INDIANA STATE BOARD OF NURSING – ADMINISTRATIVE LAW JUDGE MEETING

Will meet on
Wednesday, September 16, 2009
at 8:45 a.m.
in Room W064 of the
Indiana Government Center South
302 West Washington Street
Indianapolis, Indiana 46204

PERSONAL APPEARANCES

The Indiana State Board of Nursing has 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 will be conducted by a Nursing Board member acting in the capacity of an Administrative Law Judge. The Board Member will make a decision as to how to proceed with the application for licensure and will present this decision as a recommendation to the full Board at its September 17, 2009 meeting.

A. Appearances by Applicants for Licensure

1. Jennifer Strong – Examination
2. Dominique Wilson – Examination
3. Summer Willhite – Examination
4. Heather Theurer – Examination
5. Shay Williams – Endorsement
6. Priscilla Proctor – Examination
7. Tobie Osbourne – Endorsement rescheduled from August
8. Megan Dallas – Examination
9. Paulita Wolfenbarger – Endorsement
10. Roxanne White – Examination
11. Keely Nichols – Emanation
12. Constance Fields – Examination
13. Cherelle Spencer – Examination
14. Lindsey Cox – Examination
15. Jacob Housel – Examination
16. David MacPherson – Examination
17. Jose Lardizabal - Examination

B. Appearances by Applicants for Renewal

1. Stephen Carney – positive response
2. Liesel Delamater – positive response
3. Katigan Whitlock – neglected to give positive responses
4. Natalie Anderson – positive response
5. Donald Ballenger – positive response
6. Denise Coleman – positive response
7. John Murray -positive response
8. Julie Dabney – positive response
9. Amy McIlvenna – positive response
10. Kimberly Moore – positive response
11. Carol Jordan – positive response
12. Dawn Getman – positive response

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

1. Cindy Collins – LPN expired 10/31/04

Next Scheduled Meeting:

September 17, 2009 - Full Board Meeting
Auditorium
Indiana Government Center South
302 West Washington Street
Indianapolis, Indiana 46204

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

August 21, 2009

Jennifer Strong
1227 S. Brotherton
Muncie, IN 47302

Dear Ms. Strong:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Jennifer Strong

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** _____

Approved by (please initial): SG _____ LG _____

8.17.09 SG

Endorsement applicants

9/16/09 PR

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 _____

explanations.

To whom it may concern,
I've honestly been through alot in these past couple years, with no real excuses besides just being more careful about my decision making.
In 2006 I was apprehended for disorderly conduct (misdermeanor) I engaged in an arguement with my brothers girl friend and since I was at their house (my brother and girlfriend) I was charged.
In 2007 I was pulled over in a friends car for a traffic violation. When I went into the glove compartment to retrieve registration there was a handgun so I informed the officer and he arrested me because he stated he had to since he apprehended the gun but he was pleasant he had the correctional officers book me and gave me my phone call he apologized to me because he felt it wasn't mine.

I just felt guilty because school started
and I didnt want to miss any more
school because that time was really
intense in class.

I have since learned my
lesson in many different ways
and I know not to be around
certain individuals and I'm
very sorry for my past its
embarrassing to me

Jennifer Strong

8/4/2009

Sally Y Clark

_____, Notary

Sally Y Clark

Grant County, Indiana
Commission expires: 11/11/2016 ,

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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	8/11/09	3037484

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*): Strong Jennifer Janee'

List other last names you have used:

Street address (*number and street or rural route*): 1227 S. Brotherton

City: Muncie | State: IN | ZIP code: 47302

Daytime telephone number (*include area code*): (765) 284-4549

Date of birth (*month, day, year*): 11/21/1978

Place of birth (*city and state*): Muncie, 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: Marion Community School of Practical nursing

Location (*city and state*): Marion, IN

Date of enrollment (*month, day, year*): 8/15/2008

Date of graduation (*month, day, year*): 8/6/2009

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: Muncie Central Highschool

Location (*city and state*): Muncie, IN

Date of graduation (*month, day, year*): 6/5/1997

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
Certified nursing assistant	IN/USA	CNA0103134	5/23/09	Active

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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: Jennifer Strong — Date (*month, day, year*): 7/17/2009

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.

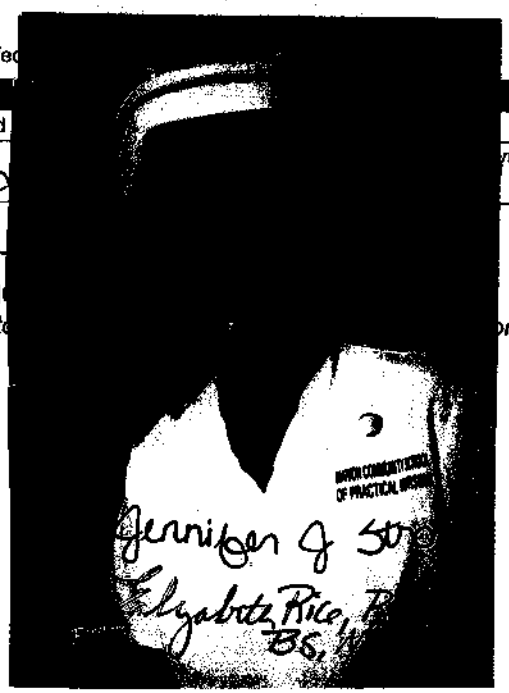
A photostatic copy of this authorization has the same force and effe

I hereby swear or affirm that I have read the above statements and

Signature of applicant: Jennifer Strong — Date (*month, day, year*): 7/17/2009

PLEASE TAPE YOUR PH

(*You must place your signature, the program direct* ... *ont of your photograph.*)



INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 West Washington Street, Room W066
Indianapolis, Indiana 46204
(315)234-2043
http://www.state.in.us/hpb/boards/isbn/
email: hpb2@hpb.state.in.us

CERTIFICATE OF COMPLETION

__ RN X LPN

I hereby certify that Jennifer J. Strong *was admitted*

to the Marion Community School of Practical Nursing *Program*

of Nursing located in Marion, Indiana *on* August 15, 2008

and completed requirements for graduation on August 6, 2009

will/did graduate on August 6, 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: August 6, 2009 *SIGNED* Elizabeth E. Rice, RN
Signature

Elizabeth E. Rice, R.N.
Printed Name

SCHOOL
SEAL

Director
Dean / Director / Designee

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Indiana Professional
Licensing Agency

APPLICANTE: 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.**

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

August 21, 2009

Dominique Wilson
8361 Chadwood Lane E Dr. Apt. 1A
Indianapolis, IN 46268

Dear Ms. Wilson:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Domonique N. Wilson

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** _____

Approved by (please initial): SG X LG _____

PA 9/16/09

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 _____

8/14/09 Make eligible and return to Schedule PA. SG

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	8/4/09	3035238

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
Wilson, Domonique, N	

Street address (*number and street or rural route*)	City	State	ZIP code
8361 Chadwood Ln. E Dr. Apt 1A.	Indianapolis	IN	46268

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(219) 8050525	2, 18, 1985	Merrillville, Indiana

Social Security number *	E-mail address
	Hotunique12@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: Ivy Tech Community College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Lafayette, Indiana	8-25-08	8-4-09

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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Indiana Professional Licensing Agency

HIGH SCHOOL EDUCATION

Name of school: Calumet High School

Location (*city and state*): Gary, Indiana

Date of graduation (*month, day, year*): 6/6/2003

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	Georgia	CN0028873388	6-7-07	expired
CNA	Indiana	CNA0801670	3-28-08	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 **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: Dominique Wilson | Date (*month, day, year*): 7,24,2009

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

Signature of applicant: Dominique Wilson | ite (*month, day, year*): 7,24,2009

PLEASE TAPE YOUR PHOTO ... **LE)**

(*You must place your signature, the program director's* ... *he front of your photograph*)

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Indiana Professional Licensing Agency

New Search

ISDH Acute Care Program

Person Information

Domonique N. Wilson

Address Information

Indianapolis IN 46268

License Information

License No:	CNA0801670
Profession:	Nurse Aides
License Type:	Certified Nurse Ai
Obtained By Method:	Examination
Issue Date:	3/28/2008
Expiration Date:	3/28/2010
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 W. Washington Street, Room W072
Indianapolis, IN 46204
(317) 232-2960
http://www.state.in.us/hpb/boards/isbn/

CERTIFICATE OF COMPLETION

__RN _x__LPN

I hereby certify that Domonique Wilson was admitted to the Ivy Tech Community College, Program of Practical Nursing located in Lafayette, IN on August 25, 2008 and completed requirements for graduation on August 4, 2009 and will/did graduate on August 4, 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: 8/4/2009

Signed: Karen L. Dolk
Signature

Karen L. Dolk
Printed Name

Nursing Department Chair
Dean / Director / Designee

RECEIVED
AUG 10 2009
Indiana Professional Licensing Agency

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.**

A C S

Georgia Health Partnership

August 6, 2009

Domonique Wilson
8361 Chadwood Lane East Drive Apt 1A
Indianapolis, IN 46268

The following CNA Domonique Wilson, **Certification # CN0028873388** is listed on the Georgia Nurse Aide Registry **as inactive.**

The original date of certification: **06/07/2007**

The expiration date: **06/7/2009**

Current information about adverse findings for this CNA: **N/A**
Date and type of Adverse Findings:
NONE

If you have questions or need additional information, you may call the Georgia Nurse Aide Registry at 678-527-3010 or toll free at 1-800-414-4358.

Sincerely,

Georgia Nurse Aide Registry

Affidavit of [Domonique N. Wilson]

My name is [Domonique Nikole Wilson]. I am [24] years old, am working as a [Health Care Assistant], and currently reside at [8361 Chadwood Ln. E. Dr. Apt 1A, Indianapolis, Indiana, 46268].

[affidavit statement #1] In the year 2003 I had just completed high school and I was involved with an individual that I should not have been. During this time my ex-boyfriend stole a credit card from a house that he was working in and took me shopping for college at this time I was unaware of that the card had been stolen. In 2004 I had completed my freshman year of college and was no longer with this individual when I was brought to the attention of the stolen credit card. In the court preceding I pleaded guilty to a misdemeanor conversion and paid a restitution of $113.16 as a condition of probation along with one year of unsupervised probation. This offense occurred in Lake County, Indiana filed in open court 10/13/2005 and closed 10/18/06 .

[affidavit statement #2] in the year 2005 while still in college I was working at a retail department store known as Sears Roebucks as a cashier. During which I allowed random customers to use multiple coupons to purchase items knowing that only one coupon could be used per purchase. I was later dismissed from this position and prosecuted in which I was put on 1 year of unsupervised probation, attended theft talk classes, and 30 days house arrest. All of which was satisfactorily completed. I was charged with theft a class A misdemeanor. This offense occurred in Tippecanoe County, Indiana filed 03/04/2005 and closed 6/27/2005 .

Domonique N Wilson
7/24/09

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AUG 04 2009
Indiana Professional
Licensing Agency

STATE OF INDIANA	)	SUPERIOR COURT OF LAKE COUNTY
	) ss:	CRIMINAL DIVISION
COUNTY OF LAKE	)	CROWN POINT, INDIANA

STATE OF INDIANA	)	
	)	
V.	)	CAUSE: 45G02-0407-FD-00097
	)	
DOMINIQUE N. WILSON	)	

STIPULATED FACTUAL BASIS

Comes now the State of Indiana, by John G. Evon, Deputy Prosecutor, and Dominique N. Wilson, in person and by his attorney, Corinth Bishop, and stipulate and agree to the following:

1. That Dominique N. Wilson, DOB - 2/18/85, is the defendant in Cause #45G02-0407-FD-00097.
2. That Theresa Smolinski is the victim in Cause #45G02-0407-FD-00097.
3. That Jonathan M. Edwards is the co-defendant under Cause #45G02-0310-FD-00198.
4. That on or about July 9, 2003, the co-defendant while employed by Vemco Plumbing, assisted with the installation of a hot water heater at the victim's home located at 16 N. Pennsylvania St., Hobart, Indiana.
5. That the co-defendant removed the victim's Discover credit card from her purse while he had access to her home during the hot water heater installation.
6. That on July 10, 2003, the victim noticed that her Discover card was missing from her purse and she contacted the credit card company and found that numerous unauthorized charges had been made on her account.
7. That the victim did not give anyone permission to take her Discover card or to make purchases with the card.
8. That after being advised of his civil and constitutional rights and waiving same, the co-defendant admitted that he had possession of the victim's Discover card and that he and the defendant, Dominique Wilson, who was his girlfriend, used the card between July 9 and 10, 2003 to make purchases at various businesses in Lake County, Indiana.
9. That most of the purchases were made by the defendant for items she needed for her return to college .
10. That all of these events occurred in Lake County, Indiana.

BERNARD A. CARTER
PROSECUTING ATTORNEY

DOMINIQUE N. WILSON
DEFENDANT

JOHN G. EVON
DEPUTY PROSECUTING ATTORNEY
Attorney #6757-45

CORINTH BISHOP
DEFENSE COUNSEL

RECEIVED
AUG 04 2009
Indiana Professional
Licensing Agency

EXHIBIT "A"

F. The right to require the State to prove her guilt beyond a reasonable doubt at a trial at which the defendant may not be compelled to testify against herself;

G. The right to the assistance of counsel at every stage of the proceedings, including upon an appeal if need be;

H. The right not to testify without prejudice; and

I. That in the event that she should be found guilty of the charge now pending, she has the right to appeal that conviction on such charge to the Indiana Supreme Court.

5. The defendant further understands that if she enters a plea of "guilty," she thereby waives her right to a trial by jury, to confront and cross-examine the witnesses, the right to require the State to prove her guilt beyond a reasonable doubt, and the right not to testify without prejudice.

6. That notwithstanding the above, the defendant has, with the assistance of counsel, entered into an Agreement with the State of Indiana, the terms of which are as follows:

a. The State agrees to file an amended information adding Count IV, Conversion, a Class A Misdemeanor, in Cause #45G02-0407-FD-00097;

b. The defendant agrees to plead guilty to the amended charge in Count IV, Conversion, a Class A Misdemeanor, in Cause #45G02-0407-FD-00097;

c. The parties agree that the defendant will be sentenced to one (1) year in the Lake County Jail, all suspended to be served on probation;

d. The defendant agrees to pay restitution in the amount of One Hundred Thirteen Dollars Sixteen Cents ($113.16) ~~at the time the plea is submitted;~~ As a condition of probation. CD

e. At the time of sentencing, the State agrees to dismiss Counts I and II, Fraud, Class D Felonies and Count III, Theft, a Class D Felony, in Cause #45G02-0407-FD-00097;

f. The victim has been notified of the terms contained herein;

g. Attached hereto and incorporated herein as Exhibit "A" is the Stipulated Factual Basis.

7. That the defendant affirms that she has entered into this Agreement freely and voluntarily and of her own accord, and that no promises have been made other than those contained herein.

8. The parties agree that the plea agreement will be taken under advisement until the sentencing date at which time the Court will either accept or reject the plea agreement.

9. That if the Court does not see fit to accept the terms as herein set forth, the Court is respectfully requested to set this matter for trial at its earliest convenience.

STATE OF INDIANA)
) SS: **IN THE SUPERIOR COURT NO. 5**
COUNTY OF TIPPECANOE) **2005 TERM**

TO: ATTORNEY CORINTH BISHOP
3826 MAIN STREET
EAST CHICAGO, IN 46312

STATE OF INDIANA vs. DOMONIQUE N WILSON

Case Number: 79D05-0503-FD-00093

Comes now the State of Indiana by Debra Stutzman, Deputy Prosecuting Attorney. Comes also the defendant in person and with counsel, CORINTH BISHOP II. The defendant is advised of the nature of the charges, possible penalties and Constitutional Rights. Written plea agreement filed. Written advisement and waiver of rights filed.

The defendant now enters a plea of guilty to the charge of THEFT as a Class A Misdemeanor. Court finds factual basis for said plea of guilty and accepts plea agreement and enters judgment of conviction on the charge of **THEFT** as a Class A Misdemeanor.

The Court accepts the plea agreement and imposes the following sentence:

1) Imposes a fine of $500.00, suspended upon completion of conditions of probation.
2) Imposes jail sentence of 365 days, 335 days suspended upon completion of conditions of probation. Defendant is ordered to serve 30 days executed in the Tippecanoe County Jail with credit for good time. Court recommends House Arrest. Defendant to contact House Arrest within 72 hours and begin serving the first available opening.

The Court places the defendant on UNSUPERVISED probation for a period of one (1) year on the following terms and conditions:

A. Pay court costs of $136.00 within 30 days to the Tippecanoe County Clerk;
B. Good and lawful behavior;
C. Attend, satisfactorily complete and pay all fees associated with an evaluation and any education or counseling as recommended by COURT SERVICES, 117 North 4th Street, Suite A, Lafayette, Indiana (423-1172). The defendant is to sign up for orientation at Court Services within 72 hours of this guilty plea hearing. The defendant is Ordered to complete all recommended counseling and payment of all counseling as scheduled by Court Services;
D. Do not use or consume alcohol or alcoholic beverages or illegally use or possess controlled substances;
E. Do not enter any tavern, bar or liquor store;
F. Do not enter any Sears stores while on probation;
G. Make restitution, if any;
H. Waive 4th Amendment Rights as to search and seizure and to submit to and pay for random alcohol and drug screens as requested by the Probation Department or any Law Enforcement Officer;

NCLEX-PN® CANDIDATE REPORT
National Council Licensure Examination for Practical Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 08/20/09
Test Center: 47020 - Indianapolis

DOMONIQUE N WILSON
8361 CHADWOOD LN.E APT1 A
INDIANAPOLIS, IN 46268
United States

Candidate Number: 21534571
Date of Birth: 02/18/1985
Social Security Number
Program Code: 48-193
Program Name: IVY TECHNICAL STATE COLLEGE
A LAFAYETTE, IN

DOMONIQUE N WILSON, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS PASSED** the National Council Licensure Examination for Practical 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

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

August 21, 2009

Summer Willhite
5520 Fjord Drive, Apt. B
Indianapolis, IN 46250

Dear Ms. Willhite:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Summer Willhite

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** _____

Approved by (please initial): SG X LG _____ 9/16/09 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 _____

8.17.09 SB

Summer Ashley Willhite
5520 Fjord Drive Apt. B
Indianapolis, IN 46250

Sworn Affidavit pertaining to Question 4, items A and B, on page 2 of the Application for Licensure by Examination for Graduates of U.S. Nursing Schools (State Form 50024)

- On March 25, 2007 at 3:35 a.m. I was ticketed for Operating While Intoxicated in Muncie, Indiana.
- On May 15, 2007 my attorney, John LaRue of Muncie, Indiana, petitioned for me to have an Ignition Interlock device installed in my car so that I may keep my license without restrictions on where I could drive. The petition was granted so I had the Interlock device installed until August 13, 2007, at which time the court stated I could have it removed.
- Prior to the start of the Fall Semester 2007 at Ball State University, I was informed by Dr. Nancy Dillard, Associate Dean of the School of Nursing, that I was ineligible to return as a nursing student due to this pending Misdemeanor charge. I was informed that I would be able to petition the Board of Nursing to be reinstated upon resolving the charge. Due to removal from the program I applied for graduation from Ball State University in December 2007; at that time I earned a Bachelor's of Science in General Studies with emphasis in Nursing.
- On August 30, 2007 I was represented by my attorney at my disposition hearing and petitioned the court for Title 12 Deferral. My petition was granted and I had to meet the following conditions in order for the state to agree to defer prosecution of charges:
    - Not break any laws for the one-year period in which the charge was pending.
    - I had to participate in the Delaware County Community Corrections program by meeting with a case manager from the Court Alcohol & Drug Program. This case manager assessed and met with me periodically throughout the duration of the pending charge. For this program I had to complete a 12 hour drug and alcohol education class, attend a Mothers Against Drunk Driving panel, and complete 40 hours of community service.
- From August 2007 to December 2008 I was employed by Wabash Valley Hospital as an Outpatient Case Manager for patients diagnosed with a mental illness.
- Due to early completion and payment of the Delaware County Community Corrections program, my case manager informed the court of my completion on April 23, 2008 and my case was dismissed.
- Upon dismissal of the charge, I met with the Board of Nursing at Ball State University and was reinstated in the School of Nursing. I audited the two Adult Med-Surg courses that I had previously completed and then started back in the program where I had left off.
- During my last two semesters as a nursing student at Ball State I was named to the Dean's List (Spring 2009 & Summer 2009) and was inducted into the Sigma Theta Tau International Honor's Society for Nursing.
- On July 25, 2009 I graduated from Ball State University with a Bachelor's of Science in Nursing.

I hereby swear that the above statements are true and accurate.

Summer Ashley Willhite
Summer Ashley Willhite

8/3/2009
Date

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.

August 7, 2009

Summer Ashley Willhite
5520 Fjord Drive, Apt B
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.

Certificate of Completion that is signed by the dean or director of your nursing program that also bears the school seal.

Board director review. Your file will be reviewed by the board director as part of your application process.

NCLEX fee. If you have not already done so you will need to later pay your NCLEX exam fee to Pearson Vue. www.pearsonvue.com/nclex
1-866-293-9600

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

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	8/6/09	3035994

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*): WILLHITE, SUMMER, ASHLEY

List other last names you have used:

Street address (*number and street or rural route*)	City	State	ZIP code
5520 FJORD DRIVE APT. B	INDIANAPOLIS	IN	46250

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(765) 366-8441	MAY 17, 1984	LAFAYETTE, IN

Social Security number:

E-mail address: sawillhite@bsu.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: BALL STATE UNIVERSITY SCHOOL OF NURSING

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
MUNCIE, IN	JANUARY 9, 2006	JULY 25, 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: NORTH PUTNAM HIGH SCHOOL

Location (*city and state*): ROACHDALE, INDIANA

Date of graduation (*month, day, year*): MAY 31, 2003

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

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: Summer Willhite — Date (*month, day, year*): 8/3/2009

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: Summer Willhite — Date (*month, day, year*): 8/3/2009

(You must place your si ... nt of your photograph.)

