation

- ☒ Defendant shall be subject to all standard term and conditions of probation, including random urinalysis.
- ☐ Substance Abuse and Alcohol Evaluation – treatment as required.
- ☒ NCTI Class
- ☐ Defendant will undergo SCRAM for a term of _____ days as a condition of probation
- ☐ Other conditions: _____

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Indiana Professional Licensing Agency

5. OTHER TERMS OF SENTENCE (either completed through probation or under supervision of the Court):

- ☒ 40 hours of Community Service Work to be served at (non-profit agency / specifically): _____
- ☐ _____ day Driver's License Suspension
- ☐ Defendant shall pay **RESTITUTION** to _____ in the amount of $ _____
- ☐ Defendant shall have **NO CONTACT** with: _____
- ☒ Defendant shall **STAY AWAY FROM**: All Saks Fifth Avenue locations in Marion County, Indiana and its contiguous counties.
- ☐ Other conditions: _____

6. FINES AND COSTS:

- ☒ By discretion of the Court. (State recommends additional 30 hours Community Service Hours if Defendant is found indigent to fines and costs).
- ☐ Fine of $_____ + $164.50 Court Costs + $100.00 Felony Public Defender Fee
- ☐ Defendant must pay $300 Drug Interdiction Fee
- ☐ Defendant must pay $200 Safe School Fee

Deputy Prosecuting Attorney	Defendant	Defendant's Attorney	Date

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 22, 2010

Jamie Schultz
8029 Lester Drive
Painesville, IN 44077

Dear Ms. Schultz:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Grice, Lori

From: Jamie Schultz [jschultz@pentechealth.com]
Sent: Wednesday, January 13, 2010 11:57 AM
To: Group 02
Subject: RE: Jamie Schultz

Hi Lori,

I apologize but I need to cancel my appt with you for 1/20. Please let me know of any dates in February that meetings will be held.

Thank you,

Jamie Schultz RN
Pentec Health Inc
440-759-9335
jschultz@pentechealth.com

From: Grice, Lori [mailto:LGrice@pla.IN.gov] **On Behalf Of** Group 02
Sent: Monday, December 21, 2009 10:00 AM
To: Jamie Schultz
Subject: RE: Jamie Schultz

At this time there are only two dates we are working on: Jan. 20 and 21. These matters have to be resolved by those dates according to the statutes. If you have a preference for one of these, let me know. The Jan. 20 agenda will start at 8 a.m. and the Jan. 21 agenda will start at 8:45 a.m.

Lori Grice, Assistant Director
Indiana State Board of Nursing
Indiana Dieticians Certification Board
Indiana Professional Licensing Agency
402 W. Washington St.
Indianapolis, IN 46204

rom: Jamie Schultz [mailto:jschultz@pentechealth.com]
ent: Sunday, December 20, 2009 8:55 PM
o: Group 02
ubject: RE: Jamie Schultz

recipi
s
messa

vould appreciate it if you add dates if you could p[lace me on there and let me know asap. My son graduates from ot camp on 1/21, which I believe is the anticipated meeting date. If you have a date planned for February, can l let me know that as well.

nk you,

ie Schultz RN
ec Health Inc
759-9335
ltz@pentechealth.com

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

December 21, 2009

Jamie Schultz
8029 Lester Drive
Painesville, OH 44077

Dear Ms. Schultz:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **January 20, 2010** to review your application for Indiana nursing license by endorsement. The meeting will take place in Conference Room A on the first floor of the Indiana Government Center South Building, 402 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:00 a.m.,** to answer questions they have concerning approval of your renewal application.

You should bring any documentation with you that would support your ability to practice nursing professionally in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Grice, Lori

From: Jamie Schultz [jschultz@pentechealth.com]
Sent: Monday, December 21, 2009 10:15 AM
To: Group 02
Subject: Re: Jamie Schultz

Jan 20 please

From: Grice, Lori <LGrice@pla.IN.gov>
To: Jamie Schultz
Sent: Mon Dec 21 10:00:10 2009
Subject: RE: Jamie Schultz
At this time there are only two dates we are working on: Jan. 20 and 21. These matters have to be resolved by those dates according to the statutes. If you have a preference for one of these, let me know. The Jan. 20 agenda will start at 8 a.m. and the Jan. 21 agenda will start at 8:45 a.m.

Lori Grice, Assistant Director
Indiana State Board of Nursing
Indiana Dieticians Certification Board
Indiana Professional Licensing Agency
402 W. Washington St.
Indianapolis, IN 46204

From: Jamie Schultz [mailto:jschultz@pentechealth.com]
Sent: Sunday, December 20, 2009 8:55 PM
To: Group 02
Subject: RE: Jamie Schultz

I would appreciate it if you add dates if you could p[lace me on there and let me know asap. My son graduates from boot camp on 1/21, which I believe is the anticipated meeting date. If you have a date planned for February, can you let me know that as well.

Thank you,

Jamie Schultz RN
Pentec Health Inc
440-759-9335
jschultz@pentechealth.com

From: Grice, Lori [mailto:LGrice@pla.IN.gov] **On Behalf Of** Group 02
Sent: Wednesday, December 09, 2009 2:51 PM
To: Jamie Schultz
Subject: RE: Jamie Schultz

You will receive a letter confirming the date and time of the meeting; we may add additional dates in January but I do not have the schedule at this time.

Lori Grice, Assistant Director
Indiana State Board of Nursing
Indiana Dieticians Certification Board
Indiana Professional Licensing Agency
402 W. Washington St.
Indianapolis, IN 46204

From: Jamie Schultz [mailto:jschultz@pentechealth.com]
Sent: Wednesday, December 09, 2009 12:17 PM
To: Group 02
Subject: Jamie Schultz

Lori Grice,

I spoke with you this morning regarding changing my appt for licensure. We decided to play it safe and have cancelled all arrangements to Indianapolis. I do apologize for the short notice but I would like to change my appointment for the review, to January if possible. Please let me know when a good date is and if there is a later time possible.

Thank you,

Jamie Schultz RN
Pentec Health Inc
440-759-9335
jschultz@pentechealth.com

Confidentiality Notice
This electronic mail may contain information that is privileged, confidential, and/ or otherwise protected from disclosure to anyone other than its intended recipients. Any dissemination or use of this electronic mail or its contents by persons other than the intended recipients is strictly prohibited. If you have received this communication in error, please notify the sender immediately by reply e-mail so that we may correct our internal records. Please then delete the original message.

Grice, Lori

From: Jamie Schultz [jschultz@pentechealth.com]
Sent: Wednesday, December 09, 2009 12:17 PM
To: Group 02
Subject: Jamie Schultz

Lori Grice,

I spoke with you this morning regarding changing my appt for licensure. We decided to play it safe and have cancelled all arrangements to Indianapolis. I do apologize for the short notice but I would like to change my appointment for the review, to January if possible. Please let me know when a good date is and if there is a later time possible.

Thank you,

Jamie Schultz RN
Pentec Health Inc
440-759-9335
jschultz@pentechealth.com

Confidentiality Notice
This electronic mail may contain information that is privileged, confidential, and/ or otherwise protected from disclosure to anyone other than its intended recipients. Any dissemination or use of this electronic mail or its contents by persons other than the intended recipients is strictly prohibited. If you have received this communication in error, please notify the sender immediately by reply e-mail so that we may correct our internal records. Please then delete the original message.

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

November 18, 2009

Jamie Schultz
8029 Lester Drive
Painesville, OH 44077

Dear Ms. Schultz:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **December 10, 2009,** to review your application for registered nursing licensure by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Jamie Schultz

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes _____ No _____

Needs personal appearance: Yes_____ No_____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. **Issue Temporary Permit:** Yes_____ No✓

Approved by (please initial): SG _____ LG_____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No ✓

Approved by (please initial): SG _____ LG _____

Set for Dec. 10 P.A.

11/18/09

LG

November 5, 2009

Professional Licensing Agency
Indiana State Board of Nursing
402 West Washington Street Room W072
Indianapolis, IN 46204

Dear Professional Licensing Agency,

ENDORSEMENT LICENSURE

I am writing to explain to you the circumstances regarding my permanent restriction. In Feb 1999 there was an instance where I was sent into a room where a patient was acting out of control. This was a patient I had many times before and I tried to talk to him. When I was talking I had my hand out and was shaking my finger, and he leaned forward and bit me. I reacted by grabbing his lower jaw. The family and facility were made aware but the patient and family determined this was an involuntary and understandable reaction.

In 2002, the OH Board contacted me to interview me regarding the instance. I was now working in real estate, was remarried, and was pregnant with our seventh child. After the interview, it was explained to me that they could offer me the minimum sentence: two years with two years probation, some continuing ed, and permanent restriction of the ER, since that is what I was doing at the time. It was also explained that if I chose a hearing I would need to pay for an attorney, travel to Columbus for several visits (about 3 ½ hours away) and could lose my license permanently. At the time the offer seemed like a good idea since I was doing very well in real estate and wasn't planning to go back into nursing for many years anyway.

I did not initiate the return process until 2004, completed all requirements, and was released from probation early, with the recommendation of my employer at that time. I was working as a wound treatment nurse at and ECF. Later that year the DON of the facility asked me to alter some records, so I contacted my compliancy nurse and was recommended to not participate, keep records, and find another job. I began applying for other jobs but was terminated prior to finding one. I was then hired prn for another ECF and began attending classes for a Bachelors, maintaining my self on the deans list.

I am currently working as the Lead Regional Nurse for Pentec Health, a company that provides in home specialty infusions. I carry a light case load but work more in staff development, training, expansion, and management in the state of Ohio. Our company is expanding and it would be desirable to be licensed in multiple states for purposes mainly of interviewing, hiring, training, and coordinating expansion.

Thank you for your consideration.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
	11-6-09

NOTARY SEAL

SWORN TO AND SIGNED BEFORE ME THIS

6 DAY OF November, 2009.

Signature of notary public NANCY M. SCHAFFERT
Notary Public, State of Ohio
My Commission Expires

Expiration date of commission (*month, day, year*)

11-15-09

[redacted] LESTER DR
PAINESVILLE OH 4407[redacted]

Case #99-0113 & #06-1045

Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

CONSENT AGREEMENT
BETWEEN
JAMIE MICHELLE SCHULTZ, R.N.
AND
OHIO BOARD OF NURSING

This Consent Agreement is entered into by and between **JAMIE MICHELLE SCHULTZ, R.N. (MS. SCHULTZ)** and the Ohio Board of Nursing (Board), the state agency charged with enforcing Chapter 4723. of the Ohio Revised Code (ORC), and all administrative rules promulgated thereunder.

MS. SCHULTZ voluntarily enters into this Consent Agreement being fully informed of her rights under Chapter 119, ORC, including the right to representation by legal counsel and the right to a formal adjudicative hearing on the issues considered herein.

This Consent Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Consent Agreement.

BASIS FOR ACTION

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

A. The Board is empowered by Section 4723.28, ORC, to deny, permanently revoke, revoke, suspend, or place restrictions on any license issued by the Board; reprimand or otherwise discipline a licensee; or impose a fine of five hundred dollars ($500.00) or less per violation. Section 4723.28(B)(12), ORC, authorizes the Board to discipline a licensee for assaulting or causing harm to a patient. Section 4723.28(B)(19), ORC, authorizes the Board to discipline a licensee for failure to practice in accordance with acceptable and prevailing standards of safe nursing care. Section 4723.28(B)(16), ORC, authorizes the Board to discipline a licensee for a violation of this chapter or any rules adopted under it. Specifically, Rule 4723-4-03(B), Ohio Administrative Code, (OAC), *as was in effect prior to April 1, 1999,* states that a licensed nurse, shall maintain current knowledge and competence in the practice of nursing in which the licensed nurse is engaged. Rule 4723-4-03(K), OAC, *as was in effect prior to April 1, 1999,* states that a licensed nurse

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shall implement measures to promote a safe environment for each client.

B. **MS. SCHULTZ**'s license to practice nursing as a registered nurse, RN-237719, in the State of Ohio, was indefinitely suspended by a May 17, 2002 Consent Agreement between **MS. SCHULTZ** and the Board, a copy of which is attached hereto and incorporated herein.

C. Under the terms of the May 2002 Consent Agreement, **MS. SCHULTZ** is eligible to request reinstatement of her license anytime after May 2004, if all of the terms, conditions and limitations of the Consent Agreement are met.

D. **MS. SCHULTZ** has provided the Board with the following:

1) Evidence of psychiatric evaluations on April 8, 2003 and January 6, 2006.

A statement dated May 3, 2003, from Access Behavioral Care, Inc., recommends to the Board that **MS. SCHULTZ** comply with the Board, and no further recommendations were made.

On or about February 16, 2006, a psychiatrist, Thomas Svete, M.D. submitted a statement to the Board indicating that **MS. SCHULTZ** has "good communication and interpersonal skills" and is "functioning quite well." In a statement submitted to the Board dated February 27, 2006, Dr. Svete diagnosed **MS. SCHULTZ** with Anxiety Disorder, and recommends that **MS. SCHULTZ** participate in individual counseling and considers taking medication for her anxiety.

2) Evidence of completion of required continuing nursing education hours set forth in the May 2002 Consent Agreement.

3) Personal statement regarding her compliance with the May 2002 Consent Agreement.

On April 11, 2006, **MS. SCHULTZ** met with a representative of the Board for an interview and to review her reinstatement documentation.

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, **MS. SCHULTZ** knowingly and voluntarily agrees with the Board to the following terms, conditions, and limitations: Once meeting the requirements for renewal, **MS. SCHULTZ's** license to practice nursing as a registered nurse shall be reinstated and suspended indefinitely. Such suspension shall be stayed, subject to the following PROBATIONARY terms, conditions, and limitations until at least **May 2008**:

1. **MS. SCHULTZ** shall obey all federal, state, and local laws, and all laws and rules governing the practice of nursing in Ohio.

2. **MS. SCHULTZ** shall appear in person for interviews before the full Board or its designated representative as requested by the Board.

3. **Within sixty (60) days** following the effective date of this Consent Agreement, **MS. SCHULTZ** shall participate in continuing individual counseling at intervals deemed appropriate by Thomas Svete, M.D., or another psychiatrist approved in advance by the Board, or its designee until released, and shall have the psychiatrist submit written reports regarding **MS. SCHULTZ's** progress to the Board on a quarterly basis, **beginning on July 3, 2006. MS. SCHULTZ** shall provide the psychiatrist with a copy of this Consent Agreement **prior to treatment.** Further, **MS. SCHULTZ** agrees that the Board may use the psychiatrist's recommendations and conclusions as a basis for additional terms, conditions, and limitations on **MS. SCHULTZ's** license and that the terms, conditions, and limitations shall be incorporated by a written agreement.

Employment Conditions

4. Prior to accepting employment as a nurse, each time with every employer, **MS. SCHULTZ** shall notify the Board.

5. **MS. SCHULTZ** shall have her employer(s), if working in a position where a nursing license is required, submit written reports regarding job performance on a quarterly basis **beginning July 3, 2006. MS. SCHULTZ** shall provide her employer(s) with a copy of this Consent Agreement and shall have her employer(s) send documentation to the Board, along with the first employer report, of receipt of a copy of this Consent Agreement. Further, **MS. SCHULTZ** is under a continuing duty to provide a copy of this Consent Agreement to any new employer prior to accepting employment.

Reporting Requirements of MS. SCHULTZ

6. **MS. SCHULTZ** shall report to the Board in writing, any violation of this Consent Agreement within thirty (30) days of the occurrence of the violation.

7. **MS. SCHULTZ** shall sign release of information forms allowing health professionals and other organizations to submit the requested documentation directly to the Board.

8. **MS. SCHULTZ** shall submit any and all information that the Board may request regarding her ability to practice according to acceptable and prevailing standards of safe nursing practice.

9. **MS. SCHULTZ** shall not submit or cause to be submitted any false, misleading, or deceptive statements, information, or documentation to the Board or to employers or potential employers.

10. **MS. SCHULTZ** shall submit the reports and documentation required by this Consent Agreement on forms specified by the Board. All reporting and communications required by this Consent Agreement shall be made to the Compliance Unit of the Board.

11. **MS. SCHULTZ** shall submit the reports and documentation required by this Consent Agreement or any other documents required by the Board to the attention of the Compliance Unit, Ohio Board of Nursing, 17 South High Street, Suite 400, Columbus, OH 43215-7410.

12. **MS. SCHULTZ** shall verify that the reports and documentation required by this Consent Agreement are received in the Board office.

13. **MS. SCHULTZ** shall inform the Board within five (5) business days, in writing, of any change in employment status or of any change in residential or home address or telephone number.

Nursing Refresher Course

Prior to working in a position where a nursing license is required, **MS. SCHULTZ** shall complete and submit satisfactory documentation of completion of a refresher course or an extensive orientation to be approved in advance by the Board.

Temporary Practice Restrictions

MS. SCHULTZ shall not practice nursing as a registered nurse (1) for agencies providing home care in the patient's residence; (2) for hospice care programs providing

hospice care in the patient's residence; (3) as a nurse for staffing agencies or pools; (4) as an independent provider where the nurse provides nursing care and is reimbursed for services by the State of Ohio through State agencies or agents of the State; or (5) for an individual or group of individuals who directly engage **MS. SCHULTZ** to provide nursing services for fees, compensation, or other consideration or as a volunteer.

MS. SCHULTZ shall not function in a position or employment where the job duties or requirements involve management of nursing, nursing responsibilities, or supervising and evaluating nursing practice. Such positions include but are not limited to the following: Director of Nursing, Assistant Director of Nursing, Nurse Manager, Vice President of Nursing.

Permanent Practice Restrictions

MS. SCHULTZ further knowingly and voluntarily agrees with the Board to the following **PERMANENT LICENSURE RESTRICTIONS:**

MS. SCHULTZ shall not practice nursing and/or obtain employment as a nurse in an emergency room setting or provide nursing care for patients in the mental retardation/developmental disabilities setting.

FAILURE TO COMPLY

MS. SCHULTZ agrees that her license to practice nursing as a registered nurse will be automatically suspended if it appears to the Board that **MS. SCHULTZ** has violated or breached any terms or conditions of the Consent Agreement. Following the automatic suspension, the Board shall notify **MS. SCHULTZ** via certified mail of the specific nature of the charges and automatic suspension of her license. Upon receipt of this notice, **MS. SCHULTZ** may request a hearing regarding the charges.

The above described terms and conditions shall constitute "restrictions placed on a license" for purposes of Section 4723.28(B), ORC. If, in the discretion of the Board, **MS. SCHULTZ** appears to have violated or breached any terms or conditions of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

DURATION/ MODIFICATION OF TERMS

The terms, limitations and conditions of this Consent Agreement **other than the permanent licensure restrictions** may be modified or terminated in writing at any time upon the agreement of both **MS. SCHULTZ** and the Board.

The Board may only alter the probationary period imposed by this Consent Agreement if: (1) the Board determines that **MS. SCHULTZ** has complied with all aspects of this Consent Agreement; and (2) the Board determines that **MS. SCHULTZ** is able to practice according to acceptable and prevailing standards of safe nursing care without Board monitoring, based upon an interview with **MS. SCHULTZ** and review of the reports as required herein. Any period during which **MS. SCHULTZ** does not work in a position for which a nursing license is required shall not count toward fulfilling the probationary period imposed by this Consent Agreement.

ACKNOWLEDGMENTS/LIABILITY RELEASE

MS. SCHULTZ acknowledges that she has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

MS. SCHULTZ waives all of her rights under Chapter 119, ORC, as they relate to matters that are the subject of this Consent Agreement.

MS. SCHULTZ waives any and all claims or causes of action she may have against the Board, and its members, officers, employees and/or agents arising out of matters which are the subject of this Consent Agreement.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, ORC. The information contained herein may be reported to appropriate organizations, data banks and governmental bodies.

This Consent Agreement is not an adjudication order within the meaning of Section 119.01(D), ORC. Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedures Act, Chapter 119, ORC.

EFFECTIVE DATE

MS. SCHULTZ understands that this Consent Agreement is subject to ratification by the Board prior to signature by the Board President and shall become effective upon the last date of signature below.

JAMIE MICHELLE SCHULTZ, R.N. 5-12-06 **DATE**

Cynthia A. Krueger, MSN RN

CYNTHIA A. KRUEGER, President
Ohio Board of Nursing

5/19/06

DATE

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee 50.00	Permit fee 10.00 endorsement
Date fee paid (*month, day, year*) 11/9/09	Date fee paid (*month, day, year*) 11/9/09
Receipt number 3150063	Receipt number 3150063
License number	Permit number
Issuance date (*month, day, year*)	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

☑ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☑ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure: OHIO		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Schultz, Jamie, M, Delzoppo		List any other last names ever used: Malaney	
Street address (*number and street or rural route*): 8029 Lester Dr	City: Painesville	State: OHIO	ZIP code: 44077
Daytime telephone number (*include area code*): (440)759-9335	Date of birth (*month, day, year*): 06/04/1966	Place of birth (*city and state*): richmond ohio	
Social Security number *	E-mail address: jschultz@pentechealth.com		

NURSING EDUCATION

Name of nursing school: Lakeland Community College		
Location (*city and state*): mentor Oh	Date of enrollment (*month, day, year*): 09/01/1988	Date of graduation (*month, day, year*): 12/01/1991

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☑ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Euclid High School	
Location (*city and state*): Euclid Ohio	
Date of graduation (*month, day, year*): 06/04/1984	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No

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EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☑ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Ohio	03/21/1992

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
RN	OHIO	237719	09/01/2009	active restricted

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☑ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☑ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☑ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
[signature]	11-6-9

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Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
[signature]	11-6-9

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)

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Indiana Professional Licensing Agency

Verification Report

Printed for INDIANA (RN) on 11/09/2009

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
	SCHULTZ, JAMIE MICHELLE (ALL)	06/04/1966 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	DELZOPPO (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
OH	RN	237719	09/01/2009	08/31/2011	ACTIVE	EXAM	03/27/1992	02/01/1992

Address Information

Juris.	Address	City	State	Zip	Country
OH	8029 LESTER DR	LEROY TWP	OH	44077	

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
OH	LAKELAND COMM COLLEGE	12/01/1991	RN	ASSOCIATES		

Discipline Summary Information

Case Number	Reporting Jurisdisction	Date Action Was Taken	Licenses Disciplined	Against Privilege
301371	OHIO	05/17/2002	OHIO | RN | 237719	NO
402034	OHIO	05/19/2006	OHIO | RN | 237719	NO

** Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

OHIO License CENTER

Name and Address	[back]
Name	JAMIE MICHELLE SCHULTZ
City/State	

License and Registration Information							
Credential	License Type	Original Issue	Issue Date	Expiration Date	Status	Discipline	How issued
RN.237719-	Registered Nurse	03/27/1992	09/01/2009	08/31/2011	Active (Restricted)	Permanent Restrictions	Examination

Understanding License and Certificate Verification: When interpreting the verification information provided on this web site, you should pay close attention to both the 'Issue Date', 'Expiration Date' and the 'Status'. The 'Issue' and 'Expiration' dates provide the time frame of the most recent license or certification period. The 'Status' describes the actual state of the license or certificate for the period provided. These two pieces of information together will provide the actual status of a license or certificate.

For a license or certificate to be valid, the current date must be within the 'Issue' and 'Expiration' date range and the 'Status' must indicate an 'Active' state. If either the current date is outside the range displayed or the status indicates something other than 'Active', the license or certificate may not be active.

Status Definitions: Below are descriptions of the most common 'Active' statuses.

ACTIVE - the license or certificate is current within the date range displayed.
ACTIVE IN RENEWAL - the license or certificate is current within the date range displayed, but the individual has not completed the renewal process.
ACTIVE IN RENEWAL - INCOMPLETE - the license or certificate is current within the date range displayed, and the individual has started but not completed the renewal process.
ACTIVE IN RENEWAL - CE PENDING - the license or certificate is current within the date range displayed, and the individual has started but not completed the renewal process.
ACTIVE IN RENEWAL - PAID - the license or certificate is current within the date range displayed and the renewal is awaiting final payment processing.

Disclaimer: The Joint Commission and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.

Verification Performed: 11/4/2009.

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Licensing Agency

Certified Copy of Marriage Record

STATE OF OHIO)
) SS
COUNTY OF LAKE)

IN THE PROBATE COURT

No. 00 ML 05853

FILED AND RECORDED
JUNE 9, 2000

I, **TED KLAMMER**, Judge of the Probate Court within and for the County of Lake, do hereby certify that the following is a true and correct transcript, taken from the Marriage Records in this office, where the same are by law required to be kept, to-wit:

THE STATE OF OHIO)
Lake County)

I do hereby certify that on **June 4, 2000**, I solemnized the MARRIAGE of

BRYAN D. SCHULTZ and **JAMIE M. MALANEY**

Officiant's Name: PASTOR EDMOND T. DREWSER

IN TESTIMONY WHEREOF, I have hereunto set my hand and the seal of said Probate Court at the City of Painesville, in said County, this **November 5, 2009**.

TED KLAMMER, Probate Judge

By: _____
Deputy Clerk

Case #06-1045

Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

July 23, 2008

Jamie Schultz, R.N.
8029 Lester Dr.
Leroy TWP, OH 44077

Ref: Consent Agreement of May 19, 2006
License # R.N. 237719

Dear Ms. Schultz:

The Board considered and approved your request for EARLY release from the probationary terms and conditions placed on your nursing license by your Consent Agreement of May 19, 2006. Although your license is no longer subject to probationary terms and conditions as of **July 18, 2008 THE PERMANENT PRACTICE RESTRICTIONS IMPOSED BY THE CONSENT AGREEMENT REMAIN IN EFFECT.**

Sincerely

Betsy J. Houchen

Betsy Houchen, R.N., M.S., J.D.
Executive Director

LFR/djf

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APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
Schultz, Jamie, M	Malaney

Street address (*number and street or rural route*): 8029 Lester Dr

City	State	ZIP code
Painesville	OHIO	44077

Social Security number *

* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☑ Registered Nurse ☐ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
237719	08/31/2011	Ohio

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
[signature]	11-8-9

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
[signature]	11-6-09

NOTARY SEAL

SWORN TO AND SIGNED BEFORE ME THIS 6 *DAY OF* 11, 20 09.

Signature of notary public [signature] NANCI R. SCHAFFERT Notary Public, State of Ohio My Commission Expires 11-15-09 Recorded in Lake County

Expiration date of commission (*month, day, year*)

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

Indiana State Board of Nursing
402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 234-2043 Fax : (317) 233-4236

November 12, 2009

Jamie M. Schultz
8029 Lester Dr.
Painesville OH 44077

REFUND OR RETURN OF REVENUE

RE: Jamie Schultz

Jamie M. Schultz:

The enclosed check is a refund or a return of revenue. The reason(s) is (are) indicated below as to why this money is being refunded/returned. If you need additional information, please feel free to contact this office at the telephone number listed above between 8 a.m. and 4:30 p.m. Monday through Friday.

Amount of refund/return: $10.00

Receipt number: 3150063

Reason for refund/return: Applicant paid $60.00. The RN application fee is $50.00. The RN Temporary license fee is $10.00. The Temporary license is not needed, since the applicant can be licensed as an RN.

Board account name: Indiana State Board of Nursing

Person issuing refund: Janet Cassidy, Case Manager

E-mail address: pla2@pla.in.gov

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 22, 2010

Lawrence Robinson
5873 E. Channel Road
Warsaw, IN 46580

Dear Mr. Robinson:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

1-15-10 Lawrence O. Robinson

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** ✓

Needs personal appearance: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ LG ✓ 1/15/10

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

AFFIDAVIT

08/24/2002 OWI Pierceton, In.
Disposition: Misdemeanor-Sentence: 4 days jail-30 day license suspension
Fines and court costs: @ $500.00

I was at a wedding reception and thought that I had quit drinking in plenty of time for the alcohol to leave my system so it would be safe to drive home. When I was pulled over, I registered a BAC of 0.08 with the breathalyzer. Very poor judgment on my part and have not made that mistake again.

11/25/1996 Workman's Compensation-Fraud Fergus Falls, Mn.
Disposition Felony- Sentence: 12M1D; Probational - 5Y; Conditional - 30D
Fines: $1,000; Court Cost - $10; Assessment - $225

In April of 1995, I sustained a back injury while working for a private individual. I received Worker's Compensation for a period of time. During the time that I was off work, I kept track of my travel mileage and pharmacy expenses for reimbursement. When it was time for me to return to work, I called the contact person for the program I was on and let them know I was returning to work and wanted my claim cancelled. I received another check in the mail after that and I assumed that it was a reimbursement for expenses from travel from the papers that I turned in. I did not keep a copy of that paper. The following month I received another check and cashed it. After doing so, I immediately called the Worker's Compensation Department and told them what had happened and that I wanted to repay the money to them. Shortly after that, a man came to my home and spoke with me about the incident and I was charged with Worker's Compensation Fraud.

01/13/1997 Burglary-1st Deg-Burglary of Occupied Dwelling-Fergus Falls, Mn.
Disposition: Felony-Sentence: 30M; Probational - 20Y; Conditional - 1Y
Fines: $1,000; Court Cost - $10; Assessment - $220
01/13/1997 Assault-5th Degree-Fergus Falls, Mn.
Disposition: Misdemeanor-Sentence 90D

I have absolutely no excuse for my behavior in this matter. I had observed my girlfriend having relations with my best friend. When I went to her apartment to get some of my things, an argument came about. I was completely devastated at that point and kicked the door in. I moved her out of the way, I did not hurt her, I gathered my things and left. When I pulled myself together, I called the police department and told them what I had done. I told the officer that I was going to visit my brother in Indiana for a few days and gave them all the information where I could be reached if needed. When I returned home the following week, I called the police department to inquire about the incident. The detective I spoke with asked me to come to the station. I went to the police department and turned myself in and took responsibility for my actions.

RECEIVED
JAN 15 2010
Indiana Professional
Licensing Agency

10/04/1989 Battery Warsaw, In.
Disposition: Class C Felony Sentence: 5yr-3yr suspended-release after 1yr

During the course of a very troubled divorce, I was invited over to my father-in-law's house to discuss what was going to happen with my children during the course of the divorce. After a heated argument, we had a fight. I protected myself and to this day I am still uncertain how it all happened. My ex father-in-law, Robert Ulmer and I have since made amends and still have contact from time to time.

I cannot and will not try to justify or excuse any of my behavior in the past, because in all honesty there is none. I came to the conclusion that what was happening in my life needed to change or my life would be wasted, so I did. It is much easier to help people than it is to hurt them and I redirected my life to do good and try and make a positive difference in my life and the lives of the people around me.

In 2002 I met a four month old little girl named Katie Bloom that had just came out of a coma at Riley's Children's Hospital. One look at this child and my life was forever changed. Katie was not expected to live past the age of two due to the severity of her illness, today she is eight years old. This young lady has helped shape my life to what I have become today. In 2005 I had to perform CPR on Katie and this was one of the most difficult things that I have ever had to do. That moment guided the path that I knew I was supposed to take from that point on. I went to school and became a Professional Rescue Instructor and taught classes to people in the company that I worked for and in the community and joined the Disaster Response Team for the American Red Cross. I volunteered to go to Mississippi to help with hurricane relief and shortly after returning from the Hurricane Katrina Disaster, I started school to become a nurse.

When I approved to go through this program, I knew that it was going to be difficult from beginning to end and it was, and still is. When people see things on paper such as my criminal record, they sometimes fail to see the real person. All of my clinical instructors and the patients that I have worked during the course of my nursing program have seen the real person with the passion that I have for helping people. Becoming a nurse is what I honestly believe that I am supposed to be. I hope that the Nursing Board can see this as well and allow me to take the NCLEX Test and become licensed in the State of Indiana.

Working in the hospital and helping people is the most rewarding experience in the world and I appreciate the fact that I have been able to go this far with my career plans. I am an excellent nurse and given the opportunity I will continue on to be a Nurse Practioner in the future. Once again, I make no excuses for my behavior in the past, but please know that the person that I was is not the person that I am now.

I am asking for the opportunity to put the education that I have to good use and become a licensed nurse and an excellent addition to the health care field in my home state. I have submitted all the necessary paperwork and have been completely honest in doing so. Thank you for your time and I look forward to being able to complete the exam and move forward in health care.

RECEIVED

JAN 15 2010

Indiana Professional
Licensing Agency

SWORN AFFIDAVIT

I affirm under penalty of perjury that all statements in this Affidavit are accurate to the best of my knowledge.

Lawrence O. Robinson
Signature

01-13-10
Date

5873 S. East Channel Road
Address

Warsaw, In. 46580
City, State, Zip Code

SHARON K. BURRIS
MY COMMISSION EXPIRES
November 23, 2016
NOTARY SEAL
KOSCIUSKO COUNTY
NOTARY PUBLIC, STATE OF INDIANA

STATE OF INDIANA
COUNTY OF KOSCIUSKO

Subscribed and sworn to before me on this 13th day of January, 2010.

Sharon K. Burris
Notary

RECEIVED

JAN 15 2010

Indiana Professional
Licensing Agency

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	1-15-10	3182969

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Robinson, Lawrence O.	

Street address (*number and street or rural route*)	City	State	ZIP code
5873 S. East Channel Road	Warsaw	Indiana	46580

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(574) 202-2506	04/09/1966	Chicago Heights, Illinois

Social Security number *	E-mail address
	lrobinson65@ivytech.edu

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school
Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
South Bend, in	08/20/2008	12/18/2009

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☑ **PN PROGRAM**

RECEIVED
JAN 15 2010
Indiana Professional Licensing Agency

HIGH SCHOOL EDUCATION

Name of school
Hammond High School

Location (*city and state*)
Hammond, In.

Date of graduation (*month, day, year*)

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
☑ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
Home Health Aide	Indiana/USA	HHA0900466	01/29/2009	Active

516
F.S.
V

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☑ No

2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No

3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No

4. Have you ever been convicted of, pled guilty or nolo contendre to:

   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No

   B. To any offense, misdemeanor or felony in any state? *(Except for minor violations of traffic laws resulting in fines)* ☑ Yes ☐ No

5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☑ No

6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No

7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☑ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant: Laurence O. Robinson — Date (*month, day, year*): 01/13/10

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

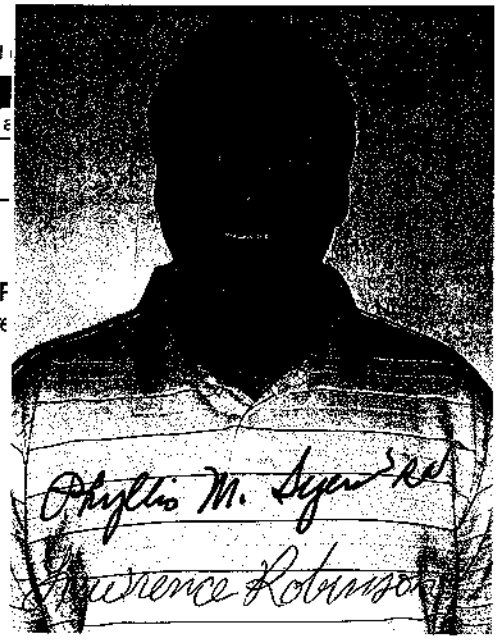
A photostatic copy of this authorization has the same force and

I hereby swear or affirm that I have read the above statements a

Signature of applicant: Laurence O. Robinson — *month, day, year*): 01/13/10

PLEASE TAPE YOUR P :)

(*You must place your signature, the program dire* *front of your photograph.*)



RECEIVED
JAN 15 2010
Indiana Professional
Licensing Agency

Official Report of Test Results

TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

ged

issued by

OFFICIAL GED CENTERS

of the

RECEIVED

JAN 15 2000

Indiana Professional Licensing Agency

GENERAL EDUCATIONAL DEVELOPMENT
TESTING SERVICE
OF THE AMERICAN COUNCIL ON EDUCATION

Name of Examinee:

Robinson	Lawrence	O.	
Last	First	Middle	Maiden

Address: Rt21 Box 12A
Warsaw, IN 46580

Reported To: DPI & Elkhart Community Schools

Date of Birth 4/9/66 Last Grade Completed 10th Date Reported 9/21/88

Date of Withdrawal From School: 2/18/83

Social Security Number:

Last School Attended: Hammond High School
(if required by State Policy)

	Test Date	Form	Standard Score	Percentile Rank for U.S.
Test 1: Writing Skills Test	9/21/88	AA	52	59
Test 2: Social Studies Test	9/21/88	AA	56	74
Test 3: Science Test	9/21/88	AA	52	60
Test 4: Reading Skills Test	9/21/88	AA	48	44
Test 5: Mathematics Test	9/21/88	AA	47	36
Total			255	
Standard Score Average:			51	

Passed* ☒ Failed* ☐

(Copies of this report can be obtained from the center listed below.)

Satisfactory achievement on the high school level tests of general education development shall be a standard score of 35 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Signature of Chief Examiner: George E. Riebs

Name of Center: Elkhart Area Career Center

Address of Center: 2424 California Road
Elkhart, IN 46514
(219) 262-5675

Date: September 27, 1988

Center Identification Number (if required)

20-01

*Pass or Fail as determined by state policy

GEDTS FORM 30
Revised February 1982

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.inus/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ ASN ☒ LPN

I hereby certify that Lawrence Oliver Robinson was admitted to the Ivy Tech Community College of Indiana Program of Nursing located in South Bend, IN on August 20, 2008 and completed requirements for graduation on December 18, 2009 will/did graduate on December 18, 2009. His/Her Social Security number i _____.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE December 21, 2009

SIGNED Phyllis M. Syers
Signature

SCHOOL SEAL

Phyllis Syers, MSN, RN
Printed Name

Department Chair, Nursing
Dean/Director/Designee

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Health Professions Bureau by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Health Professions Bureau.
DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Health Professions Bureau. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE HEALTH PROFESSIONS BUREAU UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**

RECEIVED
DEC 28 2009
Indiana Professional
Licensing Agency

Indiana
Online Licensing

New Search

ISDH Acute Care Program

Person Information

Lawrence O Robinson

Address Information

Warsaw IN 46580

License Information

License No:	HHA0900466
Profession:	Nurse Aides
License Type:	Home Health Aide
Obtained By Method:	Examination
Issue Date:	1/29/2009
Expiration Date:	1/29/2011
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

NCLEX-RN® CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 02/11/10
Test Center: 54865 - Indianapolis

Jeremiah Paul Bingham
11124 North Rooker Road
Mooresville, IN 46158
United States

Candidate Number: 21578967
Date of Birth: 05/30/1978
Social Security Number.
Program Code: 48-441
Program Name: IVY TECHNICAL STATE COLLEGE - ADN
A COLUMBUS, IN

Jeremiah Paul Bingham, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS PASSED** the National Council Licensure Examination for Registered Nurses.

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 22, 2010

Jeremiah Bingham
11124 North Rooker Road
Mooresville, IN 46158

Dear Mr. Bingham:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**, to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes ✓ No _____

Needs personal appearance: Yes ✓ No _____

Approved by (please initial): SG _____ LG ✓ 1/15/10

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

SWORN AFFIDAVIT

OWI: Resulting in Bodily Injury

Occurred on January 17, 2004 in Hendricks County

Disposition: Guilty

Alternative "A" Misdemeanor

Jeremiah P. Bingham

RECEIVED
DEC 21 2009
Indiana Professional
Licensing Agency

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
(317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

[X] RN [ ] LPN

I hereby certify that Jeremiah Paul Bingham was admitted to the Ivy Tech Community College of Indiana Program of Nursing located in Columbus, Indiana on August 25, 2008 and completed requirements for graduation on December 19, 2009 will/did graduate on December 19, 2009. His/Her Social Security number is ___.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

Date: December 19, 2009 SIGNED: Susan J. Waltz RN DNP
Signature

SCHOOL SEAL

Dr. Susan J. Waltz RN, DNP
Printed Name

Nursing Program Chair
Dean/Director/Designee

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**

RECEIVED
JAN 13 2010
Indiana Professional
Licensing Agency

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	12/24/09	3170908

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☒ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☒ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
BINGHAM, JEREMIAH, PAUL	—

Street address (*number and street or rural route*)	City	State	ZIP code
11124 NORTH ROOKER ROAD	MOORESVILLE	IN	46158

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 504-5463	5/30/78	BLOOMINGTON, IN

Social Security number*	E-mail address
	MIAH78@LIVE.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: IVY TECH COMMUNITY COLLEGE

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
COLUMBUS, INDIANA	8/20/2007	12/10/09

RECEIVED
DEC 31 2009
Indiana Professional Licensing Agency

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☒ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: MONROVIA HIGH SCHOOL

Location (*city and state*): MONROVIA, INDIANA

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
5/25/1996	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☒ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

If your answer is **"Yes"** to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☒ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Jeremiah P. Bingham	12/17/09

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	(*month, day, year*)
Jeremiah	/17/09

(*You must place your s* ... E) *front of your photograph.*)

Jeremiah Bingham
Dr. Sue Walters RN

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 25, 2010

Nicole Oviatt
1113 Coldspring Avenue
Michigan City, IN 46360

Dear Ms. Oviatt:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Nicole Oviatt

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** ✓ **No** _____

Needs personal appearance: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG ✓ 1/25/10

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

☆ Need statement from her re: dates, locations, what occured, disposition of all incidents as stated on top of page 2.

LG
1/13/10

PA Set for 2/18/10 - LG 1/25/10

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	12/31/09	3176540

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☑ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Oviatt, Nicole Renee'	NIA

Street address (*number and street or rural route*)	City	State	ZIP code
1113 West Coolspring Ave	Michigan City	Indiana	46360

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(219) 561-4563	12-7-83	Michigan City, Indiana

Social Security num	E-mail address
	noviatt@ivytech.edu

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Valparaiso, Indiana	1-11-08	12-18-09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☒ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ PN PROGRAM

HIGH SCHOOL EDUCATION

Name of school: Michigan City High School

Location (*city and state*): Michigan City, Indiana

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
6-10-01	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☒ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
Home Health Aide	Indiana	HHA0802365	11-21-08	Valid

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Indiana Professional
Licensing Agency

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in any state or country? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or any regulated health occupation in any state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
   B. To any offense, misdemeanor or felony in any state? *(Except for minor violations of traffic laws resulting in fines)* ☒ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☒ Yes ☐ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Nicole Oviatt	12·18·09

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant
Nicole Oviatt

Nicole Oviatt
Lee E Brass MSN RN
Troy Tech Community College
Valparaiso ASN Program

PLEASE TAPE YOUR I

(You must place your signature, the program dir

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Indiana Professional Licensing Agency

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JAN 22 2010

Indiana Professional
Licensing Agency

Indiana State Board of Nursing
Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, IN 46204

January 18, 2010

Dear Ms. Cassidy:

In answer to your request I have explained the circumstances surrounding my background. Please contact me if you have any questions.

Charge 1- Operating While Intoxicated

On March 16, 2002, I was in LaPorte, Indiana at a friend's house socializing, while drinking alcohol. I left my friends house to go home after I had been drinking. While I was driving, my cell phone rang. I was looking for the phone in my purse and I swerved into the center lane. A police officer noticed me swerve and pulled me over. When the officer came up to the car he asked me if I had been drinking alcohol. I told him yes. The officer then asked me to submit to a breathalyzer test and I agreed. I failed the test and he told me I was under arrest for operating my car while intoxicated and took me to jail. I had to bond out, hire an attorney, and go through court proceedings. My charge was amended to reckless driving and I plead guilty to reckless driving. The consequences were: 180 days jail suspended and 180 days of non-reporting probation and my license was reinstated. I was released from probation on November 18, 2002.

Charge 2- Public Intoxication

On August 14, 2002, I was drinking alcohol with some friends in Michigan City, Indiana. I got into my car and started it to go home while waiting for my friend to come out. I dozed off in the parked car with the motor running. A police officer noticed me sleeping in the car and knocked on the window. He asked me what I was doing and smelled alcohol on my breath. He also asked how old I was and I told him 18. He told me that I was being arrested for public intoxication and took me to jail. I had to bond out, hire an attorney, and go through court proceedings. I plead guilty to public intoxication. The consequences were: I had to stay out of trouble for 6 months and the charge would be dismissed. If I got into any trouble during the 6 months the courts would bring the charge back up. The charge was dismissed on July 8, 2003.

Charge 3- Operating While Intoxicated

On March 18, 2009, I went out with some friends from my nursing program in LaPorte, Indiana for St. Patrick's Day. We were at a bar socializing while drinking a couple of alcoholic drinks. I went to leave the bar to go home and was pulled over because I was speeding. I was going 38mph in a 30mph zone. When the police officer came up to the

window he smelled alcohol on my breath and asked me if I had been drinking. I told him yes I had a few mixed drinks. He asked me to submit to a breathalyzer test and I agreed. I failed the test and he told me I was under arrest for operating my vehicle while intoxicated and he took me to jail. I had to bond out, hire an attorney, and go through court proceedings. My charge was amended to reckless driving and I plead guilty to reckless driving. The consequences were: 180 days jail suspended, 180 days of supervised probation, attend an alcohol treatment program, and my license was reinstated. I successfully completed probation and the alcohol treatment program. I was released from probation on November 17, 2009.

Sincerely,

Nicole R Oviatt
122 Grace Street
Michigan City, IN 46360
219-561-4563

STATE OF INDIANA
COUNTY OF LAPORTE

SHIRLEY DOWDELL
La Porte County
My Commission Expires
July 2, 2017

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JAN 22 2010

Indiana Professional
Licensing Agency

Indiana State Board of Nursing
Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, IN 46204

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Indiana Professional
Licensing Agency

January 18, 2010

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Sincerely,

Nicole R Oviatt
122 Grace Street
Michigan City, IN 46360
219-561-4563

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JAN 21 2010
Indiana Professional
Licensing Agency

LAPORTE SUPERIOR COURT NO. 4

Probation Department

Superior Courthouse
300 Washington Street, Suite 301
Michigan City, IN 46360
Phone: (219) 874-5611 Ext. 7751
Fax: (219) 873-3491

Chief Probation Officer
Stephen T. Eyrick, ext 7754
Adult Probation Officer
Phillip Wood, ext 7755
Adult Probation Officer
Corissa J. Strader, ext 7756
Adult Probation Officer
Susan J. Snyder, ext 7757
Administrative Assistant
Jami Ritter, ext 7758
Probation Secretary
Barbara Amm, ext 7759
Program Coordinator
Bonnie J. Quigley, ext. 7761

Nicole R Oviatt
122 Grace St
Michigan City, IN 46360

November 13, 2009

RE: Probation Release

Dear Nicole:

I am writing to inform you that due to your satisfactory completion of the requirements stipulated by the LaPorte Superior Court No. 4, and your compliance with the other conditions of probation, you are being released from probation supervision. As of today, you are no longer on probation with this department.

If you have any questions, do not hesitate to contact me.

GOOD LUCK, Nicole!

Sincerely,

Stephen T. Eyrick
Probation Officer
LAPORTE SUPERIOR COURT NO. 4

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[illegible]
Indiana Professional
Licensing Agency

LAPORTE SUPERIOR COURT NO. 4
Probation Department

Superior Courthouse
300 Washington St., Suite 301
Michigan City, IN 46360

219-874-5611
ext. 7751, 7752 or 7753

Chief Probation Officer
Stephen T. Eyrick, ext. 7754

Adult Probation Officers
Corissa J. Strader, ext. 7756
Susan J. Schoch, ext. 7757
Phillip Wood ext. 7755

Administrative Assistant
Jami Ritter, ext. 7758

Probation Secretary
Barbara Amm, ext. 7759

November 13, 2009

State Board of Nursing
402 W. Washington Street, Room W072
Indianapolis, Indiana 46204

RE: Oviatt, Nicole R.
Cause No 46D04-0903-CM-347

To Whom it May Concern,

This letter is to inform you of Ms. Oviatt's status with LaPorte County Probation. On May 19, 2009, Ms. Oviatt was given a suspended sentence of one hundred eighty (180) days and placed on probation for 180 days with condition that she complete an alcohol treatment program. I have supervised her probation and she has complied with all conditions of probation and completed an alcohol treatment program at our local mental health agency, the Swanson Center.

She has reported for all of her probation appointments and paid all of her financial obligations. I feel that Ms. Oviatt has benefitted from this term of probation and am hopeful for her. Based on her support system, her educational strides and positive employment goals, I would be surprised to see her return to the criminal justice system. I feel she is candid in her desire to close this chapter in her life, learn from this experience and better herself.

Sincerely,

Stephen T. Eyrick
Chief Probation Officer
LaPorte Superior Court No. 4

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Licensing Agency

STATE OF INDIANA vs. NICOLE R OVIATT

Party Name: OVIATT, NICOLE R DEFENDANT
Date Filed: 03/18/02 : RECKLESS DRIVING B MISD
Status : DECD Offense Dt: 03/16/02 Municipality : CTY
Status Dt.: 05/14/02 Last Active: 11/18/02
Notes: : 180 DAYS PROB.-NON REPORTING
B.A.C. : .11
Paid to Dt: 200.00
Case Bal. : Finding: GUILTY P Fnd Date: 05/14/02

DEFENDANT ATTORNEY 219-879-4997
Pty 1 OVIATT, NICOLE R SNYDER, STEVEN C. 414-46
140 HELEN ST 531 FRANKLIN ST
MICHIGAN CITY IN 46360 MICHIGAN CITY IN 46360

Physical: DOB: 12/07/1983 Sex: F Race: WHITE
Eye: BRN Hair: BRN Hgt: 5-3 Wgt: 115
Marks: EMPLOY:BLUE CHIP CASINO
Driver License: State: IN DL#: 0900-44-1057
Type: PROB
Officer: CZUPRYNA, SLAWEK Agency: LAPORTE COUNTY POLICE
Vehicle : Yr : 94 Make: PONT Color: RED
Plate Yr:2001 St: IN Number: 46N4965

Offense/s Numb	Date	Statute / Description	Time	CHARGES Arrest/Citation Date/s	Number	Cla	Off Ty	Plea / Date	Dispo / Date
01	0 03/16/02	OWI A MISD					CM		AG 05/14/02
01	1 03/16/02	9-21-8-52A RECKLESS DRIVING B MISD			SR16 Ty:1		CM	PG 05/14/02	GP 05/14/02
02	0 03/16/02	9-30-5-1 OWI C MISD					CM		D 05/14/02
03	0 03/16/02	7.1-5-7-7 ABC VIOLATION			SR16 Ty:1	C	CM		D 05/14/02
04	0 03/16/02	9-21-8-4 LEFT OF CENTER			SR16 Ty:1		IF		D 05/14/02

Party 0001 Specific Actions

Action: Seq	Date	Description	Action: Note 1	Note 2	Note 3
0001	05/14/02	AMENDED GUILTY PLEA	Charge	001	00
0002	05/14/02	Guilty Plea	Charge	001	01
0003	05/14/02	GUILTY PLEA	Charge	001	01
0004	05/14/02	DISMISSED	Charge	002	00
0005	05/14/02	DISMISSED	Charge	004	00
0006	05/14/02	DISMISSED	Charge	003	00

Case Actions:

Action: Seq	Date	Description	Action: Note 1	Note 2	Note 3

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0001	03/18/02	PC ARRAIGN			SS	
		Information and PC affidavit with .11 % filed in clerk's ofice. Arraignment date 3-18-02 AT 1:30 PM.				
0002	03/18/02	250.00 Escrow Deposited CK L 092443	Esc 01		DEF	0001
0003	03/18/02	250.00 Escrow Assigned NICOLE OVIATT	Esc 01		DEF	0001
0004	03/18/02	INITIAL APPR. RESET 4-3-02 AT 5PM.			SS	
0005	03/28/02	ATTORNEY ENTERS			SS	
		Atty. S. Snyder enters. PTC set for 4-15-02 at 1:30 p.m. and Trial 5-14-02 at 9:30 a.m.				
0006	05/08/02	TRIAL RESET 5-14-02 AT 1:30PM.			SS	
0007	05/14/02	50.00 Esc Refund Ordr'd OVIATT, NICOLE	Esc 01		DEF	0001
0008	05/14/02	50.00 Esc Refund Paid Ck 029798	Esc 01		DEF	0001
0009	05/14/02	200.00 Esc Refund Ordr'd CLERK OF LP SUP	Esc 01		DEF	0001
0010	05/14/02	200.00 Esc Refund Paid Ck 029799	Esc 01		DEF	0001
0011	05/14/02	GUILTY PLEA			SS	RJO
		Def. w/atty. By State OWI A Msdi. amended to Reckless Driving B Misd. Plea of guilty to R.D. B Misd. Judgment: Fine $71 Costs $129 CB to FC 180 days jail - susp. 180 days Prob. - No G.O. - non reporting - no same or similar. Companion charges dismissed by State License reinstated.				
0012	05/15/02	$200.00 REQUEST FOR CK TO PAY F & C			SS	
		Received of NICOLE OVIATT on 03/18/02, the sum of $ 250.00 as cash bond directed by the Judge, Laporte Superior Court No. 3 is ordered applied to fines and costs.				
0013	05/16/02	200.00 Assessed NCR Criminal Court Cost	Chg001		DEF	0001
0014	05/16/02	200.00 Total Payment CK SS	L	094505	DEF	0001
0015	11/18/02	PETITION FOR NON-SATISFACTORY RELEASE FILED.			SS	RJO

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DEC 21 2009
Indiana Professional
Licensing Agency

OFFICIAL CERTIFIED COPY
12-28-09
TRUE AND COMPLETE
Vicki Swart
CLERK OR DEPUTY
BETTE L. CONROY, CLERK OF COURTS

STATE OF INDIANA vs. NICOLE RENEE OVIATT

Party Name: OVIATT, NICOLE RENEE DEFENDANT
Date Filed: 08/14/02 : PUBLIC INTOXICATION
Status : DISM Offense Dt: 08/14/02 Municipality : MCP
Status Dt.: 07/08/03 Last Active: 07/09/03
Paid to Dt: 150.00
Case Bal. :

Plaintiff
STATE OF INDIANA
DEPUTY PROSECUTO 219-874-5611
219-873-3019 FAX
PENDLETON, LINDA LP
300 WASHINGTON ST.
LOWER LEVEL
MICHIGAN CITY IN 46360

DEFENDANT
Pty 1 OVIATT, NICOLE RENEE
521 E. 9TH ST.
MICHIGAN CITY IN 46360

ATTORNEY 219-879-4997
SNYDER, STEVEN C. 414-46
531 FRANKLIN ST
MICHIGAN CITY IN 46360

Physical: DOB: 12/07/1983 Sex: F Race: WHITE
Eye: BRO Hair: BRO Hgt: 5'3 Wgt: 130
Driver License: DL#: SSN: 306-92-0081
Officer: SCHUTZ, ALLEN Agency: MICHIGAN CITY POLICE DEPT.

CHARGES

Offense/s Numb	Date	Statute Description	Time	Arrest/Citation Date/s	Number	Cla	Off Ty	Plea Date	Dispo Date
01	0 08/14/02	7.1-5-1-3 PUBLIC INTOXICATION			SR16 Ty:1	B	CM		DISM 07/08/03

Party 0001 Specific Actions

Action: Seq	Date	Description	Action: Note 1	Note 2	Note 3
0001	07/08/03	DISMISSED	Charge	001	00

Case Actions:

Action: Seq	Date	Description	Action: Note 1	Note 2	Note 3
0001	08/14/02	INFO FILED / AR DATE Information filed in clerk's office. Hearing set for 8-14-02 at 3:00 p.m.	lr		
0002	08/14/02	DEFENDANT APPEARS PRO SE DUE TO CONFLICT WITH JUDGE PRO TEMPORE, INITIAL HEARING CONTINUED TO 9-4-02 AT 3:00 PM; OH SET FOR 10-7-02 AT 9:00 AM WITH MAGISTRATE.	VE		
0003	08/20/02	ATTORNEY ENTERS Attorney Steven C. Snyder enters his appearance on behalf of the defendant, waives initial hearing, prelim plea of not guilty, and requests dates. PTC: 9-6-02 at 8:30 a.m. OH: 10-15-02 at 1:30 p.m. (phone w/secretary)	kb		
0004	08/21/02	CRIMINAL APPEARANCE FORM FILED	lr		

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DEC 31 2009

Action: Case Actions: Action:

Seq	Date	Description	Note 1	Note 2	Note 3
		Attorney Steven C. Snyder enters his written appearance.			
0005	09/06/02	PER PRE-TRIAL CONFERENCE	VE		
		DISPOSITION SET FOR 10-15-02 AT 1:30 PM WITH MAGISTRATE.			
0006	10/15/02	DEFENDANT APPEARS BY ATTORNEY AND MOVES TO	VE		
		CONTINUE DISPOSITION TO 11-26-02 AT 1:30 PM WITH MAGISTRATE.			
0007	11/26/02	ATTORNEY APPEARS	kb		
		Attorney Steven C. Snyder appears. Defendant fails to appear Notice to defendant to appear for disposition 1-7-03 at 1:30 p.m. or bench warrant to issue.			
0008	01/07/03	150.00 Assessed PTD PRE-TRIAL DIVERSION	Chg001	DEF	0001
0009	01/07/03	150.00 Total Payment CA kg M	116153	DEF	0001
0010	01/07/03	PRE-TRIAL DIVERSION FILED	lr		
		Defendant and attorney appears and files Pre-Trial Diversion for a period of 6 months. Matter reset to 7-8-03 at 1:30 p.m. Pre-Trial Diversion fee or $150.00 due instanter.			
0011	07/08/03	DISMISSED	nat		
		State of Indiana, having moved to defer prosectution for 6 months, now moves to dismiss. Granted.			

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Indiana Professional Licensing Agency

OFFICIAL CERT FILED COPY
TRUE AND COMPLETE
CLERK OR DEPUTY
12-28-09
BETTE L. CONNOY, CLERK OF COURTS

STATE OF INDIANA vs. NICOLE R. OVIATT

Party Name: OVIATT, NICOLE R. DEFENDANT
Date Filed: 03/18/09 : RECKLESS DRIVING B MISD AMENDE
Status : CLOS Judge/Ref : JLK Offense Dt: 03/18/09
Status Dt.: 11/13/09 Last Active: 11/17/09
Notes: : 20090306065
B.A.C. : .13
Paid to Dt: 370.50
Case Bal. :

Judge/Ref KOETHE, JENNIFER L JUDGE

DEFENDANT
Pty 1 OVIATT, NICOLE R.
4506 NORTH JOHNSON ROAD
APARTMENT 3
MICHIGAN CITY IN 46360

ATTORNEY 219-879-4997
SNYDER, STEVEN C. 414-46
531 FRANKLIN ST
MICHIGAN CITY IN 46360

Physical: Sex: F Race: WHITE
Eye: BRN Hair: BRN Hgt: 503 Wgt: 155
Driver License: State: IN DL#: 0900-03-06065
Type: OPER
Officer: GREER, ROBERT D Agency: LAPORTE CITY POLICE
Vehicle : Yr : 99 Make: GMC Color: BLK
Plate Yr:2008 St: IN Number: NK744

Offense/s Numb	Date	Statute / Description	Time	CHARGES Arrest/Citation Date/s	Number	Cla	Off Ty	Plea Date	Dispo Date
01	0 03/18/09	9-30-5-2 OWI A MISD		03/18/09	BAC: .013	A	CM		AMEND 05/19/09
01	1 03/18/09	9-21-8-52A RECKLESS DRIVING B MISD AMENDED		03/18/09 SR16 Ty:1	BAC: .013	B	CM PG	05/19/09	G 05/19/09
02	0 03/18/09	9-30-5-1 OWI C MISD		03/18/09		C	CM		DISM 05/19/09
03	0 03/18/09	9-21-5-2 44/35 SPEEDING		03/18/09			IF		DISM 05/19/09
04	0 03/18/09	9-21-8-4 LEFT OF CENTER		03/18/09 SR16 Ty:1			IF		DISM 05/19/09

Party 0001 Specific Actions

Action: Seq	Date	Description	Note 1	Note 2	Note 3	Action:
0001	05/19/09	AMENDED	Charge	001	00	
0002	05/19/09	Guilty Plea	Charge	001	01	
0003	05/19/09	GUILTY PLEA	Charge	001	01	
0004	05/19/09	DISMISSED	Charge	002	00	
0005	05/19/09	DISMISSED	Charge	003	00	
0006	05/19/09	DISMISSED	Charge	004	00	

RECEIVED

Action: Case Actions: Action:

Seq	Date	Description	Note 1	Note 2	Note 3
0001	03/18/09	PC ARRAIGN	DK		
		Information and PC affidavit with .13 % filed in clerk's office. Arraignment date MARCH 18, 2009 AT 400PM			
0002	03/18/09	INITIAL HEARING	prh		
		Deft in court for initial hearing. Reset for status on atty to 04/01/09 at 4:00 p.m.			
0003	03/20/09	5.00 Assessed SPC SPECIAL DEATH BENEFI	Chg001	DEF	0001
0004	03/20/09	5.00 Total Payment CA DK L	166009	DEF	0001
0005	03/20/09	500.00 Escrow Deposited 10 L 166010	Esc 01	DEF	0001
0006	03/20/09	500.00 Escrow Assigned CHARLIE LEWIS	Esc 01	DEF	0001
0007	03/20/09	BOND POSTED BY	DK		
		CHARLIE LEWIS-125 EDWARD STREET			
0008	04/01/09	ATTORNEY ENTERS STEVEN SNYDER	VE		
		PTC: 4-8-09 AT 10:00 AM			
0009	04/09/09	PER PRE-TRIAL CONFERENCE	VE		
		DISPO: 4-28-09 AT 8:30 AM			
0010	04/28/09	DISPOSITION CONTINUED ON DEFENSE MOTION TO	DK		
		MAY 12, 2009 AT 830AM			
0011	05/12/09	DEFENDANT APPEARS BY ATTORNEY AND MOVES TO	prh		
		continue matter to 05/19/09 at 8:30 a.m.			
0012	05/19/09	365.50 Assessed 364 OWI 7/1/08	Chg001	DEF	0001
0013	05/19/09	SR16 FAXED to the State	VE		
0014	05/19/09	134.50 Esc Refund Ordr'd STEVEN SNYDER &	Esc 01	DEF	0001
0015	05/19/09	134.50 Esc Refund Paid Ck 066113	Esc 01	DEF	0001
0016	05/19/09	365.50 Esc Refund Ordr'd CLERK OF LP SUP	Esc 01	DEF	0001
0017	05/19/09	365.50 Esc Refund Paid Ck 066114	Esc 01	DEF	0001
0018	05/19/09	PLEA ENTRY	VE		
		DEF APPEARS WITH ATTY SNYDER			
		DEF PLEADS GUILTY TO AMENDED RECKLESS DRIVING, B MISD			
		FINE: $1.00, $364.50, CB TO F&C, BALANCE TO ATTY			
		JAIL: 180 DAYS, SUSPEND: 180 DAYS			
		PROBATION: 180 DAYS, GO, ATP			
		LIC REINSTATED			
		RELEASE TO CIRCUIT			
0019	05/19/09	365.50 Total Payment CK DK L	169035	DEF	0001
0020	05/19/09	COURT ORDER TRANFERRING PROBATION FILED	VE		RJO
0021	11/13/09	Petition for Release from Probation filed.	VE		RJO

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DEC 31 2009
Professional
Filing Agency

OFFICIAL CERTIFIED COPY
12-28-09
TRUE AND COMPLETE
CLERK OR DEPUTY
BETTE L. CONROY, CLERK OF COURTS

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☑ RN ☐ LPN

I hereby certify that Nicole Oviatt *was admitted to the* Ivy Tech Community College ASN *Program of Nursing located in* Valparaiso, Indiana *on* January 2008 *and completed requirements for graduation on* December 18, 2009 *will/did graduate on* December 18, 2009 *. His/Her Social Security number is* [redacted].

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 12-18-09 *SIGNED* Lee E. Gross MSN
Signature

Lee E. Gross
Printed Name

Nursing Dean
Dean / Director / Designee

SCHOOL SEAL

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

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JAN 21 2010
Indiana Professional

Indiana
Online Licensing

New Search

ISDH Acute Care Program

Person Information

NICOLE OVIATT

Address Information

Michigan City IN 46360

License Information

License No:	HHA0802365
Profession:	Nurse Aides
License Type:	Home Health Aide
Obtained By Method:	Examination
Issue Date:	11/21/2008
Expiration Date:	11/21/2010
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 25, 2010

Tobi Stephenson
7330 Cape Cod Circle
Indianapolis, IN 46250

Dear Ms. Stephenson:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**, to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Tobi Stephenson

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. Approval for Exam: **Yes** _____ **No** _____

Needs personal appearance: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ LG ✓ 1/25/10

Endorsement applicants

2. Issue Temporary Permit: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. Approved for Licensure by Endorsement: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

☒ Need to add date of birth in MLS.
LG

Date: 1/11/2010

To: Indiana State Board of Nursing
Professional Licensing Agency
402 West Washington St. Rm# W072
Indianapolis, IN 46204

From: Tobi Renae Stephenson
7330 Cape Cod Circle
Indianapolis, IN 46250

To whom it may concern:

I am writing this statement to provide the Indiana State Board of Nursing with information regarding misdemeanor convictions that are apart of my criminal record. It is my intention to provide a very detailed account of the events that surrounded my arrest and convictions as requested on the application for licensure:

At the age of eighteen, a first year college student at Purdue University in West Lafayette, IN, I attended a fraternity party and was drinking alcohol. The police were called to the party and I was issued a ticket and summons to appear in court for underage drinking. This arrest occurred on April 28, 1998 in West Lafayette, IN.

On Nov. 2, 1998, I was a nineteen and still enrolled as a full-time student at Purdue University when I was pulled over by a police officer while driving and had been drinking alcohol earlier that evening. Although I was below the legal limit of 0.10 BAC, I was under the legal drinking age and should not have been consuming alcohol. In response, I was charged with A Class C Misdemeanor of Minor Consuming.

On April 4, 1999, I was convicted of possession of marijuana in Hamilton Co. Indiana. I was driving myself and two other friends back to college after a weekend at home visiting our families. I was initially pulled over for speeding and the officer smelled marijuana coming from the car. He asked to search the car and I agreed. He found a marijuana cigarette that had been put out under the passenger seat. The passenger and I were both charged and convicted of possession of marijuana, a class A misdemeanor.

I completed the terms of my agreements with the courts by attending alcohol and drug educational classes, paying fines, and any other requests made as part of my probation. I have officially been off of probation and out of the court system since Sept. 9, 2002 and have had no other arrests or convictions.

To this day, I truly regret the extremely poor decisions that I made that led up to the point of being arrested. I am very disappointed in myself for the poor choices that I had made. Being an immature teenager, I didn't realize the grave impact that these choices would have on my future, but it also was a huge "wake up" call for me. I was able to reevaluate

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JAN 14 2010
Indiana Professional
Licensing Agency

what was important in my life and decided that these mistakes would never be made again.

I went on to graduate from Purdue University in 2002 and came to work for Clarian Health Partners in the field of social work. After six years in this role, I decided that I wanted to become a nurse and began pursing my nursing education. I truly believe that I have been called to be in the helping profession and the field of nursing is the next step. Please consider the above circumstances, along with the number of years that have passed since the arrests. I truly appreciate your time in reviewing this matter, please contact me with any other information that may be necessary.

I swear under penalties of perjury that the foregoing is true and complete to the best of my ability.

Tobi Stephenson

Tobi Stephenson

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JAN 2 4 2011

Indiana Professional
Licensing Agency

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	1/4/10	3182561

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☒ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☒ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Stephenson, Tobi Renae	

Street address (*number and street or rural route*)	City	State	ZIP code
7330 Cape Cod Circle	Indianapolis	IN	46250

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(765) 491-730[illegible]	09/10/1979	Anderson, IN

Social Security number	E-mail address
[illegible]	tobiStephenson@hotmail.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Indianapolis, IN	08/25/08	12/18/09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☒ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

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JAN 14 2010
Indiana Professional Licensing Agency

HIGH SCHOOL EDUCATION

Name of school: Anderson Highschool

Location (*city and state*): Anderson, IN

Date of graduation (*month, day, year*): 06/01/1997

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☒ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

Nursing Bd Tobi Stephenson

If your answer is **"Yes"** to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☒ Yes ☐ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☒ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circ... ...changed since you last submitted a detailed statement regarding the above questions.

I hereby swear or affirm under the pi... ...orrect.

Signature of applicant Tobi ... ...h, day, year) 1/2010

Pursuant to Section 7 of the Privacy ... ...umber on your application is ...ue may obtain Social Security ...latory in order for the licensing ...grity and Protection Data Bank ... 42 U.S.C. §1320(a)-7e(b), 5 USC §...

Failure to disclose your U.S. Social ... ...undable.

I hereby authorize, request and direc... ...to the Professional Licensing Agency any files, documents, record... ...its authorized representatives in connection with processing my ap...

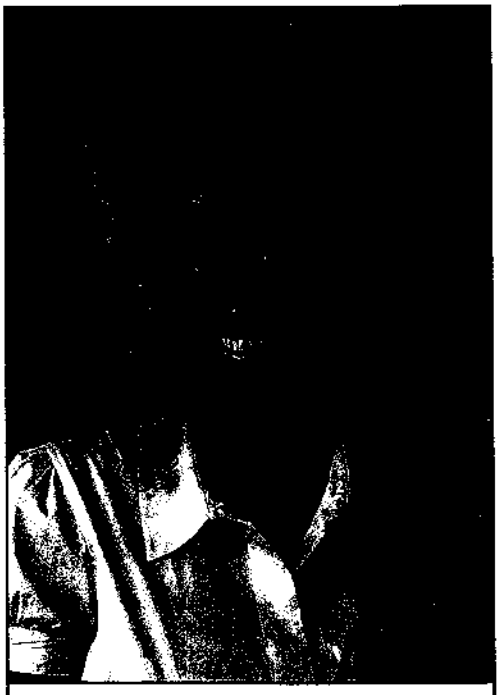
I hereby release the aforementioned ... ...ny liability with regard to such inspection or furnishing of any inform...

I further authorize the Professional Li... ...s, associations, organizations, and institutions any information whic... ...liana State Board of Nursing from any and all liability in connectio...

A photostatic copy of this authorizati...

I hereby swear or affirm that I have r...

Signature of applicant Tobi Step... ...h, day, year) 1/2010



Tobi Stephenson
Angela Keller

PL...
(*You must place your signa... ...of your photograph.*)

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...4 2010
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

CERTIFICATION OF COMPLETION

[X] RN [ ] LPN

I hereby certify that Tobi Stephenson *was admitted to the* Ivy Tech Community College, Region 08 Associate Degree Nursing *Program of Nursing located in* Indianapolis, IN *on* August 25, 2008 *and completed requirements for graduation on* December 17, 2009 *will/did graduate on* December 17, 2009. His/Her Social Security number is _____

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: December 17, 2009 *SIGNED* _____
Signature

Angela Koller, MSN, RN
Printed Name

SCHOOL SEAL

Program Chair, Nursing Program
Dean/Director/Designee

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Health Professions Bureau by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Health Professions Bureau.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Health Professions Bureau. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE HEALTH PROFESSIONS BUREAU UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

1/22/2010 - please see attached w/ signature Tobi Stephenson

January 19, 2010

Tobi Renae Stephenson
7330 Cape Cod Circle
Indianapolis IN 46250

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

Application - Please place signature/date on bottom of page 2

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

Files that are one (1) year old will automatically be coded "abandoned" and you will have to reapply.

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

RECEIVED
JAN 25 2010
Indiana Professional Licensing Agency

Sincerely,
Janet Cassidy, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

Nursing Bd Tobi Stephenson

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in any state or country? ☐ Yes ☒ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or any regulated health occupation in any state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☒ Yes ☐ No
   B. To any offense, misdemeanor or felony in any state? *(Except for minor violations of traffic laws resulting in fines)* ☒ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Tobi Stephenson	1/11/2010

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)

(You must place your signature, the program director's signature and the school seal on the front of your photograph.)

RECEIVED

JAN 14 2010

Indiana Professional Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 27, 2010

Sheri Lee Adams
1053 Mustang Ct.
Franklin, IN 46131

Dear Ms. Adams:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Sheri Adams

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes _____ No _____

Needs personal appearance: Yes ✓ No ~~✓~~

Approved by (please initial): SG _____ LG ✓ 1/27/10

Feb. PA LG

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

*Enclosers

January 7, 2010

This letter represents my sworn affidavit in reference to an OWI (operating while intoxicated) I was charged with in March 2007. This event took place in Greenwood, IN on December 22, 2006. At this time I was arrested and taken to the Johnson County Sheriff's department where I was bailed out. I reported to Greenwood City Court on March 7, 2007 where a plea bargain was signed and entered by myself and my representative. The plea bargain dismissed the driving while suspended co-adjourning charge and sentenced me to 16 hours community service, a driver improvement panel, substance abuse evaluation and treatment, 30-day license suspension retroed, and a restricted license for 180 days. Upon probation evaluation it was deemed unnecessary and not recomended that I complete substance abuse treatment as the probation department felt I did not have an abuse problem. All sentencing was fulfilled and completed as ordered. Please refer to enclosed documents.

I solemly swear that all above information is true. Cheri De Adams

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$150.00	1/25/10	3186728

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☑ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Adams, Sheri, Lee	N/A

Street address (*number and street or rural route*)	City	State	ZIP code
1053 Mustang Ct.	Franklin	IN	46131

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 371-7914	May 24, 1983	Indianapolis, IN

Social Security number *	E-mail address
-	Sheri31402@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Columbus, IN	01-06-07	12-18-09

RECEIVED
JAN 26 2010

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☑ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Thomson High School — Heckelton Agency

Location (*city and state*): Scranton, PA

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
October 30, 2003	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
CNA	Indiana	CNA0028702	9/15/00	active

ARREST AFFIDAVIT FOR PROBABLE CAUSE

STATE OF INDIANA, COUNTY OF JOHNSON, SS;

Officer Jason B. York of the Greenwood Police Department swears or affirms that he believes and has good cause to believe that on December 22nd, 2006, Sheri L. Adams a white female, DOB: 05/24/83, SSN: 312-94-6508, did commit the crime of OWI and driving while suspended with a prior conviction.

In support of your affiant's assertion of Probable Cause your affiant bases his belief on the following attending facts and circumstances that:

This officer observed a black Chevy Tahoe driving down the middle of the center line on SR 135 from Sutton Park Drive until around Faith Street. The vehicle came back into the correct lane and then drove left of the center line again. The vehicle straddled the line and drove that way until Fairview Road. I initiated a traffic stop on the vehicle in the Kroger Parking lot located at Meridian Parke Drive and SR 135.

I approached the driver, Sheri L. Adams. I asked Adams for her drivers license and registration. I explained to her why I stopped her. She stated in a slurred tone, that she wasn't aware of the infraction she committed. She had red watery eyes and the odor of an alcoholic beverage coming from her breath. I asked her to step from the vehicle to perform some field sobriety test. The first test was the horizontal gaze nystagmus test. Adams had equal tracking in both eyes and she had the other six clues. She failed this test. The next test was the nine step walk and turn test. She swayed while balancing, she used her arms for balance, she took eight steps down the sequence, she completed the turn improper by way of not taking short steps and making two full revolutions and she took eleven steps on the return sequence. She failed this test. The next test was the one leg stand test. She swayed while balancing and she used her arms for balance. She failed this test. I gave her a portable breath test and the BAC results were a .106%. I read Adams the implied consent warning and she agreed to submit to a certified BAC Datamaster chemical test.

Adams vehicle was parked in a proper parking space. With her consent the vehicle was left there. I transported her to the jail where the test is located. I am a certified test operator and administered the test after the mandatory twenty minute wait. The BAC results were a .10%. Dispatch ran Adams driving record through the BMV. Adams was suspended with a prior conviction (DWS Prior). She was remanded for OWI and DWS prior.

All these events occurred in Johnson County, Indiana.

I swear, under penalty of perjury, as specified by IC 35-44-2-1, that the foregoing representations are true. (IC 35-34-1-2.4).

Signed: _____

Printed: Jason B. York

Reviewed by:

Probable cause found.

RECEIVED
JAN 2 6 2010
Indiana Professional Licensing Agency

ORDER ON PLEA AGREEMENT AND/OR SENTENCE AFTER GUILTY PLEA AND ENTRY OF JUDGMENT

State appears by its Deputy Prosecuting Attorney. Defendant appears in person and by counsel, J Eggum. The Court, having taken under advisement Defendant's guilty plea, now FINDS follows:

1. Defendant voluntarily waives constitutional rights.
2. Defendant understands the charge(s) and possible penalties.
3. Defendant's plea is knowingly and voluntarily made.
4. Factual basis is established.

(X) The Court further finds that the use of a controlled substance was a substantial factor in the commission of this offense based upon the written probable cause affidavit.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED BY THE COURT that the Defendant guilty of Operating Per Se .08% (mlc) and the Court grants the State's Motion to Dismiss all Counts, including 41H02-0803-IF-716.

IT IS FURTHER ORDERED that said sentence shall be: 100 days executed with 38 da suspended; 4 days credit; 180 days on probation, conditioned on Defendant's agreeing to abide by tl rules of probation which will be shown by videotape to the Defendant following the date of this order and/or ha been read to the Defendant on the record this date.

Special conditions of probation:

( ) _____ weeks of home detention, with a weekly fee of $90.00.

(X) 16 hours of Community Service Work with a $25.00 materials fee payable to the Greenwoc Probation Department.