Summer Willhite

Jeanette Pilliard, DNS, RN

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 West Washington Street, Room W066
Indianapolis, Indiana 46204
(317) 234-2043
http://www.state.in.us/hpb/boards/isbn/
email: hpb2@hpb.state.in.us

CERTIFICATE OF COMPLETION

☑ RN ☐ LPN

I hereby certify that Summer Ashley Willhite *was admitted to the* BALL STATE UNIVERSITY BACCALAUREATE *Program of Nursing located in* MUNCIE, INDIANA *on* 1/9/06 *and completed requirements for graduation on* 7/25/09 *will/did graduate on* 7/25/09 . *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: 8/10/09 *SIGNED* Nancy L. Dillard, DNS, RN
Signature

SCHOOL SEAL

Nancy L. Dillard, DNS, RN
Printed Name

Associate Director, School of 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
AUG 12 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

August 21, 2009

Heather Theurer
733 South Indiana Avenue
French Lick, IN 47432

Dear Ms. Theurer:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Heather Theurer

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 _____

Dear Indiana Professional Licensing Agency,

I am writing this letter in regards to the application process. I have just finished the License Practical Nursing Program, and am aware that my criminal history may affect the decision of approving me for licensure. I want to inform the committee that my record does not reflect the woman I am today. I do have a history of alcohol related misconduct. I have been charged with possession of alcohol by a minor twice. Once on July 6, 2005 at I believe the Patoka Lake. I do not remember other details about this offence. This info was listed in my criminal history report. The other was September 16, 2005 at tucker. I was associating with people of legal drinking age, who had bought alcohol, but since I was the driver and my vehicle, I was charged with a misdemeanor. I had to pay fines and fees of about 500 dollars each offence. Attended a Drug and Alcohol program for 6 weeks. I spent one night in jail for the mishaps in July and a six week drug and alcohol program.

I have a misdemeanor of operating a vehicle with a blood alcohol content of .08 on June 8, 2005. I served two days in the Orange County Correction Facility had one year of probation, 64 hours of community service, referred to Alcohol and Drug Program for 6 weeks, 30 days with loss of license, and 180 days with a probationary license, and fines and fees up to 1000 dollars. My friends and I were at the beach we had had a few drinks at a local restaurant. There was a confrontation where one of my friends had stole 150 dollars out of my purse. Once I had realized the fact, I had decided that I was going to confront her about the situation. Myself and other friends believed I was capable to drive safely. There was yelling between all of us Ladies and a police officer showed up at my friends house . My friend denied she took the money and told the officer we were all drinking. The officer suggested that I just go home and we could handle the situation later at the Police Station. I got in my car and the officer followed me through town and pulled me over. The officer never stated the reason or cause for pulling me over. He gave me a breathalyzer and it failed. I felt tricked because I had done what the officer told me to do. After the verdict, I successfully completed community service, probation and the drug and alcohol program.

Currently, I have a pending charge for Operating while under the influence with a blood alcohol of .08. I have an attorney working on my case. The offense occurred on November 23, 2008. I was in Madison, IN visiting my husband. We had went to dinner and had a drink over our meal. During the meal I received a phone call from my mother at about 7:30 pm stating that my grandmother had passed away and her viewing would be for family in the morning. It was a 2 hour drive home to FrenchLick. I felt like I had waited plenty long enough before attempting to leave Madison. I left Madison at 9:25pm, around 9:40 pm I got pulled over for speeding. I was crying because of my grandmothers passing and according to the officer my eyes were blood shot and watery, which lead him to believe I had been drinking. I had explained that my grandmother had passed. He did not even ask me for my license or registration but immediately requested I get out of my vehicle and come sit in his. He preformed an eye nystagmus test while upset and crying. Never asked me to do a sobriety test. The officer did not perform any of the procedures or test correctly and had also sexually harassed me by asking if I had a sexual objects in my purse. I spent the night in jail and bailed myself out ($2,000) the next morning at

11:00 to make my grandmothers viewing. I Lost my drivers license for 6 months and have paid costs for an attorney. This is all the information if have on this charge because the hearing has been postponed due to the office not showing up for trial. My attorney has not informed me of the new court hearing. The agency will immediately be informed of further information.

I know this is a cumulative criminal record, but as I mentioned before I am a brand new woman. My heart has been changed. I realized I was associating with the wrong group of people, and wanted to change my life, for the positive. I am embarrassed about my record and it will follow me the rest of my career. Currently, I am a member of the Wesleyan Church and now have a much stronger respect for myself and others. I have associated myself to being around wonderful people of the Lord. I am much wiser in the decisions I make. I am ready to get my career started as a nurse where I can help people with body, mind and spirit. I have not drank any form of alcohol since my last offence and do not intend to ever again. I am ready to get my career going because being a nurse is what I feel like I am call to do with my life. Approving me for licensure would not be a regret but an opportunity for me to help heal others, which is what I love. Please forgive my mistakes and allow me a chance to become a loving, caring nurse. Thanks for the time and understanding. I will be waiting to hear from the agency on the decision.

Sincerely and Respectfully,

Heather Renae Theurer

RECEIVED

AUG 18 2009

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	8/18/09	3039540

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: N/A

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
Theurer Heather Renae Cavins	N/A

Street address (*number and street or rural route*)	City	State	ZIP code
733 South Indiana Avenue	Frenchlick	IN	47432

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(812) 391-4315	02-22-1985	Bedford, IN

Social Security number *	E-mail address
	heathertheurer@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: Vincennes University Jasper Campus

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Jasper	August 18, 2008	May 10, 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
AUG 18 2009
Indiana State Board of Nursing
Licensing Agency

HIGH SCHOOL EDUCATION

Name of school: Springs Valley Jr. Sr. High School

Location (*city and state*): Frenchlick, 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*)
May 24, 2003	N/A ☐ 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

R. Michael Cloud
Judge

Jean M. Stanfield
Reporter

Kali D. Walls
Bailiff/Reporter

Orange Superior Court

205 East Main Street, Suite 16
Paoli, Indiana 47454
(812) 723-3322
(812) 723-3600
Fax: (812) 723-5839

June 24, 2005

To Whom It May Concern:

This letter has been generated to confirm that Heather Theurer has completed the Orange Superior Court Alcohol and Drug Program's six week substance abuse education program. The six week program utilizes Motivational Interviewing, Transtheoretical Model of Change, and Cognitive Behavioral Theory to assist the participant in identifying behavior that will lead to additional substance related consequences and to develop a plan of action to avoid such consequences. Mrs. Theurer was an active participant in the class and demonstrated a positive attitude. It would appear that she has gained an increased understanding of the information presented in class and will use this information to decrease the likelihood of future substance related consequences.

If you require additional information, please do not hesitate to contact me at 812-723-7139.

Respectfully,

Daniel E Noble
Program Director

RECEIVED
AUG 18 2009
Indiana Professional
Licensing Agency

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, Indiana 46204
(317) 232-2960
http://www.state.in.us/hpb/boards/isbn/

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Indiana Professional Licensing Agency

CERTIFICATE OF COMPLETION

☐RN ☑LPN

I hereby certify that Heather Theurer *was admitted to the* Certificate of Practical Nursing *Program of Nursing located in* Jasper, Indiana *on* August 18, 2008 *and completed requirements for graduation on* July 10, 2009 *did graduate on* July 10, 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: July 10, 2009 *SIGNED:* Alice Hildenbrand, MSN, RN, CNE
Signature

Alice Hildenbrand, MSN, RN, CNE
Printed Name

Program Assistant Chair
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.

8/31/09

To whom it May Concern.

I am requesting an extension for 1 month on my temporary Registered Nurse license until after my appearence before the board on 9/16/09 at 8:45 Am. This is so that I may continue to work at my current employer. They are aware of the situation at hand and have confronted me about it, as well. As I have assured them that this matter will be resolved at that time. Enclosed is $10.00 Check #1152

Thank You,

Shay Williams, RN

-Return receipt requested-

Temp Lic # 99037798A

3059235

$10 9/2/09

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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

August 21, 2009

Shay Williams
3000 Springfield Dr. #2
Louisville, KY 40214

Dear Ms. Williams:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by endorsement. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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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.

July 13, 2009

Shay Nicole Williams
3000 Springfield Dr. #2
Louisville KY 40214

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.

NURSYS provides official verification for RN and LPN licenses for the following states that you hold/held a license in: **Kentucky – RN and Kentucky – LPN.** Please arrange to have your license(s) verified. www.nursys.com

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

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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.

June 4, 2009

Shay Nicole Williams
3000 Springfield Dr. #2
Louisville KY 40214

INCOMPLETE NOTIFICATION

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NURSYS provides official verification for RN and LPN licenses for the following states that you hold/held a license in: ***Kentucky RN and Kentucky LPN.*** We are required to obtain official verifications for all licenses you hold or have held. Please arrange to have your license(s) verified. www.nursys.com
*Be sure to select the correct report "Nurse license verification"

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Sincerely,

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

Stephenson, Linda

From: Simmons, Katrina
Sent: Thursday, June 04, 2009 10:59 AM
To: Stephenson, Linda
Subject: Shay Williams is paying her NURSYS verification

Katrina Simmons, Case Manager
Indiana Board of Nursing and Dietitians
402 W. Washington Street, Room W 072
Indianapolis, IN 46204
Phone: (317) 234-2043
Fax: (317) 233-4236
Email: katshannon@pla.in.gov

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June 4, 2009

Shay Nicole Williams
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Louisville KY 40214

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Sincerely,

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

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*): 6/2/2009	Date fee paid (*month, day, year*):
Receipt number: 2987441	Receipt number:
License number:	Permit number: 990377984
Issuance date (*month, day, year*):	Issuance date (*month, day, year*): 6/2/09

* Notation on check fee was for temp reg

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: Kentucky		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Williams, Shay, Nicole, Phillips		List any other last names ever used: n/a	
Street address (*number and street or rural route*): 3000 Springfield Dr #2	City: Louisville	State: Ky	ZIP code: 40214
Daytime telephone number (*include area code*): (502)510-9669	Date of birth (*month, day, year*): 04/01/1977	Place of birth (*city and state*): Chicago,Ill	
Social Security number *:	E-mail address: shadieshay9@yahoo.com		

NURSING EDUCATION

Name of nursing school: Galen College of Nursing		
Location (*city and state*): Louisville, Ky	Date of enrollment (*month, day, year*): 2005	Date of graduation (*month, day, year*): 2007

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: Crystal Lake South High School	
Location (*city and state*): Crystal Lake , Ill	
Date of graduation (*month, day, year*): 1996	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*)
Kentucky	09/2007

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	Kentucky	1115057	10/23/2007	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*)
Shay Ullman	05/26/09

L.S.

* HAS KY-LPN too *

2040463

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Indiana Professional Licensing Agency

Online Validation Results

Online Validation Results

Identifier	Validation Result
1115057	SHAY WILLIAMS. Multi state privilege to practice in other compact states (List of compact states can be found at https://www.ncsbn.org/158.htm). License # 1115057, Active Registered Nurse License, issued in KY on 23-OCT-07, which expires on 31-OCT-09. Does not hold an active status as a State Registered Nurse Aide and is not listed on the Kentucky Nurse Aide abuse registry. License is in good standing, no discipline information on file. Verification date: 28-MAY-09.

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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
Williams, Shay, Nicole	n/a

Street address (*number and street or rural route*): 3000 Springfield Dr #2

City	State	ZIP code
Louisville	Kentucky	40214

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
1115057	10/23/2009	Kentucky

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*)
	05/26/09

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*)
Shay Williams	05/28/09

NOTARY SEAL

SWORN TO AND SIGNED BEFORE ME THIS 28 *DAY OF* May, 20 09.

Signature of notary public

10/3/2011

Expiration date of commission (*month, day, year*)

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JUN 02 2009

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*)
Stacy Williams	05/26/09

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

GALEN

Louisville

1031 Zorn Avenue, Suite 400
Louisville, Kentucky 40207
Phone: (502) 410-6200
Fax: (502) 581-0425
www.galencollege.edu

STUDENT TRANSCRIPT

Student: Williams, Shay
Address: 403 S. Peak Ave
Shepherdsville, Kentucky 40165
USA

DOB: 04/01/1977
Student ID:

Program: Associate of Science in Nursing
LDA: 2/15/2007

Start Date: 07/17/2006
Graduation Date: 7/18/2007

Course Code	Course	Credits Attempted	Credits Earned	Hours	Grade	GPA	Grade Points
2006 ASN Fall							
BLOCK	Block Transfer Credit for LPN Studies	71.00	71.00	0.00	T	0.00	0.00
BSL 101	Anatomy & Physiology I (5)	5.00	5.00	0.00	T	0.00	0.00
BSL 101L	Anatomy & Physiology I - Lab (1)	1.00	1.00	0.00	T	0.00	0.00
BSL 102	Anatomy & Physiology II (5)	5.00	5.00	0.00	T	0.00	0.00
BSL 102L	Anatomy & Physiology II - Lab (1)	1.00	1.00	0.00	T	0.00	0.00
BSL 103	Microbiology (4)	4.00	4.00	0.00	T	0.00	0.00
BSL 103L	Microbiology - Lab (2)	2.00	2.00	0.00	T	0.00	0.00
ENG-101	English I	3.00	3.00	0.00	T	0.00	0.00
ENG-102	English II	3.00	3.00	0.00	T	0.00	0.00
MAT 101	Applied Mathematics (4)	4.00	4.00	0.00	T	0.00	0.00
NUR 201	Complex Nursing Problems I (5)	5.00	5.00	0.00	B	3.00	15.00
NUR 201C	Complex Nursing Problems I - Practicum (1)	1.00	1.00	0.00	Pass	0.00	0.00
NUR 202L	Technical Nursing Skills (2)	2.00	2.00	0.00	Pass	0.00	0.00
NUR 203C	Complex Nursing Problems II- Clinical Practicum(2)	2.00	2.00	0.00	Pass	0.00	0.00
NUR-203	Complex Nursing Problems II (6)	6.00	6.00	0.00	B	3.00	18.00
PSY 101	Developmental Psychology (3)	3.00	3.00	0.00	T	0.00	0.00
		118.00	118.00	0.00			33.00
					Term/Cum GPA	3.00 /	3.00
2007 ASN Spring							
NUR 204C	Nursing & Childbearing Family - Practicum (1)	1.00	1.00	0.00	Pass	0.00	0.00
NUR 205	Mental Health Nursing (3)	3.00	3.00	0.00	B	3.00	9.00
NUR 205C	Mental Health Nursing - Practicum	1.00	1.00	0.00	Pass	0.00	0.00
NUR-204	Nursing & Childbearing Family (6)	6.00	6.00	0.00	B	3.00	18.00
		11.00	11.00	0.00			27.00
					Term/Cum GPA	3.00 /	3.00

GALEN COLLEGE OF NURSING

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Indiana Professional
Licensing Agency

GALEN COLLEGE OF NURSING
1031 Zorn Avenue, Suite 400
Louisville, Kentucky 40207

GALEN COLLEGE OF NURSING

OFFICE OF THE REGISTRAR
P 502.410.6200 / F 502.400.1924
www.galencollege.edu/louisville/registrar

TRANSCRIPT EXPLANATION

ACCREDITATION

Galen College of Nursing is accredited by the Council on Occupational Education and has met the educational standards for accreditation, approval, or licensure from the Kentucky Board of Nursing, Kentucky State Board for Proprietary Education, and Kentucky Approving Agency for Veterans Education. Galen is a member agency of the National League for Nursing and the National Organization for Associate Degree Nursing.

RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this document may not be released to others without the written consent of the student.

CALENDAR

The academic calendar consists of four quarters lasting approximately twelve weeks. Quarters are identified as Spring, Summer, Fall, and Winter.

CREDIT HOUR

In any quarter, twelve lecture hours, twenty-four lab hours, or 36 clinical hours each constitutes one credit hour. Examinations, quizzes, clinical experiences, and similar course activities are included within the required hours.

GRADING SYSTEM

Grade	Percentage	Explanation	Quality Points
A	90 – 100	Excellent	4.0
B	80 – 89	Good	3.0
C	70 – 79	Average	2.0
D	60 – 69	Below Average	1.0
F	0 - 59	Failed	0.0

ADDITIONAL COURSE IDENTIFIERS

I	Incomplete	Work not completed.
A	Audit	
S	Satisfactory	
U	Unsatisfactory	Student may not be allowed to continue with his/her program of study.
T	Transferred	Credit transferred from another institution.
Pass	Pass	
Fail	Fail	
WP	Withdrawn	Withdrawn from course with a passing grade.
WF	Withdrawn	Withdrawn from a course with a failing grade.
DP	Dismissed	Dismissed with a passing grade.
DF	Dismissed	Dismissed with a failing grade.

Note: Quality points are not attached to the above identifiers and are not included in the computation of the grade point average.

REPEATED COURSE AND THE GRADE POINT CALCULATION

If a course is repeated, the repeated course grade replaces the original grade in GPA calculation. Any course which has a grade component solely based on Satisfactory/Unsatisfactory or Pass/Fail will not be used in the computation of GPA.

TO TEST FOR AUTHENTICITY: A permanent, indelible and transparent WaterMark of our logo, which is embedded in the paper and is visible from both sides of the sheet, signifies and authentic document. Attempts to copy this document will result in the word "VOID" appearing on the copy.

A black and white or color copy of this document is not an original and should not be accepted as an official Galen document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. ALTERATION OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE!

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Student ID:

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	B	80 - 89	N/A	3.00
	C	70 - 79	N/A	2.00
	D	60 - 69	N/A	1.00
	F	0 - 59	N/A	0.00
	Audit	N/A	N/A	Not Used in GPA/CGPA
	DF	N/A	N/A	Not Used in GPA/CGPA
	DP	N/A	N/A	Not Used in GPA/CGPA
	Fail	0 - 69	N/A	Not Used in GPA/CGPA
	I	N/A	N/A	Not Used in GPA/CGPA
	Pass	70 - 100	N/A	Not Used in GPA/CGPA
	T	N/A	N/A	Not Used in GPA/CGPA
	W	N/A	N/A	Not Used in GPA/CGPA
	WF	N/A	N/A	Not Used in GPA/CGPA
	WP	N/A	N/A	Not Used in GPA/CGPA

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Pass	Pass	
Fail	Fail	
WP	Withdrawn	Withdrawn from course with a passing grade.
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Program: Associate of Science in Nursing
LDA: 2/15/2007

Start Date: 07/17/2006
Graduation Date: 7/18/2007

Course Code	Course	Credits Attempted	Credits Earned	Hours	Grade	GPA	Grade Points
2007 ASN Summer							
HUM 101	Ethics (3)	3.00	3.00	0.00	A	4.00	12.00
NUR 206C	Leadership & Management - Practicum (2)	2.00	2.00	0.00	Pass	0.00	0.00
NUR 207C	Clinical Practicum (4)	4.00	4.00	0.00	Pass	0.00	0.00
NUR 208	Nursing Trends & Issues (2)	2.00	2.00	0.00	A	4.00	8.00
NUR-206	Leadership & Management	4.00	4.00	0.00	A	4.00	16.00
NUR-209	Senior Seminar	3.00	3.00	0.00	Pass	0.00	0.00
		18.00	18.00	0.00			36.00
					Term/Cum GPA	4.00 /	3.31

GALEN COLLEGE OF NURSING

Total Classes Attempted: 26 **Cumulative GPA:** 3.31 **Grade Points:** 96.00
Total Credits Attempted: 147.00 **Total Credits Earned:** 147.00 **Total Hours:** 0.00

Kim Freeman
Kim Freeman
Registrar

5/20/2009
Date

DO NOT RELEASE TO A THIRD PARTY
WITHOUT STUDENT PERMISSION

RECEIVED
JUN 03 2009
Indiana Professional Licensing Agency

GALEN COLLEGE OF NURSING
1031 Zorn Avenue, Suite 400
Louisville, Kentucky 40207

OFFICE OF THE REGISTRAR
P 502.410.6200 / F 502.400.1924
www.galencollege.edu/louisville/registrar

TRANSCRIPT EXPLANATION

ACCREDITATION

Galen College of Nursing is accredited by the Council on Occupational Education and has met the educational standards for accreditation, approval, or licensure from the Kentucky Board of Nursing, Kentucky State Board for Proprietary Education, and Kentucky Approving Agency for Veterans Education. Galen is a member agency of the National League for Nursing and the National Organization for Associate Degree Nursing.

RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this document may not be released to others without the written consent of the student.

CALENDAR

The academic calendar consists of four quarters lasting approximately twelve weeks. Quarters are identified as Spring, Summer, Fall, and Winter.

CREDIT HOUR

In any quarter, twelve lecture hours, twenty-four lab hours, or 36 clinical hours each constitutes one credit hour. Examinations, quizzes, clinical experiences, and similar course activities are included within the required hours.

ADDITIONAL COURSE IDENTIFIERS

I	Incomplete	Work not completed.
A	Audit	
S	Satisfactory	
U	Unsatisfactory	Student may not be allowed to continue with his/her program of study.
T	Transferred	Credit transferred from another institution.
Pass	Pass	
Fail	Fail	
WP	Withdrawn	Withdrawn from course with a passing grade.
WF	Withdrawn	Withdrawn from a course with a failing grade.
DP	Dismissed	Dismissed with a passing grade.
DF	Dismissed	Dismissed with a failing grade.

Note: Quality points are not attached to the above identifiers and are not included in the computation of the grade point average.

GRADING SYSTEM

Grade	Percentage	Explanation	Quality Points
A	90 – 100	Excellent	4.0
B	80 – 89	Good	3.0
C	70 – 79	Average	2.0
D	60 – 69	Below Average	1.0
F	0 - 59	Failed	0.0

REPEATED COURSE AND THE GRADE POINT CALCULATION

If a course is repeated, the repeated course grade replaces the original grade in GPA calculation. Any course which has a grade component solely based on Satisfactory/Unsatisfactory or Pass/Fail will not be used in the computation of GPA.

TO TEST FOR AUTHENTICITY: A permanent, indelible and transparent WaterMark of our logo, which is embedded in the paper and is visible from both sides of the sheet, signifies and authentic document. Attempts to copy this document will result in the word "VOID" appearing on the copy.

A black and white or color copy of this document is not an original and should not be accepted as an official Galen document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. ALTERATION OR FORGERY OF THIS DOCUMENT IS A CRIMINAL OFFENSE!

Verification Report

Printed for INDIANA (RN) on 08/18/2009

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
RESTRICTED	WILLIAMS, SHAY NICOLE (ALL)	04/01/1977 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	PHILLIPS (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
KY	RN	1115057	07/01/2009	10/31/2009	ACTIVE	EXAM	10/23/2007	10/19/2007

Address Information

Juris.	Address	City	State	Zip	Country
KY	403 S PEAK AVE	SHEPHERDSVILLE	KY	40165-0000	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
KY	GALEN COLLEGE OF NURSING - ADN	08/00/2007	RN	ASSOCIATES	LOUISVILLE	KY

Discipline Summary Information

There are no discipline records for this individual.

** 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.

Verification Report

Printed for INDIANA (PN) on 08/28/2009

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
RESTRICTED	WILLIAMS, SHAY NICOLE (ALL)	04/01/1977 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	PHILLIPS (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
KY	PN	2040463	10/30/2008	10/31/2008	INACTIVE	EXAM	06/01/2006	05/11/2006

Address Information

Juris.	Address	City	State	Zip	Country
KY	403 S PEAK AVE	SHEPHERDSVILLE	KY	40165-0000	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
KY	GALEN COLLEGE OF NURSING	04/00/2006	PN	CERTIFICATE	LOUISVILLE	KY

Discipline Summary Information

There are no discipline records for this individual.

** 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.

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

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

August 21, 2009

Priscilla Proctor
4 N. Brookfield Drive
Lafayette, IN 47905

Dear Ms. Proctor:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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 ✓

Sept 16 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 _____

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
$80.00	8/18/09	3039258

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: N/A

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Proctor, Priscilla, Ann

List other last names you have used: n/a

Street address (*number and street or rural route*): 4 N. Brookfield Drive

City: Lafayette

State: IN

ZIP code: 47905

Daytime telephone number (*include area code*): (765) 430-0113

Date of birth (*month, day, year*): 9-5-83

Place of birth (*city and state*): Portsmouth, VA

Social Security number *:

E-mail address: cilla_p83@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*): Lafayette, Indiana

Date of enrollment (*month, day, year*): 8-25-08

Date of graduation (*month, day, year*): 8-4-09

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: Somonauk Jr/Sr High School

Location (*city and state*): Somonauk, Illinois

Date of graduation (*month, day, year*): 5-20-01

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	INDIANA	CNA0700[illegible]	08/07/09	active

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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: Priscilla Proctor | Date (*month, day, year*): 8-15-09

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: Priscilla Proctor | Date (*month, day, year*): 8-15-09

PLEAS ... **E)**
(*You must place your signature* ... *front of your photograph.*)

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Indiana Professional Licensing Agency

Priscilla A Proctor

4 N Brookfield Drive

Lafayette, IN 47905

August 15, 2009

Indiana State Board of Nursing,

On the morning of June 14th, 2009 at 2:26 am, I was pulled over by the Ottawa police. I was driving southbound on Columbus Street in Ottawa, Illinois after leaving a friend's house, when I was pulled over. I was then arrested for driving under the influence of alcohol after I admitted to consumption of alcohol and voluntarily blew a .147 into the breathalyzer.

I knew what I was doing was wrong and I should not have been driving. I had a brief episode of poor judgment, when entering my vehicle. There was not an intention to consume as much alcohol as I did. I am a full time student a well as a mother of two children ages three and under, so I do not make a habit of drinking alcohol or participating in any other bad behavior.

On Thursday, August 20th at 1:15 pm I will be meeting with Tara of court services in Lafayette, Indiana. There I will have my alcohol consumption evaluated. My attorney, Christina Cantlin, is in the process of having my information transferred from Illinois to the state of Indiana. The explanation I received was that I will be fined $1255.00, one year court supervision, attend a victim impact panel, alcohol

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Indiana Professional
Licensing Agency

classes, 30 days with a suspended drivers license, 5 months with an ignition interlock breathalyzer device installed in my vehicle, and all at my own expense. Any paperwork needed can be sent promptly.

I am truly regretful for what I have done and wish I could take it back. I know the dangers of driving under the influence of alcohol and deserve all the sentencing I am receiving. I have no previous incidents and will never have another one. I hope to still be considered for licensure as a practical nurse and be eligible to sit for my board exam. Please give me a chance to fulfill a life long dream.

Sincerely,

Priscilla A Proctor

Priscilla A Proctor

Priscilla Proctor 8-15-09

MEGAN BROWN
Tippecanoe County
My Commission Expires
June 18, 2016

8/15/09

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Indiana Professional
Licensing Agency

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 W. Washington Street, Room W072
Indianapolis, IN 46204
(317) 232-2960
http://www.state.in.us/hpb/boards/isbn/

CERTIFICATE OF COMPLETION

__RN _x__LPN

I hereby certify that Priscilla Proctor was admitted to the Ivy Tech Community College, Program of Practical Nursing located in Lafayette, IN on August 25, 2008 and completed requirements for graduation on August 4, 2009 and will/did graduate on August 4, 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: 8/4/2009

Signed: Karen L. Dolk
Signature

Karen L. Dolk
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.**

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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.

August 21, 2009

Tobie Osbourne
8402 Cloverport, Dr.
Louisville, KY 40228

Dear Ms. Osborne:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by endorsement. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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.

July 9, 2009

Tobie Cherie Osbourne
8402 Cloverport Dr.
Louisville, KY 40228

Dear Ms. Osbourne:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **August 20, 2009** to review your Indiana nursing licensure application by endorsement. The meeting will take place in the Auditorium of the Indiana Government Center South Building, 402 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 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

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
Date fee paid (*month, day, year*) 7/1/09	Date fee paid (*month, day, year*)
Receipt number 3019536	Receipt number
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: Kentucky		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*): Osbourne, Tobie, Cherie		List any other last names ever used:	
Street address (*number and street or rural route*): 8402 Cloverport Drive	City: Louisville	State: Kentucky	ZIP code: 40228
Daytime telephone number (*include area code*): (502)855-0142	Date of birth (*month, day, year*): 04/30/1982	Place of birth (*city and state*): Louisville, Kentucky	
Social Security number *:	E-mail address: tobieosbourne@yahoo.com		

NURSING EDUCATION

Name of nursing school: Galen College of Nursing		
Location (*city and state*): Louisville, Kentucky	Date of enrollment (*month, day, year*): 09/25/2006	Date of graduation (*month, day, year*): 04/12/2008

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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Professional Licensing Agency

HIGH SCHOOL EDUCATION

Name of school: Fern Creek High School	
Location (*city and state*): Louisville, Kentucky	
Date of graduation (*month, day, year*): 05/30/2000	If you are not a high school graduate, have you taken and passed the GED? ☐ 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*)
Kentucky	04/13/2009

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
LPN	Kentucky	2043684	04/14/2009	Current

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*)
Dore Osborne	06/29/2009

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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*)
Tobie Osbourne	06/29/2009

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)
(*You must place your signature on the front of your photograph.*)

Kentucky Board of Nursing

LICENSED PRACTICAL NURSE

Validation of this license MUST be made from www.kbn.ky.gov

Lic No. 204868
TOBIE OSBOURNE

ORIGINAL DATE OF KENTUCKY LICENSURE
04/14/2009

Tobie Osbourne

RECEIVED

JUL 01 2009

Indiana Professional
Licensing Agency

June 29, 2009

Indiana State Board of Nursing
402 West Washington Street
Room W072
Indianapolis, Indiana 46204

Dear Indiana State Board of Nursing,

This letter is a way of explaining some negative experiences that occurred during my adolescence. I am not denying that I made some bad decisions and poor choices at different points in my life. I take full responsibility for these decisions. As I look back now, I can see that my life lacked direction and purpose. This contributed to a very careless and negative outlook on life which led me in directions that I now regret.

My criminal charges are as follows:

Alcohol intoxication in a public place; 2001; while attending a social gathering, a disturbance call was made. Upon arrival law enforcement discovered several people were underage and under the influence. Law enforcement proceeded to arrest me and others.

Speeding 17 mph over the limit/failure to wear seat belt; 2002; while driving on the highway, I was stopped and cited for speeding 17 mph over the limit and not wearing my seatbelt.

Possession of alcoholic beverages by a minor/alcohol intoxication in a public place; 2002; while stopped at a gas station in a "dry county", law enforcement observed alcohol in the vehicle in which I was a passenger. We then were cited for possessing the alcohol as well as being under the influence of alcohol. Charges were later dismissed for possession of alcohol.

OP MV under the influence of alcohol/operating on suspended license; 2002; while on my way to Rough River with some friends, I was stopped and cited for driving under the influence of alcohol as well as operating on a suspended license. My license had been suspended previously that year for not paying a speeding ticket.

Speeding 15 mph over the limit/license to be in possession/operating on suspended license; 2003; while driving to a social gathering, the night of Halloween, I was stopped and cited for speeding 15 mph over the limit. Since my license was still suspended from the previous speeding ticket in 2002, I was also charged with license to be in possession and operating on a suspended license.

Alcohol intoxication in a public place; 2005; while at a bar in downtown Louisville with a group of friends, an altercation occurred. The altercation involved the people I was with, as well as a group of people we did not know. I tried to break up the people involved so we could leave. When law enforcement arrived, everyone at the scene was arrested for being under the influence of alcohol.

RECEIVED
JUL 01 2009
Indiana Professional
Licensing Agency

June 29, 2009

After my last charge in 2005, I realized that being irresponsible and uncommitted was not what I wanted in my life. While employed at a Dermatologist office later that same year, I started thinking about becoming a nurse. The nurses I had a chance to work with while employed there, told me how fulfilling it was to help people on a daily basis. I would always think to myself, "I enjoy helping others, why don't I become a nurse?" I decided to pursue nursing school. For the first time in a long time, I discovered a purpose for my life. I found meaning and fulfillment in education that I highly value and work that I truly enjoy. I am very proud to say that I ended up graduating nursing school with honors, something I didn't expect to do. A lot has changed in my life since I started nursing school. I have met people through school, that I can honestly say I will be friends with for the rest of my life. My confidence has improved a great deal, knowing that I will make something of my life after all. I have a two year old nephew, whom I adore and want to be a positive role model for. I have become extremely close with all of my family and have realized that they are the most important people in my life. The best part about my life now, I don't go out partying like I used to. I have found more positive ways to spend my time.

This is hard for me to write and even harder to admit that I made lots of mistakes in my life. The opportunity to become a nurse means more to me than any discomfort I feel about my previous shortcomings. I wouldn't take back any of the mistakes I've made along the way; they've only made me a stronger person. I believe the important thing is that you learn from your mistakes, no matter how many times that may take. All I can hope is that you can relate to a young person who made poor choices, but has learned from those. I am ready to keep moving forward in a way that I know will be a positive contribution in life through helping many, many others. Thank you so much for taking the time to read this letter. I hope I have left you with an impression of who I have *become* and not who I once *was*.

Thank you,

Tobie Osbourne

Tobie Osbourne

Enclosures (3)

RECEIVED
JUL 01 2009
Indiana Professional
Licensing Agency

Online Validation Results

Online Validation Results

Identifier	Validation Result
2043684	TOBIE OSBOURNE. Multi state privilege to practice in other compact states (List of compact states can be found at https://www.ncsbn.org/158.htm). License # 2043684, Active Licensed Practical Nurse License, issued in KY on 14-APR-09, which expires on 31-OCT-09. Does not hold an active status as a State Registered Nurse Aide and is not listed on the Kentucky Nurse Aide abuse registry. License is in good standing, no discipline information on file. Verification date: 01-JUL-09.

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Verification Report

Printed for INDIANA (PN) on 07/01/2009

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
RESTRICTED	OSBOURNE, TOBIE CHERIE (ALL)	04/30/1982 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	OSBOURNE (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
KY	PN	2043684	04/14/2009	10/31/2009	ACTIVE	EXAM	04/14/2009	YES

Address Information

Juris.	Address	City	State	Zip	Country
KY	8402 CLOVERPORT DR	LOUISVILLE	KY	40228	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
KY	GALEN COLLEGE OF NURSING	03/00/2008	PN	CERTIFICATE	LOUISVILLE	KY

Discipline Summary Information

There are no discipline records for this individual.

** 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.

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 ✓ MS updated

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 ✓ PA Act for Ag.

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.

July 1, 2009

Tobie Cherie Osbourne
8402 Cloverport Drive
Louisville KY 40228

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.

- A photo, approx. 2 ½ x 3 ½ in., head and shoulders, black and white or color, of professional quality, signed by you on the lower front.

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,

Katrina Simmons, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

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

August 21, 2009

Megan Dallas
6123 Warrior Drive
West Lafayette, IN 47906

Dear Ms. Dallas:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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.

August 25, 2009

Megan M. Dallas
6123 Warrior Drive
West Lafayette IN 47906

Result Notification

The Indiana State Board of Nursing regrets to inform you that you have failed the National Council Licensing Examination (NCLEX). Therefore, in accordance with IC 25-23-1-11 (c) the board is unable to grant you a license to practice as a NURSE. Included with this letter are the following items: Your copy of the NCLEX Pass-Fail Report; NCLEX Candidate Diagnostic Profile; and State application.

You have the right to petition for review of this decision under IC 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the board decision. According to law, the petition for review must be filed with the board within eighteen (18) days from the date of this letter unless such a date is a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency offices are closed during regular business hours in which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency is closed during regular business hours.

If your petition for review is filed timely and review is 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 results of the examination were erroneous.

Based on the need to prevent over exposure of the items, the National Council will not allow candidates to take the NCLEX more than once every 45 days.

If you have further questions regarding the appeal process, please contact Indiana State Board of Nursing, at (317) 234-2043. Questions regarding re-applying for the next exam, please contact the Indiana State Board of Nursing 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

NCLEX–RN® CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 08/20/09
Test Center: 54865 - Indianapolis

Megan M Dallas
6123 Warrior Drive
West Lafayette, IN 47906
United States

Candidate Number: 21521062
Date of Birth: 03/15/1981
Social Security Number:
Program Code: 48-391
Program Name: ST ELIZABETH HOSPITAL - DPL
A LAFAYETTE,IN

Megan M Dallas, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS NOT PASSED** the National Council Licensure Examination for Registered Nurses.

NCLEX-RN® CANDIDATE PERFORMANCE REPORT
National Council Licensure Examination for Registered Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 08/20/09
Test Center: 54865 - Indianapolis

Megan M Dallas
6123 Warrior Drive
West Lafayette, IN 47906
United States

Candidate Number: 21521062
Date of Birth: 03/15/1981
Social Security Number:
Program Code: 48-391
Program Name: ST ELIZABETH HOSPITAL - DPL
A LAFAYETTE,IN

Megan M Dallas, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS NOT PASSED** the National Council Licensure Examination for Registered Nurses.

The NCLEX-RN® examination is a Computerized Adaptive Test (CAT) that administers test items until a precise pass or fail decision can be made. On the NCLEX-RN examination, no candidate is administered fewer than 75 items or more than 265 items. You answered **265** items. Only candidates whose performance was close to the passing standard, either just above it or just below it, had to answer the maximum number of 265 items. Fewer items were required for a precise pass-fail decision to be made for those candidates whose performance was much lower than the passing standard.

Pass-fail decisions are based upon the candidate's performance across the entire examination. To pass the NCLEX® examination, a candidate must perform **ABOVE** the passing standard. Candidates fail if they only meet the passing standard or are below it. The purpose of this Candidate Performance Report is to give you information about your performance on **08/20/09** . The back of this form gives you more information about your performance on the specific content areas of the examination.

For each content area of the examination, you will find the percentage of the test represented by that content area, a statement of your performance (your ability in that content area), and description of the content area with a list of topics related to it. Your performance in each content area is described in one of the following ways:

- *Above the Passing Standard.*
- *Near the Passing Standard.*
- *Below the Passing Standard.*

These descriptions are designed to help you understand the strengths and weaknesses of your performance. Use this information to help guide your study before you take this test again. Please note that "near the passing standard" does **not** imply a satisfactory performance on the content area. Also, you cannot add your performance in the content areas (i.e. above, near, or below the passing standard) to validate the pass-fail decision. **If your ability is above the passing standard in a given content area, you should still study that area to maintain your proficiency.**

For additional information on:

Candidate Performance Report	https://www.ncsbn.org/1223.htm
RN and PN Test Plans	https://www.ncsbn.org/1287.htm

CONTENT AREAS

The following describes your performance on each content area.

Physiological Adaptation (11–17% of the test) **BELOW THE PASSING STANDARD**

- Managing and providing care for clients with acute, chronic or life threatening physical health conditions.
- Related content includes but is not limited to: Alterations in Body Systems, Fluid and Electrolyte Imbalances, Hemodynamics, Illness Management, Infectious Diseases, Medical Emergencies, Pathophysiology, Radiation Therapy, Unexpected Response to Therapies.

Pharmacological and Parenteral Therapies (13–19% of the test) **NEAR THE PASSING STANDARD**

- Providing care related to the administration of medications and parenteral therapies.
- Related content includes but is not limited to: Adverse Effects/Contraindications, Blood and Blood Products, Central Venous Access Devices, Dosage Calculation, Expected Effects/Outcomes, Medication Administration, Parenteral/Intravenous Therapies, Pharmacological Agents/Actions, Pharmacological Interactions, Pharmacological Pain Management, Total Parenteral Nutrition.

Safety and Infection Control (8–14% of the test) **NEAR THE PASSING STANDARD**

- Protecting clients, family/significant others and health care personnel from health and environmental hazards.
- Related content includes but is not limited to: Accident Prevention, Disaster Planning, Emergency Response Plan, Ergonomic Principles, Error Prevention, Handling Hazardous and Infectious Materials, Home Safety, Injury Prevention, Medical and Surgical Asepsis, Reporting of Incident/Event/Irregular Occurrence/Variance, Safe Use of Equipment, Security Plan, Standard/Transmission–Based/Other Precautions, Use of Restraints/Safety Devices.

Management of Care (13–19% of the test) **NEAR THE PASSING STANDARD**

- Providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.
- Related content includes but is not limited to: Advance Directives, Advocacy, Case Management, Client Rights, Collaboration with Interdisciplinary Team, Concepts of Management, Confidentiality/Information Security, Consultation, Continuity of Care, Delegation, Establishing Priorities, Ethical Practice, Informed Consent, Information Technology, Legal Rights and Responsibilities, Performance Improvement (Quality Improvement), Referrals, Resource Management, Staff Education, Supervision.

Basic Care and Comfort (6–12% of the test) **NEAR THE PASSING STANDARD**

- Providing comfort and assistance in the performance of activities of daily living.
- Related content includes but is not limited to: Assistive Devices, Complementary and Alternative Therapies, Elimination, Mobility/Immobility, Non–Pharmacological Comfort Interventions, Nutrition and Oral Hydration, Palliative/Comfort Care, Personal Hygiene, Rest and Sleep.

Reduction of Risk Potential (13–19% of the test) **NEAR THE PASSING STANDARD**

- Reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.
- Related content includes but is not limited to: Diagnostic Tests, Laboratory Values, Monitoring Conscious Sedation, Potential for Alterations in Body Systems, Potential for Complications of Diagnostic Tests/Treatments/Procedures, Potential for Complications from Surgical Procedures and Health Alterations, System Specific Assessments, Therapeutic Procedures, Vital Signs.

Psychosocial Integrity (6–12% of the test) **NEAR THE PASSING STANDARD**

- Provides and directs nursing care that promotes and supports the emotional, mental and social well–being of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness.
- Related content includes but is not limited to: Abuse/Neglect, Behavioral Interventions, Chemical and Other Dependencies, Coping Mechanisms, Crisis Intervention, Cultural Diversity, End of Life Care, Family Dynamics, Grief and Loss, Mental Health Concepts, Psychopathology, Religious and Spiritual Influences on Health, Sensory/Perceptual Alterations, Situational Role Changes, Stress Management, Support Systems, Therapeutic Communications, Therapeutic Environment, Unexpected Body Image Changes.

Health Promotion and Maintenance (6–12% of the test) **NEAR THE PASSING STANDARD**

- Provides and directs nursing care of the client and family/significant others that incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.
- Related content includes but is not limited to: Aging Process, Ante/Intra/Postpartum and Newborn Care, Developmental Stages and Transitions, Disease Prevention, Expected Body Image Changes, Family Planning, Family Systems, Growth and Development, Health and Wellness, Health Promotion Programs, Health Screening, High Risk Behaviors, Human Sexuality, Immunizations, Lifestyle Choices, Principles of Teaching/Learning, Self–Care, Techniques of Physical Assessment.

Megan Dallas

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** _____

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 _____

8.17.09

→ & make eligible and then return to Schedule PA. 56

I, Megan Dallas, am stating truthful, factual information regarding my past history with guilty pleas in misdemeanor charges. On November 9, 2001 I entered a bar while under the legal drinking age (I was only 20) in Lafayette, IN, Riehle Brothers, with a friend that was of legal drinking age and was not carded while entering the bar. My friend and I requested an alcoholic beverage at the time of ordering dinner and were still not carded for age identification. I was young and irresponsible at this time and decided to get into my car with my friend and drive us down the road to her house. One of my headlights was burnt out and I was pulled over shortly after exiting the bar. I was then asked to get out of the car and take a breathalyzer test because the officer smelled alcohol on my breath. I complied with the request and I was taken to jail with a charge of operating while intoxicated because I had registered on the breathalyzer test. I complied with the officer's request and spent the night in jail. I was released on my own after 12 hours. I attended all of my court dates and accepted responsibility for my actions. I completed house arrest and court services recommended, which I believe was once a week group counseling and drug testing.