(X) Driver Improvement Panel. ≈$100

(X) Substance Abuse Evaluation and Treatment through the Greenwood Drug and Alcohol Servic Program, with a fee of $400.00. The assessment must be obtained within 30 days of sentencing.

( ) High School Degree/GED.

( ) Stay away from _____ until further order of the Court.

(X) Driver's License Suspension for 30 days. retro to BMV.

(X) Restricted license for 180 days. _____

( ) Remain fully employed or in school.

( ) Forensic Lab Fee of $50.00, payable to _____.

( ) Public Defender Fee ordered in the amount of $_____ or as previously ordered in the amount of $_____.

( ) Restitution in the amount of $_____ payable to _____.
(If restitution is for check deception an additional fee will be added per check)

( ) Other: _____

( ) _____

RECEIVED
JAN 25 2010
Indiana Professional

CERTIFICATION OF
INDIANA ABSTRACT
OF COURT RECORD
State Form 42897 (R2/3-02

1. SR16 TYPE
a. P=Failure to Pay
b. N=Payment
c. D=Dismissed
d. T=Amendment to existing BMV record
e. F=Failure to Appear
f. R=Reopened

2. Driver License Number	3. Lic State	4. Dt of Birth	5. Race	6. Sex	7. VehicleType	8. Hazmat

9. Social Security Number

10. Name (first, middle, last)	11. Plate Number	12. Vehicle Year	13. Make	14. Color
ADAMS, SHERI L				

15. Address (Number and street)	16. City	17. State	18. Zip
592 SHADY BROOK HEIGHTS	GRWD	IN	46142

19. Original Offense - Code/Description	20. Original IC No:
OPERATING WHILE INTOXICATED	9-30-5-2(b)

21. Amended Offense - Code/Description	22. Amend IC No.

23. Offense Date	24. Offense Time	25. Final Judgment Date	26. Blood/Breath Test results or Refusal/Drug
12/22/06		03/07/07	

27. Court Code / Name	28. Case Number
41H02 GREENWOOD CITY COURT	41H02 0612-CM-001500

29. Court Finding	29a. Based On:	G=Guilty D=Dismissed N=Not Guilty C=Court Hearing Pending T=Deferred: (Statutory Authority IC)
[D]	[ ] Trial [ ] Admission [ ] Nolo Contendere	

30. Suspension of driving privileges Y M D

31. Effective date of suspension:

32. OWI Stay Time Y M D

33. [ ] Issuance of a Probationary Driver License for 180 days is authorized.
Order of Conditional Probation (SR17) attached.

34. [ ] Delete Probable Cause Refusal	35. [ ] Terminate Probable Cause Refusal

36. PAYMENT DATE

This abstract is a certification of record to the Commissioner of the Indiana Bureau of Motor Vehicles as prescribed by Indiana Code 9-25-6-8.

37. Signature	38. Title	39. Date
		03/07/07

RECEIVED
JAN 26 2007
Indiana Professional Licensing Agency

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
(317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

[X] RN [ ] LPN

I hereby certify that Sheri Lee Adams was admitted to the Ivy Tech Community College of Indiana Program of Nursing located in Columbus, Indiana on August 25, 2008 and completed requirements for graduation on December 19, 2009 will/did graduate on December 19, 2009. His/Her Social Security number is [redacted].

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

Date: December 19, 2009 SIGNED: [signature] RN DNP
Signature

SCHOOL SEAL

Dr. Susan J. Waltz RN, DNP
Printed Name

Nursing Program Chair
Dean/Director/Designee

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**

RECEIVED
JAN 13 2010
Indiana Professional Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

January 28, 2010

Tanya Castellanos
406 N. Morgan Blvd Apt. 3
Valparaiso, IN 46383

Dear Ms. Castellanos:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Tampa Cabtellanue

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** _____

Needs personal appearance: **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG ✓

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

January 7, 2010

To whom it may concern:

I am writing in regard to my application for the State of Indiana Nursing License.

I admit to a history of substance abuse/treatment; rest assured that I have completed a several month long treatment program in Stanton, California, approximately 2004-2005 while attending Bryman College (Now Everest) in Anaheim, CA. I graduated from their Dental program November 2005 and proceeded to work for an Endodontic assistant for Dr. Babagoli; and then a Dentist, Dr. Clark; both in Laguna Beach California. Due to this life changing opportunity, I decided to return home to Indiana because I wanted to pursue a fulfilling career in Nursing.

In January 2009, I was blessed to begin my education as an LPN at Everest College in Merrillville, IN; completing the program in January 2010.

I agree that Nursing is a commitment to continuous education; therefore my goal is to pursue a BSN in Nursing in the Fall.

Substance abuse is not an option for me, my past is painful, and I have chosen to move forward, capitalizing on my relationship with my daughter and education in order to become a productive member of society and a positive role model. I have received a job offer through Midwest Center for Youth and Families in Kouts, IN, per the Director of Nursing during my clinical experience. This is a Center for abused/neglected children, with issues ranging from trauma to abuse.

I feel that I would be an asset in any nursing facility because I am compassionate and intelligent. I am a critical thinker and wish to serve the community, becoming a part of the solution, not a problem. I have chosen to apply to Midwest Center for Youth and

Families of Kouts, IN, because I would like to care for others with trauma and substance abuse issues, assisting in their treatment; serving as a positive role model, so that others may acquire tools to live a structured, full and productive life.

Than you for your time.

Sincerely,

Tanya C. Castellanos

State of Indiana)
) SS:
County of Porter)

Before me, the undersigned Notary Public in and for said County and State, personally appeared Tanya C. Castellanos, and acknowledged the execution of the attached and foregoing letter and, who, being first duly sworn upon her oath, stated that the facts alleged therein are true.

Witness my hand and Notarial Seal this 7th day of January, 2010.

Chris Fox, Notary Public

My County of Residence: Porter
My Commission Expires: November 5, 2017

CHRIS FOX
Notary Public, State of Indiana
Porter County
My Commission Expires
November 05, 2017

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
$50.00	11/26/10	3187397

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Castellanos, Tanya, Christen	

Street address (*number and street or rural route*)	City	State	ZIP code
406 N. Morgan Blvd Apt 3	Valparaiso	IN	46383

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(219) 707-1114	12-14-75	Valparaiso, IN

Social Security number	E-mail address

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Everest College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Merrillville, IN	1-5-09	01-08-2010

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☑ PN PROGRAM

HIGH SCHOOL EDUCATION

Name of school

Location (*city and state*)

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
	☑ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☐ Yes ☑ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ RN ☑ LPN

I hereby certify that Tanya Christen Castellanos was admitted to the Everest College Program of Nursing located in Merrillville IN on 1.5.09 and completed requirements for graduation on 1.8.2010 will/did graduate on 1.8.2010. His/Her Social Security number is _____.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 1-8-2010 SIGNED Tracey Flenar LN
Signature

Tracey Flenar
Printed Name

SCHOOL SEAL

Assistant Campus Nursing Director
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

STATE OF INDIANA

OFFICIAL REPORT OF TEST RESULTS
THE AMERICAN COUNCIL ON EDUCATION
TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

Name of Examinee: TANYA C CASTELLANOS Social Security Numb

Date of Birth: 12/14/75 Last Grade Completed: 10 Test Date: 05/18/94

	Form	Score	Percentile
Test 1: Writing Skills Test	AM	53	63
Test 2: Social Studies Test	AM	52	56
Test 3: Science Test	AM	51	56
Test 4: Interpreting Literature and the Arts	AM	56	72
Test 5: Mathematics Test	AM	45	32
Total		257	
Standard Score Average:		51.4	

Passed | X |

Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 35 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Center Identification Number: 6401 PORTAGE ADULT EDUCATION

Signature of Chief Examiner : Linda Friedrich
Date: 5/26/94

For GED use only: 9289949

Revised 3/89 - IDOE - Form 30

CERTIFIED OFFICIAL
TRANSCRIPT
12/10/09
Date

UNDERSTANDING YOUR GED TEST SCORES

IF YOU TESTED BEFORE 2002

GED Test scores are reported in two ways: standard scores and percentile ranks. Both scores compare the examinee's results to a representative national sample of graduating high school seniors. GED Test scores are not reported in letter grades, grade equivalents, or grade point averages.

STANDARD SCORES
Standard scores on the GED Test range from a low of 20 to a high of 80. A score of 50 is the middle or average score.

PERCENTILE RANKS
Percentile ranks range from 1 – 99. A percentile rank shows the percent of graduating seniors who earned a certain score. For example, a percentile ranking of 48 means that the examinee did as well as or better than 48 percent of graduating high school seniors.

RANK IN CLASS	Graduating Class Rank and GED Average Standard Score Equivalencies	
	Rank in Class	GED Average Standard Scores
This chart allows a comparison of an examinee's overall average standard score and class rank in a typical class of graduating high school seniors. A GED Honors Diploma is awarded to passing examinee's who achieve an overall standard score average of 62.0 or higher.	Top 5%	64
	Top 10%	62 ↑ HONORS
	Top 20%f	58
	Top 25%	57
	Top 40%	53
	Top Half	50
	Top 60%	48
	Top Two-thirds	46
	Top 70%	45

HONORS DIPLOMA
A GED Honors Diploma is awarded to passing examinees who achieve an overall standard score average of 62 or higher.

IF YOU TESTED SINCE 2002

Performance on the GED Tests is reported in two ways:

(1) Standard scores & percentile ranks

Results on each of the five GED Tests are given as "standard scores" ranging from 200 to 800 and "percentile ranks" ranging from 1 to 99; higher scores result from correctly answering more test questions. Both scores compare the candidate's results to those for a recent representative national sample of high school seniors. The percentile rank shows the percentage of the graduating seniors who earned scores at or below those of the candidate. For example, if a candidate's percentile rank is 30, the candidate's score is equal to that earned by 3 of 10 traditional high school graduates.

(2) Pass or Fail

The passing standard for the 2002 Series GED Tests is a minimum of 410 on each of the five tests in the battery AND an average (mean) score of 450 on the total battery. This 410 and 450 passing standard is the minimum passing standard set by GEDTS. Each state, province and territory may set a passing standard that exceeds the GEDTS score requirement. Adults who pass the GED Tests earn scores that meet or exceed the performance of that demonstrated by 4 of every 10 traditional high school graduates. If the candidate's scores meet or exceed the required passing score, the "PASS" box is marked. If not, the "FAIL" box is marked. Candidates who do not pass can retake the GED Tests in order to raise their scores. The local GED Examiner can provide information about retesting. Generally, further study is recommended in those test subjects in which a candidate earns a standard score of 350 or below. These candidates are encouraged to contact local adult education programs and enroll in instructional classes.

HONORS DIPLOMA

A GED Honors Diploma is awarded to passing examinees who achieve an overall standard score average of 620 or higher.

Revised 6/05

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

January 28, 2010

Kytori Tolbert
8843 S. Talman
Evergreen Park, IL 60805

Dear Ms. Tolbert:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Kytori Tolbert

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes _____ No _____

Needs personal appearance: Yes ✓ No _____

Approved by (please initial): SG _____ LG ✓ 1/28/10

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

January 5, 2010

To Whom It May Concern:

I, Kytori Tolbert, was arrested in June of 2003 for possession of a bag of marijuana. I was not convicted nor did I plead guilty. The case brought before a judge and dismissed. I have since changed my life for the better and hope to continue helping others.

Sincerely,
Kytori Tolbert
8843 S. Talman
Evergreen Park, IL 60805
773-842-7171

Subscribed and sworn to before me
this 8 day of January 2010
at Chicago, County of Cook, State of Illinois.
Notary Public

OFFICIAL SEAL
CARLENE ROSS
Notary Public, State of Illinois
My Commission Expires Jan. 10, 2010

January 5, 2010

To Whom It May Concern:

I, Kytori Tolbert, was discharged from the position as a certified nursing assistant at HCR Manor Care for a dispute with a co worker. Nothing violent or threatening happened just some inappropriate verbal communication. I would have to admit at that particular time I was under a lot of pressure and overwhelmed with my work. I have since grown in a tremendous way and pursed a career in nursing while maintaining a position as a C.N.A. for the past 2.5 years with the University of Chicago Hospital, where I remain corrective action free.

Sincerely,
Kytori Tolbert
8843 S. Talman
Evergreen Park, IL 60805
773-842-7171

Subscribed and sworn to before me
this 8 day of January 2010
at Chicago, County of Cook, State of Illinois.
Notary Public

"OFFICIAL SEAL"
DARLENE ROSS
Notary Public, State of Illinois
My Commission Expires Jan. 10, 2010

RECEIVED
JAN 26 2010
Indiana Professional

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	1/26/10	3187414

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Tolbert, Kytori	

Street address (*number and street or rural route*)	City	State	ZIP code
8843 S. Talman	Evergreen Park	IL	60805

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(708) 952-0129	5/15/1985	Chicago, IL

Social Security number *	E-mail address
	nickarri@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Everest College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Merrillville Indiana	01/05/2009	01/08/2010

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☑ PN PROGRAM

RECEIVED
JAN 28 2010
Indiana Professional Licensing Agency

HIGH SCHOOL EDUCATION

Name of school: Simeon Career Academy

Location (*city and state*): Chicago, Illinois

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
06/09/2003	☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
CNA certificate	IL / US.		12/2004	Active

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ RN ☑ LPN

I hereby certify that Kytori Tolbert *was admitted to the* Everest College Pratical Nursing *Program of Nursing located in* Merrillville, IN *on* January 5, 2009 *and completed requirements for graduation on* January 8, 2010 *will/did graduate on* January 8, 2010 *. His/Her Social Security number is* _____ .

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 1-8-10 *SIGNED* Tracey Flenar
Signature

Tracey Flenar
Printed Name

SCHOOL SEAL

Assistant Campus Nursing Dir.
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

RECEIVED
JAN 26 2010
Indiana Professional

health care worker registry

Home | Search

KYTORI TOLBERT Validate SSN

Administrative Findings:
No administrative findings on record.

Last Criminal Background Check:
4/28/2006 No Disqualifying Offenses Found

Last Employment Verification:

Waivers:
No waivers on record.

Programs:

10/08/2004 CNA-MORAINE VALLEY COMMUNITY COLLEGE

Competency:

11/15/2004 **Passed**

"No health care employer shall hire, employ, or retain any individual who has a disqualifying conviction or an administrative finding of abuse, neglect or theft pursuant to 42 CFR Section 483.13 and 225 ILCS 46/25"

RECEIVED
JAN 26 2010
Indiana Professional Licensing Agency

idph online home
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761
Phone 217-785-5133
Fax 217-524-0137
TTY 800-547-0466
Questions or Comments

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 1, 2010

Jennifer Haviland
1114 Elmwood Ave.
Ft. Wayne, IN 46805

Dear Ms. Haviland:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Jennifer Haviland

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes _____ No X

Needs personal appearance: Yes X No _____

Approved by (please initial): SG _____ LG _____ 1-29-10

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	12/30/09	3175592

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Haviland Jennifer Lynn	

Street address (*number and street or rural route*)	City	State	ZIP code
1114 Elmwood Ave	Fort Wayne	IN	46805

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(260) 466-6500	02-07-1981	Decatur, IN

Social Security number *	E-mail address
	redmontecardigirl@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Brown Mackie College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Fort Wayne, IN	09-02-08	11-28-09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☒ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Bellmont High School

Location (*city and state*): Decatur, IN

Date of graduation (*month, day, year*):

If you are not a high school graduate, have you taken and passed the GED? (*Requires official copy of your GED scores*)
☑ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
CNA Certification	IN	CNA9810391	N/A	Active
Home Health Aide	IN	HHA0300091	N/A	Active

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in <u>any</u> state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or <u>any</u> regulated health occupation in <u>any</u> state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☑ Yes ☐ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☑ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☑ Yes ☐ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Jennifer L Haviland	12-21-09

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Jennifer L Haviland	12-21-09

PLEASE TAP

(*You must place your signature, the p* ... *photograph.*)

RECEIV

DEC 30 200

RECEIVED

JAN 14 2010

Indiana Professional Licensing Agency

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ RN ☒ LPN

I hereby certify that Jennifer Haviland was admitted to the Brown Mackie College Program of Nursing located in Fort Wayne, Indiana on 09/02/08 and completed requirements for graduation on 11/23/09 will/did graduate on 11/28/09. His/Her Social Security number is [redacted].

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 01/11/10 SIGNED [signature]
Signature

Sue Tibbets
Printed Name

Registrar
Dean / Director / Designee

SCHOOL SEAL

Sue Tibbets
Registrar
BMC - FW

APPLICANT: The **CERTIFICATE OF COMPLETION** form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency. **CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.**

State of Indiana

Official Report of Test Results
THE AMERICAN COUNCIL ON EDUCATION
TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

Name of Examinee: JENNIFER L HAVILAND Social Security Number: XXX-XX

Date of Birth: 02/07/81 Last Grade Completed: 10 Test Date: 05/23/01

	Form	Score	Percentile
Test 1: Writing Skills Test	AP	48	45
Test 2: Social Studies Test	AP	56	77
Test 3: Science Test	AP	51	56
Test 4: Interpreting Literature and the Arts	AP	49	50
Test 5: Mathematics Test	AP	52	52

RECEIVED

Total : 256

Standard Score Average: 51.2

Passed | X |

Passing Standard for a Test Date ON or AFTER 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 40 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Passing Standard for a Test Date PRIOR to 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 35 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Center Identification Number: 0201 FORT WAYNE COMMUNITY SCHOOLS

Signature of Chief Examiner: Melinda R McGinnity Date: 07/25/08

For GED use only: 9433574 RECEIVED

Revised 10/96 - IDOE - Form 30

DEC 30 2009

[illegible]

This is my sworn affidavit.

In April of 1995 (not sure the date) I was arrested for Criminal Mischief in Decatur, In. I was a minor. I was ordered to commitment of a structured facility which was suspended and instead I serve 1 year of formal probation, write an apology letter to victim, 25 hours of community service. I completed what I was supposed to do and was released early off of probation on August 17th, 1995.

On October 15th, 1999 in Fort Wayne, In: I was arrested for Possession of Marijuana and it was a Class A Misdemeanor. I was also arrested for Minor Consuming Alcohol and that was A Class C Misdemeanor. I was also arrested for Possession of Paraphernalia which was an Infraction. I was ordered to take drug classes and have my license suspended for 180 days. I did not complete the program because I was still using and was kicked out of my drug classes. I ended up finishing out my sentence in jail for 15 days in the Allen County jail.

I was arrested for driving while suspended on January 3rd or 4th 2000: in Decatur, In. It was a Class D Felony. I hired an attorney to help with my case. As Part of my plea agreement I got it dropped to a Class A Misdemeanor. I served 30 days in Adams county jail; I was granted work release and placed on probation for 1 year. My driver's license was also suspended for 90 days. I was released early off of probation on February 14th, 2001.

I was arrested for Possession of Marijuana on April 28th, 2003 in Fort Wayne, In. It was a felony I was able to hire an attorney to help assist with this case. As part of my plea agreement I plead guilty and was ordered to do pre-trial diversion program. This program gets the charge off your record in 1 year as long as you fulfill the requirements. I was ordered to take drug

classes and had my license suspended for an addition 90 days. I completed my requirements and on June 29th, 2004 my charge was dismissed on the state's motion.

In May of 2005 (not sure of the date) in Fort Wayne, In I was issued 2 citations one for operating a vehicle while suspended a Class A misdemeanor and the other was Exceed Max Lawful Speeds an infraction. My license at this time was suspended for failing to provide proof of insurance. So I hired an attorney and was once again offered pre-trial diversion to keep these incidents off my record. July 6th, 2006 these charges were dismissed on state's motion because I did not get into any more trouble.

I will be submitting proof of what I have written. I am enclosing my case documents from my court appearances.

I have been disciplined on my attendance and on my tardies at Bethlehem Woods in Fort Wayne, In. I'm not quite sure what the dates are though. I have worked there for 7 years.

This is my sworn affidavit dated 12-12-09.

I hereby swear or affirm under the penalties of perjury that the statements made in this letter are true, correct and complete.

Jennifer Haviland

Jennifer L Haviland

CHRONOLOGICAL CASE SUMMARY
JUVENILE DOCKET, ADAMS CIRCUIT COURT

FOR CAUSE NO: 01C01-9504-JD-032
JUVENILE CONFIDENTIAL
THE HONORABLE FREDERICK A SCHURGER

ACTION:

DATE FILED: 04/21/1995
ORIG FILE DT: 04/21/1995.

ENTRY/FEE BOOK: 1 PAGE: 198
JUDGMENT BOOK: 0 PAGE: 0
BOOK: 1 PAGE: 198

ATTORNEYS	PARTIES
	JUVENILE JENNIFER L HAVILAND 5390 E 1050 N-1 MONROEVILLE IN 46773
133-01 DANIEL J SIGLER BLOOM, GATES & WHITELEATHER 119 SOUTH MAIN STREET PO BOX 807 COLUMBIA CITY IN 46725-0807 PH: 260-248-8900	PETITIONER STATE OF INDIANA
	NOTIFICATION PARTY GLORIA HAVILAND 5390 E 1050 N-1 MONROEVILLE IN 46773 PARENT
	JON HAVILAND UNKOWN PARENT
	ADAMS COUNTY PROBATION DEPARTMENT RHONDA MCINTOSH

FINANCIAL INFO

PAYOR: JENNIFER HAVILAND		Total:	$43.00
COURT COSTS - STATE	$20.00		
COURT COSTS - COUNTY	$20.00		
CNTY USER FEE LAW ENFORCE	$3.00		
PAYOR: GLORIA HAVILAND		Total:	$43.00
COURT COSTS - STATE	$20.00		
COURT COSTS - COUNTY	$20.00		
CNTY USER FEE LAW ENFORCE	$3.00		
PAYOR: JON HAVILAND		Total:	$43.00
COURT COSTS - STATE	$20.00		
COURT COSTS - COUNTY	$20.00		

CHRONOLOGICAL CASE SUMMARY
JUVENILE DOCKET, ADAMS CIRCUIT COURT

FOR CAUSE NO: 01C01-9504-JD-032
JUVENILE CONFIDENTIAL
THE HONORABLE FREDERICK A SCHURGER

ACTION: DATE FILED: 04/21/1995
ORIG FILE DT: 04/21/1995

CNTY USER FEE LAW ENFORCE $3.00
*** NOTE: This case was filed prior to computerization of the Clerk's ***
Accounting functions. Hence, the above amounts may not be accurate.

CHRONOLOGICAL SUMMARY OF FILINGS AND PROCEEDINGS

04/24/1995 Notice: A RJO: Y

File stamped April 21, 1995. Request for Authorization to File Delinquency Petition filed. Delinquency Petition filed. Court sets this matter for hearing May 5, 1995 at 11:00 a.m. Order entered (RJO) Copies to be issued per Order. Summons ordered issued. nj
4/25/95: Summons' and copies issued. jys
4/27/95: sheriff return made..child and mother served on 4/26/95. jys

05/09/1995 Notice: A DISPOSED: GP RJO: Y

Initial hearing held May 5, 1995. Court's Order entered (RJO) Copies to be issued per Order. Dispositional hearing held. Court's Order entered (RJO) Copies to be issued per Order. vh
Costs of $43.00 assessed against child and parents.
5/11/95: Copies issued. jys

05/18/1995 Notice: N RJO: Y

Order Setting Conditions of Probation entered (RJO) vh
6/19/95: COSTS OF $43.00 PAID..rec't #22487. jys

08/22/1995 Notice: A RJO: Y

Report Of Completion Of Probation filed. Order Granting Probation Release entered (RJ0) Copies to be issued to Parents, Child, Pribation and to theto Prosecutor. jm
8/23/95: Copies issued. jys

FILED ADAMS COUNTY
CIRCUIT COURT
MAY 17 1995
MARIE L. O'SHAUGHNESSEY
CLERK

FORMAL JUVENILE PROBATION RULES OF THE ADAMS COUNTY PROBATION DEPARTMENT ADAMS COUNTY, INDIANA

IN THE MATTER OF:

IN THE ADAMS CIRCUIT JUVENILE COURT

CASE NUMBER 01C01-9504-JD-032

Jennifer L. Haviland

A CHILD ALLEGED TO BE A DELINQUENT CHILD

DELINQUENT OF: Criminal Mischief

LENGTH OF PROBATION 1 yr.

PHONE NUMBER 623-3026

DATE TO BE RELEASED 5/5/96

PRESENT ADDRESS 5390 E. 1050 N-1, Monroeville, IN 46773

ORDER SETTING CONDITIONS OF PROBATION

As permitted by law, the Court is granting you the privilege of Probation in place of commitment. Keep in mind that you have been placed on Probation and your original sentence has been suspended on the condition of your good behavior. It will be necessary for you to comply with the following conditions:

X 1. Sentence: The Court imposes a commitment to A Structured Facility suspended and places you on Formal Probation for a period of/until one (1) year.

X 2. Period Of Probation: Your Probation shall endure for a period of/until one (1) or until further order of the Court, with the tentative date of release from Probation being 5/5/96.

X 3. Address: You shall advise the Probation Department immediately before any change of address. Do not establish residence outside the boundaries of Adams County without first securing the permission of the Adams County Probation Department.

X 4. Alcohol: You are to refrain from any and all forms of alcohol. You will not be permitted to enter any establishment that offer alcoholic beverages for sale, such as bars, taverns and package liquor stores.

X 5. Drugs: You are to refrain from the use of all forms of drugs and prohibited substances except those prescribed by a physician.

X 6. Probation Appointments: You are to report to the Probation Department at such times and places as shall be directed by the Department. You are to keep or reschedule, with the approval of the Adams County Probation Department, all appointments. Failure to do so may result in a Violation Of Probation Petition being filed.

X 7. Inquiries: You shall answer all reasonable inquiries of your Probation Officer truthfully and accurately.

X 8. Travel: You shall not leave the County of Adams unless you are with one or both of your parents or have the prior approval of your parents and the Probation Officer.

X 9. Leaving State: You shall not leave the State of Indiana without first securing written permission in the form of a travel authorization from your Probation Officer. Except for emergency situations, requests must be submitted to the Adams County Probation Department two (2) weeks prior to departure.

X 10. School/Employment: You are to attend school every day and on time. You are to have no unexcused absences or tardiness. Your name and Probation status shall be reported to your school by the Adams County Probation Department. You shall conduct yourself according to school policy. You shall not quit school without the prior approval of your Probation Officer. You will present yourself at the Probation Office at the end of each grading period with a valid copy of your grades. If you are out of school, you are to find suitable employment with reasonable hours. You shall not voluntarily change employment without the permission of your Probation Officer.

X 11. Curfew: You are to be in the confines of your home by _____p.m. unless you are with one or both of your parents or with a responsible person, with the prior approval of your parents and the Probation Officer. Allowances will be made for any work schedule that conflicts with the established curfew.

X 12. Parental Permission: You are have the permission of your parents for any activity requiring you to be away from home.

X 13. Obeying Parents: You are to obey your parents.

X 14. Laws: You are to obey all town, city, county, state and federal laws and ordinances, and you shall be guilty of no acts of bad conduct or any kind or character. Any arrest for a violation of law, except for minor traffic offenses, may result in a petition being filed in this Court to revoke your suspended sentence or Probation.

X 15. Arrests: You shall report to your Probation Officer any time that you are questioned by a law enforcement officer or arrested within 24 hours of the event.

X 16. Associations: You are to be very careful as to the people with whom you associate, and you shall not associate with any persons having a questionable reputation, a criminal record, or who are in trouble with the law, including other probationers.

X 17. Correctional Institutions: You will not be allowed to visit any correctional institution for while on Probation.

X 18. Weapons: You shall not possess or use any firearm, destructive device, or other dangerous weapon, unless granted written permission by your Probation Officer, subject to the governing state and federal restrictions. Waived: _____ Yes ___✓___ No

___19. Restitution: You are to pay restitution in the amounts and in accordance with the provisions of the dispositional order in this case/in the amount of $_____ Restitution is to be paid by certified check, cash, or money order into the Adams County Clerk's Office payable in accordance with the schedule to be established by the Adams County Probation Department/as follows:_____.

X 20. Fine And Costs: You are to pay fine and Court costs in the amounts and in accordance with the dispositional order in this case/in the amounts of $ 43.00 Costs _____ to the Adams County Clerk's Office payable as follows: _____. Fine and Court costs are to be paid in one lump sum by certified check, cash, or money order.

___21. Probation User Fees: You are to pay probation user fees by certified check, cash or money order to the Adams County Probation Department in the following amounts: $_____ initial fee and $_____ per month thereafter. Total: _____.

X 22. Participation In Programs: You are to participate in any programs or activities specifically assigned and outlined as part of your program.

___23. Countermeasures/Counseling: You are to participate in and successfully complete the alcohol Countermeasures program or counseling as designated by the Adams County Probation Department, pay all applicable fees, and you must initially contact Countermeasures, Inc. or the designated counseling program within ten (10) days of the date of this order.

X 24. Special Conditions: You must also abide by all of the special conditions and terms set forth at the dispositional hearing and in the dispositional order: Commitment to a Structured Facility, susp.; 1 yr. formal probation; apology letter to victim; 25 hours community service work; Court costs as listed above.

X 25. Extradition: In the event that you are arrested in any state or jurisdiction of the United States or any of its possessions for a Violation of Probation or for the commission of any other offense, you will waive extradition and will voluntarily agree to return to the State of Indiana.

X 26. Waiver Of Search And Seizure Rights: You hereby waive any and all of your rights as to search and seizure during the period of your Probation, and agree to submit your person, place of residence, or any vehicle under your control to search and seizure at any time with or without a search warrant by any Law Enforcement Officer or Probation Officer.

X 27. Alcohol And Drug Tests: You further agree to submit to one or more of the following tests: urinalysis, alco-sensor, blood, breathalyzer, intoxilizer, or any other test to determine the consumption of alcohol or any drug. You must take these tests as ordered by a Probation Officer, a Law Enforcement Officer, or the Court. Possession by you of alcohol or any drug not prescribed by a physician or the presence of the same as determined by any of the above tests shall be deemed a Violation of Probation. Refusal To Take Test: Any failure to report in order to submit to, or refusal by you to submit to, urinalysis, alco-sensor, blood test, or breathalyzer, or any tampering by you with any urine sample shall be deemed a Violation of Probation.

X 28. Waiver: You specifically waive any right that you may have to object to the admission of any evidence obtained by a Probation Officer or any Law Enforcement Officer.

Consequences Of Violations: You are hereby advised that under the law, if the Court finds that you have violated any of the Conditions of Probation at any time prior to the termination of the Probationary period, the Court may (a) continue you on Probation; (b) continue you on Probation and modify or enlarge the Conditions of Probation; (c) extend the Probation period until age 21; or (d) order execution of part or all of the remaining original sentence. You are further advised that if a petition is filed with the Court charging you with a Violation of a Condition of Probation, the Court may order a (juvenile) warrant for your arrest. A Violation of Probation is a non-bondable offense.

I have read and/or had explained to me the above Order Setting Conditions Of Probation, and by my signature, which has been witnessed, acknowledge the receipt of this Probation agreement and I agree to abide by all the Conditions heretofore set forth.

Signed this 16 day of May, 19 95.

Jennifer Haviland
Probationer

The undersigned parent(s), guardian(s) or custodian(s) of said child, hereby consent and agree to the same.

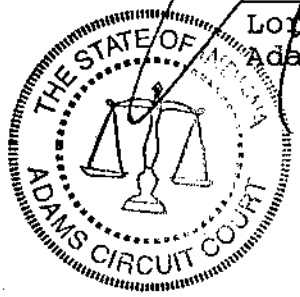
Gloria V. Haviland

The undersigned Probation Officer has reviewed with the probationer and parent(s), guardian(s) or custodian(s) the Order Setting Conditions Of Probation issued by the Court.

Rhonda L. McCutcheon
Witness/Probation Officer

Approved by:

Loren D. Caffee, Judge
Adams Circuit Juvenile Court



FILED ADAMS COUNTY
CIRCUIT COURT

1995 AUG 18 PM 3:42

DIANNE L. O'SHEA
CLERK

STATE OF INDIANA
SS:
COUNTY OF ADAMS

IN THE JUVENILE COURT OF
ADAMS COUNTY, INDIANA

In The Matter Of:
JENNIFER L. HAVILAND
A Child Alleged To
Be a Delinquent Child

CASE NO. 01C01-9504-JD-032

PETITION FOR EARLY RELEASE FROM
PROBATION AND ORDER

TO: HONORABLE LORREN D. CAFFEE
Judge of the Adams Circuit Juvenile Court

REPORT OF COMPLETION OF PROBATION

Comes now the undersigned and reports:

That on May 5, 1995, Jennifer L. Haviland was found to be a Delinquent child and was placed on Formal Probation for one (1) year and behaving in conformity with the rules of Probation, is eligible for early release from Probation.

WHEREFORE, the undersigned Probation Officer respectfully requests the Court for an order releasing said probationer from Probation and for all other relief that may be proper in the premises.

Respectfully Submitted,

Rhonda L. McIntosh

Rhonda L. McIntosh
Probation Officer
Adams County, Indiana

ORDER GRANTING PROBATION RELEASE

The Petition To Release has been submitted to the Court and the Court now having examined the above report, finds that the probationer should be released from Probation upon the recommendation of the Probation Department, and it is now ordered that the juvenile be released from Probation.

The Clerk is ordered to deliver a certified copy of this order to the Probation Department and to send a certified copy of this order to the juvenile and to the parents of the juvenile by first class United States mail for their information & appropriate action.

Dated this 17th day of August, 1995.

THE STATE OF INDIANA
ADAMS CIRCUIT COURT

LORREN D. CAFFEE Judge Pro Tempore
Adams Circuit Juvenile Court

Address: 5390 E. 1050 N. 1, Monroeville, IN 46773 %Gloria Haviland

CHRONOLOGICAL CASE SUMMARY
CRIMINAL DOCKET, ADAMS SUPERIOR COURT

FOR CAUSE NO: 01D01-0004-DF-029
ST V JENNIFER L HAVILAND
THE HONORABLE JAMES A HEIMANN

ACTION: "D" FELONY DATE FILED: 04/10/2000
ORIG FILE DT: 04/10/2000

CT 1: DRIVING WHILE SUSPENDED
9-24-18-5(d) Class D Felony Finding: GUILTY

ENTRY/FEE BOOK: CR4 PAGE: 443
JUDGMENT BOOK: 7 PAGE: 146
BOND BOOK: 1 PAGE: 180
JUDGMENT BOOK: 0 PAGE: 0

ATTORNEYS		PARTIES
		PLAINTIFF
D-PROS	TRACY HELTZ NOETZEL COURTHOUSE 112 SOUTH SECOND STREET DECATUR IN 46733 PH: 260-724-5338 FAX: 260-724-5342	STATE OF INDIANA
		DEFENDANT
5034-01	JOSEPH M JOHNSON II DEVOSS JOHNSON ZWICK BAKER & AINS 147 SOUTH SECOND STREET PO BOX 30 DECATUR IN 46733 PH: 260-724-2129	JENNIFER L HAVILAND WOR206 WEST LINCOLN HIGHWAY LOT 16 NEW HAVEN IN 46774

FINANCIAL INFO

PAYOR: JENNIFER HAVILAND Total: $125.50

COURT COSTS - STATE	$84.00
COURT COSTS - COUNTY	$36.00
CNTY USER FEE LAW ENFORCE	$3.00
HIGHWAY WORKSITE ZONE FEE	$0.50
JURY PAY FUND	$2.00

CHRONOLOGICAL SUMMARY OF FILINGS AND PROCEEDINGS

04/10/2000 Notice: A RJO: N

The Court notes that an Amended Information for Driving While Suspended, a Class D Felony, has been filed and, therefore, this case is now known as 01D01-0004-DF-029 and all further filings should be made under this case number. The Court confirms status hearing for May 9, 2000 at 9:00 a.m., and said date will also be an initial hearing on the amended charge. Copies of entry and amended charge to be sent to the defendant and counsel. Entry to be sent to the prosecutor, defendant and counsel. ka 4/11/00 Issued copies as ordered above. pjh

CHRONOLOGICAL CASE SUMMARY
CRIMINAL DOCKET, ADAMS SUPERIOR COURT

FOR CAUSE NO: 01D01-0004-DF-029
ST V JENNIFER L HAVILAND
THE HONORABLE JAMES A HEIMANN

ACTION: "D" FELONY DATE FILED: 04/10/2000
ORIG FILE DT: 04/10/2000

05/09/2000 Notice: A RJO: Y

Defendant appears by counsel, Joseph M. Johnson and Jeremy W. Brown appears for the State. The Court orders defendant to appear on June 5, 2000 at 10:30 a.m. Order to Appear entered. Copies to defendant, counsel, and prosecutor. RJO mtr
5/16/00 Issued copies as ordered above. pjh

06/05/2000 Notice: A RJO: N

Defendant appears by counsel, Joseph M. Johnson and Jeremy W. Brown appears for the State. Defendant is currently incarcerated in Allen County pursuant to an Allen County case. Counsel for defendant waives initial hearing on amended charges of Driving While Suspended, Class D Felony. The Court set June 28, 2000 at 10:30 a.m. as status hearing. Copies to defendant, counsel, and prosecutor. mtr
6/7/00 Issued copies as ordered above. pjh

06/28/2000 Notice: A RJO: N

Defendant appears with counsel, Joseph M. Johnson, and Jeremy W. Brown appears for the State. The Court sets July 24, 2000 at 10:30 a.m. for change of plea Copies to defendant; counsel and prosecutor. ka
6/29/00 Issued copies as ordered above. pjh

07/24/2000 Notice: A RJO: N

Defendant appears with counsel, Joseph M. Johnson and Jeremy W. Brown appears for the State. Plea Agreement filed. By agreement of both parties the change of plea hearing is continued until August 8, 2000 at 8:30 a.m. Copies to defendant, counsel, and Prosecutor. mtr
7/25/00 Issued copies as ordered above. pjh

08/08/2000 Notice: S DISPOSED: GP RJO: Y

Defendant appears with counsel, Joseph M. Johnson and Jeremy W. Brown appears for the State. After being advised of her rights and the charge, the defendant pleads guilty to the charge of Driving While Suspended. The Court accepts the plea and sentences the defendant to 365 days at ACLEC with all but 60 days suspended; work release; one year formal probation; 90 day license suspension; and Court costs of $125.50 due September 11, 2000 or appear at 2:00 p.m. on that date. Incarceration to begin on August 8, 2000 immediately following heairng. Guilty Plea and Judgement, Order Setting Rules of Probation, and Jail Commitment entered. SR16 to be sent to the Bureau of Motor Vehicles. Copies to defendant, counsel, Probation, Prosecutor, and Jerry Amstutz c/o ACLEC. RJO mtr
8/11/00 Issued copies as ordered above. pjh J 7 PG 146

CHRONOLOGICAL CASE SUMMARY
CRIMINAL DOCKET, ADAMS SUPERIOR COURT

FOR CAUSE NO: 01D01-0004-DF-029
ST V JENNIFER L HAVILAND
THE HONORABLE JAMES A HEIMANN

ACTION: "D" FELONY DATE FILED: 04/10/2000
ORIG FILE DT: 04/10/2000

09/07/2000 Notice: S RJO: N

Defendant appears in person requesting extension to pay Court costs. Court grants request and extends due date to November 6, 2000 or appear at 2:00 p.m. Copies to defendant and probation. sao
9/8/00 Issued copies as ordered above. pjh

09/13/2000 Notice: N RJO: N

Certification Of Probaiton Officer Regarding Conditions Of Probaiton And Agreement filed by Rhonda L McIntosh, Probation Officer. pjh

10/25/2000 Notice: N RJO: N

Defendant paid court costs in full 10/25/00 $125.50 #78733. pjh

02/09/2001 Notice: N RJO: N

Release From Probation filed by Rhonda L McIntosh, Probation Officer. pjh

02/14/2001 Notice: A RJO: Y

Order granting Probation Release entered. Copies to Defendant, Counsel, Prosecutor, and Probation Department. RJO. mtr
2/21/01 Iss copies to def, coun, pros, & prob dept. pjh

STATE OF INDIANA

V.

CASE NUMBER: 02D04-9910-CM-007060 (A)
DATE FILED: 10/05/1999
JUDGE: GULLEY JEFFREY J
STATUS: DECIDED
REDOCKETED DATE:

DEFENDANT: HAVILAND JENNIFER L
1414 MADISON
DECATUR IN 46733

SSN:
BIRTHDATE: 02/07/1981
TELEPHONE NUMBER:

ATTORNEY: CHURCHWARD ANTHONY S
800 S CALHOUN STREET
FORT WAYNE IN 46802

ATTORNEY NUMBER: 20837
TYPE: DEPUTY PROSECUTING ATTORNEY
TELEPHONE NUMBER: (260) 420-6000
FAX NUMBER : (260) 424-6000

ATTORNEY: LEBRATO WILLIAM
116 W COLUMBIA STREET
FORT WAYNE IN 46802

ATTORNEY NUMBER: 21707
TYPE: PUBLIC DEFENDER
TELEPHONE NUMBER: (260) 422-1116
FAX NUMBER : (260) 424-0738

PROS ATTY: GEVERS ROBERT WILLIAM II

PROSECUTOR'S NUMBER: 8613
TELEPHONE NUMBER: (260) 449-7641
FAX NUMBER : (260) 449-7699

PROBATION: NO

TOTAL BOND AMOUNT: NO BOND BOND: SET & POSTED

COUNT	DESCRIPTION	CL	TY	DATE DISPOSED	DATE DISMISSED
01	POSSESSION OF MARIJUANA 35-48-4-11	A	CM	10/05/1999	
02	MINOR CONSUMING ALCOHOL 7.1-5-7-7	C	CM	10/05/1999	
03	POSS'N OF PARAPHERNALIA(INF) 35-48-4-8.3	A	IF	10/05/1999	

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS	NOTICE SENT	RJO
OCT 05 1999	- DEFENDANT SCHEDULED TO APPEAR: 10/05/99 09:00		
OCT 05 1999	DEFENDANT RELEASED ON OWN RECOGNIZANCE.		
OCT 05 1999	- STATE OF INDIANA FILES WRITTEN APPEARANCE.		
OCT 05 1999	-DEFENDANT APPEARS IN PERSON. INITIAL HEARING HELD		X

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS			NOTICE SENT	RJO
	DEFENDANT ADVISED OF HIS CONSTITUTIONAL RIGHTS AND WAIVES SAID RIGHTS. DEFENDANT ENTERS A PLEA OF GUILTY. COURT ENTERS A FINDING OF GUILTY AND ENTERS JUDGMENT AS FOLLOWS:				
OCT 05 1999	- CT 01 -FINE ASSESSED OF $50 PLUS COSTS. AND 365 DAYS ALLEN COUNTY JAIL, SUSPENDED ON CONDITION(S) OF COUNSELING AT ADDICTIVE BEHAVIORS				X
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	FINE (FOR STATE)	COUNT:01	FEE:		50.00
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	COURT COSTS - COUNTY	COUNT:01	FEE:		32.40
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	COURT COSTS - STATE	COUNT:01	FEE:		84.00
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	COURT COSTS - CITY	COUNT:01	FEE:		3.60
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	DRUG ABUSE PROSECUTION INTERDICTION FEE - COUNTY	COUNT:01	FEE:		150.00
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	DRUG ABUSE PROSECUTION INTERDICTION FEE - STATE	COUNT:01	FEE:		50.00
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	JURY FEE	COUNT:01	FEE:		2.00
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA				
	LAW ENFORCEMENT CONTINUING EDUCATION FEE	COUNT:01	FEE:		3.00
OCT 05 1999	- CT 02 -FINE ASSESSED OF $50 PLUS COSTS. AND 60 DAYS ALLEN COUNTY JAIL, SUSPENDED ON CONDITION(S) OF COUNSELING AT ADDICTIVE BEHAVIORS				X

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS	NOTICE SENT	RJO
	(COSTS WAIVED BY THE COURT)		
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA		
	FINE (FOR STATE) COUNT:02 FEE: 50.00		
OCT 05 1999	- CT 03 -FINE ASSESSED OF $50 & COSTS (COSTS WAIVED BY THE COURT)		X
OCT 05 1999	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA		
	INFRACTION JUDGMENT COUNT:03 FEE: 50.00		
OCT 05 1999	- THE COURT ORDERS THE DEFENDANT'S OPERATOR'S LICENSE, REGISTRATION, AND ABILITY TO REGISTER A VEHICLE SUSPENDED FOR 180 DAYS. CLERK TO SEND CERTIFICATION OF CONVICTION TO THE BUREAU OF MOTOR VEHICLES.		X
OCT 05 1999	- DEFENDANT GRANTED EXTENSION TO PAY FINE/COSTS: 11/02/99 13:30		
OCT 05 1999	- CONTINUED FOR STATUS TO: 11/02/99 13:30		
OCT 05 1999	(ADDICTIVE BEHAVIORS)		
NOV 02 1999	- DEFENDANT APPEARS IN PERSON.		
NOV 02 1999	- PROOF SHOWN OF ADDICTIVE BEHAVIORS		
NOV 02 1999	- DEFENDANT GRANTED EXTENSION TO PAY FINE/COSTS: 11/30/99 13:30		
NOV 30 1999	- DEFENDANT APPEARS IN PERSON.		
NOV 30 1999	- DEFENDANT GRANTED EXTENSION TO PAY FINE/COSTS: 12/28/99 13:30		
DEC 28 1999	- DEFENDANT APPEARS IN PERSON.		
DEC 28 1999	- DEFENDANT GRANTED EXTENSION TO PAY FINE/COSTS: 01/25/00 13:30		

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS	NOTICE SENT	RJO
JAN 25 2000	- DEFENDANT APPEARS IN PERSON.		
JAN 25 2000	- DEFENDANT GRANTED EXTENSION TO PAY FINE/COSTS: 02/29/00 09:00		
FEB 28 2000	RECT ISSUED #2000-005096 FOR AMOUNT OF 475.00 FEE: 475.00-		
	COUNTS PAID: 01 02 03		
	32.40 CCCO - COURT COST-COUNTY		
	3.60 CCFW - COURT COST-CITY		
	84.00 CCST - COURT COST-STATE		
	3.00 EACO - LECEF (ALLEN CO POLICE DEPARTMENT)		
	100.00 FFCO - FINE (FOR STATE)		
	50.00 IJCO - INFRACTION JUDGMENT		
	2.00 JUCO - JURY FEE		
	150.00 PRCO - (CO) DRUG ABUSE PROSECUTION INTERDICTION FEE		
	50.00 PRST - (ST) DRUG ABUSE PROSECUTION INTERDICTION FEE		
MAY 18 2000	- PETITION FOR REVOCATION OF PROBATION AND/OR SUSPENDED SENTENCE FILED. THE COURT FINDS PROBABLE CAUSE EXISTS FOR THE ARREST OF THE DEFENDANT. WARRANT ORDERED. NO BOND.		X
MAY 19 2000	WARRANT ISSUED / SHERIFF RE:HAVILAND JENNIFER L 05/19/00		
JUN 01 2000	- CASE SET FOR OPEN COURT: 06/01/00 09:00		
JUN 01 2000	- DEFENDANT APPEARS IN PERSON. INITIAL HEARING HELD. DEFENDANT CONTINUES TO USE DRUGS DURING TREATMENT.		
JUN 01 2000	BOND ORDERED REVOKED		X
JUN 01 2000	- DEFENDANT IS ORDERED HELD ON NO BOND.		X
JUN 01 2000	- DEFENDANT APPEARS IN PERSON. INITIAL HEARING HELD. DEFENDANT ADVISED OF HIS CONSTITUTIONAL RIGHTS. DEFENDANT REQUESTS PUBLIC DEFENDER. THE COURT FINDS THAT DEFENDANT IS INDIGENT, AND CASE IS CONTINUED FOR APPOINTMENT OF PUBLIC DEFENDER. 06/16/00 09:00		X
JUN 01 2000	- ORDER OF CONFINEMENT (2) ISSUED. 06/16/00 09:00 $NO BOND TOTAL BOND SET.		

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS	NOTICE SENT	RJO
	BOND ORDERED REVOKED		
JUN 01 2000	- WARRANT ORDERED RECALLED.		X
JUN 01 2000	WARRANT RECALL ISSUED / S RE:HAVILAND JENNIFER L 06/01/00		
JUN 14 2000	- PUBLIC DEFENDER FILES WRITTEN APPEARANCE. ATTORNEY NAME: LEBRATO WILLIAM		
JUN 16 2000	- DEFENDANT APPEARS IN PERSON AND WITH COUNSEL. (PUBLIC DEFENDER)		
JUN 16 2000	- PLEA RECOMMENDATION FILED/ACCEPTED.		X
JUN 16 2000	- DEFENDANT ADMITS TO VIOLATION. PROBATION OR SUSPENDED SENTENCE IS ORDERED REVOKED. 30 DAYS ALLEN COUNTY JAIL.		X
JUN 16 2000	CREDIT FOR TIME SERVED.		X
JUN 16 2000	- ORDER FOR CONFINEMENT (1) ISSUED. $.00 TOTAL FINE AND COURT COSTS. 30 DAYS ALLEN COUNTY JAIL. CREDIT FOR TIME SERVED. FINE AND COSTS WERE PAID ON 2/28/2000.		

BALANCE: 0.00

REQUESTED BY SXG AT 0050 DATE: 12/03/2009 TIME: 15:45

********** END OF REPORT **********

STATE OF INDIANA)
)SS
COUNTY OF ADAMS)

IN THE ADAMS SUPERIOR COURT

CASE NUMBER 01D01-0004-DF-029

STATE OF INDIANA

vs.

JENNIFER L. HAVILAND

DRIVING WHILE SUSPENDED
CLASS A MISDEMEANOR

GUILTY PLEA AND JUDGMENT

1. Appearances: Jeremy W. Brown, Deputy Prosecuting Attorney, appears on behalf of the State and the defendant, JENNIFER L. HAVILAND, appears in person and by her attorney, Joseph M. Johnson, for the purpose of withdrawing her prior plea of not guilty and entering a plea of guilty.

2. Plea to: JENNIFER L. HAVILAND, who is a female and 19 years of age, proposes to plead guilty to the following: Driving While Suspended, a Class A Misdemeanor. The Court now accepts the plea of guilty and finds the defendant guilty.

3. Advice of rights: Prior to accepting the plea of guilty, the Court determined that the defendant:

(a) Understands the nature of the charge against her;

(b) Has been informed that by her plea she waives her rights to;

(1) Be represented by an attorney, and that one would be appointed at no expense to the defendant if she cannot afford to hire an attorney;
(2) A public and speedy trial by jury;
(3) Confront and cross-examine the witnesses against her;
(4) Have compulsory process for obtaining witnesses in her favor; and

(5) Require the State to prove her guilty beyond a reasonable doubt at a trial which the defendant may not be compelled to testify against herself.

(c) Has been informed of the maximum possible sentence and minimum sentence for the crime charged and any possible increased sentence by reason of the fact of a prior conviction or convictions and any possibility of the imposition of consecutive sentences.

(I.C. 35-35-1-1 through 4)

4. Voluntary plea: The Court determined that the plea was voluntary and further determined that there were no promises, force or threats used to obtain the plea.

5. Factual basis: From the Court's examination of the defendant or the evidence presented, the Court is satisfied that there is a factual basis for the plea as required by 35-35-1-3(b).

6. Acknowledgment and Waiver of Rights: The parties have filed a "Plea Agreement," which is attached and marked as Court's Exhibit 1. In said exhibit, the defendant acknowledges by her signature that she has read said pleading and understands the same.

7. Fine and costs: No fine imposed and the defendant is hereby assessed Court costs in the amount of $125.50. The costs are due by the 11th day of September, 2000. The defendant is ordered to appear in Court on September 11, 2000 at 2:00 p.m. if said costs are not paid by that time. FAILURE TO APPEAR WILL RESULT IN A WARRANT BEING ISSUED FOR THE DEFENDANT'S ARREST.

8. Incarceration: The Court further sentences the defendant to a term of 365 days at the Adams County Law Enforcement Center, which sentence is suspended with the exception of 60 days. The remainder of the sentence is suspended on the conditions set forth below.

9. Probation: The defendant is hereby placed on probation for a period of one year beginning this date and shall be under the supervision of the Adams County Probation Department. The Court issued its "Order Setting Conditions of Probation" in open Court, **reviewed said Order with the defendant,** the defendant read and signed said rules in open Court, and was ordered to comply with said rules immediately. Defendant is ordered to pay probation user fees consisting of an initial fee of $25.00/$50.00 and $10.00 per month thereafter.

10. Work release: The Court, pursuant to the request of the defendant, recommends work release but final determination of eligibility shall be made by the chief jailer and/or sheriff. If authorized for work release, the defendant shall comply with all rules of the work release program, the rules of the Adams County Sheriff's Department as they apply to prisoners and the work release prisoners and to abide further by all of the rules and regulations of the Adams County Probation Department. The defendant is ordered to complete and sign the standard work release agreement.

Upon the defendant's initial arrival at the Work Release Center, the defendant shall submit a urine sample or any other test deemed appropriate by personnel at the Work Release Center/Adams County Law Enforcement Center. The defendant shall, likewise, submit to any other tests at any time during the service of the sentence in this case.

11. License: The Court further suspends the driving privileges of the defendant for a period of 90 days.

12. Conditions of suspension: The jail sentence is suspended on the following conditions:

(a) The defendant does not commit any criminal offense during the period of probation.

(b) The defendant abides by the rules and regulations of the Adams County Probation Department and pay user fees as ordered.

(c) The defendant pay the Court costs as ordered above.

(d) The defendant abides by the rules and regulations of the work release program and the Adams County Law Enforcement Center.

(e) The defendant serve the portion of the jail sentence that was not suspended.

13. Bond: The Clerk of the Adams Superior Court is now ordered to release the surety from the bond.

14. Copies: The Clerk is further ordered to mail a copy of this record to:

-JENNIFER L. HAVILAND, Defendant
-Joseph M. Johnson, Attorney for defendant
-Jeremy W. Brown, Deputy Prosecuting Attorney
-Adams County Probation Department
-Adams County Law Enforcement Center, Attention: Jerry Amstutz
-Adams County Law Enforcement Center, Attention: Bob McClure

-SR-16 to be mailed to the Bureau of Motor Vehicles.

Dated and ordered: August 8, 2000.

STATE OF INDIANA — SEAL — ADAMS SUPERIOR COURT

James A. Heimann, Judge
Adams Superior Court

mtr

FILED ADAMS COUNTY
SUPERIOR COURT

01 FEB -9 PM 3:10

NANETTE S. NIBLINGER
CLERK

STATE OF INDIANA
SS:
COUNTY OF ADAMS

IN THE ADAMS SUPERIOR COURT

ADAMS COUNTY, INDIANA

STATE OF INDIANA
VS
JENNIFER L. HAVILAND

CASE NO. 01D01-0004-DF-029

RELEASE FROM PROBATION AND ORDER

REPORT OF RELEASE FROM PROBATION

Comes now the undersigned and reports:

That Jennifer Haviland was placed on Probation for a period of 6 months on August, 8 2000. The defendant has now completed the terms of Probation, behaving in conformity with the rules of Probation, and is entitled to release from Probation.

WHEREFORE, the undersigned Probation Officer respectfully requests the Court for an order releasing said probationer from Probation and for all other relief that may be proper in the premises.

Respectfully Submitted,

Rhonda L. McIntosh

Rhonda L. McIntosh
Probation Officer
Adams County, Indiana

ORDER GRANTING PROBATION RELEASE

The Court has examined the above report and finds that the defendant should be released from Probation upon the recommendation of the Probation Department, and it is now ordered that the defendant be released from Probation.

The Clerk is ordered to deliver a certified copy of this order to the Probation Department and to send a certified copy of this order to the defendant by first class United States mail for his information and appropriate action.

Dated this 14th, day of February 2001.

James A. Heimann

James A. Heimann
Adams Superior Court

Address of probationer: 206 W. Lincoln Hwy.,Lot 16, New Haven IN 46774

STATE OF INDIANA
SEAL
ADAMS SUPERIOR COURT

STATE OF INDIANA

V.

CASE NUMBER: 02D04-0304-CM-003173 (A)
DATE FILED: 04/28/2003
JUDGE: LINSKY MARCIA L
STATUS: DECIDED
REDOCKETED DATE:

DEFENDANT: HAVILAND JENNIFER L
4725 PLEASANT VALLEY DR
FORT WAYNE IN 46825

SSN: XXX-XX-4218
BIRTHDATE: 02/07/1981
TELEPHONE NUMBER:

ATTORNEY: NAKOS NIKOS C
126 W COLUMBIA ST STE 200
FORT WAYNE IN 46802

ATTORNEY NUMBER: 15344
TYPE: PRIVATE ATTORNEY
TELEPHONE NUMBER: (260) 420-5455
FAX NUMBER : (260) 420-2436

PROS ATTY: RICHARDS KAREN E

PROSECUTOR'S NUMBER: 6046
TELEPHONE NUMBER: (260) 449-7641
FAX NUMBER : (260) 449-7699

PROBATION: NO

TOTAL BOND AMOUNT: $.00 BOND: SET & POSTED

COUNT	DESCRIPTION	CL	TY	DATE DISPOSED	DATE DISMISSED
01	POSSESSION OF MARIJUANA 35-48-4-11	A	CM	06/30/2003	

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS	NOTICE SENT	RJO
APR 28 2003	AFFIDAVIT FOR PROBABLE CAUSE FILED AND APPROVED BY THE JUDGE OF THE ALLEN SUPERIOR COURT. INFORMATION(S) FILED. WARRANT ORDERED AND IS ISSUED WITH BOND SET BY THE COURT.		
APR 28 2003	- STATE OF INDIANA FILES WRITTEN APPEARANCE.		
APR 28 2003	SUBJECT TO PRETRIAL SERVICES CONDITIONS.		X
APR 28 2003	DEFENDANT RELEASED ON OWN RECOGNIZANCE.		
APR 30 2003	WARRANT RETURNED SERVED. CASE CONTINUED TO: 04/30/03 09:00		
APR 30 2003	- ORDER FOR RELEASE FILED BY THE PRETRIAL SERVICES		X

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS	NOTICE SENT	RJO
	DIVISION.		
APR 30 2003	DEFENDANT RELEASED ON OWN RECOGNIZANCE.		
APR 30 2003	- DEFENDANT APPEARS IN PERSON. INITIAL HEARING HELD. DEFENDANT ADVISED OF HIS CONSTITUTIONAL RIGHTS AND REPORTS ABILITY TO RETAIN COUNSEL. A PRELIMINARY PLEA OF NOT GUILTY IS ENTERED. CONTINUED FOR APPEARANCE OF COUNSEL TO: 05/14/03 09:00		X
MAY 14 2003	- ATTORNEY FILES WRITTEN APPEARANCE: ATTORNEY NAME: NAKOS NIKOS C		
MAY 14 2003	- DEFENDANT APPEARS IN PERSON AND WITH COUNSEL.		
MAY 14 2003	- CASE CONTINUED: 06/05/03 09:00		
MAY 14 2003	- CONTENTS OF COURT FILE COPIED FOR ATTORNEY OF RECORD. ATTORNEY NAKOS		
JUN 05 2003	- DEFENDANT PRESENT IN PERSON. INITIAL HEARING HELD. STATE FILES MOTION FOR CONTINUANCE TO DETERMINE PRETRIAL DIVERSION ELIGIBILITY. MOTION GRANTED. CASE ORDERED CONTINUED: 07/03/03 09:00		X
JUN 30 2003	- STATE - PRETRIAL DIVERSION PROGRAM STATE'S MOTION TO REMOVE FROM ACTIVE DOCKET IS HEREBY GRANTED. COURT COSTS AND USER FEES IN THE AMOUNT OF $170 SSESSED. DISMISSAL EFFECTIVE ON DISPOSITION DATE UNLESS STATE MOVES TO REDOCKET.		X
JUN 30 2003	PRE-TRIAL DIVERSION FEE FEE: 170.00		
JUN 30 2003	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA DEFERRAL COURT COSTS - COUNTY FEE: 13.50		
JUN 30 2003	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA DEFERRAL COURT COSTS - STATE FEE: 35.00		

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS		NOTICE SENT	RJO
JUN 30 2003				
	AGAINST: HAVILAND JENNIFER L			
	PREVAIL: STATE OF INDIANA			
	DEFERRAL COURT COSTS - CITY	FEE:		1.50
JUL 01 2003				
	RECT ISSUED #2003-016694 FOR AMOUNT OF 110.00	FEE:		110.00-
	13.50 CCCO - COURT COST-COUNTY			
	1.50 CCFW - COURT COST-CITY			
	35.00 CCST - COURT COST-STATE			
	60.00 PTCO - PRE-TRIAL DIVERSION FEE			
JUL 31 2003				
	RECT ISSUED #2003-019039 FOR AMOUNT OF 10.00	FEE:		10.00-
	10.00 PTCO - PRE-TRIAL DIVERSION FEE			
SEP 03 2003				
	RECT ISSUED #2003-021496 FOR AMOUNT OF 20.00	FEE:		20.00-
	20.00 PTCO - PRE-TRIAL DIVERSION FEE			
NOV 07 2003				
	RECT ISSUED #2003-029195 FOR AMOUNT OF 20.00	FEE:		20.00-
	20.00 PTCO - PRE-TRIAL DIVERSION FEE			
APR 28 2004				
	RECT ISSUED #2004-009187 FOR AMOUNT OF 60.00	FEE:		60.00-
	60.00 PTCO - PRE-TRIAL DIVERSION FEE			
JUN 29 2004				
	-CT 01 -DISMISSED ON STATE'S MOTION.			
		BALANCE:		0.00

REQUESTED BY SXG AT 0050 DATE: 12/03/2009 TIME: 15:46

********** END OF REPORT **********

STATE OF INDIANA

V.

CASE NUMBER: 02D04-0505-CM-003755 (A)
DATE FILED: 05/31/2005
JUDGE: LINSKY MARCIA L
STATUS: DECIDED
REDOCKETED DATE:

DEFENDANT: HAVILAND JENNIFER L
1215 FERGUSON AVE
FORT WAYNE IN 46805
SSN:
BIRTHDATE: 02/07/1981
TELEPHONE NUMBER:

ATTORNEY: SWIHART THOMAS A
436 E WAYNE ST
FORT WAYNE IN 46802
ATTORNEY NUMBER: 776
TYPE: PRIVATE ATTORNEY
TELEPHONE NUMBER: (260) 424-8132
FAX NUMBER : (260) 969-5361

ATTORNEY: SWIHART THOMAS A
436 E WAYNE ST
FORT WAYNE IN 46802
ATTORNEY NUMBER: 776
TYPE: PRIVATE ATTORNEY
TELEPHONE NUMBER: (260) 424-8132
FAX NUMBER : (260) 969-5361

PROS ATTY: RICHARDS KAREN E
PROSECUTOR'S NUMBER: 6046
TELEPHONE NUMBER: (260) 449-7641
FAX NUMBER : (260) 449-7699

PROBATION: NO

TOTAL BOND AMOUNT: $.00 BOND: SET

COUNT	DESCRIPTION	CL	TY	DATE DISPOSED	DATE DISMISSED
01	OPERATE WHILE SUSP (MISD) 9-24-19-2	A	CM	07/07/2005	
02	EXCEED MAX LAWFUL SPEEDS 9-21-5-2	C	IF	07/07/2005	

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS		NOTICE SENT	RJO
MAY 31 2005	- DEFENDANT SCHEDULED TO APPEAR:	05/31/05 09:00		
MAY 31 2005	- STATE OF INDIANA FILES WRITTEN APPEARANCE.			
MAY 31 2005	- DEFENDANT APPEARS IN PERSON. INITIAL HEARING HELD. DEFENDANT ADVISED OF HIS CONSTITUTIONAL RIGHTS AND REPORTS ABILITY TO RETAIN COUNSEL. A PRELIMINARY PLEA OF NOT GUILTY IS ENTERED. CONTINUED FOR APPEARANCE OF COUNSEL TO:	06/10/05 09:00		X

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS		NOTICE SENT	RJO
JUN 10 2005				
	- DEFENDANT PRESENT IN PERSON. INITIAL HEARING HELD. STATE FILES MOTION FOR CONTINUANCE TO DETERMINE PRETRIAL DIVERSION ELIGIBILITY. MOTION GRANTED. CASE ORDERED CONTINUED:	07/11/05 09:00		X
JUN 10 2005				
	- ATTORNEY FILES WRITTEN APPEARANCE: ATTORNEY NAME: SWIHART THOMAS A			
JUN 13 2005				
	- THE FOLLOWING ENTRY OF 05/27/2005 AS DELAYED FOR POSTING.			
JUN 13 2005				
	- ATTORNEY FILES WRITTEN APPEARANCE: ATTORNEY NAME: SWIHART THOMAS A			
JUN 13 2005				
	- CONTENTS OF COURT FILE COPIED FOR ATTORNEY OF RECORD. (SWIHART)			
JUL 07 2005				
	- STATE - PRETRIAL DIVERSION PROGRAM STATE'S MOTION TO REMOVE FROM ACTIVE DOCKET IS HEREBY GRANTED. COURT COSTS AND USER FEES IN THE AMOUNT OF $170 SSESSED. DISMISSAL EFFECTIVE ON DISPOSITION DATE UNLESS STATE MOVES TO REDOCKET.			X
JUL 07 2005				
	PRE-TRIAL DIVERSION FEE	FEE:	170.00	
JUL 07 2005				
	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA			
	DEFERRAL COURT COSTS - COUNTY	FEE:	13.50	
JUL 07 2005				
	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA			
	DEFERRAL COURT COSTS - STATE	FEE:	35.00	
JUL 07 2005				
	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA			
	DEFERRAL COURT COSTS - CITY	FEE:	1.50	
JUL 07 2005				
	AGAINST: HAVILAND JENNIFER L PREVAIL: STATE OF INDIANA			
	PUBLIC DEFENSE ADMINISTRATION FEE	FEE:	1.00	

DATE	CHRONOLOGICAL CASE SUMMARY OF FILINGS AND PROCEEDINGS	NOTICE SENT	RJO

JUL 07 2005
AGAINST: HAVILAND JENNIFER L
PREVAIL: STATE OF INDIANA
JUDICIAL INSURANCE ADJUSTMENT FEE FEE: 1.00

JUL 07 2005
AGAINST: HAVILAND JENNIFER L
PREVAIL: STATE OF INDIANA
COURT ADMINISTRATION FEE

JUL 07 2005
AGAINST: HAVILAND JENNIFER L
PREVAIL: STATE OF INDIANA
DNA SAMPLE PROCESSING FEE

JUL 07 2005
AGAINST: HAVILAND JENNIFER L
PREVAIL: STATE OF INDIANA
JUDICIAL SALARIES FEE

JUL 08 2005
RECT ISSUED #2005-017331 FOR AMOUNT OF 112.00 FEE: 112.00-
13.50 CCCO - COURT COST-COUNTY
1.50 CCFW - COURT COST-CITY
35.00 CCST - COURT COST-STATE
1.00 JAST - PUBLIC DEFENSE ADMINISTRATION
1.00 JIST - JUDICIAL INSURANCE ADJUSTMENT FEE
60.00 PTCO - PRE-TRIAL DIVERSION FEE

SEP 12 2005
RECT ISSUED #2005-022554 FOR AMOUNT OF 20.00 FEE: 20.00-
20.00 PTCO - PRE-TRIAL DIVERSION FEE

FEB 15 2006
RECT ISSUED #2006-003762 FOR AMOUNT OF 90.00 FEE: 90.00-
90.00 PTCO - PRE-TRIAL DIVERSION FEE

JUL 06 2006
-CT 01 -DISMISSED ON STATE'S MOTION.

JUL 06 2006
-CT 02 -DISMISSED ON STATE'S MOTION.

BALANCE: 0.00

REQUESTED BY SXG AT 0050 DATE: 12/03/2009 TIME: 15:46

********** END OF REPORT **********

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 1, 2010

Janice Ray
9639 Shoreland #C
Indianapolis, IN 46229

Dear Ms. Ray:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Janice Ray

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** _____

Needs personal appearance: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ LG ✓ 2/1/10

~~**Endorsement applicants**~~

~~2. Issue Temporary Permit: Yes_____ No_____~~

~~Approved by (please initial): SG _____ LG_____~~

~~***Check here if the file must be reviewed again for a permanent license:*** _____~~

~~3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____~~

~~Approved by (please initial): SG _____ LG _____~~

To whom it may concern

I was the fourth child of six. Growing up in my life it seems so hard. My siblings always looked up to me. My mother was always gone, and it was up to me to make sure we had food on the table and clothes on our backs. I would go to the grocery store and steal food to feed them and go to the mall and steal clothes to cloth them. All the time it seemed like the right thing to do. I didn't want my family to be split up in the system; I wanted our family to stay together. When I got caught, and paid for my punishment, they made me pay a deferment pay, and the courts expunged my record. It was one of the worst days of my life because it made me think who was going to look after my family now.

Years later a man named Nathan Williams gave me a chance. I work for him at Church's Chicken. It was not much, but it was my job and I was so proud making honest money to take care of my family and it work out for us.

Then I met my first husband. It was wonderful; we were a family and everything was going great. A year later the kids started coming and we started having problems, and he started abusing me. I love my family and wanted my family. I tried so hard to put it back together; by this time I had all my children, but one night while the children were sleeping my husband came in the house while I was standing at the kitchen sink washing. He demanded money from me that he had given me earlier for bills. When I said "No" He began to hit me. Before I knew it, I grabbed the knife from the dish rack and swung it, not meaning to cut him. I was charged with battery, but they dropped the charges when I went to court because of past time that the police had been at my house. After that, I left with my children and went on with my life, raising my six children by myself.

Years down the line I met my second husband who treated my children and me so beautifully. Three years into the relationship we got married. It seemed like he was the perfect guy, until one day he jump on me. I didn't know what to do. He would threaten me if I tried to leave him; just the look in his eyes made me afraid of him. This abuse went on for about another three years. It seemed forever. Every week my arms, legs and back would have purple bruises from the beatings. My body would be sore and I would pray every night for the Lord to remove him out my life.

One day we were at his friend's home, and the police busted the house. They arrested my husband and when they ask me my name , I stated" Janice White," they ask me was I kin to John White I replied "yes," he my husband. They proceeded to arrest me to. They charge both of us with dealing and he receive time and I receive probation. I knew that time was my chance to get away from him. I left and never looked back.

Now I wanted to start over and show my children that I can be a good role model. I went back to school and receive my GED. I receive my CNA and my QMA Certificates, and I'm in school to receive my associate's degree. All of the mistakes I have made in my life made me a better person. I am very passionate, honest, caring, and responsible person now. I know now I can be anything I set my mind to be, that anything is possible. My family is so proud of me, and I'm very grateful to my employer for believing in me and giving me this opportunity to send me back to school to farther my education in what I loved to do, taking care of people.

My goal is in five years to receive my RN. license and in ten years to open up a building for batter women. And let them know that theirs people in this world that do care. And there's opportunity out there for everyone.

All this occured in the late 80's and early 90's

Sincerely

Janice Ray

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50	1/29/10	3188935

License number	Issuance date (*month, day, year*)

TYPE OF APPLICATION

Are you applying for a license as a:
☐ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☐ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Ray Janice Yvonne Willis	White, Willis

Street address (*number and street or rural route*)	City	State	ZIP code
9639 Shoreland #C	Indianapolis	Indiana	46229

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 730-6427	04/18/1968	Indpls., IN.

Social Security number *	E-mail address
	jray5maine@yahoo.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school: Med Tech College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Indianapolis, Indiana	September 29, 2008	December 18, 2009

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☑ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: GED

Location (*city and state*):

Date of graduation (*month, day, year*)	If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
1999	☑ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
QMA / CNA ☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
QMA	Indiana Marion	QMA0700208		
CNA	Indiana Marion	CNA960611S		

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ RN ☑ LPN

I hereby certify that Janice Yvonne Ray *was admitted to the* Med. Tech College School of Nursing LPN *Program of Nursing located in* Indianapolis, Indiana *on* September 29, 2008 *and completed requirements for graduation on* December 18th, 2009 *will/did graduate on* December 18th, 2009. *His/Her Social Security number is* ←_____.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 12-18-2009 *SIGNED* Margaret Landis
Signature
Margaret Landis
Printed Name
Director
Dean / Director / Designee

SCHOOL SEAL

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

INDIANA STATE DEPARTMENT OF HEALTH
2 N. Meridian Street
Indianapolis IN 46204

Certificate Number	Expiration Date
QMA0700208	03/31/2010

JANICE Y. RAY

Qualified Medication Aide

Signature _____

INDIANA STATE DEPARTMENT OF HEALTH
2 N. Meridian Street
Indianapolis IN 46204

Certificate Number	Expiration Date
CNA9606115	06/12/2010

JANICE Y. RAY

Certified Nurse Aide

Signature

State of Indiana

Official Report of Test Results
THE AMERICAN COUNCIL ON EDUCATION
TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

Name of Examinee: JANICE Y RAY Social Security Number: XXX-X

Date of Birth: 04/18/68 Last Grade Completed: 9 Test Date: 03/03/99

	Form	Score	Percentile
Test 1: Writing Skills Test	AQ	45	33
Test 2: Social Studies Test	AQ	44	31
Test 3: Science Test	AQ	44	29
Test 4: Interpreting Literature and the Arts	AQ	48	45
Test 5: Mathematics Test	AQ	45	25
Total		226	
Standard Score Average:		45.2	

Passed | X |

Passing Standard for a Test Date ON or AFTER 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 40 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Passing Standard for a Test Date PRIOR to 10/1/96:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 35 or more on each of the five tests in the battery and an average standard score of 45 or more on all five tests of the battery.

Center Identification Number: 4905 INDIANAPOLIS PUBLIC SCHOOLS

Signature of Chief Examiner: [signature] Date: 09/08/08

For GED use only: 9386886

Revised 10/96 - IDOE - Form 30

Indiana
Online Licensing

New Search

ISDH Acute Care Program

Person Information

Janice Yvonne Ray

Address Information

Indianapolis IN 46229

License Information

License No:	HHA0101058
Profession:	Nurse Aides
License Type:	Home Health Aide
Obtained By Method:	Examination
Issue Date:	6/12/1996
Expiration Date:	6/12/2008
License Status:	Expired

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

Stephenson, Linda

From: Jones, Darlene
Sent: Friday, January 29, 2010 3:18 PM
To: Stephenson, Linda
Subject: RE: QMA verification for Janice Ray

will expire 3-31-10

Darlene K. Jones, Program Director
Health Care Records and Registry Services
Indiana State Department of Health
Division of Long Term Care
317-233-7351

dkjones@isdh.in.gov

From: Stephenson, Linda
Sent: Friday, January 29, 2010 2:39 PM
To: Jones, Darlene
Subject: QMA verification for Janice Ray

QMA0100031
DATE of Birth: 4/18/1968
XXX-XX-5442

Linda Stephenson - Case Manager
Indiana Professional Licensing Agency
Board of Nursing and Dietitians
402 West Washington Street, Room W072
Indianapolis, IN 46204
Phone: 317-234-2043
Fax: 317-233-4236
Group e-mail: pla2@pla.in.gov
Web: www.pla.in.gov

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

February 9, 2010

Nancy Distin
343 Bard Lane
Ventura, CA 93001

Dear Ms. Distin:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010**, to review your application for licensure as a registered nurse. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**.

You have previously been scheduled for personal appearances before the Board regarding your positive response on your application for licensure by endorsement. This will be your final opportunity to meet with the Board as requested to discuss your application. Should you fail to appear, your application may be denied.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman
Sean Gorman
Director, Indiana State Board of Nursing

Grice, Lori

From: Nancy D. [nancz914@yahoo.com]
Sent: Sunday, January 17, 2010 7:48 PM
To: Group 02
Subject: BRN meeting in January

Hello,
My name is Nancy Distin and I am a Registered Nurse who had applied for licensure with the Indiana BRN. I have a somewhat complicated history ,and my application was reviewed by your staff where it was deemed that my presense is required at the next meeting scheduled for 01/21/2010. I understand the boards decision and their concern, however I am not able to afford the trip to Indiana at this time due to my financial situation to make an appearance. If I can submit the documents I provided for my California licensure I would be happy to do this. If this is not sufficient, then perhaps I can try for another date down the road? I appreciate your consideration and will understand if this is not acceptable for your final decision. Thank you for your willingness to meet and listen to me, and if I get the opportunity to come back to the midwest and work again, I would love to meet with you at that time.
Sincerely,
Nancy Distin , RN

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

November 30, 2009

Nancy Distin
343 Bard Lane
Ventura, CA 93001

Dear Ms. Distin:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **January 21, 2009,** to review your application for registered nursing licensure by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Grice, Lori

From: Nancy D. [nancz914@yahoo.com]
Sent: Saturday, November 28, 2009 3:34 PM
To: Group 02
Subject: December Board meeting

Dear Lori,
I have received the letter you have sent regarding my appearance before the Indiana Board of Nursing which has been scheduled for December 10,2009.
I am currently living in California and my plans to be in Michigan will not be taking place until early 2010. I am in the process of trying to find renters for my home, and need to take care of last minute obligations until that time.
I realize that my licensure issues from my past nursing practice will be needing clarification and I understand this completely. If there is some way I could put this meeting on hold until I actually do arrive in southwestern Michigan on a permanent basis, I would appreciate this.
I do not have the financial means to pay for a plane ticket to Indiana at this late date to attend this meeting, but will be happy to start accumulating the necessary documents or items needed to support my licensure request.
I am assuming that you will want letters from the Michigan Health Professional Recovery Program and any other letters to show what I have done to redeem myself both personally and professionally. I am able to do this, but need a little time to gather this information together. If you can give me a more specific idea of what you would like for me to provide you with I would also appreciate that.
Again, thank you for your time and consideration, and I look forward to hearing back from you soon.
Nancy Distin RN

PA re: Endorsement
Continued to 1-21-10.

343 Bard Lane
Ventura CA 93001

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

November 25, 2009

Nancy Distin
8121 Santa Ana Rd.
Ventura, CA 93001

Dear Ms. Distin:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **December 10, 2009,** to review your application for registered nursing licensure by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Nancy Distin

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** _____

Needs personal appearance: **Yes**_____ **No**_____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** ✓ **No**_____

Approved by (please initial): SG _____ LG ✓

Check here if the file must be reviewed again for a permanent license: ✓

Set for Dec. 10 P.A.

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

November 12, 2009
Nancy Joan Distin
8121 Santa Ana Rd.
Ventura, CA 93001
(805)649-9983 home
(805)746-3338 cell
Nancz914@yahoo.com

To Whom It May Concern:

I am a Registered Nurse who is currently seeking licensure in Indiana. At this time it is necessary to clarify my licensure issues from the state of Michigan, and what I have done to redeem myself where this is concerned.

In 1992 while working at a hospital in Traverse City, Michigan I became addicted to opiates following 4 surgeries, and was unable to stop this cycle. I had prescriptions prescribed initially, and when this was no longer an option, I did divert pills from my employer for my own use. I was taken off the job as a nurse, but allowed to remain on staff as a unit secretary for almost 2 years before gaining employment once again on the general floor in a different capacity without access to drugs.

In the meantime, I went through In patient treatment, counseling, three years of monitoring with the Health Professional Recovery Program, daily 12-Step meetings for the first year, and then 3 times weekly for subsequent years. I successfully completed this program and remained drug and alcohol free for the next 7 years. I again had another problem following a bicycle accident with numerous fractures, and became addicted once again. Upon returning to work I once again developed a problem, and when I was aware that I would most likely be terminated due to the ongoing investigation by my employer, I resigned and sought legal help.

Again I went into treatment, sought the weekly help of a Psychologist who had a background in working with addictions, became involved with helping other health care professionals, daily 12 step meetings, and I again went into the Health Professional Recovery Program , which consisted of another 3 years of monitoring.

. I successfully completed this without any relapses or problems. My compliance has been 100% both times.

I suffered many consequences from that experience and was unable to obtain employment as a Registered Nurse in the area that I lived.

I went back to school to learn how to do Therapeutic Massage and began a new career. This was a difficult way to survive financially and finally I sought the help of a friend in Ventura, CA who was a nursing supervisor at a local hospital there. She helped me to secure employment and by this time I had obtained my Registered Nurse licensure in California.

To gain licensure with the problems I had in Michigan required me to provide a mountain of documentation to support my efforts and accountability. I understood this completely and felt it was prudent and necessary.

RECEIVED
NOV 2 8 2009
Indiana Professional
Licensing Agency

I re-entered the nursing profession and have gained some new experiences and skills, and have much gratitude for what being in recovery has brought into my life.

I have admittedly made some poor choices in the past, but have been doing everything possible to turn my life around and remain healthy and active.
I have learned a lot along the way, and have found a lot of peace and joy in the new life I have been given.
I would be willing to go through any type of formal monitoring at my expense if granted licensure or deemed necessary, however my recovery program at this time remains stable and consistent. I am active in health professional recovery groups, and attend 12 step meetings several times weekly...

I hope you will take this information into consideration and take a look at what I have done to support my recovery and remain professionally active.
I continue to remain current on all continuing education requirements, and licensure in both California and Michigan are active and without restrictions.

Thank you for reading this and please let me know if you require any further information or clarification.
Sincerely,

Nancy Distin RN

Nancy Distin RN

RECEIVED
NOV 23 2009
Indiana Professional
Licensing Agency

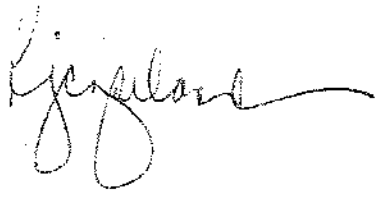
Karen J Copeland LPN ATP
19200 Maple Street
Lake Ann, MI 49650
231-275-0444

To Whom it May Concern:

I have known Nancy Distin as a colleague and friend for over 15 years. Nancy and I worked together in a very fast-paced Cardiac Catheterization Lab/Recovery Outpatient Unit. I have always known her to be a very caring, competent and well-informed nurse. In times that were very challenging, I was able to see Nancy display an ability to assess the patient, to know instinctively what measures would be most effective, and to be supportive to patient, family and staff.

Nancy is also a loving mother, daughter, sister and friend. I will support her as she moves forward in her career. Please know that if you have any questions or concerns, I would be happy to answer them. I am always at your disposal.

Sincerely



Karen J. Copeland

1500 East Ocean Blvd, Unit 612,
Long Beach CA 90802
562-912-4667
pstrople@aol.com

June 1, 2007

To Whom It May Concern,

I would like to recommend Nancy Distin RN as a candidate for a position in your organization. As Director of Surgical Services at Community Memorial Hospital in Ventura CA until my retirement in 2005 I supervised Nancy in her capacity as an RNII in our Same Day Surgery PACU from September 2003 until 2005. In her position as a staff nurse Nancy was a caring, competent nurse who was very diligent in her duties. Nancy has a background as a Respiratory Therapist as well, which only enhance her clinical skills and demonstrated expertise. Nancy has good communication skills, is well organized, works well with others and, of note, was very flexible and willing to help other departments with their staffing needs. Nancy would float to our Main Operating Room PACU to cover breaks and lunches as well pick up weekend call for that department. Nancy is a reliable and dependable and aboye all she is a team player.

On a personal level, Nancy is a true pleasure to work with. Congenial and capable. She is well liked by her co-workers and her patients and their families. She often had families requesting her care. Her performance at Community Memorial Hospital is a clear indication that Nancy would be a valuable asset to any organization.

If I can be of further assistance, or provide you with any further information, please do not hesitate to contact me.

Yours Sincerely,

Margaret R. Strople

Margaret R. Strople RN

Arlene Brennan

4412 Buteo Drive, Traverse City, MI 49684-6917 231.947.1897

November 16, 2009

To Whom It May Concern, Regarding Nancy Distin

I have known Nancy Distin for twenty five years on both professional and personal levels. Professionally, I worked with Nancy in several capacities. The first was for many years when she was a nurse on a medical - surgical unit at Munson Medical Center, Traverse City, MI, and I was a nurse practitioner with a group of surgeons. The majority of our patients were on that unit, and Nancy frequently cared for them. That always brought a sense of comfort because we knew they were in excellent hands. She was on top of things and was able to think logically whenever there was a challenge or problem. The second professional experience was when Nancy worked for me at NorthMed, a small, local, HMO. I was the Vice President of Medical Operations, and Nancy worked in our quality department doing private office and medical record reviews. She was thorough, accurate and well-liked by the staff she visited. In both professional situations, Nancy performed her jobs very well, with accuracy, timeliness and always the best quality.

On a personal note, I know Nancy as a very loyal, hard working, competent, likeable person who would never hesitate to help someone. She has great determination and perseverance, talents and abilities, all of which bring a rich background and experiences to her work.

For any further information, please do not hesitate to call me at 231.947.1897 or email me at abrennan@traversehcc.org.

Sincerely,

Arlene Brennan

Arlene Brennan, MSN, MHSA

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee $50.00	Permit fee $10.00
Date fee paid (*month, day, year*) 11/23/09	Date fee paid (*month, day, year*) 11/23/09
Receipt number 3155887	Receipt number 3155883
License number	Permit number 99040311A
Issuance date (*month, day, year*)	Issuance date (*month, day, year*) 11/30/09

DO NOT WRITE ABOVE THIS LINE

☑ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☑ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure: Michigan		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): DISTIN, NANCY, JOAN		List any other last names ever used: ROUTZAHN, SELEGA	
Street address (*number and street or rural route*): ~~871 SANTA ANA Rd~~ 343 BARD LANE	City: VENTURA	State: CA.	ZIP code: 93001
Daytime telephone number (*include area code*): (805) 746-3338	Date of birth (*month, day, year*): 09-14-1951	Place of birth (*city and state*): SYRACUSE, New York	
Social Security number *	E-mail address: nancz914@yahoo.com		

NURSING EDUCATION

Name of nursing school: Northwestern Michigan College		
Location (*city and state*): 1701 E. FRONT St. TRAverse City, MI 49684	Date of enrollment (*month, day, year*): 08/1984	Date of graduation (*month, day, year*): 06/1987

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☑ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: VENTURA High School	
Location (*city and state*): 2 Catalina St. Ventura, CA 93003	
Date of graduation (*month, day, year*): June 1969	If you are not a high school graduate, have you taken and passed the GED? ☐ Yes ☐ No

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NOV 23 2009
Indiana Professional Licensing Agency

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☑ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
MICHIGAN	

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?

☑ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
Registered Nurse	CA	617142	4/16/2003	Active
Registered Nurse	MI	4704164983	07/1987	Active

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☑ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☑ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☑ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☑ Yes ☐ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Nancy Joan Distin RN	11/20/2009

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Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

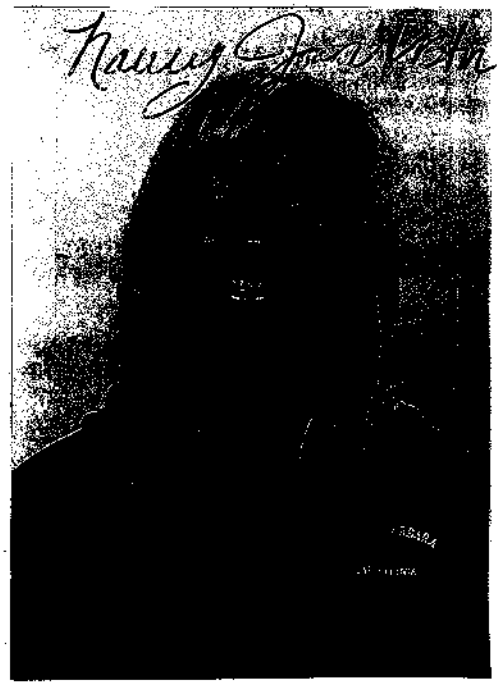
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Nancy Joan Distin	11/20/2009

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)



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NOV 23 2009
Indiana Professional Licensing Agency

APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
DISTIN, NANCY, JOAN	ROUTZAHN, SELEGA

Street address (*number and street or rural route*): 8121 Santa Ana Rd, (VENTURA)

City	State	ZIP code
VENTURA	CA	93001

Social Security number *

* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☑ Registered Nurse ☐ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
617142(CA) 47041164983 (MI)		CA, Michigan

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
Nancy Joan Distin	11/20/2009

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Nancy Joan Distin	11/20/2009

NOTARY SEAL
IRENE TORRES
COMM. # 1813725
NOTARY PUBLIC-CALIFORNIA
VENTURA COUNTY
My Commission Expires
SEPTEMBER 18, 2012

SWORN TO AND SIGNED BEFORE ME THIS

20 DAY OF NOV., 2009

Signature of notary public

NOV. 20. 2009

Expiration date of commission (*month, day, year*)

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NOV 23 2009
Indiana Professional Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

November 23, 2009

Nancy Joan Distin
343 Bard Lane
Ventura CA 93001

INCOMPLETE NOTIFICATION

Upon review of your application for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Official verification of MI and CA licensure.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

Files that are one (1) year old will automatically be coded "abandoned" and you will have to reapply.

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

DMV **CALIFORNIA** DMV

DRIVER LICENSE CLASS:C

EXPIRES 09-14-13 D7052502

NANCY JOAN DISTIN
8121 SANTA ANA RD
VENTURA CA 93001

SEX:F HAIR:BLN EYES:BRO
HT:5-05 WT:127 DOB:09-14-51

RSTR: CORR LENS

07/29/2008 235 RB FD/13

CALIFORNIA

BOARD OF REGISTERED NURSING

Registered Nurse
License 617142

NANCY JOAN DISTIN

Expiration: 10/31/2010
Status: ACTIVE

STATE OF HAWAII DEPARTMENT OF COMMUNITY HEALTH

BOARD OF NURSING
REGISTERED NURSE
LICENSE

NANCY JOAN DISTIN
8121 SANTA ANA RD
VENTURA CA 93001

PERMANENT I.D. NO. 4704164983 EXPIRATION DATE 03/31/2010 2320853

VERIFICATION OF STATE LICENSURE

State Form 7143 (R4 / 2-06)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236
www.pla.IN.gov

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (*last, first, middle, maiden*)	Date of birth (*month, day, year*)	Social Security number *
DISTIN, NANCY, JOAN (SAME MAIDEN)	09/14/1951	

Address (*number and street or rural route*) former address: 8121 Santa Ana Rd, Ventura, CA
NOW 343 Bard LANE ← (mothers address)

City	State	ZIP code
Ventura	CA	93001

Type of license held	License number	Date of issuance (*month, day, year*)
Registered Nurse	470416 4983	July 1987

I hereby authorize the State of MICHIGAN to furnish the Professional Licensing Agency with the information below.
Nancy Joan Distin

Signature of applicant	Date signed (*month, day, year*)
Nancy Joan Distin	11/20/09

DO NOT WRITE BELOW THIS LINE

License number	Date of issuance (*month, day, year*)	Date of expiration (*month, day, year*)
Licensed by ☐ Exam ☐ Endorsement ☐ Other	Type of examination	Date of administration (*month, day, year*)
Attach subjects, scores, date of examination, and average.		
License is current and in good standing ☐ Yes ☐ No	License is or has been invalid ☐ Yes ☐ No	Any derogatory information? ☐ Yes ☐ No
If license has been encumbered in any way, please provide certified copies of all related documents.		

FORM COMPLETED BY		
Signature		Date (*month, day, year*)
Printed name	Title	
State Board	Telephone number ( )	E-mail address

Please affix board seal below

RECEIVED
NOV 23 2009
Indiana Professional Licensing Agency

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
P.O Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 | www.rn.ca.gov

VERIFICATION OF LICENSE

1. Send this form to the State Board of Nursing where you have a current and active license. The board of nursing may require a processing fee. If you are licensed in a state that is a member of the Nursys® verification system, visit www.nursys.com to complete the online verification request application process.
2. **INTERNATIONAL GRADUATES:** Send form to the state of current license. If you took the examination in a different state, make a copy of this form and send the form to that state also.

PART I: To be completed by APPLICANT and forwarded to appropriate licensing boards.

Name: *(Last, First, Middle)*	Previous Names: *(Including Maiden)*
Distin, Nancy, Joan	Routzahn, Selega

Current Street Address of Record:	City:	State:	Zip Code:
NOW: 343 Bard Ln. (MOTHER'S) (8121 Santa Ana Rd Ventura, CA 93001)	Ventura, CA	CA	93001

Name as it Appeared on Original License: *(Last, First, Middle)*	Date of Birth: *(Month/Day/Year)*	Social Security Number:
Selega, Nancy, Joan	09/14/1951	

State of Current Licensure:	Issue Date of Current License:	Current License Number:
CA	04/16/2003	617142
State of Original Licensure:	**Issue Date of Original License:**	**Original License Number:**
MI	07/1987	4704164983

I hereby authorize all identified Boards of Nursing to release my licensure data to the California Board of Registered Nursing.

Signature: Nancy Joan Distin Date: 11/20/09

PART II: To be completed by licensing board and sent to the California Board of Registered Nursing listed at the top of this form.

This is to certify that this applicant was issued a license number to practice as a registered nurse:

Applicant Name: _____ Date Issued: _____

License Number: _____ Expiration Date: _____

Licensed by: ☐ Endorsement ☐ Examination ☐ Waiver

Current Licensure Status: ☐ Active ☐ Inactive ☐ Lapsed

Has license ever been REVOKED, SUSPENDED, placed on PROBATION, or DISCIPLINED in any way? ☐ Yes ☐ No

If yes, please attach certified documents. Reinstated? ☐ Yes ☐ No

Date Reinstated: _____

Is there any PENDING disciplinary action or pending investigation against this licensee? ☐ Yes ☐ No

If yes, please attach information.

Name of Professional Nursing Program:	Approved by State? ☐ Yes ☐ No	Graduated from: ☐ High School ☐ H.S. Equivalency ☐ 10th Grade
Location: *(City, State/Country)*	Graduation Date:	Type of Nursing Program ☐ ADN ☐ DIP ☐ BSN ☐ MSN ☐ Other

Examination Passed: ☐ NCLEX-RN ☐ SBTPE ☐ Canadian Five-Part Taken in English? ☐ Yes ☐ No

Scores: SBTPE/Canadian	Medical	Surgical	Obstetric	Pediatric	Psychiatric	Series or Exam Date:
NCLEX-RN _____						

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NOV 23 2009
Indiana Professional Licensing Agency

Signature: _____ Title: _____

Board of Nursing: _____ Date: _____

[BOARD SEAL]

(Rev 11/03)

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • ARNOLD SCHWARZENEGGER, GOVERNOR

BOARD OF REGISTERED NURSING
P.O. Box 944210, Sacramento, CA 94244-2100
Phone: (916) 322-3350 | www.rn.ca.gov

IN

PA 1/12/10

VERIFICATION OF LICENSURE IN THE STATE OF CALIFORNIA

DATE: **12/10/2009**

THIS CERTIFIES THAT: **DISTIN, NANCY JOAN**

DATE OF BIRTH: **09/14/1951**

WAS ISSUED LICENSE NUMBER: **617142**

TO PRACTICE AS A: **Registered Nurse**

IN THE STATE OF CALIFORNIA ON: **04/16/2003**

RECEIVED
DEC 21 2009
Indiana Professional Licensing Agency

LICENSED BY: **END/US** DATE OF EXAM:

NCLEX/RN:
(If Exam)

NAME OF NURSING EDUCATION PROGRAM COMPLETED: **NORTHWESTERN MICHIGAN COLLEGE**

City: **TRAVERSE CITY** State/Country: **MI / USA** Degree: **ADN** Graduation Date: **06/01/1987**

CURRENT LICENSURE STATUS: **ACTIVE**

CURRENT LICENSE EXPIRES ON: **10/31/2010**

DISCIPLINARY ACTION: **NO**
If yes, see attachments.

Prepared by: **Leah Doane** Title: **Endorsement Coordinator**

Leah Doane

SEAL.

Sherinda Teague

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** _____

Needs personal appearance: **Yes**_____ **No**_____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. **Issue Temporary Permit:** **Yes**_____ **No**_____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

December 15, 2009

To whom it may concern:

In 2004 or 2005, I was employed as a certified nursing assistant and got suspended for 1 day because a resident falsely accused me of physical abuse. Administration investigated the incidence and found these accusations to be false. I was allowed back to work to assume my responsibilities as a caring, professional nursing assistant the following day after the investigation was over.

In August 2007, I received a written warning that a nurse accused me of insubordination and verbal abuse. It was during the winter and the nurse wanted me to sit in a freezing corridor. I informed her that it was too cold in the corridor and that I was not feeling well. She did not care about that nor did she take my feelings into consideration, so I sat in a heated room by the nurses station so I would not freeze all night and get any sicker.

In October 2007, my supervisor wrote me up because I did not ask my co-workers to help me pull a resident up in bed. The resident was frequently getting in and out of bed by himself and often did not require 2 or 3 people to assist him.

In March 2008, I was suspended because a resident became argumentative with me as I was re-directing another resident. I asked the argumentative/hostile resident to step back because he was too close to my face. He refused to, so I walked away from him because at times, he can be violent. As I turned to walk away, he followed close behind me. He was so close that I felt his face against the back of my head and he was also walking on the back of my shoes. I again informed him that he was too close to me and that he needed to back up. He became angry and started hollering and cursing at me.

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JAN 2010
Indiana Professional

My supervisor states "she heard me raise my voice at him" and she also said that "I should not have told him to get out of my face". At that time, I felt my safety was in danger and felt I had the right to inform him of his inappropriate behavior.

In closing, I have been employed at the same facility for 6 yrs as a faithful, dedicated employee where these incidences occurred. I understand that these incidences could have been avoided and also handled in a different manner. I have truly improved in my interpersonal skills and techniques through the leadership and training I have received through my academic and clinical experiences. I have also improved in my listening skills. I have re-evaluated my life and the way I respond to chaos and hostile situations in the work environment. I believe in providing caring and holistic care to every patient entrusted to me. And I also believe in the betterment of all man-kind. I pray that you will not hold these occurrences against me because I truly love and enjoy the duty of caring for people and providing the service I was called to do. I feel nursing is a calling and that it takes caring people to fulfill it. I have been in this field for 6 yrs as a certified nursing assistant and I have dedicated the past year of my life to receive the education and training skills necessary to be an effective LPN who will provide the best care to everyone entrusted to my care.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7 DAY OF Jan 20 10

NOTARY PUBLIC

EXPIRES

Sincerely,

Sherinda Teague

"OFFICIAL SEAL"
TANYA M. FARRIOLS
Notary Public, State of Illinois
My commission expires Sept. 07, 2011

RECEIVED
JAN 26 2010
Indiana Professional

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: Please type or print clearly and answer all questions.

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	1/26/10	3187407

License number	Issuance date (*month, day, year*)

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a:
☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Teague, Sherinda, Dirkans	

Street address (*number and street or rural route*)	City	State	ZIP code
22432 Regency Dr. #2A	Richton Park	IL	60471

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(708) 248-5046	09-04-74	Chicago, IL

Social Security number *	E-mail address
	Sherindat904@aol.com

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school
Everest College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Merrillville, IN.	01-05-2009	01-10-2010

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
☐ Associate Degree (2 year)
☐ Baccalaureate Degree (4 year)
☐ Diploma (3 year)

☑ PN PROGRAM

HIGH SCHOOL EDUCATION

Name of school
Curie

Location (*city and state*)
Chicago, IL.

Date of graduation (*month, day, year*)
06-12-1992

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?
☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
CNA	IL / USA		Feb. 2003	Active

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

CERTIFICATE OF COMPLETION

☐ RN ☑ LPN

I hereby certify that Sherinda Teague *was admitted to the* Everest College *Program of Nursing located in* Merrillville *on* January 5, 2009 *and completed requirements for graduation on* January 8, 2010 *will/did graduate on* January 8, 2010 . *His/Her Social Security number is* [redacted].

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 1-8-10 *SIGNED* Tracy Flenar RN
Signature

Tracy Flenar
Printed Name

SCHOOL SEAL

Assistant Campus Nursing Dir.
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

health care worker registry

Home | Search

SHERINDA TEAGUE Validate SSN

Administrative Findings:
No administrative findings on record.

Last Criminal Background Check:
1/28/2006 No Disqualifying Offenses Found

Last Employment Verification:

Waivers:
No waivers on record.

Programs:

12/16/2002 CNA-JOLIET JUNIOR COLLEGE

Competency:

2/17/2003 **Passed**

"No health care employer shall hire, employ, or retain any individual who has a disqualifying conviction or an administrative finding of abuse, neglect or theft pursuant to 42 CFR Section 483.13 and 225 ILCS 46/25"

RECEIVED JAN 26 2010 Indiana Professional

idph online home
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761
Phone 217-785-5133
Fax 217-524-0137
TTY 800-547-0466
Questions or Comments

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

February 9, 2010

Sherinda Teague
22432 Regency Drive, Apt. 2A
Richton Park, IL 60471

Dear Ms. Teague:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010**, to review your application for licensure as a licensed practical nurse. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**.

You have answered "yes" to one of the questions on your application for licensure by examination. The Board requests your appearance to discuss with you the circumstances surrounding that "yes" response.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman
Director, Indiana State Board of Nursing

We work to keep you working
IPLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

February 9, 2010

Donald Ranus
540 W. Briar Place, Apt. 4H
Chicago, IL 60657

Dear Mr. Ranus:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010**, to review your application for licensure as a nurse in the state of Indiana. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**.

You have answered "yes" to one of the questions on your application for licensure by endorsement. The Board requests your appearance to discuss with you the circumstances surrounding that "yes" response.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman

Sean Gorman
Director, Indiana State Board of Nursing

Donald Ranus

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** _____

Needs personal appearance: **Yes**_____ **No**_____

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** ✓ **No**_____

Approved by (please initial): SG _____ LG ✓

Check here if the file must be reviewed again for a permanent license: ✓

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

* 1/27/10 Please review file re: IL verification - on Probation

01/03/2010

To Whom It May Concern:

My Illinois Nursing License was issued and placed on probation because I was behind on paying my child support. I have been working with the court and am currently in compliance with my court order to look for employment and my support order has temporarily been suspended until such time as I am employed. I am currently unemployed. My next court date with the judge is March 9, 2010.

If any further information is needed please feel free to contact me. The court of jurisdiction is located in Joliet, Illinois and I last appeared in court on December 22, 2009 for a hearing on my status.

Sincerely,

Donald Ranus

Donald Ranus

540 W. Briar Place, Apt 4H

Chicago, Illinois 60657

Email: donranus@gmail.com

Phone: 773-230-5137

RECEIVED
JAN 06
Indiana Professional
Licensing Agency

STATE OF ILLINOIS)
)SS
COUNTY OF WILL)

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS

IN RE THE MARRIAGE OF:

Gerald Lorenz
Plaintiff
vs
LaVerne McGuire
Defendant

CASE NO: 92 D 5069

ORDER

PLAINTIFF PRESENT ☒ YES ☐ NO	Judge: [signature]	PLAINTIFF ATTORNEY	☐ YES ☐ NO
DEFENDANT PRESENT ☐ YES ☒ NO		DEFENDANT ATTORNEY	☐ YES ☐ NO

THIS MATTER HAVING come before the Court pursuant to proper Notice, the Court having jurisdiction and being fully advised in the premises,

IT IS ORDERED:

On Motion of (Court) (Plaintiff) (Defendant) (By Agreement):

☐ That this cause is set for presentation of (Agreed Order) (Judgment) on _____ 20 ____, at _____ (a.m.) (p.m.).

☐ That Defendant is in Default herein, no Appearance, Response, or other Pleading having been filed herein within the requisite time.

☐ That this cause is set for Pre-Trial/ Trial on _____ 20 ____, at ☐ 1:00 p.m. ☐ 1:30 p.m.

☐ NO FURTHER CONTINUANCE shall be allowed except upon written motion supported by Affidavit, showing sufficient cause.

☐ That Grounds of _____ are found to have been proved.

☐ That the following Petitions/ Motions are (re)set for hearing on _____ 20 ____, at _____ (a.m.) (p.m.).

_____

_____

Family Hotline: (815) 727-5651 / Call to check the status of the judge's hearing calendar.

☐ _____

_____

☐ Both parties are ordered to complete the Will County Parenting Program at University of St. Francis Solutions Resource Center, 500 Wilcox Street, Joliet, IL (815) 740-3600, and file proof of completion on or before _____, 20 ____.

☐ Next Case Management Date: 3-9, 20 10 at 9:00 a.m.

Dated: 12-22, 20 09

Enter: [signature]
Judge

~~Attorneys~~ Present: Donald Kanus _____

PAMELA J. MCGUIRE, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

White – Court Yellow – Plaintiff Pink – Defendant

7A (Revised 01/09)

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Secretary

DANIEL E. BLUTHARDT
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

Professional Licensing Agency
Indiana Board of Nursing
402 W. Washington St. Rm. W072
Indianapolis, IN 46204

Licensee:	DONALD RANUS
License Number:	041.380085
Profession:	REGISTERED PROFESSIONAL NURSE
Date of Issuance:	09/25/2009
Expiration Date:	05/31/2010
License Status:	PROBATION
License Method:	LIC BY EXAM
Disciplinary History:	Has been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

ILDEPT. OF FINANCIAL & PROFESSIONAL REGULATION DIV. OF PROFESSIONAL REGULATION

January 25, 2010
Date

Daniel E. Bluthardt
Director
Division of Professional Regulation

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

Please contact the *Division of Professional Regulation, Licensure Maintenance Unit,* at 217-782-0458 if you have any questions.

VERIFICATION OF STATE LICENSURE

State Form 7143 (R4 / 2-06)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236
www.pla.IN.gov

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (*last, first, middle, maiden*)	Date of birth (*month, day, year*)	Social Security number *
RANUS, DONALD, ALLEN	03/09/65	

Address (*number and street or rural route*)		
540 W. Briar PL - Apt. 4H		
City	**State**	**ZIP code**
Chicago	Illinois	60657

Type of license held	License number	Date of issuance (*month, day, year*)
RN	041.380085	09/25/2009

I hereby authorize the State of Illinois to furnish the Professional Licensing Agency with the information below.

Signature of applicant	Date signed (*month, day, year*)
Donald A. Ranus	01/03/2010

DO NOT WRITE BELOW THIS LINE

License number	Date of issuance (*month, day, year*)	Date of expiration (*month, day, year*)
Licensed by ☐ Exam ☐ Endorsement ☐ Other	Type of examination	Date of administration (*month, day, year*)
Attach subjects, scores, date of examination, and average.		
License is current and in good standing ☐ Yes ☐ No	License is or has been invalid ☐ Yes ☐ No	Any derogatory information? ☐ Yes ☐ No
If license has been encumbered in any way, please provide certified copies of all related documents.		

FORM COMPLETED BY

Signature	Date (*month, day, year*)
Printed name	Title
State Board	Telephone number ( )
	E-mail address

Please affix board seal below

JAN 7 - 2009

IL DEPARTMENT OF PROFESSIONAL REGULATION
REGISTERED NURSE EXAMINATION HISTORY

DATES	EXAM	SCORES
July 1988 thru current 2000	NCLEX	PASS/FAIL
July 1982 thru July 1988	NCLEX	1600
January 1954 to July 1982	NSBTP(NLN)	
Five subjects:		
1.) Medical Series No.		350
2.) Surgical Series No.		350
3.) Obstetrics Series No.		350
4.) Nursing of Children Series No.		350
5.) Psychiatric Series No.		350

Dates	Series	Dates	Series
2/82	282	1/73, 6/73, 7/73,	
7/81	781	9/73, 12/73, 2/74	673
2/81	281	6/72, 7/72, 9/72	672
7/80	780	6/71, 7/71, 9/71	671
2/80	280	6/70. 7/70, 9/70	670
7/79	779	6/69, 7/69, 8/69	
2/79	279	1/70, 3/70	669
7/78	778	1/68, 7/68, 8/68	
2/78	278	10/68	668
7/77	777	1/67 thru 6/68	168
2/77	277	9/65 thru 1966	166
7/76	776	7/64 thru 8/65	164
2/76	276	10/61 thru 6/64	162
7/75	775	9/59 thru 9/61	160
2/75	275	3/57 to 9/59	157
6/74	674	1/54 thru 12/56	154

DATES	EXAM	SCORES
May, July & September 1949	NSBTP(NLN) Series #747	75%

Ten subjects:

1.) Anatomy & Physiology
Series No.
2.) Nutrition & Diet Therapy
Series No.
3.) Pharmacology
Series No.
4.) Nursing of Children
Series No.
5.) Surgical
Series No.
6.) Obstetrical & Gynecological
Series No.
7.) Medical
Series No.
8.) Psychiatry
Series No.
9.) Microbiology
Series No.
10.) Social Foundations
Series No.
11.) Genito-Urinary Disease(Male nurses only)
Series No.

July 1949 thru 1982
1949 Mandatory Licensure began.

STATE BOARD TEST POOL

February 1918 to September 1949

State Constructed

75% with no grade below 60%

Subjects-1918 (Essay)

1.) Anatomy & Physiology
2.) Materia Medica
3.) Dietetics
4.) Nervous & Mental
5.) Hygiene, Bacteriology & Urinalysis
6.) Medical Nursing
7.) Ethics
8.) Contagion & Children
9.) Obstetrics
10.) Surgery & Gynecology

Subjects-1919 (Essay)

1.) Anatomy & Physiology
2.) Materia Medica
3.) Dietetics
4.) Nervous, Mental & Medical
5.) Bacteriology & Infectious Diseases
6.) Sanitation, Hygiene & Urinalysis
7.) Ethics & History of Nursing
8.) Infants & Children
9.) Obstetrics
10.) Surgery & Gynecological

State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation
320 W. Washington St., 3rd Floor, Springfield, IL 62786

ATTENTION

The attached document is an official
State of Illinois
Licensure certification/verification, prepared by the
Illinois Department of Financial and Professional Regulation.

This certifies that the named individual has met all of the education/examination requirements by law in order to receive the credential that is being verified.

The Department has eliminated specific examination status from certifications/verifications of licensure, as passage of an examination is a requirement for licensure.

This information is the **ONLY** certification information provided by this Department. If other information is needed, it **MUST** be obtained from the applicant.

THANK YOU

NOTICE

TO: State Licensure and Regulatory Boards/Agencies

From: Nancy Haines
Intake Operations Manager

Re: Illinois Licensure Examination Requirements

The following chart sets forth an historical chronology of Illinois statutory licensure Examination requirement. Individuals licensed in Illinois on the basis of examination were required to meet examination standards in force in this State at the time of licensure. We hope this information is helpful. Please do not hesitate to contact the Department if we can be further assistance.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

BRENT E. ADAMS
Acting Secretary

DANIEL E. BLUTHARDT
Director
Division of Professional Regulation

CERTIFICATION

I, DANIEL E. BLUTHARDT, DIRECTOR OF THE DIVISION OF PROFESSIONAL REGULATION, DO HEREBY CERTIFY THAT I HAVE BEEN DESIGNATED BY THE SECRETARY OF THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION OF THE STATE OF ILLINOIS, AS THE KEEPER OF ITS RECORDS AND SEAL. SUCH DOCUMENT(S) ATTACHED HERETO ARE CERTIFIED COPIES OF THE RECORDS MAINTAINED AND KEPT BY THIS DEPARTMENT IN THE REGULAR COURSE OF BUSINESS AS OF TODAY'S DATE.

IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL OF THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION AT SPRINGFIELD, SANGAMON COUNTY, ILLINOIS.

THIS 25th DAY OF January 2010

DANIEL E. BLUTHARDT
DIRECTOR
DIVISION OF PROFESSIONAL REGULATION

ILL. DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
DIV. OF PROFESSIONAL REGULATION

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois, v. Donald Ranus 041File No.3499934	Complainant, Applicant	No. 200908600

CONSENT ORDER

The Department of Financial and Professional Regulation, Division of Professional Regulation (hereinafter, "Department") by Gertrude M. Kelly, Chief of Health Related Prosecutions, and Donald Ranus, Applicant, hereby agree to the following:

STIPULATIONS

Applicant is applying for licensure as a Registered Professional Nurse in the State of Illinois. At all times material to the matter set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation has jurisdiction over the subject matter and parties herein.

On August 11, 2009, a Court Order was entered against the Applicant in the Circuit Court of the Twelfth Judicial Circuit, Will County, Illinois, Case No. 92D8069. The Court Order requires the Applicant to comply with child support payments. As of the date of the Court Order, Applicant's child support totals $21,000.00.

The allegations as set forth herein, if proven to be true would constitute grounds for denying Applicant's application for Registered Professional Nurse licensure on the authority of 20 ILCS 2105-15(a)(5).

Applicant has been advised of the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Applicant knowingly waives each of these rights, as well as any right to administrative review of this Consent

Order.

Applicant and the Department have agreed, in order to resolve this matter, that Applicant be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Gertrude M. Kelly, its Chief of Health Related Prosecutions, and Donald Ranus, Applicant, agree:

1. Applicant's Registered Professional Nurse's License shall issue and shall immediately be placed on PROBATION until such time as the Court Order in the Circuit Court of the Twelfth Judicial Circuit, Will County, Illinois, Case No. 92D8069, is terminated.

2. Applicant shall comply with the requirements of the Court Order in the Circuit Court of the Twelfth Judicial Circuit, Will County, Illinois, Case No. 92D8069. Said Court Order is attached hereto as Exhibit A and incorporated by reference.

3. Respondent further understands and expressly agrees that any violation by Applicant of the terms and conditions of the Order of the Circuit Court of the Twelfth Judicial Circuit, Will County, Illinois, attached as Exhibit A, shall result in the Department's automatic, indefinite and immediate suspension of Respondent's Registered Nurse license for a minimum period of twelve (12) months. Respondent knowingly waives all rights to and associated with notice and a formal hearing under these circumstances. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. In the event Respondent

contests in writing (by the filing with the Department within 15 days of the effective date of the suspension, a Petition complying with the Department's Rules of Practice In Administrative Hearings), the factual basis underlying said suspension, Respondent shall be afforded a hearing on the merits within thirty (30) days from the filing of that petition.

5. Any violation by Respondent of the terms and conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke the Respondent's license to practice as a Registered Nurse in the State of Illinois.

6. This Consent Order shall become effective upon the signing and approval by the Director of the Department.

DATE

Gertrude M. Kelly
Chief of Health Related Prosecutions

9/4/09
DATE

Donald Ranus
Applicant

DATE

Member
Illinois Board of Nursing

The foregoing Consent Order is approved in full.

DATED THIS 23rd day of September, 2009.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois, Division of Professional Regulation;
Brent E. Adams, Acting Secretary

Daniel E. Bluthardt
DIRECTOR

REF: Credential ID 041File No.3499934
Case No. 200908600

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS

IN RE: THE MARRIAGE OF

Donald RANUS
Plaintiff

and

Suzanne Cooke
Defendant

Case No. 92D8069

ORDER

Plaintiff Present	Judge	Plaintiff Attorney
yes	[signature]	N/A
Defendant Present	**Copy To:**	**Defendant Attorney**
yes		N/A

— Plaintiff (Donald Ranus) and Defendant (Suzanne Cooke) have agreed that the arrearage is $21,000,— and this point and the monthly amount to be repaid is to be determined after plaintiff resumes employment. Donald Ranus is ordered to conduct job search, maintain job search diary, and make every effort to obtain RN license from State of IL. Child support is suspended until Mr Ranus obtains employment, at which time child support will be reset based on 20% of his net income, plus an additional for a second

DATE: 8/11/09

ENTER: [signature]
Judge

Attorneys Present: Donald Ranus Suzanne Cooke

disabled child who resides in nursing home. 7C Revised 9-99

[illegible]

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION) of the State of Illinois, Complainant	)	
v.	)	NO. 2009-08600
DONALD RANUS Respondent)	)	

NOTICE

TO: DONALD RANUS
540 W. BRIAR PLACE, APT. 4H
CHICAGO, IL 60657-4683

PLEASE TAKE NOTICE that the Director of the Division of Professional Regulation did sign the attached Consent Order.

The Order of the Director of the Division of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

BY: _____
Clerk for the Department

All inquiries should be
Directed to:
Chicago Office - 312-814-4504
Springfield Office - 217-785-0820

STATE OF ILLINOIS)
) ss:
COUNTY OF SANGAMON)

UNDER PENALTY of perjury, as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that I caused copies of the attached NOTICE AND ORDER, to be deposited in the United States mail, by CERTIFIED mail at 320 W. Washington, Springfield, Illinois 62786, before 5:00 p.m. with proper postage prepaid on the 24th day of September, 2009 to all parties at the addresses listed on the attached documents.

AFFIANT

Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

PAT QUINN
Governor

Brent E. Adams
Acting Secretary

Daniel E. Bluthardt
Director

MEMORANDUM

TO: DIRECTOR DANIEL E. BLUTHARDT
DIVISION OF PROFESSIONAL REGULATION

FROM: DONALD W. SEASOCK
DEPUTY DIRECTOR FOR STATEWIDE ENFORCEMENT

DATE: SEPTEMBER 23, 2009 (Wednesday)

RE: ORDER(S) FOR YOUR REVIEW, APPROVAL, AND SIGNATURE

The attached Order(s) is/are being forwarded to you for your review, approval and signature.

GERTRUDE M. KELLY
CHIEF
HEALTH RELATED PROSECUTIONS UNIT
REGISTERED NURSE APPLICANT
Gertrude M. Kelly, Prosecutor

1.	**DONALD RANUS**	**200908600**	**REGISTERED NURSE APPLICANT**	**GERTRUDE M. KELLY**

The above mentioned Order (s) have/has been reviewed, approved and signed by me with the exception of those circled.

Daniel E. Bluthardt
Division Director of Professional Regulation

DWS:jm

C

I.D.P.R. CASE TRANSMITTAL FORM/ASU WORKSHEET/MAIL SLIP
NURSING CASE
ILES #: 200908600

RELATED CASES: None

LICENSE #: 041File No.3499934

RESP. INDV. /ATTY.: Gertrude M. Kelly

RESPONDENT NAME/ADDRESS:

ATTORNEY NAME/ADDRESS:

Donald Ranus
540 W. Briar Place Apt. 4H
Chicago, IL 60657-4683

VIOLATION: Failing to comply with child support requirements.

STATUTES VIOLATION: 20 ILCS 2105-15(a)(5)

DISCIPLINE: Certificate of Registration shall issue and shall immediately be placed on PROBATION until such time as the Court Order in the Circuit Court of the Twelfth Judicial Circuit, Will County, Illinois, Case No. 92D8069, is terminated.

HISTORY OF PRIOR DISCIPLINE: YES __ NO X

SHOULD ADMINISTRATIVE REVIEW LANGUAGE BE INCLUDED ON NOTICE OF ORDER? : YES__ NO X

RESP. IND., ATTY. SIGNATURE: _____ **DATE** _____

CHIEF SIGNATURE: GM Kelly **DATE** 9/23/09

PRESS RELEASE: The Certificate of Registration of Donald Ranus, Registered Nurse, was issued and placed on PROBATION for failure to comply with child support requirements.

DIRECTOR'S COMMENTS:

**********A.S.U.ONLY**********

ORDER ENTRY: [illegible]

[illegible]

FINED:$_____

ENTERED ___ **MISC. ACTIVITY:** 311

DATE SIGNED: 9/23/09 **COMPLETED ON SYSTEM:** ✓

ENTERED BY: 312

APPLICATION FOR LICENSURE BY ENDORSEMENT AS A NURSE

State Form 50027 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY	
Application fee: 50	Permit fee: 10.00
Date fee paid (*month, day, year*): 1-6-2010	Date fee paid (*month, day, year*): 11/11/10
Receipt number: 3178979	Receipt number: 3180728
License number:	Permit number:
Issuance date (*month, day, year*):	Issuance date (*month, day, year*):

DO NOT WRITE ABOVE THIS LINE

☐ R.N. ☐ L.P.N.	Do you desire a temporary permit? ☐ Yes ☐ No	If Yes, you **must** submit the temporary permit fee and proof of CURRENT / ACTIVE licensure in another state, along with the application, picture **and** fee for the permanent license.
Please indicate original state of licensure:		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☐ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): RANUS, DONALD, ALLEN			List any other last names ever used: N/A
Street address (*number and street or rural route*): 540 W. Briar PL - Apt. 4H	City: Chicago	State: Illinois	ZIP code: 60657
Daytime telephone number (*include area code*): (773) 230-5137	Date of birth (*month, day, year*): 03/09/65	Place of birth (*city and state*): Gary, Indiana	
Social Security number *:	E-mail address: donranus@gmail.com		

NURSING EDUCATION

Name of nursing school: Indiana University School of Nursing		
Location (*city and state*): Indianapolis, IN	Date of enrollment (*month, day, year*): 06/ /05	Date of graduation (*month, day, year*): 05/10/09

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☐ Associate Degree (2 year)
- ☒ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☐ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school: Winamac High School		
Location (*city and state*): Winamac, Indiana		
Date of graduation (*month, day, year*): 05/ /1983	If you are not a high school graduate, have you taken and passed the GED? N/A	☐ Yes ☐ No

RECEIVED
JAN 06 2010
Indiana Professional Licensing Agency

EXAMINATION

You are required to have taken and passed one of the following examinations to be eligible for licensure in the State of Indiana. If you took the CNAT or CRNE, it must have been the **English** version to be accepted.

CHECK THE APPROPRIATE EXAMINATION YOU TOOK FOR ORIGINAL LICENSURE.

☒ NCLEX-RN ☐ SBTPE-RN ☐ NCLEX-PN ☐ SBTPE-PN ☐ CNAT / CRNE

State administering the examination	Date examination was/will be administered on (*month, day, year*)
Illinois	07/07/2009

If you took a **State Constructed Examination** only, you will not be eligible for licensure by endorsement in the State of Indiana.

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation?

☒ Yes ☐ No

List all states, including Indiana, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation. If Illinois is your original state of licensure, you must provide us with an official or notarized copy of your diploma or transcripts from your nursing program.

LICENSE TYPE	STATE	NUMBER	DATE OF ISSUE	STATUS
Prof. RN	Illinois	041380085	09/25/09	Active

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☒ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☒ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☒ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☒ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☒ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No
7. Are you being treated or have you ever been treated for drug or alcohol abuse? ☐ Yes ☒ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Donald A. Ranus	01/03/10

RECEIVED
JAN 06 2010
Indiana Professional Licensing Agency

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. § 1320(a)-7e(b), 5 USC § 552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

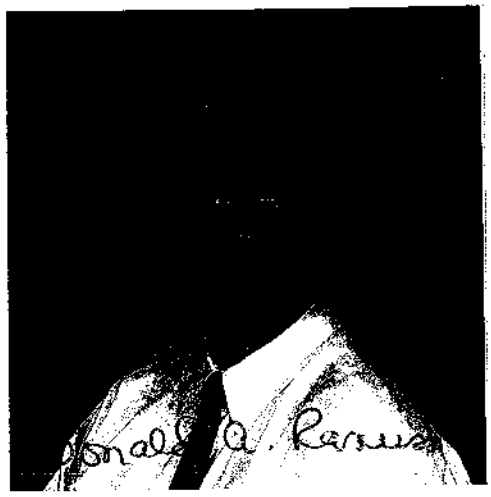
A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Donald A. Ramus	01/03/10

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(You must place your signature on the front of your photograph.)



Judith A. Halstead

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JAN 0 6 2010
Indiana Professional
Licensing Agency

APPLICATION FOR A TEMPORARY PERMIT BY ENDORSEMENT

An applicant for licensure by endorsement may obtain a Temporary Permit to practice nursing in Indiana as a Registered Nurse or a Licensed Practical Nurse. This permit expires at the earlier of ninety (90) days after issuance or upon issuance of a permanent license. This application should be completed **only** if the applicant is requesting a Temporary Permit. **Please provide a copy of your current license in another state with this application.**

Name of applicant (*last, first, middle*)	List any other last names ever used
RANUS, Donald Allen	N/A

Street address (*number and street or rural route*): 540 W. Briar PL - Apt. 4H

City	State	ZIP code
Chicago	IL	60657

Social Security number * /

* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

This is to certify that I have a current, valid license to practice nursing as follows: ☒ Registered Nurse ☐ Licensed Practical Nurse

License number	Expiration date (*month, day, year*)	State of current licensure
041380085	05/31/2010	Illinois

I further certify that my license is in good standing. I have had no disciplinary action taken on my license and no disciplinary action is pending.

Signature of applicant	Date (*month, day, year*)
Donald A. Ranus	1/6/2010

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Donald A. Ranus	1/6/2010

"OFFICIAL SEAL"
Nancy Nowak
Notary Public, State of Illinois
Cook County
My Commission Expires November 12, 2012

SWORN TO AND SIGNED BEFORE ME THIS

6 DAY OF January, 2010

Signature of notary public

Expiration date of commission (*month, day, year*): 11-12-2012

RECEIVED
JAN 11 2010
Indiana Professional Licensing Agency

RECEIVED
JAN 22 2010
Indiana Professional
Licensing Agency

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
041.380085

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
05/31/2010

REGISTERED
PROFESSIONAL NURSE

DONALD RANUS
540 W BRIAR PL APT 4H
CHICAGO, IL 60657

BRENT E. ADAMS
ACTING SECRETARY

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

4514171

Cut on Dotted Line

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
041.380085

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

EXPIRES:
05/31/2010

REGISTERED
PROFESSIONAL NURSE

DONALD RANUS
540 W BRIAR PL APT 4H
CHICAGO, IL 60657

BRENT E. ADAMS
ACTING SECRETARY

DANIEL E. BLUTHARDT
DIRECTOR

The official status of this license can be verified at www.idfpr.com

4514171

Cut on Dotted Line

RECEIVED
JAN 06 2010
Indiana Professional
Licensing Agency

INDIANA STATE BOARD OF NURSING

Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
(317) 234-2043
http://www.state.in.us/hpb/boards/isbn

RECEIVED
MAY 15 2009
Indiana Professional Licensing Agency

CERTIFICATE OF COMPLETION

☒ RN ☐ LPN

I hereby certify that ***Donald A Ranus*** was admitted to the ***Indiana University***

Bachelor of Science Program of Nursing located in ***Indianapolis, Indiana*** on

September 2007 and completed requirements for graduation on ***May 11, 2009*** and will/did

graduate on ***May 31, 2009.***

His/Her Social Security number is: **xxx-xx**

There is evidence in our permanent records that this person has met the requirements

as specified in Indiana law.

Date: ***May 13, 2009***

Signed:
Judith A. Halstead

Judith A. Halstead, DNS, RN, ANEF
Executive Associate Dean for
Academic Affairs

School
Seal

APPLICANT: The CERTIFICATE OF COMPLETION form must be completed and sent to the Health Professions Bureau by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Health Professions Bureau.

DIRECTOR OF PROGRAM: The applicant cannot be declared eligible to take the examination until this form is received by the Health Professions Bureau. CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE HEALTH PROFESSIONS BUREAU UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.

education. It was completed by Indiana University School of Nursing. Seal is on second page. It is also sealed on my photo which was included/provided by my school.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION OF EDUCATION

SUPPORTING DOCUMENT

ED-NUR

APPLICANT: Complete the applicant section of this form, then forward it to the school for completion of the remainder of the form.

1. NAME — LAST: RANUS — FIRST: DONALD — MIDDLE: ALLEN

2. DATE OF BIRTH: 03 / 09 / 1965 (Month / Day / Year)

3. SOCIAL SECURITY NUMBER:

4. ADDRESS — STREET / CITY / STATE / ZIP CODE: 540 W. Briar PL-4H, Chicago, IL 60657

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.
Registered Nurse (Profession Name) — 041 (Profession Code)

6. MAIDEN OR GIVEN SURNAME:

7. NAME OF INSTITUTION ATTENDED: Indiana University

8. DATE OF GRADUATION/COMPLETION: 05 / 10 / 2009 (Month / Day / Year)

I hereby authorize a school official of the institution named above to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service the information requested below.

5/21/09 (Date) — Donald A. Ranus (Signature of Applicant)

SCHOOL OFFICIAL: Complete the bottom portion of this page and the reverse side, then return to the applicant.

A. NAME OF INSTITUTION: Indiana University

B. ADDR ... CODE:
IU School of Nursing
Center for Academic Affairs
1111 Middle Drive, Room 122
Indianapolis, IN 46202

C. DEPARTMENT OF INSTITUTION: School of Nursing

D. MAJOR AREA OF STUDY OF THE APPLICANT: Nursing

E. DATES OF ATTENDANCE: From 5 / ___ / 2005 (Month / Day / Year) To 5 / ___ / 2009 (Month / Day / Year)

F. Total academic years attended ___ / ___ / ___ (Years / Months / Days)
OR
Total calendar years attended 4 / ___ / ___ (Years / Months / Days)

G. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., BA., MA., Ph.D.): Bachelor of Science in Nursing

H. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET: 5 / 8 / 2009 (Month / Day / Year)

I. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED: 5 / 10 / 2009 (Month / Day / Year)

J. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

RECEIVED
JAN 06 [illegible]
Indiana Professional Licensing Agency

K. NURSING SCHOOL PROGRAM CODE

NCSBN Number 48-597

NAME (Last, First, MI):

SUBMISSION OF THIS FORM PRIOR TO PROGRAM COMPLETION WILL RESULT IN ITS RETURN TO THE PROGRAM FOR CORRECTION.

I certify that the educational information recorded herein is true and correct according to the official records of this institution.

Print Name of Dean or Director of Nursing	License Number	Signature of Dean or Director of Nursing
Judith A. Halstead	29070239A	Judith A. Halstead

Ex. Associate Dean for Academic Affairs
Title

May 27, 2009
Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this _____ day of _____, 20____.

Date of Expiration

Signature of Notary Public

SS#:

RETURN THIS FORM TO APPLICANT

Profession:

RECEIVED
JAN 06 2010
Indiana Professional Licensing Agency

We work to keep you working
PLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

February 11, 2010

Kenyanna Gentry
2421 Cortland Ave.
Ft. Wayne, IN 46808

Dear Ms. Gentry:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Kenyanna Gentry

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** Yes X No _____

Needs personal appearance: Yes X No _____ 2-8-10 SG

Approved by (please initial): SG _____ LG _____

Endorsement applicants

2. **Issue Temporary Permit:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** Yes _____ No _____

Approved by (please initial): SG _____ LG _____

January 31, 2010

To Whom This May Concern:

On August 21, 2001 I Kenyanna Gentry was arrested for entering a tavern under age at 1800 Bluffton Road in Fort Wayne, IN. I attended the tavern with my older cousins to celebrate one of their birthdays and I used my friends Identification Card to gain entry and was caught.

On February 5, 2002 I was sitting outside my home at 3914 Arlington Ave. in Fort Wayne, IN inside a vehicle drinking a wine cooler with the keys in the ignition listening to music, a neighbor called the police and said the music was too loud the police arrived and found me in the driver seat with a open container in the car and took me to jail.

I was charged with an OWI and a minor consumption and had to do home detention and attend alcohol classes at Allen County Community Corrections in Fort Wayne, IN which I completed successfully. I've matured since then, I am a very responsible adult.

On December 12, 2009 I received a written warning at my place of employment Bethlehem Wood's Nursing and Rehab Center for clocking in late. I hereby swear or affirm under the penalties of perjury that the statements in this application are true, complete and correct.

Thank you,

Kenyanna Gentry

Kenyanna Gentry

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FEB 03 2010
Indiana Professional
Licensing Agency

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in any state or country? ☐ Yes ☑ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or any regulated health occupation in any state or country? ☐ Yes ☑ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☑ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☑ Yes ☐ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☑ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☑ Yes ☐ No
6. Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☑ No
7. Are you now being or have you ever been treated for drug or alcohol abuse? ☑ Yes ☐ No

REPEAT APPLICANTS ONLY: If your answer was "Yes" to any of the above questions, and your detailed statement was submitted to the State of Indiana with your original application and has not changed, please initial here: _____

You only need to submit additional information if circumstances have changed since you last submitted a detailed statement regarding the above questions.

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)
Kenyanna C. Hertzog	1/11/10

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

Failure to disclose your U.S. Social Security number will result in the denial of your application. Application fees are not refundable.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)
Kenyanna C. Hertzog	1/11/10

RECEIVED
FEB 03 2010
Indiana Professional Licensing Agency

PLEASE TAPE YO ... ***NOT STAPLE)***
(*You must place your signature, the progran* ... *ool seal on the front of your photograph.*)

Indiana
Online Licensing

New Search

ISDH Acute Care Program

Person Information

KENYANNA C. GENTRY

Address Information

FORT WAYNE IN 46816

License Information

License No:	CNA0402348
Profession:	Nurse Aides
License Type:	Certified Nurse Aide
Obtained By Method:	Examination
Issue Date:	4/22/2004
Expiration Date:	4/22/2010
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

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2010
Professional
Licensing Agency

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Email: pla2@pla.IN.gov
http://www.state.in.us/pla/boards/nurs/

RECEIVED
JAN 26 2010
Indiana Professional Licensing Agency

CERTIFICATE OF COMPLETION

☐ RN ☒ LPN

I hereby certify that JENNANNA CENTRY *was admitted to the* Brown Mackie College *Program of Nursing located in* Fort Wayne, Indiana *on* 08/04/08 *and completed requirements for graduation on* 12/21/09 *will/did graduate on* 01/13/10 *. His/Her Social Security number is* _____ .

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: 01/19/10 *SIGNED* Sue Tibbets
Signature

Sue Tibbets
Printed Name

Registrar
Dean / Director / Designee

Sue Tibbets
Registrar
BMC - FW

SCHOOL SEAL

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

Indiana

Online Licensing

New Search

ISDH Acute Care Program

Person Information

Kenyanna C. Gentry

Address Information

Fort Wayne IN 46808

License Information

License No:	CNA0402348
Profession:	Nurse Aides
License Type:	Certified Nurse Ai
Obtained By Method:	Examination
Issue Date:	4/22/2004
Expiration Date:	4/22/2010
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

We work to keep you working
PLA
Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

February 5, 2010

Jessica Faucett
8414 N. Old Lamar Hwy.
Evanston, IN 47531

Dear Ms. Faucett:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010,** to review your application for registered nursing license by examination. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.,** to answer questions they have concerning approval of your application.

You should bring any documentation with you that would support your ability to practice nursing safely in Indiana. **Please bring a copy for the board of any documentation you will be submitting.**

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

Sincerely,

Lori Grice

Lori Grice, Assistant Director
Indiana State Board of Nursing

Jessica Faucett

POSITIVE RESPONSE FORM - This form is for all applicants with a positive response!

Exam applicants

1. **Approval for Exam:** **Yes** _____ **No** _____

Needs personal appearance: **Yes** ✓ **No** _____

Approved by (please initial): SG _____ LG ✓ 2/5/10

Endorsement applicants

2. **Issue Temporary Permit:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Check here if the file must be reviewed again for a permanent license: _____

3. **Approved for Licensure by Endorsement:** **Yes** _____ **No** _____

Approved by (please initial): SG _____ LG _____

Need detailed statement about the event, location, date, & disposition she refers to re: yes to ques. 4 & B.

LL 1/29/10

Attn. Group 2 Nursing Board.

I Jessica Faucett was arrested on 2-5-2006 in Tell City, Perry County Indiana for driving under the influence. I was sitting in the parking lot at Circle S approximately 1am. I had a passenger in the car and we had placed a call to her husband to come pick us up. I knew I was in no condition to drive. It was in February, it was very cold and spitting snow and I had my car running with the heat on. Even though I wasn't physically driving because my keys were in the ignition and the car was running, I was arrested and taken to jail, where I spent the night. The arresting officer seen us sitting in the parking lot and came over to my vehicle to see if everything was OK. He knew instantly when I spoke to him that I'd been drinking. He gave me a sobriety test which I failed. The disposition date was 3-21-2007. I was sentenced to 1 year probation. I was ordered to take a defensive driving class and lost my license for 6 months. I followed through with the punishment, paid all of my fines, and was let off of probation.

I was arrested in Spencer County, Rockport, Indiana on 3-18-2006 for another DUI. I met up with a couple of friends after work, had a few beers and was driving

home. I was stopped for driving left of center. I was given a sobriety test which I did'nt pass. He asked me how much I had to drink, I told him 4 beers. He asked me if I had eaten and I told him not since lunch, and this was around 9:30 pm. I was taken to jail and spent the night. The disposition date for this offense was ~~7-27-2007~~ 10-18-2007. I was sentenced to 1 year probation, 64 hours of community service. I met with my probation officers every month. I completed everything required. I was released of all probation within the time frame of 1 year.

As I explained in my initial letter I know what I done was wrong, and I've learned my lesson. These offenses were nearly 4 years ago.

I worked really hard to succeed in the nursing program and I'm back in school for my associates degree.

I've got a job as an LPN at a nursing home, I'm just waiting to test.

I hope my errors in judgement, does'nt hinder me anymore than it already has. I hope I've explained myself and the events to the boards satisfaction.

Thank You

Sincerely

Jessica Faucett

Indiana State Board of Nursing

I'm writing in regards to answering yes to a violation of driving under the influence. There is no excuse for my actions. At the time I was a full time college student, had a family to care of, and was working a full time job. I was overwhelmed with to much on my plate. I was experiencing some depression and anxiety attacks. I'm proud to say after much needed counseling, I've learned new coping skills and stress management.

I know my decisions in the past were wrong. I took responsibility for my actions, and learned from them.

I would ask that the Nursing Board have mercy on me, and allow me the privilege of acquiring my nursing license.

Sincerely
Jessica Jaucett

RECEIVED
JAN 07 2010
Indiana Professional
Licensing Agency

APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF U.S. NURSING SCHOOLS

State Form 50024 (R2 / 2-06)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

INSTRUCTIONS: *Please type or print clearly and answer all questions.*

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1, and it is mandatory that it be given.

FOR OFFICE USE ONLY

Application fee	Date fee paid (*month, day, year*)	Receipt number
50.00	1/7/10	3179568
License number	**Issuance date (*month, day, year*)**	

DO NOT WRITE ABOVE THIS LINE

Are you applying for a license as a: ☐ Registered Nurse ☑ Licensed Practical Nurse

Have you taken the NCLEX examination previously? ☐ Yes, repeat applicant ☑ No, first time taking the examination

If Yes, list the date(s) and state where taken:

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used		
FAUCETT, JESSICA DAWN	CRAWFORD		
Street address (*number and street or rural route*)	**City**	**State**	**ZIP code**
8414 N. OLD LAMAR Hwy.	EVANSTON	IN	47531
Daytime telephone number (*include area code*)	**Date of birth (*month, day, year*)**	**Place of birth (*city and state*)**	
(812) 547-3205	08-11-1971	TELL CITY, IN	
Social Security number *	**E-mail address**		

NURSING EDUCATION

* ***DO NOT USE THIS APPLICATION IF YOU GRADUATED FROM A NURSING PROGRAM OUTSIDE OF THE UNITED STATES. A FOREIGN GRADUATE EXAMINATION APPLICATION CAN BE DOWNLOADED AT www.pla.IN.gov .***

Name of nursing school		
IVY TECH COMMUNITY COLLEGE		
Location (*city and state*)	**Date of enrollment (*month, day, year*)**	**Date of graduation (*month, day, year*)**
EVANSVILLE, IN	1-14-2008	12-18-2009

RECEIVED
JAN 07 2010
Licensing Agency

CHECK THE TYPE OF PROGRAM FROM WHICH YOU GRADUATED

RN PROGRAM
- ☐ Associate Degree (2 year)
- ☐ Baccalaureate Degree (4 year)
- ☐ Diploma (3 year)

☑ **PN PROGRAM**

HIGH SCHOOL EDUCATION

Name of school	
EVERGREEN SENIOR HIGH	
Location (*city and state*)	
EVERGREEN, CO.	
Date of graduation (*month, day, year*)	**If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)** ☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation? ☑ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice nursing and/or any other regulated health occupation.

LICENSE TYPE	STATE / COUNTRY / TERRITORY	NUMBER	DATE OF ISSUE	STATUS
CNA	IN. USA	CNA 0602915	5-5-2006	ACTIVE
CNA	KY. USA	50081685	8-1-2006	ACTIVE

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
E-mail: pla2@pla.IN.gov
http:// www.state.in.us/pla/boards/isbn/

RECEIVED
DEC 23 2009
Indiana Professional Licensing Agency

CERTIFICATE OF COMPLETION

☐ RN ☑ LPN

I hereby certify that JESSICA FAUCETT was admitted to the Ivy Tech Community College Practical Program of Nursing located in Evansville, IN on January 2008 and completed requirements for graduation on December 18, 2009 will/did graduate on December 20, 2009. His/Her Social Security number is _____.

There is evidence in our permanent records that this person has met the requirements as specified in Indiana law.

DATE: December 22, 2009 SIGNED Susan Dye RN, MSN
Signature

SCHOOL SEAL

Susan Dye RN, MSN
Printed Name

Nursing Department Chair
Dean / Director / Designee

APPLICANT: *The* ***CERTIFICATE OF COMPLETION*** *form must be completed and sent to the Professional Licensing Agency by your program of nursing. You will not be declared eligible to take the examination until this form is received by the Agency.*

DIRECTOR OF PROGRAM: *The applicant cannot be declared eligible to take the examination until this form is received by the Professional Licensing Agency.* ***CERTIFICATES OF COMPLETION SHOULD NOT BE SENT TO THE PROFESSIONAL LICENSING AGENCY UNTIL THE APPLICANT HAS COMPLETED THE PROGRAM OF NURSING.***

2002 Series
State of Indiana

Official Report of Test Results
THE AMERICAN COUNCIL ON EDUCATION
TESTS OF GENERAL EDUCATIONAL DEVELOPMENT

Name of Examinee: JESSICA D FAUCETT Identification Number:

Date of Birth: 08/11/1971 Highest Level Completed: 11 Test Date: 05/18/04

	Form	Score	Percentile
Language Arts, Writing	IG	510	54
Science	IG	540	66
Social Studies	IG	530	62
Language Arts, Reading	IG	570	76
Mathematics	IG	470	38

Total : 2620

Standard Score Average: 524

Passed | X |

Passing Standard for a Test Date ON or AFTER 1/15/2002:
Satisfactory achievement on the high school level tests of General Educational Development shall be a standard score of 410 or more on each of the five tests in the battery and an average standard score of 450 or more on all five tests of the battery.

RECEIV
JAN 07 20

Center Identification Number: 8701 BOONVILLE HIGH SCHOOL

Signature of Chief Examiner : Ron Rogers

Indiana Profes
Licensing Ag

Date: 06/02/04

For GED use only: 9631386

Revised 02/02 - IDOE - Form 30

STATE OF INDIANA)
)SS:
COUNTY OF SPENCER)

IN THE SPENCER CIRCUIT COURT
2001 TERM
CAUSE NO. 74C01-0101-MI-036

PETITION OF JESSICA DAWN CRAWFORD TO CHANGE NAME

FILED
SPENCER CIRCUIT COURT
MAR 19 2001
Dan L. Joachim
CLERK SPENCER CIRCUIT COURT

DECREE CHANGING OF PERSON

Comes now the petitioner by her attorney, Richard A. Wetherill, and her petition herein coming to be heard, and the court being advised in the premises, finds for the petitioner that there exists proper and reasonable cause for changing her name as prayed for, and that due notice of the application and the filing of said petition has been given by three weekly publications in "The Journal Democrat" a newspaper of general circulation, printed and published as Rockport, in the County of Spencer, the last of which publications was made more than thirty days prior to the day fixed for the hearing of said petition, a copy of the Proof of Publication is attached hereto and made a part hereof.

It is therefore considered and adjudged by the Court that the name of the petitioner, Jessica Dawn Crawford, be and it hereby is changed to Jessica Dawn Faucett, as prayed for in said petition, and that Petitioner's birth certificate be amended evidencing said name change.

It is further ordered that petition pay the costs of this proceeding.

Judge, Spencer Circuit Court

Online Validation Results

Online Validation Results

Identifier	Validation Result
JESSICA FAUCETT EVANSTON, 47531	Jessica Faucett **SRNA#:** 50081685 **Status:** Active **Expiration Date:** 15-MAY-10 **Original KY Registry Date:** 01-AUG-06 Is not listed on the Kentucky Office of the Inspector General (OIG) Nurse Aide Abuse Registry. Is not licensed as a nurse in KY. **Verification date:** 15-JAN-10.

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We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

February 9, 2010

Amanda Chandler
5746 Torrey Pines Avenue
Westerville, OH 43082

Dear Ms. Chandler:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **February 18, 2010**, to review your application for renewal of licensure as a registered nurse. The meeting will take place in the Auditorium of the Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:45 a.m.**.

Because your license has been expired since 1997, the Board will require proof of enrollment in an approved nursing refresher course prior to renewal of licensure. Should you fail to provide proof of enrollment, your renewal application will likely be denied.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M. Gorman
Sean Gorman
Director, Indiana State Board of Nursing

We work to keep you working
IPLA
Professional Licensing Agency

402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 232-2980 Fax : (317) 233-4236

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

December 22, 2009

AMANDA KAYE CHANDLER
5746 Torrey Pines Avenue
Westerville OH 43082

INCOMPLETE NOTIFICATION

Upon review of your receipt for a Nurse Refresher Course for licensure in the State of Indiana, we have found that further evaluation cannot be performed until the following documents have been submitted.

- Please submit a course syllabus or something pertaining to the course work, classes, etc. so that the board can further evaluate this and make sure it meets The Indiana State Board of Nursing's reinstatement requirements.

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice. When all documentation is received, your file will be reviewed for licensure.

Files that are one (1) year old will automatically be coded "abandoned" and you will have to reapply.

If you have any questions, please contact the Nursing Group at (317) 234-2043 or via e-mail at pla2@pla.in.gov.

Sincerely,

Stacie J. Barclay, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

Please note that you will not receive a pocket license card or wall certificate upon licensing – these items are available for separate purchase through our web site at www.in.gov/pla.

Indiana Professional Licensing Agency
Nursing Board (Group 2)
402 W. Washington St. Room W072
Indianapolis, IN 46204

We work to keep you working
IPLA
Professional Licensing Agency

AMANDA KAYE CHANDLER
5746 Torrey Pines Avenue
Westerville OH 43082

Your license has expired. Online renewal is available for approximately 18 months after your license has expired. Info to renew online is below. To renew by mail - please return this entire page to the address above after answering all questions on the form. Be sure to enclose your renewal fee for an expired license ($100.00). Checks should be payable to: "Indiana Professional Licensing Agency".

3/69007

EXPIRED REGISTERED NURSE RENEWAL

Indiana License Renewal Application

AMANDA KAYE CHANDLER
5746 Torrey Pines Avenue
Westerville OH 43082

Mail To: Indiana Professional Licensing Agency
402 W Washington St, Room W072
Indianapolis, IN 46204

Circle the appropriate answer to questions at the right and sign renewal form.
Failure to answer questions and/or sign the renewal form WILL delay your renewal.

License Number	Date Expired	Expired Renewal Fee
28123113A	10/31/1997	$100.00

SINCE ISSUANCE OR LAST RENEWAL: (if yes - attach details of action taken)

1.	Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?	YES (NO)
2.	Have you been denied a license, certificate, registration, or permit in any state?	YES (NO)
3.	Have you been convicted of or pled guilty to a violation of a federal or state law *or* are criminal charges pending?	YES (NO)
4.	Have you had a malpractice judgment against you or settled a malpractice action?	YES (NO)
5.	Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?	YES (NO)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge.

Signature Of Applicant (respond Yes or No to all questions): Amanda K. Chandler

Date Signed: 12-10-09

- Your **license can still be renewed online for approximately 18 months after expiration.** Online renewal is faster and more accurate and available 24 hours a day, 7 days a week. When renewing online – your license is updated within one business day.
- To renew online go to www.pla.in.gov and select the ***License Express*** link. Your Login ID is your primary license number. Password is your social security #. You can update your address and other demographic information during the renewal or any other time by logging in to your records online.
- Name changes must be done in writing – include a copy of a legal change document (marriage license, divorce decree, new social security card) and mail to the address above. Be sure to include your license number.
- If you have questions, please feel free to contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

RECEIVED
DEC 17 2009
Indiana Professional Licensing Agency

Consolidated Learning Services

Receipt

PayPal Secure Payments

Ship To: Amanda Chandler
5746 Torrey Pines Ave.
Westerville, OH 43082
United States

Seller Information: Consolidated Learning Services
info@learningsvc.com

This Payment will appear on your credit card statement as **"CONSOLLNGSV"**

Transaction ID: 44M45786XB952825Y

Placed on May 27, 2009

Payment For	Quantity	Price
Nurse Refresher Course	1	$700.00 USD
	Subtotal:	$700.00 USD
	Total Amount:	**$700.00 USD**

Print Done

PayPal. The safer, easier way to pay.
For more information, read our User Agreement and Privacy Policy.

RECEIVED
DEC 17 2009
Indiana Professional Licensing Agency

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 181

IN THE MATTER OF THE LICENSE OF:	)
	)
JASON GARY WINNINGHAM, L.P.N.	)
	)
LICENSE NO: 27055914A	)
	)
RESPONDENT	)

FILED
JAN 25 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Jason Gary Winningham, L.P.N., 4266 Old State Route 261, Apt. 15, Newburgh, Indiana 47630-2669.
2. This notice is being provided to counsel for the State of Indiana, Elizabeth Kiefner Crawford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2257.
3. The official cause number of this action is: 2009 NB 181.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed January 14, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 25th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Jason Gary Winningham
4266 Old State Route 261, Apt. 15
Newburgh, IN 47630-2669
CERTIFIED MAIL NO. 7008 0150 0002 4419 6090
RETURN RECEIPT REQUESTED

Jason Gary Winningham
2502 North Lafayette
Evansville, IN 47711

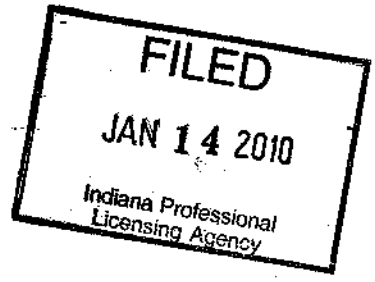
Elizabeth Kiefner Crawford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO. 2009 NB 181

IN THE MATTER OF THE

LICENSE OF JASON GARY WINNINGHAM, L.P.N.

LICENSE NO: 27055914



AMENDED COMPLAINT

This amended complaint is brought against the nursing license of Jason Gary Winningham, L.P.N., by the State of Indiana, by counsel, Deputy Attorney General, Elizabeth Kiefner Crawford, on behalf of the Office of the Attorney General ("Petitioner") and pursuant to Indiana Code § 25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-22.5 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq., and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana State Board of Nursing 2502 North Lafayette, Evansville, Indiana 47711 and he is a licensed practical nurse holding Indiana license number 27055914.

2. On or about August 16, 2005, Respondent was arrested in Monroe County, Indiana for operating while intoxicated.

Exhibit A

3. On or about August 17, 2005, Respondent pleaded guilty to Operating with a Blood Alcohol Content of .15 in Monroe County, Indiana Cause No. 53C05-0508-CM-02721. Respondent was sentenced to 180 days in jail, suspended; one year of supervised probation; and public restitution.

3. On or about September 21, 2005, Respondent initiated contact with the Indiana State Nurses Assistance Program ("ISNAP").

4. On or about November 3, 2005, Respondent was diagnosed with alcohol dependence. ISNAP recommended a three (3) year Recovery Monitoring Agreement ("RMA") which Respondent signed on November 28, 2005.

5. On or about October 31, 2006, Respondent renewed his Indiana Nursing License and answered "NO" to all questions including Question #3 which read, "Since you last renewed have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?" despite the fact that he pled guilty to Operating A Vehicle With a BAC of .15 in August 2005.

6. On or about December 26, 2006, Respondent was reported as a "self termination" from Beverly Healthcare in Bloomington, Indiana after he was a "No Call, No Show" for three (3) shifts.

7. On or about January 8, 2007, Respondent gained employment as a nurse at Blooming Nursing and Rehabilitation in Bloomington, Indiana.

8. On or about May 8, 2007, Respondent's ISNAP drug screen was positive for ethanol alcohol at 59ng/dl. Respondent alleged the positive result was due to his use of mouthwash. ISNAP sent the positive UDS for an EtG test.

9. On or about June 5, 2007, ISNAP received the results of the EtG test which was positive at >10,000 ng/ml. ISNAP contacted Respondent and requested that he stop working. When confronted, Respondent admitted to a relapse and was referred to Dr. Hinchman for reevaluation.

10. On or about June 6, 2007, Dr. Hinchman completed a Diagnostic Assessment on Respondent. Dr. Hinchman indicated that Respondent refused to go into an Intensive Outpatient Program ("IOP") so he recommended a significant increase in urine drug screens with EtG in every test.

11. On or about June 6, 2007, ISNAP's clinical team implemented Dr. Hinchman's recommendations and extended Respondent's ISNAP RMA an additional six (6) months through May, 2009.

12. On or about August 24, 2007, ISNAP's clinical team reviewed Respondent's non-compliance and extended Respondent's ISNAP RMA an additional three (3) months through August, 2009. Respondent remained in partial compliance until March 20, 2008.

13. On or about March 20, 2008, Respondent's worksite monitor contacted ISNAP and indicated that Respondent admitted to drinking, was a No Show No Call for work and that he was terminated from Bloomington Nursing and Rehabilitation.

14. On or about April 28, 2008, Dr. Hinchman evaluated Respondent. Dr. Hinchman indicated that Respondent minimized the incident leading to his termination, was in extreme denial, and that Respondent, "seems clueless with regard to the seriousness of his disease." Dr. Hinchman indicated Respondent, "should not work as a nurse until he has become well engaged in treatment and has been reevaluated."

15. On or about May 13, 2008, ISNAP's clinical team reviewed Respondent's relapse and recommended IOP and extending Respondent's ISNAP RMA an additional six (6) months through November, 2009.

16. Respondent was scheduled to begin IOP on June 23, 2008. Respondent informed ISNAP in July 2008 that he would begin IOP after obtaining a construction job. In August 2008 Respondent indicated he was moving to Maryland. ISNAP staff instructed Respondent to contact the Maryland Board of Nursing and begin monitoring in Maryland. Respondent failed to do so.

17. In November 2008 Respondent contacted ISNAP and indicated that he was moving to Evansville, Indiana. ISNAP referred Respondent to Dr. James Macke for another evaluation.