My other incident was on May 19, 2002, I was driving with a friend in my car and we were on our way home from the grocery store. My friend at the time had been working on my car and caused a short in the fuse and my taillights burnt out without our knowledge so we were pulled over in Dayton, IN. The officer asked me if I would mind if he could search the car. I did not have any knowledge of paraphernalia being in the car and I complied with the officer's request. The officer stated they had found a marijuana pipe in the car with residue and they had to take it to test the pipe for confirmation. I took responsibility for the charges and was given a ticket by the officer to go to court later and

was sent home. I went to court later and did plead guilty to the possession of marijuana charge because of the pipe with marijuana residue found in my car. There were other charges that were filed against me that were dropped because I accepted the plea agreement. The dropped charges included possession of paraphernalia and common nuisance because I had a passenger in my vehicle at the time we were pulled over. I attended court referred drug counseling, completed many random drug screens and paid all of my fines as stated to do by the judge.

I regret being so unintelligent in my decisions that I made in the past, but I have been able to maintain good behavior and become a better person by learning from my mistakes earlier in life. I am a very responsible individual now, with three young children. I have not been in any trouble with the law since I decided to change my ways and the crowd of people I surrounded myself with. I sincerely do have regrets, but I cannot change the past. I want to be able to put the past behind me and move forward with my career. Thank you for your time.

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	1/21/09	3028563

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
Dallas, Megan, M	

Street address (*number and street or rural route*)	City	State	ZIP code
6123 Warrior Drive	West Lafayette	IN	47906

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(765) 807-6110	March 15, 1981	Lafayette, IN

Social Security number *	E-mail address
	mdallas24@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: Saint Elizabeth School of Nursing

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Lafayette IN	August 18, 2007	July 31, 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: McCutcheon

Location (*city and state*): Lafayette, IN

Date of graduation (*month, day, year*): May 29, 1999

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 emr 1.16.09

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
certified nursing assistant	IN / USA	?	1999-2001	expired

INDIANA STATE BOARD OF NURSING
PROFESSIONAL LICENSING AGENCY

402 West Washington Street Room W072
Indianapolis, Indiana 46204
(317) 234-2043
http://www.state.in.us/pla/boards/isbn
email: pla2@pla.IN.gov

AUG 04 2009
Indiana Professional Licensing Agency

CERTIFICATE OF COMPLETION

RN ___X___ ***LPN*** _____

I hereby certify that **Megan Marie Dallas** *was admitted to the* **St. Elizabeth School of Nursing** *Program of Nursing located in* **Lafayette, Indiana** *on* **August 2007** *and completed requirements for graduation on* **July 30, 2009** *and did graduate on* **July 31, 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: July 31, 2009 ***SIGNED:*** Deacon John R. Jezierski MSN RN
Signature

Deacon John R. Jezierski, MSN, RN
Printed Name

SCHOOL SEAL

Director, School of Nursing
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.***

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

August 21, 2009

Paulita Wolfenbarger
116 N. Stewart Street
Rector, AR 72461

Dear Ms. Wolfenbarger:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by endorsement. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Paulita Wolfenbarger

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

8-14-09
Needs PA
SG

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

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 _____

8-2-02

TO WHOM IT MAY CONCERN:

I AM SUBMITTING APPLICATION TO OBTAIN MY INDIANA LICENSE. IN 1999 I WAS ARRESTED & CONVICTED FOR A FEDERAL FELONY. ATTACHED IS THE PAPERWORK & LETTER FROM P.O. STATING I HAVE COMPLETED MY TERM OF PROBATION. AFTER LPN SCHOOL, I HAD TO SIT IN FRONT OF ASBN WHERE THEY DECIDED I WAS ELIGIBLE TO TAKE MY NCLEX. I HAVE ALSO ENCLOSED THE LETTERS OF RECCOMENDATION THAT MY NURSING INSTRUCTORS WROTE & READ ALOUD DURING MY HEARING WITH ASBN.

I LOVE TO NURSE & HELP PEOPLE. I AM PRAYING THAT THERE WILL NOT BE A PROBLEM OBTAINING MY LICENCE.

THANK YOU,

Jamie Hoyenberger

*I HAVE REGISTERED WITH NURSYS.
TRANSACTION ID:
VUJA3F9D7A75

To Whom It May Concern, July 05, 2007

I am respectfully requesting a chance to take my state board examination and have an opportunity to become a Licensed Practical Nurse. I am a Federal Felon with a drug charge, but I am also a good person with a family who deserves a chance for a better life.

I was so reckless and impulsive a few years ago, even with 2 small children to take care of by myself. I know what I did was irresponsible, selfish and illegal. I can never justify what I did was right ***or*** in the best interest of my family. I was homeless, sleeping in my vehicle and would do just about anything at that time to make fast, easy money. Sure, there would have been other options had I looked or tried but this was quick and (thought) I needed quick.

I must be honest and tell the Board that I crossed the US border not once, but twice with drugs. It was the latter that I was caught and convicted for. The first time I did it, was purely for the money, the second time I asked to do it because I was sleeping in my car with my kids and life was catching up with me…fast. I was living in the fast lane with 2 kids who depended entirely on me. Nobody could depend on me at that time, not even them.

I was so ashamed of failing at something again that I thought if I could make one more trip to Mexico that I would have enough money to give us a new start. And you know something, if I hadn't made that trip, gotten caught and had a felony put on my record, I don't know what would have happened to us. The fact is, getting caught has made me realize how much I love my children and the choices I make do affect them in every way. I do realize that to give them a good stable home I need to be able to provide adequately for them. I need to be a role model and show them that nothing is impossible if you work hard and want it bad enough.

I want the opportunity to become a nurse for this reason and also for myself. I knew I could do it, I know I would be an exceptional nurse and I would not take for granted the chance to become one. I have had many jobs since that time, and I was never satisfied or remotely interested in them. I love nursing and it truly fulfills me. I am pleading with you to allow me to take my State Boards and help me to make a difference in the lives of my family and also to others.

Respectfully Yours,

Paulita Arlene Wolfenbarger

Rector Police Department
409 S. Stewart Avenue
Rector, AR 72461
Phone 1-870-595-2423

Rector Police Department

July 14, 2007

To Whom It May Concern:

I am writing this letter in reference to Mrs. Paulita Wolfenbarger. I have known Mrs. Wolfenbarger for a period of 15 years, during which time she has demonstrated a true sense of motivation, determination, and a genuine ability for helping others. Mrs. Wolfenbarger is dependable and forthright in her duties as a wife, mother, and nursing professional. Paulita has demonstrated to me on many occasions the grit and determination rarely found in our society through her efforts in the community and in obtaining her education. I am proud of Paulita and her accomplishments and hope to see her continue her education and achieve each of the goals she has set for herself.

Sincerely,

Tommy Baker
Chief of Police, City of Rector

April Lindsey
P.O. Box 133 Rector, AR 72461
870-595-3551 phone
aprilsbeijobags@yahoo.com

7-24-07

To Whom It May Concern,

I am writing this letter as a character reference for Paulita Wolfenbarger. I have known Paulita for most of her life. As adults we have been in more frequent contact with one another than in earlier years. In recent months we have become very close. Paulita and her family started attending the same church as me and my family. Paulita and her husband also live on and take care of my father-in-law's farm in Rector, AR.

I had the opportunity to spend the last week with Paulita and her children at church camp. I find Paulita very caring, sincere, helpful and knowledgeable. She is a great mother and caretaker. She interacts wonderful with others and has been a welcome addition to our church family. I am very thankful for her and her family and for her friendship.

I would like to recommend her to be eligible to take the state exam based on the love, care, attention, and honesty she shows in her life. If you have any questions for me, I can be reached at 870-595-3551 or aprilsbeijobags@yahoo.com. Thank you for your time and consideration.

Sincerely,

April Lindsey

April Lindsey

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Indiana Professional
Licensing Agency

Black River
TECHNICAL COLLEGE

July 12, 2007

Dear Sir or Madam:

The purpose of this letter is to serve as a recommendation for Paulita Wolfenbarger. I am a Nursing Instructor at BRTC and have had the privilege of having Paulita in our program. Paulita set a goal of becoming a nurse for many reasons. First and foremost, to provide a better life for her children. Second, to provide a better life for the ill and injured. Paulita set her feet on the path and never strayed. I am proud to recommend Paulita as one of my students and as a friend.

Paulita excelled in the classroom as she learned the theory of nursing and the pathophysiology of disease. She understood and applied the nursing process. She is always respectful and attentive to her instructors as well as her classmates. She demands high standards of herself and expects other peers in the nursing field to do the same. In the clinical setting, Paulita applied all that she had learned in the classroom, and added her own touch of professionalism and caring. She gave excellent patient care, but possibly more important than that, she gave kind and compassionate care. I offer her the highest compliment one nurse can give another; I would want her to take care of my family.

Sincerely,

Sandra Green

Sandra Green, APN, MSN
Nursing Instructor, Black River Technical College

Accredited by the North Central Association of Higher Education
Post Office Box 468 1410 Highway 304 East Pocahontas, Arkansas 72455 (870) 248-4000 Fax (870) 248-4100

Black River
TECHNICAL COLLEGE

July 11, 2007

Dear Board Members:

I am submitting this letter of reference for Paulita Wolfenbarger. I have had the pleasure to instruct Paulita the last two semesters in the Practical Nursing program at Black River Technical College. I have personally developed a relationship with her in the classroom setting, as well as in the clinical setting.

My experience with Paulita in the classroom was one of mutual respect between student and instructor. She displayed integrity in her class work and was a motivator to those around her.

In the clinical setting, Paulita was a leader. She displayed the ability to supervise and delegate appropriately to fellow students. In addition, high moral principles and professional standards were evident in her patient care. She has a holistic approach to patient care. She not only cares for the ailing body, but was skilled in caring for the hurting spirit as well. Reliable is also a good word to describe Paulita. I could be certain that her work was complete and accurate.

Paulita has always given her studies and training the highest priority. I would describe Paulita as a person with great perseverance. She has managed to take care of her family and survive two personal tragedies, while still keeping up with her coursework during our intense school program. Yes, she has had a previous time in her life when she struggled. She has always been very honest and straightforward with this information. She has made the choice to turn her life around and become a contributor to our society. Of this, I am very proud of her.

Sincerely,

Melissa Carter

Melissa A. Carter RN, BSN
Nursing Instructor
Black River Technical College

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Accredited by the North Central Association of Higher Education
Post Office Box 468 1410 Highway 304 East Pocahontas, Arkansas 72455 (870) 248-4000 Fax (870) 248-4100

Black River
TECHNICAL COLLEGE

May 10, 2007

Arkansas State Board of Nursing
University Tower Bldg.
1123 South University
Suite 800
Little Rock, AR 72204-1619

To Whom It May Concern:

I am submitting this letter in response to a request for a recommendation for Paulita Wolfenbarger. It has been my sincere pleasure to have had the privilege of working with Paulita in my nursing theory classes as well as in the various clinical agencies with which this collegiate institution is affiliated.

Paulita consistently strives to provide high quality patient care by applying theoretical, empirical, and intuitive knowledge from the discipline of nursing as well as other scientific disciplines. She has demonstrated an innate ability to utilize the nursing process to design, manage, and modify culturally competent, cost effective, and high quality nursing care to clients.

Paulita has demonstrated she has the ability to collaborate with and maintain professional relationships with the health care workers she practices with. She has shown a high level of compassion, dedication, commitment, and discipline related to achieving the formidable goals she has set for herself. Paulita is a consummate professional and maintains a high level of personal responsibility and accountability for the care she provides as well as her personal and academic responsibilities.

Most of all, I admire and respect Paulita. She is a very caring and compassionate individual and enriches the lives of all those she comes in contact with in a unique and very special way. She consistently exceeds all expectations and I am confident she will be successful in all her future endeavors.

Paulita exemplifies the concept of patient advocacy and it is evident in the way she cares for her clients and their families. She will be a valuable asset to the nursing profession. Her personal and professional integrity have served as an inspiration for her classmates as well as the faculty at this college.

Please feel free to contact me if I can be of further assistance. Thank you in advance for your consideration in this matter.

Respectfully,

Leah C Privett, RN BSN

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Licensing Agency

Leah C. Privett R.N. B.S.N.
Nursing Faculty
Black River Technical College
(870) 248-4000 ext. 4175

Black River
TECHNICAL COLLEGE

July 4, 2007

To Whom It May Concern:

Please accept the following letter of recommendation for Paulita Wolfenbarger. I have been a nursing instructor at Black River Technical College since August 2006. Part of my responsibilities as an instructor include observing and directing nursing students in all areas of nursing including but not limited to patient safety and medication administration. As a clinical instructor, I have worked very closely with Paulita Wolenbarger. During the past year of nursing clinical, Paulita has shown a high degree of both professionalism and care when dealing with patients.

Paulita Wolfenbarger has shown the ability to provide individualized care. During her clinical rotations, Paulita has been able to use her ability to speak Spanish and her understanding of Hispanic culture to both enrich her patient's care as well as increase the knowledge of fellow students. Paulita has won the respect of her peers as well as her instructors by showing an unwavering desire to help the underprivileged. She has shown a passion to help the sick and improve their lives.

Paulita Wolfenbarger has exhibited the ability to provide safe patient care. She has demonstrated the ability to administer medications within safety guidelines. Paulita has a knowledge base of medications, their adverse effects, safe dosages and correct administration.

I am confident that Paulita can and will be an excellent nurse, enriching the lives of her patients and those around her. Paulita Wolfenbarger has overcome many hardships on her path to becoming a nurse and I am sure that those hardships have helped her become a wonderful, kind and caring person. I am sure that Paulita will be an asset to the nursing profession.

If I may provide you with any further information in your consideration of Paulita Wolfenbarger please feel free to contact me.

Sincerely,

Tina Stroud, RN, BSN

Tina Stroud RN, BSN

BRTC LPN Nursing Instructor

870-243-0952

Black River
TECHNICAL COLLEGE

July 3, 2007

Arkansas State Board of Nursing
University Tower Bldg.
1123 South University
Suite 800
Little Rock, AR 72204-1619

To Whom It May Concern:

I am submitting this letter of recommendation for Paulita Wolfenbarger. It was both a joy and a privilege to work with Paulita during the three semesters she was enrolled in our Practical Nursing program.

As the Director of Nursing, the relationship I develop with the student is typically somewhat different than the relationship between the other faculty members and the student. Paulita and I have spent time together discussing her past, her present situation, and her future plans. She has made mistakes in the past and she has always been upfront and honest about the crime she committed. I do believe she was in a place in her life in which she was desperate and was living day to day with the sole purpose of survival for herself and her children. Today, Paulita is a better person, I believe in large part from what she has learned from her past. The Paulita Wolfenbarger I know is not the same person that was convicted of a felony.

Paulita is a very compassionate and caring individual, not only exhibited with her clients, but also exhibited with other classmates, faculty, and in the relationship I have seen between her and her children. During the time with our program, Paulita has endured the tragic loss of two sisters-in-law, and a medical emergency with her brother. Despite the difficulties she managed to successfully complete the program and was one of our top academic and clinical students. At no time during this stressful period in Paulita's life did I see her engage in any inappropriate or unprofessional conduct.

I can write you a letter telling you that Paulita is professional, responsible, and accountable, and all of those things would be true. But I think it is better for me to tell you that through trials and difficult times, I have seen Paulita excel in her personal and professional goals, and overcome the adversity that lay before her. I do believe Paulita will be an asset to the profession of nursing and I hope that the Board will take this and all other recommendations into consideration when deciding Paulita's case.

Please feel free to contact me if I can be of further assistance. Thank you in advance for your consideration in this matter.

Respectfully,

Ramonda Housh, APN

Ramonda Housh, MNSc, APN, CPNP
Director of Nursing
Black River Technical College
(870) 248-4000 ext. 4174

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Indiana Professional
Licensing Agency

Barbi Terry
3194 CR 406
Rector, Arkansas 72461
870-240-4257
barbiterry@hotmail.com

July 24, 2007

To Whom It May Concern:

I have known Paulita Wolfenbarger for over 20 years. Paulita is a wonderful, loving mother and wife. Paulita has rebuilt her life over the past five years and has become a fabulous role model for all young women in our area. Knowing that she had made some bad decisions did not hold her back from accomplishing the goals she has set for herself as a women and as a mother. Paulita has worked hard to finish nursing school with 3 children and a husband, to prove to herself and her daughters that it is never to late to set and reach your goals. How fortunate we will be as a community when a compassionate woman like Paulita is allowed to serve our community as a health care provider.

I would strongly recommend Paulita Wolfenbarger to be eligible to take the state exam based on her compassion, goal setting and over coming obstacles in her life. If you have further questions or comments, please feel free to contact me at 870-240-4257. Thank you for your time and consideration.

Sincerely,

Barbi Terry

Barbi Terry

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July 24, 2007

To Whom it May Concern,

Paulita worked for me from 2000-2005 during seasonal lawn care; she was an outstanding employee who demonstrated the ability to work with little to no supervision. Paulita was always reported to work on time and was very reliable.

I highly recommend Paulita as a Nurse and feel she has worked hard going above and beyond to meet her goals and finish school.

If you have any questions at all, please contact me @ 870-595-4130.

Sincerely,

Bill Bracken

Bill Bracken

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Licensing Agency

7-Eleven Convenience Store
2700 South Main Street
Elkhart, IN 46544

June 27, 2007

Ladies and Gentlemen:

We have owned our 7-Eleven convenience store in Elhart, Indiana, for twenty years. During this time, Paulita Martinez worked for us for approximately one year. Ms. Martinez worked diligently, arrived for work promptly and was a very reliable, conscientious employee. Although she had two young children, we knew we could count on Ms. Martinez to report to work every shift she was scheduled. Additionally, Ms. Martinez was eager to cover shifts whenever we had an employee who was unable to work his or her shift. While at work, Ms. Martinez displayed excellent work habits, going above and beyond required duties to make our store a cleaner, friendlier environment for our customers.

Please do not hesitate to contact us at the numbers listed below if you have any questions about Ms. Martinez. We will be happy to furnish any further information you need.

Phone numbers:
(574) 295-3117 work (daytime)
(574) 259-6475 home (evening)
(574) 276-7746 Gary's cell
(574) 276-5620 Kelly's cell

Sincerely,

Gary Loughridge

Gary Loughridge
Franchise owner

Kelly Loughridge

Kelly Loughridge
Franchise owner

Michiana Marketing, Inc.
DBA 7-Eleven
2700 S. Main St.
Elkhart, IN 46517

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Indiana Professional
Licensing Agency

BEFORE THE ARKANSAS STATE BOARD OF NURSING

IN THE MATTER OF:

PAULITA ARLENE JENKS WOLFENBARGER **PN APPLICANT**

FINDINGS OF FACT
CONCLUSIONS OF LAW AND ORDER

A hearing on the captioned matter was held before the Arkansas State Board of Nursing (hereinafter referred to as "the Board"), on September 13, 2007, in the Board Room of the Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas. The Board was represented by its General Counsel, William F. Knight. Paulita Arlene Jenks Wolfenbarger, PN Applicant (hereinafter referred to as "Respondent"), appeared in person before the Board and was not represented by counsel. The Order and Notice of Hearing was hand delivered to Respondent on September 13, 2007. On the basis of testimony and other evidence presented, the Board made the following findings of fact, conclusions of law and order.

FINDINGS OF FACT

1. Respondent submitted her application for examination on or about May 17, 2007.

2. Respondent acknowledged on her Practical Nurse Examination Application that she had entered a plea of guilty in the United States District Court, Southern District of Texas, to Possession with Intent to distribute 74 kgs. of Marijuana, a Felony. The Respondent was placed on probation for five (5) years. Her probation was completed on July 28, 2004.

CONCLUSIONS OF LAW

1. Pursuant to Ark. Code Ann. §17-87-309, the Board has subject matter and personal jurisdiction in this matter.

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AO 245B (Rev. 8/96) Judgment in a Criminal Case

24

United States District Court

Southern District of Texas

Holding Session in McAllen

United States District Court
Southern District of Texas
ENTERED
AUG 13 1999
Michael N. Milby, Clerk of Court

UNITED STATES OF AMERICA

v.

PAULA A. JENKS

☐ See Additional Aliases - Sheet

JUDGMENT IN A CRIMINAL CASE
(For Offenses Committed On or After November 1, 1987)

Case Number: 7:99CR00157-001

Mari A. Aponte, AFPD
Defendant's Attorney

THE DEFENDANT:

☑ pleaded guilty to count(s) 1 on May 3, 1999

☐ pleaded nolo contendere to count(s) _____ which was accepted by the court.

☐ was found guilty on count(s) _____ after a plea of not guilty.

Title & Section	Nature of Offense	Date Offense Concluded	Count Number(s)
21 U.S.C. § 841(a)(1), 841(b)(1)(C) and 18 U.S.C. § 2	Possession, with intent to distribute 74 kgs. of marihuana.		1

☐ See Additional Counts of Conviction - Sheet

The defendant is sentenced as provided in pages 2 through 5 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

☐ The defendant has been found not guilty on count(s) _____

☑ Count(s) 2 _____ is dismissed on the motion of the United States.

IT IS FURTHER ORDERED that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid.

Defendant's Social Security No.: _____

Defendant's Date of Birth: 11/14/1976

Defendant's USM No.: 85350-079

Defendant's Residence Address:
709 Ann Street, Apt. B

Mishawaka IN 46545

Defendant's Mailing Address:
709 Ann Street, Apt. B

Mishawaka IN 46545

July 29, 1999
Date of Imposition of Judgment

Signature of Judicial Officer

RICARDO H. HINOJOSA
UNITED STATES DISTRICT JUDGE
Name and Title of Judicial Officer

8/13/99
Date

TRUE COPY I CERTIFY
ATTEST:
MICHAEL N. MILBY, CLERK
By _____ Deputy Clerk

DEFENDANT: PAULA A. JENKS
CASE NUMBER: 7:99CR00157-001

PROBATION

The defendant is hereby placed on probation for a term of 5 year(s).