18. On or about November 26, 2008, Dr. Macke evaluated Respondent. Dr. Macke indicated, "[A]t this point, it is difficult if not impossible to assess the strength of his addiction recovery. He has gone through a lot of change recently and has not been monitored. It would be my recommendation that at a minimum he be monitored for several weeks, pass several drug screens get integrated into the local recovering community, and then could be released to work."

19. On or about December 2, 2008, ISNAP's clinical team reviewed Dr. Macke's assessment. The clinical team required Respondent to enter treatment at Stepping Stone and extended his ISNAP RMA an additional three (3) months through February, 2010.

20. On or about January 14, 2009, ISNAP received correspondence from Stepping Stone indicating Respondent did not qualify for their program and that he had nine (9) months of sobriety.

21. On or about January 19, 2009, ISNAP's clinical team met and decided that they would not require additional treatment. ISNAP contacted Respondent and requested that he renew his Indiana State Nursing License.

22. On or about January 20, 2009, ISNAP found that Respondent was in significant non-compliance due to missing reports and his failure to complete urine drug screens on six (6) occasions from October to December 2008.

23. On or about February 15, 2009, Respondent renewed his Indiana Nursing License and answered "NO" to all Questions including Question 5 which reads, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" despite the fact that he was terminated from Bloomington Nursing and Rehabilitation in March 2008.

24. On or about March 5, 2009, Respondent's ISNAP file was closed due to his pattern of relapse and non-compliance with ISNAP.

25. On or about June 25, 2009, Respondent was arrested in Montgomery County, Indiana and charged with Operating While Intoxicated Causing Endangerment and Operating With a Blood or Breath Alcohol Content of at Least .08 But Less Than .15 in Montgomery Superior Court Cause Number 54D010906FD00226.

26. On or about November 5, 2009, Respondent pleaded guilty to Operating While Intoxicated Causing Endangerment, a Class A Misdemeanor, in Montgomery

Superior Court Cause Number 54D010906FD00226. Respondent was sentenced to one (1) year in jail (suspended); fines and court costs; suspension of his driver's license for one (1) year, and supervised probation for a period of one (1) year.

27. On or about November 19, 2009, Respondent agreed to a ninety (90) day emergency suspension of his Indiana nursing license. Respondent's Indiana nursing license remains on suspension through February 18, 2010.

COUNT I

Respondent is in violation of Indiana Code § 25-1-9-4(a)(4)(D) in that the Respondent has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing the practitioner's ability to practice safely as evidenced Respondent's diagnosis of alcohol dependence and by the decision of the Indiana State Nurses Assistance Program to close out his file on March 4, 2008 due to his pattern of relapse and non-compliance and two criminal convictions involving alcohol-related offenses.

COUNT II

Respondent is in violation of Indiana Code § 25-1-9-49(a)(1)(A) in that the Respondent engaged in material deception in order to obtain a license to practice as evidenced by the Respondent's failure to report his August 2005 criminal conviction on his 2006 Indiana Nursing renewal.

COUNT III

Respondent is in violation of Indiana Code § 25-1-9-49(a)(1)(A) in that the Respondent engaged in material deception in order to obtain a license to practice as evidenced by the Respondent's failure to report his termination from Bloomington Nursing and Rehabilitation on his 2008 Indiana Nursing renewal.

WHEREFORE, Petitioner demands an order against the Respondent, that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all the cost incurred in the prosecution of this case;

3. Provides any other relief the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER
Attorney General of Indiana

By: ECrawford

Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney Number: 24261-49A

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 234-2257

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail, first class postage prepaid, on this 14th day of January, 2010.

Jason Gary Winningham
2502 North Lafayette Avenue
Evansville, IN 47711

ECrawford

Elizabeth Kiefner Crawford
Deputy Attorney General

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NO. 2009 NB 259

IN THE MATTER OF THE)
)
LICENSE OF CINDY JO LANE, LPN)
)
LICENSE NO: 27050050A)

FILED
JAN 20 2010
Indiana Professional
Licensing Agency

PROPOSED SETTLEMENT AGREEMENT

The State of Indiana, by Elizabeth Kiefner Crawford, Deputy Attorney General (Petitioner) and Cindy Jo Lane, L.P.N. (Respondent), hereby execute this Agreement to a disposition of the Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana State Board of Nursing (Board) pursuant to Ind. Code § 25-1-9 et seq. and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq.

STIPULATED FACTS

1. Respondent's address on file with the Indiana State Board of Nursing is 1920 Corydon Ramsey Road N.W., Corydon, IN 47112 and she is a licensed Practical Nurse holding Indiana license number 27050050A.

2. Respondent was employed as a Nurse at Floyd Memorial Hospital (Floyd Memorial) in New Albany, Indiana from November 2002 until June 12, 2007.

3. In June 2007 Floyd Memorial began an investigation into discrepancies in Tramadol (Ultram) missing from one of their units. Respondent was identified as the only individual with access to Tramadol (Ultram) at the times involving discrepancies. Respondent was confronted at work with this information. Respondent initially indicated that she had not taken any Tramadol (Ultram) and consented to a search of her purse. Respondent's shared

locker contained two purses. Respondent indicated that one (1) purse belonged to her; it was searched and no medications were found. When Floyd Memorial staff brought the second employee in who shared Respondent's locker in order to search the second purse, the second employee identified the same purse as belonging to her. Floyd Memorial staff then searched Respondent's actual purse and found twelve (12) Tramadol doses, one glucosamine, and one Plaquanil. On June 6, 2007 Respondent was terminated for diversion of Tramadol (Ultram) at Floyd Memorial.

4. On or about July 9, 2007, Respondent contacted the Indiana State Nurses Assistance Program (ISNAP) for intake.

5. On or about July 31, 2007, Respondent was assessed by Steven Fitts, MSSW, LCSW, CADC at Lifesprings. Respondent was diagnosed with opiate dependence. Based on Respondent's assessment, ISNAP recommended a one (1) year Recover Monitoring Agreement (RMA) and education classes on substance abuse and dependency.

6. On or about August 16, 2007, Respondent signed her RMA which was effective through August 8, 2008.

7. On or about August 12, 2008, Respondent was notified by ISNAP that her RMA could not be successfully completed until she had six months of active work experience while in monitoring.

8. On or about August 26, 2008, Respondent's ISNAP file was closed out at her own request due to her failure to meet the six month work requirement.

9. On or about October 8, 2008, Respondent renewed her Indiana nursing license and answered "NO" to all questions including Question 5 which reads, "Since you last renewed have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your

practice as a Nurse or as another health care professional?" despite the fact that she was terminated from Floyd Memorial in June 2007.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent is in violation of Indiana Code § 25-1-9-4(a)(8).

2. Respondent is in violation of Indiana Code § 25-1-9-4(a)(1)(A).

3. Respondent is in violation of Indiana Code § 25-1-9-4(a)(4)(D).

AGREED DISPOSITION

It is now therefore agreed by Respondent and the Petitioner as follows:

1. The Board has jurisdiction over the Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Complaint.

4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana nursing license.

5. Respondent's Indiana Nursing License will be automatically placed on **INDEFINITE SUSPENSION.** Respondent shall complete the following prior to petitioning for reinstatement of her Indiana nursing license:

A. Respondent shall provide documentation of six (6) months total and continuous compliance in an ISNAP recovery monitoring agreement;

B. Respondent shall pay a fine of Five Hundred Dollars ($500.00) to the Indiana Professional Licensing Agency;

C. Respondent shall, at her own expense, attend twenty-four (24) hours of continuing education in the areas of ethics in nursing (12 hours) and substance abuse education (12 hours) and submit certified documentation of completion to the Board.

6. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

7. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Settlement Agreement may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code §25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

8. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews the Respondent's license at a later date.

Cindy Jo Lane
Cindy Jo Lane, L.P.N.
Respondent

1-15-10
Date

E Crawford

Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney No. 24261-49A

1/20/10
Date

STATE OF INDIANA)
) SS:
COUNTY OF Harrison)

Before me a Notary Public for said County and State, personally appeared Cindy Jo Lane, L.P.N. and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 15 day of January, 2010.

DLN 8914449728

Cindy J. Lane (Cynthia)
Signature

Cindy J. Lane (Cynthia)
Printed

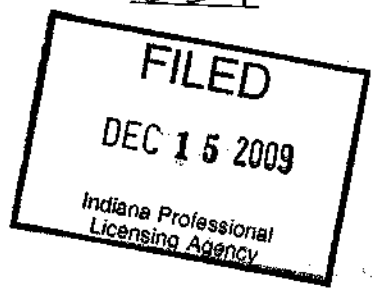
Roberta L. Garing
Roberta L Garing
Notary

My Commission Expires: 8-3-11

County of Residence: Harrison

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NO. 2009 NB 259

IN THE MATTER OF THE)
)
LICENSE OF CINDY JO LANE, LPN)
)
LICENSE NO: 27050050A)
)



COMPLAINT

This complaint is brought against the nursing license of Cindy Jo Lane, L.P.N., by the State of Indiana, by counsel, Deputy Attorney General, Elizabeth Kiefner Crawford, on behalf of the Office of the Attorney General ("Petitioner") and pursuant to Indiana Code § 25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-22.5 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq., and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana State Board of Nursing is 1920 Corydon Ramsey Road N.W., Corydon, IN 47112 and she is a licensed Licensed Practical Nurse holding Indiana license number 27050050A.

2. Respondent was employed as a Nurse at Floyd Memorial Hospital (Floyd Memorial) in New Albany, Indiana from November 2002 until June 12, 2007.

3. In June 2007 Floyd Memorial began an investigation into discrepancies in Tramadol (Ultram) missing from one of their units. Respondent was identified as the only individual with access to Tramadol (Ultram) at the times involving discrepancies. Respondent was confronted at work with this information. Respondent initially indicated that she had not taken any Tramadol (Ultram) and consented to a search of her purse.

Respondent's shared locker contained two purses. Respondent indicated that one (1) purse belonged to her; it was searched and no medications were found. When Floyd Memorial staff brought the second employee in who shared Respondent's locker in order to search the second purse, the second employee identified the same purse as belonging to her. Floyd Memorial staff then searched Respondent's actual purse and found twelve (12) Tramadol doses, one glucosamine, and one Plaquanil. On June 6, 2007 Respondent was terminated for diversion of Tramadol (Ultram) at Floyd Memorial.

4. On or about July 9, 2007, Respondent contacted the Indiana State Nurses Assistance Program (ISNAP) for intake.

5. On or about July 31, 2007, Respondent was assessed by Steven Fitts, MSSW, LCSW, CADC at Lifesprings. Respondent was diagnosed with opiate dependence. Based on Respondent's assessment, ISNAP recommended a one (1) year Recover Monitoring Agreement (RMA) and education classes on substance abuse and dependency.

6. On or about August 16, 2007, Respondent signed her RMA which was effective through August 8, 2008.

7. On or about August 12, 2008, ISNAP's clinical team met and determined that licensee had not worked while in ISNAP and that it was a requirement for successful completion of her RMA.

8. On or about August 12, 2008, Respondent was notified by ISNAP that her RMA could not be successfully completed until she had six months of work while in monitoring .

9. On or about August 26, 2008, Respondent's ISNAP file was closed out due to her failure to meet the six month work requirement.

10. On or about October 8, 2008, Respondent renewed her Indiana nursing license and answered "NO" to all questions including Question 5 which reads, "Since you last renewed have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" despite the fact that she was terminated from Floyd Memorial in June 2007.

COUNT I

Respondent is in violation of Indiana Code § 25-1-9-4(a)(8) in that Respondent has diverted a legend drug or any other drug or device issued under a drug order as evidenced by her admission that she diverted Tramadol (Ultram), Plaquenil, and Glucosamine from Floyd Memorial.

COUNT II

Respondent is in violation of Indiana Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in material deception in order to obtain a license to practice as evidenced by Respondent's failure to report her termination from Floyd Memorial on her 2008 Indiana Licensed Practical Nurse renewal form.

COUNT III

Respondent is in violation of Indiana Code § 25-1-9-4(a)(4)(D) addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely as evidenced by Respondent's opioid diagnosis and her diversion of Tramadol (Ultram), Plaquenil, and Glucosamine from Floyd Memorial.

WHEREFORE, Petitioner demands an order against the Respondent, that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all the cost incurred in the prosecution of this case;

3. Provides any other relief the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER
Attorney General of Indiana

By: eCrawford
Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney Number: 24261-49A

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 234-2257

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail, first class postage prepaid, on this 15th day of DEC, 2009.

Cindy Jo Lane
1920 Corydon Ramsey Rd N.W
Corydon, IN 47112

ECrawford

Elizabeth Kiefner Crawford
Deputy Attorney General

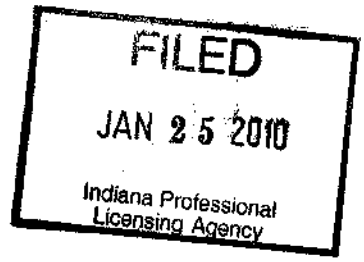
BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 012

IN THE MATTER OF THE LICENSE OF:

DEBORAH LYNNE FINKS, R.N.

LICENSE NO: 28136326A

RESPONDENT



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Deborah Lynne Finks, R.N., [redacted] 2928 Southeast Drive, South Bend, Indiana 46614.

2. This notice is being provided to counsel for the State of Indiana, Morgan I. Burton, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2598.

3. The official cause number of this action is: 2010 NB 012.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed January 13, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 25th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: for
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Deborah Lynne Finks
2928 Southeast Drive
South Bend, IN 46614
CERTIFIED MAIL NO. 7008 0150 0002 4419 6113
RETURN RECEIPT REQUESTED

Morgan l. Burton, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 012

IN THE MATTER OF THE LICENSE OF)
)
DEBORAH LYNNE FINKS, R.N.)
)
LICENSE NO: 28136326A)
)

FILED
JAN 13 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Deborah Lynne Finks, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General, Morgan L. Burton, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 2928 Southeast Drive, South Bend, Indiana 46614, and she is a Registered Nurse in the State of Indiana having been issued license number 28136326A in 1997. Respondent's license is currently active.

2. Respondent is also licensed as a Registered Nurse in the state of Arizona having been issued license number RN119208 in 2002. Her Arizona R.N. license expired in 2006. In September 2005, Respondent received a Letter of Concern from the Arizona State Board of Nursing indicating their concern over Respondent's leaving the emergency department where she worked in January 2005, without notice and before additional staffing could be obtained.

Exhibit A

3. On or about February 21, 2005, Respondent began employment as an R.N. with Nephrology, Inc., a dialysis clinic in Mishawaka, Indiana.

4. On or about April 29, 2005, the Director of Nursing ("DON") at Nephrology, Inc., Kathi Gilroy, received complaints from a Unit Director at Memorial Hospital ("Memorial") indicating that the Respondent had been rude, inappropriate and loud with members of Memorial's staff as well as patients on several occasions. Ms. Gilroy spoke to Respondent to warn her that her behavior needed to improve towards patients and staff.

5. On or about May 3, 2005, Respondent was witnessed loudly arguing with a patient regarding the Vietnam War. Respondent threatened to withhold pain medication if the patient did not stop talking about the war. When the patient requested to speak to the nursing supervisor, Respondent falsely told him she was the supervisor. Finally, Respondent placed excessive pressure on the patient's dialysis needle site resulting in a clotted access site. Respondent ignored the patient's requests that she apply less pressure and his notifications that she was hurting him. Ms. Gilroy again spoke to Respondent to warn her of the required changes in her behavior towards patients and staff.

6. On or about May 16, 2005, Respondent was terminated from Nephrology, Inc. after she falsified her time card records, accounting for time that she did not work.

7. On or about October 5, 2005, Respondent completed her Indiana R.N. license renewal application. Respondent disclosed her termination from Nephrology, Inc. on her application, but failed to indicate the true reason for her termination, instead claiming that she was terminated out of retaliation by her supervisor. The Board renewed Respondent's license.

8. On or about August 1, 2008, Respondent began employment as an R.N. with Accessible Medical Staffing, Inc. ("AMS") in Indianapolis, Indiana. AMS provides temporary nursing services as needed to various medical care providers.

9. On or about August 11, 2008, Respondent was working at Ironwood Health and Rehabilitation Center ("Ironwood") in South Bend, Indiana after being placed there by AMS. On this day, a CNA working with the Respondent at Ironwood witnessed her "thumping" a patient on the nose to wake the patient.

10. On or about August 12, 2008, Ironwood contacted AMS and requested the Respondent not return to their facility due to suspected patient abuse.

11. On or about August 12, 2008, AMS informed Respondent that she would not be given another assignment until Ironwood's investigation was completed

12. Ironwood conducted an extensive investigation and discovered that the Respondent had affected several residents in the facility with medication administration errors and alleged verbal and physical abuse.

13. There has been no further contact between AMS and the Respondent.

COUNT I

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(1)(B) in that she has engaged in material deception in the course of professional services or activities, as evidenced Respondent's termination from Nephrology, Inc. for falsifying her time records.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation,

suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that she has continued to practice although the Respondent has become unfit to practice due to failure to keep abreast of current professional theory or practice, to wit: 848 IAC 2-2-3(1), which states that using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care constitutes unprofessional conduct and fail to meet the minimal standards of acceptable and prevailing nursing practice. The Respondent used unsafe judgment and demonstrated inappropriate interpersonal behaviors while she was employed both at Nephrology, Inc., and at Ironwood through AMS. Respondent also used unsafe judgment and technical skills when she "thumped" a patient on the nose at Ironwood.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER,
Attorney General of Indiana

By: Morgan L. Burton

Morgan L. Burton
Deputy Attorney General
Attorney No.: 26152-10A

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail; first class postage prepaid, on this 13th day of January, 2009.

Deborah Lynne Finks
2928 Southeast Drive
South Bend, IN 46614

Morgan L. Burton
Deputy Attorney General

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 234-2598

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2009 NB 050

IN THE MATTER OF THE LICENSE OF:

BARBARA ANN NORRIS , R.N., N.P., C.S.R.

LICENSE NOS: 28094810A
71001043A
71001043B

RESPONDENT

FILED
JAN 25 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Barbara Ann Norris, R.N., N.P., C.S.R., 1526 Merriman Drive, Mishawaka, Indiana 46544.

2. This notice is being provided to counsel for the State of Indiana, Morgan L. Burton, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2598.

3. The official cause number of this action is: 2009 NB 050.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed December 3, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 25th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Barbara Ann Norris
1526 Merriman Drive
Mishawaka, IN 46544
CERTIFIED MAIL NO. 7008 0150 0002 4419 6106
RETURN RECEIPT REQUESTED

Barbara Ann Norris
1517 Merriman Drive
Mishawaka, IN 46544

Morgan L. Burton, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 050

IN THE MATTER OF THE

LICENSE OF BARBARA ANN NORRIS, R.N, N.P., C.S.R.

LICENSE NUMBERS: 28094810A
71001043A
71001043B

FILED
DEC 0 3 2009
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Barbara Ann Norris, R.N., N.P., C.S.R. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Morgan L. Burton, on behalf of the State of Indiana ("Petitioner") and pursuant to Indiana Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq., and Ind. Code §25-1-9-1 et seq.

FACTS

1. Respondent is a Registered Nurse in the State of Indiana holding license number 28094810A since March 27, 1986. Respondent is also a Nurse Practitioner and holds a Controlled Substances Registration holding license numbers 71001043A and 71001043B, respectively, since January 3, 2001. Respondent's address on file with the Indiana State Board of Nursing is 1517 Merriman Dr., Mishawaka, IN 46544. Respondent is also reported to be incarcerated at Alderson Federal Prison in West Virginia; mailing address is Barbara A. Norris, #09740-027, FPC Alderson Prison, Federal Prison Camp, Glen Ray Rd. Box A, Alderson, WV 24910.

Exhibit A

2. On or about April 1, 2008, Respondent was arrested for writing unlawful prescriptions in exchange for cash and/or marijuana. Respondent wrote a prescription for Cooperating Source (CS), a police informant, for one-hundred-twenty (120) 15mg Oxycodone for $800.00. CS made clear to the Respondent that he was not in any pain and that he intended to sell the pills. Respondent indicated that she knew he previously used this medication even though he was now indicating an intent to sell the pills instead. Respondent also made a verbal agreement to sell CS a prescription for one-hundred-twenty (120) 30mg Oxycodone on April 15, 2008. When questioned by the police, Respondent admitted to selling prescriptions to CS as well as others for money and marijuana. Respondent indicated that she would give the prescriptions in office visits, in her own home, and in CS' home. Respondent also indicated that she had written herself a prescription for Valium.

3. On or about April 3, 2008, Respondent was charged in St. Joseph County with three counts of Issuing Invalid Prescriptions, a Class D Felony, in Cause No. 71D02-0804-FD-00307.

4. On or about May 21, 2008, Respondent was charged in United States District Court for the Northern District of Indiana, South Bend Division, Cause No. 3:08-CR-00057(01)RM with Knowingly and Intentionally Distributing Oxycodone, a Schedule II controlled substance in violation of 21 U.S.C. §841(a)(1). Respondent pled guilty to this charge on the same date.

5. On or about June 30, 2008, the St. Joseph Superior Court dismissed Cause No. 71D02-0804-FD-00307 pursuant to the State's own motion. The State dismissed the case to defer to the federal prosecution and guilty plea.

6. On or about July 30, 2008, Respondent initiated intake with the Indiana State Nurses Assistance Program ("ISNAP"). Respondent was diagnosed with opioid dependence and polysubstance abuse.

7. On or about August 25, 2008, Respondent entered into a three (3) year Recovery Monitoring Agreement with ISNAP.

8. On or about December 3, 2008, Respondent was sentenced to fifteen (15) months in federal prison. Upon release, Respondent will be placed on supervised release for a term of three (3) years.

9. On or about February 2, 2009, Respondent was closed out of ISNAP due to her incarceration.

10. As of October 16, 2009, Respondent remains incarcerated at Alderson Federal Prison in West Virginia, but is scheduled to be released on January 29, 2010.

COUNT I

1. The Respondent's conduct as described above constitutes a violation of Indiana Code §25-1-9-4(a)(2) in that Respondent was convicted of a crime that has a direct bearing on her ability to continue to practice competently and a crime that is harmful to the public, as evidenced by Respondent's conviction for Knowingly and Intentionally Distributing Oxycodone, a Schedule II controlled substance in violation of 21 U.S.C. §841(a)(1).

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. The Respondent's conduct as described above constitutes a violation of Indiana Code §25-1-9-4(a)(4)(d) in that Respondent has continued to practice although she has become unfit to do so due to abuse of or severe dependence upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely, as evidenced by Respondent's diagnosis of opioid dependence and polysubstance abuse and her admission that she sold prescriptions to obtain marijuana and wrote herself a prescription for Valium.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. The Respondent's conduct as described above constitutes a violation of Indiana Code §25-1-9-4(a)(8)(A) in the Respondent diverted a legend drug as evidenced by her admission that she wrote herself a prescription for Valium.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Morgan L. Burton

Morgan L. Burton
Deputy Attorney General
Attorney No.: 26152-10A

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2598

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 3rd day of December, 2009.

Barbara Ann Norris
1517 Merriman Dr.
Mishawaka, IN 46544

Barbara A. Norris, #09740-027
FPC Alderson Prison
Federal Prison Camp
Glen Ray Rd. Box A
Alderson, WV 24910

Morgan L. Burton

Morgan L. Burton
Deputy Attorney General

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 010

IN THE MATTER OF THE LICENSE OF)
)
ALISHA DANIELLE MOORE, R.N.)
)
LICENSE NO: 28168273A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

PROPOSED SETTLEMENT AGREEMENT

The State of Indiana (Petitioner), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington and Alisha Danielle Moore, R.N. (Respondent), by counsel, Chad S. Priest, hereby execute this Agreement to a disposition of the Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana State Board of Nursing (Board) pursuant to Ind. Code § 25-1-9 et seq. and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq.

STIPULATED FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 6575 E. Ramsey Rd., Salem, IN 47167 and she is a Registered Nurse in the State of Indiana having been issued license number 28168273A in 2006.

2. In February 2004, Respondent began her employment as a certified nursing assistant with Scott Memorial Hospital in Scottsburg, Indiana.

3. On or around June 8, 2006, Respondent was issued a Registered Nurse license in the State of Indiana.

4. On or around June 26, 2006, Respondent began working as a Registered Nurse at Scott Memorial Hospital.

5. On or around June 10, 2007, Respondent reported to work and stated that she had a "hangover." Respondent asked Amber Albus, L.P.N. to start an intravenous line on her and administer Zofran, an anti-nausea medication, to her. Albus refused to do so. Respondent then left her station in obstetrics, went to the emergency room, and asked Rhonda Aldridge, R.N. to remove a vial of Zofran from the automatic medication dispensing machine, from which Aldridge removed two vials. Either Aldridge or Respondent then administered the first vial of medication and Respondent subsequently administered the second vial of medication to herself. Respondent did not have a physician's order to receive Zofran.

6. On or around June 22, 2007, Respondent's employment was terminated with Scott Memorial Hospital.

7. On or around September 18, 2007, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent explained that her employment was terminated due to a "miscommunication/administration of a medication without a written order."

8. On or around September 20, 2007, Respondent's license was renewed by IPLA staff without making a personal appearance before the Indiana State Board of Nursing.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent's conduct violated two count of Ind. Code § 25-1-9-4(a)(4)(B).

AGREED DISPOSITION

It is now therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Complaint.

4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana nursing license.

5. Respondent agrees she shall receive a **LETTER OF REPRIMAND** attached hereto as "Exhibit A."

6. Within ninety (90) days of the date of the Board's order approving this agreement, Respondent shall submit proof of completion of twenty-four (24) contact hours of continuing education in professionalism/ethics in nursing.

7. Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

8. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Agreement may result in the Petitioner requesting an emergency

suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

9. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

Alisha Danielle Moore

Alisha Danielle Moore, R.N.
Respondent

1/20/2010
Date

Chad S. Priest
Counsel for Respondent

1/22/2010
Date

D R Covington

Darren R. Covington
Deputy Attorney General
Atty. No. 28511-16

1/28/2010
Date

_____, 2010

Alisha Danielle Moore, R.N.
6575 E. Ramsey Rd.
Salem, IN 47167

RE: Cause Number 2010 NB _____
Letter of Reprimand

Dear Ms. Moore:

This letter of reprimand is issued as part of the settlement agreement reached between you and the State resulting from charges filed by the Office of the Attorney General on or about January 12, 2010 with the Indiana State Board of Nursing.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possessing a license to practice as a nurse in this state. As a nurse, you are responsible for your actions and are to conduct your nursing practice in accordance with the standards of the profession. This includes safeguarding the property of your nursing employer and refraining from using prescription medication without a physician's order.

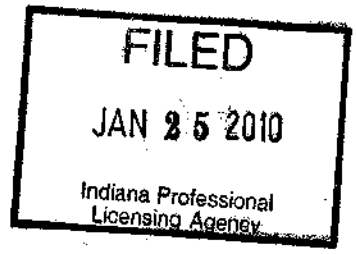
The Findings of Fact, Conclusions of Law and Order is attached hereto and incorporated herein as part of this official reprimand.

Sincerely,

By: _____
Frances L. Kelley
Executive Director
Indiana Professional Licensing Agency

EXHIBIT A

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 010



IN THE MATTER OF THE LICENSE OF:)
)
ALISHA DANIELLE MOORE, R.N.)
)
LICENSE NO: 28168273A)
)
RESPONDENT)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Alisha Danielle Moore, R.N., 6575 E. Ramsey Road, Salem, Indiana 47167.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 010.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed January 12, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 25th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

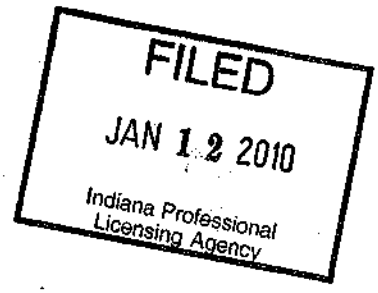
Alisha Danielle Moore
6575 E. Ramsey Road
Salem, IN 47167
CERTIFIED MAIL NO. 7008 0150 0002 4419 6120
RETURN RECEIPT REQUESTED

Chad S. Priest
Baker & Daniels
600 E. 96th St.
Indianapolis, IN 46240

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 001

IN THE MATTER OF THE LICENSE OF)
)
ALISHA DANIELLE MOORE, R.N.)
)
LICENSE NO: 28168273A)



COMPLAINT

This complaint is brought against the nursing license of Alisha Danielle Moore, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 6575 E. Ramsey Rd., Salem, IN 47167 and she is a Registered Nurse in the State of Indiana having been issued license number 28168273A in 2006.

2. In February 2004, Respondent began her employment as a certified nursing assistant with Scott Memorial Hospital in Scottsburg, Indiana.

3. On or around June 8, 2006, Respondent was issued a Registered Nurse license in the State of Indiana.

4. On or around June 26, 2006, Respondent began working as a Registered Nurse at Scott Memorial Hospital.

Exhibit A

5. On or around June 10, 2007, Respondent reported to work and stated that she had a "hangover." Respondent asked Amber Albus, L.P.N. to start an intravenous line on her and administer Zofran, an anti-nausea medication, to her. Albus refused to do so. Respondent then left her station in obstetrics, went to the emergency room, and asked Rhonda Aldridge, R.N. to remove a vial of Zofran from the automatic medication dispensing machine, from which Aldridge removed two vials. Either Aldridge or Respondent then administered the first vial of medication and Respondent subsequently administered the second vial of medication to herself. Respondent did not have a physician's order to receive Zofran.

6. On or around June 22, 2007, Respondent's employment was terminated with Scott Memorial Hospital.

7. On or around September 18, 2007, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent explained that her employment was terminated due to a "miscommunication/administration of a medication without a written order."

8. On or around September 20, 2007, Respondent's license was renewed by IPLA staff without making a personal appearance before the Indiana State Board of Nursing.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice even though she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care, as evidenced by her reporting to work with a "hangover" and injecting herself with Zofran, which was not prescribed for her, while working.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice even though she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-2(10), respect and safeguard the property of patient/client, family, significant others, and the employer, as evidenced by her using Zofran, belonging to her employer, for her own personal use without permission.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: _____

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the counsel of record listed below, by United States mail, first-class, postage prepaid, on this 12th day of January, 2010.

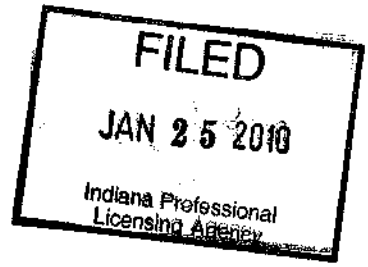
Chad S. Priest
Baker & Daniels
600 E 96th St.
Indianapolis, IN 46240

By: _____
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 009

IN THE MATTER OF THE LICENSE OF:	)
	)
RHONDA KAY ALDRIDGE , R.N.	)
	)
LICENSE NO: 28168312A	)
	)
RESPONDENT	)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Rhonda Kay Aldridge, R.N., 11199 W. 500 N, Deputy, Indiana 47230.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 009.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed January 12, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 25th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Rhonda Kay Aldridge
11199 W. 500 N
Deputy, IN 47230
CERTIFIED MAIL NO. 7008 0150 0002 4419 6137
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 6091

IN THE MATTER OF THE LICENSE OF)
)
RHONDA KAY ALDRIDGE, R.N.)
)
LICENSE NO: 28168312A)

FILED
JAN 12 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Rhonda Kay Aldridge, R.N. (Respondent), by the Office of the Attorney General, by counsel, Darren R. Covington, Deputy Attorney General, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 11199 W 500 N, Deputy, IN 47230 and she is a Registered Nurse in the State of Indiana having been issued license number 28168312A in 2006.

2. On or around October 9, 2003, Respondent began her employment as a Licensed Practical Nurse with Scott Memorial Hospital in Scottsburg, Indiana.

3. On or around June 8, 2006, Respondent was issued a Registered Nurse license.

4. On or around June 16, 2006, Respondent began working as a Registered Nurse at Scott Memorial Hospital.

Exhibit A

5. On or around June 10, 2007, Respondent removed two vials of Zofran from the automatic medication dispensing machine without a physician's order and started an intravenous line on Alisha Moore, R.N., who was not a patient, without a physician's order.

6. On or around June 21, 2007, Respondent's employment was terminated with Scott Memorial Hospital.

7. On or around October 16, 2007, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent stated that she started an IV on Moore and withdrew Zofran from the medication dispensing machine in the emergency room for Moore's "OB patient."

8. On or around December 13, 2007, Respondent made a personal appearance before the Indiana State Board of Nursing. The Board voted to renew her license and directed IPLA to file a consumer complaint against Respondent.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B), in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-2-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care, as evidenced by her starting an IV line on Alisha Moore, R.N., who was not a patient, without a physician's order.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by her withdrawal of two vials of Zofran from the automatic medication dispensing machine without a physician's permission.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

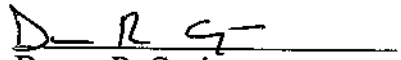
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: 
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the counsel of record listed below, by United States mail, first-class, postage prepaid, on this 11th day of January, 2010.

Rhonda Kay Aldridge, R.N.
11199 W 500 N
Deputy, IN 47230

By: _____
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 209

IN THE MATTER OF THE APPLICATION TO RENEW THE LICENSE OF:

D. PATRICK VONDERAU

License Number: 28160807A

FILED
FEB 0 1 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the Indiana State Board of Nursing (Board") pursuant to IC. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Petitioner, D. Patrick Vonderau, 7810 N. 14th Place, Apt. 2089, Phoenix, AZ 85020.

2. This notice is being provided to counsel for the Board, Gordon White, Deputy Attorney General, Indiana Government Center South, 5th Floor, 302 West Washington Street, Indianapolis, Indiana, 46204, telephone number (317) 232-6307.

3. The official cause number of this action is 2009 NB 209.

4. This action is a hearing to consider the Petition for Review of the Board's Denial of Petitioner's Application for License Renewal as Registered Nurse in the State of Indiana.

5. A hearing regarding this matter will be held on **February 18, 2010** at **9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of IC. § 4-21.5-3-7 and IC. § 4-21.5-3.

7. The Board will be presiding as administrative law judge. Sean Gorman, Board Director, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by telephone at (317) 234-2043, by e-mail at pla2@pla.in.gov, or by facsimile at 317-233-4236.

8. The hearing will address the issues contained in the Decision on Application to Renew License as a Registered Nurse issued by the Board on October 29, 2009 and the issues raised in the Petitioner's Petition for Review received November 23, 2009, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed IC § 4-21.5-3-24.

ORDERED this 1st day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Distributed to:

D. Patrick Vonderau
7810 N. 14th Place, Apt. 2089
Phoenix, AZ 85020
SENT CERTIFIED MAIL #: 7008 0510 0002 4419 6045
RETURN RECEIPT REQUESTED

Gordon White, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 209

IN THE MATTER OF THE APPLICATION TO RENEW THE LICENSE OF:

D. PATRICK VONDERAU

License Number: 28160807A

FILED
OCT 28 2009
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that D. Patrick Vonderau ("Applicant") personally appear before the Board on October 15, 2009, for the purpose of providing information and answering questions concerning his application to renew his license as a nurse.

The Applicant appeared in person.

Board member Jerry Burghduff interviewed the Applicant and made a recommendation concerning the application to the full Board. The Board, after considering the information presented by the Applicant and reviewing its file in this matter, hereby issues the following decision:

FACTS

1. The Applicant, who resides at 7810 North 14th Place, Apartment 2089, Phoenix, Arizona 85020, submitted an application to the Board to renew his license as a nurse.

2. Along with his application, the Applicant revealed that his license to practice in Arizona is on probation because of practice issues that arose while he was working in Arizona.

3. The Applicant has demonstrated to the Board that he is able to practice competently and safely if he complies with the probationary terms set out below.

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

Exhibit A

TERMS AND CONDITIONS

Based upon the foregoing, the Board renews the license of the Applicant pursuant to IC §25-1-5-4(g)(5) 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 the probation on his Arizona license is withdrawn.

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. Applicant's current home address, mailing address, e-mail address and residential telephone number.
2. Applicant's place of employment, employment telephone number, employment e-mail address and name of supervisor.

b) Applicant must comply with the terms of probation on his Arizona license.

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 him to a show cause hearing and the imposition of further sanctions, including emergency suspension of his license.

SO ORDERED, this 28 day of October, 2009.

INDIANA STATE BOARD OF NURSING

By: _____

Frances 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 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:

D. Patrick Vonderau
7810 North 14th Place
Apartment 2089
Phoenix, Arizona 85020
CERTIFIED MAIL NUMBER:7008 0150 0002 4419 4577
RETURN RECEIPT REQUESTED

Petition for Review by the Indiana State Board of Nursing.
Indiana License Number: 28160807A

I am writing to request a review of the board's decision to follow the Arizona State Board of Nursing's probation of my RN license.

Reasons for request:
1. Facts found contradicting complaint were not included in Arizona case
2. Disciplinary measures taken were excessive
3. Facility policy was not followed for corrective action.
4. Evidence lacking to support details of complaint.

Thank you for considering my request.
Sincerely,

Donald Patrick Vonderau

Donald Patrick Vonderau

RECEIVED
NOV 23 2009
Indiana Professional Licensing Agency

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 199

IN THE MATTER OF THE LICENSE OF:

HEATHER JO WHITMER, R.N.

LICENSE NO: 28161403A

RESPONDENT

FILED
JAN 29 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for December 10, 2009 at 9:00 a.m., be rescheduled to **February 18, 2010 at 9:00 a.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on November 19, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 19th day of January, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Heather Jo Whitmer
319 Simonton Street #B
Elkhart, IN 46514
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 6827
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2009 NB 199

FILED
NOV 25 2009
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF:)
)
HEATHER JO WHITMER, R.N.,)
)
LICENSE NO: 28161403A,)
)
RESPONDENT)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Heather Jo Whitmer, R.N., 1506 Ash Drive E., Elkhart, Indiana, 46514.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.

3. The official cause number of this action is: 2009 NB 199.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **December 10, 2009 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed November 17, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 25 day of November, 2009.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Heather Jo Whitmer
319 Simonton St. #B
Elkhart, IN 46514
CERTIFIED MAIL NO. 7008 0150 0002 4419 5659
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 199

IN THE MATTER OF THE LICENSE OF)
)
HEATHER JO WHITMER, R.N.,)
)
LICENSE NO: 28161403A)

FILED
NOV 17 2009
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Heather Jo Whitmer, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1506 Ash Drive E., Elkhart, Indiana 46514. Respondent is a Registered Nurse in the State of Indiana holding license number 28161403A received on July 28, 2004.

2. On or around October 23, 2006, Respondent began employment with Access Nurses a health care employment agency located in San Diego, California. Respondent's first assignment was in Macon, Georgia. During her employment, she also had assignments in Indiana.

3. On or around September 5, 2008, Respondent was charged in the State of Michigan, 3-B Judicial District, Saint Joseph County, 45th Judicial Circuit under cause number 08-3611-FY with Controlled Substance- Possession of Methamphetamine Precursors.

4. On or around October 29, 2008, Respondent pled nolo contendere in Michigan under cause number 08-3611-FY to Use of Methamphetamine. Respondent was sentenced to probation with the potential for her criminal charges to be dismissed if she fully complied with the terms and conditions of her probation.

5. On or around December 23, 2008, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP). Respondent admitted that she was on criminal probation for "buying Sudafed a precursor to methamphetamine." Respondent was referred to Oaklawn for an assessment.

6. On or around February 6, 2009, ISNAP received Respondent's assessment from Pat Parker, CADAC IV. Parker gave Respondent an alcohol abuse diagnosis.

7. On or around February 24, 2009, Respondent contacted ISNAP to discuss her diagnosis claiming that she did not drink much. Respondent was referred back to Parker to discuss.

8. On or around March 10, 2009, Parker informed ISNAP that she changed Respondent's diagnosis to "deferred."

9. On or around March 11, 2009, ISNAP sent Respondent a six month Recovery Monitoring Agreement (RMA). ISNAP also notified Respondent that she had to discontinue the use of Adderall and Klonopin, which Respondent claimed to have done.

10. On or around March 12, 2009, Robert Savatini, Respondent's probation officer informed ISNAP that Respondent's conviction was actually due to the use of methamphetamine and that she was being drug tested twice weekly. Savatini also disclosed that in October of 2008, Respondent twice urine tested positive for cocaine.

11. On or around March 13, 2009, ISNAP sent Respondent a one year RMA due to Respondent's failure to disclose her positive drug tests for cocaine. Respondent's RMA was due back by March 23, 2009.

12. On or around April 9, 2009, ISNAP contacted Respondent inquiring why she hadn't returned her RMA. Respondent claimed someone broke into her truck and took the RMA. ISNAP sent her a new RMA noting it was due back by April 20, 2009. Respondent notified ISNAP that she was set to meet with Dr. Susan Taccheri at Oaklawn.

13. On or around April 14, 2009, Dr. Taccheri informed ISNAP that Respondent has a history of benzodiazepine abuse and probably a current stimulant abuse problem. Dr. Taccheri recommended Respondent enter into Intensive Outpatient Treatment.

14. On or around April 20, 2009, Respondent entered into a one- year Recovery Monitoring Agreement (RMA).

15. On or around June 29, 2009, Oaklawn sent ISNAP notification that Respondent was non-compliant with treatment.

16. On or around July 15, 2009, Dr. Taccheri notified ISNAP that Respondent failed to show for her addictionologist appointment.

17. On or around July 28, 2009, ISNAP received information that Respondent had not attended group therapy since June 2, 2009.

18. On or around August 18, 2009, ISNAP's quarterly compliance report indicated that Respondent was significantly non-compliant with her RMA.

19. On or around September 3, 2009, ISNAP sent Respondent notification that her RMA was being extended for three months.

20. On or around September 9, 2009, Respondent's quarterly compliance report was returned to ISNAP as Respondent was not living at her given address.

21. On or around September 22, 2009, Witham Labs notified ISNAP that Respondent had not called into the Witham system since July.

22. On or around September 28, 2009, ISNAP closed Respondent's file due to non-compliance and unknown whereabouts.

23. On or around October 15, 2009, the Indiana State Board of Nurses voted to summarily suspend Respondent's Indiana nursing license for ninety (90) days finding she represented a clear and immediate danger to public health and safety.

24. On or around October 31, 2009, Respondent's Indiana nursing license expired.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that the Respondent has continued to practice although she has become unfit to practice due to abuse of alcohol or other drugs as evidenced by Respondent's 2008 nolo contendere plea to Use of Methamphetamine, Respondent's positive urine drug screens for cocaine, Dr. Taccheri's assessment that Respondent has a history of benzodiazepine abuse and probably a current stimulant abuse problem, and Respondent's non-compliance with her ISNAP RMA.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

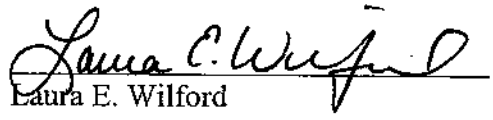
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: 

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 17th day of November, 2009.

Heather Jo Whitmer
1506 Ash Drive E.
Elkhart, IN 46514

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 199

IN THE MATTER OF THE LICENSE OF)
)
HEATHER JO WHITMER, R.N.,)
)
LICENSE NO: 28161403A)

FILED
FEB 0 2 2010
Indiana Professional Licensing Agency

EXTENSION OF SUMMARY SUSPENSION ORDER AND NOTICE OF PROPOSED DEFAULT

A final hearing was scheduled to be held on December 10, 2009 before the Indiana State Board of Nursing ("Board") in the Auditorium of the Conference Center in the Indiana Government Center South, 302 W. Washington Street, Indianapolis, Indiana, 46204, to consider the Administrative Complaint filed on November 17, 2009 against the Indiana nursing license of Heather Jo Whitmer, R.N. ("Respondent").

Deputy Attorney General Laura E. Wilford represented the State of Indiana ("Petitioner"). Respondent failed to appear in person or by counsel.

Pursuant to Ind. Code § 4-21.5 *et seq.* and § 25-1-9-10, and after taking judicial notice of its file, the Board, by a vote of 5-0-0, hereby **ORDERS** the summary suspension on Respondent's Indiana nursing license be extended for an additional ninety (90) days as the Board finds that an emergency continues to exists as the Respondent represents a clear and immediate danger to the public health and safety if allowed to continue to practice in the State of Indiana based on the evidence in the Board's file:

1. Respondent is a Registered Nurse in the State of Indiana holding license number 28161403A received on July 28, 2004.

2. Respondent's address on file with the Board is 319 Simonton Street, #8, Elkhart, Indiana 46514.

10. On or around March 12, 2009, Robert Savatini, Respondent's probation officer informed ISNAP that Respondent's conviction was actually due to the use of methamphetamine and that she was being drug tested twice weekly. Savatini also disclosed that in October of 2008, Respondent twice urine tested positive for cocaine.

11. On or around March 13, 2009, ISNAP sent Respondent a one year RMA due to Respondent's failure to disclose her positive drug tests for cocaine. Respondent's RMA was due back by March 23, 2009.

12. On or around April 9, 2009, ISNAP contacted Respondent inquiring why she hadn't returned her RMA. Respondent claimed someone broke into her truck and took the RMA. ISNAP sent her a new RMA noting it was due back by April 20, 2009. Respondent notified ISNAP that she was set to meet with Dr. Susan Taccheri at Oaklawn.

13. On or around April 14, 2009, Dr. Taccheri informed ISNAP that Respondent has a history of benzodiazepine abuse and probably a current stimulant abuse problem. Dr. Taccheri recommended Respondent enter into Intensive Outpatient Treatment.

14. On or around June 29, 2009, Oaklawn sent ISNAP notification that Respondent was non-compliant with treatment.

15. On or around July 15, 2009, Dr. Taccheri notified ISNAP that Respondent failed to show for her addictionologist appointment.

16. On or around July 28, 2009, ISNAP received information that Respondent had not attended group therapy since June 2, 2009.

17. On or around August 18, 2009, ISNAP's quarterly compliance report indicated that Respondent was significantly non-compliant with her RMA.

ORDER

WHEREFORE, RESPONDENT IS ORDERED to immediately cease all acts constituting the practice of a practical nurse for an additional period of ninety (90) days from the date of this Order.

IT IS FURTHER ORDERED, that for the Respondent's failure to appear for his scheduled hearing, the Board issues the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting that the Board not enter a default order in this case and stating the reasons relied upon for his request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any other relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 162

IN THE MATTER OF THE LICENSE OF:

CHRISTINA PAINTER, R.N.

LICENSE NO: 28125249A

RESPONDENT

FILED
JAN 29 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for December 10, 2009 at 9:00 a.m., be rescheduled to **February 18, 2010 at 9:00 a.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on September 4, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 29th day of January, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

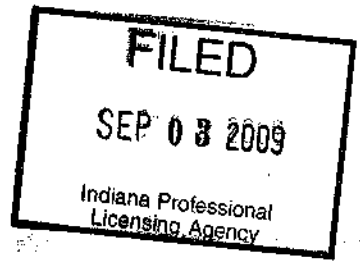
Copies to:

Christina Painter
311 East 1st Street
Huntingburg, IN 47542-1307
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 687 34
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 162

IN THE MATTER OF THE LICENSE OF)
)
CHRISTINA L. PAINTER, R.N.)
)
LICENSE NO: 28125249A)
)



COMPLAINT

This complaint is brought against the nursing license of Christina L. Painter, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Laura E. Wilford and Certified Legal Intern Darren Covington, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 102 East 35th Street, Jasper, IN 47546. Respondent is a Registered Nurse in the State of Indiana having been issued license number 28125249A in 1994.

2. On or around February 12, 2004, Respondent began intake with the Indiana State Nurses Assistance Program ("ISNAP"). Respondent was referred by her former employer, St. Joseph's Hospital, located in Huntingburg, Indiana, due to alcohol-related problems. Respondent reported that she participated in outpatient treatment in late 2003 and inpatient substance abuse treatment in January 2004, with subsequent intensive outpatient therapy, but she reported not attending regularly and relapsed.

Exhibit A

Respondent stated she was hospitalized three times within a two week period for alcohol overdoses. Respondent described herself as a binge drinker.

3. On or around February 24, 2004, Mary B. Noon, MSW, Southern Hills Counseling Center, diagnosed Respondent with Alcohol Dependence.

4. On or around March 8, 2004, Respondent was hospitalized for alcohol overdose and was referred for residential treatment at Turning Point for thirty days.

5. On or around May 24, 2004, Respondent began her employment with Northwood Good Samaritan Health Center in Jasper, Indiana.

6. On or around June 16, 2004, Respondent signed a five-year Recovery Monitoring Agreement ("RMA") with ISNAP.

7. On or around July 1, 2004, Noon stated in her monthly report, "[Respondent] is doing very well."

8. On or around September 3, 2004, Respondent's urine drug screen tested positive for alcohol. Respondent stated that she had taken cough syrup with alcohol.

9. On or around February 8, 2005, Respondent's urine drug screen tested positive for alcohol. Respondent stated that she had taken cough syrup with alcohol.

10. On or around February 22, 2005, Respondent's urine drug screen tested positive for alcohol. No explanation was given.

11. On or around March 23, 2005, Alice Berger, Respondent's new therapist, reported to ISNAP that Respondent had missed group therapy six times, was "unkempt" and admitted to using "cold" medicine and drinking non-alcoholic beer.

12. On or around October 12, 2005, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance. ISNAP did not have Respondent's therapist and self-reports and Respondent had failed to submit to two urine drug screens.

13. On or around December 12, 2005, Berger stated in her quarterly report that Respondent was "maintaining sobriety and is ready for a less structured program of therapy."

14. On or around December 28, 2005, Respondent was charged with two counts of Operating a Vehicle While Intoxicated, a Class A Misdemeanor, Operating a Vehicle While Intoxicated, a Class C Misdemeanor, Driving While Suspended, a Class A Infraction, Operating a Motor Vehicle without Financial Responsibility, a Class A Infraction and Driving Left of Center, a Class C Infraction in Dubois County Superior Court, Dubois County, Indiana, in Cause Number 19D01-0512-CM-1172. Respondent notified ISNAP of her arrest.

15. On or around December 29, 2005, Respondent pled guilty to one count of Operating a Motor Vehicle While Intoxicated, a Class A Misdemeanor and Driving While Suspended, a Class A Infraction in Dubois County Superior Court, in Cause Number 19D01-0512-CM-1172. Respondent's other charges were dismissed. Respondent was sentenced to probation for one year and was given a one year suspended sentence.

16. On or around January 10, 2006, Dr. James C. Macke, Respondent's addictionist, stated in his quarterly report that "[Respondent] seems to be stable again."

17. On or around February 6, 2006, Respondent's worksite monitor, Judy Pund, reported to ISNAP that a co-worker found Respondent drunk outside of her home and Respondent was taken to the hospital. She considered this a relapse.

18. On or around February 7, 2006, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance. Respondent had submitted no urine drug screens for the quarter. Respondent's account with Witham was delinquent.

19. On or around February 9, 2006, Respondent returned to work after being released from the hospital even though she was not authorized to return to work by ISNAP.

20. On or around February 21, 2006, Respondent's urine drug screen was dilute with a creatinine of 0.15. ISNAP considers a creatinine of 0.12 to 0.20 to possibly be caused by drinking too many fluids and a creatinine level of 0.10 or lower, and especially 0.05 or lower, to possibly be caused by drinking too many fluids to intentionally dilute the urine sample; however, certain medications can also cause a dilute urine sample.

21. On or around February 27, 2006, ISNAP received the results of Respondent's urine drug screens from September 2005 and February 13, 2006. Between September 2005 and February 13, 2006 Respondent had six dilute urine drug screens: October 3, 2005 creatinine of 0.17, October 19, 2005 creatinine of 0.20, December 29, 2005 with a creatinine of 0.16, January 11, 2006 with a creatinine of 0.14, February 2, 2006 with a creatinine of 0.19 and February 13, 2006 with a creatinine of 0.15. Then, on

March 10, 2006, Respondent had another dilute urine drug screen with a creatinine of 0.12.

22. On or around March 29, 2006, Respondent informed ISNAP that she was prescribed Lasix, a water pill, that is also used to treat high blood pressure. ISNAP counseled Respondent on how to take her medication to avoid having future dilute urine drug screens. ISNAP also changed the frequency that Respondent tested and required her urine drug screens to be tested for Ethyl Glucuronide (EtG), a test used to detect alcohol, because of her December 2005 Operating a Motor Vehicle While Intoxicated conviction.

23. On or around April 28, 2006, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance. Respondent had missed two urine drug screens and Pund reported a relapse on February 6, 2006.

24. On or around July 27, 2006, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance. ISNAP did not have Respondent's addictionist, therapist, sponsor, April and May, and self-reports and meeting logs. Respondent also failed to submit to four urine drug screens.

25. On or around September 15, 2006, Respondent's urine drug screen tested positive for alcohol. Respondent denied using alcohol. Respondent stated that she was in a custody battle with her ex-husband and that while visiting him and their daughter he may have slipped something in her drink.

26. On or around September 26, 2006, Respondent's urine drug screen tested positive for alcohol. Respondent stated that she used mouthwash for an infected tooth.

27. On or around October 5, 2006, Respondent's urine drug screen was dilute with a creatinine of 0.12.

28. On or around November 2, 2006, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance. Respondent had two positive urine drug screens and missed four urine drug screens.

29. On or around November 14, 2006, Respondent's RMA was extended one year.

30. On or around November 29, 2006, ISNAP mailed Respondent a "first dilute drug screen letter" as a result of her October 5, 2006 dilute urine drug screen. A "first dilute drug screen letter" explains how to avoid having future dilute urine drug screens.

31. On or around December 20, 2006, Respondent's urine drug screen was dilute with a creatinine of 0.07.

32. On or around December 29, 2006, ISNAP mailed Respondent a "second dilute drug screen letter." A "second dilute drug screen letter" is mailed after an ISNAP participant has had two dilute urine drug screens in a three-month time period. It provides specific steps on how to avoid future dilute urine drug screens.

33. On or around January 18, 2007, Respondent's urine drug screen was positive for alcohol. No explanation was given.

34. On or around January 24, 2007, ISNAP's quarterly compliance report indicated Respondent was in partial compliance. Respondent's sponsor report and self-report for November was missing.

35. On or around March 19, 2007, Dr. Macke stated in his quarterly report that Respondent "seems more stable in her recovery."

36. On or around March 28, 2007, Respondent's urine drug screen tested positive for alcohol. No explanation was given.

37. On or around April 3, 2007, Respondent's urine drug screen was dilute with a creatinine of 0.15.

38. On or around April 16, 2007, ISNAP mailed Respondent a "first dilute drug screen letter."

39. On or around May 2, 2007, Respondent's urine drug screen tested positive for alcohol. No explanation was given.

40. On or around May 8, 2007, ISNAP's quarterly compliance report indicated Respondent was in partial compliance. Respondent had missed one urine drug screen.

41. On or around July 7, 2007, Respondent's urine drug screen was dilute with a creatinine of 0.11.

42. On or around July 20, 2007, ISNAP mailed Respondent a "first dilute drug screen letter."

43. On or around July 31, 2007, ISNAP's quarterly compliance report indicated Respondent was in significant non-compliance. ISNAP did not have Respondent's meeting logs, self-reports, sponsor reports and worksite monitor reports. Respondent also failed to submit to one urine drug screen.

44. On or around August 31, 2007, Respondent's RMA was extended three months.

45. On or around October 4, 2007, Respondent's urine drug screen was dilute with a creatinine of 0.11.

46. On or around October 12, 2007, ISNAP mailed Respondent a "second dilute drug screen letter."

47. On or around October 29, 2007, Respondent completed an Indiana Professional Licensing Agency online renewal application and answered "no" to the question, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

48. On or around October 31, 2007, ISNAP's quarterly compliance report indicated Respondent was in significant non-compliance. Respondent's addictionist, sponsor and August and September reports were missing, along with her meeting logs. Respondent also missed one urine drug screen.

49. On or around November 29, 2007, Respondent's RMA was extended three months.

50. On or around January 8, 2008, Respondent's urine drug screen was dilute with a creatinine of 0.14.

51. On or around January 17, 2008, ISNAP mailed Respondent a "first dilute drug screen letter."

52. On or around January 29, 2008, ISNAP's quarterly compliance report indicated Respondent was in significant non-compliance. ISNAP did not have Respondent's meeting logs, worksite monitor report and October self-report. Respondent also failed to submit to three urine drug screens.

53. On or around February 1, 2008, Respondent's urine drug screen was dilute with a creatinine of 0.19.

54. On or around February 20, 2008, ISNAP mailed Respondent a "second dilute drug screen letter."

55. On or around February 15, 2008, Respondent's RMA was extended three months.

56. On or around April 15, 2008, Respondent's employment was terminated from Northwood Good Samaritan Health Center for failure to follow the policies and procedures regarding the administration of medication and for making personal phone calls while at work.

57. On or around April 16, 2008, Pund reported that Respondent's employment was terminated. Pund stated that Respondent had not been herself and came into work looking "disheveled and stressed out." Pund reported that there had been six major medical omissions where Respondent charted that she had given the medications, but, they were still in the Pyxis system and had not been given. Pund did not suspect diversion.

58. On or around May 1, 2008, ISNAP's quarterly compliance report indicated Respondent was in significant non-compliance. Respondent failed to submit to two urine drug screens.

59. On or around May 12, 2008, ISNAP received the results of Respondent's April 28, 2008 urine drug screen. Respondent tested positive for alcohol, at 2170 ng/mL. Respondent stated that she found an old bottle of alcohol and without thinking she drank it. This was considered a relapse.

60. On or around May 20, 2008, Respondent completed an "Application for Employment" with St. Charles Health Campus in Jasper, Indiana. Respondent stated that

she left Northwood Good Samaritan Health Center for "personal [reasons and] left on good terms."

61. On or around May 27, 2008, Respondent began her employment with St. Charles Health Campus. As of August 24, 2009, Respondent was still employed with St. Charles Health Campus.

62. On or around June 3, 2008, ISNAP closed Respondent's file due to her pattern of significant non-compliance.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that the Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by the Respondent's failure to disclose her December 29, 2005 conviction of Operating a Motor Vehicle While Intoxicated on her October 29, 2007 Indiana Professional Licensing Agency online renewal application.

2. Respondent's violation of Indiana law is a cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that the Respondent engaged in or knowingly cooperated in material deception in the course of professional services as evidenced by the Respondent's statement on her "Application for Employment" with St. Charles Health Campus that she left Northwood Good Samaritan Health Center for "personal reasons and] on good terms."

2. Respondent's violation of Indiana law is a cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code § 25-1-9-4(a)(2) in that the Respondent has been convicted of a crime that is harmful to the public as evidenced by her December 29, 2005 conviction of Operating a Motor Vehicle While Intoxicated in Cause Number 19D01-0512-CM-1172.

2. Respondent's violation of Indiana law is a cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(D) in that the Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's admitted overdoses on alcohol; her admission that she binge drinked; her 2005 conviction for Operating a Motor Vehicle While Intoxicated; her diagnosis of Alcohol Dependence; her relapses in February 2006 and May 2008; her positive and dilute urine drug screens; and, her failure to successfully engage in monitoring with ISNAP.

2. Respondent's violation of Indiana law is a cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

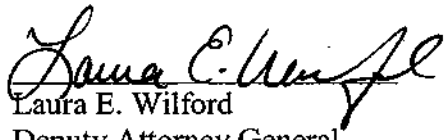
1. Imposes the appropriate disciplinary sanction;

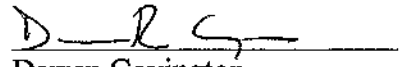
2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: 
Laura E. Wilford
Deputy Attorney General
Attorney No. 24446-49


Darren Covington
Certified Legal Intern

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this _____ day of _____, 2009.

Christina Painter, R.N.
102 East 35th Street
Jasper, IN 47546

By: _____
Laura E. Wilford
Deputy Attorney General
Attorney No. 24446-49

_____
Darren Covington
Certified Legal Intern

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-234-2600

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 014

IN THE MATTER OF THE LICENSE OF:)
)
KANDACE UBELHOUR, R.N.)
)
LICENSE NO: 28136240A)
)
RESPONDENT)

FILED
JAN 29 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Kandace Ubelhour, R.N., 133 Gettysburg, Coatesville, Indiana 46121.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.

3. The official cause number of this action is: 2010 NB 114.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed January 10, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 29th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kandace Ubelhour
133 Gettysburg
Coatesville, IN 46121
CERTIFIED MAIL NO. 7008 3230 0000 0020 6841
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010-NB-014

IN THE MATTER OF THE LICENSE OF)
KANDACE KAY UBELHOUR, R.N.,)
LICENSE NO: 28136240A)

FILED
JAN 14 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kandace Kay Ubelhour, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 113 Gettysburg, Coatesville, Indiana 46121 and she is a Registered Nurse in the State of Indiana having been issued license number 28136240A in 1997.

2. In 1997, Respondent began employment as a nurse for Indiana University Hospital located in Indianapolis, Indiana.

3. On or around February 12, 2007, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP). Respondent disclosed that she was currently in treatment at Clarian Behavioral Health. During intake, Respondent admitted to diversion of morphine, Norco, and fentanyl patches.

4. On or around February 14, 2007, ISNAP received Respondent's assessment from Dick Collins, LCSW with the Clarian Health Employee Assistance Program at Methodist

Hospital located in Indianapolis, Indiana. Respondent was diagnosed with opioid dependence and chronic back pain.

5. On or around March 12, 2007, Respondent entered into a three-year Recovery Monitoring Agreement (RMA) with ISNAP.

6. On or around March 19, 2007, ISNAP received from Mike Denton at Clarian Behavioral Health approval for Respondent to return to work without access to controlled substances.

7. On or around April 4, 2007, Respondent's urine drug screen (UDS) from March 27, 2007 reported positive for Ultram. Respondent informed ISNAP that she was tapering off the medication and ISNAP reminded her that ISNAP was an abstinence based program.

8. On or around April 17, 2007, Respondent's UDS from April 9, 2007 reported positive for Tramadol and was diluted. Respondent admitted use of prescription Ultram.

9. On or around April 30, 2007, Respondent's UDS from April 19, 2009 reported positive for alcohol. Respondent reported use of an over-the-counter cold medication.

10. On or around May 31, 2007, Respondent's UDS from May 24, 2007 reported positive for Tramadol; however ISNAP determined it to be negative due to valid prescription.

11. On or around June 21, 2007, Respondent's UDS from June 12, 2007 reported positive for Tramadol; however ISNAP determined it to be negative due to valid prescription.

12. On or around July 11, 2007, Respondent's UDS from July 3, 2007 reported positive for Tramadol; however ISNAP determined it to be negative due to valid prescription.

13. On July 17, 2007, ISNAP's quarterly compliance report showed Respondent in partial compliance. Respondent had not submitted her required sponsor reports.

14. On or around July 26, 2007, Dick Collins reported to ISNAP concerns that Respondent has poor attendance with her therapy sessions.

15. On or around August 1, 2007, Respondent's UDS from July 25, 2007 reported positive for Tramadol; however ISNAP determined it to be negative due to valid prescription.

16. . On or around August 16, 2007, Respondent's UDS from August 7, 2007 reported positive for Tramadol; however ISNAP determined it to be negative due to valid prescription.

17. On or around August 20, 2007, ISNAP expressed concern to Respondent regarding her continual use of Ultram. Respondent stated that her prescription was gone and that she would not have it refilled.

18. On or around September 11, 2007, Respondent's UDS reported diluted with a creatinine of 0.13.

19. On November 5, 2007, ISNAP's quarterly compliance report showed Respondent in partial compliance. Respondent had not submitted her required sponsor reports.

20. On or around December 4, 2007, Respondent's employment with Indiana University Hospital was voluntarily terminated due to her failure to return from leave.

21. On or around December 5, 2007, ISNAP was informed that Respondent had poor attendance with the facilitated nurse support group.

22. On or around December 18, 2007, Respondent's UDS from December 13, 2008 reported positive for hydrocodone. Respondent presented a prescription.

23. On January 15, 2008, ISNAP's quarterly compliance report showed Respondent in partial compliance. Respondent had not submitted her required addictionist reports, worksite monitor reports, or sponsor reports.

24. On or around January 16, 2008, Respondent's UDS reported positive for Ultram. Respondent admitted to use from an old prescription. Respondent also notified ISNAP that she was scheduled to have back surgery at the end of the month.

25. On or around February 20, 2008, Respondent's husband notified ISNAP that Respondent was undergoing medical testifying for a transient ischemic attack and that she was restricted from driving. It was later determined that Respondent had a blood vessel burse in her brain.

26. On or around March 25, 2008, Respondent informed ISNAP that she was scheduled for bariatric surgery that day and would be prescribed hydrocodone for pain management and sent in a copy of the prescription on April 2, 2008.

27. On or around April 17, 2008, Respondent's UDS from April 9, 2008 tested positive for hydrocodone and alcohol; however, ISNAP determined it to be negative due to valid prescriptions.

28. On April 25, 2008, ISNAP's quarterly compliance report showed Respondent in significant non-compliance. Respondent had missed a UDS and had not submitted any of her required reports.

29. On or around May 28, 2008, ISNAP extended Respondent's RMA for three months.

30. On July 15, 2008, ISNAP's quarterly compliance report showed Respondent in significant non-compliance. Respondent had missed five scheduled UDS and had not submitted her required reports.

31. On or around August 26, 2008, Respondent's ISNAP file was closed for non-compliance.

32. On or around October 31, 2009, Respondent's Indiana nursing license expired.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's diversion from Indiana University Hospital for self-use, Respondent's opioid dependence diagnosis, Respondent's continued use of controlled substances while in ISNAP, and Respondent's non-compliance with ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this **14th** day of **January, 2010.**

Kandace Kay Ubelhour
113 Gettysburg
Coatesville, IN 46121

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

Fax Cover Sheet

To: IDLA Date 2/3/10

Fax Number: 1-317-233-4236 Time:

From: Patricia Ortman

Number of Pages Faxed: 2 (Including Cover Sheet)
If you don't recieve the proper number of pages, call (765-789-8423)

Message:
RE: Hearing Date

Notice: This message is intended solely to be used by the individual, or entity to which it is addressed. It may contain information which is privileged, confidental, and otherwise exempt by law from disclosure. If the reader of this message is not the intended recipient, or an employee of the recipient, and dissemination, distribution, or copying of this communication is strictly prohibited. If you have recieved this communication in error... Please notify us by telephone immediately and return this communication to the persons above at the following address.

235 North Meadow Lane
Albany, In 47320

Thank You:

Thank You
Patricia Ortman

2/3/10

To IPLA,

I am writing to request an extended continuance for my Hearing scheduled for 2/18/10 at 9 AM. I just underwent back surgery and would like the extra time to recover to be able to drive 90 mins one way to obtain consults for an Attorney.

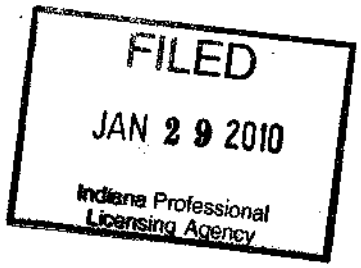
My husband will be out of state 2/10/10 - 2/20/10 and I will not have anyone to drive me. Also I give my permission for you to talk with my husband regarding this matter until he leaves on 2/10/10.

Thank you for your consideration.

Patricia Ortman
Cause # 2009 DB 224
Exhibit A-1

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 224

IN THE MATTER OF THE LICENSE OF:)
)
PATRICIA ORTMAN, L.P.N.)
)
LICENSE NO: 27031185A)
)
RESPONDENT)



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed the Respondent, Patricia Ortman, which is incorporated herein as Exhibit A, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for January 21, 2010 at 9:00 a.m., be rescheduled to **February 18, 2010 at 9:00 a.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 17, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 14th day of January, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
for Indiana Professional Licensing Agency

Copies to:

Patricia Ortman
235 North Meadow Lane
Albany, IN 47320
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 6858
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

Fax Cover Sheet

To: IDLA Date 12/30/09

Fax Number: 317-233-4236 Time: _____

From: Patricia Ortman

Number of Pages Faxed: _____(Including Cover Sheet)
If you don't recieve the proper number of pages, call (765-789-8423)

Message: RE: Hearing Date

Notice: This message is intended solely to be used by the individual, or entity to which it is addressed. It may contain information which is privileged, confidental, and otherwise exempt by law from disclosure. If the reader of this message is not the intended recipient, or an employee of the recipient, and dissemination, distribution, or copying of this communication is strictly prohibited. If you have recieved this communication in error... Please notify us by telephone immediately and return this communication to the persons above at the following address.

235 North Meadow Lane
Albany, In 47320

Thank You:

Exhibit A-1

12/30/09

To IPLA,

I am writing to request a continuance for my hearing that is scheduled for 1/21/10 at 9 AM.

I/T medical reasons. I was in a car accident. I am now waiting to get in to see my neurologist for evaluation.

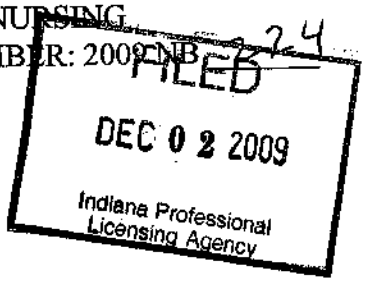
My medical records are needed I will provide them upon request. Thank you for your time.

Patricia A Ortman

Cause Number: 2009 HO 224

Exhibit A-2

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009-NB-824



IN THE MATTER OF THE LICENSE OF)
)
PATRICIA ANN ORTMAN, L.P.N.,)
)
LICENSE NO: 27031185A)

COMPLAINT

This complaint is brought against the nursing license of Patricia Ann Ortman, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 235 North Meadow Lane, Albany, Indiana 47320 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27031185A in 1989.

2. On or around April 24, 2008, Respondent began employment at Parkview Nursing Center (Parkview) located in Muncie, Indiana.

3. On or around July 25, 2008, an investigation was initiated into tampered Roxinal at Parkview after a nurse reported to Director of Nursing Diane Bradbury that she was concerned a patient's Roxinal had been tampered with because the color appeared watered down. Upon arriving at the facility and examining the vial of Roxinal, Bradbury called and verified with the pharmacy what color the Roxinal should be and then easily determined that the vial in question

had been tampered with as the color was wrong. All nurses who had worked that medication cart on July 24th or July 25th were suspended and sent for urine drug screens. Respondent informed Bradbury that she had taken her prescription medication that morning.

4. The nurse who discovered the tampered Roxinal informed Bradbury that she saw the Respondent with a bottle of Roxinal in her pocket and when the nurse asked the Respondent what she was doing, Respondent replied that she was taking the Roxinal to the resident's room because she knew the resident would want some.

5. On or around July 28, 2008, Respondent's employment with Parkview was terminated for insubordination. During Respondent's interview about the tampered Roxinal, Respondent reiterated that she went to resident's room and gave the resident some of the Roxinal using the dropper that came in the bottle. Bradbury informed her that this was not an acceptable practice and reminded Respondent that she had previously been counseled for placing hydrocodone in her pocket after she claimed she punched out two hydrocodone tablets instead of one and then forgot to replace it. In addition, Respondent's urine drug screen was reported positive for opiates, but Respondent produced prescriptions to justify the result.

6. On or around August 29, 2008, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP).

7. On or around September 11, 2008, ISNAP received medical records from Interventional Pain Care, LLC documenting Respondent's chronic pain condition.

8. On or around October 1, 2008, Respondent renewed her Indiana nursing license online and answered all questions "no," including question number five which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

9. On or around October 31, 2008, ISNAP received Respondent's assessment from Dr. Timothy Kelly, M.D. Dr. Kelly acknowledged Respondent's extensive medical regimen for chronic pain including prescribed medications of morphine, oxycodone, and Valium. Respondent urine drug screen at Dr. Kelly's office was positive for opiates including benzodiazepine and oxycodone. Dr. Kelly reported his impressions as opioid dependence, benzodiazepine dependence, history of chronic back pain, and depression. Dr. Kelly noted that, "...the combination of benzodiazepine and opiates cause cognitive deficits and impairment in a number of people. I believe this medication regimen would make it difficult to function as a nurse."

10. On or around November 3, 2008, ISNAP contacted Respondent regarding the conditions of a Recovery Monitoring Agreement. Respondent indicated that she did not believe she could come off her medications at this time and recommended ISNAP close her file.

11. On or around November 4, 2008, ISNAP closed Respondent's file indicating that she was choosing not to come into monitoring at that time due to her chronic pain issues and continued use of controlled substances.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice as evidenced by Respondent failure to properly handle and administer controlled substances while employed at Parkview.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation,

suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her termination from Parkview on her 2008 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(C) in that Respondent has continued to practice although she has become unfit to practice due to a physical disability as evidenced by Respondent continued extensive medical regimen for chronic pain including prescribed medications of morphine, oxycodone, and Valium to treat chronic pain resulting in impaired judgment and behavior while employed at Parkview.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's improper handling and administration of controlled substances while employed at Parkview, Respondent's extensive medical regimen for chronic pain including multiple prescribed controlled substances, and Respondent's diagnosis of opioid dependence and benzodiazepine dependence.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 2nd day of December, 2009.

Patricia Ann Ortman, L.P.N.
235 North Meadow Lane
Albany, IN 47320

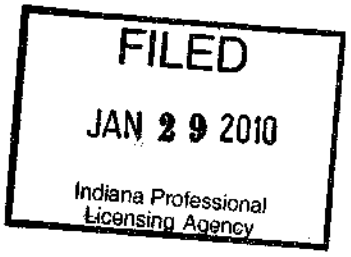
Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 015

IN THE MATTER OF THE LICENSE OF:)
)
BARBARA JOHNSON, L.P.N.)
)
LICENSE NO: 27034849A)
)
RESPONDENT)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Barbara Johnson, L.P.N., 8905 Evergreen Avenue, Apt. 169, Indianapolis, Indiana 46240.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.

3. The official cause number of this action is: 2010 NB 115.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed January 14, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 19th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Barbara Johnson
8905 Evergreen Avenue, Apt. 169
Indianapolis, IN 46240
CERTIFIED MAIL NO. 7008 3230 0000 0020 6865
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 015

IN THE MATTER OF THE LICENSE OF)
)
BARBARA LOUISE JOHNSON, L.P.N.,)
)
LICENSE NO: 27034849A)

FILED
JAN 14 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Barbara Louise Johnson, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 8905 Evergreen Avenue, Apt. #169, Indianapolis, Indiana 46240 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27034849A in 1992.

2. On or around October 30, 2006, Respondent began employment as a night staff nurse at North Willow Center located in Indianapolis, Indiana.

3. On or around November 7, 2006, Respondent administered 30 units of Lantus Insulin to a patient rather than the 20 units as ordered. Respondent reported the error immediately. The patient did not exhibit any ill effects from the mistake.

4. On or around November 28, 2006, Respondent forgot to administer a patient's 7:00 a.m. insulin. The patient experienced increased blood sugar but showed no signs of an adverse reaction. Respondent received a written warning due to this medication error.

5. On or around February 28, 2007, at approximately 6:00 a.m., Respondent pre-set medications for five patients and used a black marker to label each of the cups. This practice is contrary to North Willow Center's policy, which prohibits pre-setting medications.

6. Patient B.W. was scheduled to receive Dilantin, Morphine Sulphate Extended Release, and Cymbalta. Patient B.B. was scheduled to receive Propass (a nutritional supplement), Colace, multivitamin, Calcium/Vitamin D, Lasix 40 mg, K-Dur, Seroquel, and Klonopin.

7. Respondent gave patient B.B. what she thought were patient B.B.'s medications. When patient B.W. arrived at the nursing station for her medications, her cup was gone. Respondent then realized that she may have given patient B.W.'s medications to patient B.B.

8. After realizing that patient B.B. may have received patient B.W.'s medication, Respondent proceeded to give patient B.B. her routine medications.

9. Respondent then set out new medications for patient B.W., with the exception of patient B.W.'s ordered Morphine because Respondent realized the narcotic count would then be wrong and her medication error discovered.

10. Respondent realized her error and was aware that she should have filled out a medication error report and called a doctor. But based on patient B.B.'s behavior and her vital signs, Respondent thought she had not been adversely affected and did not notify anyone of her mistake out of fear of disciplinary action.

11. At approximately 12:30 p.m., after Respondent went off shift, patient B.B. began experiencing respiratory distress. She was found unresponsive, with fixed pupils, shallow breath, and a pulse of 80. Emergency services transported patient B.B. to the hospital.

12. Hospital and facility records do not indicate that anyone besides the Respondent was aware of the possible medication error.

13. On or around March 2, 2007, at approximately 6:55 a.m., patient B.B. died in the hospice unit. The immediate cause of death was stroke and cerebrovascular disease. Patient B.B. had a do not resuscitate order on file.

14. On or around March 2, 2007, Respondent approached the Director of Nursing (DON) at North Willow Center and admitted that she felt responsible for patient B.B.'s hospitalization. Respondent then confided to the DON about the possible medication error. Respondent acknowledged that she had crushed the Morphine and opened the Dilantin Kapseals ordered for patient B.W. prior to administration against the physician order. These medications are also on the facility's "Do Not Crush Medication List." Respondent stated that she was unfamiliar with the unit she was working in that morning. She stated that the patients were not properly identified and she was afraid of getting behind when passing medication because of previous reprimands.