☐ See Additional Probation Terms - Sheet

The defendant shall report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state, or local crime.
The defendant shall not illegally possess a controlled substance.

For offenses committed on or after September 13, 1994:
The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as directed by the probation officer.

☐ The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse. (Check if applicable)

☑ The defendant shall not possess a firearm as defined in 18 U.S.C.§ 921. (Check if applicable

If this judgment imposes a fine or a restitution obligation, it shall be a condition of supervised release that the defendant pay any such fine or restitution that remains unpaid at the commencement of the term of supervised release in accordance with the Schedule of Payments set forth in the Criminal Monetary Penalties sheet of this judgment.

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below). The

☑ See Special Conditions of Supervision - Sheet 2 D1

STANDARD CONDITIONS OF SUPERVISION

the defendant shall not leave the judicial district without the permission of the Court or probation officer;
the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
the defendant shall support his or her dependents and meet other family responsibilities;
the defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
the defendant shall notify the probation officer ten days prior to any change in residence or employment;
the defendant shall refrain from excessive use of alcohol;
the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
the defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the Court;
as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement;
if restitution has been ordered, the defendant shall make restitution as ordered by the Court and in accordance with the applicable provisions of Title 18 U.S.C. § 2248, 2259, 2264, 2327, 3663, 3663A, and/or 3664. The defendant shall also pay the assessment imposed in accordance with Title 18 U.S.C. § 3013;
the defendant shall notify the U.S. Probation Office of any material change in the defendant's economic circumstances that might affect the defendant's ability to pay restitution, fines, or special assessments.

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:FENDANT: PAULA A. JENKS

ISE NUMBER: 7:99CR00157-001

CRIMINAL MONETARY PENALTIES

The defendant shall pay the following total criminal monetary penalties in accordance with the schedule of payments set 'orth on Sheet 5, Part B.

	Assessment	Fine	Restitution
Totals:	$100.00		

☐ If applicable, restitution amount ordered pursuant to plea agreement ..... _____

See Additional Terms for Criminal Monetary Penalties - Sheet

FINE

☐ The above fine includes costs of incarceration and/or supervision in the amount of $0.00

The defendant shall pay interest on any fine of more than $2,500, unless the fine is paid in full before the fifteenth day after the date of judgment, pursuant to 18 U.S.C. § 3612 (f). All of the payment options on Sheet 5, Part B may be subject to penalties for default and delinquency pursuant to 18 U.S.C. § 3612 (g).

☐ The Court determined that the defendant does not have the ability to pay interest and it is ordered tha

☐ The interest requirement is waived

☐ The interest requirement is modified as follows

RESTITUTION

☐ The determination of restitution is deferred until_____ . An Amended Judgment in a Criminal Cas will be entered after such determination.

☐ The defendant shall make restitution to the following payees in the amounts listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportional payment unless specified otherwise in the priority order or percentage payment column below.

Name of Payee	**Total Amount of Loss	Amount of Restitution Ordered	Priority Order or Percentage of Payment
Totals:	$0.00	$0.00	

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☐ See Additional Victims

** Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996

DEFENDANT: PAULA A. JENKS

CASE NUMBER: 7:99CR00157-001

SCHEDULE OF PAYMENTS

Payments shall be applied in the following order: (1) assessment; (2) restitution; (3) fine principal; (4) cost of prosecution; (5) interest; (6) penalties.

Payment of total fine and other criminal monetary penalties shall be due as follows:

A ☑ in full immediately; or

B ☐ _____ immediately, balance due (in accordance with C, D, or E); or

C ☐ not later than _____ ; or

D ☐ in installments to commence_____ day(s) after the date of this judgment. In the event the entire amount of criminal monetary penalties imposed is not paid prior to the commencement of supervision, the U.S. probation officer shall pursue collection of the amount due, and shall request the court to establish a payment schedule if appropriate; or

E ☐ in_____ (e.g. equal, weekly, monthly, quarterly) installments of _____ over a period of_____ year(s) to commence _____ day(s) after the date of this judgment.

The defendant will receive credit for all payments previously made toward any criminal monetary penalties imposed.

Special instructions regarding the payment of criminal monetary penalties:

Make all payments payable to: U.S. District Clerk, ATTN: Finance, P.O. Box 5059, McAllen, Texas 78502

☐ Joint and Several

Case Number (Including Defendant No.)	Defendant Name	Joint and Several Amount

☐ See Additional Joint & Several Defendants

☐ The defendant shall pay the cost of prosecution.

☐ The defendant shall pay the following court cost(s):

☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

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☐ See Additional Forfeited Property - Sheet

Unless the court has expressly ordered otherwise in the special instructions above, if this judgment imposes a period of imprisonment, payment of criminal monetary penalties shall be due during the period of imprisonment. All criminal monetary penalty payments, except those payments made through the Bureau of Prison's Inmate Financial Responsibility Program, are to be made as directed by the Court, the probation officer, or the United States Attorney.

DEFENDANT: PAULA A. JENKS

CASE NUMBER: 7:99CR00157-001

STATEMENT OF REASONS

☐ The Court adopts the factual findings and guideline application in the presentence report.

OR

☑ The Court adopts the factual findings and guideline application in the presentence report except:
Paragraphs 14, 16 and 18

☐ See Additional Findings and Guideline Application Exceptions - Sheet

Guideline Range Determined by the Court:

Total Offense Level: 15

Criminal History Category: I

Imprisonment Range: 18 to 24 months.

Supervised Release Range: ____ to 3 years.

Fine Range: $4,000.00 to $1,000,000.00

☑ Fine waived or below the guideline range because of inability to pay.

Total Amount of Restitution: _____

☐ Restitution is not ordered because the complication and prolongation of the sentencing process resulting from the fashioning of a restitution order outweighs the need to provide restitution to any victims, pursuant to 18 U.S.C. § 3663(d).

☐ For offenses committed on or after September 13, 1994 but before April 23, 1996 that require the total amount of loss to be stated, pursuant to Chapters 109A, 110, 110A, 113A of Title 18, restitution is not ordered because the economic circumstances of the defendant do not allow for the payment of any amount of a restitution order, and do not allow for the payment of any or some portion of a restitution order in the forseeable future under any reasonable schedule of

☐ Partial or no restitution is ordered for the following reason(s):

☑ The sentence is within the guideline range, that range does not exceed 24 months, and the court finds no reason to depart from the sentence called for by the application of the guidelines

OR

☐ The sentence is within the guideline range, that range exceeds 24 months, and the sentence is imposed for the following reason(s):

☐ See Additional Reasons for Point Within Range - Sheet

OR

☑ The sentence departs from the guideline range:
- ☑ upon motion of the government, as a result of defendant's substantial assistance.
- ☐ for the following specific reason(s):

☐ See Additional Reasons For Departure From The Guideline Range - Sheet

DEFENDANT: PAULA A. JENKS
CASE NUMBER: 7:99CR00157-001

SPECIAL CONDITIONS OF SUPERVISION

The defendant is restricted to his or her place of residence continuously, except for absences authorized by the probation officer, for a period of nine (9) months, beginning at a time determined by the probation officer. The probation officer may approve absences for gainful employment, religious services, medical care, education or training programs, and at other times as may be specifically authorized by the probation officer. Electronic monitoring may be used to monitor compliance with this condition; however, alternative means of surveillance may be used that will ensure compliance with this special condition. If electronic monitoring is used, the defendant will incur costs associated with such monitoring, based on ability to pay as determined by the probation officer.

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Licensing Agency

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF ARKANSAS
PROBATION & PRETRIAL SERVICES OFFICE

CLARETHA G. NELSON
CHIEF UNITED STATES PROBATION
AND PRETRIAL SERVICES OFFICER

600 WEST CAPITOL
SUITE 233
LITTLE ROCK 72201
TELEPHONE: 501-604-5240
FAX: 501-324-5641

REPLY TO: Jonesboro

P. O. BOX 6055
JONESBORO 72403-6055
TELEPHONE: 870-935-1510
FAX: 870-935-4977

100 EAST EIGHTH, ROOM 3113
PINE BLUFF 71601-5075
TELEPHONE: 870-536-4130
FAX: 870-534-8498

August 4, 2004

Ms. Paulita Wolfenbarger, aka Paula Jenks
501 W. Third Street
Rector, AR 72461

RE: Termination

Dear Ms. Wolfenbarger:

This letter is sent to officially notify you that your term of probation expired on July 28, 2004. You are no longer required to submit monthly supervision reports to this office.

If you have any questions in the future, you may contact me at 870-972-5189 or 870-935-1510.

Sincerely,

Elaine Staton

Elaine P. Staton
U. S. Probation Officer

EPS:eps

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Indiana Professional
Licensing Agency

Stacey Baldwin, RN
Piggott Community Hospital
Piggott, AR 72454

To Whom It May Concern:

This is in reference to Paulita Wolfenbarger. She was employed as an LPN at Piggott Hospital. Paulita was very knowledgeable, dependable, and a hardworker. She cared for her patients and also worked well with her peers. Paulita was a new LPN when she began her work here and caught on very quickly. Paulita was a very good LPN during her employment at Piggott Hospital.

Sincerely,

Stacey Baldwin R.

Stacey Baldwin,RN ADON

7-17-9

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Indiana Professional
Licensing Agency

Evergreen Health & Rehab
"Caring for our community"

1023 Hwy. 119
Rector, AR 72461
Phone 870-595-1040
Fax 870-595-1109

July 16, 2009

Re: Paulita Wolfenbarger, LPN

Paulita Wolfenbarger was employed at Evergreen Health and Rehab from 09-05-08 to 10-07-08.

Reason for termination: Employee left facility for an excessive amount of time without finishing treatments as ordered.

Debbie S Smith, Adm.
Debbie S. Smith, Administrator

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Licensing Agency

Evergreen Health & Rehab
"Caring for our community"

1023 Hwy. 119
Rector, AR 72461
Phone 870-595-1040
Fax 870-595-1109

October 6, 2008

To Whom It May Concern:

RE: Paulita Wolfenbarger, LPN

This is a letter of recommendation for Paulita Wolfenbarger. I worked with her from September 1 until the present. She is a very punctual and hardworking nurse. I enjoy working with Paulita because of her professionalism and her deep concern for our residents.

In addition, Paulita is pleasant, fun and has a positive attitude. She has strong ethics and sets a good example for others. She handles constructive criticism well and learns quickly. Her strong nursing skills were proved during orientation.

I would highly recommend rehiring of this nurse at our facility. It is my pleasure to recommend her for any position she seeks. If you have any questions, please do not hesitate to call me at ~~870/5951040~~ or 870/595-9903.

Sincerely,

Janet E. Manchester RN

Janet E. Manchester, RN
Education Coordinator

cc: J. Camp, RN, DON

BelleMeade
A REHABILITATION & GUEST CARE FACILITY

July 14, 2009

To Whom It May Concern:

Ms. Paulita Wolfenbarger was an employee of BelleMeade, A Rehabilitation and Guest Care Facility, from 10-9-2008 through 2-2-2009. During this period of time, our facility implemented many changes in the procedures used to process Physicians Orders. Paulita's background was not as a floor nurse and she was unable, at that time, to adjust to the demands of a charge nurse position in our organization.

Sincerely,

Pam Diggs,
Administrator
BelleMeade

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Licensing Agency

1800 Linwood Drive
Paragould, Arkansas 72450
(870) 236-7104 Phone
(870) 236-2914 Fax

MURPHY

HEALTH & REHABILITATION OF PIGGOTT

Glenda Spicer, Administrator
Cindy Broadway, Director of Nursing Services
Katrina Groves, Therapy Director

450 S. 9th Ave.
Piggott, AR 72454
Phone: (870)598-2291
Fax: (870)598-5771
E-mail: gspicer@murphyhealth.com

To Whom It May Concern:

Ms. Paulita Wolfenberger was employed at our facility from 3/25/09 to 5/4/09 as an Licensed Practical Nurse. Paulita was a dependable, trustworthy employee and exhibited good clinical skills. I would recommend her for employment.

Sincerely,

Cindy Broadway R.N.

Cindy Broadway, R.N.
Director of Nursing
Murphy Health and Rehab Of Piggott

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
Date fee paid (*month, day, year*) 8/6/09	Date fee paid (*month, day, year*)
Receipt number 3036201	Receipt number
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? error ☐ 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 ARKANSAS		Have you previously filed an application for licensure in the State of Indiana? ☐ Yes ☑ No

APPLICANT INFORMATION

Name (*last, first, middle, maiden*) WOLFENBARGER, PAULITA, ARLENE JENKS		List any other last names ever used MARTINEZ	
Street address (*number and street or rural route*) 1116 N. STEWART ST.	City RECTOR	State AR	ZIP code 72461
Daytime telephone number (*include area code*) (870) 4501813	Date of birth (*month, day, year*) 11.14.1976	Place of birth (*city and state*) ELKHART, IN	
Social Security number *		E-mail address paulitawolfenbarger@rocketmail	

NURSING EDUCATION

Name of nursing school BLACK RIVER TECHNICAL COLLEGE		
Location (*city and state*) POCAHONTAS, AR	Date of enrollment (*month, day, year*) 8.2004	Date of graduation (*month, day, year*) 5.10.2007

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 CLAY COUNTY CENTRAL	
Location (*city and state*) RECTOR, AR	
Date of graduation (*month, day, year*)	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*)
TENNESSEE	10·11·2007

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
LPN	AR	L46926	10·12·07	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*)
Juanita A. Liebenberger Lpn	7·10·09

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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*)
Paulita Wolfenbarger	7-10-09

PLEASE TAPE YOUR PHOTOGRAPH BELOW (*DO NOT STAPLE*)

(*You must place your signature on the front of your photograph.*)

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AUG 06 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
WOLFENBARGER, PAULITA, A	MARTINEZ, JENKS

Street address (*number and street or rural route*): 116 N. STEWART ST.

City	State	ZIP code
RECTOR	AR	72461

Soc:

* 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
L416926	11-30-2010	AR

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*)
Paulita Wolfenbarger	8-3-2009

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*)
PAULITA WOLFENBARGER	7-24-09

DEBRA K. BOYD NOTARY PUBLIC MY COMMISSION EXPIRES 09-01-2011 CLAY COUNTY, ARK.

NOTARY SEAL

SWORN TO AND SIGNED BEFORE ME THIS 24th *DAY OF* July, 20 09.

Debra K. Boyd

Signature of notary public

09-01-2011

Expiration date of commission (*month, day, year*)

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Indiana Professional Licensing Agency

Arkansas State Board of Nursing

LICENSED PRACTICAL NURSE

Expiration Date: 11/30/2010

License Number: L46926

PAULITA ARLENE WOLFENBARGER
116 NORTH STEWART
RECTOR, AR 72461

AUDIT NO.

293810

Faith A. Fields, MSN, RN
Executive Director

Paulita Wolfenbarger
SIGNATURE

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AUG 06 2009

Indiana Professional
Licensing Agency

Verification Report

Printed for INDIANA (PN) on 08/06/2009

Personal Information

SSN	Name (Reporting Jurisdictions)	DOB (Reporting Jurisdictions)
305-02-1026	WOLFENBARGER, PAULITA ARLENE (ALL)	11/14/1976 (ALL)
	Maiden Name (Reporting Jurisdictions)	
	JENKS (ALL)	

Available Licenses

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
AR	PN	L46926	11/26/2008	11/30/2010	ACTIVE	EXAM	10/12/2007	10/11/2007

Address Information

Juris.	Address	City	State	Zip	Country
AR	116 NORTH STEWART	RECTOR	AR	72461	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
AR	BLACK RIVER TECHNICAL COLLEGE	05/10/2007	PN	CERTIFICATE	POCAHONTAS	AR

Discipline Summary Information

There are no discipline records for this individual.

** 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.

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.

August 24, 2009

Roxanne White
6262 W. Cowden
Ellettsville, IN 47429

Dear Ms. White:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Roxanne Marie White

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 ✓ AL 8/24/89

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 _____

August 18, 2009

To whom it may concern:

My name is Roxanne White and I am writing this letter to explain why I have been arrested and served probation in the past.

When I was younger and very immature, I made a few bad choices. As a result of those choices I did things that were not socially acceptable or morally just. I lived in South Bend, Indiana when all of the following events occurred.

The first time I was arrested was in **August of 1993** and the arrest was the result of a previous relationship turned sour. I was being stalked by a man I had previously dated and I had made several phone calls to the local police department about this individual and nothing was done. On the day I was arrested, I had returned home from work to find that my two year old daughter and brother were not at home. I thought maybe they had gone to the park or something. Then a little while later my brother came in and my daughter was not with him. When I asked him where she was, he responded "in the van with Steve," he also informed me that "Steve" said "if you want her you'll have to come down to the van to get her." At this point I became furious, so I went down and got my daughter and went back inside our apartment. A few minutes later there was a knock at my door, when I went to answer the door, "Steve" pushed his way in and began to fight with one of my friends. While still fighting, they fell down to the floor and at this point my reaction was to defend, so I grabbed a small metal chair and hit him over the back with it. I was finally able to get him out the door. The fight escalated once outside and the police were called. Steve and I were both arrested because of the dispute.
The final outcome: I went to **"pre-trial" diversion** (a program offered to first time offenders) and because this was my first offense it would not go on my record. The charge was battery and I was ordered to pay some fines and **serve one year non-reporting probation**.

The second time I was arrested was because I had been drinking and driving and got stopped by an Indiana State Police officer. It was the winter **(February/March) of 2000**. Earlier in the day I had received word from a doctor I had been seeing for follow-up on an exam that I had recently undergone and she informed me that I needed to follow-up with an oncologist because the test had revealed possible cancer. I was distraught. I was also an alcoholic (although I never would admit to it at that time), so I went straight to the bar after work and consumed one too many drinks. I was with my brother-in-law and he was way more intoxicated than I, so I told him I would follow him home. Well the roads were bad and it was snowing very heavily and he was swerving all over the road and at one point he done a complete turnaround in the middle of the highway, but the police officer didn't see him because he pulled off into a gas station to regain control of his vehicle. However, I was pulled over and the officer stated it was because I had a headlight out. Then he discovered I had been drinking because he could obviously smell the stench on me, and I was hysterically crying as I knew I was going to jail, and I did.

The final outcome was: **Wreckless driving with no alcohol involved**. I was ordered to pay court costs and probation fines, drug screening every week for twelve weeks, attend an educational class that discussed alcohol and drug use and sex education. I was also ordered to serve **one year non-reporting probation**.

The third time I was arrested was in **March of 2003**. I had learned that my (at the time) fiancé had possibly molested, my then six year old son. We were to be married in three days and when I found out I left immediately from the dinner table where we were having the rehearsal dinner. The next day (Friday), I took my two children to the emergency room to be examined. It took all day and we were very tired, stressed and emotional by the end of all that we endured. Later that same evening, I called for a police escort over to the house where we had been living with this individual so that I could get some clothing for my children and myself. The officers were attempting to talk to said individual about relinquishing our clothing and other needed items, but he refused. I was so mad and full of anger at what he had done; I ran up and assaulted him. As a result I was arrested and spent the next three days in jail.
The final outcome: **Battery** (I think, because it doesn't specifically say on my background report), and **one year non-reporting probation**.

In regards to question #7 that I answered "No" to, the following is the reason why. My attorney plea bargained with the state and could get me a reduced sentence, as long as I agreed to the terms, so I agreed to **"wreckless driving w/no alcohol involved."** I have never directly been in trouble for any drug/alcohol abuse, and I have never been treated for any drug/alcohol abuse.

In May of 2003, my children and I moved to Bloomington, Indiana. I knew I had to change and the environment that I was currently living in did not facilitate any opportunity for me to do so. Just a few weeks after we moved to Bloomington, I found a church that we began to attend regularly and I gave my life to the Lord in that same month and year. I went to counseling (by my own choice) for several months through our church to help me overcome my past. I am still an active member today at the same church. I have turned my life around for the better for my children and myself.