15. On or around March 2, 2007, Respondent's employment with North Willow Center was suspended while an investigation of the medication error was conducted.

16. On or around March 7, 2007, Respondent's employment with North Willow Center was terminated for failure to follow facility policy by not reporting her medication error.

17. On or around October 27, 2008, Respondent renewed her Indiana nursing license online and answered all questions "no," including question number five which asks, "Since you

last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice, to wit: 848 IAC 2-3-3(1) in that Respondent used unsafe judgment and technical skills in providing nursing care as demonstrated by her committing medication errors regarding two patients and crushing Morphine Sulphate Sustained Release pills, which is contraindicated in its administration and in North Willow Center's medication administration policy.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities, to wit: 848 IAC 2-3-3(6) in that Respondent falsified and omitted documentation of nursing actions on the official patient record as demonstrated by Respondent's failure to report and document the medication errors, as well as signing out Morphine for patient B.W. when it was given to patient B.B.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation,

suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(A) in that Respondent has continued to practice although she has become unfit to practice due to professional incompetence as evidenced by Respondent's administration of patient B.B.'s routine medications after she had been given patient B.W.'s medications and by Respondent's failure to file a medication error report after realizing that patient B.B. may have received the wrong medication.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to failure to keep abreast of the current professional theory or practice, to wit: 848 IAC 2-3-2(3) in that Respondent failed to communicate, collaborate, and function with other members of the health care team to provide safe and effective care, as evidenced by Respondent's failure to notify anyone of the medication error, thereby precluding any appropriate medical intervention.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT V

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent has engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose her termination from North Willow Center on her 2008 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

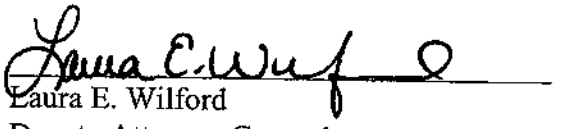
By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this **14th** day of **January, 2010**.

Barbara Louise Johnson
8905 Evergreen Avenue Apt. # 169
Indianapolis, IN 46240



Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NO. 2010 NB 013

IN THE MATTER OF THE LICENSE OF:)
)
CAROLYN M. TURNER, R.N., LP.N.)
)
LICENSE NO. 28085734A & 27015088A,)
)
RESPONDENT,)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER FOR SETTLEMENT/PRE-HEARING CONFERENCE

Come now the Respondent and the State of Indiana, by counsel, Laura E. Wilford, Deputy Attorney General, and moves the Indiana State Board of Nursing ("Board") for an order giving notice and setting this cause of action for a settlement/pre-hearing conference.

The Board after due consideration and being duly advised in the premises now GRANTS this motion and hereby ISSUES the following settlement conference notice:

1. This notice is being provided to Respondent, Carolyn Turner, R.N. L.P.N., 2639 Oakleaf Cove, South Bend, Indiana 46628.
2. This notice is being given to counsel for Petitioner, State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 5th floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The settlement conference regarding this matter previously set for February 18, 2010 at 9:00 a.m. will be rescheduled to **February 18, 2010 at 1:30 p.m.**, Eastern Standard time, in the Indiana Government Center South, Auditorium of the Conference Center, 302 W. Washington Street, Indianapolis, Indiana 46204.
4. The settlement conference shall be conducted by the Board for purposes of considering the order agreed upon by the parties.
5. The Board is empowered to hold this settlement conference pursuant to the authority of IC § 25-1-9-1 *et seq.*, and IC § 4-21.5-3-18.
6. Sean Gorman, director of the board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of Indiana Professional Licensing Agency 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov by facsimile at 317-233-4236, or by telephone at 317-234-2043.
7. Any party may be advised and represented by counsel at the party's own expense.
8. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under IC §4-21.5-3-24.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Carolyn Turner
2639 Oakleaf Cove
South Bend, IN 46628
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 7039
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South 5th floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 020

IN THE MATTER OF THE LICENSE OF:

ANGELA MARIE DALY, L.P.N.

LICENSE NO: 27050020A

RESPONDENT

FILED
FEB 0 2 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Angela Marie Daly, L.P.N., 328 Sycamore St., Columbus, Indiana 47201.

2. This notice is being provided to counsel for the State of Indiana, Darren R. Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 020.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 9:00 a.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 1, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Angela Marie Daly
328 Sycamore St.
Columbus, IN 47201
CERTIFIED MAIL NO. 7008 3230 0000 0020 6926
RETURN RECEIPT REQUESTED

Darren R. Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 020

IN THE MATTER OF THE LICENSE OF)
)
ANGELA MARIE DALY, L.P.N.)
)
LICENSE NO: 27050020A)

FILED
FEB 01 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Angela Marie Daly, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 328 Sycamore St., Columbus, IN 47201 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27050020A in 2001.

2. On or around April 3, 2003, Respondent began her employment with Lutheran Homes in Ft. Wayne, Indiana.

3. On or around August 4, 2003, Respondent received a verbal warning from Lutheran Homes after she missed an order for labs to be drawn.

4. On or around October 2, 2003, Respondent's employment was terminated from Lutheran Homes because Respondent improperly transcribed a physician's order, conducted a glucometer check on a resident in a public area even though she was

Exhibit A

instructed to not do so, and failed to update the care plan of a resident after being instructed to do so.

5. On or around January 12, 2004, Respondent began her employment with ResCare, Inc. in Ft. Wayne, Indiana. ResCare provides nursing services to mentally retarded and developmentally disabled people in group and waiver home settings.

6. On or around October 16, 2004, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?"

7. On or around August 3, 2006, Respondent was counseled by ResCare on her inability to maintain paperwork and keep assessments updated.

8. On or around October 2, 2006, patient J. M. was discharged from Parkview Memorial Hospital in Ft. Wayne, Indiana following a surgery and returned to her home. J. M.'s discharge instructions stated that she was to take Darvocet every four hours routinely, with an initial order of sixty tablets. Since the sixty tablets would not arrive at J. M.'s home in time for her next dose, Respondent, as J. M.'s nurse, delivered six Darvocet tablets which she picked up from the pharmacy. Respondent then started a count sheet on a plain, yellow piece of paper contrary to ResCare's policy of using a "Controlled Drug Record." Respondent placed the medication in a locked container, but did not place the container in a locked cabinet as required by ResCare's policies. Respondent then took J. M.'s discharge papers with her which was also contrary to ResCare's policies.

9. After Respondent left on October 2, 2006, the other fifty-four tablets of Darvocet were delivered. At that time, a second count sheet was started. Also, the staff members who visited J.M. after Respondent left were unable to properly position J. M. because her discharge papers, which described how she was to be positioned, were not in the home.

10. On or around October 12, 2006, Respondent went to J. M.'s home for the first time since October 2, 2006 and started a third count sheet on a "Controlled Drug Record" because she said the "other one [second count sheet] did not make sense." The second count sheet was never located after Respondent started the third count sheet. Respondent stated that she counted the Darvocet in the home on this date, but did not check to see if the count was what it should have been, based upon the number of times the medication was administered. Respondent noted on the "Controlled Drug Record" that there were thirty-eight Darvocet tablets in the home and she took a card of seven tablets because she thought "there were too many [tablets] in the house." Other staff members reported that Respondent took between one to two cards. Respondent stated that she took the tablets to her office and kept them in her desk for twenty-four hours before placing them in a box to go back to the pharmacy. Respondent did not document that she returned the tablets to the pharmacy.

11. On or around October 19, 2006, another delivery of sixty Darvocet tablets, which Respondent phoned in pursuant to a physician's order, was made to J. M.'s home. The "Controlled Drug Record" did not reflect that this shipment was received and another count sheet was not located.

12. While J. M.'s discharge instructions stated that she was to receive one Darvocet tablet every four hours, Respondent recorded on the medication administration record (MAR) on October 2 that the order was one Darvocet tablet per day. On October 11, she changed the order to one Darvocet tablet, twice a day. Respondent also included an order for Darvocet every four hours as-needed and instructed the staff to call her to obtain permission to give as-needed medication.

13. On or around October 23, 2006, Respondent completed an "Employment Application" with The Village of Heritage in Monroeville, Indiana. Respondent answered "no" to the question, "Have you ever been discharged or asked to resign from any position?"

14. On or around October 24, 2006, ResCare discovered inaccuracies in the documentation of the Darvocet medication for J. M. A physical count was conducted and there were fifty-five pills left in J. M.'s home, even though 120 pills were delivered to the home, but only thirty-nine pills were recorded as administered.

15. On or around November 3, 2006, Respondent submitted a urine drug screen, which was negative, but was also dilute with a creatinine level of 8.9. A normal creatinine level is between 20 and 300.

16. On or around November 9, 2006, Respondent was again counseled by ResCare on her inability to maintain paperwork, follow physician orders in a timely manner and keep assessments updated.

17. On or around December 6, 2006, Respondent began her employment with The Village of Heritage.

18. On or around December 7, 2006, Respondent quit without notice from ResCare. Respondent was not eligible for rehire.

19. On or around March 7, 2007, Respondent received a verbal warning at The Village of Heritage for not recording that she administered medication. It was unclear whether or not the medication was actually administered.

20. On or around March 15, 2007, an Allen County Sheriff's officer was dispatched to Respondent's ex-boyfriend's home on a report that patient files were found in a file cabinet belonging to Respondent. Respondent lived in the home until March 13. Police confiscated, among various things, medical reports, physician orders, a signed prescription pad and medication belonging to patients at ResCare.

21. On or around March 27, 2007, Respondent received a verbal warning at The Village of Heritage for failing to change a dressing on March 23.

22. On or around May 1, 2007, Respondent received a verbal warning at The Village of Heritage because her intake and output documentations were incomplete.

23. On or around May 2, 2007, Respondent received a verbal warning at The Village of Heritage after a resident was found sitting in her own urine and feces. The resident also had a sore on her buttocks.

24. On or around May 9, 2007, Respondent received a written warning at The Village of Heritage after she failed to remove a resident's nitro patch, did not check in medications delivered on May 8, and charted that she administered medication on the MAR, even though a count of the medication revealed that they had not been administered.

25. On or around May 23, 2007, Respondent received a written warning at The Village of Heritage for not properly supervising the certified nursing assistants (CNAs) on her shift; as a result of Respondent's failure to supervise, four residents were found to have wet beds.

26. On or around May 25, 2007, Respondent received a written warning at The Village of Heritage after Respondent charted that she changed a patient's dressing on May 22. Another nurse had changed the dressing earlier in the day on May 22. On May 24, the first dressing from May 22 was still on the patient on May 24. Respondent was also counseled because room checks were not being completed, dried smeared feces were found on a bedfast patient, and dirty laundry was on the floors.

27. On or around June 5, 2007, Respondent received a written warning from The Village of Heritage for failing to complete her assigned duties and discussing her personal problems with co-workers and residents. Respondent was instructed to attend a communication seminar and was warned that future poor performance would result in a three day suspension.

28. On or around June 14, 2007, Respondent was suspended for three days at The Village of Heritage after she did not give one resident his morning medication and another resident his coumadin for two nights in a row.

29. On or around June 18, 2007, Respondent's employment was terminated from The Village of Heritage after Respondent failed to administer medications in a timely manner. A resident asked for pain medication but did not receive it until an hour later. Respondent was asked four times by other staff members to get the pain medication, but Respondent was on her cellular telephone.

30. On or around March 24, 2008, Respondent completed an "Application for Employment" with Miller's Merry Manor in Hope, Indiana. Respondent indicated that she left Village of Heritage because she "relocated."

31. On or around April 17, 2008, Respondent began her employment with Miller's Merry Manor.

32. On or around May 29, 2008, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP) after being referred based upon a report that Darvocet pills were missing from the home of a patient of ResCare who was under the care of Respondent.

33. On or around June 6, 2008, Respondent was a "no call, no show" at Miller's Merry Manor and as a result her employment was terminated.

34. On or around June 23, 2008, Respondent began her employment at Franklin Meadows in Franklin, Indiana.

35. On or around June 24, 2008, Respondent tested positive for opiates, but Respondent had a prescription for Tylenol with codeine.

36. On or around August 26, 2008, Respondent's assessor determined that Respondent did not have a substance abuse diagnosis, but ISNAP recommended a one year recovery monitoring agreement (RMA) because Respondent was accused of taking seven Darvocet tablets while working for ResCare. Respondent denied using controlled substances.

37. On or around September 19, 2008, Respondent signed a one-year RMA.

38. On or around September 26, 2008, Respondent submitted the only urine drug screen she would ever take in while in ISNAP. The urine drug screen was negative.

38. On or around October 31, 2008, Respondent's Indiana nursing license expired.

39. On or around November 1, 2008, Respondent completed an online renewal for her Indiana nursing license and answered "no" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent did not pay her renewal fee and thus her license was not renewed.

40. On or around November 18, 2008, Respondent received a verbal warning at Franklin Meadows for failing to count narcotics, as required, on November 16 and 17 and for altering the narcotic count by writing over amounts which were recorded for several days prior.

41. On or around November 25, 2008, Respondent received a final written warning at Franklin Meadows based upon the following incidents:

a. On or around the night of November 21, 2008, Resident #3374 received new nebulizer treatment equipment which was to be assembled and used on November 22. Respondent documented at Franklin Meadows that she gave a nebulizer treatment to Resident #3374 on November 22, even though the staff later found the resident's nebulizer treatment equipment unassembled and in its original packaging. The same problem was also discovered with Resident #4137.

b. On or around November 22, 2008, Resident #3996 told Respondent that her dressing came off of her lower extremity, but Respondent did not replace it when asked to. Also, Respondent did not

change Resident #4151's wound vac, even though the order indicated it was to be changed on this date. Resident #4151 also stated that she only received her insulin in the morning, even though she was supposed to receive it at every meal. Respondent was the nurse on duty from 6:52 a.m. until 6:57 p.m. on this date and was responsible for these treatments and medication administration.

c. On or around November 23, 2008, Respondent allegedly gave medication through a g-tube at 7 p.m. to a resident at Franklin Meadows. The oncoming nurse assessed the g-tube at 7:30 p.m. and noted that it was "very difficult" to flush, even though medication was allegedly given a half-hour earlier.

d. On or around November 24, 2008, it was discovered that Resident #4153 had only received one tablet of his prescribed vancomycin, even though the order was received on November 21 and stated that it was to be given once a day. There was only one card of vancomycin sent from the pharmacy and only one tablet was missing. Furthermore, no vancomycin was used from the emergency drug kit. Respondent was the nurse on duty from 6:52 a.m. until 6:57 p.m. on November 22 and from 6:55 a.m. until 7:41 p.m. on November 23 and was responsible for administering this medication on these dates.

42. On or around December 6, 2008, Respondent received a verbal warning at Franklin Meadows for giving medication to the wrong resident.

43. On or around December 19, 2008, ISNAP instructed Respondent to not work after her worksite monitor expressed concerns about medication administration and because Respondent had not submitted a urine drug screen since September 26, 2008.

44. On or around January 19, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she had missed seven urine drug screens and did not submit any self-reports or meeting logs.

45. On or around February 24, 2009, ISNAP extended Respondent's RMA for an additional three months due to her non-compliance.

46. On or around March 6, 2009, Respondent returned to work without ISNAP's permission.

47. On or around April 22, 2009, ISNAP's quarterly compliance report indicated that Respondent was in significant non-compliance because she did not submit any urine drug screens, her self-reports and meeting logs, and her worksite monitor report.

48. On or around May 21, 2009, Respondent paid her renewal fee, but did not complete a new renewal application, and her Indiana nursing license was renewed.

49. On or around June 11, 2009, Respondent's RMA was closed with ISNAP due to her significant non-compliance.

50. Also, on or around June 11, 2009, Respondent's employment was terminated from Franklin Meadows after Respondent failed to change dressings for two days.

51. On or around July 7, 2009, Respondent began her employment with Homeview Health and Rehabilitation.

52. On or around July 15, 2009, Respondent's employment was terminated from Homeview Health and Rehabilitation after it was discovered that Respondent signed out hydromorphone on July 13, 2009 for a patient who was no longer in the facility and forged the signature of another nurse on the MAR in an attempt to make it seem that the other nurse signed out the medication.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose her termination from Lutheran Homes in October 2003 on her October 2004 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice as evidenced by her failure to disclose her termination from The Village of Heritage in June 2007 on her November 2008 online Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by her failure to disclose her termination from Lutheran Homes in October 2003 on her Employment Application with The Village of Heritage in October 2006.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities as evidenced by her failure to disclose her termination from Lutheran Homes in October 2003 on her Application for Employment with Miller's Merry Manor in March 2008.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in fraud or material deception in the course of professional services or activities, to wit, 848 IAC 2-3-3(6), falsifying or destroying documentation of nursing actions on the official patient/client record, as evidenced by Respondent's recording of a medication order on a MAR without a corresponding physician's order while working for ResCare; confiscation of discharge papers for J. M. and "Controlled Drug Records" from Rescare; failure to document that she returned medication to the pharmacy while working for ResCare; failure to document the receipt of narcotics on the Controlled Drug Record while working for ResCare; charting that she administered medication even though she failed to do so while working at The Village of Heritage; charting that dressings were changed when they were not at The Village of Heritage; altering the narcotic count on a drug record sheet at Franklin Meadows; documenting that she gave a nebulizer treatment and changed dressings when she had not at Franklin Meadows; and forging the signature of another nurse on a MAR at Homeview Health and Rehabilitation.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VI

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(3) in that Respondent knowingly violated 848 IAC 1-1-13, any person who practices or offers to practice nursing as either a registered or licensed practical nurse in Indiana shall hold a

current Indiana license as proof of their legal authorization to practice, as evidenced by her continued practice as a nurse after her license expired on October 31, 2008 until May 21, 2009.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VII

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(A) in that Respondent has continued to practice although she has become unfit to practice due to professional incompetence, to wit: 848 IAC 2-3-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care; 848 IAC 2-3-3(3), disregarding a patient/client's dignity, right to privacy, or right to confidentiality; 848 2-3-3(6), omitting documentation of nursing actions on the official patient/client record; and 848 IAC 2-3-2(3), communicate, collaborate, and function with other members of the health care team to provide safe and effective care. This is evidenced by Respondent's failure to give medications as ordered while working for The Village of Heritage and Franklin Meadows; failure to complete treatments as ordered at The Village of Heritage and Franklin Meadows; failure to give medication to the correct patient at Franklin Meadows; failure to conduct a glucometer check in private on a patient when instructed to do so at Lutheran Homes; personal possession of ResCare patient records; failure to properly transcribe a physician's order while working for Lutheran Homes; failure to update care plans at Lutheran Homes; failure to maintain paperwork and keep

assessments updated while working for ResCare; failure to record that she administered medication to residents at The Village of Heritage; failure to complete intake and output documentation at The Village of Heritage; and failure to properly supervise CNAs on her shift while working at The Village of Heritage.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT VIII

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D), in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely, as evidenced by her narcotic documentation discrepancies and removal of Darvocet, without documenting its destruction, at ResCare; Respondent's possession of medications belonging to patients of ResCare; Respondent's removal of hydromorphone from Homeview Health and Rehabilitation for a patient who was no longer in the facility and her subsequent failure to document that she wasted the medication; and, her failure to complete her RMA with ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IX

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(8) in that Respondent has diverted a legend drug or any other drug or device issued under a drug order for another person, as evidenced by Respondent's removal of seven Darvocet tablets from the home of a patient while working for ResCare without documenting its waste or return to the pharmacy; narcotic documentation discrepancies at ResCare; Respondent's possession of medications belonging to patients of ResCare; narcotic documentation discrepancies at The Village of Heritage; and, Respondent's removal of hydromorphone for a patient who was no longer at the facility and her failure to document the destruction of the medication at Homeview Health and Rehabilitation.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D—R Cvgt

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon all parties listed below, by United States mail, first-class, postage prepaid, on this 2nd day of February, 2010.

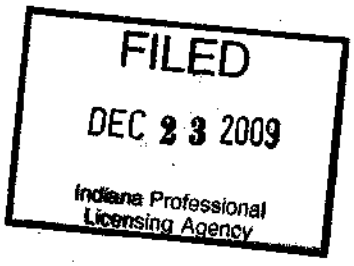
Angela Marie Daly
328 Sycamore St.
Columbus, IN 47201

By: Darren R. Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 254

IN THE MATTER OF THE LICENSE OF:)
)
BETTY MARIE SUMNER, L.P.N.)
)
LICENSE NO: 27041889A)
)
RESPONDENT)



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for January 21, 2010 at 1:30 p.m., be rescheduled to **February 18 at 1:30 p.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 17, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 23 day of December, 2009.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Betty Marie Sumner
5775 Prestonwoods Drive
Indianapolis, IN 46254
CERTIFIED MAIL NUMBER: 7008 0510 0002 4419 6007
RETURN RECEIPT REQUESTED

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2009 NB 254

IN THE MATTER OF THE LICENSE OF:	)
	)
BETTY MARIE SUMNER, L.P.N.	)
	)
LICENSE NO: 27038766A	)
	)
RESPONDENT	)

FILED
DEC 17 2009
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Betty Marie Sumner, L.P.N., 5775 Prestonwoods Drive, Indianapolis, Indiana 46254.
2. This notice is being provided to counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-4075.
3. The official cause number of this action is: 2009 NB 254.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **January 21, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed December 11, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 17 day of December, 2009.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Betty Marie Sumner
5775 Prestonwoods Drive
Indianapolis, IN 46254
CERTIFIED MAIL NO. 7008 0150 0002 4419 5970
RETURN RECEIPT REQUESTED

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 254

IN THE MATTER OF THE

BETTY MARIE SUMNER, L.P.N.

LICENSE NUMBER: 27038766A

FILED
DEC 11 2009
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Betty Marie Sumner, L.P.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Thomas P. McGee on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent is a Licensed Practical Nurse ("LPN") in the State of Indiana holding license number 27038766A since August 1, 1994. Respondent's License expires on October 31, 2010. Respondent's address on file with the Indiana State Board of Nursing is 5775 Prestonwoods Drive, Indianapolis, IN 46254

2. From March 15, 2004 through September 21, 2005, Respondent was employed as an LPN at Lockefield Village Health ("Lockefield Village") located at 980 Indiana Ave., Indianapolis, IN 46202.

3. On or about July 9, 2004, Respondent received a verbal warning from Lockefield Village for inappropriate communication and behavior towards coworkers.

Exhibit A

4. On or about July 29, 2004, Respondent received a Letter of Concern from Lockefield Village for failing to properly document medication on the Medication Administration Record on several occasions, failing to administer antibiotics to the correct residents, and inappropriate communication with residents.

5. On or about August 11, 2004, Respondent received a Letter of Concern from Lockefield Village for failing to contact the pharmacy and obtain medication that had been ordered for a patient resulting in the physician's order not being carried out in a timely manner.

6. On or about September 4, 2004, Respondent received a Final Warning from Lockefield Village for failing to meet nursing standards. A patient was scheduled for an MRI and Respondent failed to ensure the exam occurred resulting in a delay in the patient's medical therapy effectiveness and the patient being unable to be discharged from Lockefield Village.

7. On or about October 13, 2004, Respondent completed her Indiana Professional Licensing Agency Internet Renewal Questionnaire. The Respondent answered "no" to all questions, including question 5 which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

8. On or about December 2, 2004, Respondent received a Letter of Concern from Lockefield Village for failing to document BM's or sign the verification book. This was a failure to complete necessary documentation that is a mandatory task to be completed during every shift.

9. On or about January 10, 2005, Respondent received a Written Reprimand from Lockefield Village for inappropriate communication. Respondent became angry while trying to

move a specialty bed and became argumentative and cursed in the presence of patients on the unit.

10. On or about May 29, 2005, Respondent received a Written Warning from Lockefield Village for discussing a resident's personal matters in a common area.

11. On or about August 15, 2005, Respondent received a Letter of Concern from Lockefield Village regarding concern respondent failed to properly communicate with coworkers.

12. On or about September 21, 2005, Respondent was discharged from Lockefield Village as a result of Respondent inappropriate communication and behavior. On September 19, 2005, Respondent exhibited rude, disrespectful and non-professional behavior despite numerous previous warnings.

13. On or about October 14, 2006, Respondent completed her Indiana Professional Licensing Agency Internet Renewal Questionnaire. The Respondent answered "no" to all questions, including question 5 which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. The Respondent conduct is in violation of Indiana Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose her previous discipline at Lockefield Village on her October 13, 2004 renewal.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. The Respondent conduct is in violation of Indiana Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose her previous discipline and termination from Lockefield Village on her October 14, 2006 renewal.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. The Respondent conduct is in violation of Indiana Code §25-1-9-4(a)(4)(B) in that Respondent has failed to keep abreast of current professional theory or practice to wit: 848 IAC 2-2-3(1) using unsafe judgment, technical skills, or inappropriate behaviors in nursing care as evidence by her numerous occasions of discipline and eventual termination from Lockefield Village due to inappropriate communication and inappropriate behavior.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: _____

Thomas P. McGee
Deputy Attorney General
Attorney No.: 27247-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 233-4075

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 11th day of December, 2009.

Betty Marie Sumner, L.P.N.
5775 Prestonwoods Drive
Indianapolis, IN 46254

Thomas P. McGee
Deputy Attorney General

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 256

IN THE MATTER OF THE LICENSE OF:)
)
LISA ANN PENICK, L.P.N.)
)
LICENSE NO: 27049343A)
)
RESPONDENT)

FILED
JAN 25 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for January 21, 2010 at 1:30 p.m., be rescheduled to **February 18, 2010 at 1:30 p.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 17, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 25th day of January, 2010.

INDIANA STATE BOARD OF NURSING

BY: for
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

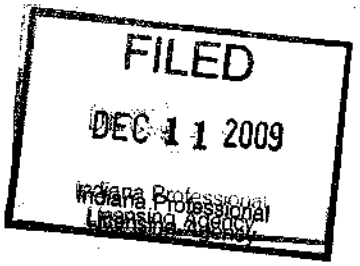
Copies to:

Lisa Ann Penick
2145 South 445 East
LaGrange, IN 46761
CERTIFIED MAIL NUMBER: 7008 0510 0002 4419 6144
RETURN RECEIPT REQUESTED

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 256

IN THE MATTER OF THE LICENSE OF)
)
LISA ANN PENICK, L.P.N.)
)
LICENSE NO: 27049343A)
)
Respondent.)



COMPLAINT

This complaint is brought against the nursing license of Lisa Ann Penick, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Thomas P. McGee on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 2145 South 445 East, Lagrange, Indiana 46761, and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27049343A in 2001. Respondent's license is currently active.

2. From April 18, 2001 through August 11, 2004, Respondent was employed as an LPN at Miller's Merry Manor (M.M.M.), a nursing home facility located in Lagrange, Indiana.

Exhibit A

3. On or about August 9, 2004, Respondent was suspended from employment at M.M.M. pending an investigation into narcotic discrepancies found in several patient records for which Respondent was ultimately found responsible.

4. On or about August 9 through 11, 2004, M.M.M.'s Administrator, Dina Crabill investigated the narcotic discrepancies. The investigation revealed that Respondent claimed to give "As Needed" pain medication and sleeping pills to at least two (2) alert and oriented residents who deny receiving any PRN medication Ms. Crabill also discovered several discrepancies in medication counts after Respondent's shifts. Another nurse at M.M.M. reported to Ms. Crabill that she had noticed that Respondent seemed "jittery, forgetful and her color is chalky white." Ms. Crabill's investigation also revealed that of two hundred sixteen (216) narcotics that Respondent signed out on the Narcotics sheet, only fifty eight (58) had pain or insomnia documented on the As Needed Medication Administration Record (MAR) or the nurse's notes.

5. On or about August 11, 2004, Respondent was terminated from M.M.M. due to excessive breach of a known procedure; documentation of narcotics.

6. On or about October 26, 2004, Respondent completed her Indiana LPN license renewal application. Respondent answered "No" to all questions, including falsely answering "No" to question number five (5) which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a nurse or as another health care professional?"

7. From September 16, 2004 through January 17, 2006, Respondent was employed as an LPN at Avalon Village (Avalon), a nursing home facility in Ligonier, Indiana.

8. From December 2005 through January 2006, Avalon conducted an investigation into missing Duragesic patches. Avalon's procedure required that Duragesic patches be changed during the evening nursing shift only. Several evening shift nurses reported Duragesic patches missing or recently changed when they would go to change a resident's patch during the evening shift. Respondent worked during the day shift and could be linked to nearly all of the missing or changed Duragesic patches.

9. On or about January 17, 2006, Respondent submitted to a urine drug screen which indicated trace amounts of opiates, but could not be confirmed as positive for opiates because the urine sample was too small. Respondent resigned from Avalon the same day.

10. From January 24, 2006 through May 19, 2006, Respondent was employed as an LPN at Life Care Center of Lagrange (Life Care Center), a nursing home facility in Lagrange, Indiana.

11. On or about May 18, 2006, Respondent was suspended from employment without pay pending an investigation in to missing narcotics. The investigation revealed that Respondent gave more PRN narcotics than any other nurse and failed to document pain assessments on MARs and have a second nurse present during changing of Duragesic patches and destruction of narcotics. Respondent also admitted that she spilled medication on a patient's narcotic sign out sheet and threw it away in a trash can at the nurse's station as opposed to shredding the document, as required by facility policy.

12. On or about May 19, 2006, Respondent was terminated from the Life Care Center due to failure to follow standards of practice and breach of the Health Information Portability and Accountability Act (HIPAA).

13. From May 24, 2006 through September 19, 2006, Respondent was employed as an LPN at Northern Lakes Nursing and Rehabilitation Center (Northern Lakes) in Angola, Indiana.

14. On or about September 19, 2006, Respondent was terminated from Northern Lakes after failing to properly document pain assessments and narcotic administration. Respondent was previously verbally reprimanded for inaccurate narcotic counts and documentation issues, and on September 19, 2006, Respondent was terminated after a resident's family member questioned the additional medications being given to the resident with no documentation of pain assessment, need for medication or result of giving the medication.

15. On or about October 29, 2006, Respondent completed her Indiana LPN license renewal application. Respondent answered "No" to all questions, including falsely answering "No" to question number five (5) which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a nurse or as another health care professional?"

16. From October 19, 2006 through June 9, 2007, Respondent was employed with ATC Healthcare Services, Inc. (ATC), a health staffing service located in Albion, Indiana.

17. From March 2007 through June 2007, Respondent was working at St. Joseph's Care Center (St. Joseph's) in South Bend, Indiana, placed through her position with ATC.

18. On or about June 8, 2007, St. Joseph's Director of Nursing, Mindy Short, began an investigation into missing bottles of Roxanol. The investigation concluded that

on several occasions the Respondent removed Fentanyl patches before they were due to be replaced, failed to document on the MAR that the patches had been replaced and wrote over another nurses initials and date to indicate that the patch had been applied at a different time. The investigation also revealed that the Respondent ordered drugs such as Vicodin, Darvocet, Oxycodone and Roxanol for residents who were recently deceased, claimed medications were destroyed with no documentation or witnesses to prove proper destruction took place, and removed the contents of Roxanol bottles, refilled them with different substances and placed tape over the opening so it would appear that it had not been opened.

19. On or about June 9, 2007, St. Joseph contacted ATC to inform them of the investigation into the Respondent's activities while working in their facility and request that she not be sent to work as a nurse at St. Joseph or any other facility until their investigation was completed.

20. On or about June 9, 2007, Respondent was suspended from employment with ATC pending further investigation. ATC manager, Angela King, states that ATC has had no contact with the Respondent since notifying her of the suspension on June 9, 2007.

21. On or about August 15, 2007, Respondent signed a three (3) year recovery monitoring agreement (RMA) with the Indiana State Nurses Assistance Program (ISNAP) after being diagnosed with opioid dependence. While being assessed by ISNAP, Respondent admitted to diverting waste of narcotics.

22. From July 9, 2008 through January 21, 2009, Respondent was employed as an LPN at Eastlake Nursing and Rehabilitation Center (Eastlake), in Elkhart, Indiana.

23. On or about October 17, 2008, Respondent tested positive for ethanol after taking a routine urine drug screen.

24. On or about January 19, 2009, Respondent was suspended from employment at Eastlake pending an investigation into irregularities in her narcotic documentation. The investigation determined that Respondent altered orders for Oxycontin, altered information on MARs, wrote fabricated Physician Telephone Orders, forged the signatures of doctors and nurses and wasted Oxycontin without the witness and signature of a second nurse as is required by facility policy.

25. On or about January 21, 2009, Respondent was terminated from Eastlake for dishonesty and falsification of records. Respondent is not eligible for rehire. Respondent failed to notify ISNAP of her termination.

26. On or about March 3, 2009, Respondent tested positive for codeine after taking a routine urine drug screen.

27. On or about March 19, 2009, Respondent tested positive for ethanol after taking a routine urine drug screen.

28. On or about June 5, 2009, ISNAP extended Respondent's RMA by six (6) months due to her positive urine drug screens and her failure to inform ISNAP of her termination from Eastlake.

COUNT I

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(D) in that she has continued to practice although the Respondent has become unfit to practice due to an addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice

safely, as evidenced by Respondent's multiple terminations involving drug diversion and narcotic discrepancies, her admission to ISNAP of drug use and diversion and her positive urine drug screens while being monitored by ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(8)(A) in that she has diverted a legend drug (as defined in Ind. Code § 16-18-2-199), as evidenced by investigations conducted by M.M.M., Avalon, Life Care Center, Northern Lakes, St. Joseph's and Eastlake which led to the suspension and/or termination of the Respondent when it was concluded she diverted drugs. Respondent also admitted to diverting narcotics when she was assessed by ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(B) in that she has continued to practice although she has become unfit to practice due to failure to keep abreast of current professional theory or practice, to wit: 848 IAC 2-3-3(6) which states that "falsifying, omitting, or destroying documentation of nursing

actions on the official patient/client record," is unprofessional conduct that fails to meet the minimal standards of acceptable and prevailing licensed practical nursing practices. Respondent falsified patient records when she altered drug orders, MARs, fabricated physician telephone orders and forged doctor's signatures. Respondent also falsified or failed to appropriately document narcotic wastage.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent's actions constitute a violation of Indiana Code § 25-1-9-4(a)(1)(A) in that she has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, as evidenced by Respondent's failure to disclose her termination from M.M.M. on her 2004 Indiana L.P.N license renewal application.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT V

1. Respondent's actions constitute a violation of Indiana Code § 25-1-9-4(a)(1)(A) in that she has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, as evidenced by Respondent's failure to

disclose her terminations from the Life Care Center and Northern Lakes on her 2006 Indiana L.P.N license renewal application.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER,
Attorney General of Indiana

By: _____

Thomas P. McGee
Deputy Attorney General
Attorney No.: 27247-49

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail; first class postage prepaid, on this 11th day of December, 2009.

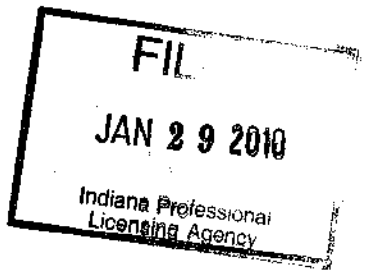
Lisa Ann Penick, L.P.N.
2145 South 445 East
Lagrange, IN 46761

Thomas P. McGee
Deputy Attorney General

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 248

IN THE MATTER OF THE LICENSE OF:)
)
KRISTY ANN WALSH, R.N.)
)
LICENSE NO: 28097305A)
)
RESPONDENT)



CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for January 21, 2010 at 1:30 p.m., be rescheduled to **February 18, 2010 at 1:30 p.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 17, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 19th day of January, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Kristy Ann Walsh
75 02 Higdon Court
Indianapolis, IN 46214
CERTIFIED MAIL NUMBER: 7008 3230 0000 0020 6889
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 248

IN THE MATTER OF THE LICENSE OF)
KRISTY ANN WALSH, R.N.)
LICENSE NO: 28097305A)

FILED
DEC 04 2009
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kristy Ann Walsh, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 7502 Higdon Court, Indianapolis, Indiana 46214 and she is a Registered Nurse in the State of Indiana having been issued license number 28097305A in 1986.

2. On or around June 24, 2005, the Indiana State Board of Nursing (Board) issued a Final Order ordering Respondent to pay a five hundred dollar ($500.00) fine forging prescriptions for controlled substances in 2002 and failing to disclose pending criminal charges on her 2003 Indiana nursing license renewal. Respondent had already successfully completed the Indiana State Nurses Assistance Program (ISNAP) in February of 2005.

3. On or around August 2, 2005, Respondent began employment at Harborside Healthcare located in Indianapolis, Indiana.

4. On or around November 8, 2005, Respondent's employment with Harborside Healthcare was terminated for job abandonment after Respondent failed to show for scheduled meetings.

5. On or around December 5, 2005, Respondent began employment at St. Vincent Hospital located in Indianapolis, Indiana.

6. On or around February 7, 2006, St. Vincent Hospital began an investigation after reports that Respondent was displaying impaired behavior on February 4, 2006. St. Vincent Hospital found a sealed package containing a single dose package of Sonata in Respondent's locker. Pyxis records from February 4, 2006 also showed Respondent documented numerous medications as being administered; however, the medications were not pulled from the Pyxis and patients denied receiving the medication. Respondent was interviewed regarding her behavior, the medication found in her locker, and narcotic discrepancies. Respondent denied diversion indicating that she can get medications she want from her physician. She indicated that she pulled the medication to show a family member of a patient at their request and forgot to put it back. Respondent then submitted to a urine drug screen.

7. On or around February 14, 2006, Respondent's drug screen done February 7, 2006 returned a positive result for fluoxetine, hydrocodone, clonazepam, and lorazepam; however, Respondent provided prescriptions for all substances.

8. On or around April 17, 2006, St. Vincent Hospital initiated another investigation into Respondent's job performance after receiving complaints from several of Respondent's co-workers.

9. On or around April 20, 2006, Respondent's employment with St. Vincent Hospital was terminated for failure to deliver proper patient care. St. Vincent Hospital noted that Respondent falsely documented administration of medications and vital signs. Several patients had asked that Respondent not provide care for them.

10. On or around May 15, 2006, Respondent initiated intake with ISNAP.

11. On or around July 13, 2006, Respondent entered into a Recovery Monitoring Agreement with ISNAP. Respondent had been given an opioid abuse diagnosis.

12. On or around August 22, 2006, a new RMA was sent to Respondent with corrected dates. Respondent believed she signed a one-year RMA when ISNAP actually gave her a three-year RMA.

13. On or around October 30, 2007, Respondent renewed her Indiana nursing license and answered all questions "no" including question number five which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

14. On or around January 21, 2008, ISNAP received sufficient documented support to close Respondent's ISNAP file early for successful completion.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by Respondent's narcotic discrepancies while employed at St. Vincent Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her terminations from Harborside Healthcare and St. Vincent Hospital on her 2007 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 4th day of December, 2009.

Kristy Ann Walsh
7502 Higdon Court
Indianapolis, IN 46214

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 252

IN THE MATTER OF THE LICENSE OF:)
)
DEBRA LYNN NICHOLS, R.N.)
)
LICENSE NO: 28109347A)
)
RESPONDENT)

FILED
JAN 29 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, and having considered the motion and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for January 21, 2010 at 1:30 p.m., be rescheduled to **February 18, 2010 at 1:30 p.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on December 17, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 29th day of January, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Debra Lynn Nichols
2721 40th Place
Highland, IN 46322
CERTIFIED MAIL NUMBER: 7008 3230 0000 0020 6896
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 252

IN THE MATTER OF THE LICENSE OF)
DEBRA LYNN NICHOLS, R.N.,)
LICENSE NO: 28109347A)

FILED
DEC 04 2009
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Debra Lynn Nichols, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 2721 40th Place, Highland, Indiana 46322 and she is a Registered Nurse in the State of Indiana having been issued license number 28109347A which she received in 1990.

2. On or around January 18, 1999, Respondent began employment at Select Specialty Hospital located in Hammond, Indiana.

3. On or around June 28, 2004, Respondent's employment with Select Specialty Hospital was terminated due to unscheduled absences.

4. On or around August 2, 2004, Respondent began employment at Methodist Hospital (Methodist) located in Merrillville, Indiana.

5. On or around November 1, 2005, Respondent renewed her Indiana nursing license and answered all questions "no," including question number five which asks, "Since you last

renewed, have you ever been terminated, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

6. On or around July 10, 2007, Respondent worked her last shift at Methodist. While at work, a co-worker reported that Respondent smelled of alcohol. Respondent's was sent for drug testing.

7. On or around July 25, 2007, Respondent's employment with Methodist was terminated. Methodist had placed Respondent in a "last chance agreement" and was required under that agreement to participate in the Employee Assistance Program (EAP). Respondent stopped showing for her EAP appointments and was terminated.

8. On or around July 31, 2007, Respondent began employment at Anchor Health Systems (Anchor Health) located in Crown Point, Indiana.

9. On or around August 2, 2007, the Human Resource Director for Methodist contacted the Indiana State Nurses Assistance Program (ISNAP) and informed them that Respondent had tested positive for opiates, THC, Xanax, and propoxyphene and had stopped showing for her EAP appointments.

10. Later that day, Respondent contacted ISNAP to initiate intake. Respondent admitted to drinking and using THC but that she had a prescription for Xanax and darvocet.

11. On or around August 7, 2007, an ISNAP worksite monitor was confirmed for Respondent at Anchor Health.

12. Between August 3, 2007 and September 21, 2007, Respondent called off work at Anchors Health for sixteen days. Anchors Health then offered her an as needed field position which Respondent accepted.

13. On or around September 19, 2007, ISNAP received Respondent's assessment from Southlake. Respondent was given an adjustment disorder with anxious mood and alcohol related not otherwise specified (NOS).

14. On or around October 1, 2007, expressed to ISNAP concerns over the conditions of the offered eighteen month Recovery Monitoring Agreement (RMA). She noted that Southlake did not recommend treatment and that she was afraid she would not be able to afford urine drug screens. ISNAP sent Respondent a Needs Assistance Funds (NAF) application.

15. On or around October 8, 2007, ISNAP sent Respondent an updated RMA decreasing the length of the RMA to one-year and decreased the frequency of her urine drug screens.

16. On or around October 10, 2007, ISNAP resent the NAF application after Respondent indicated she never received the first one.

17. On or around October 11, 2007, Respondent called off work at Anchors Health due to car problems.

18. On or around October 12, 2007, Respondent called off work at Anchors Health stating her husband had been in a car accident. That was the last contact Anchors Health had with Respondent.

19. On or around October 18, 2007, Respondent sent back to ISNAP a signed RMA; however Respondent noted on the RMA that details in the RMA did not apply as she had medications prescribed to her by her physician.

20. On or around October 30, 2007, Respondent attempted to claim unemployment from Anchor Health. Anchor Health responded to the unemployment claim that despite trying to

contact Respondent to schedule her to work, she failed to return calls to Anchor Health. Anchor Health indicated that there was still work available for the Respondent.

21. On or around January 29, 2008, ISNAP's quarterly compliance report showed Respondent to be in significant non-compliance. ISNAP noted Respondent was missing all reports and urine drug screens.

22. On or around February 2, 2008, Respondent left a voice message for ISNAP informing them that she was out of state on vacation and would not be back until February 7, 2008. She also informed them that she was not doing urine drug screens because she could not afford them.

23. On or around February 17, 2008, Respondent again left a voice message for ISNAP informing them that she has not worked as a nurse since September 2007 and that she did not have money to complete urine drug screens.

24. On or around February 22, 2008, Respondent requested ISNAP allow her a second chance at monitoring.

25. On or around February 25, 2008, ISNAP informed Respondent that they would restart her RMA; however, the notified her that she must demonstrate full compliance, contact Deanna at Witham Labs, and call into Witham Labs system for her urine drug screens.

26. On or around March 3, 2008, Respondent returned her RMA with a letter detailing that she was currently taking Xanax and darvocet and that she could not afford to do her urine drug screens. ISNAP reminded Respondent that ISNAP was abstinence based.

27. On or around March 4, 2008, Respondent notified ISNAP that she had been informed by her ISNAP intake counselor that she could continue to take the medication she

needed for migraines. She informed ISNAP that they could reach her on her cell phone but that her son had her phone during the day.

28. On or around March 5, 2008, ISNAP attempted to contact Respondent at the number left but kept receiving a message indicating that calls were not being accepted at that time.

29. On or around March 12, 2008, Respondent left a voice message for ISNAP informing them that her cell phone had been lost and she did not have a way of contacting them. Respondent left a phone number where ISNAP could leave her a message. When ISNAP attempted to call, they could not reach Respondent.

30. On or around March 24, 2008, Respondent left a voice message for ISNAP acknowledging that ISNAP had been trying to reach her.

31. On or around March 25, 2008, ISNAP left Respondent a voice message.

32. On or around March 27, 2008, ISNAP attempted to call Respondent but her voice mail box was full.

33. On or around March 28, 2008, Witham Labs notified ISNAP that Respondent had neither contacted Deanna nor called into the Witham Labs drug screen system.

34. On March 28, 2008, ISNAP closed Respondent's ISNAP file for non-compliance.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's positive urine drug screen while employed at

Methodist, Respondent's diagnosis of alcohol disorder NOS, her continuous use of controlled substances, and her non-compliance with ISNAP.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her termination from Select Specialty Hospital on her 2005 Indiana nursing license renewal.

2. Respondent's failure to comply with Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

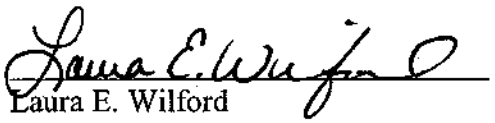
2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,

Attorney General of Indiana

By: 

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 4th day of December, 2009.

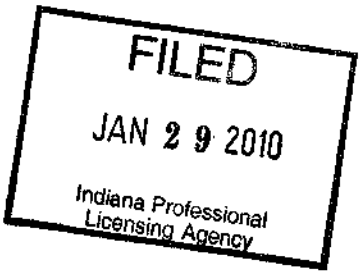
Debra Lynn Nichols
2721 40th Place
Highland, IN 46322

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 151

IN THE MATTER OF THE LICENSE OF:	)
	)
BILLIE RUTH THOMAS, L.P.N.	)
	)
LICENSE NO: 27044063A	)
	)
RESPONDENT	)



HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Billie Ruth Thomas, L.P.N., 104 Plum Street, PO Box 493, Oxford, Indiana 47971.

2. This notice is being provided to counsel for the Board, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.

3. The official cause number of this action is: 2009 NB 151.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.** Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed August 28, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 29th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: [signature]

for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Billie Ruth Thomas
104 Plum Street
PO Box 493
Oxford, Indiana 47971
CERTIFIED MAIL NO. 7008 3230 0000 0200 6919
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 151

IN THE MATTER OF THE LICENSE OF)
)
BILLIE RUTH THOMAS, L.P.N.)
)
LICENSE NO: 27044063A)
)
Respondent.)

FILED
AUG 28 2009
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Billie Ruth Thomas, L.P.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General, Christa J. Jewsbury on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 104 Plum Street, P.O. Box 493, Oxford, Indiana 47971, and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27044063A in 1997. Respondent's license is currently active.

2. Respondent also uses the name Billie Ruth Jackson.

3. On or about November 18, 2004, Respondent was charged in Benton County (Cause Number: 04C01-0411-FD-433) with one count of Possession of a Controlled Substance (a Class D felony), and one count of Possession of Marijuana (a Class A misdemeanor) after the police pulled respondent over in her car and found her in

Exhibit A

possession of marijuana and small white pills later determined to be controlled substances.

4. On or about June 6, 2005, Respondent entered into a plea agreement for Cause Number 04C01-0411-FD-433, in which the first count of Possession of a Controlled Substance was dismissed and Respondent pled guilty to Possession of Marijuana. Respondent was sentenced to a one (1) year sentence in the Benton County jail, which was suspended and served on probation.

5. On or about March 28, 2006, Respondent completed a urine drug screen pursuant to her probation and tested positive for marijuana use. The Respondent's probation was amended to include six (6) months of monitored electronic home detention.

6. On or about October 30, 2006, Respondent completed her Indiana L.P.N. license renewal application. Respondent answered "No" to all questions, including falsely answering "No" to question number three (3) which asks, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

7. On or about October 26, 2007, Respondent began employment as a nurse with Help at Home, Inc. ("Help at Home") in Lafayette, Indiana.

8. On or about January 14, 2009, Respondent was terminated from Help at Home after it was discovered Respondent was having a sexual relationship with one of her patients. The patient was a terminally ill male who was approximately twenty-nine (29) years old. Respondent's nursing supervisor, Teresa Kiger, R.N., conducted an

investigation at which time both the Respondent and the patient admitted to having a physical relationship with one another.

COUNT I

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(4)(D) in that she has continued to practice although the Respondent has become unfit to practice due to an addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely, as evidenced by Respondent's working as a nurse after being arrested for possession of a controlled substance and possession of marijuana. Respondent also tested positive for marijuana use while on criminal probation.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent's actions constitute a violation of Ind. Code § 25-1-9-4(a)(11) in that she has engaged in sexual contact with a patient under her care or has used the practitioner-patient relationship to solicit sexual contact with a patient under her care, as evidenced by Respondent's termination from Help at Home for engaging in a sexual relationship with a male patient under her care and her admission to her supervisor that the sexual contact occurred with the patient.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent's actions constitute a violation of Indiana Code § 25-1-9-4(a)(1)(A) in that she has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, as evidenced by Respondent's failure to disclose her criminal conviction for possession of marijuana on her 2006 Indiana L.P.N license renewal application.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER,
Attorney General of Indiana

By: Christa J. Jewsbury

Christa J. Jewsbury
Deputy Attorney General
Attorney No.: 27180-49

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail; first class postage prepaid, on this 28 day of August, 2009.

Billie Ruth Thomas
104 Plum Street
P.O. Box 493
Oxford, IN 47971

Christa J. Jewsbury
Christa J. Jewsbury
Deputy Attorney General

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 234-4782

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 157

IN THE MATTER OF THE LICENSE OF:)
)
APRIL DAWN HUGHES, R.N.)
)
LICENSE NO: 28149040A)
)
RESPONDENT)

FILED
JAN 29 2010
Indiana Professional Licensing Agency

CONTINUANCE ORDER

Comes now the Indiana State Board of Nursing ("Board") upon a Request for Continuance filed by the State of Indiana, by counsel, Laura E. Wilford, Deputy Attorney General, which is incorporated herein as Exhibit A, and having considered the request and finding that it is proper hereby ORDERS that the hearing in this matter previously scheduled for December 10, 2009 at 1:30 p.m., be rescheduled to **February 18, 2010 at 1:30 p.m. Eastern Standard time,** in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Additional information pertinent to this matter is as follows:

1. This action is a disciplinary hearing to determine whether or not sanctions should be imposed upon the Respondent's license.

2. The hearing will address the issues contained in the Complaint, which was mailed to Respondent via certified mail on September 2, 2009.

3. The Board will be presiding as the administrative law judge in this matter. Sean Gorman, Board Director, may be contacted to obtain an additional copy of the complaint and information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Indianapolis, Indiana 46204, by telephone at 317-234-2043, or by email at pla2@pla.in.gov.

ORDERED this 29th day of January, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

April Dawn Hughes
6508 Breckenridge Drive
Indianapolis, IN 46236-3827
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 6902
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2009 NB 157

IN THE MATTER OF THE LICENSE OF)
)
APRIL DAWN HUGHES, R.N.,)
)
LICENSE NO: 28149040A)

FILED
AUG 3 1 2009
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of April Dawn Hughes, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Laura E. Wilford and Certified Legal Intern Darren R. Covington, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq., and in support alleges and states:

FACTS

1. The Respondent's address on file with the Indiana Professional Licensing Agency is 11832 Broadway, Indianapolis, Indiana 46236. Respondent is a Registered Nurse in the State of Indiana having been issued license number 28149040A in 2000.

2. On or around August 30, 2005, Respondent began employment as a nurse at Community Hospital ("Community") located in Indianapolis, Indiana.

3. On or around January 15, 2006, Respondent withdrew 8 mg of morphine for Patient A, even though the order was for 4 mg. Respondent charted the withdrawal as 10 mg.

Exhibit A

4. On or around January 28, 2006, Respondent withdrew on three different occasions 8 mg of morphine for Patient B, even though there was no physician's order.

5. On or around February 2, 2006, Respondent withdrew 4 mg of hydromorphone for Patient C; the physician's order was for 1 mg.

6. On or around February 2, 2006, Respondent withdrew 4 mg of morphine for Patient D, even though Patient D had already left the facility.

7. On or around February 3, 2006, Vickie Endicott, Security Consultant with Community, and Erica Durham, Pharmacy Team Leader, performed a review of the Pxyis reports and noticed that Respondent had a higher than normal number of withdrawals for Dialudid and morphine as compared to the other nurses in the emergency room department.

8. On or around February 3, 2006, Endicott questioned Respondent about these withdrawals. Respondent, upon seeing the Pyxis report, stated that she administered more narcotics than the other nurses. Endicott told Respondent that she had reviewed the patients' charting information and orders to determine if all of Respondent's patients had received their medications. Respondent admitted that her charting was poor. Respondent eventually admitted to diverting Dialudid and morphine from Community for personal use. Respondent then submitted to a "for-cause" drug screen.

9. On or around February 6, 2006, Respondent initiated intake with the Indiana State Nurses Assistance Program ("ISNAP"). Respondent admitted to using 12 mg of morphine three to four times per week.

10. On or around February 7, 2006, C. J. Heyman, MSW, LCSW, with Community Hospital North, diagnosed Respondent with opiate dependence.

11. On or around February 10, 2006, Community received the results of Respondent's February 3, 2006 "for-cause" drug screen which was positive for benzodiazepines.

12. On or around February 13, 2006, Respondent signed a three-year Recovery Monitoring Agreement ("RMA") with ISNAP.

13. On or around February 16, 2006, Respondent's employment with Community was terminated for misconduct stemming from the positive drug screen.

14. On or around March 27, 2006, Respondent began employment with Indiana Women's Prison located in Indianapolis, Indiana.

15. On or around July 20, 2006, ISNAP's Quarterly Compliance Report indicated that Respondent was in significant non-compliance due to her failure to submit any urine drug screens ("UDS") from April to June 2006. In addition, ISNAP had not received her addictionist's report, worksite monitor's reports, sponsor's reports or AA/NA/Nurse Support time logs. Respondent indicated that Witham Labs ("Witham") was holding the results of her drug screens until she was able to pay them in full. Respondent indicated that she had been unable to afford the urine drug screens, but she planned on paying the balance by September 2006. Respondent also indicated that she would send in the necessary paperwork. This paperwork was subsequently received.

16. On or around November 3, 2006, ISNAP's Quarterly Compliance Report indicated that Respondent was in significant non-compliance, because she had not submitted any urine drug screens, her addicitionist's reports or her September 2006 self-report.

17. On or around November 3, 2006, Respondent reported that she went to the emergency room due to an infection of diverticulitis and was prescribed hydrocodone.

18. On or around December 1, 2006, ISNAP instructed Respondent to stop working as a nurse until she had a negative urine drug screen and extended her RMA for six months due to her non-compliance. ISNAP also received a message from Witham that Respondent had not been calling the urine drug screen line.

19. On or around December 11, 2006, Respondent informed ISNAP that she intended to borrow funds to pay for her next urine drug screen and was making arrangements to pay off her debt to Witham Labs for her past urine drug screens. Respondent also reported that she had been unable to see her addictionist because she owed him money as well. ISNAP then sent Respondent a "needs assistance funds" ("NAF") application.

20. On or around December 27, 2006, ISNAP received from the Respondent her NAF Application, along with her self-reports and meeting logs for September, October and November 2006, and her sponsor's reports. Respondent also informed ISNAP that she had her wisdom teeth extracted and took Vicodin from December 18, 2006 until December 20, 2006. She indicated that a copy of the prescription was enclosed, but it was not.

21. On or around January 16, 2007, Respondent's NAF application was denied because Respondent was non-compliant in submitting her monthly reports.

22. On or around January 26, 2007, ISNAP's Quarterly Compliance Report indicated that Respondent was in significant non-compliance because she had not

submitted any urine drug screens, her worksite monitor's reports, addictionist's reports and sponsor's reports.

23. On or around February 12, 2007, Respondent informed ISNAP that she did not have the money to see her addictionist or to obtain urine drug screens.

24. On or around February 28, 2007, ISNAP instructed Respondent to stop working as a nurse until she had a negative urine drug screen and extended her RMA for three months due to her non-compliance.

25. On or around March 5, 2007, Respondent informed ISNAP that she missed two urine drug screens because she did not have any money and that she owed Witham Labs $100.

26. On or around March 22, 2007, ISNAP sent Respondent another NAF application, but it was never returned by Respondent.

27. On or around April 27, 2007, ISNAP's Quarterly Compliance Report indicated that Respondent was in significant noncompliance, because she did not submit any urine drug screens and her addictionist's reports were missing

28. On or around May 2, 2007, Respondent informed ISNAP that she was hospitalized for two days due to an asthma attack and was prescribed Robitussin with codeine.

29. On or around May 22, 2007, ISNAP instructed Respondent to stop working as a nurse until she had a negative urine drug screen and could be reassessed by her addictionist and extended her RMA for three months due to noncompliance.

30. On or around June 14, 2007, ISNAP sent Respondent another NAF application, but it was never returned.

31. On or around June 27, 2007, Respondent's UDS tested positive for oxazepam, temazepam, nordiazepam and norpropoxyphene. There was no prescription on file and Respondent denied any use of controlled substances.

32. On or around June 28, 2007, Respondent informed ISNAP that she may have accidentally been given Valium and Darvocet from her grandmother and a friend, respectively. She stated that she asked her grandmother for some medicine to alleviate her urinary tract symptoms, but that the grandmother's medicine was mixed in a bottle with some Valium pills and her grandmother may have given her Valium accidentally. Later, she asked for some Tylenol from a friend, but the friend's Tylenol was mixed in a bottle with some Darvocet and she may have been given Darvocet accidentally.

33. On or around July 2, 2007, ISNAP received letters from Respondent's grandmother and friend collaborating her explanation of how she may have ingested Valium and Darvocet.

34. On or around July 5, 2007, the Medical Review Officer determined that Respondent had a positive urine drug screen and that she had not provided an adequate explanation.

35. On or around July 27, 2007, ISNAP's Quarterly Compliance Report indicated that Respondent was in significant non-compliance, because she had missed seven urine drug screens and had one positive urine drug screen.

36. On or around August 23, 2007, ISNAP closed Respondent out of her RMA for non-compliance.

37. On or around October 12, 2007, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you ever

been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

38. On or around January 16, 2008, Respondent completed an employment application for Nightingale Home Healthcare, Inc. in Carmel, IN. She stated that her reason for leaving Community was for "medical reasons/to work at prison."

39. On or around February 14, 2008, Respondent resigned from the Indiana Women's Prison.

40. On or around February 19, 2008, Respondent began her employment with Nightingale Home Healthcare, Inc.

41. On or around June 4, 2008, Respondent completed an employment application for Rehabilitation Hospital of Indiana in Indianapolis, IN. She affirmatively indicated that she had never been discharged or asked to resign from a job and had voluntary left Community.

42. On or around June 10, 2008, Respondent resigned from Nightingale Home Healthcare, Inc.

43. On or around June 17, 2008, Respondent began her employment with Rehabilitation Hospital of Indiana.

44. On or around January 5, 2009, Respondent removed one tablet of hydrocodone at 11:59 a.m. for J. S., but did not document giving this medication on the medication administration record ("MAR"). Respondent also removed two tablets of hydrocodone at 1:15 p.m. for S. K., but did not document giving this medication on the MAR.

45. On or around January 10, 2009, Respondent removed two tablets of hydrocodone at 7:32 a.m. and 4:32 p.m. for J. S., but did not document giving this medication on the MAR. Respondent also removed two tablets of hydrocodone at 2:22 p.m. for S. K., but did not document giving this medication on the MAR.

46. On or around January 11, 2009, Respondent removed one tablet of hydrocodone at 8:07 a.m., 1:33 p.m. and two tablets of hydrocodone at 4:32 p.m. for J. S., but did not document giving this medication on the MAR.

47. On or around January 14, 2009, Respondent removed two tablets of hydrocodone at 8:17 a.m. for J. S., but did not document giving this medication on the MAR. Respondent also removed one tablet of hydrocodone at 12:12 p.m. and again at 6:56 p.m. for R. J., even though there were no orders.

48. Also on January 14, 2009, Sheri Pierce, RN reported that Respondent indicated to her she had removed Norco for a patient, but Pierce told her not to administer it since she had already administered it to the patient. Later that day, Pierce went to remove more pain medication for the patient. Respondent offered her the Norco she had removed earlier. Respondent was directed to waste the Norco she had since Pierce had already removed more medication. The Pyxis records indicate that Respondent had pulled hydrocodone for the patient twice on January 14, 2009, but neither time was documented as given on the MAR or wasted.

49. On or around January 15, 2009, Respondent reported to Becky Van Landingham, LPN that she had administered as-needed pain medication to a patient, even though she was not the patient's nurse. When Van Landingham asked the patient if he had received pain medication, the patient denied being in pain and stated that Respondent

had not administered him pain medication. Norco was removed by Respondent, but was not signed out on the medication sheet. Respondent's initials were written on the MAR for administering as-needed Norco on January 14, 2009.

50. On or around January 16, 2009, Respondent removed two tablets of hydrocodone at 7:56 a.m. for S. K., but only documented administering one tablet on the MAR. Respondent also removed one tablet of hydrocodone at 8:20 a.m. for J. S., but did not document giving this medication on the MAR. Van Landingham reported that Respondent had removed Norco for a patient, but this patient denied either receiving Norco or being in pain.

51. On or around January 19, 2009, Pierce reported that documentation showed Respondent administered Norco to one of her patients at a specified time (as indicated on the MAR), but that this patient was in therapy at that time and was not given any medication by the therapist. Also, Van Landingham reported that Respondent had removed pain medication for one of her patients at 8:06 a.m., but this patient stated that he had not received any pain medication since before 6:00 a.m.

52. On or around January 21, 2009, Van Landingham reported that Respondent had signed out two Roxicodone tablets for a patient who was not to be administered medication by mouth.

53. On or around January 21, 2009, Tina Lehr, LPN reported that Respondent had asked a patient if he wanted Tylenol. The patient responded yes, but when Lehr went back to check on the patient, the patient had been given Norco instead. Both Tylenol and Norco were taken out of Pyxis by Respondent.

54. On or around January 21, 2009, Jeanie Gonzalez, LPN reported that Respondent had signed out narcotics for the reporting nurse's patients but did not tell her. One of the patient's medications was signed out in Pyxis, but not on the MAR.

55. On or around January 23, 2009, patient M. J. requested pain medication prior to the removal of sutures; M. J. denied receiving any pain medication that day even though Respondent had removed Norco on three different occasions that day for M. J.

56. On or around January 23, 2009, Respondent's employment with Rehabilitation Hospital of Indiana was terminated for "lack of appropriate documentation regarding narcotic administration, suspected drug diversion and theft." Respondent denied diverting. Cathy Brown-Mays, CNO, Rehabilitation Hospital of Indiana, contacted ISNAP that Respondent may have been diverting medications from the Pyxis system. She stated that Respondent had signed out medications for patients who were not assigned to her and then informed the other nurses that she had given the medication to the patients. Respondent also wasted medication, particularly hydrocodone and oxycodone, without a witness, had called in sick seven times in six months and left her unit without informing her supervisor.

57. On or around January 27, 2009, Respondent initiated contact with ISNAP at the referral of Rehabilitation Hospital of Indiana. She again denied that she had diverted drugs.

58. On or around January 29, 2009, Respondent began the intake process with ISNAP. Respondent admitted to giving controlled substances to patients assigned to other nurses without consulting the nurse assigned first and making some errors in documentation of medications administered.

59. On or around April 15, 2009, ISNAP closed Respondent's file after Respondent failed to maintain contact with ISNAP.

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by the Respondent's failure to disclose her termination of employment from Community on her 2007 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed in Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services as evidenced by Respondent's stated reason that she left Community Hospital for "medical reasons" and "to work at the prison" on her January 16, 2008 Application for Employment with Nightingale Home Healthcare, Inc. of Carmel, IN and her affirmative answer that she voluntary left Community Hospital and had never been discharged or asked to resign from a job on her June 17, 2008 Application for Employment with Rehabilitation Hospital of Indianapolis, IN.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed in Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code § 25-1-9-4(a)(8)(A) in that Respondent diverted a legend drug as evidenced by Respondent's discrepancies in charting at Community Hospital and Rehabilitation Hospital and admission that she diverted Dialudid and morphine from Community Hospital beginning in November 2005 and continuing until February 2006.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed in Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's diversion of Dilaudid and morphine from Community for personal use, Respondent's positive urine drug screens for non-prescribed substances, Respondent's diagnosis of opiate dependence, Respondent's narcotic discrepancies at Rehabilitation Hospital and Respondent's non-compliance with ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed in Ind. Code § 25-1-9-9.

COUNT V

1. Respondent violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice, even though unfit to do so, due to her failure to keep abreast of current theory or practice as evidence by her narcotics administration discrepancies and errors at Rehabilitation Hospital and Community.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed in Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

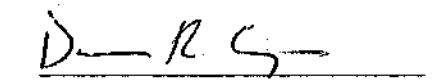
3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By:

Laura E. Wilford
Deputy Attorney General
Attorney No. 24446-49



Darren R. Covington
Certified Legal Intern

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0136

IN THE MATTER OF THE LICENSE APPLICATION OF:)
CHRISTINA ANN BAKER, R. N.)
LICENSE NUMBER: 28158912A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Christina Ann Baker ("Respondent"), R. N., 2901 Darlene Drive, Fort Wayne, Indiana 46802 to appear before the Board on **February 18, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28158912A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Findings of Fact, Ultimate Findings of Fact, Conclusion of Law and Order filed on February 11, 2008, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Recovery Monitoring Agreement with the Indiana State Nurses Assistance Program ("ISNAP"). ISNAP has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Christina Ann Baker, R.N.
2901 Darlene Drive
Fort Wayne, IN 46802
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9462
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0136

IN THE MATTER OF THE

LICENSE OF CHRISTINA ANN BAKER, R.N.

LICENSE NO.: 28158912A

FILED
FEB 11 2008
Indiana Professional
Licensing Agency

FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT, CONCLUSION OF LAW, AND ORDER

The State of Indiana, by Morgan L. Wills, Deputy Attorney General, ("Petitioner"), and Christina Ann Baker, R.N. ("Respondent"), by counsel John F. Ittenbach, came to an Agreement that purports to resolve all issues involved in the action by the Petitioner before the Indiana State Board of Nursing ("Board") regarding Respondent's license, and this Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the January 17, 2008 meeting now finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement as if fully set forth herein and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 8-0-0. Incorporated into the Agreement was the consensus of both parties to the following Findings of Fact, Ultimate Findings of Fact, Conclusion of Law, and Order. The Board hereby issues the following Findings of Fact, Ultimate Findings of Fact, Conclusion of Law, and Order:

FINDINGS OF FACT

1. Respondent is a Registered Nurse in the State of Indiana having been issued license number 28158912A in 2003. Her address on file with the Indiana State Board of Nursing ("Board") is 2620 Dawnlake Dr., Indianapolis, IN 46217.

2. On or about July 15, 2002, Respondent began her employment with Lutheran Hospital in Fort Wayne, Indiana as a Nurse Extern.

3. On or about October 30, 2003, Respondent began her employment with Parkview Health ("Parkview") in Fort Wayne, Indiana.

4. On or about December 4, 2003, Respondent was issued an Indiana Registered Nursing license and promoted to Registered Nurse at Lutheran Hospital.

5. On or about November 13, 2004, Respondent withdrew Morphine from the Pyxis machine three times for a patient at Parkview and failed to document administration on the medication administration record ("MAR").

6. On or about November 14, 2004, Respondent signed out Morphine three times from the Pyxis machine for a different patient at Parkview and failed to document administration on the MAR. Respondent was observed going into the restroom after she was seen at the Pyxis machine and remained inside for an extended period of time. Respondent was interviewed about the incidents of November 13 and 14. Respondent voluntarily emptied the contents of her purse when asked to do so and the facility found two (2) empty syringes of Morphine and three (3) packages of Lexapro. The Morphine syringes and Lexapro were determined to be the property of Parkview. Respondent was asked to submit to a drug screen and refused.

7. On or about November 16, 2004, Respondent's employment with Parkview was terminated for failure to submit to a drug screen in violation of company policy.

8. On or about January 28, 2005, Respondent was placed on an investigative suspension at Lutheran Hospital while her patient records were under review.

9. On or about January 31, 2005, Respondent resigned her employment with Lutheran Hospital effective immediately.

10. On or about April 22, 2005, Respondent called to initiate intake with the Indiana State Nurses Assistance Program ("ISNAP").

11. On or about May 5, 2005, Respondent was diagnosed with opiate dependence by Albert Alveraz at St. Joseph's Behavioral Health. He clarified that Respondent was physically dependent and not psychologically dependent.

12. On or about September 28, 2005, Respondent was diagnosed with opioid iatrogenic dependence by Mike Denton ("Denton") of Methodist Hospital.

13. On or about November 2, 2005, Respondent renewed her Indiana nursing license online and answered "No" to Question No. 5, which asks: "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

14. On or about November 4, 2005, Respondent entered into a standard, three (3) year Recovery Monitoring Agreement ("RMA").

15. On or about November 8, 2005, Respondent missed her scheduled urine drug screen.

16. On or about November 29, 2005, Respondent informed ISNAP that she was in the hospital after being kicked by a patron in her capacity as a waitress. She said she was given Valium and Vicodin at the hospital.

17. On or about November 30, 2005, Respondent submitted to a urine drug screen and tested positive for Hydrocodone, Oxazepam, Temazepam, and Nordiazepam. Respondent produced a prescription for Hydrocodone only.

18. On or about December 2, 2005, Respondent submitted to a urine drug screen that came back dilute.

19. On or about January 6, 2006, Respondent was in significant non-compliance with her ISNAP RMA. She failed to submit reports from her addictionist, monthly reports, meeting logs, and her sponsor report.

20. On or about January 9, 2006, Respondent began her employment with Community Hospital South ("CHS") with the permission of ISNAP.

21. On or about March 10, 2006, Respondent submitted to a urine drug screen that came back dilute.

22. On or about March 13, 2006, Respondent reported to ISNAP that she was admitted to the hospital and given controlled substances, specifically Hydrocodone, Ativan, Percocet, Ultracet, and Promethazine.

23. On or about March 27, 2006, Respondent missed her scheduled urine drug screen.

24. On or about April 17, 2006, Respondent was in significant noncompliance with her ISNAP RMA. She failed to submit all of her monthly reports, an addictionist report, a therapist report, and a sponsor report.

25. On or about May 31, 2006, Respondent reported to ISNAP that she sprained her ankle and was prescribed Hydrocodone as needed.

26. On or about June 20, 2006, Respondent missed her scheduled urine drug screen.

27. On or about June 21, 2006, Respondent's therapist, Jim Ryser ("Ryser"), reported that Respondent missed her nursing support group meeting.

28. On or about July 10, 2006, Respondent was in significant noncompliance with her ISNAP RMA. She failed to submit her worksite monitor reports, missed drug screens, and did not have a sponsor, as required.

29. On or about July 14, 2006, Jim Ryser reported to ISNAP that he suspected that Respondent was using drugs and substituting her urine samples because Respondent refused to do an observed drug screen as requested.

30. On or about July 17, 2006, Respondent's RMA was extended an additional nine (9) months due to her habitual noncompliance, lack of contact with her worksite monitor, and working the night shift without authorization from ISNAP.

31. On or about September 6, 2006, Respondent submitted to a urine drug screen and tested positive for Hydrocodone.

32. On or about September 8, 2006, Respondent was again hospitalized and prescribed Lortab. Respondent's worksite monitor reported to ISNAP that Respondent was taking frequent breaks, acting evasive and manic at times, and asked a co-worker to change her discharge paperwork. Respondent was prescribed Hydrocodone and Hydromorphone in the hospital.

33. On or about September 11, 2006, Respondent missed her scheduled, observed urine drug screen. Respondent submitted to an observed urine drug screen on September 12, 2006.

34. On or about October 17, 2006, Respondent was in significant noncompliance with her ISNAP RMA. Respondent failed to submit her addictionist report, sponsor reports, worksite monitor reports, and August and September self reports and meeting logs.

35. On or about November 8, 2006, Respondent was in partial compliance with her ISNAP RMA for failing to submit addictionist reports, therapist reports, and sponsor reports.

36. On or about November 14, 2006, ISNAP lifted the controlled substances restriction thereby allowing the Respondent to have access to controlled substances at her place of employment.

37. On or about November 16, 2006, Respondent called ISNAP because she was working a twelve (12) hour shift and did not want to report for her scheduled drug screen until the morning of November 17, 2006. Respondent left a voicemail and never obtained permission to miss her scheduled drug screen, but failed to report for her scheduled drug screen until November 19, 2006.

38. On or about November 29, 2006, Respondent began exhibiting suspicious behavior at CHS. Respondent had the following Pyxis transactions for Patient C:

a. 7:53 a.m. – 2mg Dilaudid withdrawn, 1.7 mg wasted

b. 9:04 a.m. – 10mg Oxycodone tablet withdrawn

c. 10:01 a.m. – 2mg Dilaudid withdrawn, 1.7 mg wasted

d. 12:39 p.m. – 2mg Dilaudid withdrawn, 1.7 mg wasted

e. 3:14 p.m. – 2mg Dilaudid withdrawn, 1.7 mg wasted

f. 5:25 p.m. – 2mg Dilaudid withdrawn, 1.7 mg wasted

g. 7:44 p.m. – 2mg Dilaudid withdrawn, 1.7 mg wasted.

When questioned about this pattern, Respondent stated that the patient wanted pain medication so she gave him some.

39. On or about December 13, 2006, Respondent had the following Pyxis transactions for Patient B:

a. 8:12 a.m. – 4mg Morphine withdrawn

b. 8:50 a.m. – 4mg Morphine withdrawn

c. 10:30 a.m. – 2 Lortab 5/500 withdrawn

d. 10:39 a.m. – 4mg Morphine withdrawn

e. 11:45 a.m. – 4mg Morphine withdrawn, 4mg wasted

f. 12:39 p.m. – 4mg Morphine withdrawn

g. 2:23 p.m. – 2 Lortab 5/500 withdrawn

h. 2:38 p.m. – 4mg Morphine withdrawn, 2mg wasted

i. 5:00 p.m. – 4mg Morphine withdrawn.

Respondent withdrew a total of 28mg Morphine and failed to document administration for the 10:39 a.m. dose on the MAR. Further, Respondent documented that she administered an additional dose of Morphine at 6:20 p.m. and two Lortab in excess of the amount withdrawn. The nurses on duty before and after Respondent did not report any pain for their entire shifts.

40. On or about December 15, 2006, Respondent had the following Pyxis transactions for Patient A:

a. 7:50 a.m. – 4 mg Morphine withdrawn

b. 9:02 a.m. – 4 mg Morphine withdrawn, 4mg wasted

c. 10:48 a.m. – 4 mg Morphine withdrawn, 4mg wasted

According to Patient A's MAR, no Morphine was administered by the Respondent or any other nurse on December 15, 2006. When questioned, Respondent stated that the records had to be wrong because she always charted administration on the MAR and that Patient A asked for pain medication so she administered the same.

41. On or about December 18, 2006, Vickie Endicott ("Endicott"), Investigations Manager at CHS, interviewed the Respondent regarding the suspicious behavior regarding Patients A, B, and C. Respondent denied any diversion and repeatedly stated that she was asked for pain medications by the patients and she administered the same. Endicott asked the Respondent to submit to drug testing, which included a blood alcohol screen for alcohol and a urine drug screen. Respondent initially agreed to submit to the testing after being informed of her right to refuse. Respondent submitted to the blood alcohol screen, but refused the urine drug screen when she learned it would be observed. Respondent became upset and started to leave claiming she could not breathe. Endicott encouraged Respondent to calm down, but Respondent continued to panic. The nurse assisting the Respondent with the observed screen said that Respondent was panicking but did not appear to have any difficulty breathing. Respondent was pulling at a curtain that covered a supply closet and tugging at her own shirt. The nurse thought she saw the Respondent hide something in her shirt. Respondent then refused the drug screen and became irate before exiting the facility.

42. On or about December 19, 2006, Endicott received a phone call from Denton. Denton said he was given permission to speak to Endicott on the Respondent's behalf and told Endicott that Respondent had relapsed and had not been truthful with her the previous day at CHS. Respondent left a voicemail for Endicott later that day apologizing for lying and her behavior the previous day.

43. On or about December 19, 2006, Respondent reported a relapse on morphine to ISNAP and her RMA was extended for one (1) additional year. Respondent stated that she had been using anything and everything over the past couple of weeks and admitted to diversion at CHS.

44. On or about December 20, 2006, Respondent's employment with CHS was terminated for refusing a drug screen in violation of hospital policy.

45. On or about January 5, 2007, Respondent was in significant noncompliance with her ISNAP RMA. Respondent failed to submit her addictionist reports, sponsor reports, self reports, and meeting logs in addition to her relapse.

46. On or about February 13, 2007, Respondent began her employment with North Capitol Nursing & Rehabilitation ("North Capitol").

47. On or about March 25, 2007, Respondent resigned her employment with North Capitol without notice.

48. On or about March 27, 2007, North Capitol reported to ISNAP that Respondent was suspected of diverting Lortab elixir. The suspected diversion took place on March 24-25, 2007, just before Respondent resigned without notice.

49. On or about March 28, 2007, Respondent submitted to an observed urine drug screen that came back dilute.

50. On or about April 11, 2007, Respondent submitted an employment application to Fresenius Medical Care ("Fresenius") in Indianapolis, Indiana. Respondent stated that her reason for leaving CHS was "duties" when her employment with CHS had been terminated for refusing a drug screen.

51. On or about April 16, 2007, Respondent was in partial compliance with her ISNAP RMA. Respondent missed two scheduled urine drug screens.

52. On or about April 30, 2007, Respondent began her employment with Fresenius.

53. On or about June 11, 2007, ISNAP received a report from a "reliable source" that Respondent admitted using cocaine and alcohol over that weekend.

54. On or about June 12, 2007, Respondent submitted to an observed urine drug screen that came back diluted. ISNAP sent the sample for additional testing that resulted in a positive screen for Ethyl Glucoronide.

55. On or about June 14, 2007, ISNAP closed the Respondent's file for her history of noncompliance, positive drug screens, and suspected diversion.

56. On or about January 11, 2008, Respondent reentered ISNAP and signed a three (3) year Recovery Monitoring Agreement.

ULTIMATE FINDINGS OF FACT

1. Respondent's conduct as described above constitutes a violation of Indiana Code § 25-1-9-4(a)(1)(A), engaging in material deception in order to obtain a license to practice.

2. Respondent's conduct as described above constitutes a violation of Indiana Code § 25-1-9-4(a)(1)(B), engaging in material deception in the course of professional services.

3. Respondent's conduct as described above constitutes a violation of Indiana Code §25-1-9-4(a)(8), in that Respondent diverted a legend drug or other drug issued under a drug order.

4. Respondent's conduct as described above constitutes a violation of Indiana Code § 25-1-9-4(a)(4)(D), in that Respondent has become unfit to practice due to dependence on

alcohol or other drugs that endangers the public by impairing Respondent's ability to practice safely.

CONCLUSION OF LAW

Respondent's violation is cause for disciplinary sanctions that may be imposed singly or in combination such as censure, a letter or reprimand, probation, suspension, or revocation and a fine up to the amount of $1,000 per violation as detailed in Indiana Code § 25-1-9-9.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent agrees that her Indiana nursing license shall be placed on **INDEFINITE PROBATION** subject to the following conditions:

   a. Respondent shall be in full continuous compliance with her ISNAP RMA for the duration of her probation.

   b. Respondent shall keep the Board informed of her current address and telephone number and notify the Board of any changes within 72 hours.

   c. Respondent shall keep the Board informed of her current employer's name, address, and telephone number and notify the Board of any changes within 72 hours.

   d. Respondent shall provide a copy of the Final Order accepting this agreement to her current and future employers, cause the employer(s) to sign a copy of the order, and return it to the Board within thirty (30) days of entry of this order or thirty (30) days of becoming employed, whichever date is later in time.

2. Prior to petitioning for withdrawal of probation, Respondent shall successfully complete her ISNAP RMA.

3. Prior to petitioning for withdrawal of probation, Respondent must complete **SIX (6) CONTINUING EDUCATION UNITS** in the area of nursing ethics/legal issues.

4. Prior to petitioning for withdrawal of probation, the Respondent shall pay to the Indiana Professional Licensing Agency a **FINE** in the amount of **SEVEN HUNDRED FIFTY DOLLARS ($750).**

5. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

6. The terms and status agreed to will be applicable even after the Board renews the Respondent's license.

7. Respondent further understands that:

a. A violation of the Final Order;

b. any non-compliance with the statutes or regulations regarding the practice of nursing; or

c. Any violation of the Settlement Agreement;

may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Indiana Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

SO ORDERED, this 11th day of February, 2008.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly

Copies to:

Christina Ann Baker
2620 Dawnlake Dr.
Indianapolis, IN 46217
SENT CERTIFIED MAIL NO. 7002 2410 0002 4162 6971
RETURN RECEIPT REQUESTED

John Ittenbach
Ittenbach Johnson Trettin & Koeller
6350 N. Shadeland Ave., Ste. 4
Indianapolis, IN 46220

Deputy Attorney General Morgan L. Wills
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: January 18th, 2010

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: Christina A. Baker
License #: 28158912A - Probation

___X___ Ms. Baker has been in non-compliance with her recovery monitoring agreement (RMA) and ISNAP would recommend a "show cause" hearing.

COMMENTS:

*06.14.07 – Ms. Baker's file was closed and forwarded to the Attorney General's office. (See closure memo and file dated 06.14.07).
*11.21.07 – Ms. Baker called to re-enroll with ISNAP. Ms. Baker was currently working at Lakeside Manor, Carol Bumps, ADON, or Kim Honeycutt, DON, were the identified worksite monitors (WSM).
*12.10.07 – WSM confirmation completed with Ms. Honeycutt.
*12.11.07 – Lakeside Manor informed ISNAP that they would not be able to retain Ms. Baker since she had access to controlled substances while not in ISNAP. In addition, Ms. Baker refused a urine drug screen (UDS). Ms. Baker later submitted a negative UDS and her position was re-instated until a further investigation was completed. Ms. Baker was ultimately terminated.
*12.19.07 – Assessment received from Dr. Richard Hinchman, Addictionist. Ms. Baker was diagnosed with poly-substance dependence, a major depressive and anxiety disorder.
*12.19.07 – Clinical Team (CT) reviewed Ms. Baker's assessment and recommended a standard three year RMA. The RMA was mailed and the original RMA was returned on 01.11.08.
*01.17.08 – Ms. Baker appeared before the ISBN and her license was reinstated on "probation" for the length of her RMA.
*03.13.08 – The needs assistance fund (NAF) was mailed to Ms. Baker.
*04.14.08 – Quarterly compliance report and Ms. Baker was in significant non-compliance.

(continued)

Exhibit B

*05.15.08 – Ms. Baker missed her Addictionist appointment.
*05.27.08 – CT reviewed Ms. Baker's non-compliance and extended her RMA for three months.
*06.26.08 – Ms. Baker informed ISNAP that she was not currently working as a nurse and she was struggling to make ends meet. Her phone has been turned off for non-payment.
*07.15.08 – Quarterly compliance report and Ms. Baker was in significant non-compliance.
*08.12.08 – CT reviewed Ms. Baker's non-compliance and gave her a deadline to bring her file into compliance or ISNAP would recommend a "show cause" hearing.
*08.21.08 – Ms. Baker did not keep her Addictionist appointment.
*08.26.08 – Ms. Baker informed ISNAP of a relapse on cocaine and that she had admitted herself to Harbor Light.
*09.03.08 – CT reviewed Ms. Baker's relapse and as long as she follows the treatment recommendations from Harbor Light, her file would not be closed.
*09.18.08 – Ms. Baker completed Harbor Light and went into the supportive living program (SLP) at Fairbanks. She could stay there until she delivered her baby in about 6 weeks.
*10.16.08 – Quarterly compliance report and Ms. Baker was in significant non-compliance.
*12.02.08 – CT reviewed Ms. Baker's non-compliance. Since she has followed through with treatment, ISNAP would continue to monitor.
*12.19.08 – Fairbanks confirmed that Ms. Baker was back in aftercare.
*01.15.09 – Quarterly compliance report and Ms. Baker was in significant non-compliance.
*03.11.09 – Ms. Baker's therapist informed ISNAP that Ms. Baker had moved into recovery management and would be in there for the next year.
*04.16.09 – Quarterly compliance report and Ms. Baker was in significant non-compliance.
*04.24.09 – Ms. Baker informed ISNAP that she was moving back to the Fort Wayne area.
*07.27.09 – Quarterly compliance report and Ms. Baker was in significant non-compliance.
*08.19.09 – The needs assistance fund (NAF) application was mailed to Ms. Baker.
*09.08.09 – CT reviewed Ms. Baker's non-compliance, extended her RMA for three months, and any further non-compliance would result in a "show cause" hearing.
*10.07.09 – Ms. Baker was informed that she must pay off her account with Witham Labs to be in compliance with ISNAP.
*10.15.09 – The NAF application was mailed to Ms. Baker.
*11.02.09 – Ms. Baker informed ISNAP that she was currently staying at the YMCA shelter following domestic violence.
*11.17.09 – Quarterly compliance report and Ms. Baker was in significant non-compliance.
*11.18.09 – CT reviewed Ms. Baker's non-compliance and recommended a "show cause" hearing.
*12.16.09 – Ms. Baker informed ISNAP that she was in recovery management at Park Center. She was now living with her aunt and uncle and working at Pizza Hut.
*01.18.10 – Memo requesting a "show cause" hearing typed and e-mailed to the AG's office.

Ms. Baker's license is currently on probation. Based on Ms. Baker's pattern of non-compliance, ISNAP is recommending a show cause hearing. To the best of ISNAP's knowledge, she is not working as a nurse.

Cc: Christina A. Baker, 2901 Darlene Drive, Fort Wayne, Indiana 46802
Phone #: 260-432-6022 (home); 260-797-6831 (cell)

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2008 NB 207

IN THE MATTER OF THE LICENSE APPLICATION OF:)
DAVID WARD KELLER, L. P.N.)
LICENSE NUMBER: 27058339A)

FILED
FEB 0 2 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies David Ward Keller ("Respondent"), L. P.N., 4900 North County Road 330 East, Muncie, Indiana 47303and 707 West Centennial Avenue, Muncie, Indiana 47303 to appear before the Board on **February 18, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 27058339A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated his probation by not complying with the terms and conditions outlined in the Decision on License Renewal Application filed on December 23, 2008, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of his Recovery Monitoring Agreement with the Indiana State Nurses Assistance Program ("ISNAP"). ISNAP has

requested a timely show cause hearing as his case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

David Ward Keller, L.P.N.
4900 N. County Road 330 E.
Muncie, IN 47303
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9431
RETURN RECEIPT REQUESTED

David Ward Keller, L.P.N.
707 West Centennial Avenue
Muncie, IN 47303
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9448
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER 2008 NB 207

FILED
DEC 23 2008
Indiana Professional
Licensing Agency

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF
DAVID WARD KELLER
LICENSE NUMBER 27058339A

DECISION ON LICENSE RENEWAL APPLICATION

David Ward Keller ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on December 10, 2008, in Room 19 of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. He appeared to answer questions from the Board concerning his application for renewal of his 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 4900 North County Road 330 East, Muncie, Indiana 47303.

2. Applicant applied to renew his license as a nurse in 2008.

3. Along with his application, Applicant informed the Board that in 2007 he was arrested for driving while intoxicated and in 2008 he was convicted for maintaining a common nuisance stemming from an incident involving cocaine in the vehicle he was driving. He is currently on criminal probation for the latter crime.

4. Applicant has demonstrated that he 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. Applicant may petition to have the probationary order withdrawn after six months of full compliance with his recovery monitoring

agreement ("RMA") with the Indiana State Nurses Assistance Program ("ISNAP") if he is a candidate for that program or after the successful completion of his criminal probation, whichever is longer. If he is not eligible for ISNAP he may apply for withdrawal of probation after documenting that he is not eligible and after the successful completion of his 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 his residential address and telephone number at all times.

b) Applicant shall keep the Board informed of his nursing employer's or employers' name, address and telephone number at all times.

c) Applicant must immediately contact ISNAP and sign an RMA with that organization if he is deemed eligible. If he enters into an RMA with ISNAP he must comply with the terms of that agreement.

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

SO ORDERED, this 23 day of December 2008.

INDIANA STATE BOARD OF NURSING

By: _____ KR

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:

David Ward Keller
4900 North County Road 330 East
Muncie, Indiana 47303
CERTIFIED MAIL NUMBER: 7002 0510 0002 5862 4958
RETURN RECEIPT REQUESTED

530268

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: January 26th, 2010

TO: Shannon McKnight – Paralegal; Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.; ISNAP – Program Director
2915 High School Road; Indianapolis, Indiana 46224

RE: David W. Keller – License #: 27058339A – Probation

___X___ Mr. Keller has been significantly non-compliant with his recovery monitoring agreement (RMA).

COMMENTS:

*12.11.08 – Mr. Keller appeared before the BON/ALJ. He had a previous DUI in April, 2007 and had been stopped with the possession of cocaine in his vehicle. He was referred to ISNAP for an assessment.
*12.15.08 – Mr. Keller called to initiate the intake process. He was referred to Meridian Services for an assessment.
*01.05.09 – Mr. Keller was seen by Joel Ebbers, BS, Meridian Services. Mr. Keller was diagnosed with cocaine and alcohol dependence.
*01.23.09 – Clinical Team (CT) reviewed Mr. Keller's assessment and recommended a standard three year RMA. The RMA was retuned on 02.19.09.
*02.04.09 – CT reviewed Mr. Keller's request to decrease the length of his RMA since he had completed criminal probation. Based on the fact that Mr. Keller indicated that his last drink was in December, 2008, his request was denied.
*08.12.09 – Quarterly compliance report and Mr. Keller was in significant non-compliance.
*09.03.09 – CT reviewed Mr. Keller's non-compliance and extended his RMA three months. Any further non-compliance would result in an OTSC hearing. ISNAP contacted the employer listed on file and Mr. Keller had not worked there since 04.13.09.
*11.04.09 – Quarterly compliance report and Mr. Keller was in significant non-compliance.
*11.23.09 – CT recommended an OTSC hearing.
*01.26.10 – Memo requesting a "show cause" hearing typed and e-mailed to the AG's office and IPLA.

Mr. Keller's license is currently on probation. Based on his pattern of non-compliance and not engaging in monitoring, ISNAP is recommending an OTSC hearing. To the best of ISNAP's knowledge, he is not currently working as a nurse.

Cc: David W. Keller, 707 West Centennial Avenue, Muncie, Indiana 47303
Phone #: 765-702-8556 (Cell)

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0191

IN THE MATTER OF THE LICENSE APPLICATION OF:)
GRETCHEN BARBARA MURRAY, R. N.)
LICENSE NUMBER: 28125195A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Gretchen Barbara Murray ("Respondent"), R. N., 4450 Glen Arm Drive Apartment #157, Indianapolis, Indiana 46254 to appear before the Board on **February 18, 2010 at 1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28125195A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Decision on License Renewal Application filed on December 27, 2007, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Recovery Monitoring Agreement with the Indiana State Nurses Assistance Program ("ISNAP"). ISNAP has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Distributed to:

Gretchen Barbara Murray, R. N.
4450 Glen Arm Drive Apt. #157
Indianapolis, IN 46254
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9424
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO. 2007-NB-0191

FILED
DEC 27 2007
Indiana Professional
Licensing Agency

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF
GRETCHEN BARBARA MURRAY
LICENSE NUMBER 28125195A

DECISION ON LICENSE RENEWAL APPLICATION

Gretchen Barbara Murray ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on December 13, 2007, 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 registered 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 4520 Glenn Arm Drive, Apartment 112, Indianapolis, Indiana 46254.

2. Applicant applied to renew her license as a registered nurse in 2007.

3. Along with her application, Applicant informed the Board that since her last renewal she was convicted of public intoxication in 2007 and check deception in 2005.

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 registered nurse will be renewed on INDEFINITE PROBATION. She may apply to withdraw the probation from

her license after she completes her recovery monitoring agreement 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 contact ISNAP immediately and enter into a recovery monitoring agreement with ISNAP and comply with its terms.

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 7th day of December 2007.

INDIANA STATE BOARD OF NURSING

By: Frances L. 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:

Gretchen Murray
4520 Glenn Arm Drive, Apartment 112
Indianapolis, Indiana 46254
CERTIFIED MAIL NUMBER: 7002 3150 0003 3035 5704
RETURN RECEIPT REQUESTED

444712

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: January 15th, 2010

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: Gretchen B. Murray
License #: 28125195A – Active

___X___ Ms. Murray has had a pattern of non-compliance with ISNAP.

COMMENTS:

*12.13.07 – Ms. Murray appeared before the ISBN for a personal appearance. She has a conviction for check deception and a personal intox (PI) in May, 2007, with a BAL of .18. Ms. Murray was referred to ISNAP.
*01.04.08 – Ms. Murray called to initiate the intake process. She was referred to Gallahue Behavioral Health.
*01.31.08 – Assessment received from Susan Callahan, LCSW, Gallahue. Ms. Murray was diagnosed with alcohol abuse.
*02.13.08 – Clinical Team (CT) reviewed Ms. Murray's assessment and recommended a one year "abuse" recovery monitoring agreement (RMA). The RMA was returned on 02.25.08.
*04.17.08 – Worksite confirmation completed with Diane Martin, Eagle Valley Meadows, phone #: 317-293-2555.
*05.12.08 – Ms Murray informed ISNAP that she had a pint of gin to drink over the weekend. She also stated that she had quit her job because of the high stress. In reality, Ms. Murray was terminated for a NC/NS. She was referred back to Ms. Callahan for a re-assessment.
*05.07.08 – Ms. Murray's urine drug screen (UDS) was dilute with a creatinine of .10.
*07.08.08 – Through Ms. Callahan's re-assessment, Ms. Murray was diagnosed with alcohol dependence. CT reviewed the change in diagnosis and placed Ms. Murray into a full three year RMA.
*07.30.08 – Quarterly compliance report and Ms. Murray was in full compliance.
*10.30.08 – Worksite monitor (WSM) confirmation completed with Dana Kibble, DON, the Waters of Indianapolis, phone #: 317-787-5364.

*10.30.08 – Quarterly compliance report and Ms. Murray was in significant non-compliance.
*12.01.08 – CT reviewed Ms. Murray's non-compliance and extended her RMA for three months.
*01.13.09 – Ms. Murray's UDS was positive for hydrolyzed morphine. Ms. Murray denied use and her WSM stated that they had no concerns with her job. Ms. Murray was referred to her Addictionist for re-assessment.
*01.29.09 – Quarterly compliance report and Ms. Murray was in full compliance.
*03.06.09 – Ms. Murray's WSM informed ISNAP that she had been absent from work on two consecutive days.
*04.14.09 – Quarterly compliance report and Ms. Murray was in partial compliance.
*06.03.09 – A prescription was received for hydrocodone.
*06.04.09 – Dr. Margiotta, Addicitonist, recommended that Ms. Murray engage in individual counseling through the Kolby Center.
*08.13.09 – Quarterly compliance report and Ms. Murray was in partial compliance.
*10.30.09 – An anonymous called informed ISNAP that Ms. Murray had again NC/NS's at the Waters of Indy. This was confirmed by the ADON. Ms. Murray was scheduled to do an observed UDS the following day.
*11.24.09 – Ms. Murray informed ISNAP that she had "quit" her job because it was too stressful. Ms. Murray was thinking about leaving nursing for the time being.
*12.04.09 – Quarterly compliance report and Ms. Murray was in significant non-compliance.
*12.04.09 – CT reviewed Ms. Murray's non-compliance, extended her RMA for three months, and any further non-compliance would result in case closure.
*12.04.09 – The needs assistance fund (NAF) was mailed to Ms. Murray.
*12.23.09 – CT reviewed that fact that Ms. Murray had missed her scheduled observed UDS on 10.31.09. CT recommended case closure.
*01.06.10 – Ms. Murray informed ISNAP that she had been admitted to Harbor Light. Adrianne Harris-Sims was her therapist @ 317-972-1450, extension 7801. Ms. Murray also received a cocaine dependence and pathological gambling in remission diagnosis. Ms Murray was informed that her file was being closed.
*01.15.10 – Memo of closure typed and e-mailed to the AG's office.

Ms. Murray's license is currently active. Based on her pattern of relapse, non-compliance, and terminations for not showing up for work, Ms. Murray's ***case dynamics may be consistent with imminent risk to public safety and ISNAP would recommend a timely review of her file.*** Ms. Murray is currently in treatment and to the best of ISNAP's knowledge, she is not working as a nurse.

Cc: Gretchen B. Murray, 4450 Glen Arm Drive – Apartment # 157, Indianapolis, Indiana 46254
Phone #: 317-724-3651 (cell)

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 227

IN THE MATTER OF THE LICENSE OF)
)
CHARYMAR GERDING, R. N.)
)
LICENSE NUMBER: 28162832A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA STATE BOARD of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Respondent, Charymar Gerding, R. N., 9204 Watterson Trail, Louisville, Kentucky 40299 and counsel for Respondent Latonia Denise Wright, LLC, 11427 Reed Hartman Highway, Suite 205, Cincinnati, Ohio 45241.

2. This notice is being provided to counsel for the Board, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2009 NB 227.

4. This hearing is to determine whether the terms of probation on Respondent's R. N. license should be withdrawn.

5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this disciplinary hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5-3 et seq.

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at 317-234-2043.

8. The hearing will address the issues contained in the Decision on License Renewal Application filed December 9, 2009, and the Petition to Withdraw Probation submitted by Respondent on December 17, 2009, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C. §4-21.5-3.

ORDERED this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Charymar Gerding, R.N.
9204 Watterson Trail
Louisville, KY 40299
CERTIFIED MAIL NUMBER: 7008 1830 0001 4328 9486
RETURN RECEIPT REQUESTED

LAW OFFICE OF LATONIA DENISE WRIGHT, LLC
11427 Reed Hartman Highway, Suite 205
Cincinnati, OH 45241

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 227

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:)

CHARYMAR GERDING)

License Number: 28162832A)

FILED
DEC 09 2009
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Charymar Gerding ("Applicant") personally appear before Jerry Burghduff, a member of the Board, on November 18, 2009, for the purpose of providing information and answering questions concerning her application to renew her license as a nurse.

The Applicant appeared in person.

Burghduff interviewed the Applicant and made a recommendation concerning the application to the full Board at its meeting on November 19, 2009. The Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted 5 to 1 with 2 abstentions, to issue the following decision:

FACTS

1. The Applicant, who resides at 9204 Watterson Trail, Louisville, Kentucky 40299, submitted an application to the Board to renew her license as a nurse.

2. Along with her application, the Applicant revealed that her license to practice nursing in Kentucky is on probation resulting from charges of charting and documentation errors.

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 09 day of December, 2009.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

LAW OFFICE OF LATONIA DENISE WRIGHT, LLC

Date : 12/17/09

To : Sean Gorman, J.D., Executive Director
Indiana Board of Nursing

Fax No. : 317-233-4236

Pages : 6

Re : Charymar Gerding
License No.: 28162832A
Cause Number: 2009 NB 227

Comment : Ms. Gerding is petitioning to have the indefinite probationary status removed from her Indiana RN license. Ms. Gerding is no longer on probation with the Kentucky Board of Nursing. Please see the attached correspondence. Thank you.

Law Office of LaTonia Denise Wright, LLC

LaTonia Denise Wright, R.N., B.S.N., J.D.
Attorney at Law in Ohio, Kentucky, and Indiana
Licensed R.N. in the Ohio
11427 Reed Hartman Highway, Suite 205
Cincinnati, Ohio 45241
888-571-1110 OFFICE
888-580-1119 FAX
ldw@nursing-jurisprudence.com EMAIL
www.nursing-jurisprudence.com WEBSITE
www.advocatefornurses.typepad.com BLOG

This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender at 888-571-1110 and destroy all transmitted documents.

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2006 NB 0013

STATE OF INDIANA,	)
	)
Petitioner,	)
	)
v.	)
	)
DENNIS RAY MILLER, L.P.N.	)
License Number: 27041641A,	)
	)
Respondent.	)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the Indiana State Board of Nursing ("Board") pursuant to I.C. 4-21.5-3-20 and issues the following hearing notice:

1. This notice is being provided to Respondent, Dennis Ray Miller, L.P.N., 1164 South Weinbach Avenue, Evansville, Indiana 47714.

2. This notice is also being provided to counsel for the State of Indiana, Laura Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2006 NB 0013

4. This action is a hearing to consider the Respondent's Petition to Reinstate his Suspended License.

5. A hearing regarding this matter will be held on the **February 18, 2010,** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the

Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. 25-1-9 and IC 4-21.5-3.

7. The Board will be presiding as administrative law judge. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order filed October 4, 2006 and the Petition to Reinstate submitted by Respondent January 5, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section of I.C. § 4-21.5-3.

ORDERED this 3rd day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Distributed to:

Dennis Ray Miller
1164 S. Weinbach Ave.
Evansville, IN 47714
CERTIFIED MAIL NUMBER: 7008 1830 0001 4328 9479
RETURN RECEIPT REQUESTED

Laura Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2006 NB 0013

STATE OF INDIANA,)
)
Petitioner,)
)
v.)
)
Dennis Ray Miller, L.P.N.,)
License No: 27041641A,)
)
Respondent.)

FILED
OCT 04 2006
Indiana Professional
Licensing Agency

FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Indiana State Board of Nursing ("Board") held an administrative hearing on September 21, 2006 in the Auditorium of the Conference Center in the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, 46204 concerning a disciplinary Complaint filed against Dennis Ray Miller, L.P.N. ("Respondent").

The State of Indiana was represented by Steven P. Douglas, Deputy Attorney General. The Respondent failed to appear in person or by counsel.

The Board, after considering the evidence presented and taking official notice of its file in this matter, by a vote of 8-0-0, found the Respondent to be in default. The Board then held further proceedings in Respondent's absence, and, by a vote of 8-0-0, issues the following Findings of Fact and Order:

FINDINGS OF FACT

1. The Board has jurisdiction to decide this matter, conduct a hearing, and

impose discipline upon Respondent's practical nursing license in accordance with Indiana Code § 25-1 *et seq.* and Ind. Code § 25-26-13. Respondent was provided adequate notice of the hearing in accordance with Ind. Code § 4-21.5-3-8 and Ind. Code § 4-21.5-3-20.

2. The Respondent's address on file with the Indiana Professional Licensing Agency is 273 Washington Avenue, #1, Evansville, Indiana, 47713. The Respondent also has a listed address of 1907 Jeanette Avenue, Evansville, Indiana, 47714. The Respondent is a duly licensed practical nurse in the State of Indiana having been issued license number 27041641A.

3. A hearing notice was sent to the Respondent on or about April 17, 2006 for the original hearing in this matter which was scheduled for May 18, 2006. The Respondent asked for and received a continuance to prepare his defense. The matter was reset for a hearing to be held on August 17, 2006.

4. On or about July 6, 2006, the Board sent notice to the Respondent at his last reported address informing him of the time and date of the final hearing set in this matter.

5. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the disciplinary hearing and failed to appear for the scheduled hearing on August 17, 2006 or ask for a continuance.

6. A Notice of Proposed Default was issued by the Board at the August 17, 2006 hearing. In accordance with Ind. Code § 4-21.5-3-24, the Respondent was required to file a written motion within seven (7) days of service of the Notice of Proposed Default requesting the Board not enter a default order in his case and stating the reasons relied upon for that request. Pursuant to Ind. Code § 4-21.5-3-24, Respondent's failure to file

such a written motion within seven (7) days resulted in the issuance of this default order.

7. The Respondent was employed with McCurdy Healthcare Center ("McCurdy") from on or about October 1, 2003 until November 13, 2003.

8. On or about November 12, 2003, Larry Stephens, L.P.N., and Assistant Director of Nursing ("Stephens") reported an incident involving the Respondent.

9. According to Stephens' report, a male resident was in a female resident's room. The female resident did not want the male resident, a dementia patient, in the room.

10. The Respondent, in seeking to remedy the situation, used an inappropriate tone of voice with the male resident. The Respondent also moved back and forth in front of the chair in which the male resident was sitting, preventing him from getting up. The male resident was eventually removed from the room.

11. At some time during this incident, the male resident sustained a skin tear to his left hand after striking it against a door in an attempt to strike the Respondent.

12. According to the Respondent, the male resident was in the female resident's room at approximately 5:00 a.m. on the morning of November 12, 2003. The Respondent claims that when he entered the room, the male resident became belligerent and aggressive. The male resident's physician ordered Haldol for the male resident.

13. According to the Respondent, the male resident refused to take the injection of Haldol. The Respondent advised the resident that his physician had ordered the injection, and that he was going to give it to him whether he wanted it or not. Another nurse eventually gave the resident his injection.

14. Based on what it perceived to be inappropriate verbal and physical

interaction with the male resident, as well as what was perceived to be intimidating behavior on the part of the Respondent, McCurdy terminated the Respondent's employment on or about November 13, 2003.

15. On the Respondent's 2004 renewal form, the Respondent answered "Yes" to question 3, which asks if the practitioner has "been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

16. Respondent revealed that in November 2001, he purchased some computer equipment from a certain individual. According to the Respondent, he later learned that the items were stolen. Respondent asserts that he returned the items.

17. Respondent was subsequently arrested on or about March 5, 2002 and charged with Receiving Stolen Property as a class D felony in Vanderburgh County. Respondent claims that at the time he was charged, he was caring for several ill family members and could not risk going to trial and being convicted.

18. Respondent accepted a plea agreement and pled guilty to Theft. Respondent received a suspended sentence, and the judgment was entered as a class A misdemeanor.

19. On his 2004 renewal form, the Respondent answered "No" to question 5 which asks, "Have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?"

20. As previously alleged, the Respondent was terminated from his position at McCurdy on or about November 13, 2003 and failed to reveal this on question 5 of his 2004 license renewal form.

ULTIMATE FINDINGS OF FACT

1. Respondent's actions are a violation of 848 IAC 2-3-2(5) in that Respondent has failed in his responsibilities as a member of the health care team in that he did not respect the dignity and rights of the patient/client regardless of socioeconomic status, personal attributes, or nature of health problems.

2. Respondent's actions constitute unprofessional conduct and are a violation of 848 IAC 2-3-3(1) in that Respondent used unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care.

3. Respondent's actions constitute unprofessional conduct and are a violation of 848 IAC 2-3-3(3) in that Respondent has disregarded a patient/client's dignity, right to privacy or right to confidentiality.

4. Respondent's actions constitute unprofessional conduct and are a violation of 848 IAC 2-3-3(5) in that Respondent has abused a patient/client verbally, physically, emotionally or sexually.

5. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9 -4(a)(1)(A) in that he has engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice.

6. Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(2) in that he has been convicted of a crime that has a direct bearing on his ability to continue to practice competently.

CONCLUSIONS OF LAW

1. Respondent's failure to comply with the above referenced standards is

cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9 and Ind. Code § 25-23-1-7.

ORDER

Based on the foregoing Findings of Fact, Ultimate Findings of Fact, and Conclusions of Law, the Board hereby issues this final ORDER:

1. Respondent's Indiana practical nursing license is hereby placed on **INDEFINITE SUSPENSION** and the Respondent may not petition to reinstate his license for a period of one (1) year from the date of this ORDER.

2. Prior to seeking reinstatement of his license, the Respondent shall complete and submit proof of completion to the Board, six (6) contact hours of continuing education in the following areas:

   a. Ethics (3 hours);

   b. Patient Abuse (3 hours).

3. The Respondent shall pay a **fine of two hundred fifty dollars ($250.00).** Said fine to be paid to the Indiana Professional Licensing Agency located at 402 West Washington Street, Room W072, Indianapolis, Indiana, 46204 prior to the Respondent seeking reinstatement of his license.

So **ORDERED, ADJUDGED, DECREED**, this 04 day of October 2006.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Dennis Ray Miller
273 Washington Avenue, #1
Evansville, IN 47713
CERTIFIED MAIL NUMBER: 7003 3110 0004 5094 4179
RETURN RECEIPT REQUESTED

Dennis Ray Miller
1907 Jeanette Avenue
Evansville, IN 47714
CERTIFIED MAIL NUMBER: 7003 3110 0004 5094 4186
RETURN RECEIPT REQUESTED

Steven P. Douglas, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

1164 S Weinbach Ave

Evansville, In 47714

20 December 2009

To Whom It May Concern:

This is a request that my LPN license be reinstated. The License number is 27041641A. If I can be of any assistance in resolving this matter you can contact me at 812-303-0050. Your assistance in this matter is greatly appreciated.

Sincerely,

Dennis Miller

Dennis Miller

RECEIVED

JAN 05 2010

Indiana Professional Licensing Agency

Exhibit B

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2008 NB 140

IN THE MATTER OF THE)
)
LICENSE OF MARLENE E. CRAIG, R.N.)
)
LICENSE NUMBER: 28163452A)

FILED
FEB 0 2 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the Indiana State Board of Nursing ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following hearing notice:

1. This notice is being provided to Respondent, Marlene E. Craig, R.N., 540 West Monitor Street, Crown Point, Indiana 47307.

2. This notice is also being provided to counsel for the State of Indiana, Laura Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.

3. The official cause number of this action is 2007 NB 140.

4. This action is a hearing to consider the Respondent's Request to Reinstate.

5. A hearing regarding this matter will be held on **February 18, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5-3.

7. The Board will be presiding as administrative law judge. Sean Gorman, Director of the Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at segorman@pla.in.gov, by facsimile at 317-233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Findings of Fact, Conclusions of Law and Order filed February 6, 2009 and the petition to Reinstate submitted by Respondent January 6, 2010 both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under section I.C. § 4-21.5-3.

All of which is ORDERED this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Marlene E. Craig
540 W. Monitor Street
Crown Point, IN 46307
CERTIFIED MAIL NUMBER: 7008 1830 0001 4328 9493
RETURN RECEIPT REQUESTED

Laura Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD
OF NURSING
CAUSE NO.: 2008 NB 140

IN THE MATTER OF THE)
LICENSE OF)
MARLENE E. CRAIG, R.N.)
LICENSE NO.: 28163452A)

FILED
FEB 0 6 2009
Indiana Professional
Licensing Agency

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The State of Indiana, by Deputy Attorney General Elizabeth E. Kiefner, Division of Consumer Protection ("Petitioner"), and Marlene E Craig, R.N., ("Respondent"), by counsel Michael Back, signed an Agreement which purports to resolve all issues involved in the action by the Petitioner before the Indiana State Board of Nursing ("Board") regarding Respondent's license, and this Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the January 15, 2009 meeting, now finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement as if fully set forth herein and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 5 in favor, 0 against and 0 abstaining. The Board hereby issues the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent's address on file with the Board is 961 Cedar Drive, Crown Point, Indiana 46307 and she is a registered nurse holding Indiana license number 28163452A.

2. Respondent was employed at St. Anthony Medical Center ("St. Anthony") in Crown Point, Indiana, from approximately January 10, 2005 until August 9, 2005. Respondent's employment with St. Anthony was terminated after refusing a for cause urine drug screen when discrepancies were found between her documentation in patient charts and medications she withdrew from the Pyxis machine. Respondent indicated that her reason for refusing the urine drug screen was that she would test positive for marijuana.

3. Respondent was subsequently employed at Fresenius Medical Care Center ("Fresenius") in Merrillville, Indiana, from approximately April 24, 2006 to July 20, 2006. Respondent's employment with Fresenius was terminated for attendance issues.

4. Respondent was employed at Southlake Nursing & Rehab ("Southlake") in Merrillville, Indiana, from approximately August 30, 2006 to November 18, 2006.

5. On or about September 30, 2006, Respondent's employment was suspended by Southlake.

6. On or about November 18, 2006, Respondent's employment was terminated by Southlake.

7. On or about September 25, 2007, Respondent renewed her Indiana R.N. license. Respondent answered "NO" to all questions, despite the fact that her employment was terminated from Fresenius in July 2006, suspended from Southlake in September 2006, and terminated from Southlake in November 2006.

8. On or about December 18, 2007, Respondent's case with the Indiana State Nurses Assistance Program ("ISNAP") was closed out. Respondent's initial Recovery Monitoring Agreement ("RMA") was signed in January 2006. Respondent was

diagnosed with marijuana abuse/rule out dependence. Respondent was in significant non-compliance on several occasions and her RMA was extended several times prior to her file closure.

CONCLUSIONS OF LAW

1. The Respondent's conduct violated Indiana Code § 25-1-9-4(a)(4)(D).

2. The Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A).

3. Respondent's violations are cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or revocation and a fine up to the amount of $1,000 per violation as detailed at Ind. Code § 25-1-9-9.

ORDER

1. The Board has jurisdiction over the Respondent and the subject matter in this disciplinary action commenced on or about October 21, 2008.

2. The parties execute this Agreement voluntarily.

3. Respondent and Petitioner voluntarily waive their rights to a public hearing on the Complaint and all other proceedings in this action to which either party may be entitled by law, including judicial appeal or review.

4. Petitioner agrees that the terms of this Agreement will resolve any and all outstanding claims or allegations or potential claims or allegations relating to disciplinary action against Respondent's license arising from this Complaint for the period between October 21, 2008 and the date of the Final Order.

5. Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

6. Respondent's Indiana nursing license shall be placed on **INDEFINITE SUSPENSION**.

7. Prior to petitioning for reinstatement, Respondent must have six (6) months complete compliance with an ISNAP RMA.

8. Prior to petitioning for reinstatement, Respondent shall pay to the Indiana Professional Licensing Agency a **FINE** in the amount of **FIVE HUNDRED DOLLARS ($500.00)**.

9. Respondent has carefully read and examined this Agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

10. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Settlement Agreement may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

11. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews the Respondent's license at a later date.

So ORDERED, ADJUDGED, and DECREED, this 06 day of February, 2009.

INDIANA STATE BOARD OF NURSING

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies To:

Marlene Craig
961 Cedar Drive
Crown Point, Indiana 46307
SENT CERTIFIED MAIL NO. 7002 0510 0002 5863 3684
RETURN RECEIPT REQUESTED.

Michael Back
Counsel for Respondent Marlene Craig
1 Professional Center, Suite 204
Crown Point, IN 46307

Elizabeth Kiefner Crawford, Deputy Attorney General
Office of the Attorney General
302 West Washington Street, Fifth Floor
Indianapolis, Indiana 46204-2770

January 2, 2010

IPLA
Lisa Chapman, Litigation Specialist
402 W Washington St Room W072
Indianapolis, IN 46204

Dear Lisa Chapman,

Thank you for your quick response to my letter requesting my hearing for the re-instatement of my Nursing License.

Enclosed is my check for $500.00 for the fine. I have completed 6 months of complete compliance with ISNAP. My contact person at ISNAP is Roxanne Thomas. I have asked ISNAP to forward my file to you by weeks end.

Please consider my request to appear before the Board at the earliest time available.

Thank you and I look forward to hearing from you shortly.

Sincerely,

Marlene C Craig

Marlene Craig
License Number 28163452A
540 W Monitor St
Crown Point, IN 46307
219-384-7749
betsycraig@rocketmail.com

RECEIVED
JAN 06 2010
Indiana Professional
Licensing Agency

Exhibit B

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2008 NB 081

IN THE MATTER OF THE LICENSE APPLICATION OF:)
MISTY RENEE WHITE GOMEZ, R. N.)
LICENSE NUMBER: 28162439A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Misty Renee White Gomez ("Respondent"), R. N., 632 Penn Street, Sellersburg, Indiana to appear before the Board on **February 18, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28162439A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Findings of Fact, Conclusions of Law and Order filed on April 21, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Findings of Fact, Conclusions of Law and Order The Board has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Distributed to:

Misty Renee White Gomez, R. N.
632 Penn Street
Sellersburg, IN 47172
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9455
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2008 NB 0081

IN THE MATTER OF THE
LICENSE OF MISTY RENEE WHITE GOMEZ, R.N.
License Number: 28162439A

Respondent.

FILED
APR 21 2009
Indiana Professional
Licensing Agency

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Indiana State Board of Nursing ("Board") held an administrative hearing on March 19, 2009, in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, concerning Misty Gomez's ("Respondent") request to reinstate her license as a registered nurse.

Respondent appeared in person and waived her right to be represented by counsel. Laura Wilford, Deputy Attorney General, represented the state of Indiana.

The Board, after considering the evidence presented and taking official notice of the file in this matter, issues the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent, whose mailing address is 203 Savannah Nicole Road, Jeffersonville, Indiana 47130, is a registered nurse with license number 28162439A.

2. Respondent received timely and proper notice of the date, time and location of this hearing pursuant to Indiana Code § 4-21.5-3-20.

3. The Board is empowered to hold this administrative hearing pursuant to the authority of Ind. Code § 25-1-9-11 and Ind. Code § 4-21.5-3.

4. The Board suspended Respondent's license in October 2008 because she had been impaired due to alcohol abuse and her license to practice in Kentucky had been suspended.

5. In November 2008, Respondent asked that her license be reinstated.

6. At the hearing on reinstatement, Respondent testified that her license in Kentucky has been reinstated and she has enrolled in KARE, the recovery monitoring program in Kentucky. She also signed a three year out-of-state recovery monitoring agreement with the Indiana State Nurses Assistance Program ("ISNAP") on October 20, 2008. She has complied with the terms of that agreement and ISNAP supports her request.

7. Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation.

CONCLUSIONS OF LAW

1. "The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter." IND. CODE § 25-1-9-11.

2. Because Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation, she qualifies for reinstatement of her license on probation.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. Respondent's license as a registered nurse will be reinstated on INDEFINITE PROBATION. Respondent may petition to have the probationary order withdrawn after successful completion of her recovery monitoring agreement with the Indiana State Nurses Assistance Program.

2. Respondent's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Respondent shall keep the Board informed of her residential address and telephone number at all times.

b) Respondent shall keep the Board informed of her nursing employer's or employers' name, address and telephone number at all times.

c) Respondent must maintain her recovery monitoring agreement with ISNAP and KARE and comply with the terms of those agreements.

d) Respondent shall comply with all statutes and rules regulating the practice of nursing.

3. The failure of Respondent to comply with the terms of this order shall subject her to a show cause hearing and the imposition of further sanctions.

ISSUED, the 21st day of April, 2009.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Misty Gomez, R.N.
203 Savannah Nicole Road
Jeffersonville, Indiana 47130
CERTIFIED MAIL NUMBER: 7008 1830 0001 4328 0391
RETURN RECEIPT REQUESTED

Laura Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street – 5th Floor
Indianapolis, Indiana 46204
Attorney for the State of Indiana

608729

Discipline Case Summary Report

Printed for INDIANA on 12/22/2009

INDIVIDUAL:

SSN: Name: **GOMEZ, MISTY RENEE**

DOB: **08/23/1976** Gender: **FEMALE**

LICENSES DISCIPLINED:

KENTUCKY | PN | 2035337

KENTUCKY | RN | 1099921

GENERAL CASE INFORMATION:

Case Number: **337332** Date Action Was Taken: **02/10/2006**

Jurisdiction: **KENTUCKY**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **F6 - SUBSTANDARD OR INADEQUATE CARE**

HIPDB Narrative (Comments):

On June 14, 2005, the Board received information that Ms. Gomez was terminated from her position as a registered nurse at Jewish Hospital, Louisville, Kentucky. A review of the concerned medical record showed that during the shift worked by Ms. Gomez, the concerned patient complained of chest pain. Ms. Gomez reported that this complaint quickly resolved itself. Additionally, Ms. Gomez reported that she had notified a surgical resident regarding the complaints of chest pain and that a surgical resident did examine the patient. However, Ms. Gomez reports at that time the chest pains were no longer evident. Additionally, during that same period of time, Ms. Gomez reports that she was unable to administer the intravenous fluid bolus as ordered by the surgical resident. Ms. Gomez further reported that she did not administer the fluid bolus because the patient was able at that time to consume fluids orally. Ms. Gomez agrees that she did not note the complaint of the patient as to the experience chest pain, nor did she note that she had been unable to administer the intravenous fluid bolus. Ms. Gomez agrees that she did not contact the physician who ordered the bolus as to her inability to administer the intravenous fluid bolus. A review of the medical record indicates that the patient's condition declined approximately forty eight (48) hours after the above described incident.

ACTIONS:

Action Code: **1140 - REPRIMAND OR CENSURE** Stayed: **NO**

Duration: **02/10/2006 - 08/31/2006** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

License reprimanded she has to pay a civil penalty and complete sixty contact hours of continuing education before her license can be cleared.

REVISIONS:

There are no revisions for this Discipline Case

Exhibit B

Discipline Case Summary Report

Printed for INDIANA on 12/22/2009

INDIVIDUAL:

SSN: Name: **GOMEZ, MISTY RENEE WHITE**

DOB: **08/23/1976** Gender: **FEMALE**

LICENSES DISCIPLINED:

INDIANA | RN | 28162439A

GENERAL CASE INFORMATION:

Case Number: **508680** Date Action Was Taken: **10/16/2008**

Jurisdiction: **INDIANA**

General Case Comments:

Respondent's license was placed on Indefinite Suspension by the Board.

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **39 - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINAR...**

HIPDB Narrative (Comments):

Violation Code: **F5 - UNABLE TO PRACTICE SAFELY**

HIPDB Narrative (Comments):

ACTIONS:

Action Code: **1135 - SUSPENSION OF LICENSE** Stayed: **NO**

Duration: **10/16/2008 - INDEFINITE** Fine: **NO** Appeal - Date: **NO**

Created: **10/17/2008** Created By: **LCHAPMAN**

HIPDB Narrative (Comments):

Respondent's license was placed on Indefinite Suspension by the Board.

REVISIONS:

There are no revisions for this Discipline Case

Discipline Case Summary Report

Printed for INDIANA on 12/22/2009

INDIVIDUAL:

SSN: me: **GOMEZ, MISTY RENEE WHITE**

DOB: **08/23/1976** Gender: **FEMALE**

LICENSES DISCIPLINED:

INDIANA | RN | 28162439A

GENERAL CASE INFORMATION:

Case Number: **516597** Date Action Was Taken: **04/21/2009**

Jurisdiction: **INDIANA**

General Case Comments:

Respondent's license was placed on Probation by the Board.

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **A6 - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATION ...**

HIPDB Narrative (Comments):

ACTIONS:

Action Code: **1125 - PROBATION OF LICENSE** Stayed: **NO**

Duration: **04/21/2009 - INDEFINITE** Fine: **NO** Appeal - Date: **NO**

Created: **04/21/2009** Created By: **LCHAPMAN**

HIPDB Narrative (Comments):

Respondent's license was placed on Probation by the Board.

REVISIONS:

There are no revisions for this Discipline Case

Discipline Case Summary Report

Printed for INDIANA on 12/22/2009

INDIVIDUAL:

SSN: me: **GOMEZ, MISTY RENEE**

DOB: **08/23/1976** Gender: **NOT SUPPLIED**

LICENSES DISCIPLINED:

VERMONT | RN | 0037476

GENERAL CASE INFORMATION:

Case Number: **526344** Date Action Was Taken: **12/14/2009**

Jurisdiction: **VERMONT**

General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: **39 - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINAR...**

HIPDB Narrative (Comments):

ACTIONS:

Action Code: **1135 - SUSPENSION OF LICENSE** Stayed: **NO**

Duration: **12/17/2009 - INDEFINITE** Fine: **NO** Appeal - Date: **NO**

HIPDB Narrative (Comments):

License was suspended based on discipline taken in Indiana and Kentucky. Prior to reinstatement the licensee must submit evidence of satisfacotry completion of teh KARE program.

REVISIONS:

There are no revisions for this Discipline Case

JURISDICTION ALERT HISTORY:

Alert Date: **12/21/2009 12:13 PM** Case Action: **CREATED** Sender: **NMORIN**

Recipients: **IN, KY**

Nursys Speed Memo

From: VT - NANCY MORIN

Date: 12/21/2009 12:13 PM

To: INDIANA; KENTUCKY

Category: Discipline Alert

Subject: Discipline Case From Jurisdiction VERMONT

Discipline Jurisdiction Alert for:

NAME | LICENSE:

* GOMEZ, MISTY RENEE WHITE | INDIANA RN 28162439A
* GOMEZ, MISTY RENEE | KENTUCKY PN 2035337
* GOMEZ, MISTY RENEE | KENTUCKY RN 1099921
* GOMEZ, MISTY RENEE | VERMONT RN 0037476

CASE ID | ACTION DATE:

* 526344 | 12/14/2009

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO. 2010 NB 0119

IN THE MATTER OF THE)
)
LICENSE OF SUSAN KAY CALES, LPN)
)
LICENSE NO: 27029891A)

FILED
FEB 01 2010
Indiana Professional Licensing Agency

PROPOSED SETTLEMENT AGREEMENT

The State of Indiana, by Elizabeth Kiefner Crawford, Deputy Attorney General (Petitioner) and Susan Kay Cales, L.P.N. (Respondent), hereby execute this Agreement to a disposition of the Complaint filed in this cause. This Agreement is subject to the review and approval of the Indiana State Board of Nursing (Board) pursuant to Ind. Code § 25-1-9 et seq. and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq.

STIPULATED FACTS

1. Respondent's address on file with the Board is 4106 South Park Road, Kokomo, Indiana 46902 and she is a Licensed Practical Nurse holding Indiana license number 27029891A.

2. Respondent was employed as a nurse for Indiana Mentor from approximately June 11, 2007 until September 19, 2008. Indiana Mentor provides group home services for its residents.

3. On or about September 18, 2008, Respondent was contacted regarding a high blood sugar reading of 440 for a resident. The resident's medical orders indicated that the physician should be contacted for any blood sugar reading over 350. Respondent gave staff an order to administer 10 units of insulin to the resident without consulting with a physician.

4. On or about September 18, 2008, Respondent was suspended from work as a nurse at Indiana Mentor while an investigation was conducted regarding the facts in number three, supra.

5. On or about September 19, 2008, Respondent was terminated from Indiana Mentor. The comments on the Employee Status Form listing Respondent's termination indicated, "LPN adjusted medication amounts for diabetic client without proper physician's order. This is a violation of standard nursing practices." Respondent is not eligible for rehire at Indiana Mentor.

6. On or about September 20, 2008, Respondent renewed her Indiana nursing license and answered "NO" to all questions including Question 5 which reads, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" despite the fact that Respondent was suspended and subsequently terminated from Indiana Mentor prior to September 20, 2008.

STIPULATED CONCLUSIONS OF LAW

The parties further stipulate:

1. Respondent is in violation of Indiana Code § 25-1-9-4(a)(4)(A)(i).

2. Respondent is in violation of Indiana Code § 25-1-9-4(a)(1)(A).

AGREED DISPOSITION

It is now therefore agreed by Respondent and the Petitioner as follows:

1. The Board has jurisdiction over the Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Complaint.

4. Petitioner agrees that the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Indiana nursing license.

5. Respondent shall pay a fine of Two Hundred Fifty Dollars ($250.00) to the Indiana Professional Licensing Agency within ninety (90) days of the Board's final order in this matter.

6. Respondent shall receive a LETTER OF REPRIMAND which is attached hereto and incorporated herein as part of this Agreement and her file at the Indiana Professional Licensing Agency.

7. Respondent shall, at her own expense, attend continuing education in the following areas: diabetic care (12 hours); ethics (24 hours); and charting (12 hours). Respondent shall provide certified documentation of the successful completion of this continuing education within one (1) year of the Board's final order in this matter.

8. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

9. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Settlement Agreement may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code §25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

10. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews the Respondent's license at a later date.

Susan Kay Cales LPN
Susan Kay Cales, L.P.N.
Respondent

1-22-2010
Date

EC Crawford
Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney No. 24261-49A

2/1/10
Date

LAURI A. SMITH
Cass County
My Commission Expires
October 25, 2014

STATE OF INDIANA)
) SS:
COUNTY OF Cass)

Before me a Notary Public for said County and State, personally appeared Susan Kay Cales, L.P.N. and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 22 day of January, 2010.

Lauri A Smith
Signature

Lauri A Smith
Printed

My Commission Expires: 10/25/2014

County of Residence: Cass

January 14, 2010

Susan Cales
4106 S. Park Road
Kokomo, IN 46902

Re: In the Matter of the License of Susan Kay Cales, LPN.
Before the Indiana State Board of Nursing

Dear Ms. Cales:

This letter of reprimand is issued in accordance with the Findings of Fact and Order issued by the Indiana State Board of Nursing resolving the administrative complaint against your Indiana licensed practical nurse license filed by the Office of the Attorney General, Division of Consumer Protection on or about January 14, 2010.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possession of a license to practice nursing in the State of Indiana. The Settlement Agreement, Findings of Fact, and Final Order are attached and incorporated herein as part of this reprimand.

It is your responsibility to conduct your practice of nursing in accordance with the standards of the profession.

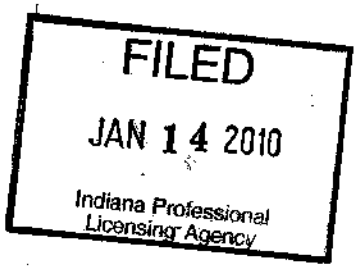
Sincerely,

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly, Executive Director
Indiana Professional Licensing Agency

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NO. 2010 NB 011

IN THE MATTER OF THE)
LICENSE OF SUSAN KAY CALES, LPN)
LICENSE NO: 27029891A)



COMPLAINT

This complaint is brought against the nursing license of Susan Kay Cales, L.P.N. (Respondent), by the State of Indiana, by counsel, Deputy Attorney General, Elizabeth Kiefner Crawford, on behalf of the Office of the Attorney General (Petitioner) and pursuant to Indiana Code § 25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-22.5 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq., and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Nursing Board is 4106 South Park Road, Kokomo, IN 46902 and she is a Licensed Practical Nurse holding Indiana license number 27029891A.

2. Respondent was employed as a nurse for Indiana Mentor from approximately June 11, 2007 until September 19, 2008. Indiana Mentor provides group home services for its residents.

3. On or about September 18, 2008, Respondent was contacted regarding a high blood sugar reading of 440 for a resident. The resident's medical orders indicated

that the physician should be contacted for any blood sugar reading over 350. Respondent gave staff an order to administer 10 units of insulin to the resident without consulting with a physician.

4. On or about September 18, 2008, Respondent was suspended from work as a nurse at Indiana Mentor while an investigation was conducted regarding the facts in number three, supra.

5. On or about September 19, 2008, Respondent was terminated from Indiana Mentor. The comments on the Employee Status Form listing Respondent's termination indicated, "LPN adjusted medication amounts for diabetic client without proper physician's order. This is a violation of standard nursing practices." Respondent is not eligible for rehire at Indiana Mentor.

6. On or about September 20, 2008, Respondent renewed her Indiana nursing license and answered "NO" to all questions including Question 5 which reads, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" despite the fact that Respondent was suspended and subsequently terminated from Indiana Mentor prior to September 20, 2008.

COUNT I

Respondent is in violation of Indiana Code § 25-1-9-4(a)(4)(A)(i) in that the practitioner continued to practice although unfit due to professional incompetence that may include the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake as evidenced by Respondent's order for an increased dose of medication without obtaining approval from a physician.

COUNT II

Respondent is in violation of Indiana Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in material deception in order to obtain a license to practice as evidenced by Respondent's failure to report her suspension or subsequent termination on her October 2008 Indiana nursing renewal form.

WHEREFORE, Petitioner demands an order against the Respondent, that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all the cost incurred in the prosecution of this case;

3. Provides any other relief the Board deems just and proper.

Respectfully submitted,

GREGORY F. ZOELLER
Attorney General of Indiana

By: ECrawford

Elizabeth Kiefner Crawford
Deputy Attorney General
Attorney Number: 24261-49A

Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
(317) 234-2257

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing "Complaint" has been served upon the Respondent listed below, by United States mail, first class postage prepaid, on this 14th day of January, 2010.

Susan Kay Cales
4106 S. Park Road
Kokomo, IN 46902

Elizabeth Kiefner Crawford
Deputy Attorney General

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB 007

IN THE MATTER OF THE APPLICATION TO RENEW THE LICENSE OF:

TAMMY DEGROFT

License Number: 28175379A

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the Indiana State Board of Nursing (Board") pursuant to IC. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Petitioner, Tammy DeGroft, 3817 Mill Pine Court, Glen Allen, Virginia 23060.

2. This notice is being provided to counsel for the Petitioner, Sally Franklin Zweig, Katz & Korin, 334 North Senate Avenue, Indianapolis, Indiana 46204, telephone number (317) 464-1100.

3. The official cause number of this action is 2010 NB 007.

4. This action is a hearing to consider the Petition for Review of Decision on Application to Renew License as Registered Nurse in the State of Indiana.

5. A hearing regarding this matter will be held on **February 18, 2010** at **1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of IC. § 4-21.5-3-7 and IC. § 4-21.5-3.

7. The Board will be presiding as administrative law judge. Sean Gorman, Board Director, may be contacted to obtain information concerning hearing schedules

and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by telephone at (317) 234-2043, by e-mail at pla2@pla.in.gov, or by facsimile at 317-233-4236.

8. The hearing will address the issues contained in the Decision on Application to Renew License as a Registered Nurse issued by the Board on January 12, 2010 and the issues raised in the Petition for Review of Decision on Application to Renew License filed January 29, 2010, both of which are attached hereto and incorporated herein by reference as Exhibits A and B.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a prehearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed IC § 4-21.5-3-24.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
Executive Director
Indiana Professional ~~Licensing~~ Agency

Copies to:

Tammy DeGroft
3817 Mill Pine Court
Glen Allen, VA 23060
SENT CERTIFIED MAIL #: 7008 3230 0000 0200 6933
RETURN RECEIPT REQUESTED

Sally Franklin Zweig
Katz & Korin
334 N. Senate Avenue
Indianapolis, IN 46204

Gordon White, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB007

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:

TAMMY DEGROFT
License Number: 28175379A

FILED
JAN 12 2010
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Tammy DeGroft ("Applicant") personally appear before Jerry Burghduff, a member of the Board, on December 9, 2009, for the purpose of providing information and answering questions concerning her application to renew her license as a nurse.

The Applicant appeared in person.

Burghduff interviewed the Applicant and made a recommendation concerning the application to the full Board at its meeting on December 10, 2009. The Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted 5 to 0, to issue the following decision:

FACTS

1. The Applicant, who resides at 3817 Mill Pine Court, Glenn Allen, Virginia 23060, submitted an application to the Board to renew her license as a nurse.

2. Along with her application, the Applicant revealed that she has licenses in other states that are on probation because she was addicted to controlled substances.

3. The Applicant's recovery is being actively monitored by the authorities in Virginia.

Exhibit A

4. 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 renews the license of the Applicant pursuant to Ind. Code § 25-1-5-4(g)(5) 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 the probation on her Virginia license is lifted.

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 comply with the terms of probation on her Virginia license.

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 12th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
for 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:

Tammy DeGroft
3817 Mill Pine Court
Glenn Allen, Virginia 23060
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 4502
RETURN RECEIPT REQUESTED

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB007

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:

TAMMY DEGROFT
License Number: 28175379A

FILED
JAN 29 2010
Indiana Professional Licensing Agency

PETITION FOR REVIEW OF
DECISION ON APPLICATION TO RENEW LICENSE

Tammy DeGroft ("Petitioner"), by counsel and pursuant to IND. CODE § 4-21.5-3-7, hereby submits her Petition for Review of Decision on Application to Renew License, entered on January 12, 2010. In support of her Petition, Petitioner states as follows:

1. Petitioner is a licensed registered nurse residing in Virginia, Petitioner's "Home State."

2. In October 2005, as direct result of Petitioner's self-reporting of an addiction to controlled substances, namely certain prescription pain medications, Petitioner enrolled in the Virginia Health Practitioner's Intervention Program ("HPIP")[1]. HPIP is a monitoring program that recognizes the importance of indentifying nurses that have chemical dependency issues and seeks to direct them to necessary treatment and counseling. HPIP is not a disciplinary program, and Petitioner's participation in the program has not resulted in any discipline against her in her Home State. Attached hereto as **Exhibit A** is a true and accurate copy of correspondence from Commonwealth of Virginia, Department of Health Professions, dated February 28, 2006, showing acceptance of Petitioner into HPIP.

3. Petitioner has fully complied with all requirements of HPIP, and her license status during her participation in this program has always remained totally unrestricted.

[1] HPIP is currently known as Virginia Health Practitioners' Monitoring Program. See, http://www.vahpip.org.

Exhibit B

4. In October 2006, Petitioner applied for licensure in the State of Indiana as her job with a WellPoint subsidiary based in Virginia at that time included some potential but limited phone contact with Indiana residents as well as residents of other states.

5. At the time of application, Petitioner fully disclosed her history of substance abuse and her enrollment in HPIP to the Indiana State Board of Nursing (the "Board").

6. In conjunction with the issuance of her Indiana license, Petitioner entered into an Out of State Recovery Monitoring Agreement with the Indiana State Nurse Assistance Program ("ISNAP") on March 9, 2007. Attached hereto as **Exhibits B** and **C**, respectively, are true and accurate copies of correspondence from ISNAP, dated March 1, 2007, and Petitioner's Out of State Recovery Monitoring Agreement.

7. In accordance with ISNAP's program requirements, Virginia's HPIP program has been providing quarterly compliance reports to ISNAP case manager, Roxanne Thomas, LCSW.

8. In order to fulfill her employment obligations, in addition to Indiana, Petitioner applied for or obtained nursing licenses in twenty-eight (28) states.

9. Several of these states do not have non-disciplinary monitoring programs like those offered in Virginia and Indiana, and as a direct result of Petitioner's self-reporting of the same chemical dependency [note: and in some instances, due to her inadvertent failure to timely report actions taken on her license in other jurisdictions]; after Petitioner had applied for licensure in Indiana and enrolled in ISNAP, these states placed Petitioner's respective state licenses on probationary status.

10. It must be noted that these states' actions are not a result of any new complaint or disciplinary proceeding [see note in paragraph 9 above], but arise from the same incident which led to Petitioner's enrollment in HPIP and ISNAP.

11. Thereafter, on January 23, 2009, Petitioner received correspondence from the State of Indiana, Office of the Indiana Attorney General ("OIAG") requesting that Petitioner provide a response to a complaint received by the Consumer Protection Division. Attached hereto as **Exhibit D** is a true and accurate copy of correspondence from OIAG, dated January 23, 2009.

12. Petitioner responded to OIAG's request in a timely fashion, and OIAG completed its investigation and closed the case without taking any action against Petitioner on July 30, 2009. Attached hereto as **Exhibits E** and **F**, respectively, are true and accurate copies of Petitioner's correspondence to OIAG without enclosures and OIAG's July 30, 2009 correspondence to Petitioner.

13. On October 30, 2009, Petitioner completed an on-line renewal application for her Indiana license, and as required as part of that renewal process Petitioner provided information to the Board as to the status of Petitioner's licensure in the other states. Attached hereto as **Exhibit G** is a true and accurate copy of Petitioner's submission of information to the Board, dated October 30, 2009.

14. Thereafter, Petitioner received a request to appear at the Board meeting scheduled for December 9, 2009. Attached hereto as **Exhibit H** is a true and accurate copy of the Board's request, dated November 30, 2009.

15. In light of the fact that Petitioner resides in Virginia and in response to the request, on December 7, 2009, Petitioner contacted Sean Gorman, Director of the Board. Petitioner advised Mr. Gorman that the OIAG action had been closed after she sent her response and was advised by Mr. Gorman that faxing the OIAG's letter was all which was required of Petitioner, and that if he did not receive the letter, he would reschedule Petitioner's appearance

before the Board for January. Petitioner faxed a copy of the OIAG letter confirming dismissal of its investigation "without action" to Mr. Gorman that same day.

16. On January 16, 2010, Petitioner received a certified letter from the Board enclosing its Decision on Application to Renew License, entered on January 12, 2010 (the "Order"), along with a Notice of Right to Petition for Review of this Decision. True and accurate copies of the Order and Notice are attached hereto as **Exhibit I**.

17. The Order contains numerous incorrect factual statements as follows:

a. The Order states: "The Applicant appeared in Person." Petitioner did not appear in person at the December 9, 2009, meeting of the Board, but was in fact in the Commonwealth of Virginia.

b. The Order states: "[Jerry] Burghduff interviewed the Applicant ..." Petitioner was not ever interviewed by Mr. Burghduff, and has never spoken with Mr. Burghduff in person, by phone, or otherwise.

c. The Order states: "The Board, after considering the information presented by the Applicant ..., voted 5 to 0, to issue the following decision." Petitioner never presented any information to the Board at the December 9, 2009 meeting. Petitioner never attended the December 9, 2009, as she was under the impression from Mr. Gordon that if she provided the OIAG letter to him that nothing further was required in order for her to renew her license in the ordinary course, and that if she did not, then her appearance would be rescheduled for January 2010.

d. The Order states: "The Applicant is in agreement with the Board that her license be renewed and that the license be placed on probationary status." Petitioner did

not attend the December meeting and could not have and certainly did not agree to any such recommendation made by the Board.

e. Even if Petitioner had attended the December meeting, had such recommendation been presented by the Board to the Petitioner, Petitioner would have rejected the recommendation and withdrawn her application for renewal of her licensure, as the placement of Petitioner's Indiana license on probationary status would result in a "new" disciplinary action being reported on Petitioner's license despite her full compliance with both HPIP and ISNAP without any license restriction in either her Home State or Indiana.

18. On January 19, 2010, Petitioner contacted Mr. Gorman by phone. Petitioner followed her phone conversation with an e-mail to Mr. Gorman to confirm the substance of their phone call and to express her concerns regarding the erroneous facts asserted in the Order. A true and accurate copy of Petitioner's January 19, 2010 e-mail to Mr. Gorman is attached hereto as **Exhibit J**.

19. That same day, Petitioner received a response to her e-mail from Mr. Gorman, apprising Petitioner of her options, advising Petitioner that Mr. Gorman would relay Petitioner's situation to the Board, and "apologizing for the confusion and miscommunication surrounding [Petitioner's and Mr. Gorman's] previous correspondence". A true and accurate copy of Mr. Gorman's January 19, 2010 e-mail to Petitioner is attached hereto as **Exhibit K**.

20. Pursuant to IND. CODE § 4-21.5-3-7 and the Notice of Right to Petition for Review of this Decision, Petitioner has up to and including February 1, 2010, to petition the Board for review its Order, and as such, this petition is timely filed.

21. The Order should be vacated as it is based on erroneous facts, as discussed above.

22. Petitioner was not provided an opportunity to present evidence to the Board prior to the issuance on the Order.

23. Further, Petitioner was and still is, as a result of her voluntary self-reporting, enrolled in ISNAP, a non-disciplinary monitoring program with which she has fully complied, and which had permitted her to maintain her license without restriction.

24. The Order, as issued, impacts Petitioner's nursing license in numerous states as it appears to be a new disciplinary action. This impact may include Petitioner's Home State, impairs Petitioner's ability to practice, and has caused and will continue to cause irreparable harm as this "disciplinary action" will be reported to all other states which participate in the National Databank program and in which Petitioner holds licenses, and may result in the loss of licensure or other disciplinary action in those states.

25. Petitioner's employment duties no longer require her ability to receive calls from an Indiana resident, so a simple expiration of her license would be a reasonable resolution of this matter.

WHEREFORE, Petitioner, Tammy DeGroft, respectfully requests that the Board reconsider and vacate its Order in this matter, entered on January 12, 2010, and that the Board issue an order: (1) removing the probationary status attached to Petitioner's license and renewing Petitioner's licensure on a non-probationary basis with the condition that Petitioner continue her completion of the ISNAP program in which she is enrolled, or (2) in the alternative, enter an order allowing Petitioner to withdraw her renewal application and placing Petitioner's license on expired status.

Respectfully submitted,

Sally Franklin Zweig, Attorney No. 11367-49
KATZ & KORIN, PC
334 North Senate Avenue
Indianapolis, IN 46204
Phone: 317-464-1100
Fax: 317-464-1100
E-Mail: szweig@katzkorin.com

Attorney for Petitioner

Exhibit A

COMMONWEALTH of VIRGINIA

Robert A. Nebiker
Director

Department of Health Professions
6603 West Broad Street, 5th Floor
Richmond, Virginia 23230-1712

www.dhp.virginia.gov
TEL (804) 662-9900
FAX (804) 662-9943
TDD (804) 662-7197

Virginia Board of Nursing
Jay P. Douglas, RN, MSM, CSAC
Executive Director

Board of Nursing (804) 662-9909
Nurse Aide Registry (804) 662-7310
FAX (804) 662-9512

February 28, 2006

Tammy DeGroft, R.N.
3817 Mill Pine Court
Glen Allen, Virginia 23060

CERTIFIED MAIL
71603901984887215546

Dear Ms. DeGroft:

The Board of Nursing has been informed by letter dated February 17, 2006, you were granted a stay of disciplinary action based on your enrollment in the Health Practitioners' Intervention Program. The stay of disciplinary action will remain in effect so long as you satisfactorily comply with the program requirement and your contract.

We are pleased that you are taking steps toward your recovery.

Sincerely,

Jay P. Douglas, RN, MSM, CSAC
Executive Director

JPD/dml

cc: Peggy W. Call, Intervention Program Manager
Martha W. Miller, L.P.N. (104426)

Exhibit B

ISNAP
INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N High School Rd Indianapolis IN 46224
(317) 295-9862 (800) 638-6623 fax (317) 297-3525
www.IndianaNurses.org

Date 3/1/07

Dear Ms. DeGroft,

RE: Out-of-State Recovery Monitoring Agreement (RMA)

Your decision to participate in ISNAP is an important step in your recovery. Active participation accomplishes the following goals. First, it better assures ISNAP that you are **safe** to practice as a nurse. Secondly, it establishes your documented record of recovery. And lastly, it helps to protect your professional license.

Your out-of-state RMA is enclosed, **please read your out-of-state RMA carefully** and have it signed, **notarized** and returned 3/15/07. Please sign and return the enclosed release(s) as well. **You are responsible for providing a copy of this out-of-state RMA to Martha Spruill your case manager with HPIP in Virginia. Please note that she needs to sign your out-of-state RMA with ISNAP.**

You may, however, return your out-of-state RMA to ISNAP without the signature of Martha Spruill. Please note, however, that you must have your signature witnessed by a notary before returning the original copy of your out-of-state RMA to ISNAP. Once your out-of-state RMA is received by ISNAP, your file will be transferred to active monitoring. At that point Roxanne Thomas LCSW will become your case manager.

If at any time HPIP indicates that they are closing your file for noncompliance, this information will be sent to the Attorney General's office in Indiana. Should your file at HPIP be closed for noncompliance, it is highly likely that your Indiana nursing license would be suspended shortly thereafter.

If you have any questions or concerns after receiving your out-of-state RMA, please contact me. I can be reached at extension 3.

Sincerely,

Intake Coordinator

NOTE: RMA must be returned within fourteen (14) calendar days from the date of this letter or you will be in non-compliance with the Intake Process and your file may be subject to closure.

Exhibit C

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N High School Rd Indianapolis IN 46224
(317) 295-9862 (800) 638-6623 fax (317) 297-3525
www.IndianaNurses.org

3009 MAS

Out of State Recovery Monitoring Agreement (RMA)

I, **Tammy DeGroft** , acknowledge my involvement with the Indiana State Nurses Assistance Program (ISNAP), and voluntarily agree to all of the following conditions:

I, **Tammy DeGroft** the Participant, am currently being monitored by the **HPIP**, the Virginia monitoring program for nurses. I am under contract with **HPIP** effective 10/10/05. I am also licensed as a nurse in the State of Indiana. I understand that ISNAP will monitor me through the **HPIP** monitoring agreement.

HPIP will provide written reports to ISNAP regarding my attendance, participation and compliance in all aspects of my monitoring, including urine drug screens. ***These reports are due quarterly. If I am in non-compliance, HPIP will notify ISNAP immediately.***

I agree that ISNAP may periodically contact the staff at **HPIP** to inquire of my progress. I authorize the release of information that is specifically identified in this agreement and will execute any forms necessary for the release of information to ISNAP.

I understand that ISNAP is required by law to notify the Attorney General's Office (AG's) of the State of Indiana and/or the State Board of Nursing (BON) if I do not comply with my agreement with **HPIP**. As such, I authorize ISNAP to disclose the circumstances of non-compliance with the AG's/BON that I may be a threat to the public health, safety and welfare.

This RMA will remain in effect for the length of the contract with HPIP The start date of my out-of –state monitoring agreement with ISNAP is3/1/07. and the end date of my out-of-state monitoring agreement with ISNAP is ,10/10/2010. If my agreement with **HPIP** ends before that date, I may be required to transfer into active monitoring with ISNAP. Therefore, assuming continued active involvement in recovery and compliance in all aspects of this RMA and no relapses, this monitoring agreement will end no later than 10/10/2010.

If I successfully participate and complete the RMA established by ISNAP, all records pertaining to my participation will be destroyed seven (7) years after my completion of ISNAP. I understand that my participation in ISNAP does not preclude the AG's Office from taking disciplinary action against me if there are any pending allegations.

Signed Tammy S. DeGroft ISNAP Participant — Martha Ann Spell HPIP Representative — 3-9-07 Date

State of Virginia - County of Henrico
Tammy S. DeGroft appeared before me today, March 9, 2007
My commission expires July 31, 2009
Notarized Signature: [signature]

Signed _____ ISNAP Representative — Date _____

03/09/2007 06:32 8043543530 HMC PAGE 02/02

Exhibit D

STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770
www.IndianaConsumer.com

GREG ZOELLER
INDIANA ATTORNEY GENERAL

PHONE: 317.232.6330
FAX: 317.233.4393

January 23, 2009

Tammy Marie DeGroft
3817 Mill Pine Court
Glen Allen, VA 23060

Re: File No. 09-CP-50803:
In the matter of the license of Tammy Marie DeGroft RN 28175379

Dear Ms. DeGroft:

Enclosed is a complaint received by the Consumer Protection Division. Indiana law requires the Division to investigate complaints against licensed health professionals and unlicensed practice. In order to effectively investigate this complaint, we require your ***written*** response within twenty (20) days. We cannot take your response by phone.

Please include the following information in your reply:

1. The file number shown above;
2. My name, Patricia K Slater Gibson;
3. Your explanation of what happened;
4. A copy of all documents relating to the complaint and your response.

Our experience shows that many complaints result from misunderstanding and poor communication. Your prompt reply is required for our investigation and the resolution of this complaint. You may mail it to the address shown above or fax it to my attention at **(317) 233-4393.**

Sincerely,

Patricia Gibson

Patricia K Slater Gibson
Attorney
patricia.gibson@atg.in.gov

Enclosure(s)

CONSUMER COMPLAINT FORM

Office of the Indiana Attorney General

RECEIVED
JAN 06 2009
ATTORNEY GENERAL OF INDIANA
CONSUMER PROTECTION

To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type. **DO NOT** include your **Social Security Number** on this form or in any accompanying documents.

1. YOUR INFORMATION

☐Mr. ☐Mrs. ☐Miss ☐Ms. ☐Dr.

Name Sean Gorman

Address 402 W. Washington Street Room W072

City Indianapolis State IN

ZIP 46204 County

Age ☐18-24 ☐25-34 ☐35-44 ☐45-54 ☐55-64 ☐65+

Phone (317) 234-2043 Day

( ) Evening

E-mail pia2@pia.in.gov

2. WHO IS YOUR COMPLAINT AGAINST?

Name/Firm Tammy DeGroft

Address 3817 Mill Pine Court

City Glen Allen State VA

ZIP 23060 County

Phone (804) 354-5020

E-mail jtdeg@earthlink.net

Person you dealt with

3. WHEN DID TRANSACTION/INCIDENT OCCUR? Date Time AM☐ PM☐

4. WHERE DID THE TRANSACTION/INCIDENT YOU ARE COMPLAINING ABOUT TAKE PLACE? (Check box when applicable)

☐At the firm's place of business
☐My home
☐Away from the firm's place of business (work, convention, etc.)
Other

☐By Mail
☐By Internet/e-mail
☐By telephone

5. WHAT WAS THE VERY FIRST CONTACT BETWEEN YOU AND THE FIRM?

☐I telephoned the firm
☐I responded to a TV/radio ad
☐A person came to my home
☐I received information by e-mail
☐I received information in the mail
☐I went to the firm's place of business
☐I received a telephone call from the firm
☐I responded to an offer on the Internet
☐I responded to a printed advertisement
☐Other

6. DO YOU CONSENT TO DISCLOSING THE FOLLOWING TO THE PUBLIC?

The nature and status of your complaint and the name of the firm? ☐Yes ☐No
Your name? ☐Yes ☐No
Your phone number? ☐Yes ☐No

7. WHAT WAS THE TRANSACTION FOR?

☐My business
☐My family/household
☐My farm

8. HOW DID YOU PAY?

☐Cash ☐Credit Card ☐Medicaid ☐Private Insurance
☐Check ☐Installment Loan ☐Medicare ☐Other

9. DID YOU SIGN ANY WRITTEN AGREEMENT? IF YES, PLEASE ATTACH A COPY OF THE AGREEMENT. ☐Yes ☐No

For Office Use Only:

Ind	Prac	PL	MO	NL	NJ	OA:	Inv.	Sec	File #
									-CP-

Nursys Speed Memo

From: AL - LESLIE VINSON

Date: 12/09/2008 5:20 PM

To: MARYLAND; MINNESOTA; DELAWARE; VERMONT; MISSOURI; NEW JERSEY; MAINE; INDIANA; WASHINGTON; FLORIDA; OREGON; WYOMING; COLORADO

Category: Discipline Alert

Subject: Discipline Case From Jurisdiction ALABAMA

Discipline Jurisdiction Alert for:

NAME | LICENSE:
DE GROFT, TAMMY M | MARYLAND RN R155511
DEGROFT, TAMMY M. SMITH | DELAWARE RN L1-0030276
DEGROFT, TAMMY MARIE | NEW JERSEY RN 26NR10384300
DEGROFT, TAMMY | VIRGINIA RN 0001149239
DEGROFT, TAMMY M | MASSACHUSETTS RN 274181
DEGROFT, TAMMY MARIE | MISSOURI RN 2007007263
DEGROFT, TAMMY MARIE | MONTANA RN 34163
DEGROFT, TAMMY MARIE | OREGON RN 200741092RN
DEGROFT, TAMMY MARIE | MINNESOTA RN 179302-8
DEGROFT, TAMMY MARIE | COLORADO RN 182229
DEGROFT, TAMMY | WASHINGTON RN RN00174043
DE GROFT, TAMMY SMITH | VERMONT RN 0038499
DEGROFT, TAMMY MARIE | INDIANA RN 28175379A
DEGROFT, TAMMY MARIE | WEST VIRGINIA-RN RN APPLIC000004185
DEGROFT, TAMMY MARIE | FLORIDA RN RN9267793
DEGROFT, TAMMY MARIE | WYOMING RN 25951
DEGROFT, TAMMY MARIE | ALABAMA RN 1-114021

CASE ID | ACTION DATE:
511681 | 11/21/2008

01/21/2010 08:04 8043543530 HMC PAGE 04/27

Discipline Case Summary Report

Printed for INDIANA on 12/18/2008

INDIVIDUAL:

SSN: Name: DEGROFT, TAMMY MARIE
DOB: 10/19/1972 Gender: FEMALE

LICENSES DISCIPLINED:

SOURI | RN | 2007007263

GENERAL CASE INFORMATION:

Case Number: 410286 Date Action Was Taken: 03/14/2007
General Case Comments:

VIOLATIONS (BASIS FOR ACTION):

Violation Code: 99 - OTHER, NOT CLASSIFIED,SPECIFY
HIPDB Narrative (Comments):
In Licensee's application, she advised the Board that as a result of seeking treatment for chronic migraine headaches, she became addicted to controlled substances.