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Licensing Agency

Roxanne M. White

Beverly S. Sevanet
Notary Public
Residing in Monroe County
State of Indiana
Commission Exp 4.4.2016

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	8/21/09	3047188

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*): White, Roxanne, Marie, Kelley

List other last names you have used: LaBadie

Street address (*number and street or rural route*): 6262 W. Cowden

City: Ellettsville | State: IN | ZIP code: 47429

Daytime telephone number (*include area code*): (812) 935-7707

Date of birth (*month, day, year*): June 24, 1973

Place of birth (*city and state*): South Bend, IN

Social Security number *:

E-mail address: rwhite2004@comcast.net

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*): Bloomington, IN

Date of enrollment (*month, day, year*): August 25, 2008

Date of graduation (*month, day, year*): August 3, 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: Clay High School

Location (*city and state*): South Bend, 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
Certified Nurse Aide	Indiana	CNA0801934	04/10/2008	Active
Home Health Aide	Indiana	HHA0801179	06/25/2008 ~~04/02/2~~ ERROR RW 8-18-09	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 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: Roxanne M. White — Date (*month, day, year*): 08/18/2009

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: Roxanne M. White — Date (*month, day, year*): 08/18/2009

F **DT STAPLE)**

(*You must place your sig* *seal on the front of your photograph.)*

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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 Roxanne M. White *was admitted to the* Ivy Tech Community College. *Program of Nursing located in* Bloomington, IN *on* August 25, 2008 *and completed requirements for graduation on* August 3, 2009 *will/did graduate on* August 3, 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: August 3, 2009 *SIGNED* Celinda Kay Leach
Signature

Celinda Kay Leach
Printed Name

SCHOOL SEAL

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.***

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Indiana Professional
Licensing Agency

New Search

ISDH Acute Care Program

Person Information

Roxanne Marie White

Address Information

Ellettsville, IN 47429

License Information

License No:	CNA0801934
Profession:	Nurse Aides
License Type:	Certified Nurse Ai
Obtained By Method:	Examination
Issue Date:	4/10/2008
Expiration Date:	4/10/2010
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

New Search

ISDH Acute Care Program

Person Information

Roxanne Marie White

Address Information

Ellettsville, IN 47429

License Information

License No:	HHA0801179
Profession:	Nurse Aides
License Type:	Home Health Aide
Obtained By Method:	Examination
Issue Date:	4/2/2008
Expiration Date:	4/2/2010
License Status:	Active

Previous Action

Previous Action - None

Related Licenses

No Prerequisite Information

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

August 24, 2009

Keely Nichols
7797 W. Howard Road
Bloomington, IN 47404

Dear Ms. Nichols:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Keely Nichols

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 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 _____

AFFIDAVIT

I, Keely Nichols, being first duly sworn to oath, do hereby affirm that the following statement is true and accurate to the best of my knowledge and belief:

I became involved with drugs in October of 2001. At the time I was married to a man who competed in body building competitions and therefore I was around needles and steroids on a regular basis. We did not have a healthy relationship to say the least, and he had many affairs with other women while we were married. He had absolutely no remorse if he was caught, and often brought his "girlfriends" home with him. It was in October of 2001 that I was introduced to an injectable pain killer, Nubain. I became quite attached to it, because it killed the inner heartache that I was dealing with. In a short time, Nubain did not satisfy me like it did before, and I was experimenting with lots of different drugs to try and kill the pain. I tried tranquilizers, and also cocaine. Cocaine is what finally sent me down the

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Bloomington so I could have a new start, and get away from all my old friends. I also filed for divorce from my husband, and have been out of contact with him for 6 years now. It has been 7 years since that experience, and I have never been tempted to go back to the drugs or my ex-husband. On my dismissal from Tara, they had wanted me to continue outpatient treatment in Bloomington, but I did not have the finances to do so. I moved in with my aunt and uncle and went looking for a job. I started work at Outback steakhouse as a server in May of 2002, and then got a job a few months later at Bloomington Hospital, where I have been ever since. I go to church every Sunday, and draw strength from my faith. I also have a huge family support group here in Bloomington, and I draw strength from that. I now have two young daughters, ages 5 and 3, and I am driven to succeed by them. I do not like to use the word never or always, but I can say that I have every intention of not going down that same road again. I have too much to live for and too much to lose.

Dated this 3rd day of August, 2009.

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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	8/21/09	3047215

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
Nichols, Keely, Dia, Zwicky	Lee

Street address (*number and street or rural route*)	City	State	ZIP code
7797 W. Howard Rd.	Bloomington	IN	47404

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(812) 360-6547	07-01-1975	Bedford, IN

Social Security number *	E-mail address
	KeelyNichols@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*)
Bloomington, IN	08/25/2008	08/03/2009

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: Union Bible School and College

Location (*city and state*): Westfield, IN

Date of graduation (*month, day, year*): 05, 28, 1993

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: Keely Nichols — Date (*month, day, year*): 7-27-09

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: Keely Nichols — Date (*month, day, year*): 7-27-09

P **OT STAPLE)**

(*You must place your sig* *seal on the front of your photograph.)*

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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 Keely Nichols *was admitted to the* Ivy Tech Community College *Program of Nursing located in* Bloomington, IN *on* 8-25-2008 *and completed requirements for graduation on* 8-3-2009 *will/did graduate on* 8-3-2009. *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: 8-3-2009 *SIGNED* Celinda Kay Leach
Signature

Celinda Kay Leach
Printed Name

SCHOOL SEAL

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.***

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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

August 25, 2009
Mailed

Constance Fields
2515 13th Street
Columbus, IN 47201

Dear Ms. Fields:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Constance Fields

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 ✓ 8/25/09

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 _____

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/

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AUG 12 2009
Indiana Professional Licensing Agency

CERTIFICATE OF COMPLETION

☐ RN ☒ LPN

I hereby certify that Constance Sue Fields 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 August 4, 2009.

will/did graduate on August 4, 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: August 5, 2009 SIGNED: Dr. Susan J. Waltz RN
Signature

Dr.Susan J. Waltz, RN DNP
Printed Name

SCHOOL SEAL

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Indiana Professional Licensing Agency

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.**

INDIANA STATE DEPARTMENT OF HEALTH
2 N. Meridian Street
Indianapolis IN 46204

Certificate Number	Expiration Date
CNA0901781	04/07/2011

Constance S Fields

Certified Nurse Aide

Signature Constance S Fields

STATE FORM 41004 (5-98)

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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.

August 5, 2009

Constance Sue Fields
2515 13th Street
Columbus, IN 47201

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.

Certificate of Completion that is signed by the dean or director of your nursing program that also bears the school seal.

Board director review. Your file will be reviewed by the board director as part of your application process once the above information has been received.

NCLEX fee. If you have not already done so you will need to later pay your NCLEX exam fee to Pearson Vue. www.pearsonvue.com/nclex
1-866-293-9600

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

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

August 25, 2009

Cherelle Spencer
4907 Lily Lane Apt. 212
Indianapolis, IN 46254

Dear Ms. Spencer:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Cherelle Spencer

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 ✓ 8/25/09

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 _____

Cherelle Spencer
4907 Lily Ln. Apt. 212
Indianapolis, IN 46254

August 17, 2009

IPLA
402. W. Washington St. Room W072
Indianapolis, IN 46204

To Whom It May Concern:

On September 13, 2008, I made the choice to drive after drinking. At the time I incorrectly thought I was under the legal limit. While out with friends I had 1 shot of vodka and two drinks. On my way home, I was pulled over by police. I had a blood alcohol content of .09. The legal limit is .08. Because of this, I received a misdemeanor for operating a vehicle under the influence of alcohol. In November 2008, the court gave me a year of probation. I am required to report to my probation officer every 6-8weeks. My probation will to end on November 17, 2009. The court system also required me to complete 12hrs of alcohol education classes, which I complete in January.

I regret my decision to drive that day. It was a poor and irresponsible choice. I realize that that night I put others and myself in danger and luckily, I did not harm anyone. I have never been much of a drinker. I do not drink often and that night I underestimated the effects of alcohol on my body. I witnessed many of my peers drink the same amount as me and they seemed fine so I thought I would be too. I was wrong. Since I have never drunk regularly, my body does not have the same built up tolerance as regular drinkers. I did not think at the time that three drinks were too much for me but it was I weigh 115lbs. It was too much for my body. I wish I could go back in time because if I could I would have had a friend take me home or I would have called a cab.

Now I am more responsible. I never go out to a bar or a club without a designated driver. Alcohol classes have taught me about my drinking limit. I now know I have a low tolerance for alcohol. I have a better understanding about the amount of alcohol I can handle. I cannot drink the same amount as other people. I now limit myself to two drinks.

I have learned from that incident. I will never allow anything like that to ever happen again. I feel that I could be a good nurse. I am caring and sensitive to the needs of others. I will be able to work in a manner to promote the health and well-being of my patients. I would not jeopardize the health or safety of patients. I am not a danger to patients, myself or anyone else. I do not drink often but when I do, I now drink responsibly. I would never drink before caring for patients. I have learned to make better choices from this ordeal.

Sincerely,
Cherelle Spencer
Cherelle Spencer
(317) 331-3949

Fall Creek Counseling, Inc.

Fall Creek COUNSELING

Helping People to reach their Potential

FALL CREEK COUNSELING, INC.
PRESENTS THIS

Certificate of Completion

Recognizing

Cherelle Spencer

AS HAVING SUCCESSFULLY COMPLETED

PRIME FOR LIFE!

Driving Unimpaired

12 HOURS

Jim Close
Counselor

January 15, 2009

3500 Lafayette Rd. Suite 302
Indianapolis, IN 46222
(317) 291-6360

A program of Prevention Research Institute
841 Corporate Drive
Lexington, Kentucky 40503
www.askpri.org

Edited 4-10-08

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	8-4-09	3035425

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*): Spencer, Cherelle, Patrece

List other last names you have used:

Street address (*number and street or rural route*): 4907 Lily Lane Apt. 212

City: Indianapolis | State: IN | ZIP code: 46254

Daytime telephone number (*include area code*): (317) 331-3949

Date of birth (*month, day, year*): 09/20/85

Place of birth (*city and state*): Lafayette, IN

Social Security number *:

E-mail address: cspencer34@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*): Indianapolis, IN

Date of enrollment (*month, day, year*): 08/15/07

Date of graduation (*month, day, year*): 07/31/09

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: Broad Ripple High School

Location (*city and state*): Indianapolis, IN

Date of graduation (*month, day, year*): 05/01/04

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

RECEIVED
AUG 04 2009
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.

I hereby swear or affirm

Signature of applicant

Cherelle

Pursuant to Section 7 of
mandatory for the purpos
numbers from the Profes
board or committee to co
42 U.S.C. §1320(a)-7e(

Failure to disclose your

I hereby authorize, reque
Agency any files, docum
in connection with proce

I hereby release the afor
inspection or furnishing

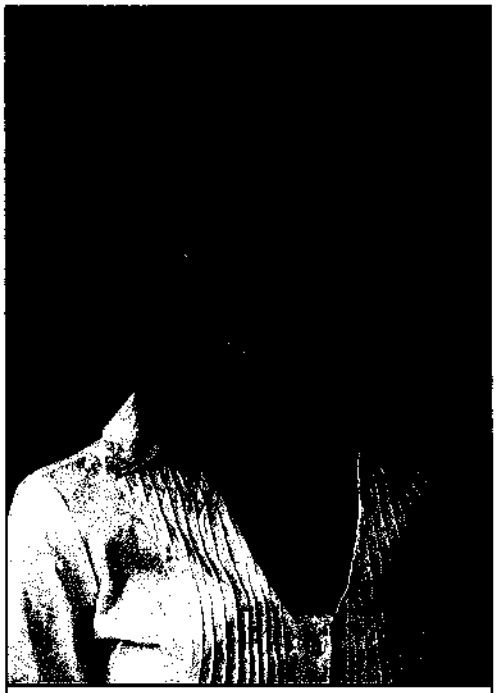
I further authorize the Pr
and institutions any infor
from any and all liability

A photostatic copy of thi

I hereby swear or affirm

Signature of applicant

Cherelle



Mary Brown BSN MEd RN

Cherelle Spence

nplete and correct.

Date (*month, day, year*) 08/03/09

R

al Security number on your application is
ent of Revenue may obtain Social Security
mber is mandatory in order for the licensing
lthcare Integrity and Protection Data Bank

RECEIVED

AUG 04 2009

Indiana Professional Licensing Agency

ion to release to the Professional Licensing
ncy, or any of its authorized representatives

tutions from any liability with regard to such

, corporations, associations, organizations,
cy and the Indiana State Board of Nursing

Date (*month, day, year*) 08/03/09

(*You must place*

TAPLE)

on the front of your photograph.)

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/

Mas 8/4

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Indiana Professional Licensing Agency

CERTIFICATION OF COMPLETION

☐ RN ☒ LPN

I hereby certify that Cherelle P. Spencer *was admitted to the* Ivy Tech Community College, Region 08 Practical Nursing *Program of Nursing located in* Indianapolis, IN *on* 8/20/2007 *and completed requirements for graduation on* 7/31/2009 *will/did graduate on* 7/31/2009. 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: July 31, 2009

SIGNED Mary Brown BSN MEd RN
Signature

Mary Brown BSN MEd RN
Printed Name

SCHOOL SEAL

Program Chair,Pracitcal 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.

August 13, 2009

Cherelle Patrece Spencer
4907 Lily Ln. Apt. 212
Indianapolis IN 46254

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.

Statement regarding positive response showing complete details, beginning, ending dates to #4 with your signature

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,
Janet Cassidy, Case Manager
Nursing Group
INDIANA STATE BOARD OF NURSING

RECEIVED
AUG 1 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

mailed

August 25, 2009

Lindsey Cox
2209 6th Street
Columbus, IN 47201

Dear Ms. Cox:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Lindsey Cox

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 ✓ 8/25/09

PA Dent 9/16/19

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 _____

RECEIVED
AUG 18 2009
Indiana Professional
Licensing Agency

Lindsey Cox
2209 6th Street
Columbus, IN
47201

To whom it may concern at the Indiana State Board of Nursing Professional Licensing Agency:

I am writing to explain why I checked a box on my application to take my registered nurse state boards. I am currently licensed as a practical nurse. On June 20th, 2009 I was arrested for driving while intoxicated. I had a couple alcoholic beverages at a friend's house. I thought I was okay to drive, which obviously I was not. I drove a friend home who was obviously intoxicated to prevent them from driving. Upon leaving the alley by their house, I was involved in a car accident where only I was injured. I signed a plea agreement with the Bartholomew County Prosecutors Office on August 3, 2009. My charge was operating a motor vehicle while intoxicated while endangering a person. I am currently on probation with the court.

I hope this gives you the information you need.

Thank you,

Lindsey Cox

Lindsey Cox

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	8.4.09	3035313

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
Cox Lindsey Michelle	N/A

Street address (*number and street or rural route*)	City	State	ZIP code
2209 6th Street	Columbus	IN	47201

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(812) 350-2968	August 21, 1984	Columbus, IN

Social Security number*	E-mail address
	Lynzeemeeshell@comcast.net

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 State College

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Columbus, IN	May 12 2008	August 4 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**

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AUG 04 2009
Indiana Professional Licensing Agency

HIGH SCHOOL EDUCATION

Name of school: Columbus East High School

Location (*city and state*): Columbus, IN

Date of graduation (*month, day, year*): June 2002

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
LPN	Indiana	27058856A	1/23/2007	Active
CNA	Indiana	CNA0203133	4/30/2002	Expired

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
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CERTIFICATE OF COMPLETION

[X] RN [ ] LPN

I hereby certify that Lindsey Michelle Cox was admitted

to the Ivy Tech Community College of Indiana Program

of Nursing located in Columbus, Indiana on May 19, 2008

and completed requirements for graduation on August 4, 2009

will/did graduate on August 4, 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: August 5, 2009 SIGNED: Dr. Susan J. Waltz RN
Signature

Dr. Susan J. Waltz RN, DNP
Printed Name

SCHOOL
SEAL

Nursing Program Chair
Dean/Director/Designee

RECEIVED
AUG 24 2009
Indiana Professional Licensing Agency

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
AUG 14 2009

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.

August 4, 2009

Lindsey Michelle Cox
2209 6th Street
Columbus IN 47201

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.

- Please submit a written or typed statement explaining why you answered yes to question #2 on the application.

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

We work to keep you working
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Professional Licensing Agency

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

September 1, 2009

Jacob Housel
713 W. 12th Street Apt. 3
Bloomington, IN 47404

Dear Mr. Housel:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

NCLEX-RN® CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 08/25/09
Test Center: 54865 - Indianapolis

Jacob S. Housel
713 W. 12th St. Apt. 3
bLOOMINGTON, IN 47404
United States

Candidate Number: 21469375
Date of Birth: 04/28/1984
Social Security Number:
Program Code: 48-415
Program Name: IVY TECHNICAL STATE COLLEGE - ADN
B BLOOMINGTON, IN

Jacob S. Housel, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS PASSED** the National Council Licensure Examination for Registered Nurses.

Jacob Housek

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** _____

Approved by (please initial): SG X 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 _____

6-2-09 SB

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: JH

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: Jacob Housel — Date (*month, day, year*): 07/27/09

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: Jacob Housel — Date (*month, day, year*): 07/27/09

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
JUL 28 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

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

July 9, 2009

Jacob S. Housel
713 W. 12 St. Apt. 3
Bloomington IN 47404

Result Notification

The Indiana State Board of Nursing regrets to inform you that you have failed the National Council Licensing Examination (NCLEX). Therefore, in accordance with IC 25-23-1-11 (c) the board is unable to grant you a license to practice as a NURSE. Included with this letter are the following items: Your copy of the NCLEX Pass-Fail Report; NCLEX Candidate Diagnostic Profile; and State application.

You have the right to petition for review of this decision under IC 4-21.5-3-7. The petition must be in writing and must state facts identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the board decision. According to law, the petition for review must be filed with the board within eighteen (18) days from the date of this letter unless such a date is a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency offices are closed during regular business hours in which case, the deadline would be the first day thereafter that is not a Saturday, Sunday, legal holiday under state statute or day that the Indiana Professional Licensing Agency is closed during regular business hours.

If your petition for review is filed timely and review is 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 results of the examination were erroneous.

Based on the need to prevent over exposure of the items, the National Council will not allow candidates to take the NCLEX more than once every 45 days.

If you have further questions regarding the appeal process, please contact Indiana State Board of Nursing, at (317) 234-2043. Questions regarding re-applying for the next exam, please contact the Indiana State Board of Nursing at (317) 234-2043, or via e-mail at pla2@pla.in.gov.

Sincerely,

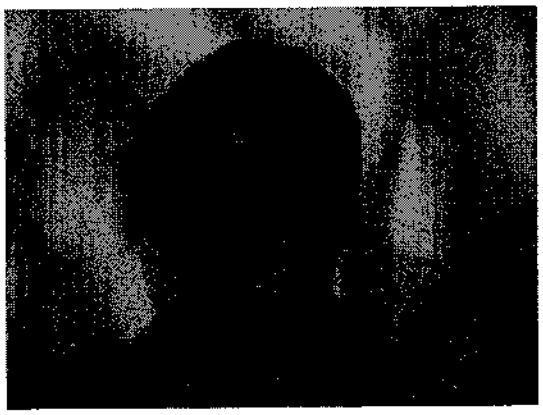
Stacie J. Barclay, Case Manager
Nursing Group
Indiana State Board of Nursing

NCLEX-RN® CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 07/08/09
Test Center: 47021 - Terre Haute

Jacob S. Housel
713 W. 12th St. Apt. 3
bLOOMINGTON, IN 47404
United States



Candidate Number: 21469375
Date of Birth: 04/28/1984
Social Security Number:
Program Code: 48-415
Program Name: IVY TECHNICAL STATE COLLEGE - ADN
A BLOOMINGTON,IN

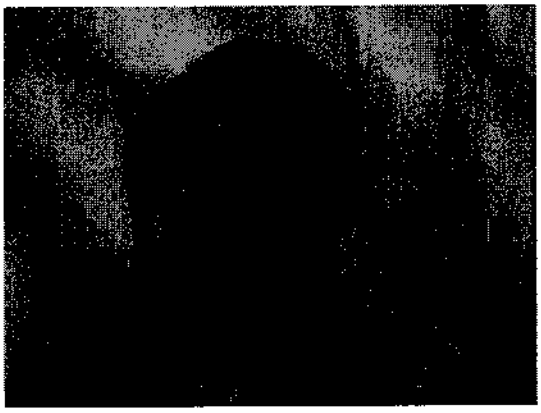
Jacob S. Housel, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS NOT PASSED** the National Council Licensure Examination for Registered Nurses.

NCLEX–RN® CANDIDATE PERFORMANCE REPORT
National Council Licensure Examination for Registered Nurses

NCSBN NCLEX® Examinations
National Council of State Boards of Nursing

Test Date: 07/08/09
Test Center: 47021 - Terre Haute

Jacob S. Housel
713 W. 12th St. Apt. 3
bLOOMINGTON, IN 47404
United States



Candidate Number: 21469375
Date of Birth: 04/28/1984
Social Security Number:
Program Code: 48-415
Program Name: IVY TECHNICAL STATE COLLEGE - ADN
A BLOOMINGTON,IN

Jacob S. Housel, an NCLEX examination applicant for the Indiana State Board of Nursing, **HAS NOT PASSED** the National Council Licensure Examination for Registered Nurses.

The NCLEX–RN® examination is a Computerized Adaptive Test (CAT) that administers test items until a precise pass or fail decision can be made. On the NCLEX–RN examination, no candidate is administered fewer than 75 items or more than 265 items. You answered 153 items. Only candidates whose performance was close to the passing standard, either just above it or just below it, had to answer the maximum number of 265 items. Fewer items were required for a precise pass–fail decision to be made for those candidates whose performance was much lower than the passing standard.

Pass–fail decisions are based upon the candidate's performance across the entire examination. To pass the NCLEX® examination, a candidate must perform **ABOVE** the passing standard. Candidates fail if they only meet the passing standard or are below it. The purpose of this Candidate Performance Report is to give you information about your performance on **07/08/09** . The back of this form gives you more information about your performance on the specific content areas of the examination.

For each content area of the examination, you will find the percentage of the test represented by that content area, a statement of your performance (your ability in that content area), and description of the content area with a list of topics related to it. Your performance in each content area is described in one of the following ways:

- *Above the Passing Standard.*
- *Near the Passing Standard.*
- *Below the Passing Standard.*

These descriptions are designed to help you understand the strengths and weaknesses of your performance. Use this information to help guide your study before you take this test again. Please note that "near the passing standard" does **not** imply a satisfactory performance on the content area. Also, you cannot add your performance in the content areas (i.e. above, near, or below the passing standard) to validate the pass–fail decision. **If your ability is above the passing standard in a given content area, you should still study that area to maintain your proficiency.**

For additional information on:

Candidate Performance Report	https://www.ncsbn.org/1223.htm
RN and PN Test Plans	https://www.ncsbn.org/1287.htm

Candidate Name: Jacob S. Housel Candidate Number: 21469375 Test Date: 07/08/09

CONTENT AREAS

The following describes your performance on each content area.

Safety and Infection Control (8–14% of the test) **BELOW THE PASSING STANDARD**

- Protecting clients, family/significant others and health care personnel from health and environmental hazards.
- Related content includes but is not limited to: Accident Prevention, Disaster Planning, Emergency Response Plan, Ergonomic Principles, Error Prevention, Handling Hazardous and Infectious Materials, Home Safety, Injury Prevention, Medical and Surgical Asepsis, Reporting of Incident/Event/Irregular Occurrence/Variance, Safe Use of Equipment, Security Plan, Standard/Transmission–Based/Other Precautions, Use of Restraints/Safety Devices.