ACTIONS:

Action Code: 1125 - PROBATION OF LICENSE Stayed: NO
Duration: 03/14/2007 - 10/10/2010 Fine: NO Appeal - Date: NO
HIPDB Narrative (Comments):
In Licensee's application, she advised the Board that as a result of seeking treatment for chronic migraine headaches, she became addicted to controlled substances.

REVISIONS:

There are no revisions for this Discipline Case

Discipline Case Summary Report

Printed for INDIANA on 12/18/2008

INDIVIDUAL:

SSN: Name: DEGROFT, TAMMY MARIE

DOB: 10/19/19[illegible] Gender: FEMALE

LICENSES DISCIPLINED:

[illegible]ST VIRGINIA-RN | RN | APPLICANT

GENERAL CASE INFORMATION:

Case Number: 416367 Date Action Was Taken: 06/25/2007

General Case Comments:

Endorsement Application denied.

VIOLATIONS (BASIS FOR ACTION):

Violation Code: 99 - OTHER, NOT CLASSIFIED,SPECIFY

HIPDB Narrative (Comments):

Must successfully complete the contract with the Virginia Health Practitioners' Intervention Program.

ACTIONS:

Action Code: 1199 - OTHER LICENSURE ACTION, NOT CLASSIFIED, S... Stayed: NO

Duration: 06/25/2007 - INDEFINITE Fine: NO Appeal - Date: NO

HIPDB Narrative (Comments):

Endorsement Application denied.

REVISIONS:

There are no revisions for this Discipline Case

Discipline Case Summary Report

Printed for INDIANA on 12/18/2008

NDIVIDUAL:

SSN: Name: DEGROFT, TAMMY MARIE

DOB: 10/19/1972 Gender: NOT SUPPLIED

IC^^SES DISCIPLINED:

. :BAMA | RN | 1-114021

:ENERAL CASE INFORMATION:

Case Number: 511681 Date Action Was Taken: 11/21/2008

General Case Comments:

IOLATIONS (BASIS FOR ACTION):

Violation Code: 39 - DISCIPLINARY ACTION BY ANY LICENSING AUTH...

HIPDB Narrative (Comments):

CTIONS:

Action Code: 1125 - PROBATION OF LICENSE Stayed: NO

Duration: 11/21/2008 - INDEFINITE Fine: NO Appeal - Date: NO

HIPDB Narrative (Comments):

CONCURRENT WITH VIRIGINIA

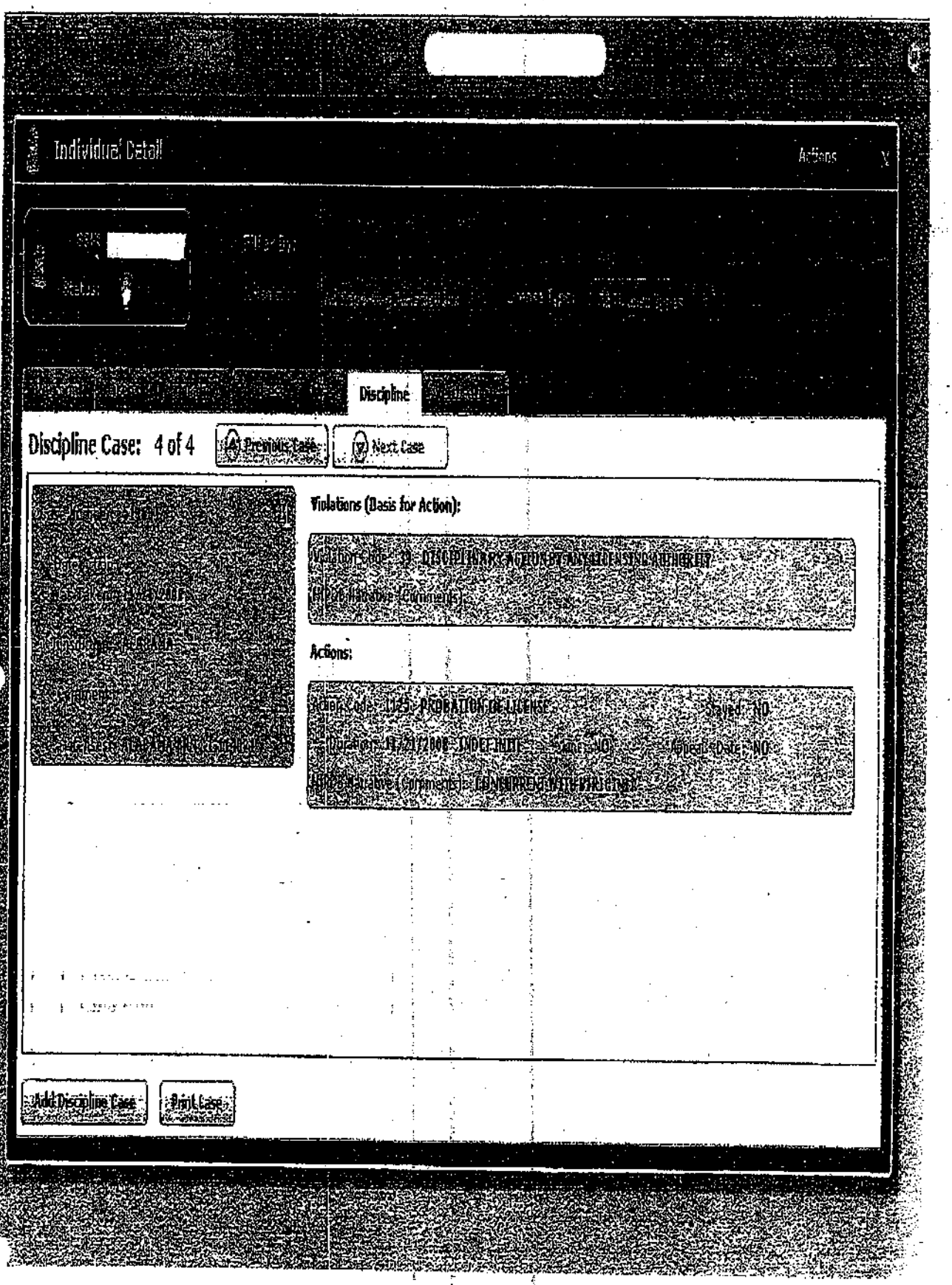
EVISIONS:

There are no revisions for this Discipline Case

JRISDICTION ALERT HISTORY:

Alert Date: 12/09/2008 05:20 PM Case Action: CREATED Sender: LVINSON

Recipients: CO, DE, FL, IN, MD, ME, MN, MO, NJ, OR, VT, WA, WY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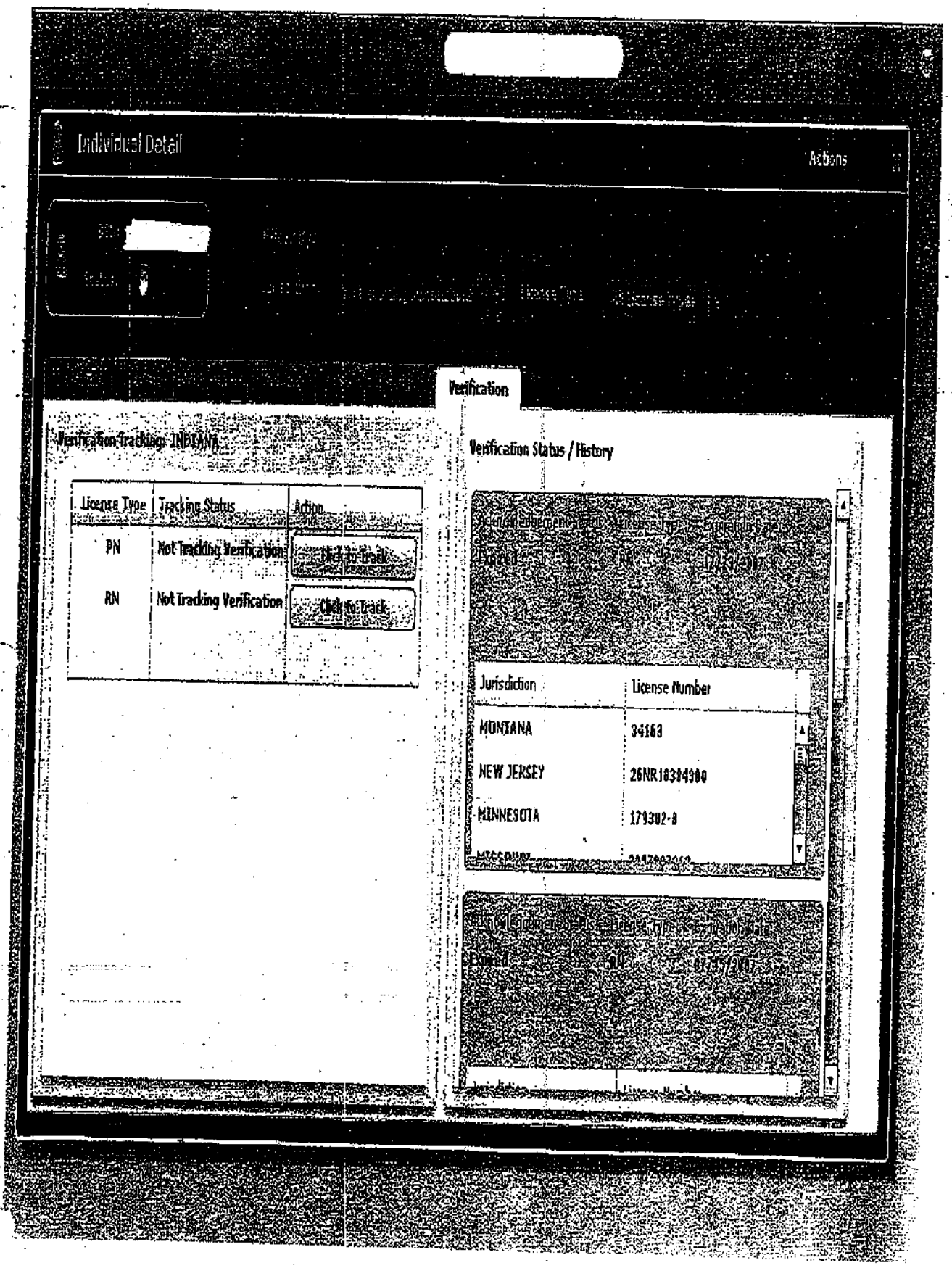
Actions
Discipline
Discipline Case: 4 of 4
Previous Case
Next Case
Violations (Basis for Action):
Actions:
Add Discipline Case
Print Case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Verification
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Tracking Status
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Click to Track
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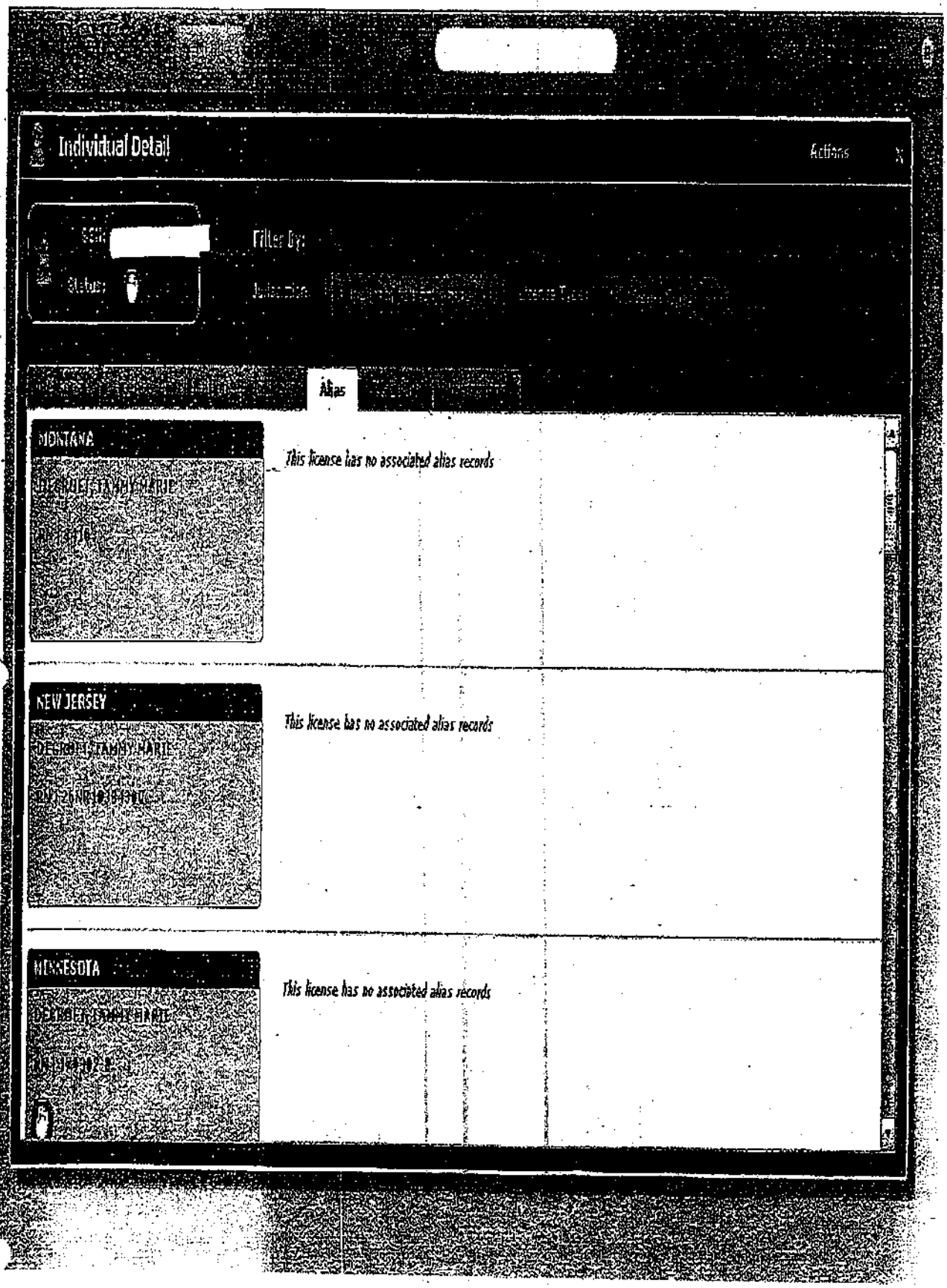
MINNESOTA
179302-8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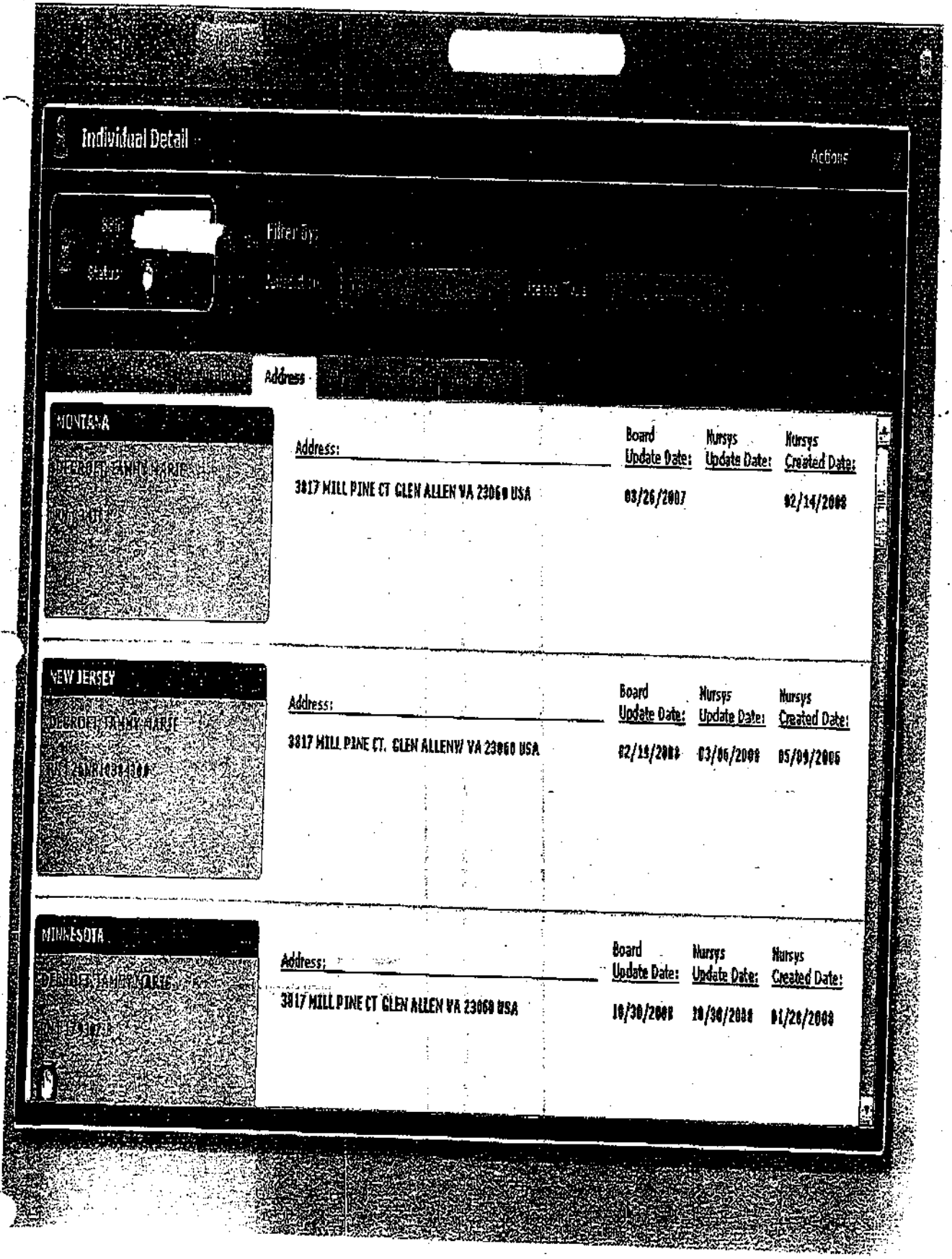
This license has no associated alias records


Individual Detail
Actions
Filter By:
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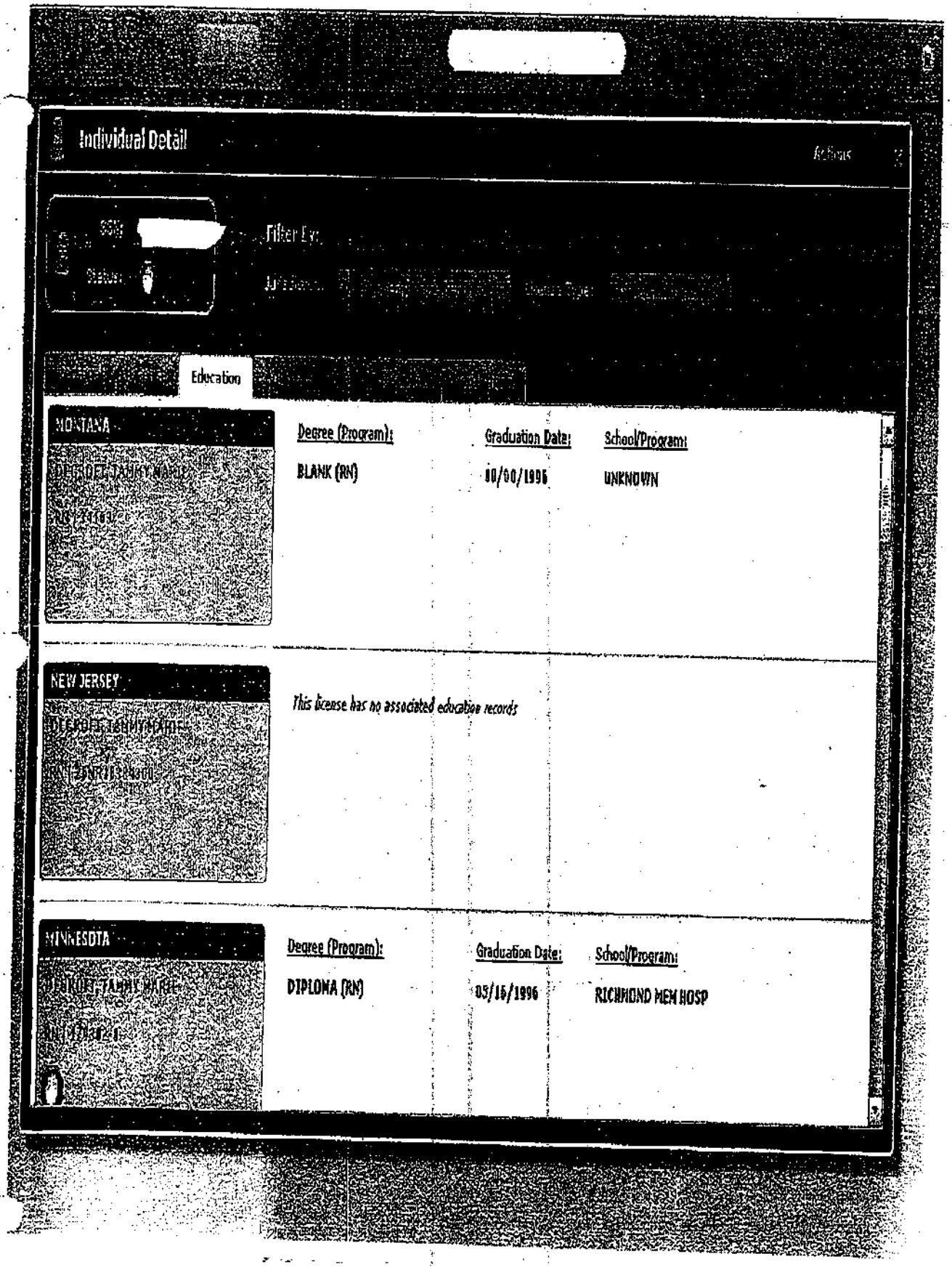
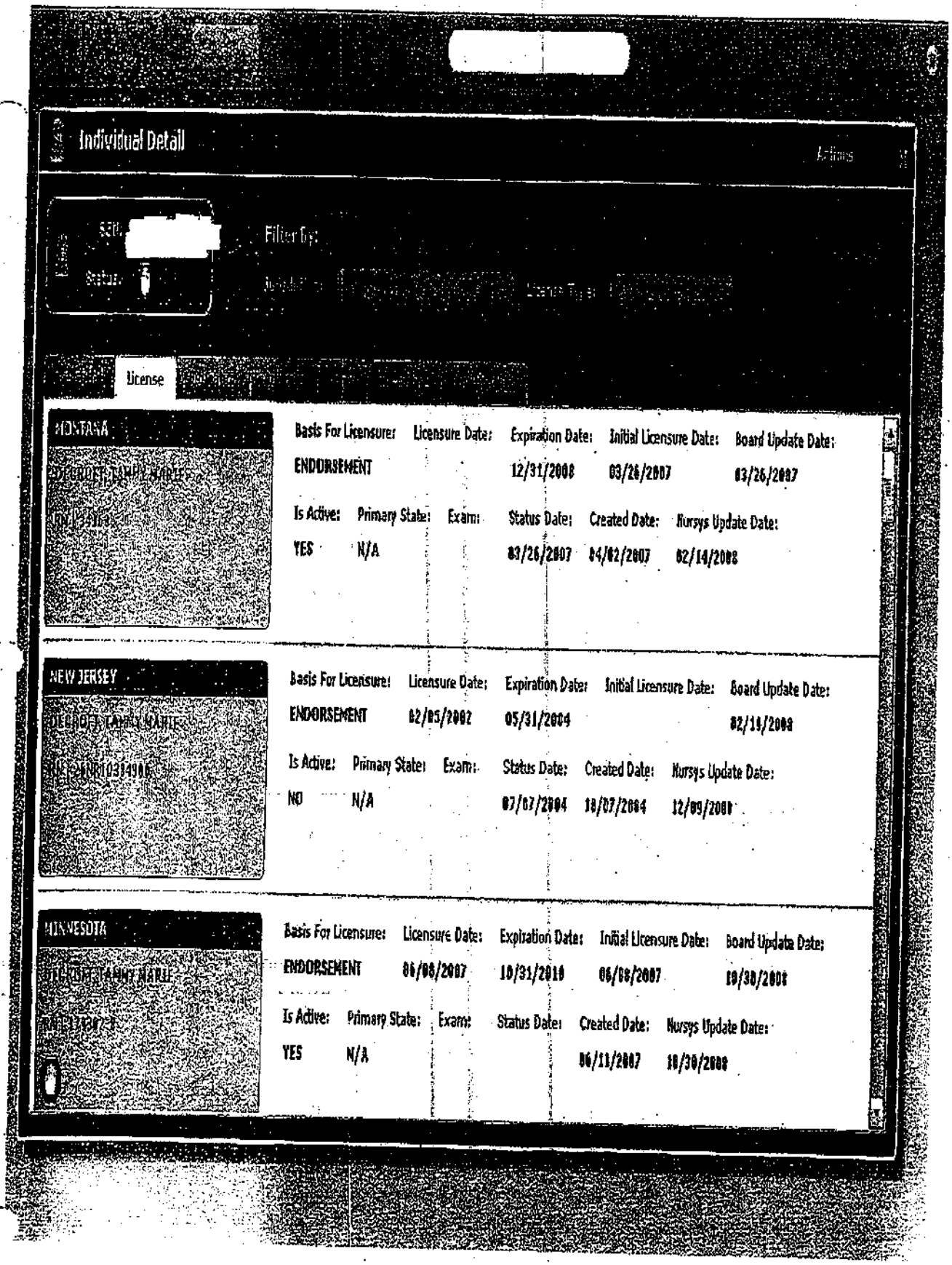
MONTANA
Address:
Board Update Date:
Nursys Update Date:
Nursys Created Date:
3817 MILL PINE CT GLEN ALLEN VA 23060 USA
03/26/2007
02/14/2008
NEW JERSEY
Address:
Board Update Date:
Nursys Update Date:
Nursys Created Date:
3817 MILL PINE CT. GLEN ALLENV VA 23060 USA
02/19/2008
03/06/2008
05/09/2006
MINNESOTA
Address:
Board Update Date:
Nursys Update Date:
Nursys Created Date:
3817 MILL PINE CT GLEN ALLEN VA 23060 USA
10/30/2008
10/30/2008
01/26/2008


Individual Detail
Education
MONTANA
Degree (Program):
Graduation Date:
School/Program:
BLANK (RN)
00/00/1996
UNKNOWN
NEW JERSEY
This license has no associated education records
MINNESOTA
Degree (Program):
Graduation Date:
School/Program:
DIPLOMA (RN)
05/15/1996
RICHMOND MEM HOSP



Individual Detail

License

MONTANA

Basis For Licensure: ENDORSEMENT
Licensure Date: 12/31/2008
Expiration Date: 03/26/2007
Initial Licensure Date: 03/26/2007
Board Update Date: 03/26/2007

Is Active: YES
Primary State: N/A
Exam:
Status Date: 03/26/2007
Created Date: 04/02/2007
Nursys Update Date: 02/14/2008

NEW JERSEY

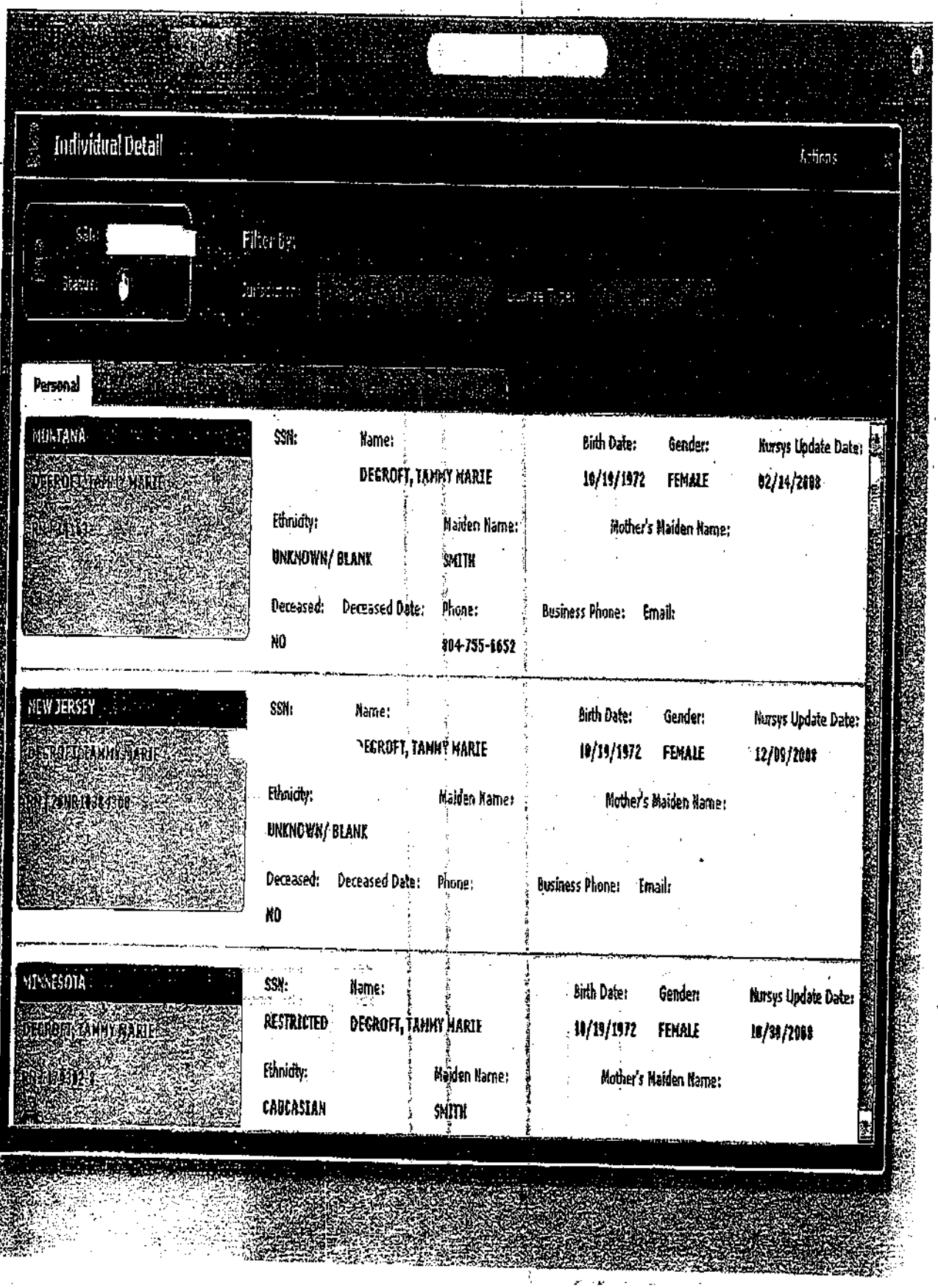
Basis For Licensure: ENDORSEMENT
Licensure Date: 02/05/2002
Expiration Date: 05/31/2004
Initial Licensure Date:
Board Update Date: 02/19/2009

Is Active: NO
Primary State: N/A
Exam:
Status Date: 07/07/2004
Created Date: 10/07/2004
Nursys Update Date: 12/09/2008

MINNESOTA

Basis For Licensure: ENDORSEMENT
Licensure Date: 06/08/2007
Expiration Date: 10/31/2010
Initial Licensure Date: 06/08/2007
Board Update Date: 10/30/2008

Is Active: YES
Primary State: N/A
Exam:
Status Date:
Created Date: 06/11/2007
Nursys Update Date: 10/30/2008



Individual Detail

Actions

Personal

MONTANA

SSN: Name: Birth Date: Gender: Nursys Update Date:

DEGROFT, TAMMY MARIE 10/19/1972 FEMALE 02/14/2008

Ethnicity: Maiden Name: Mother's Maiden Name:

UNKNOWN/ BLANK SMITH

Deceased: Deceased Date: Phone: Business Phone: Email:

NO 804-755-1652

NEW JERSEY

SSN: Name: Birth Date: Gender: Nursys Update Date:

DEGROFT, TAMMY MARIE 10/19/1972 FEMALE 12/09/2008

Ethnicity: Maiden Name: Mother's Maiden Name:

UNKNOWN/ BLANK

Deceased: Deceased Date: Phone: Business Phone: Email:

NO

MINNESOTA

SSN: Name: Birth Date: Gender: Nursys Update Date:

RESTRICTED DEGROFT, TAMMY MARIE 10/19/1972 FEMALE 10/30/2008

Ethnicity: Maiden Name: Mother's Maiden Name:

CAUCASIAN SMITH

Exhibit E

Ms. Patricia K. Slater Gibson
State of Indiana
Office of the Indiana Attorney General
Consumer Protection Division
302 W. Washington Street, 5th Floor
Indianapolis, IN 46204-2770

Tammy De Groft
3817 Mill Pine Ct
Glen Allen, VA 23060
(804)908-7669

Re: File No. 09-CP-50803
License RN 28175379

Dear Ms. Gibson,

I would like to thank you for granting the extension to respond to the complaint in this matter and also for speaking with Amy Holt Davis. I hope the following explanation will help clarify the situation.

I applied for licensure in your state in October of 2006. At that time, there were no disciplinary actions in any state. I provided the Board with information on my enrollment in Virginia's non-disciplinary monitoring program (HPIP) as of October of 2005. I signed an Out of State Monitoring Agreement with the Indiana State Nurses Assistance Program on March 9, 2007 with the beginning of my monitoring being March 1st. The Virginia program provides quarterly compliance reports to Roxanne Thomas, LCSW, and I have been fully compliant with both HPIP and ISNAP.

The first disciplinary actions attached to the complaint did not occur until after I filed my application in Indiana, and all actions are a result of my previous chemical dependency and enrollment in HPIP. I notified Indiana of my enrollment in HPIP in my application, which resulted in my enrollment in ISNAP. Missouri placed me on probation as they do not have a non-disciplinary monitoring program. Minnesota also placed me on probation as they do not have a non-disciplinary program for out-of-state residents. West Virginia denied my application as they do not have a monitoring program, but stated I may reapply upon completion of HPIP. Alabama placed me on probation to run concurrent with HPIP as eligibility for their program requires no disciplinary action in other states. Oklahoma denied my application due to my previous chemical dependency. I have enclosed copies of the respective boards' decisions in these matters. In addition, the following matters are currently pending. Hawaii and Montana currently have filed complaints on my inadvertent failure to notify them in writing within 30 days of any disciplinary action in another state. Washington has an investigation due to disciplinary action in another state. Again, all of these matters arose after my initial application in Indiana and enrollment in ISNAP.

All disciplinary actions listed were based on the same event which triggered enrollment in HPIP and in ISNAP. I hope this helps to clarify the situation. If you have any questions or need any additional information, please feel free to contact me.

Thank you for your consideration of this matter.

Sincerely,

Tammy De Groft

Tammy De Groft

Exhibit F

STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770
www.IndianaConsumer.com

GREG ZOELLER
INDIANA ATTORNEY GENERAL

PHONE: 317.232.6330
FAX: 317.233.4393

July 30, 2009

Tammy DeGroft
3817 Mill Pine Court
Glen Allen, VA 23060

RE: File No. 09-cp-50803 In the matter of Tammy DeGroft RN

Dear Ms. DeGroft:

The Consumer Protection Division has completed an investigation of the complaint filed against you. Based upon our investigation, we have decided that your case will be closed.

Please be advised that if this office should receive further information concerning you, this file will be reopened. Thank you for your cooperation in resolving this matter.

Sincerely,

Patricia Gibson
Attorney
Medical Licensing Section

419148-1

01/21/2010 08:04 8043543530 HMC PAGE 17/27

Exhibit G

Tammy De Groft, BSN RN
3817 Mill Pine Court
Glen Allen, VA 23060
(804) 908-7669

October 30, 2009

Indiana Professional Licensing Agency
Attn: Nursing Board
402 W. Washington St. Room W072
Indianapolis IN 46204

Attention: Licensure Department

To Whom It May Concern,

The following outlines current licensure status with all of the states where I currently hold (or previously held) a RN license or where I currently have (or previously had) an RN license application on file:

1) Alabama granted RN licensure-on probation as of November 21, 2008 as I am ineligible for non-disciplinary monitoring program.
2) Alaska application abandoned – license no longer a job requirement
3) California granted unrestricted RN licensure August 21, 2001; expired November 30, 2008 no longer a job requirement
4) Colorado granted RN licensure-in non-disciplinary monitoring program as of June 27, 2007
5) Connecticut application expired – license no longer a job requirement
6) Florida granted RN licensure-in non-disciplinary monitoring program as of August 21, 2007, license placed on inactive status
7) Georgia granted unrestricted license April 4, 2002, expired January 31, 2009
8) Hawaii granted RN licensure-$500 fine due to inadvertent failure to notify within 30days of disciplinary action in other states. License expired June 30, 2009
9) Illinois application abandoned—license no longer a job requirement
10) Indiana granted RN licensure-in non-disciplinary monitoring program as of March 1, 2007. Investigated due to disciplinary action in other states, complaint dismissed.
11) Kansas RN license expired-remains in non-disciplinary monitoring program December 17, 2007
12) Louisiana granted RN licensure-in non-disciplinary monitoring program as of September 14, 2007; Monitoring reports go to Cathy Storm
13) Massachusetts granted RN licensure – license placed on "hold" status-a non-disciplinary action, when VA non-disciplinary monitoring program completed, "hold" status to be removed
14) Michigan granted RN licensure-in non-disciplinary monitoring program as of April 5, 2007; license expired
15) Minnesota granted RN licensure with probation as of June 7, 2007-no non-disciplinary monitoring program for non-residents
16) Missouri granted RN licensure with probation as of March 13, 2007-no non-disciplinary monitoring program
17) Montana RN license expired -- – license no longer a job requirement-- notified by Board of MT on December 22, 2008 of Compliant being filed due to inadvertent failure to notify within 30 days of AL complaint. Montana compliant dismissed.
18) Nevada RN license expired -- – license no longer a job requirement
19) New Jersey application abandoned -- – license no longer a job requirement
20) New York granted unrestricted license June 19, 2008 expires May 31, 2011
21) Ohio application withdrawn as of September 3, 2007 -- – license no longer a job requirement
22) Oklahoma no RN license- Denied license due to previous substance abuse
23) Oregon granted unrestricted license May 2, 2007 lapsed October 18, 2008-no longer a job requirement
24) Pennsylvania granted RN license, all conditions of non-disciplinary monitoring program satisfied, license in good standing
25) Virginia-home state- granted RN licensure-in non-disciplinary monitoring program as of October 10, 2005
26) Vermont granted RN licensure-in non-disciplinary monitoring program as of June 28, 2007; license expired April 2009
27) Washington State granted RN licensure-in non-disciplinary monitoring program as of February 23, 2007; Complaint filed due to actions in other states; complaint dismissed
28) West Virginia denied application for RN licensure-as of June 25, 2007-can reapply when Virginia HPIP program completed as they do not have a monitoring program; also denied as they thought I was moving to West Virginia
29) Wyoming RN granted unrestricted license May 14, 2008 expired December 31, 2008- no longer a job requirement

All of the above actions are a result of my current enrolment in the Virginia Health Practitioners' Intervention Program (HPIP). HPIP is not a disciplinary program but rather a monitoring program that recognizes the importance of identifying nurses that have chemical dependency issues and seeks to direct them to necessary treatment and counseling.

I am currently enrolled in your state's monitoring program with quarterly compliance reports reviewed by Roxanne Thomas.

If you have any questions or concerns, please let me know or feel free to contact Lauren Fillingame at 804-354-2796.

Thank you,

Sincerely

Tammy S. De Groft, BSN

Exhibit H

We work to keep you working
PLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

November 30, 2009

Tammy DeGroft
3817 Mill Pine Court
Glen Allen, VA 23060

Dear Ms. DeGoft:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **December 5, 2009**, to review your application for renewal of licensure as a registered nurse. The meeting will take place in the Conference Center Room 17, Indiana Government Conference Center South, 302 West Washington Street, Indianapolis, Indiana. The Board requests that you appear before them at **8:00 a.m.**, to answer questions they have concerning approval of your application.

You may bring any documentation with you that would support your ability to practice nursing safely in Indiana, such as letters of reference or copies of other documentation not previously submitted to the Board.

If you have any questions concerning the meeting or procedures, you may contact me at (317) 234-2043 or I can be reached via e-mail at pla2@pla.in.gov.

Sincerely,

Sean M Gorman

Sean Gorman
Director, Indiana State Board of Nursing

Exhibit I

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB007

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:

TAMMY DEGROFT
License Number: 28175379A

FILED
JAN 12 2010
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

We work to keep you working
IPLA
Professional Licensing Agency

Indiana State Board of Nursing
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2043
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2010 NB007

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:

TAMMY DEGROFT
License Number: 28175379A

FILED
JAN 12 2010
Indiana Professional Licensing Agency

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Nursing ("Board") requested that Tammy DeGroft ("Applicant") personally appear before Jerry Burghduff, a member of the Board, on December 9, 2009, for the purpose of providing information and answering questions concerning her application to renew her license as a nurse.

The Applicant appeared in person.

Burghduff interviewed the Applicant and made a recommendation concerning the application to the full Board at its meeting on December 10, 2009. The Board, after considering the information presented by the Applicant and reviewing its file in this matter, voted 5 to 0, to issue the following decision:

FACTS

1. The Applicant, who resides at 3817 Mill Pine Court, Glenn Allen, Virginia 23060, submitted an application to the Board to renew her license as a nurse.

2. Along with her application, the Applicant revealed that she has licenses in other states that are on probation because she was addicted to controlled substances.

3. The Applicant's recovery is being actively monitored by the authorities in Virginia.

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4. 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 renews the license of the Applicant pursuant to Ind. Code § 25-1-5-4(g)(5) 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 the probation on her Virginia license is lifted.

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 comply with the terms of probation on her Virginia license.

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 12th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: for

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

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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:

Tammy DeGroft
3817 Mill Pine Court
Glenn Allen, Virginia 23060
CERTIFIED MAIL NUMBER: 7008 3230 0000 0200 4502
RETURN RECEIPT REQUESTED

01/21/2010 08:04 8043543538 HMC PAGE 24/27

verizon

Print

Subject **Indiana Nursing License**
From: **<jtdeg@verizon.net>**
Sent: **Jan 19, 2010 11:49:59 AM**
To: **pla2@pla.in.gov**

Dear Mr. Gorman,

I would like to write to confirm our phone conversation from 0945 EST this AM. It is my understanding that by paying my renewal fees, but withdrawing my renewal application to place my license on an expired status would prevent any disciplinary action from being placed on my license. I understand that I would still participate in ISNAP and send in my quarterly compliance reports. It is also my understanding that no disciplinary action would be recorded in my file, on the internet, data banks or elsewhere. I would like to request that you please confirm this in writing, so there will be no misunderstandings. I would also like to state my concerns with the previous information.

Please recall our telephone conversation on December 7, 2009 in which I advised you that I had received a letter, dated November 30, 2009, from your office requesting that I appear before the Board of Nursing on December 9, 2009 in order to address concerns regarding my renewal application. I also advised that the prior investigation of my license had been "closed with no action." You requested I fax you a copy of the letter from The Indiana Attorney General's Office showing that my investigation had been "closed with no action," which I did that day. At that time you stated this was all you required, and if you did not receive this information you would reschedule my appearance before the Indiana Board for January. I did not receive further correspondence regarding this issue until January 16, 2010.

On January 16, I received a certified letter from the Professional Licensing Agency in the State of Indiana with a "decision on Application to Renew License." I am concerned and confused by the facts stated in this decree for the following reasons:
1)It states, "The Applicant appeared in person"; however I did not appear in person in the State of Indiana
2)It also indicates that I was interviewed by Jerry Burghduff, a member of the Board on December 9, 2009. I have never spoken with Mr. Burghduff in person, by telephone, or otherwise.
3) The decree further states, "The Applicant is in agreement with the Board that her license be renewed and that the license be placed on a probationary status." I do not agree with this; this option was never discussed with me.
4) The decree also indicates that my license as a nurse is renewed on "INDEFINITE PROBATION" and that I may petition to have the probationary order withdrawn after the probation on my Virginia license is lifted. Again, I do not agree with renewing my Indiana License on a probationary status; this was not discussed with me, and my VA license has not been placed on probation.

The issues concerning my Indiana renewal are the same issues that were investigated and cleared by the Indiana Attorney General's Office as evidenced by the information I faxed to you on December 7,2009.

I would just like to make sure I understand and am clear about the information we discussed. I can be reached anytime at 804-908-7669.

Thank you in advance for your time and help with this matter.

Sincerely,

Tammy S. De Groft, RN, BSN

01/21/2010 08:04 8043543538 HMC PAGE 26/27

Exhibit K

verizon

Print

Subject **RE: Indiana Nursing License**
From: **Gorman, Sean <segorman@pla.IN.gov>**
Sent: **Jan 19, 2010 02:09:13 PM**
To: **jtdeg@verizon.net**

Ms. DeGroft -

Upon consultation with my counsel following our telephone conversation and your email, I will need to present your request to the Board for their decision since they have already formally voted on the matter and renewed your license on a probationary status. You also have the opportunity to formally appeal the Board's decision outlined in the Board's order, and if you would like for a hearing on the matter, please advise.

Basically, I am going to go before the Board to relay your situation and to explain that you did not understand that you would be placed on a probationary license upon your renewal application. I think the Board will be amenable to that, but at that point they then have to decide what to do about your renewal application. They can choose whether to accept your request to withdraw your application, they can approve your renewal without condition, they can deny your renewal application, or they can issue you on a probationary license (only if you agree).

If the Board chooses to not accept your request to withdraw your renewal application, you will be scheduled for a personal appearance before the Board to discuss the circumstances surrounding the disciplinary action and denial of licensure issued against you in other jurisdictions. I will let you know where we go from here following my discussion with the Board.

I apologize for the confusion and miscommunication surrounding our previous correspondence. Having already issued its administrative decision based in part on this misunderstanding, it is best for all parties that the Board decides this matter formally, and that I as the Board's administrator step back to allow them to do so.

Sean Gorman, Director
Indiana State Board of Nursing
Indiana Dietitians Certification Board
Indiana Professional Licensing Agency
402 West Washington Street
Indianapolis, IN 46204

(317) 234-1990

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 026

IN THE MATTER OF THE LICENSE OF:	)
	)
HOLLY AMETTE SCHULTZ, L.P.N.,	)
	)
LICENSE NO: 27057764A,	)
	)
RESPONDENT	)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Holly Amette Schultz, L.P.N., 12909 Road 176, Buckland, Ohio 45819.
2. This notice is being provided to counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-4075.
3. The official cause number of this action is: 2010 NB 026.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Holly Amette Schultz
12909 Road 176
Buckland, OH 45819
CERTIFIED MAIL NO. 7008 3230 0000 0200 7015
RETURN RECEIPT REQUESTED

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE NURSING BOARD OF INDIANA
CAUSE NUMBER: 2010 NB026

IN THE MATTER OF THE LICENSE OF)
)
HOLLY AMETTE SCHULTZ, L.P.N.)
)
LICENSE NO: 27057764A)
)

COMPLAINT

This complaint is brought against the nursing license of Holly Amette Schultz, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Thomas P. McGee, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 12909 Road 176, Buckland, Ohio 45819. Respondent is licensed as a Registered Nurse in the State of Indiana. Respondent's Indiana Registered Nurse License number 27057764A was issued on August 15, 2006 and expired on October 31, 2008.

2. On or about February 8, 2007, Respondent substituted saline for morphine while working for her employer Vancrest Convoy Center in Convoy, OH (Vancrest Convoy).

3. On or about February 9, 2007, Respondent admitted those actions to her supervisor at Vancrest Convoy.

Exhibit A

4. On or about March 2, 2007, a Secret Indictment was filed in the Court of Common Pleas in Wert County, Ohio. The Grand Jury of the State of Ohio found that on or about February 9, 2007, Respondent knowingly adulterated or altered a dangerous drug or substitute a dangerous drug with another substance and charged Respondent with Tampering With Drugs, a Felony of the Third Degree.

5. On or about March 19, 2007, Respondent admitted to the Ohio Board of Nursing (Ohio Board) that she diverted drugs from Vancrest Convoy residents between January and February 2007 by placing the medication in an empty prescription bottle and then self-administering the medication.

6. On or about March 21, 2007, Respondent pled guilty to Tampering With Drugs, a Third Degree Felony, in the Court of Common Pleas in Van Wert County Ohio, Cause No CR07-03-034.

7. On or about March 23, 2007, Van Wert County Common Pleas Court entered a judgment against Respondent. Respondent was granted an Intervention in lieu of Conviction and was subjected to the control of the Van Wert County Adult Probation Department for a term of one year.

8. On or about April 25, 2007, the Ohio Board of Nursing sent Respondent a notice of immediate suspension and opportunity for hearing. The Ohio Board of Nursing suspended Respondent's license based on the Respondent's guilty plea in Van Wert County Court of Common Pleas (Case No. CR07-03-034).

9. On or about May 18, 2007, the Ohio Board of Nursing sent Respondent a notice of opportunity for hearing. This notice informed Respondent that the Ohio Board of Nursing proposed to discipline Respondent for violating Ohio Revised Code (ORC)

Section 4723.28(B)(8) for self-administering a dangerous drug not in accordance with legal, valid prescription, and ORC Section 5723.28(B)(13) for obtaining or attempting to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice.

10. On or about February 27, 2008, the Ohio Board suspended Respondent's nursing license indefinitely and for no less than three years. The suspension was imposed based on Respondent's violation of ORC Section 4723.28(B)(4) (authority to discipline based on a licensee who pled guilty to a felony), ORC Section 4723.28(B)(5) (authority to discipline based on a licensee who pled guilty to violating any drug law), ORC Section 4723.28(B)(19) (authority to discipline based on a licensee who has failed to practice in accordance with acceptable and prevailing standards of safe nursing care), ORC Section 4723.28(B)(8), and ORC Section 4723.28(B)(13).

COUNT I

1. The Respondent's conduct is in violation of Ind. Code §25-1-9-4(a)(7), which grants the Indiana Board of Nursing authority to take disciplinary action against a practitioner who has had disciplinary action taken against the practitioner or the practitioner's license in any state of jurisdiction on grounds similar to those under Ind. Code §25-1-9; to wit Ind. Code §25-1-9-4(a)(4)(A) in that Respondent has continued to practice although the practitioner has become unfit to practice due to professional incompetence; Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although the Respondent has become unfit to practice due to addiction to, abuse of, or severe dependency upon drugs that endanger the public by impairing a practitioner's ability to practice safely; Ind. Code §25-1-9-4(a)(1)(B), in that Respondent

engaged in material deception in the course of professional services or activities as evidenced by the Ohio Nursing Board placing the Respondent's Ohio license on suspension as a result of its February 27, 2008 Order.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;
2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,
3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: _____

Thomas P. McGee
Deputy Attorney General
Attorney No. 27247-49

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-4075

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Holly Amette Schultz
12909 Road 176
Buckland, OH 45819

Thomas P. McGee
Deputy Attorney General
Attorney No. 27247-49

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 027

IN THE MATTER OF THE LICENSE OF:

ASIA YVETTE EDWARDS, L.P.N.,

LICENSE NO: 27054870A,

RESPONDENT

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Asia Yvette Edwards, L.P.N., 2913 Millicent Ave., Dayton, Ohio 45408.
2. This notice is being provided to counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-4075.
3. The official cause number of this action is: 2010 NB 027.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

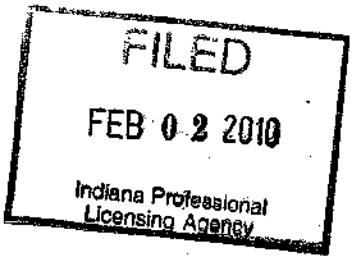
Copies to:

Asia Yvette Edwards
2913 Millicent Ave.
Dayton, OH 45408
CERTIFIED MAIL NO. 7008 3230 0000 0200 7022
RETURN RECEIPT REQUESTED

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE NURSING BOARD OF INDIANA
CAUSE NUMBER: 2009 NB 027

IN THE MATTER OF THE LICENSE OF)
)
ASIA YVETTE EDWARDS, L.P.N)
)
LICENSE NO: 27054870A)
)



COMPLAINT

This complaint is brought against the nursing license of Asia Yvette Edwards, L.P.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Thomas P. McGee, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 2913 Millicent Ave., Dayton, OH 45408. Respondent is a Licensed Practical Nurse (LPN) in the State of Indiana having been issued license number 27054870A in 2004.

2. On or about November 22, 2004, Respondent obtained an unrestricted L.P.N. license in the State of Indiana. On her initial application in Indiana, Respondent disclosed that she had been convicted of a felony in August of 1999 involving shopping with stolen credit cards.

Exhibit A

3. On or about February 25, 2005, Respondent submitted an Application for Licensure by Endorsement to Practice in Ohio as an LPN to the Ohio Nursing Board (Ohio Board). Respondent did not disclose her 1999 felony conviction on her Ohio application.

4. On or about May 10, 2005, the Indiana Board of Nursing (Indiana Board) notified the Ohio Board that Respondent disclosed a "positive response" on her November 22, 2004 Indiana licensure application.

5. On or about May 20, 2005, the Ohio Board entered into a Consent Agreement with Respondent based on her failure to disclose her 1999 conviction on her Application for Licensure by Endorsement to Practice in Ohio.

6. This Consent Agreement suspended Respondent's license, with the suspension stayed during a probationary period. The terms of the probation required Respondent to notify the Ohio Board prior to accepting employment as a nurse, submit quarterly written reports regarding job performance, report any violation of the Consent Agreement, not submit false information to employers, and inform the Ohio Board within five business days in writing of any change in employment status or of any change in residential or home address or telephone number. The Consent Agreement also placed permanent restrictions on Respondent's Ohio license. Respondent was denied rights to practice nursing as an LPN for agencies and hospice care programs providing home care in the patient's residence, as a nurse for staffing agencies or pools, as an independent provider where the nurse provides nursing care and is reimbursed for services by the State of Ohio through state agencies or agents of the state, or for an individual or group of individuals who directly engage Respondent to provide nursing services for fees,

compensation, or other consideration or as a volunteer. Further, Respondent was denied rights to function in any supervisory capacity involving nursing. Failure to comply with any of the terms would result in automatic suspension of Respondent's license.

7. On or about September 7, 2006, Respondent's employer Grafton Oaks Nursing Center in Dayton, Ohio (Grafton Oaks) tested Respondent for drugs. The test was positive for the pain medication propoxyphene, a controlled substance. As a result, Grafton Oaks terminated Respondent from employment on September 18, 2006.

8. On or about January 27, 2007, Respondent completed her License Renewal Application with the Indiana Professional Licensing Agency (IPLA). Respondent answered "No" to all questions including question 1 which asks, "Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined *or* are formal charges pending?" and to question 5, which asks "Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?"

9. On or about May 18, 2007, the Ohio Board suspended Respondent's license based on her taking propoxyphene, a medication for which she did not have a legal and valid prescription, and based on Respondent's failure to notify the Ohio Board of her termination from Grafton Oaks.

10. On or about December 23, 2008, Respondent completed her Indiana License Renewal Application with IPLA. On this application, Respondent disclosed that the Ohio Board had placed her license on probation and that her license was subsequently suspended. The Indiana State Nurses Assistance Program (ISNAP) assessed Respondent

and determined that she did not meet their criteria for monitoring, and recommended that her license be renewed.

11. The Indiana Board renewed Respondent's license and placed it on indefinite probation with the right to apply to withdraw the probation after six months of active nursing practice based on the suspension of her Ohio license due to a positive urine drug screen. The probation required Respondent to keep the Indiana Board informed of her residential address and telephone number, to keep the Indiana Board informed of her nursing employer's or employers' name, address and telephone numbers, and to not violate any laws regulating the practice of nursing. Failure to comply with the terms of the probation order could subject Respondent to a show cause hearing and to the imposition of further sanctions.

COUNT I

1. The Respondent's conduct is in violation of Indiana Code §25-1-9-4(a)(1)(A) in that Respondent has engaged in material deception in order to obtain a license to practice as evidenced by her failure to disclose her May 2005 probationary order in Ohio on her January 27, 2007 Indiana renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. The Respondent's conduct is in violation of Indiana Code §25-1-9-4(a)(1)(A) in that Respondent has engaged in material deception in order to obtain a

license to practice as evidenced by her failure to disclose her September 18, 2006 termination from Grafton Oaks on her January 27, 2007 Indiana renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: Thomas McGee

Thomas P. McGee
Deputy Attorney General
Attorney No.

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Asia Yvette Edwards, LPN
2913 Millicent Ave.
Dayton, OH 45408

By: Thomas McGee
Thomas P. McGee
Deputy Attorney General
Attorney No.

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-4075

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 028

IN THE MATTER OF THE LICENSE OF:)
)
LAURA ASTRID BORDERS, R.N.,)
)
LICENSE NO: 28145328A,)
)
RESPONDENT)

FILED
FEB 04 2010
Indiana Professional
Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Laura Astrid Borders, R.N., 7550 So. 7 Gables, Terre Haute, Indiana 47802.

2. This notice is being provided to counsel for the State of Indiana, Thomas P. McGee, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-4075.

3. The official cause number of this action is: 2010 NB 028.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction shou be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Ea Standard Time, in the Auditorium of the Conference Center of the Indiana Governr Center South, located at 302 West Washington Street, Indianapolis, Indiana, 4620

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

1. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 09 day of February 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

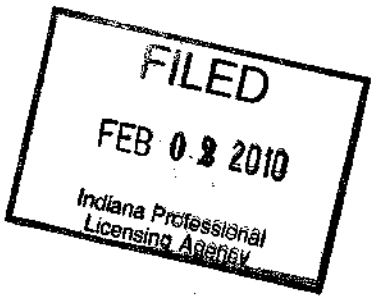
Copies to:

Laura Astrid Borders
7550 So. 7 Gables
Terre Haute, IN 47802
CERTIFIED MAIL NO. 7008 3230 0000 0200 7046
RETURN RECEIPT REQUESTED

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE NURSING BOARD OF INDIANA
CAUSE NUMBER: 2009 NB 028

IN THE MATTER OF THE LICENSE OF)
)
LAURA ASTRID BORDERS, R.N.)
)
LICENSE NO: 28145328A)
)



COMPLAINT

This complaint is brought against the nursing license of Laura Astrid Borders, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General Thomas P. McGee, on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 7550 So. 7 Gables, Terre Haute, IN 47802. Respondent is a Licensed Registered Nurse (RN) in the State of Indiana having been issued license number 28145328A on August 13, 1999.

2. On or about April 25, 2005, Respondent applied for employment as Assistant Director of Nursing (ADON) with Harborside Healthcare, 1001 E. Springhill Dr., Terre Haute, IN (Harborside).

3. On or about May 16, 2005, Harborside employed Respondent as the ADON.

4. On or about August 26, 2007, Harborside terminated Respondent's employment and made Respondent ineligible for rehire.

Exhibit A

5. On or about September 12, 2007, Respondent completed her online Indiana License Renewal Application and answered "no" to the question "Since you last renewed, have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. The Respondent's conduct is in violation of Indiana Code §25-1-9-4(a)(1)(A) in that Respondent has engaged in material deception in order to obtain a license to practice as evidenced by her failure to disclose her August 16, 2007 termination from Harborside Healthcare on her Indiana renewal application on September 12, 2007.

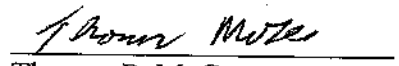
2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;
2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,
3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller
Attorney General of Indiana

By: 

Thomas P. McGee
Deputy Attorney General
Attorney No. 27247-49

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-4075

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Laura Astrid Borders
7550 So. 7 Gables
Terre Haute, IN 47802

Thomas P. McGee
Deputy Attorney General
Attorney No. 27247-49

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 025

IN THE MATTER OF THE LICENSE OF:)
)
ROBIN LYNN COPLEN, R.N.)
)
LICENSE NO: 28134238A)
)
RESPONDENT)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Robin Lynn Coplen, R.N., 659 Richardson Avenue, Henderson, Kentucky 42420.
2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.
3. The official cause number of this action is: 2010 NB 025.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Robin Lynn Coplen
659 Richardson Ave.
Henderson, KY 42420
CERTIFIED MAIL NO. 7008 3230 0000 0020 7060
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 025

IN THE MATTER OF THE LICENSE OF)
ROBIN LYNN COPLEN, R.N.,)
LICENSE NO: 28134238A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Robin Lynn Coplen, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 659 Richardson Avenue, Henderson, Kentucky 42420 and she is a Registered Nurse in the State of Indiana having been issued license number 28134238A in 1996.

2. On or around March 20, 2000, Respondent began employment at Visiting Nurse Association (VNA) located in Princeton, Indiana.

3. On or around August 19, 2003, Respondent agreed to take a drug test after VNA received an anonymous letter accusing Respondent on diversion of morphine and Xanax from a hospice patient after the patient had died. Just prior to taking the drug test, Respondent submitted her resignation. Respondent met with her operations supervisor and denied diversion but admitted to recently smoking marijuana and felt she would not pass a drug test. VNA

Exhibit A

Respondent of diversion. VNA could not substantiate allegations.

4. On or around August 29, 2003, Respondent called to initiate the intake process with the Indiana State Nurses Assistance Program (ISNAP). Respondent denied diversion from VNA indicating that she had just broken up with her boyfriend who had accused her.

5. On or around September 2, 2003, ISNAP received Respondent's assessment from Dr. James Macke, M.D. Dr. Macke gave Respondent a poly-substance dependence diagnosis.

6. On or around October 14, 2003, Respondent entered into a five-year Recovery Monitoring Agreement (RMA) with ISNAP.

7. On or around January 28, 2005, ISNAP sent Respondent notification that she was significantly non-compliant with her RMA.

8. On or around May 10, 2005, Respondent's urine drug screen (UDS) was positive for alcohol; however, it was later determined to be negative as the ethyl glucuronide (EtG) presence was negative. Respondent had a history of diabetes/ glucose present in her urine.

9. On or around June 14, 2005, Respondent's UDS was positive for alcohol; however, it was later determined to be negative as the EtG presence was negative.

10. On or around Jun 27, 2005, Respondent began employment at Welcome Home Health Care (WHHC) located in Princeton, Indiana.

11. On or around September 26, 2005, ISNAP's quarterly compliance report showed Respondent in partial compliance with her RMA. Respondent failed to submit her worksite monitor report, her therapist report, and her sponsor report.

12. On or around November 17, 2005, Respondent received a warning from WHHC due to tardiness and absenteeism.

13. On or around January 17, 2006, ISNAP's quarterly compliance report showed Respondent in full compliance with her RMA.

14. On or around January 19, 2006, Respondent was hospitalized and given a diagnosis of diabetes, heart disease, and high blood pressure.

15. On or around February 28, 2006, Respondent gave WHHC her three week notice. Respondent indicated that she could not continue in the position without medical insurance and was looking for another job.

16. On or around March 1, 2006, Respondent's employment with WHHC was terminated for failure to do an on-call shift.

17. On or around March 3, 2006, Respondent submitted an application for employment to Westpark Rehabilitation Center (Westpark) located in Evansville, Indiana. Under her reason for leaving WHHC, Respondent noted that she "needed benefits."

18. On or around March 6, 2006, Respondent began employment at Westpark.

19. On or around April 14, 2006, ISNAP's quarterly compliance report showed Respondent in partial compliance with her RMA. Respondent had failed to submit her addictionist report, her monthly report for February, and her group log for February.

20. On or around July 14, 2006, ISNAP's quarterly compliance report showed Respondent in significant non-compliance with her RMA in that she failed to submit her addictionist report, her monthly reports, her group logs, and her sponsor report. Respondent was able to bring her file into compliance by the end of August 2006.

21. On or around September 19, 2006, Respondent's UDS was positive for alcohol; however, it was later determined to be negative as the EtG presence was negative.

22. On or around October 10, 2006, Respondent was counseled at Westpark for being disruptive, disrespectful, and inconsiderate during smoking times. Respondent was noted to have multiple episodes of crying in the hallway, verbal outbursts in front of residents, staff, and resident family members, and she frequently had a negative attitude. Respondent noted on her counseling report that nicotine withdrawal is stressful enough without assisting people to smoke,. but indicated she would work hard to improve her personal attitude.

23. On or around October 20, 2006, ISNAP's quarterly compliance report showed Respondent in significant non-compliance. Respondent failed to submit her addictionist report, her monthly report for September, her group log for September, and her sponsor report.

24. On or around November 20, 2006, ISNAP noted that while Respondent would be eligible to complete ISNAP after three years, she needed to demonstrate six months of full compliance before doing so.

25. On or around January 16, 2007, Respondent resigned her position at Westpark to accept another job.

26. On or around January 17, 2007, ISNAP's quarterly compliance report showed Respondent in partial compliance. Respondent failed to submit her group logs for November and December, her sponsor report, her worksite monitor report, and her monthly reports for November and December.

27. On or around February 27, 2007, Respondent's RMA was extended for three months due to her non-compliance.

28. On or around March 21, 2007, Respondent submitted an application for employment to Heritage Center located in Evansville, Indiana. Under her reason for leaving WHHC, Respondent noted that she "needed benefits."

29. On or around March 26, 2007, Respondent began employment at Heritage Center located in Evansville, Indiana.

30. On or around April 19, 2007, ISNAP's quarterly compliance report showed Respondent in partial compliance. Respondent failed to submit her monthly reports for February and March and her group logs for February and March.

31. On or around July 19, 2007, ISNAP's quarterly compliance report showed Respondent in partial compliance. Respondent failed to submit her monthly reports for May and June, her group logs, and her sponsor report.

32. On or around October 18, 2007, ISNAP's quarterly compliance report showed Respondent in significant non-compliance. Respondent failed to submit her addictionist report, he worksite monitor report, her monthly reports for August and September, her group logs, and her sponsor report.

33. On or around October 22, 2007, Respondent renewed her Indiana nursing license online and answered all questions "no," including question number five which asks, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

34. On or around May 20, 2008, Respondent's UDS was positive for benzodiazepine; however, the screen was ruled negative as Respondent had a valid prescription.

35. On or around July 18, 2008, ISNAP's quarterly compliance report showed Respondent in full compliance.

36. On or around October 21, 2008, ISNAP's quarterly compliance report showed Respondent in partial compliance. Respondent later submitted her missing monthly report and AA log.

37. On or around January 19, 2009, ISNAP's quarterly compliance report showed Respondent in significant non-compliance. Respondent failed to submit her monthly reports, her sponsor report, and her group log. Respondent also missed two UDS.

38. On or around March 10, 2009, ISNAP closed Respondent's file as she had been in active monitoring for over five-years without demonstrating any period of time with quality compliance.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's admitted use of marijuana, poly-substance dependence diagnosis, and non-compliance with ISNAP.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A)in that Respondent has engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her termination from WHHC on her 2007 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation,

suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B)in that Respondent has engaged in material deception in the course of professional services or activities as evidenced by Respondent stating on her employment application for Westpark that she left WHHC because she "needed benefits" and not because she was terminated.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B)in that Respondent has engaged in material deception in the course of professional services or activities as evidenced by Respondent stating on her employment application for Heritage Center that she left WHHC because she "needed benefits" and not because she was terminated.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

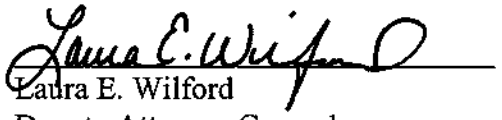
1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: 

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United States mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Robin Lynn Coplen
659 Richardson Avenue
Henderson, KY 42420

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 024

IN THE MATTER OF THE LICENSE OF:)
)
KIMBERLY ANN COUDRET, R.N.)
)
LICENSE NO: 28091846A)
)
RESPONDENT)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Kimberly Ann Coudret, R.N., 301 N. Boehne Camp, Evansville, Indiana 47712.
2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 234-2600.
3. The official cause number of this action is: 2010 NB 024.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kimberly Ann Coudret
301 N. Boehne Camp
Evansville, IN 47712
CERTIFIED MAIL NO. 7008 3230 0000 0020 7053
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 024

IN THE MATTER OF THE LICENSE OF)
KIMBERLY ANN COUDRET, R.N.,)
LICENSE NO: 28091846A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kimberly Ann Coudret, R.N. ("Respondent"), by the Office of the Attorney General, by counsel, Deputy Attorney General, Laura E. Wilford on behalf of the State of Indiana ("Petitioner") and pursuant to Ind. Code §25-1-7-7, Ind. Code §25-1-5-3, Ind. Code §25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code §4-21.5-3 et seq. and Ind. Code §25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 301 N. Boehne Camp, Evansville, Indiana 47712 and she is a Registered Nurse in the State of Indiana having been issued license number 28091846A in 1985.

2. On or around June 27, 2002, Respondent was charged in Vanderburgh County Court, Indiana under cause number 82C01-0208-FC-00696 with Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony. The charge stemmed from Respondent calling in a prescription from Nick Coudret for liquid Lortab stating she worked for Dr. Hussain and was calling on his behalf. When the pharmacist called Dr. Hussain's office, Dr. Hussain denied authorizing the prescription. When Respondent appeared at the pharmacy to pick up the prescription, she was arrested and admitted to calling in the prescription.

Exhibit A

3. On or around August 12, 2002, Respondent's case in Vanderburgh County was transferred to the Vanderburgh County Drug Court under cause number 82C01-0208-FC-705. At this time, Respondent was receiving treatment at Stepping Stones.

4. On or around November 26, 2002, Respondent pled guilty under cause number 82C01-0208-FC-705 to Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony. Sentencing was deferred upon Respondent's completion of Vanderburgh County Day Reporting Drug Court ("VCDRDC").

5. On or around March 4, 2003, Respondent admitted to VCDRDC that she used methamphetamines. The court ordered Respondent to obtain inpatient treatment at Stepping Stones.

6. On or around April 1, 2003, VCDRDC was notified that Respondent was dismissed from day treatment for failing a urine drug screen and had to spend a day in jail.

7. On or around February 24, 2004, Respondent completed VCDRDC and the matter was dismissed.

8. On or around June 28, 2004, Respondent was charged in Vanderburgh Superior Court, Indiana under cause number 82D02-0406-FD-482 with Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony. Respondent had called in a fraudulent prescription for Codiclear under the alleged authorization of Dr. J. Polin under the assumed name of Emma Frey and attempted to pick up the prescription. Dr. J. Polin denied having a patient named Emma Frey or authorizing the prescription.

9. On or around October 11, 2004, Respondent pled guilty to Obtaining a Controlled Substance by Fraud or Deceit, a Class D Felony under cause number 82D02-0406-FD-482.

10. On or around November 17, 2004, Respondent was sentenced under cause number 82D02-0406-FD-482 to two years jail, suspended to the Drug Abuse Probation Services Program ("DAPS"). Respondent was also ordered to complete community services and pay costs and fees.

11. On or around October 31, 2005, Respondent renewed her Indiana nursing license and answered all questions "no," including question number three which asks, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

12. On or around January 11, 2007, Respondent was successfully discharged from DAPS and her judgment under cause number 82D02-0406-FD-482 was entered as a Class A Misdemeanor.

13. On or around May 29, 2008, Respondent called in a fraudulent prescription for Provigil 200mg #30 for herself to Beuhler's Buy Low Pharmacy in Evansville, Indiana under alleged authorization of nurse practitioner Pollyanna Haas, R.N. When the pharmacy called Hass for authorization, Haas denied calling in the prescription and instructed it not be filled.

14. On or around June 30, 2008, Respondent contacted the Indiana State Nurses Assistance Program ("ISNAP") and initiated intake. Respondent admitted to prescription forgery for Provigil. Respondent admitted to three prior treatments for substance abuse.

15. On or around July 15, 2008, ISNAP received Respondent's assessment from Dr. James, Macke, M.D. Dr. Macke noted that Respondent "has an acknowledged addiction disorder dating all the way back to 1992 with her initial treatment. She reports ten years of abstinence...Since her relapse, she has never had any type of consistent recovery...Her most

INDIANA STATE BOARD OF NURSING

recent relapse was on Provigil where she called in the prescription." Dr. Macke diagnosed Respondent with poly-substance dependence and residential treatment was recommended.

16. On or around August 11, 2008, Respondent notified ISNAP that she does not plan on returning to nursing and does not wish to be monitored by ISNAP.

17. On or around August 27, 2008, Respondent's ISNAP file was closed.

18. On or around October 31, 2009, Respondent's Indiana nursing license expired.

COUNT I

1. Respondent violated Ind. Code §25-1-9-4(a)(4)(D) in that Respondent has continued to practice although Respondent has become unfit to practice due addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by Respondent's forging of prescriptions for controlled substances, Respondent's admitted history of addition and treatment for drug addiction, and Respondent's diagnosis of poly-substance dependence.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT II

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose her 2004 guilty plea under cause number 82D02-0406-FD-482 on her 2005 Indiana nursing license renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT III

1. Respondent violated Ind. Code §25-1-9-4(a)(2)(A) in that Respondent has been convicted of a crime that has a direct bearing on her ability to practice safely as evidenced by Respondent's 2004 guilty plea to Obtaining a Controlled Substance by Fraud or Deceit.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code §25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by Respondent calling in or forging prescriptions for controlled substances.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code §25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and;

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Gregory F. Zoeller,
Attorney General of Indiana

By: Laura E. Wilford

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent listed below, by United State mail, first-class, postage prepaid, on this 2nd day of February, 2010.

Kimberly Ann Coudret
301 N. Boehne Camp
Evansville, Indiana 47712

Laura E. Wilford
Deputy Attorney General
Attorney No.: 24446-49

OFFICE OF THE ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number (317) 234-2600

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 029

IN THE MATTER OF THE LICENSE OF:	)
	)
CAROL A. GILKERSON, R.N.	)
	)
LICENSE NO: 28120944A	)
	)
RESPONDENT	)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Carol A. Gilkerson, R.N., 6101 North Oaklandon Avenue, Indianapolis, Indiana 46220.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 029.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Carol A. Gilkerson
6101 N. Oaklandon Ave.
Indianapolis, IN 46220
CERTIFIED MAIL NO. 7008 3230 0000 0200 6940
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 029

IN THE MATTER OF THE LICENSE OF)
)
CAROL A. GILKERSON, R.N.)
)
LICENSE NO: 28120944A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Carol A. Gilkerson, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 6101 North Oaklandon Avenue, Indianapolis, IN 46220 and she is a Registered Nurse in the State of Indiana having been issued license number 28120944A in 1993.

2. On or around May 24, 2004, Respondent began her employment with St. Vincent Hospital in Indianapolis, Indiana.

3. On or around September 3, 2004, Respondent received a written warning at St. Vincent Hospital because her documentation was poor, she was observed with slurred speech and she was sleeping.

Exhibit A

4. On or around September 11, 2006, Respondent was assessed by Clarian Behavioral Care (Clarian) after Respondent referred herself for treatment of chronic pain related to migraine headaches, insomnia and increased anxiety. Respondent reported that she had taken pain medications since childhood and went through a detoxification treatment program between August 30 and September 6, 2006 after "over-using" fentanyl. Respondent was diagnosed with chronic pain and opiate dependence.

5. On or around September 25, 2006, Respondent initiated the intake process with the Indiana State Nurses Assistance Program (ISNAP) at the urging of Clarian. Respondent reported that her most recent drug use was Klonopin 0.5 mg, three times a day and fentanyl 0.8 mg, once a day as-needed, in August 2006. Respondent also reported physical withdrawal symptoms and that she underwent an inpatient detoxification program in August 2006. Respondent indicated that she believed she did not need treatment because she took all of her pain medication as prescribed except on two occasions when she used fentanyl in an unprescribed manner.

6. On or around September 26, 2006, ISNAP contacted Carol Carpentier at St. Vincent Hospital's Associate Assistance Program (AAP) because Respondent was enrolled in that program. Carpentier stated that Respondent voluntarily came to her in May 2006 complaining of migraine headaches. Respondent reported to her that she went to the emergency room to obtain narcotics and she wanted help for anxiety. Carpentier also noted that on one occasion Respondent appeared sedated at work, could not remember her address and later admitted having an addiction to fentanyl lollipops. As a result, Carpentier recommended that Respondent take a medical leave of absence to seek treatment. Respondent took a paid leave of absence in June 2006.

7. On or around October 9, 2006, Respondent signed a three-year recovery monitoring agreement (RMA) with ISNAP. Respondent's treatment provider was Clarian.

8. On or around January 2, 2007, Respondent began her employment with Fresenius Medical Care in Indianapolis, Indiana. Respondent was still on a paid leave of absence from St. Vincent Hospital until January 18, 2007, at which time she took an unpaid leave of absence.

9. On or around February 8, 2007, Respondent reported to ISNAP that she was hospitalized, although she did not say why, had surgery, and was prescribed Darvon. Respondent was discharged from the hospital on February 14, 2007.

10. On or around February 19, 2007, Respondent's urine drug screen (UDS) tested positive for benzodiazepines and propoxyphene. Respondent provided documentation that she was prescribed Darvon and Valium following her discharge from the hospital on February 14, 2007.

11. On or around February 22, 2007, Respondent went to the hospital after she fell. Respondent submitted a prescription for hydrocodone to ISNAP.

12. On or around February 27, 2007, Respondent's UDS was dilute with a creatinine level of 0.15. ISNAP considers a creatinine of 0.12 to 0.20 to possibly be caused by drinking too many fluids and a creatinine level of 0.10 or lower, and especially 0.05 or lower, to possibly be caused by drinking too many fluids to intentionally dilute the urine sample; however, certain medications can also cause a dilute urine sample. ISNAP sent Respondent a "first dilute letter" which instructed her on how to avoid having a dilute UDS. Also, Respondent reported that she was prescribed Xyrem for

narcolepsy. Respondent was informed that this was an addictive substance and was instructed to discontinue using it.

13. On or around March 2, 2007, Respondent's UDS tested positive for benzodiazepines and hydrocodone. ISNAP noted that Respondent had a prescription for hydrocodone dated February 22, 2007, but there was no adequate explanation given for why Respondent tested positive for benzodiazepines.

14. On or around March 12, 2007, Respondent's UDS tested positive for propoxyphene. ISNAP noted that Respondent had a prescription for Darvon from February 4, 2007. Respondent informed ISNAP that she was still using Darvon because she was still experiencing pain following her surgery in February 2007.

15. On or around April 9, 2007, Respondent reported to ISNAP that she had a gastrostomy tube (g-tube) placed in her. Respondent reported that she was prescribed oxycodone and was not working. Respondent's medical records indicate that she had a prescription for oxycodone, but she did not provide a copy of it to ISNAP.

16. On or around May 4, 2007, Respondent reported to ISNAP that she had an abcess around her g-tube and that she was prescribed Vicodin prn on April 22, 2007. Respondent stated that she took her last dose on May 1, 2007. Respondent provided a copy of this prescription to ISNAP.

17. On or around May 15, 2007, Respondent's UDS tested positive for hydrocodone. ISNAP noted that Respondent had a prescription for hydrocodone (Vicodin) from April 22, 2007 and Respondent indicated that she took a tablet from this prescription because her abcess was still present.

18. On or around June 17, 2007, Respondent's employment ended with St. Vincent Hospital because she had been on a leave of absence for one year and had not returned.

19. On or around June 24, 2007, Respondent reported to ISNAP that she had a migraine headache and took two Vicodin tablets from her February 2007 prescription which was prescribed to her due to a fall.

20. On or around July 10, 2007, Respondent reported to ISNAP that she had a migraine headache and took one Vicodin tablet.

21. On or around July 19, 2007, Respondent reported to ISNAP that she was prescribed fentanyl prn for migraines by Dr. Dmitry Arbuck and provided a copy of this prescription. Respondent was instructed that she could not take fentanyl since it was a controlled substance. Dr. Arbuck informed ISNAP that Respondent had basilar migraines and that using fentanyl lozenges was the only method of treatment that worked for Respondent. Dr. Arbuck stated that Respondent had a "pseudo-addiction" but did not believe she ever abused the lozenges.

22. On or around July 23, 2007, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. ISNAP did not receive Respondent's addictionist report.

23. On or around July 24, 2007, Respondent informed ISNAP that she was scheduled to do a UDS on July 23, 2007, but had to work late and submitted a UDS this day. Respondent's UDS was dilute with a creatinine level of 0.15. ISNAP sent Respondent a "first dilute" urine drug screen letter.

24. On or around August 14, 2007, Respondent's therapist reported to ISNAP that Respondent admitted abusing fentanyl lozenges. Respondent indicated to ISNAP that she would discontinue her use of fentanyl.

25. On or around August 24, 2007, Respondent reported to ISNAP that she had a headache and took an oxycodone tablet from a prescription from April 2007 when she had her g-tube inserted. Respondent was referred to her therapist because she used this oxycodone to treat a headache even though it was prescribed to help alleviate her pain following surgery.

26. On or around October 22, 2007, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. ISNAP did not receive Respondent's sponsor report. Also, Respondent reported that she fell and bit through her lip and she had to get stitches. Respondent provided a copy of a prescription for Vicodin dated September 18, 2007.

27. On or around March 24, 2008, Respondent reported to ISNAP that she hurt her back at work and went to the emergency room on March 20, 2008 and was prescribed Vicodin and a Lipoderm patch. Respondent then went to her primary care physician on March 24, 2008 and was prescribed Flexeril and Percocet. Respondent provided a copy of a prescription for oxycodone (Percocet) dated March 24, 2008. Respondent did not provide a copy of her prescription for Vicodin even though her medical records indicate she was prescribed it.

28. On or around March 26, 2008, Respondent's UDS tested positive for oxycodone. ISNAP noted that Respondent provided a copy of a prescription for oxycodone from March 24, 2008.

29. On or around April 8, 2008, Respondent reported that she was still taking Percocet even though she intended to discontinue using it by March 31, 2008.

30. On or around April 23, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. ISNAP did not receive Respondent's March monthly report or AA/NA support logs.

31. On or around May 2, 2008, Clarian obtained a list of prescriptions Respondent filled and noted that Respondent had not disclosed all of her prescriptions to them. Also, Respondent's addictionist stated in his quarterly report that he believed Respondent was not able to safely practice nursing since she was using multiple controlled substances from multiple providers. Between October 2006 and May 2008, Respondent filled prescriptions for hydrocodone, Lunesta, Midrin, alprazolam, fentanyl, and Xyrem without informing ISNAP. These were in addition to the prescriptions Respondent had disclosed to ISNAP already. Respondent was instructed to not work and she denied that she using the prescribed substances even though she filled them.

32. Also, on or around May 2, 2008, Respondent's UDS was dilute, with a creatinine level of 0.10.

33. On or around May 18, 2008, Respondent reported to ISNAP that she took two Vicodin tablets for a migraine headache. This was considered a relapse. Respondent's therapist reported that Respondent told him that "Chuck [Lindquist] gave her permission to take the Vicodin." Respondent's therapist also recommended that Respondent should be tested regularly for fentanyl use.

34. On or around May 21, 2008, Respondent's RMA was extended for six months due to her relapse on May 18, 2008.

35. On or around May 22, 2008, Respondent asked ISNAP if she could use Xyrem for her narcolepsy, even though Respondent had been filling prescriptions for Xyrem since August 2007 without ISNAP's knowledge. ISNAP informed Respondent that Xyrem and Lunesta were not approved medications.

36. On or around July 3, 2008, while working for Fresenius Medical Care, Respondent was found sleeping in the intensive care unit while running dialysis for a patient. The patient's vital signs had not been recorded in over 45 minutes.

37. On or around July 9, 2008, while working for Fresenius Medical Care, Respondent cleaned a dialysis machine, but blood was found in one of the connectors. Respondent also kept falling asleep during the morning meeting. Furthermore, Respondent was found sleeping while running dialysis for a patient with a popsicle she had been eating melted on her scrub top.

38. On or around July 23, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent missed one UDS.

39. On or around July 29, 2008, Respondent's worksite monitor at Fresenius Medical Care reported to ISNAP that Respondent appeared impaired at work, was having difficulty forming words and was having difficulty with her motor skills. Respondent was asked to go home, but Respondent refused to do so. Respondent claimed that she had low blood sugar.

40. On or around August 1, 2008, Respondent reported to ISNAP that she was using fentanyl lollipops from a previous prescription. This was considered a relapse.

41. On or around August 5, 2008, ISNAP extended Respondent's RMA for six months due to her relapse on August 1, 2008.

42. On or around August 12, 2008, Respondent's employment was terminated from Fresenius Medical Care due to her relapse on August 1, 2008. Respondent disclosed her termination to ISNAP.

43. On or around August 13, 2008, Respondent's sponsor reported to ISNAP that she believed Respondent had legitimate pain issues but was being manipulative about the medication she was using.

44. On or around August 15, 2008, Respondent's therapist reported to ISNAP that Respondent's significant other found syringes in their home. Respondent's therapist recommended that Respondent be placed in long-term residential treatment.

45. On or around September 22, 2008, Respondent completed an "Application for Employment" with the Indiana Heart Institute. Respondent stated that her reason for leaving Fresenius Medical Care was that she "desired [a] new opportunity." Respondent began her employment on September 22, 2008.

46. On or around October 14, 2008, Respondent informed ISNAP that she had to go to Georgia to see her sick mother and that she would be gone from October 14 until October 19, 2008.

47. On or around October 16, 2008, Respondent informed ISNAP that she was in an automobile accident in Georgia and was sent to the emergency room where she was prescribed pain medication; however, Respondent filled a prescription for Ativan on this date in Indianapolis, Indiana.

48. On or around October 22, 2008, ISNAP's quarterly compliance report indicated that Respondent was in partial compliance with her RMA. Respondent did not provide a copy of her sponsor report, missed one UDS and had a relapse on August 1, 2008. Also, Respondent informed ISNAP that she was still in Georgia; however, Respondent filled a prescription for Ambien on October 19, 2008 in Indianapolis, Indiana.

49. On or around November 24, 2008, Respondent informed ISNAP that she was returning to Georgia again. Respondent was excused from urine drug testing while she was away.

50. On or around December 5, 2008, Respondent's therapist reported that they were discharging Respondent because she missed five nurse support groups.

51. On or around December 9, 2008, Respondent's worksite monitor at the Indiana Heart Institute reported that Respondent returned from Georgia on December 8, 2008 and then called off of work on December 9, 2008. Respondent's worksite monitor also reported that Respondent was seen drinking alcohol and using Ambien by another employee.

52. On or around December 16, 2008, Respondent informed ISNAP that she returned from Georgia on December 15, 2008 and that she would begin urine drug testing again.

53. On or around December 17, 2008, Respondent's therapist reported that they could no longer provide treatment for Respondent since she had "taken scamming [to] a whole new level" as evidenced by her failure to inform ISNAP in a timely manner that she returned from Georgia. Respondent's file with ISNAP was closed. As a result of

her closure from ISNAP, her employment was terminated from the Indiana Heart Institute.

54. Between May 2008 and December 2008 Respondent filled prescriptions for Xyrem, hydrocodone, oxycodone and Ambien without informing ISNAP.

55. On or around July 27, 2009, Respondent completed an "Employment Application" with DSI, a dialysis clinic, in Plainfield, Indiana. Respondent indicated that she left Fresenius Medical Care because she "desired to learn different skills and have less on-call responsibilities." Respondent also indicated that she left the Indiana Heart Institute due to a "reduction in work [and] to care for terminal mother."

56. On or around August 5, 2009, Respondent reinitiated intake with ISNAP. Respondent indicated that she sought treatment at two residential facilities, but Respondent's therapist noted Respondent left the facilities either prematurely or against staff advice. Respondent stated that she was seeking treatment for fibromyalgia from Dr. Arbuck.

57. On or around August 6, 2009, Respondent was reassessed and diagnosed with opioid dependence.

58. On or around August 31, 2009, Respondent began her employment with DSI.

59. On or around September 9, 2009, Respondent signed a second three-year RMA. Respondent informed DSI of her involvement with ISNAP.

60. On or around October 9, 2009, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice

as a Nurse or as another health care professional?" Respondent disclosed that her employment was terminated from the Indiana Heart Institute due to her non-compliance with ISNAP. Respondent did not disclose that her employment was terminated with Fresenius Medical Care. Respondent's license was renewed by IPLA staff on October 14, 2009 because Respondent was in a RMA with ISNAP. Respondent was not required to personally appear before the Board.

61. On or around October 21, 2009, Respondent reported that she was hospitalized between October 13 and 15, 2009 for abdominal pain and was prescribed hydrocodone. Respondent's medical records indicate that Respondent was prescribed hydrocodone.

62. On or around October 30, 2009, Respondent received a verbal warning at DSI for having three tardies and three absences since August 2009, for not completing documentation or treatments in a timely manner and for her "inability to prioritize tasks."

63. On or around November 18, 2009, Respondent's addictionist informed ISNAP that Respondent was prescribed hydrocodone due to her kidney stones and was taking Lyrica. He stated that this combination could cause Respondent to have symptoms of somnolescence.

64. On or around November 20, 2009, Respondent's employment was terminated from DSI. Since August 2009, Respondent missed six days of work and was tardy three times, did not implement physician's orders accurately and efficiently, exhibited slurred speech and was seen sleeping while trying to prepare medications for administration.

65. On or around December 2, 2009, Respondent reported that she fell and broke her nose and was prescribed Vicodin. Respondent provided a copy of prescriptions for hydrocodone and Cipro.

66. As of January 25, 2010, Respondent continues in a RMA with ISNAP.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose in her explanation regarding her positive response on her October 2009 Indiana nursing license renewal that her employment was terminated from Fresenius Medical Care.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to disclose that her employment was terminated from Fresenius Medical Care on her employment application with the Indiana Heart Institute.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand,

probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to disclose that her employment was terminated from Fresenius Medical Care on her employment application with DSI.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(B) in that Respondent engaged in material deception in the course of professional services or activities as evidenced by her failure to disclose that her employment was terminated from the Indiana Heart Institute on her employment application with DSI.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although she has become unfit to do so due to

addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing her ability to practice safely as evidenced by her admitted abuse of fentanyl, her 2006 and 2009 opioid dependence diagnoses, her unauthorized use of controlled substances while in ISNAP, her positive urine drug screens in ISNAP, her relapses in May and August 2008, her initial closure from ISNAP and her impaired state while working at Fresenius Medical Care and DSI.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D— R Covington

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent by United States mail, first-class, postage prepaid, on this 3rd day of Feb, 2010.

Carol A. Gilkerson
6101 N Oaklandon Ave.
Indianapolis, IN 46220

By: D R Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 030

IN THE MATTER OF THE LICENSE OF:)
)
JUDY KAY HART, L.P.N.)
)
LICENSE NO: 27032538A)
)
RESPONDENT)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Judy Kay Hart, L.P.N., 8768 South 350 West, Stilesville, Indiana 46180.

2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 030.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Judy Kay Hart
8768 South 350 West
Stilesville, IN 46180
CERTIFIED MAIL NO. 7008 3230 0000 0200 6957
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 030

IN THE MATTER OF THE LICENSE OF)
)
JUDY KAY HART, L.P.N.)
)
LICENSE NO: 27032538A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Judy Kay Hart, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 8768 South 350 West, Stilesville, IN 46180 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27032538A in 1990.

2. On or around August 1, 2008, Respondent was charged in Hendricks County, Indiana Superior Court with Forgery, a Class C Felony, under Cause Number 32D03-0808-FC-28 for allegedly forging a check under the name of a patient at Heartland Healthcare in Avon, Indiana.

3. On or around August 20, 2008, Respondent received a copy of the Information filed in Hendricks County Superior Court.

Exhibit A

4. On or around August 21, 2008, Respondent renewed her Indiana nursing license online and answered "no" to the question, "Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"

5. On or around November 25, 2008, Respondent's charges were dismissed in Hendricks County Superior Court after Respondent made restitution to the patient whose signature was allegedly forged.

COUNT I

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose her pending criminal charges on her 2008 Indiana online nursing renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: Darren R. Covington

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 3rd day of Feb, 2010.

Judy Hart
8768 South 350 West
Stilesville, IN 46180

By: D. R. Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 032

IN THE MATTER OF THE LICENSE OF:	)
	)
JEFFREY K. STUBBLEFIELD , L.P.N.	)
	)
LICENSE NO: 27061115A	)
	)
RESPONDENT	)

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Jeffrey K. Stubblefield, L.P.N., 26203 Co. Rd. 4, Elkhart, Indiana 46514.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 032.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Jeffrey K. Stubblefield
26203 Co. Rd. 4
Elkhart, IN 46514
CERTIFIED MAIL NO. 7008 3230 0000 0200 6964
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 032

IN THE MATTER OF THE LICENSE OF)
)
JEFFREY K. STUBBLEFIELD, L.P.N.)
)
LICENSE NO: 27061115A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Jeffrey K. Stubblefield, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 26203 Co. Rd. 4, Elkhart, IN 46514 and he is a Licensed Practical Nurse (L.P.N.) in the State of Indiana having been issued license number 27061115A in 2008.

2. On or around October 5, 1998, Respondent pled guilty in Macon County, Tennessee Circuit Court of Driving Under the Influence, a Class A Misdemeanor, and Simple Possession of Marijuana, a Class A Misdemeanor, under Cause Number 98-18.

3. On or around April 2, 2002, Respondent was issued a L.P.N. license by the Tennessee State Board of Nursing.

4. On or around April 15, 2003, Respondent began his employment at Select Specialty Hospital in Nashville, Tennessee.

Exhibit A

5. On or around October 4, 2004, Respondent's employment was terminated from Select Specialty Hospital after Respondent tested positive for marijuana on a urine drug screen at work.

6. On or around September 21, 2007, Respondent completed an "Application for Licensure by Endorsement as a Nurse" in the State of Indiana. Respondent answered "no" to the questions, "Have you ever been convicted of, pled guilty or nolo contendre to: A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? B. To any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines)" and "Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?"

7. On or around March 3, 2008, Respondent was issued a L.P.N. license by the Indiana State Board of Nursing.

8. On or around June 9, 2008, Respondent completed an "Employment Application" with Elkhart Rehabilitation Center in Elkhart, Indiana. Respondent stated that the reason he left Select Specialty Hospital was to obtain "a job with better pay."

9. On or around June 27, 2008, Respondent began his employment with Elkhart Rehabilitation Center.

10. On or around September 23, 2008, a relative of Respondent returned an unopened bottle containing 473 mL of Ibuprofen Oral Suspension USP, 100 mg/5ml. This medication was prescribed to W. K., a patient at Elkhart Rehabilitation Center. Respondent admitted taking the medication from the facility. Respondent's employment was then terminated.

11. Also, on or around September 23, 2008, Respondent was charged in Elkhart County, Indiana Superior Court with Domestic Battery in the Presence of a Child, a Class D Felony, under Cause Number 20D01-0809-FD-217.

12. On or around October 31, 2008, Respondent's Indiana nursing license expired.

13. On or around February 12, 2009, Respondent pled guilty to a lesser charge of Disorderly Conduct, a Class B Misdemeanor, in Elkhart County Superior Court. Respondent was sentenced to 180 days, which was considered satisfied based on credit for time served.

COUNT I

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose that he was terminated from Select Specialty Hospital on his Indiana nursing license application.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by Respondent's failure to disclose that he was convicted of a

Driving Under the Influence and Simple Possession of Marijuana on his Indiana nursing license application.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent violated Ind. Code 25-1-9-4(a)(1)(B) in that Respondent engaged in or knowingly cooperated in material deception in the course of professional services or activities as evidenced by Respondent's failure to disclose that his employment was terminated from Select Specialty Hospital on his "Employment Application" with Elkhart Rehabilitation Center.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT IV

1. Respondent violated Ind. Code 25-1-9-4(a)(4)(D) in that Respondent has continued to practice although he has become unfit to practice due to Respondent's addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing his ability to practice safely as evidenced by his convictions for Driving Under the Influence and Simple Possession of Marijuana and his positive urine drug screen for marijuana at Select Specialty Hospital.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT V

1. Respondent violated Ind. Code 25-1-9-4(a)(8) in that Respondent diverted a drug issued under a drug order for another person as evidenced by his admission that he took a patient's prescribed Ibuprofen home with him from Elkhart Rehabilitation Center.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: Darren R. Covington

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 3rd day of Feb, 2010.

Jeffrey Stubblefield
26203 Co. Rd. 4
Elkhart, IN 46514

By: D R Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 033

IN THE MATTER OF THE LICENSE OF:	)
	)
EMILY ROSE HALL , L.P.N.	)
	)
LICENSE NO: 27031575A	)
	)
RESPONDENT	)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Emily Rose Hall, L.P.N., 1587 Pike Street, Wabash, Indiana 46992.

2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 033.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Emily Rose Hall
1587 Pike Street
Wabash, IN 46992
CERTIFIED MAIL NO. 7008 3230 0000 0200 6971
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 033

IN THE MATTER OF THE LICENSE OF)
)
EMILY ROSE HALL, L.P.N.)
)
LICENSE NO: 27031575A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Emily Rose Hall, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1587 Pike Street, Wabash, IN 46992 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27031575A in 1989.

2. On or around April 19, 2006, Respondent began her employment with Wabash Skilled Care Center in Wabash, Indiana.

3. On or around July 17, 2009, Wabash Skilled Care Center received an anonymous tip from a gentleman who stated that he saw Respondent using marijuana before she arrived for work. As a result, Respondent was instructed to provide a urine drug sample. This sample tested positive for marijuana.

Exhibit A

4. On or around July 22, 2009, Respondent's employment was terminated from Wabash Skilled Care Center because she tested positive for marijuana while she was at work.

5. On or around October 2, 2009, Respondent initiated intake with the Indiana State Nurses Assistance Program (ISNAP). Respondent claimed that her sister laced her food with marijuana and then placed an anonymous phone call to Wabash Skilled Care Center in order to get her fired. Respondent was assessed and was not diagnosed with a substance abuse problem. Respondent also gave another urine drug sample which tested negative. As a result she did not meet the criteria for monitoring with ISNAP.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(D) in that Respondent continued to practice although she became unfit to practice due to her abuse of a drug that endangers the public by impairing her ability to practice safely as evidenced by her positive urine drug screen for marijuana while working at Wabash Skilled Care Center.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D — R Covington

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 3rd day of Feb, 2010.

Emily Hall
1587 Pike St.
Wabash, IN 46992

By: D R Covington

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA
BOARD OF NURSING
CAUSE NUMBER: 2010 NB 035

IN THE MATTER OF THE LICENSE OF:)
)
DEBORAH KAY WALLEN, L.P.N.)
)
LICENSE NO: 27025610A)
)
RESPONDENT)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Deborah Kay Wallen, L.P.N., 1710 E. 20th St., Muncie, Indiana 47302.

2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.

3. The official cause number of this action is: 2010 NB 035.

4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.

5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Deborah Kay Wallen
1710 E. 20th St.
Muncie, IN 47302
CERTIFIED MAIL NO. 7008 3230 0000 0200 6988
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 035

IN THE MATTER OF THE LICENSE OF)
)
DEBORAH KAY WALLEN, L.P.N.)
)
LICENSE NO: 27025610A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Deborah Kay Wallen, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 1710 E. 20th St., Muncie, IN 47302 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27025610A in 1984.

2. On or around February 25, 2004, Respondent began her employment at The Woodlands in Muncie, Indiana.

3. On or around May 3, 2006, Respondent's employment was terminated from The Woodlands for "acting indifferently and rude toward others."

4. On or around October 26, 2006, Respondent completed renewed her Indiana nursing license online and answered "no" to the question, "Since you last

Exhibit A

renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?"

COUNT I

1. Respondent violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to disclose that her employment was terminated from The Woodlands in May 2006 on her October 2006 Indiana online renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By:

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon the Respondent, by United States mail, first-class, postage prepaid, on this 3rd day of Feb, 2010.

Deborah Wallen
1710 E. 20th St.
Muncie, IN 47302

By: Darren R. Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 036

IN THE MATTER OF THE LICENSE OF:)
)
KRISTINA J. BARTLETT, R.N.)
)
LICENSE NO: 28165856A)
)
RESPONDENT)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Kristina J. Bartlett, R.N., 402 S. Red Bud Trail, Buchanan, MI 49107.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 036.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Kristina J. Bartlett
402 S. Red Bud Trail
Buchanan, MI 49107
CERTIFIED MAIL NO. 7008 3230 0000 0200 7008
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 036

IN THE MATTER OF THE LICENSE OF)
)
KRISTINA J. BARLETT, R.N.)
)
LICENSE NO: 28165856A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Kristina J. Barlett, R.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darren R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency (IPLA) is 408 S. Red Bud Trail, Buchanan, MI 49107 and she is a Registered Nurse in the State of Indiana having been issued license number 28165856A in 2005.

2. On or around June 30, 2005, Respondent was issued a Temporary Registered Nurse license by the Indiana State Board of Nursing.

3. On or around July 5, 2005, Respondent began her employment at St. Joseph Regional Medical Center in South Bend, Indiana.

4. On or around September 26, 2005, Respondent was issued a Registered Nurse license by the Indiana State Board of Nursing.

Exhibit A

5. On or around July 25, 2008, Respondent's employment was suspended for three days pending an investigation into alleged misconduct by Respondent. The investigation revealed that Respondent's patient fell asleep while eating mashed potatoes. As a result, the patient did not swallow the mashed potatoes. Instead of performing a finger sweep to remove the mashed potatoes from the patient's mouth, Respondent engaged in a series of stimuli maneuvers to awaken the patient. These maneuvers included performing a sternal rub, tapping on an injured shoulder and sitting the patient up and shaking him from side-to-side. The patient's daughter asked Respondent why she was hurting her father and Respondent stated that it was necessary to wake the patient up so he could swallow the mashed potatoes. The patient eventually swallowed the mashed potatoes.

6. On or around July 31, 2008, Respondent's employment was terminated from St. Joseph Regional Medical Center for "mistreating a patient resulting in pain . . . and increased anxiety for the family" on July 25, 2008.

7. On or around October 28, 2009, Respondent renewed her Indiana nursing license online and answered "yes" to the question, "Since you last renewed, have you ever been terminated, reprimanded, disciplined, or demoted in the scope of your practice as a Nurse or as another health care professional?" Respondent explained that her employment was terminated for not adequately assisting a patient with heartburn. Respondent did not disclose what facility her employment was terminated from. Respondent's license was renewed by IPLA without requiring Respondent to make a personal appearance before the Indiana State Board of Nursing.

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(1)(A) in that Respondent engaged in or knowingly cooperated in material deception in order to obtain a license to practice as evidenced by her failure to either accurately explain why her employment was terminated from St. Joseph Regional Medical Center or to disclose that her employment was terminated from St. Joseph Regional Medical Center in July 2008 in her explanation for her "yes" answer on her October 2009 Indiana online nursing renewal.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice as evidenced by her failure to perform a finger sweep instead of the improper techniques she used at St. Joseph Regional Medical Center to cause a patient to swallow his food.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: _____
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon all parties listed below, by United States mail, first-class, postage prepaid, on this 3rd day of Feb, 2010.

Kristina Barlett
408 S. Red Bud Trail
Buchanan, MI 49107

By: D R Cov
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA BOARD OF NURSING
CAUSE NUMBER: 2010 NB 037

IN THE MATTER OF THE LICENSE OF:)
)
JESSICA MARIE BEAM, L.P.N.)
)
LICENSE NO: 27058321A)
)
RESPONDENT)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

HEARING NOTICE

Comes now the INDIANA BOARD OF NURSING ("Board") pursuant to I.C. § 4-21.5-3-20 and issues the following Hearing Notice:

1. This notice is being provided to Jessica Marie Beam, L.P.N., 6970 Morning Sun Lane, Apt. 103, Rising Sun, Indiana 47040.
2. This notice is being provided to counsel for the State of Indiana, Darren Covington, Deputy Attorney General, Office of the Attorney General, Indiana Government Center South, 302 West Washington Street, 5th Floor, Indianapolis, Indiana, 46204, telephone number (317) 233-6506.
3. The official cause number of this action is: 2010 NB 037.
4. This action is a disciplinary hearing to determine whether a disciplinary sanction should be imposed on Respondent's Indiana nursing license.
5. A hearing regarding this matter will be held on **February 18, 2010 at 1:30 p.m.**, Eastern Standard Time, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana, 46204.

6. The Board is empowered to hold this administrative hearing pursuant to the authority of I.C. § 25-1-9 and I.C. § 4-21.5 *et seq.*

7. The Board will be presiding as administrative law judge in this matter. Sean Gorman, Director of the Nursing Board, may be contacted to obtain information concerning hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, by e-mail at pla2@pla.in.gov, by facsimile at (317) 233-4236, or by telephone at (317) 234-2043.

8. The hearing will address the issues contained in the Complaint filed February 2, 2010, which is attached hereto and incorporated herein by reference as Exhibit A.

9. Any party may be advised and represented by counsel at the party's own expense.

10. A party who fails to attend or participate in a pre-hearing conference, hearing, or other later stage of this proceeding may be held in default or have the proceeding dismissed under I.C. § 4-21.5-3-24.

11. All requests for continuances must be in writing and must be received by the Indiana Professional Licensing Agency at least three (3) days prior to the hearing. All requests for continuances shall indicate whether the opposing side has an objection to this continuance.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Jessica Marie Beam
6970 Morning Sun Lane, Apt. 103
Rising Sun, IN 47040
CERTIFIED MAIL NO. 7008 3230 0000 0200 6995
RETURN RECEIPT REQUESTED

Darren Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, 5th Floor
Indianapolis, Indiana 46204

BEFORE THE INDIANA STATE
NURSING BOARD
CAUSE NUMBER: 2010 NB 037

IN THE MATTER OF THE LICENSE OF)
)
JESSICA MARIE BEAM, L.P.N.)
)
LICENSE NO: 27058321A)

FILED
FEB 02 2010
Indiana Professional
Licensing Agency

COMPLAINT

This complaint is brought against the nursing license of Jessica Marie Beam, L.P.N. (Respondent), by the Office of the Attorney General, by counsel, Deputy Attorney General Darrēn R. Covington, on behalf of the State of Indiana (Petitioner) and pursuant to Ind. Code § 25-1-7-7, Ind. Code § 25-1-5-3, Ind. Code § 25-23-1-7 et seq., the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 et seq. and Ind. Code § 25-1-9-1 et seq. and in support alleges and states:

FACTS

1. Respondent's address on file with the Indiana Professional Licensing Agency is 6970 Morning Sun Lane, Apt. 103, Rising Sun, IN 47040 and she is a Licensed Practical Nurse in the State of Indiana having been issued license number 27058321A in 2006.

2. On or around October 6, 2006, Respondent began her employment with Shady Nook Care Center in Lawrenceburg, Indiana.

3. On or around February 10, 2009, while working in the dining room, Respondent took a doll, went over to resident D. S. and began hitting the doll on D. S.'s wheelchair. Respondent then took the doll to resident M. L., a dementia patient, and

Exhibit A

threw it on the floor in front of M. L. Respondent then stated "I bet we mess with their heads."

4. On or around February 12, 2009, Respondent's employment was terminated from Shady Nook Care Center due to her emotional abuse of D. S. and M. L.

5. On or around February 13, 2009, Respondent told several former co-workers that she took a doll from M. L., threw it on the floor, stepped on it and began crying to get a reaction from the resident. Respondent also stated that she sprayed L. M., another dementia patient, with cold water in order to get him out of bed and that she would jump in bed with some of the residents to scare them. Finally, Respondent stated "its terrible the way we mess with these people's minds."

COUNT I

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-3-3(1), using unsafe judgment, technical skills, or inappropriate interpersonal behaviors in providing nursing care, as evidenced by her mistreatment of dementia residents and her admission that she sprayed one resident with cold water and jumped into the beds of residents while they were in them to scare them.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT II

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-3-3(5), abusing a patient/client verbally or emotionally as evidenced by Respondent's mistreatment of dementia residents in order to "mess with their minds."

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

COUNT III

1. Respondent's conduct violated Ind. Code § 25-1-9-4(a)(4)(B) in that Respondent has continued to practice although she has become unfit to practice due to her failure to keep abreast of current professional theory or practice, to wit, 848 IAC 2-3-3(5), abusing a patient/client physically as evidenced by Respondent's admission that she sprayed a resident with cold water to get the resident to wake-up.

2. Respondent's violation of Indiana law is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter of reprimand, probation, suspension, or a revocation of license, and a fine up to the amount of $1000.00 per violation, as detailed at Ind. Code § 25-1-9-9.

WHEREFORE, Petitioner demands an order against the Respondent that:

1. Imposes the appropriate disciplinary sanction;

2. Directs Respondent to immediately pay all costs incurred in the prosecution of this case; and,

3. Provides any further relief as the Board deems just and proper.

Respectfully submitted,

Greg Zoeller
Attorney General of Indiana

By: D R Covington

Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

CERTIFICATE OF SERVICE

I certify that a copy of the "Complaint" has been duly served upon all parties listed below listed below, by United States mail, first-class, postage prepaid, on this 3rd day of Feb., 2010.

Jessica Beam
6970 Morning Sun Lane, Apt. 103
Rising Sun, IN 47040

By: D R Covington
Darren R. Covington
Deputy Attorney General
Attorney No. 28511-16

OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington St., Fifth Floor
Indianapolis, IN 46204-2770
Telephone Number: 317-233-6506

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 99 NB 032

STATE OF INDIANA)
)
v.)
)
CATHERINE NOVAK, L.P.N.)
License Number: 27037662A)

FILED
JAN 29 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DISMISSAL

An Administrative hearing was scheduled to be held on January 21, 2010 before the Indiana State Board of Nursing ("Board") in the Auditorium of the Indiana State Government Center South, 302 West Washington Street, Indianapolis, Indiana, 46204, to consider the Petition to Reinstate filed by Catherine Novak, L.P.N. ("Respondent").

The State of Indiana ("Petitioner"), was represented by the Office of the Indiana Attorney General, by Deputy Attorney General Darren R. Covington. The Respondent failed to appear in person or by counsel.

The Board, after taking official notice of its file in the matter and pursuant to Indiana Code § 4-21.5-3-24, voted 6-0-0 to issue a Notice of Proposed Dismissal of Respondent's Petition to Reinstate on the following grounds:

1. Respondent is a Licensed Practical Nurse in the State of Indiana having been issued license number 27037662A. Her address on file with the Indiana Professional Licensing Agency ("IPLA") is 1148 East Lexington, Indianapolis, Indiana 46203.

2. A Petition to Reinstate was filed by Respondent on October 22, 2009.

3. On November 2, 2009, IPLA sent a notice to Respondent at her listed address, informing Respondent of the date, time, and place of the hearing on Respondent's Petition to Reinstate scheduled for November 19, 2009.

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 020

STATE OF INDIANA,)
)
Petitioner,)
)
v.)
)
GEORGE EDWARDS BARNES, R.N.,)
LICENSE NUMBER: 28120533A)

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies George Barnes ("Respondent"), R.N., 607 S. English, Sidell, Illinois 61876 to appear before the Board on **February 18, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28120533A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated his probation by not complying with the terms and conditions outlined in the Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order filed on July 26, 2007, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of his Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order with the Indiana State Board of Nursing

("The Board"). The Board has requested a timely show cause hearing as his case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

ORDERED this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

George Barnes
607 S. English
Sidell, IL 61876
SENT CERTIFIED MAIL #: 7008 3230 0000 0200 7077
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2007 NB 020

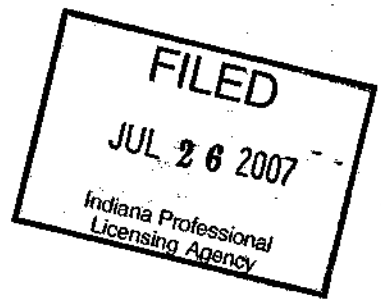
STATE OF INDIANA,

Petitioner,

v.

GEORGE EDWARDS BARNES, R.N.,
License No.: 28120533A,

Respondent.



FINDINGS OF FACT, ULTIMATE FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The State of Indiana, by Laura E. Wilford, Deputy Attorney General, ("Petitioner"), and George Edwards Barnes, R.N., ("Respondent") by counsel Kelly J. Green signed an Agreement which purports to resolve all issues involved in the action by the Petitioner and the Indiana State Board of Nursing ("the Board") regarding Respondent's license, and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the July 19, 2007, meeting now finds it has been entered into fairly and without fraud, duress or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement as if fully set forth herein and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this agreement by a vote of 7-0-0. Incorporated into the agreement was the consensus of both parties to the following Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order. The Board, hereby issues the following Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order:

Exhibit A

FINDINGS OF FACT

1. The Respondent's address on file with the Board is P.O. Box 143, Fairmount, IL 61841 and he is a Registered Nurse in the State of Indiana having been issued license number 28120533A on September 27, 1993. There are no previous disciplinary actions against the Respondent's Indiana nursing license.

2. Respondent was employed by the Department of Veterans Affairs to work as a nurse at their Illiana Health Care System ("VA Hospital") facility located at 1900 East Main Street, Danville, IL 61832 from May 14, 1995 to March 3, 2006. Respondent legally obtained employment at the Illinois federal facility via his Indiana nursing license. The Respondent did not have an Illinois nursing license at that time or any time subsequent.

3. On or around November 20, 2004, Respondent began employment at Vermillion Manor Nursing Home ("Vermillion"), which is a long-term care facility located in Illinois.

4. On or around January 3, 2005, Respondent worked the 11:00 p.m. to 7:00 a.m. shift at Vermillion. Respondent administered R18's regularly scheduled blood glucose test at 6:00 a.m. and the result was 49. Respondent treated R18's low blood sugar with orange juice and sugar. R18's chart lacked documentation of any follow-up intervention until 6:30 a.m., when the Respondent administered R18's regularly scheduled medication of Glyburide 2.5 mg. Respondent's shift ended at 7:00 a.m. R18 was transferred to the emergency room at 2:00 p.m. that day due to respiratory difficulties and unresponsiveness.

5. On or around January 6, 2005, Respondent received a warning from Vermillion for reporting and documentation issues.

6. On or around January 27, 2005, Respondent received verbal counseling from Vermillion for documentation issues.

7. On or around February 3, 2005, Respondent received a reprimand from the VA Hospital for documentation issues.

8. On or around February 22, 2005, Respondent's employment with Vermillion was terminated for lack of Illinois licensure to operate as a nurse.

9. On or around April 7, 2005, Respondent received from the VA Hospital a letter of alternative discipline in lieu of suspension due to Respondent's documentation and communication issues.

10. On or around October 24, 2005, Respondent completed under penalties of perjury his Indiana nursing license renewal. Respondent circled "NO," to all questions including number five (5) which asks, "Since you last renewed...have you been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional?"

ULTIMATE FINDINGS OF FACT

1. The Respondent's conduct violated Indiana Code § 25-1-9-4(a)(1)(B).
2. Respondent's conduct violated Indiana Code § 25-1-9-4(a)(1)(A).
3. Respondent's conduct violated Indiana Code § 25-1-9-4(a)(4)(B), to wit: 848 IAC 2-2-3(6).
4. Respondent's conduct violated Indiana Code § 25-1-9-4(a)(4)(B), to wit: 848 IAC 2-2-3(1).

CONCLUSIONS OF LAW

Respondent's violation is cause for disciplinary sanctions which may be imposed singly or in combination such as censure, a letter or reprimand, probation, suspension, or revocation and a fine up to the amount of $1,000 per violation as detailed in Indiana Code §25-1-9-9.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent shall receive a **LETTER OF REPRIMAND** attached hereto as Exhibit "A."

2. Respondent shall within one hundred (100) days from the date of the Final Order complete twenty-five (25) hours of community service related to nursing or patient care.

3. Respondent shall within one hundred (100) days from the date of the Final Order submit to the Board proof of completion of twenty (20) contact hours of continuing education in the following areas:

a. Ten (10) contact hours in the area of Documentation/Charting;

b. Six (6) contact hours in the area of Diabetic Care/Blood Glucose Monitoring;

c. and Four (4) contact hours in the area of Ethics in Nursing.

4. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of nursing, or any violation of the Settlement Agreement may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Indiana Code §25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

SO ORDERED, this 26th day of July, 2007.

INDIANA STATE BOARD OF NURSING

By: Kristen Kelley for

Frances L. Kelley
Executive Director
Indiana Professional Licensing Agency

Copies to:

George Edwards Barnes, RN
P.O. Box 143
Fairmount, IL 61842
SENT CERTIFIED MAIL NO. 7003 3110 0003 5660 0858
RETURN RECEIPT REQUESTED.

Kelly J. Green
Krieg DeVault LLP
12800 N Meridian Street, Suite 300
Carmel IN 46032

Deputy Attorney General Laura E. Wilford
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

We work to keep you working
IPLA
Professional Licensing Agency

402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 232-3901
Fax: (317) 233-4236
Website: www.PLA.IN.gov

Governor Mitchell E. Daniels, Jr.

July 24, 2007

George Edwards Barnes, RN
P.O. Box 143
Fairmount, IL 61842

RE: Cause Number 2007 NB 020
Letter of Reprimand

Dear Mr. Barnes:

This letter of reprimand is issued as part of the settlement agreement reached between you and the State resulting from charges filed by the Office of the Attorney General on or about February 12, 2007 with the Indiana State Board of Nursing.

The purpose of this reprimand is to stress the important responsibility that you have by reason of possessing a license to practice as a nurse in this state. It is your duty to ensure that you follow standard practice for proper documentation, charting in an appropriate and timely manner, and the administration of medication for a patient. Further, as a nurse, you are responsible for your actions and are to conduct your nursing practice in accordance with the standards of the profession.

The Findings of Fact, Ultimate Findings of Fact, Conclusions of Law and Order is attached hereto and incorporated herein as part of this official reprimand.

INDIANA STATE BOARD OF NURSING

By: Kristen Kelley for
Frances L. Kelley
Executive Director
Indiana Professional Licensing Agency

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 020

IN THE MATTER OF THE LICENSE OF GEORGE EDWARDS BARNES, R.N., LICENSE NO: 28120533A

FILED
DEC 17 2009
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT

A final hearing was scheduled to be held on November 19, 2009 before the Indiana State Board of Nursing ("Board") in the Auditorium of the Indiana State Government Building South, 302 West Washington Street, Indianapolis, Indiana, 46204, to consider the Order to Show Cause filed against George Edwards Barnes, R.N. ("Respondent") by the Board.

The State of Indiana ("Petitioner") was represented by Laura E. Wilford, Deputy Attorney General. Respondent failed to appear in person or by counsel.

The Board, after taking official notice of its file in the matter and pursuant to Ind. Code § 4-21.5-3-24, voted 8-0-0 to issue a Notice of Proposed Default on the following grounds:

1. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 607 S. English, Sidell, Illinois 61876.

2. The Board issued an Order to Show Cause in this Matter against Respondent on November 2, 2009.

3. On November 2, 2009, IPLA sent a notice to Respondent at his listed address informing him of the date, time and location of the final hearing on the Order to Show Cause scheduled for November 19, 2009.

4. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the final hearing and failed to appear for the scheduled hearing on November 19, 2009.

ORDER

For Respondent's failure to appear for the scheduled hearing, the Board issued the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, Respondent must file a written motion within seven (7) days of service of this Order requesting the Board not enter a default order in this case and stating the reasons relied upon for that request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If Respondent timely files a motion, the Board shall consider said motion along with any relevant facts in determining whether a default order should be entered. Should a default order be entered against Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of Respondent.

SO ORDERED, this 17 day of December, 2009.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies To:

George Edwards Barnes
607 S. English
Sidell, Illinois 61876
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 5448
RETURN RECEIPT REQUESTED.

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0167

IN THE MATTER OF THE LICENSE APPLICATION OF:)
ANGELA GEHLHAUSEN, L. P.N.)
LICENSE NUMBER: 27060888A)

FILED
FEB 0 4 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Angela Gehlhausen ("Respondent"), L. P.N., 1121 West 6th Street, Marion, Indiana 46953 to appear before the Board on **February 18, 2010 at 1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 27060888A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Decision on License Renewal Application filed on January 7, 2008, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Recovery Monitoring Agreement with the Indiana State Nurses Assistance Program ("ISNAP"). ISNAP has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED,** this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Angela Gehlhausen, L.P.N.
1121 West 6th Street
Marion, IN 46953
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9677
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA
STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0167

FILED
JAN 07 2008
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE APPLICATION OF
ANGELA GEHLHAUSEN

DECISION ON LICENSE APPLICATION

Andrea Gehlhausen ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on November 13, 2007, 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 a license as a practical 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 2410 North Orchard Road, Marion, Indiana 46952.

2. Applicant submitted her application for a license as a practical nurse in August 2007.

3. Along with her application, Applicant informed the Board that in 2005 she was arrested twice, once for conversion and on another occasion for possession of marijuana.

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 issued on INDEFINITE PROBATION. She may apply to withdraw the probation from her license after she completes her recovery monitoring agreement with the

Indiana State Nurses Assistance Program ("ISNAP"). If she is not a candidate for ISNAP, she must appear before the Board again so the Board may determine periodic reporting requirements.

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 or employers' name, address and telephone number at all times.

c) Applicant shall contact the Indiana State Nurses Assistance Program within thirty days and be evaluated within 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.

d) If the Applicant is not a candidate for ISNAP, she must appear before the Board again so that the Board may establish periodic reporting requirements.

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 01 day of January 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:

Angela Gehlhausen
2410 North Orchard Road
Marion, Indiana 46952.
CERTIFIED MAIL NUMBER: 7002 2410 0002 4162 6513
RETURN RECEIPT REQUESTED

438576

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: December 15th, 2009

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: Angela R. Gehlhausen
License #: 27060888A– Probation

___X___ Ms. Gehlhausen has been in significant non-compliance with her recovery monitoring agreement (RMA).

COMMENTS:

*11.13.07 – Ms. Gehlhausen appeared before the ISBN for a personal appearance. She had been arrested in August, 2007, for a minor consumption of alcohol. She was referred to ISNAP.
*11.14.07 – Ms. Gehlhausen called to re-enroll with ISNAP. She was referred to Meridian Health Services for an assessment.
12.04.07 – Assessment received from Richard Baker, BS, CADAC IV, NCAC II. Ms. Gehlhausen was diagnosed with alcohol and cannabis abuse.
*12.06.07 – Clinical Team (CT) recommended a one year RMA.
*01.10.08 – Ms. Gehlhausen's RMA was mailed and returned on 01.24.08.
*01.24.08 – An updated assessment received from Shiela LeChat, therapist, Meridian Services. Ms. Gehlhausen's diagnosis changed to alcohol and cannabis dependence.
*01.29.08 – Based on Ms. Gehlhausen's change in diagnosis, CT recommended a standard three year RMA. Ms. Gehlhausen denied she was addicted and was referred to for a second opinion.
*04.23.08 – Quarterly compliance report and Ms. Gehlhausen was in partial compliance.
*04.30.08 – The needs assistance fund (NAF) application was mailed to Ms. Gehlhausen. Ms. Gehlhausen's application was approved.
*05.20.08 – The worksite confirmation was completed with Emma Yeakle, Staff Coordinator, Colonial Oaks Nursing & Rehab Center, Walnut Grove, phone #: 765-674-9791.

(continued)

*07.10.08 – Quarterly compliance report and Ms. Gehlhausen was in full compliance.
*08.11.08 – The urine drug screen (UDS) was positive for alcohol/EtG at 8295 ng/ml. Ms. Gehlhausen admitted to drinking "a couple of beers." She was asked to refrain from work and was referred for re-assessment.
*09.17.08 – ISNAP sent Ms. Gehlhausen a letter giving her one week in which to be re-assessed.
*10.02.08 – CT reviewed Ms. Gehlhausen's relapse and extended her RMA 7 months. Edward McIlwain, BA, Milestone Addiction Services, confirmed a diagnosis of alcohol dependence. Ms. Gehlhausen was in the intense outpatient program (IOP).
*10.22.08 – Quarterly compliance report and Ms. Gehlhausen was in partial compliance; in part, due to the relapse.
*11.19.08 – The NAF application was mailed to Ms. Gehlhausen.
*01.21.09 – Quarterly compliance report and Ms. Gehlhausen was in full compliance.
*02.09.09 – The NAF application was mailed to Ms. Gehlhausen.
*04.24.09 – Quarterly compliance report and Ms. Gehlhausen was in significant non-compliance.
*06.01.09 – CT reviewed Ms. Gehlhausen's non-compliance and extended her RMA three months.
*06.10.09 – The NAF application was mailed to Ms. Gehlhausen.
*07.10.09 – Ms. Gehlhausen's UDS was positive for cannabis. Ms. Gehlhausen adamantly denied use. She was referred to Milestone for a re-assessment.
*07.28.09 – Quarterly compliance report and Ms. Gehlhausen was in significant non-compliance.
*08.05.09 – Ms. Gehlhausen's worksite monitor informed ISNAP that she had not seen any signs of impairment in the workplace. Ms. Gehlhausen was an "excellent nurse."
*08.19.09 – The NAF application was mailed to Ms. Gehlhausen.
*09.08.09 – CT reviewed Ms. Gehlhausen's non-compliance and extended her RMA three months. Any further non-compliance would result in case closure.
*10.28.09 – Quarterly compliance report and Ms. Gehlhausen was in significant non-compliance.
*11.18.09 – CT reviewed Ms. Gehlhausen's non-compliance and recommended an order to show cause hearing (OTSC).
*12.09.09 – Ms. Yeakle, Ms. Gehlhausen's WSM, was notified of the upcoming OTSC hearing.
*12.11.09 – Ms. Gehlhausen's father informed ISNAP that she had moved to Marion, Indiana.
*12.15.09 – Memo requesting a "show cause" hearing mailed to the AG's office and IPLA.

Ms. Gehlhausen's license is currently on probation. Based on Ms. Gehlhausen's two positive UDS's and pattern of non-compliance, ISNAP is recommending an OTSC hearing. To the best of ISNAP's knowledge, she is still working at Colonial Oaks Nursing Home. The facility has not seen any signs of impairment.

Cc: Angela R. Gehlhausen, 1121 West 6th Street, Marion, Indiana 46953
Phone #: 765-251-0628 (cell)

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2007 NB 0130

IN THE MATTER OF THE LICENSE APPLICATION OF:)
CONNIE LOUANN HOUSE, R. N.)
LICENSE NUMBER: 28080979A)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Connie Louann House ("Respondent"), R. N., 472 Jones Road, Lot 20, Hagerstown, Indiana 47346 to appear before the Board on **February 18, 2010** at **1:30 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28080979A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Findings of Fact, Conclusions of Law and Order filed on July 2, 2009, which is attached hereto and incorporated herein by reference as Exhibit A.

1. This ORDER is based upon the Respondent's non-compliance with the following:

a. [Respondent] must comply with the terms of her Recovery Monitoring Agreement with the Indiana State Nurses Assistance Program ("ISNAP"). ISNAP has requested a timely show cause hearing as her case dynamics are consistent with probable imminent risk to public safety.

2. This notice is being provided to counsel for the State of Indiana, Laura E. Wilford, Deputy Attorney General, Office of the Attorney General, 302 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 234-2600.

3. Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

4. Sean Gorman, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

5. A party who fails to attend or participate in a pre-hearing conference, hearing or other later stage of this proceeding may be held in default or have the proceeding dismissed under Indiana Code 4-21.5-3-24.

All of which is so **ORDERED**, this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

BY: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Distributed to:

Connie Louann House
472 Jones Road, Lot 20
Hagerstown, IN 47346
SENT CERTIFIED MAIL #: 7008 1830 0001 4328 9684
RETURN RECEIPT REQUESTED

Laura E. Wilford, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2007-NB-0130

FILED
JUL 0 2 2009
Indiana Professional
Licensing Agency

IN THE MATTER OF THE LICENSE OF:

CONNIE LOUANN HOUSE
LICENSE NUMBER 28080979A

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The Indiana State Board of Nursing ("Board") held an administrative hearing on June 18, 2009, in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, concerning Connie House's ("Respondent") request to reinstate her license as a registered nurse.

Respondent appeared in person and waived her right to be represented by counsel. Morgan Wills Burton, Deputy Attorney General, represented the state of Indiana.

The Board, after considering the evidence presented and taking official notice of the file in this matter issues the following Findings of Fact, Conclusions of Law and Order:

FINDINGS OF FACT

1. Respondent, whose mailing address is 472 Jones Road, Lot 20, Hagerstown, Indiana 47346, is a registered nurse with license number 28080979A.

2. Respondent received timely and proper notice of the date, time and location of this hearing pursuant to Indiana Code § 4-21.5-3-20.

3. The Board is empowered to hold this administrative hearing pursuant to the authority of Ind. Code § 25-1-9-9 and Ind. Code § 4-21.5-3.

4. The Board suspended Respondent's license in March 2008. She had been in significant noncompliance with her recovery monitoring agreement with the Indiana State Nurses Assistance Program ("ISNAP").

5. In November 2008 Respondent asked that her license be reinstated.

6. At the hearing on reinstatement, Respondent testified that she has completely complied with the conditions for reinstatement of her license, which included paying a fine and doing continuing education. She has also successfully complied with her recovery monitoring agreement with ISNAP for over six months. ISNAP supports her request.

7. Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation.

CONCLUSIONS OF LAW

1. "The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter." IND. CODE § 25-1-9-11.

2. Because Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation, she qualifies for reinstatement of her license on probation.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. Respondent's license as a registered nurse will be reinstated on INDEFINITE PROBATION. Respondent may petition to have the probationary order withdrawn after successful completion of her recovery monitoring agreement with the Indiana State Nurses Assistance Program ("ISNAP").

2. Respondent's practice of nursing shall be governed by the following TERMS AND CONDITIONS:

a) Respondent shall keep the Board informed in writing of her residential address and telephone number at all times.

b) Respondent shall keep the Board informed in writing of her nursing employer(s) name, address and telephone number at all times.

c) Respondent must maintain her recovery monitoring agreement with ISNAP and comply with the terms of that agreement.

d) Respondent shall comply with all statutes and rules regulating the practice of nursing.

3. The failure of Respondent to comply with the terms of this order shall subject her to a show cause hearing and the imposition of further sanctions.

ISSUED, the 02 day of July, 2009.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Connie House, R.N.
472 Jones Road, Lot 20,
Hagerstown, Indiana 47346
CERTIFIED MAIL NUMBER: 7002 0510 0002 5862 2558
RETURN RECEIPT REQUESTED

Morgan Wills
Deputy Attorney General
402 West Washington Street
IGCS – 5th Floor
Indianapolis, Indiana 46204
Attorney for the State of Indiana

634568

INDIANA STATE NURSES ASSISTANCE PROGRAM
2915 N. High School Rd., Indianapolis, IN 46224
(317) 295-9862•(800) 638-6623•Fax (317) 297-3525
www.IndianaNurses.org

DATE: February 4th, 2010

TO: Shannon McKnight – Paralegal
Office of the Attorney General
402 West Washington Street – IGCS, 5th Floor
Indianapolis, Indiana 46204

FROM: Chuck Lindquist; MA, M. Div.
ISNAP – Program Director
2915 High School Road
Indianapolis, Indiana 46224

RE: Connie L. House
License #: 28080979A – Probation

___X___ Ms. House has relapsed and was impaired in the workplace. ISNAP is recommending a OTSC hearing.

COMMENTS:

*11.01.04 – Ms. House initiated her first contact with ISNAP.
*09.07.07 – Ms. House's file was closed and forwarded to the Attorney General's office. (See closure memo dated 09.07.07.
*09.20.07 – Ms. House appeared before the ISBN and her license was placed on emergency suspension (ES). On 12.13.07, the ES was continued.
*10.09.07 – Assessment received from James Ryser, Clarian Behavioral Health, and Ms. House was diagnosed with opioid dependence. Clinical Team (CT) recommended a standard three year recovery monitoring agreement (RMA). CT supported Ms. House seeking her treatment at Aurora Center in Richmond which was closer to her home.
*10.15.07 – The RMA was mailed and due back on 10.29.07. Ms. House was having significant health problems and did not return the RMA.
*01.25.08 – The RMA was re-mailed and due back on 02.09.08. The RMA was returned on 02.13.08.
*02.21.08 – Ms. House appeared before the ISBN and her license was placed on "indefinite suspension" for a minimum of six months with full compliance with her RMA.
*03.18.08 – Ms. House's urine drug screen (UDS) was dilute with a creatinine of .14. The following UDS was also dilute: 09.08.09 @ .15.
*06.30.08 – Ms. House informed ISNAP that she had an infection in her eyelid and was prescribed antibiotics and darvocet.

(continued)

*06.30.08 – Ms. House informed ISNAP that her ID # was called today but that she had a flat tire and would not be able to do her UDS until the following day. This also occurred on the following dates for various reasons: 09.08.08; 08.17.09; 12.11.09; 12.17.09. Ms. House also had a pattern of calling ISNAP and leaving a voice mail stating that she had to leave town on short notice to tend to family issues, etc.
*06.30.08 – Ms. House's UDS was positive for propoxyphene but was ruled negative with a valid prescription.
*07.25.08 – Quarterly compliance report and Ms. House was in full compliance.
*10.15.08 – Quarterly compliance report and Ms. House was in full compliance.
*12.15.08 – CT reviewed the fact that Ms. House had missed two UDS's and would not support re-instatement of her license at this time.
*01.22.09 – Quarterly compliance report and Ms. House was in significant non-compliance. She had missed two UDS's (10.14.08 and 11.14.08).
*03.02.09 – CT reviewed Ms. House's compliance and extended her RMA for three months.
*04.15.09 – Quarterly compliance report and Ms. House was in full compliance.
*05.21.09 – Ms. House's UDS was positive for propoxyphene. Ms. House provided an old prescription and ISNAP's medical review officer (MRO) ruled the UDS as negative with a valid prescription.
*06.18.09 – Ms. House appeared before the ISBN and the Board re-instated her license on a "probationary" status for the length of her RMA.
*07.14.09 – Quarterly compliance report and Ms. House was in full compliance.
*07.16.09 – Worksite monitor (WSM) confirmation completed with Patty Baesman, Heritage House, phone #: 765-529-9694.
*10.13.09 – Quarterly report received from Ms. Baesman, WSM, expressing some concerns of poor judgment.
*10.21.09 – ISNAP supported Ms. House's renewal of her license through IPLA.
*10.29.09 – Quarterly compliance report and Ms. House was in full compliance.
*12.30.09 – Ms. House informed ISNAP that she had been sick all of last week and hadn't been calling into the Witham system. Her last UDS on file was obtained on 09.18.09.
*01.04.10 – Quarterly report received from Ms. Baesman, WSM, expressing some concerns about Ms. House's attitude at work.
*01.14.10 – Ms. Baesman, WSM, informed ISNAP that Ms. House had been terminated from Heritage House for her poor attitude, sleeping on her shift, going out to her car frequently, documentation errors and suspected diversion. Ms. House had refused to do a UDS.
*01.14.10 – Ms. House admitted to a relapse on lortab stating that she had taken them from her parents. She was referred to Dr. Margiotta, her Addictionist, for re-assessment.
*01.22.10 – Dr. Margiotta recommended an increased level of treatment at Cornerstone and the facilitated nurse support group (NSG).
*01.25.10 – CT reviewed Ms. House's relapse and recommended an OTSC hearing.
*02.04.10 – Memo requesting a "show cause" hearing mailed to the AG's office and IPLA.

Ms. House's license is currently on probation. Based on Ms. House's relapse and termination, ISNAP is recommending ***a timely OTSC hearing***. To the best of ISNAP's knowledge, she has not currently working as a nurse.

Cc: Connie L. House, 472 Jones Road, Hagerstown, Indiana 47346
Phone #: 765-238-2705 (cell)

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NO. 2009 NB 271

FILED
FEB 0 2 2010
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF: TAMMY L. ANDERSON, L.P.N. LICENSE NO: 27036376A)

NOTICE OF PROPOSED DEFAULT AND SUMMARY SUSPENSION ORDER

A disciplinary hearing was scheduled to be held on December 10, 2009, before the Indiana State Board of Nursing ("Board") in the Auditorium in the Indiana State Government Center South, 402 West Washington Street, Indianapolis, Indiana, 46204, to consider the Complaint filed by the Indiana Attorney General on or about October 28, 2009, against the Indiana nursing license of Tammy L. Anderson, L.P.N. ("Respondent").

The State of Indiana was represented by Elizabeth Kiefner Crawford, Deputy Attorney General. The Respondent failed to appear in person or by counsel.

Further, the Board, after taking official notice of its file in this matter and pursuant to Ind. Code § 4-21.5-3-24, by a vote of 5 in favor, 0 against, and 0 abstaining, issues a Notice of Proposed Default and a Summary Suspension on the following grounds:

1. Respondent's address on file with the Board is 18 West County Line Road, Underwood, Indiana 47177, and she is a licensed practical nurse holding Indiana license number 27036376A.

2. On or about October 28, 2009, a Complaint was filed with the Board requesting sanctions pursuant to Ind. Code § 25-1-9-9.

3. Pursuant to Ind. Code § 4-21.5-3-20, on or about November 18, 2009 a hearing notice was sent to the Respondent via certified mail. Respondent was provided adequate notice of the disciplinary hearing and failed to appear for the hearing scheduled on December 10, 2009.

NOTICE OF PROPOSED DEFAULT ORDER

For the Respondent's failure to appear for the scheduled hearing, the Board issued the following **Notice of Proposed Default**:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting the Board not enter a default order in this case and stating the reasons relied upon for that request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SUMMARY SUSPENSION ORDER

The Board, pursuant to the authority of Ind. Code § 4-21.5-4-1 *et seq.* and Indiana Code § 25-1-9-10, by a vote of 5-0-0, **SUMMARILY SUSPENDS** the license held by Respondent for ninety (90) days, as the Board finds that an emergency exists and that the Respondent represents a clear and immediate danger to the public health and safety if allowed to practice nursing in the State of Indiana.

This NON-FINAL emergency order is based on the evidence in the Board's file, testimony from Charles Lindquist, and the following:

1. Respondent is a licensed practical nurse in the State of Indiana.

2. This Board has jurisdiction to suspend Respondent's license in accordance with the provisions of Ind. Code § 4-21.5-4 et seq. and Ind. Code § 25-1-9-10.

3. Respondent was employed as a Nurse at Providence Retirement Home ("Providence") in New Albany, Indiana from October 2003 until October 26, 2007.

4. On or about October 22, 2007 Providence began a regular chart review process. During that process Respondent's entries were investigated because there were multiple orders which frequently changes residents' medication strengths and the second signature on the drug disposal sheets was unable to be verified.

5. As part of the investigation Respondent agreed to complete a drug screen which was negative for all substances. Respondent told Providence staff that an off-duty nurse who was in the facility visiting had signed the drug disposal sheets. When contacted, the off-duty staff member denied being in the facility on off hours or signing the drug disposal sheets.

6. On or about October 26, 2007, Respondent contacted Providence staff and admitted that she had diverted medications including Hydrocodone, Propoxyphene, and Tramadol in order to satisfy her spouse's addiction. Respondent agreed to return to Providence on October 29, 2007 to put her admission into writing. As a result of her confession Respondent was terminated from Providence on October 26, 2007. Respondent failed to return to Providence as promised to put her confession in writing.

7. On or about January 8, 2008, Respondent contact the Indiana State Nurses Assistance Program ("ISNAP") after a consumer file was opened with the Office of the Attorney General.

8. On or about February 26, 2008, ISNAP recommended a one (1) year Recovery Monitoring Agreement ("RMA") due to Respondent's diversion of narcotics for her spouse. Respondent was also personally taking Lortab and Ativan at that time.

9. On or about May 27, 2008, Respondent was closed out of ISNAP due to non-compliance. Respondent partially signed her RMA but failed to return the remainder of the RMA or effectively engage in monitoring.

10. On or about June 4, 2008, ISNAP agreed to allow Respondent another chance and sent out another RMA which was due back on June 18, 2008. The RMA was not returned until June 30, 2008.

11. On or about October 16, 2008, ISNAP's quarterly compliance report indicated Respondent was in significant non-compliance. Specifically, Respondent missed all self reports, all meeting logs, and all urine drug screens.

12. On or about November 25, 2008, Respondent was closed out of ISNAP for the second time for non-compliance.

13. If allowed to continue to practice as a licensed practical nurse, Respondent represents a clear and immediate danger to the public health and safety.

WHEREFORE, the Respondent's Indiana licensed practical nurse license will be placed on SUMMARY SUSPENSION FOR NINETY (90) DAYS.

IT IS FURTHER ORDERED that Respondent shall immediately surrender all indicia of licensure, including her pocket license and wall license, to the Board in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room 072, Indianapolis, Indiana 46204.

SO ORDERED, this 2nd day of February, 2010; this Order is effective as of December 10, 2009.

INDIANA STATE BOARD OF NURSING

By: for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:
Tammy Anderson, LPN
18 West County Line Road
Underwood, IN 47177
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 5653
RETURN RECEIPT REQUESTED.

Elizabeth Kiefner Crawford
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
402 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 0177

IN THE MATTER OF THE LICENSE OF)
)
CECELIA MARIE HICKS, L.P.N.)
)
LICENSE NO: 27045893A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT

A hearing was scheduled to be held on December 10, 2009, before the Indiana State Board of Nursing ("Board") in the Auditorium of the Conference Center in the Indiana Government Center South, 302 W. Washington Street, Indianapolis, Indiana, 46204, to consider the Administrative Complaint filed by the State of Indiana on September 24, 2009, against Cecelia Marie Hicks, L.P.N., ("Respondent").

Deputy Attorney General Morgan L. Burton represented the State. Respondent failed to appear in person or by counsel.

Pursuant to Indiana Code § 4-21.5-3-24, the Board, by a vote of 5-0-0, **ISSUES** a Notice of Proposed Default Order on the following grounds:

1. Respondent is a Licensed Practical Nurse in the State of Indiana having been issued license number 27045893A in 1998. The Respondent's address on file with the Indiana Professional Licensing Agency is P.O. Box 2065, Battle Creek, MI 49016. Respondent is also reported to reside at 308 Mechanic Street, Angola, Indiana 46703.

2. On, November 18, 2009, the Indiana Professional Licensing Agency sent a notice to Respondent at her address on file, informing her of the time, date, and location of the final hearing on this matter.

3. On December 10, 2009, Respondent failed to appear for the hearing in person or by counsel.

5. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the date and time of the final hearing date.

ORDER

WHEREFORE, IT IS ORDERED that for the Respondent's failure to appear for his scheduled hearing, the Board issues the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting that the Board not enter a default order in this case and stating the reasons relied upon for his request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any other relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 2nd day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Cecelia Marie Hicks
PO Box 2065
Battle Creek, MI 49016
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 5622
RETURN RECEIPT REQUESTED

Cecelia Marie Hicks
308 Mechanic Street
Angola, IN 46703

Morgan L. Burton, Deputy Attorney General
OFFICE OF THE ATTORNEY GENERAL
302 West Washington Street
IGCS 5th Floor
Indianapolis, Indiana 46204-2770
Telephone: (317) 234-2598

BEFORE THE INDIANA STATE BOARD OF NURSING CAUSE NO. 2009 NB 197

IN THE MATTER OF THE)
)
LICENSE OF BONNIE F. APPLEGATE, LPN)
)
LICENSE NO: 27046265A)

FILED
FEB 02 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT

A disciplinary hearing was scheduled to be held on December 10, 2009, before the Indiana State Board of Nursing ("Board") in the Auditorium in the Indiana State Government Center South, 402 West Washington Street, Indianapolis, Indiana, 46204, to consider the Complaint filed by the Indiana Attorney General on or about October 1, 2009, against the Indiana nursing license of Bonnie F. Applegate, L.P.N. ("Respondent").

The State of Indiana was represented by Elizabeth Kiefner Crawford, Deputy Attorney General. The Respondent failed to appear in person or by counsel.

Further, the Board, after taking official notice of its file in this matter and pursuant to Ind. Code § 4-21.5-3-24, by a vote of 5 in favor, 0 against, and 0 abstaining, issues a Notice of Proposed Default on the following grounds:

1. Respondent's address on file with the Board is 891 Dawn Drive, Terre Haute, Indiana 47802, and she is a licensed practical nurse holding Indiana license number 27046265A. Respondent is also reported to reside at 254 North Third Street, Clinton, Indiana 47842.

2. On or about October 26, 2009, a Complaint was filed with the Board requesting sanctions pursuant to Ind. Code § 25-1-9-9.

3. Pursuant to Ind. Code § 4-21.5-3-20, on or about November 18, 2009 a hearing notice was sent to the Respondent via certified mail. Respondent was provided adequate notice of the disciplinary hearing and failed to appear for the hearing scheduled on December 10, 2009.

NOTICE OF PROPOSED DEFAULT ORDER

For the Respondent's failure to appear for the scheduled hearing, the Board issued the following **Notice of Proposed Default**:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting the Board not enter a default order in this case and stating the reasons relied upon for that request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 2nd day of February 2010;

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Bonnie Applegate
891 Dawn Drive
Terre Haute, IN 47802-4521
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 5639
RETURN RECEIPT REQUESTED.

Bonnie Applegate, LPN
254 North Third Street
Clinton, IN 48742

Elizabeth Kiefner Crawford
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NO. 2009 NB 00195

IN THE MATTER OF THE
LICENSE OF DENNIS M BEECHING, LPN
LICENSE NO: 27036390A

FILED
FEB 02 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT

A disciplinary hearing was scheduled to be held on December 10, 2009, before the Indiana State Board of Nursing ("Board") in the Auditorium in the Indiana State Government Center South, 402 West Washington Street, Indianapolis, Indiana, 46204, to consider the Complaint filed by the Indiana Attorney General on or about October 1, 2009, against the Indiana nursing license of Dennis M. Beeching, L.P.N. ("Respondent").

The State of Indiana was represented by Elizabeth Kiefner Crawford, Deputy Attorney General. The Respondent failed to appear in person or by counsel.

Further, the Board, after taking official notice of its file in this matter and pursuant to Ind. Code § 4-21.5-3-24, by a vote of 5 in favor, 0 against, and 0 abstaining, issues a Notice of Proposed Default on the following grounds:

1. Respondent's address on file with the Board is 3010 South Calhoun, Fort Wayne, Indiana 46807, and he is a licensed practical nurse holding Indiana license number 27036390A.

2. On or about October 1, 2009, a Complaint was filed with the Board requesting sanctions pursuant to Ind. Code § 25-1-9-9.

3. Pursuant to Ind. Code § 4-21.5-3-20, on or about November 18, 2009 a hearing notice was sent to the Respondent via certified mail. Respondent was provided adequate notice of the disciplinary hearing and failed to appear for the hearing scheduled on December 10, 2009.

NOTICE OF PROPOSED DEFAULT ORDER

For the Respondent's failure to appear for the scheduled hearing, the Board issued the following **Notice of Proposed Default**:

In accordance with Ind. Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting the Board not enter a default order in this case and stating the reasons relied upon for that request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 2nd day of February, 2010;

INDIANA STATE BOARD OF NURSING

By: for Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:
Dennis Beeching
3010 South Calhoun
Fort Wayne, IN 46807
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 56646
RETURN RECEIPT REQUESTED.

Dennis Beeching
324 West Butler, Apt C
Fort Wayne, IN 46802

Elizabeth Kiefner Crawford
Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

BEFORE THE INDIANA STATE NURSING BOARD
CAUSE NUMBER: 2009 NB 242

IN THE MATTER OF THE LICENSE OF)
)
MICHELL MAE ECKERT, L.P.N.)
)
LICENSE NO: 27036379A)

FILED
FEB 04 2010
Indiana Professional Licensing Agency

NOTICE OF PROPOSED DEFAULT

A final hearing was scheduled to be held on January 21, 2010 before the Indiana State Board of Nursing ("Board") in the Auditorium of the Indiana State Government Building South, 302 West Washington Street, Indianapolis, Indiana, 46204, to consider the Complaint filed against Michell Mae Eckert, L.P.N. ("Respondent") by the State of Indiana ("Petitioner") on December 4, 2009.

The Petitioner was represented by Deputy Attorney General Darren R. Covington. Respondent failed to appear in person or by counsel.

The Board, pursuant to Ind. Code § 4-21.5-3-24, voted 6-0-0 to issue a Notice of Proposed Default on the following grounds:

1. The Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 750 South 100 East, Huntington, IN 46750.

2. An Administrative Complaint was filed by the Petitioner in this Matter against Respondent on December 4, 2009.

3. On December 17, 2009, IPLA sent a notice to Respondent at her listed address informing Respondent of the date, time, and location of the final hearing on the Petitioner's Administrative Complaint scheduled for January 21, 2010.

4. Pursuant to Ind. Code §4-21.5-3-20, Respondent was provided adequate notice of the final hearing and failed to appear for the scheduled hearing on January 21, 2010.

ORDER

For Respondent's failure to appear for the scheduled hearing, the Board issued the following Notice of Proposed Default:

In accordance with Ind. Code § 4-21.5-3-24, Respondent must file a written motion within seven (7) days of service of this Order requesting the Board not enter a default order in this case and stating the reasons relied upon for that request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If Respondent timely files a motion, the Board shall consider said motion along with any relevant facts in determining whether a default order should be entered. Should a default order be entered against Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of Respondent.

SO ORDERED, this 04 day of February, 2010.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies To:

Michell Mae Eckert, L.P.N.
750 South 100 East
Huntington, IN 46750
SENT CERTIFIED MAIL NO: 7008 1830 0001 4328 9400
RETURN RECEIPT REQUESTED.

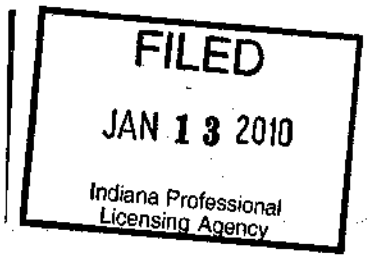
Darren R. Covington, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204

BEFORE THE INDIANA STATE BOARD OF NURSING
CAUSE NUMBER: 2009 NB 179

IN THE MATTER OF THE

LICENSE OF PATRICIA A. FARMER, L.P.N.

LICENSE NUMBER: 27031181A



NOTICE OF PROPOSED DEFAULT ORDER

A final administrative hearing was scheduled to be held before the Indiana State Board of Nursing ("Board") on December 10, 2009, in the Auditorium of the Conference Center of the Indiana Government Center South, located at 302 West Washington Street, Indianapolis, Indiana 46204, concerning the State of Indiana's Complaint filed against the license of Patricia A. Farmer L.P.N. ("Respondent").

The State of Indiana was represented by Thomas P. McGee, Deputy Attorney General. The Respondent was not present in person or by counsel.

Pursuant to Indiana Code § 4-21.5-3-24, the Board, by a vote of 5-0-0, issues a Notice of Proposed Default Order on the following grounds:

1. Respondent is a Licensed Practical Nurse in the State of Indiana holding license number 27031181A since December 1, 1989. Respondent's address on file with the Indiana State Board of Nursing is 4511 Garver Street, Muncie, IN 47304.

2. On November 18, 2009, the Indiana Professional Licensing Agency sent a notice to Respondent at her listed addresses, informing her of the time, date, and location of the final hearing on this matter.

3. On December 10, 2009, the Respondent failed to appear in person or by counsel for the final hearing.

4. Pursuant to Ind. Code § 4-21.5-3-20, Respondent was provided adequate notice of the final hearing date and failed to appear for said hearing.

ORDER

For the Respondent's failure to appear for the scheduled hearing, the Board issues the following Notice of Proposed Default:

In accordance with Indiana Code § 4-21.5-3-24, the Respondent must file a written motion within seven (7) days of service of this Order requesting that the Board not enter a default order in this case and stating the reasons relied upon for that request. Failure of the Respondent to file such a written motion within seven (7) days shall result in the issuance of a default order. If the Respondent timely files a motion, the Board shall consider said motion along with any relevant facts in determining whether a default order should be entered. Should a default order be entered against the Respondent, the Board may hold further proceedings it deems appropriate to complete this case without the participation of the Respondent.

SO ORDERED, this 13th day of January, 2010.

INDIANA STATE BOARD OF NURSING

By: _____

Frances L. Kelly
for Executive Director
Indiana Professional Licensing Agency

Copies to:

Patricia A. Farmer, L.P.N.
4511 Garver Street
Muncie, IN 47304
SENT CERTIFIED MAIL NO. 7008 3230 0000 0200 4526
RETURN RECEIPT REQUESTED.

Thomas P. McGee, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770