Pharmacological and Parenteral Therapies (13–19% of the test) **NEAR THE PASSING STANDARD**

- Providing care related to the administration of medications and parenteral therapies.
- Related content includes but is not limited to: Adverse Effects/Contraindications, Blood and Blood Products, Central Venous Access Devices, Dosage Calculation, Expected Effects/Outcomes, Medication Administration, Parenteral/Intravenous Therapies, Pharmacological Agents/Actions, Pharmacological Interactions, Pharmacological Pain Management, Total Parenteral Nutrition.

Reduction of Risk Potential (13–19% of the test) **NEAR THE PASSING STANDARD**

- Reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.
- Related content includes but is not limited to: Diagnostic Tests, Laboratory Values, Monitoring Conscious Sedation, Potential for Alterations in Body Systems, Potential for Complications of Diagnostic Tests/Treatments/Procedures, Potential for Complications from Surgical Procedures and Health Alterations, System Specific Assessments, Therapeutic Procedures, Vital Signs.

Physiological Adaptation (11–17% of the test) **NEAR THE PASSING STANDARD**

- Managing and providing care for clients with acute, chronic or life threatening physical health conditions.
- Related content includes but is not limited to: Alterations in Body Systems, Fluid and Electrolyte Imbalances, Hemodynamics, Illness Management, Infectious Diseases, Medical Emergencies, Pathophysiology, Radiation Therapy, Unexpected Response to Therapies.

Management of Care (13–19% of the test) **NEAR THE PASSING STANDARD**

- Providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.
- Related content includes but is not limited to: Advance Directives, Advocacy, Case Management, Client Rights, Collaboration with Interdisciplinary Team, Concepts of Management, Confidentiality/Information Security, Consultation, Continuity of Care, Delegation, Establishing Priorities, Ethical Practice, Informed Consent, Information Technology, Legal Rights and Responsibilities, Performance Improvement (Quality Improvement), Referrals, Resource Management, Staff Education, Supervision.

Psychosocial Integrity (6–12% of the test) **NEAR THE PASSING STANDARD**

- Provides and directs nursing care that promotes and supports the emotional, mental and social well–being of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness.
- Related content includes but is not limited to: Abuse/Neglect, Behavioral Interventions, Chemical and Other Dependencies, Coping Mechanisms, Crisis Intervention, Cultural Diversity, End of Life Care, Family Dynamics, Grief and Loss, Mental Health Concepts, Psychopathology, Religious and Spiritual Influences on Health, Sensory/Perceptual Alterations, Situational Role Changes, Stress Management, Support Systems, Therapeutic Communications, Therapeutic Environment, Unexpected Body Image Changes.

Health Promotion and Maintenance (6–12% of the test) **NEAR THE PASSING STANDARD**

- Provides and directs nursing care of the client and family/significant others that incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems, and strategies to achieve optimal health.
- Related content includes but is not limited to: Aging Process, Ante/Intra/Postpartum and Newborn Care, Developmental Stages and Transitions, Disease Prevention, Expected Body Image Changes, Family Planning, Family Systems, Growth and Development, Health and Wellness, Health Promotion Programs, Health Screening, High Risk Behaviors, Human Sexuality, Immunizations, Lifestyle Choices, Principles of Teaching/Learning, Self–Care, Techniques of Physical Assessment.

Basic Care and Comfort (6–12% of the test) **NEAR THE PASSING STANDARD**

- Providing comfort and assistance in the performance of activities of daily living.
- Related content includes but is not limited to: Assistive Devices, Complementary and Alternative Therapies, Elimination, Mobility/Immobility, Non–Pharmacological Comfort Interventions, Nutrition and Oral Hydration, Palliative/Comfort Care, Personal Hygiene, Rest and Sleep.

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	5/21/09	2977618

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
Jacob S. Housel	

Street address (*number and street or rural route*)	City	State	ZIP code
713 W. 12th St. Apt. 3	Bloomington	IN	47404

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(812) 361-5592	04/28/1984	Bloomington, IN

Social Security number *	E-mail address
	jhousel@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 of Indiana

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
Bloomington, IN	January 14, 2008	May 15, 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: Edgewood High School

Location (*city and state*): Ellettsville, IN

Date of graduation (*month, day, year*): June 1, 2002

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

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: Jacob L Hassel — Date (*month, day, year*): 5/19/2009

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: Jacob L Hassel — Date (*month, day, year*): 5/19/2009

(*You must place your* ***[illegible]OT STAPLE)*** *seal on the front of your photograph.)*

RECEIVED
MAY 21 2009
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 Jacob S. Housel *was admitted to the* Associate of Science *Program of Nursing located in* Bloomington *on* January 14 2008 *and completed requirements for graduation on* May 8 2009 *will/did graduate on* May 15 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: May 15, 2009 SIGNED Pamela K. Thompson
Signature

Pamela K. Thompson
Printed Name

SCHOOL SEAL

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.***

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

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

September 1, 2009

David MacPherson
5232 Highview Drive
Ft. Wayne, IN 46818

Dear Mr. MacPherson:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

DAVID MACPHERSON

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 X No _____ 9-1-09

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 _____

FORT WAYNE POLICE DEPARTMENT

Records Bureau Fax Response
1320 E. Creighton Ave.
Fort Wayne, IN 46803
(260) 427-2213 Fax: (260) 427-1304

REQUEST FOR RELEASE OF LIMITED CRIMINAL HISTORY INFORMATION

I, the undersigned, hereby authorize and give my consent to the Fort Wayne Police Department, Allen County, Indiana, to release any and all criminal history information regarding myself, as that information appears in the records of the Fort Wayne Police Department, for the purpose of employment or for my personal use.

I, hereby waive, release and surrender any and all rights to claim which I may have against the City of Fort Wayne, or the Fort Wayne Police Department, or any of the officers or employees of the City of Fort Wayne or the Fort Wayne Police Department, that may arise as a result of the release of this criminal history information.

PRINT NAME: David W. MacPherson MAIDEN: _____

DATE OF BIRTH: 5/7/56 SOC.SEC.NO. _____

STREET ADDRESS: 5232 Highview D CITY: Ft. Wayne STATE: IN

SIGNATURE: David W MacPherson AGE 53

Criminal History checks for birthday dates prior to 1955(criminal arrests from 1979-1993) are unavailable at this time. They will be available in the near future. If you feel you, need more information on this person contact the State Police for a State wide criminal history check? A VALID PHOTO ID IS REQUIRED

FORM MUST BE EMBOSSED

POLICE DEPARTMENT USE ONLY:

DATE: 8/6/09

( ) NO CONVICTION DATA FOUND

(X) SEE ATTACHED LIMITED CRIMINAL HISTORY

(X) SEE ALLEN COUNTY POLICE DEPARTMENT

9C #12106

VALIDATED BY PE NUMBER

This section used only if not being presented by applicant:

SWORN AND SUBSCRIBED BEFORE ME:

THIS_____ DAY OF _____20_____

_____

NOTARY PUBLIC

MY commission expires: _____

County of: _____

FORT WAYNE POLICE DEPARTMENT

RECORDS BUREAU/IN0020100

FORT WAYNE POLICE DEPARTMENT
Records Bureau Fax Response
1320 E. Creighton Ave.
Fort Wayne, IN 46803
(260) 427-2213 Fax: (260) 427-1304

LIMITED CRIMINAL HISTORY

FWPD FILES ONLY

THIS CHECK DOES NOT INCLUDE ANY COUNTY , STATE, OR FEDERAL FILES

FORM MUST BE EMBOSSED TO BE VALID

Signature X David W. Martin Occupation

Measured by Hannaford

CRIMINAL HISTORY Date 4-13-79

Date	Location	Docket No.	Charge	Disposition
4-13-79	5900 Old Decatur	6604	Resist. Law Enforcement	
8-17-79	country forest dr	14098	DUI	020480. $250&c, 30d jail (served), license susp 120d.
6-28-81	4120 no. clinton st	7295	Crim. conv.	6/29/81 25/c 10d susp
10-27-81	State & Parnell		Crim. Conversion	
10-27-81	State & Parnell	12905	Resisting (Fleeing)	10-28-81 $25/c
2-17-82	1612 Sherman	1449	Cr. Conversion	3-16-82 $100/c 10d sus
2-17-82	1612 Sherman	1449	Battery	3-16-82 $50/c 20d sus
10-31-85	B 90	24405	OWI	12/10/85 $100/Cost 90 days L/S 1 yr ACJ Supsended
2/7/88	3220 Wayne Trace		Warrant	2/7/88 TOT ACPD
5-24-88	Fairfield/Kinsmoor		Warrant	TOT ACPD
10/2/92	Pierce/Fairfield	25726	P.I.	10/5/92 75/C 180d ACJ susp.

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	8/10/09	3037136

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*): Mac Pherson David, W.

List other last names you have used:

Street address (*number and street or rural route*): 5232 Highview Dr.

City: Ft. Wayne

State: Ind.

ZIP code: 46818

Daytime telephone number (*include area code*): (260) 489-4796

Date of birth (*month, day, year*): 05/07/1956

Place of birth (*city and state*): Ft. Wayne Ind

Social Security number *:

E-mail address: macster56@verizon.net

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*): Ft. Wayne, Ind

Date of enrollment (*month, day, year*): 03/03/07

Date of graduation (*month, day, year*): 05/28/09

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: Northrop High School

Location (*city and state*): Ft. Wayne, Ind

Date of graduation (*month, day, year*): 6/11/1974

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

RECEIVED
AUG 10 2009
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: David MacPherson | Date (*month, day, year*): 08/06/09

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.

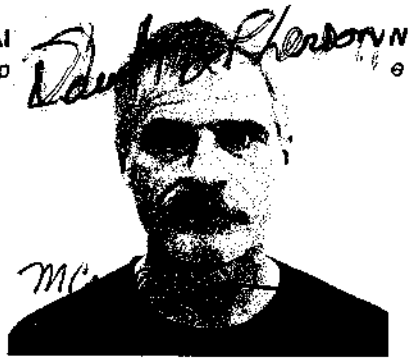
AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant: David MacPherson | Date (*month, day, year*): 08/06/09

PLEASE TAI David MacPherson **N (DO NOT STAPLE)**

(*You must place your signature, the p* *e school seal on the front of your photograph.*)



RECEIVED

AUG 10 2009

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/

RECEIVED
JUN 22 2009
Indiana Professional
Licensing Agency

CERTIFICATE OF COMPLETION

☐ RN ☒ LPN

I hereby certify that David MacPherson *was admitted to the* Brown Mackie College *Program of Nursing located in* Fort Wayne, Indiana *on* 03/03/08 *and completed requirements for graduation on* 05/28/09 *will/did graduate on* 06/15/09 . *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: 06/17/09 *SIGNED* Sue Tibbets
Signature

Sue Tibbets
Printed Name

SCHOOL SEAL

Registrar
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.***

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.

Mailed

September 4, 2009

Jose Reynaldo Lardizabal
795 Shepherds Way
Greenwood, IN 46143

Dear Mr. Lardizabal:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license application by examination. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Jose Lardizabal (Was revoked 8/26/2002)

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 _____

9-3-09 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 _____

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	9/1/09	3058612

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:
1985 INDIANA

APPLICANT INFORMATION

Name (*last, first, middle, maiden*)	List other last names you have used
LARDIZABAL, JOSE, REYNALDO	N/A

Street address (*number and street or rural route*)	City	State	ZIP code
795 SHEPHERDS WAY	GREENWOOD	IN	46143

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)
(317) 882-6519	02/11/60	DECATUR, IL

Social Security number *	E-mail address
	JOSLAR15@NETSCAPE.NET

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

Location (*city and state*)	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)
BLOOMINGTON, IN	08/02/84	08/20/85

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
BLOOMFIELD HIGH SCHOOL

Location (*city and state*)
BLOOMFIELD, INDIANA

Date of graduation (*month, day, year*): 05/27/78

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
LPN	INDIANA/USA	27026854A	12/06/85	REVOKED

RECEIVED
SEP 03 2009
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, regi tration 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*)
	08/31/09

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*)
	08/31/09

PLE **PLE)**

(*You must place your signatu* *he front of your photograph*)

RECEIVED
SEP 01 2009
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 JOSE LARDIZABAL *was admitted to the* IVY Tech Community College *Program of Nursing located in* Bloomington *on* 8-2-84 *and completed requirements for graduation on* 8-20-85 *will/did graduate on* 8/85 *. 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: August 17, 2009 SIGNED Celinda Kay Leach
Signature

CELINDA KAY LEACH
Printed Name

SCHOOL SEAL

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
SEP 01 2009
Indiana Professional Licensing Agency

Detailed answers to questions 1, 4 and 7.

1. On May 19, 1994, I received summary suspension of my license. Cause # 88 NB 013.

4a. In May of 1988, if memory serves, I was convicted of prescription forgery.

4b. Same as 4a. I received 2 years probation and served without incident.

7. September 20, 1994, I completed a chemical dependency seminar at South Central Community Mental Health Center.

Jose R. Lardizabal

08/31/09

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.

August 28, 2009

Stephen Carney
1424 Tuxedo St.
Indianapolis, IN 46201

Dear Mr. Carney:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your application for renewal of licensure as a registered nurse. The meeting will take place in **Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 renewal application.

You **may** bring with you any documentation that would clarify the circumstances surrounding the positive response on your renewal application or that would support your ability to practice nursing safely. **Please bring copies 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,

Sean M. Gorman

Sean Gorman, Director
Indiana State Board of Nursing

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

Name Stephen Carney

License number

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed _____ Date released _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes _____ No _____

Decision after personal appearance if applicable: _____

Web renewals

Date letter sent for positive response statement: date sent _____

Date positive response statement submitted date recd _____

Hold(s) date released _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes ✓ No _____ 8-26-09 SG

Decision after personal appearance if applicable: _____

PA set for 9/16/09 LG

Address:

1424 N. Tuxedo St.
Indpls 46201

PA?

Grice, Lori

From: STEPHEN CARNEY [slcarney9@hotmail.com]
Sent: Monday, August 24, 2009 8:45 PM
To: Group 02
Subject: Positive Response

RN licence number 28167094A renewal

I was sent to 5-6 sessions of anger management counseling during the middle part of 2009 when a Radiographic Technician manager complained to my management that I was arguing with a Radiographic technician on the phone, got angry, and slammed the phone on the receiver cutting off the conversation. My management also said I was angry during a night shift in 2008 and threw a Normal Sailine flush syringe on the floor when I found out the prior shift had ignored physician orders for a patient because it was too time consuming. They left the work for the night shift RN (me) and did not even having the courtesy of informing me that they had not done the work. Management placed a one page warning in my file.

Stephen L. Carney
slcarney9@hotmail.com

Windows Live: Keep your friends up to date with what you do online. Find out more.

We work to keep you working
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Professional Licensing Agency

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

August 31, 2009

Liesel Delamater
8706 Buffett Parkway
Fishers, IN 46038

Dear Ms. Delamater:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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

Name Lionel Delameter

License number 28170795 A

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Web renewals

Date letter sent for positive response statement: date sent N/A

Date positive response statement submitted date recd 8/31/09

Hold(s) date released_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes ✓ No_____

Decision after personal appearance if applicable:_____

_____

Liesel Delamater 8/31/09
8706 Buffett Parkway
Fishers, IN 46038

Indiana Professional Licensing Agency, Attn: Nursing Board
402 W. Washington St. Room W072
Indianapolis IN 46204

To Whom It May Concern:

I am writing you this letter because I have a positive response to question #3 during the renewal process for my RN license. On February 28, 2009 I was driving home from dinner and drinks with my husband and another couple. As I was pulling in to my subdivision I was pulled over by a state trooper. At the car my BAL was 0.085 and an hour later on the calibrated machine it was 0.11. In April, I plead guilty and was convicted of a class C misdemeanor of Driving with an ACE of .08% or greater. Since this incident occurred I have attended an alcohol class and a victim impact panel. I have completed all of my probation requirements to date. I will remain on probation until April of 2010.

There is not one moment where I do not regret the decision that I made on February 28th. I wish I could go back and make the right choice of having nothing to drink before I drove home. Since I have never been in any sort of trouble before, this has been a life changing experience. I have learned this life lesson the hard way and will never again get behind the wheel of a car after having something to drink.

If you have any question or would like to discuss this further please contact me at (h) 317-841-1981 or (c) 765-969-2420.

Sincerely,

Liesel Jane Delamater

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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.

August 31, 2009

Katigan Whitlock
1202 Arundel Drive
Kokomo, IN 46901

Dear Ms. Whitlock:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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.

A hold has been placed on your license until this matter is resolved.

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

08/15/2009

INDIANA PROFESSIONAL LICENSING AGENCY
Internet Renewal Questions

Name:	Whitlock, Katigan Monroe	LICENSE#:	28128387A
Care Of:			
Address:	1202 Arundel Dr.	Phone#:	7654593662
City/St/Zip:	Kokomo, IN 46901	Phone2/Fax	
Birth Date	01/22/1964	Email	katsadd@gmail.com
Date/Time Completed:	8/20/2009 8:15:39AM		

1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?	N
2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	N
3.) 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?	N
4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
5.) 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?	N

8/31/09 She called to report a relative renewed her license online for her and answered all questions "no" because that person "did not know about her felonies from 2007". She called to clear the matter up and I told her she'd have to come before the board for a P.A. in Sept.

L Price

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Governor Mitchell E. Daniels, Jr.

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

September 1, 2009

Natalie Anderson
7439 Charrington Ct.
Indianapolis, IN 46254

Dear Ms. Anderson:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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

Name Natalie Anderson

License number_____

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Web renewals

Date letter sent for positive response statement: date sent_____

Date positive response statement submitted date recd 8-26-09

Hold(s) date released_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes X No_____ 8-26-09 SG

Decision after personal appearance if applicable:_____

_____

9-16-09 PA set
9-1-09 letter mailed LG

Personal Appearance

Grice, Lori

From: Natalie Anderon [nranderson456@gmail.com]
Sent: Tuesday, August 25, 2009 4:35 AM
To: Group 02
Subject: POSITIVE RESPONSE

To Whom it may Concern:

I did answer yes to the question asking if I have plead guilty to a federal or state law.

In September of 2008, I was arrested for a first time offense DUI. On May 20th 2009, I accepted a guilty plea agreement from Hamilton County Court of a Class C Misdemeanor. With this guilty plea I have performed a Court Ordered Evaluation, which stated I did not need to receive treatment for any alcohol dependency/abuse. I also had an evaluation before I accepted my plea agreement per my lawyers request with Brenda Gardner from St. Francis Hospital. She had recommended that I attend an 8 hour class, which I completed. I also attended a Victim Impact Panel in August 2009 and have had monthly meetings with my probation officer, Shane Cheever. My probation will be terminated on November 16th 2009 as long as I continue to comply with the terms of my probation.

Feel free to contact me or my Probation officer with any questions.
Shane Cheever: 317-776-9672

I also still have a copy of my evaluation with Brenda Gardner and a copy of the certificate I received for completing my class.

Sincerely,
Natalie Anderson
765-210-0063

7439 Charington St.
Indpls 46254

8/25/2009

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Professional Licensing Agency

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

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Governor Mitchell E. Daniels, Jr.

September 1, 2009

Donald Ray Ballenger, Jr.
4489 South 100 East
Winchester, IN 47394

Dear Mr. Ballenger:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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

Name Donald Ray Ballaget

License number _____

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed _____ Date released _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes _____ No _____

Decision after personal appearance if applicable: _____

Web renewals

Date letter sent for positive response statement: date sent _____

Date positive response statement submitted date recd 8-25-09

Hold(s) date released _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes X No _____ 8-26-09

Decision after personal appearance if applicable: _____

9-16-09 PA set
9-1-09 letter sent LG

Schedule for PA

Grice, Lori

From: donrballenger@aol.com
Sent: Tuesday, August 25, 2009 3:19 AM
To: Group 02
Cc: donrballenger@aol.com
Subject: Positive Response

Convicted of residential entry - A misdemeanor Jan. 2008. Randolph County, Indiana.
Donald Ray Ballenger Jr. Lic. # 28137369A
donrballenger@aol.com

4489 South 100 E
Winchester IN 47394

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

September 2, 2009

Denise Coleman
4338 Braysville Rd.
Spencer, IN 47460

Dear Ms. Coleman:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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

Name Denise Coleman

License number 28100372 A

Paper renewals

Positive response statement submitted Yes ✓ No _____

Hold(s) Date placed 9/2/09 Date released _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes ✓ No _____

Decision after personal appearance if applicable: _____
Set for 9/16/09 @ 8:45 A.m. LG

Web renewals

Date letter sent for positive response statement: date sent _____

Date positive response statement submitted date recd _____

Hold(s) date released _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes _____ No _____

Decision after personal appearance if applicable: _____

Denise A. Coleman
28100372A

Arrested on: September 30, 2008
in Owen County.

Convicted: Nov. 14, 2008, OVWI
Class A Misdemeanor

Sentence - one year suspended
probation 285 days.
Off probation Aug 27. 2009

I was arrested on Sept. 30, 2008 in Owen County
for a OVWI. Convicted on Nov. 14 OVWI
Class A Misdemeanor. Met all terms of probation
and Released early on Aug. 27, 2009

Indiana Professional Licensing Agency
Indiana Board of Nursing (Group 02)
402 W. Washington St. Room W072
Indianapolis, IN 46204

We work to keep you working
IPLA
Professional Licensing Agency

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 $50 renewal fee ($100 if mailed after October, 31, 2009). Checks should be payable to: "Indiana Professional Licensing Agency". You must enter your Name and License Number in the spaces below – failure to do so may delay the renewal of your license.

REGISTERED NURSE RENEWAL FORM

ENTER NAME: 9/2/09 3059823

Mail To: Indiana Professional Licensing Agency
402 West Washington Street
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.

I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge.

Enter License Number	Date Expires	Renewal Fee
28100372A	Current Licenses Expire 10/31/2009	$50.00

SINCE YOU LAST RENEWED: (if yes to any question, 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 or as another health care professional?	YES	(NO)

Signature Of Applicant (respond Yes or No to all questions): Danisela Colemon
Date Signed: 9/2/09
Phone #:
Email:

Make Check Payable To: Indiana Professional Licensing Agency

Enter change of address:

ADD $50.00 LATE FEE IF POST MARKED AFTER 10/31/2009.

- IF YOU ANSWERED "YES" to any of the questions above, you must provide a signed statement that explains all the related details. You must include the violation, location, date, and disposition. Letters from Attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement however they may be included with your statement. Be sure to write your name and license number on all documents submitted with your renewal.
- Online renewal information: Login ID is your RN 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. Renew online at www.pla.in.gov - use ***License Express*** option.
- Late renewals: If you renew after October 31, 2009, you must pay a $50.00 late fee in addition to the standard renewal fee. There are no exceptions.
- Name changes: Name change requests must be made in writing – include a copy of a legal name change document (marriage license, divorce decree, or other Court Order establishing legal name) and mail to the address above. Be sure to include your license number.
- Pocket cards: The Indiana Professional Licensing Agency no longer issues pocket license cards at license renewal. If you need to purchase a new pocket card, you may do so online at www.pla.in.gov. Walk-in customers will not be issued cards. Please note that permanent pocket license cards no longer feature expiration dates, although a card with an expiration date can also be purchased online.
- If you have questions, contact the Nursing Board by email at pla2@pla.in.gov or by phone at (317) 234-2043.

4338 Braysville Rd.
Spencer, IN 47460

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

September 3, 2009

John D. Murray
5068 E. County Road 75 N
Logansport, IN 46947

Dear Mr. Murray:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

PA Needed

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

Name John Murray

License number 28150136A

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed _____ Date released _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes _____ No _____

Decision after personal appearance if applicable: _____

Web renewals

Date letter sent for positive response statement: date sent N/A

Date positive response statement submitted date recd 9-3-09

Hold(s) date released _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes ✓ No _____

Decision after personal appearance if applicable: _____

Address: 5068 E. Cty Rd. 75 N
Logansport, IN 46947

PA

Grice, Lori

From: John Murray [johnm821a@gmail.com]
Sent: Thursday, September 03, 2009 10:13 AM
To: Group 02
Subject: POSITIVE RESPONSE

To Whom it may concern

On Feb. 14, 2009 I was arrested for DUI. The officer states the reason for pulling me over is: I was drifting within the lane.
Charges are pending and a court date is currently set for October 14, 2009.

John D Murray

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.

September 3, 2009

Mailed

Julie Dabney
6112 N. Dearborn St.
Indianapolis, IN 46220

Dear Ms. Dabney:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

Set fw PA

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

Name Julie Dabney

License number 2815/340A

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Web renewals

Date letter sent for positive response statement: date sent N/A

Date positive response statement submitted date recd 8/27/09

Hold(s) date released_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes ✓ No_____

Decision after personal appearance if applicable: Need more details re: # 3 + #5 ques. answered yes on renewal.

6112 N. Dearborn St.
Indpls IN 46220

Confirm participation in ISNAP

Grice, Lori

Subject: FW: Confirm participation in ISNAP

From: Chuck Lindquist [mailto:clindquist@indiananurses.org]
Sent: Thursday, September 03, 2009 2:06 PM
To: Grice, Lori
Subject: RE: Confirm participation in ISNAP

Dear Lori,

RE: Julie Dabney - see notes: She just started her RMA the beginning of August.

8/5/09 1 pm RMA
RMA returned. File moved to active monitoring, Called Jennifer Parker @ Ta R Riebs om er
Center and licensee re RMA return. VM left for licensee on her cell phone -
Parker @ Tara Treatment Center.

From: Grice, Lori [mailto:LGrice@pla.IN.gov]
Sent: Thursday, August 27, 2009 12:02 PM
To: clindquist@indiananurses.org
Subject: Confirm participation in ISNAP

Good morning, Chuck!

We are knee-deep in RN renewals this week and I need to ask if the following nurses are complain t
RMAs with ISNAP. I have no records indicating they have been or are currently involved with ISNAP
trying to confirm what they said in the positive responses on their renewals. Both said they are fully co

Julie Dabney license number 28151340A
DOB 9/2/68

Thank you!

ori

i Grice, Assistant Director
ana State Board of Nursing
ana Dieticians Certification Board
ana Professional Licensing Agency
N. Washington St.
napolis, IN 46204

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

Name Amy McIlvenna

License number 2816 1126 A

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed _____ Date released _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes _____ No _____

Decision after personal appearance if applicable: _____

_____

Web renewals

Date letter sent for positive response statement: date sent N/A

Date positive response statement submitted date recd 8/22/09

Hold(s) date released _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes ✓ No _____

Decision after personal appearance if applicable: _____

_____

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.

September 4, 2009 Mailed 9/4/09

Amy McIlvenna
1634 22nd St.
Hood River, OR 97031

Dear Ms. McIlvenna:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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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.

September 4, 2009 Mailed 9/4/09

1LT Amy McIlvenna, RN
HHT 1-82 CAV
Camp Liberty 09344

Dear Ms. McIlvenna:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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 Personal Appearance

From: Amy McIlvenna [rxamy@hotmail.com]
Sent: Saturday, August 22, 2009 8:43 PM
To: Group 02
Subject: yes answer

#3

I am applying for a renewel online and answered yes to a question.

I was arrested on Dec 5 for an assault charge in my home in Hood River Oregon. My 18 year old daughter was being beligerant and an argument insued. It then became slightly physical at which point she called the police. I have plead guilty to an assault 4 charge in the state of Oregon. The judge did not accept my plea and I am on probation until April of 2010 when the charges will be dropped if I have no other contact with police. That won't be a problem as I am currently deployed to Iraq with the Oregon National Guard.

If you have any other questions or concerns I may be reached at this email address or correspondence may be sent to

1LT Amy McIlvenna,RN
HHT 1-82 CAV
Camp Liberty 09344

AMY McILVENNA, RN

Lic # 2816 1126 A

EMAILING FOR THE GREATER GOOD
Join me

1634 22nd St.
Hood River OR 97031

Grice, Lori

From: PLA Renewal
Sent: Friday, September 04, 2009 11:53 AM
To: Group 02
Subject: FW: license renewal

Kate Schulz
Assistant to the Executive Director
Indiana Professional Licensing Agency
402 W. Washington Street, RM W072
Indianapolis, IN 46204
317.234.1982
317.233.4236 (fax)
kschulz@pla.in.gov

-----Original Message-----
From: McIlvenna, Amy 1LT 1-82 CAV Assistant S3 [mailto:amy.mcilvenna@mnd-b.army.mil]
Sent: Thursday, September 03, 2009 6:40 AM
To: PLA Renewal
Subject: license renewal

Hello, I am currently deployed to Iraq and have sent in the necessary information to renew my RN license. My name is Amy L McIlvenna, RN. I was curious if my renewal has been granted . I see that I am active with an expiration date of 10/09. If my new license has been sent to my home in Oregon could you please let me know. If not can my license be sent to the following address in Iraq.

1LT Amy McIlvenna,RN
HHT 1-82 CAV
Camp Liberty
APO AE 09344

Thank you for your help in this matter

Amy McIlvenna,RN
1LT,AN
Assistant S-3
EOL/UVA
HHT 1-82 CAV
SVOIP: 242-4130
NIPR: amy.mcilvenna@mnd-b.army.mil
SIPR: amy.mcilvenna@mnd-b.army.smil.mil

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

September 4, 2009

Kimberly Moore
712 Old St. Road S PA Ave
Apollo, PA 15613

Dear Ms. Moore:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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

Name Kimberly Moore

License number 28072702A

Paper renewals

Positive response statement submitted Yes ✓ No _____

Hold(s) Date placed 2/3/09 Date released _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes ✓ No _____

Decision after personal appearance if applicable: _____

Web renewals

Date letter sent for positive response statement: date sent N/A

Date positive response statement submitted date recd 9/4/09

Hold(s) date released _____

Approved for renewal (please initial) SG _____ LG ✓

Needs personal appearance: Yes _____ No ✓

Decision after personal appearance if applicable: _____

Complaint filed 2/3/09 with AG, pending

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Friday, September 04, 2009 11:59 AM
To: Group 02
Subject: RN RENEWAL; IND STATE BOARD OF NURSING

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

IND Board of Nursing

There is a question in the renewal area that I would like to explain. I had an old legal record in the state of IND over a legal matter of property settlement in Marion, IND 1999. The matter was settled in the IND courts that I am not to have that brought up against my work record at all, under Judge Conn of Marion, IND.
I was allowed to work and do gainful employment, and the matter was closed. After that other, I went on to work and other states went against the prior verdict that the matter is CLOSED.

I attended in the legal matter
to go to my own husband on property where I personally paid as his ONE wife that generates the revenue.
I was not in any criminal charge nor any action that would work against my nursing licensure. I was answering a call on the phone from his asking and his calling for my presence in physical person as his ONE wife. To be truthful
there is no criminal action by the actions that in truth I took and did. I have given that statement to the courts in IND
under oath, and I have taken no other husband at all, and there is no vow or word against my husband for error to form legally
that would be criminal activity against any person , regarding the matter and my licensure as a RN.
IND courts state that this matter is NOT to deter my employment.....
So the answer is NO, I have nothing against my work record according to the verdict.I do not desire to hide any records and I know that you have all those records and any state that desires to have them can obtain them.
I answered NO, according to what I was told in the courts, stating that the legal matter is not to be taken against my work.
I was not sure how to answer that, secondary to her verdict, to not open again a closed matter. There has been NO
other violations except contention around my licensure regarding her statement that I am not to be detered from my work
in any gainful employment, and my work being a RN MSN PHD nurse and nurse educator.

Thank you,
Dr. Kimberly West Moore

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]

Sent: Monday, September 07, 2009 2:54 PM

To: Group 02

Regarding: Positive Response
Kimberly El West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA
15613
The fight over my husband and my being his wife began in and around 74, from an outside family that sought a control of dominion not theirs to have or force. My grandmother here in Apollo and Dayton PA are did say that Craig can remain my husband as she hears as PEARL WEST in the holy spirit , and she wrote and told me such. The reason for my sake and others, as here family through my person as Mrs. Moore are to hold the revenues and revenue ability. You see how they sought for whar is not theirs not do that have the skills to apply that appropriately.They were taking my office and revenues and trying to delete my person in the olive branch to fill their void places, Her and my answer is NO. I will not be taken for that , as the holy spirit does not agree as that has held the final word and work inside grace.There were communications inside the holy spirit to define my person in 74 as Craig Moore's wife, as I hold the promise and holy consumation where life forces and revenues
are generated, and not to be given to the outside. When forced , that is harm to self and others.
Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Sunday, September 06, 2009 2:58 PM
To: Group 02

Board of Nursing Review,IND
Kimberly West Moore RN
Licensure # 28072700A Indiana

My case has been so very different. I have been put in a position that is very wrong. The courts of PA in nursing started
to me what is no more then a game around my licensures that no other state would start up. I was taking the temp
of a patient HELEN, and she could have seized, with the progressive treatment, in a 9 11 event, the board of nursing
came in a sought to find an error,, at a root or start of a 9 11 event that was successful to assist the patient. They defaced
the GOOD SAM law and at a healthcare sight.Then they grew more intense to FOLLOW around my home and work and
even where I would go in the market or where I would eat. They used a SPIRIT, that would form to follow and try to find
error around my person in some way. The court came up with a huge pack of papers in BLACK letters of things they
followed into private kept places, and tried to get,, thru the black letters that I am bad and a criminal. Then people that
have error and are really bad, go there to try for an existance and take off some of my id. That is the game of the evil
one they were into.My behavior was to assist a HELEN and go to my own husband of whom I am his ONE and real wife.
I went there at his own asking and calling and bringing my person to the area. Again that is where they were seeking to from
a place to relieve their own errors.They would force me away from my own husband and then try to place me as evil
and live in that error that they forced. When that did not work and I did not leave my husband, they began to FOLLOW
to find error. They were commuinicating from around my home and person,, to anyone that would try to find an error
at my place that is saved and INSIDE calvarys love. It has deep spiritual agendas at the root also. They would group,
and then glob up and attack me, and there find an existance. They hold a curse where they are fallen from grace,
and are trying to find a relief. Jesus and the cross is their only relief, but they abused my body and asked my person
to be the relief for their curse as they are outside the cross. Saved people do not follow and set up those agendas.
They also surfaced into my RN from INDIANA, as my own grandma is HELEN PALMER. So at temperature relief
of a HELEN, in a 9 11 event, they started attackinig my nursing licensures . They seek to CONNECT to my person
and then find an error and live there, instead of where JESUS asks them to be and form in Him, found in Him the cross.
Then they sent the info of negations of my person into offices in the state, trying that way also. Earlier from Marion,
a group of them had gone into my bedroom into my private things with my husband and looked through all me private
belongings and then asked the police to force into my private world with them. They set that up. It is abuse .Then from
that forced entrance into my private things they would look for any error and try for suspect, and there try to find

a place to exist. It is a very sorrowful situation for them, and they seek a relief of their anger in violence against my place
that is not in error to my own things , including my husband and a home where I paid to be. It is a game that tampers
with displacement of ID around my person, for people that cannot find a home in JESUS and are seeking to find their
own purpose and identity. They refused the place in courts that one is innocent until proven of guilt. They did not adhere to
that at all in the courts either, and foraged through all my place trying for an existance. I was not given a correct hearing
and it became open abuse of terror on my person. Palmer from the Helen noted above has to do with identity, and Moore means dominiion. That is my own real dowry where the holy spirit and matter agree as my husbands wife.
I was given an award at MATTER part, in Marion IND, and asked by my peers in the area of biology to attend to ID
regarding matter and keep a HOLY PLACE WITH MATTER,as part of the church elect. I have kept that in good stead
in relation to my generation and my peers from Marion IND. At that same park I was invited to sing at a sunrise service Morning Has Broken, Like the First Dawning. Those are areas of WORSHIP that took place in the church elect
from the state and church that functioned true and holy. That became a direct attack at my function as a RN and nursing
staff member and then into my private home. It is all against worship sights that have already taken place
and entered before the throne of grace. That evil spirit tracked back into time in the past, when I was in Marion, IND
and attacked the true worship of the church that was already set and remains in plalce. My membership for those times of worship were from NELSON ST WESLEYAN CHURCH of Marion , IND. Thank you for attending to read this response.

Kimberly El West Moore
BSN MSN PHD

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Sunday, September 06, 2009 3:15 PM
To: Group 02

Board of Nursing Review,IND
Kimberly West Moore RN
Licensure # 28072700A Indiana

At the center of activity and motion, is a biblical command to recreate and renew the earth in what is LEGAL TENDER
IN CALVARY, center baptism. I was given that honor by my peers from Marion IND. And it was taken seriously.
The work of ministers and the parsonage and church family circle is to agree in worship of various ways , to recreate a new 24 hours each
new sunrise.E. Craig Moore my husband and I were called at my age 17 to marriy and begin in ministry which we did
with the help of the holy spirit. That worship was also going on at the Nelson St and Spencer CH and Parsonage. It was
a time of worship that has already entered and been accepted in heaven on the earth. And it agreed in what is legal
tender or has substance and can sustain life . So you see then the succession of events that were attacking the church
worship at home and in the buildings and in the state that was saved. All those agreed in the cross of Christ JESUS,
and so then after, the evil so attack that worship that took place correct and GOOD in Marion IND. God is recreating
and forming on the earth with his own elect church and the bride being the entire church in this reference.That spirit is
vile and seeks the first person of the holy spirit and the bride the church to be deflected to the outside. And it trys fo
force and work in that way against the elect church and its worships.This is complete and involves the spirit and the body.That
all became an attack on my holdings that are inside calvary and are a part of the Good Dominion and Creative World
around us that comes down from heaven above to the whole man, or what is found complete in HIM, complete in JESUS Christ.

Kimberly El West Moore RN

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]

Sent: Sunday, September 06, 2009 3:31 PM

To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

My name carried in legal tender to and in the cross contains the word WEST. West is the eventide where in the bible the holy spirit
seeks and talks in communication to its own, the private place. So you see the attack of the evil on at my intimate place
in procreation to my own husband as his ONE wife, that holds the dominion. It has to look at what JESUS gave as private
and seek into this were it is not to be nor control. That alll transpired where I did and do not and will not agree as it is
against the holy spirit and saved people do not do that nor desire that.They get high with a control that is not the high places
that the holy spirit has given to my own person in a God given control of dominion, and they force attention where there is not
to be attention given. That brings a curse on those persons and they force a debt to their own person, at their own choice
to tamper. It is a proud spirit against a holy and good ego base that attends to irs own person and private matters.It has a root
ego base that speaks and forms against the sovereign Godhead and His askings at a private place.The God given rejoicing of the
holy spirit and praise, are forsaken then for a false place and make that does not sustain life. It becomes and is a manipulation
against the cross of JESUS.
Kim West Moore RN

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Monday, September 07, 2009 3:59 PM
To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

The other place that I have been attacked was from my work in Indiana, and my name was defaced in the newspaper
and the reason is; I am in the Marys Song of Praise, rejoice.... from Joyce and Earl Moore my own parents in grace.
I have a reverence for my body that comes from the line of Mary and my name K i m. EL...k is an element of the heart , i is the id, and m,, is mary linked to moore; dominion. So they tracked thru all that to demean at a place where I held and kept reverence to my body and others. Then you see them demean me seeking to shove me outside grace and take down the rejoicing with praise of the church that then gives rejoices or the high places of the earth to the state from the church...that then links to matters of praise and worship that are not evil or highs not to be involved in. There are places the body is retained that are the high places of the earth until heaven takes us home
above. The evil drug culture would attack then the correct use of knowledge and the high places in the earth in watchword and song linked to the correct use of drugs in healing people. This then interfaces with my RN from IND.The Bible promise the elect church, " I will give to you the high places of the earth", and hinds feet in high
places represents that concept.Earl Moore and Pearl West form around the ear, and hold references to pitch among other blessings of the high places of the earth, that are yet male and female, or inside calvarys creation orders,
that hold dominion.

Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]

Sent: Monday, September 07, 2009 4:15 PM

To: Group 02

Basically what you see are attacks to try to hit at the holy spirits design and asking of my person as Mrs. Moore. I described the work of the high places of the earth in my person from IND, and then how the state board in PA, turned on me and sent letters saying that I was on driugs and alcohol, of which I am neither from my own will and purpose. A personal choice. So they tried to lie and write up papers that I was on drugs and into addictions. They had no validity at either, so they went into the papers from the Marion Court that Judge Conn wrote were closed and not to deter my work. They are up to looking to find error to then form outside substance in hate against the holy spirit. Most likely those filing the charges are addicts and trying to find a relief for their own error by displacement of guilt. From the root, you are not to tamper with the Good Sam in a crisis in or outside a healthcare facility, so the root was in error from the start against my nursing practice.Also, the error of the courts was that when the person who files a restraint order calls me and asks me for my presence and I answer to that call from HIM,,,, at the start, the restraint order is immediately void. They understood that and had the proof of the phone calls, if they desired to know the case and form a verdict.

Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]

Sent: Monday, September 07, 2009 4:48 PM

To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613
A groove or task force in the holy spirit that follows all the way through, came up in a wave from Marion IND, and Apollo area as some of the very highest contendors for the most holy faith .They were able to work and operate independently from the Bible, and ask accordingly and be met by the holy spirit.
My marriage and becoming a nurse as Mrs. El West Moore, was only a part of that wave coming forth that goes into infinity. as it is sovereign and holy . So then you see the struggle and transference of a blessing from here and then the curse from those that sought to detain the holy spirit to Craig and my person.They do not have privey ever to the private matters , so they started up a fight around Craig for his persence and to detain my person and practice in what works. What they have is void, and does not work, it is only copy of what works rightly, and thus generates revenues. Each generation has a brain wave and brain groove that has to bow to the holy spirit design and form community for the nation to function as a Godly nation or the same on the private level. You see then how they were seeking to take down what the holy spirit brought about as a surge in the holy design of creative orders. They tried to take away the bible passage,, take dominion ,,, to my own person and displace that to powers outside and disrupt what the holy spirit in the Godhead asks for. Then they used the forces of my state licensure to seek an entry to harm me,,using state offices ,, police, and courts wrongly. It represents a confrontation of the spirit world of holy spirits vs ungodly spirits , or live forces vs death forces. Jesus forever won on calvary, at the contention, from my perspective and where I take my place in society at large, or community.

Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Sunday, September 06, 2009 5:53 PM
To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

At this time I am not able to use some of my public access sights, as they were shooting out in charges that are not so, and demanding money out of control. They were searching through all my work and licensures for money. The police were pulled in , and got into error charges against my person . For instance the property where
I live had to be cleaned, and I spent 4000.00 dollars to unload and clean it. Immed after the police sent a report to my mailblox to charge me, even tho they knew I had cleaned the area. They asked me to have it clean in a short time, and my father and I had to unload huge amounts of heavy steel at their threats. Both my father and
I nearly died from the heavy work, past our strength. It has become abuse with a spirit to kill behind it,, shooting at ministers. That is why it has become so dangerous. Then I was cleaning up dog poop and pee, from my home from a neighbors dog. Immed after the police come to my home and starting taking samples of areas from a travel trailer
under the trailer that a small drop of urine may be on the ground. They do this after I have done a good work, then they
come in and charge me as wrong and bad, trying to get a revenue. It is violence from there , not my person. It makes no cognitive correct thinking to form charges at me person seeking me ot be a bad person on papers they write. They started racing through my area to perfect me because my physical person is a size seven in all areas, and it became abuse and now terror at my person because I cant organize with them, as their charges make no sense and are not founded at all. It is a spirit that seeks my person to be afraid and under pressure, when the
evil is their own to bear, not here, with the debts they incurred,, not mine. So they manipulate around that and target
me til it is now abuse, and I am afraid . They do not have the information to charge correctly, so they charge against the
holy spirits and harm themselves and others in that error. My work and creative function , years ago paid for my existance til a very very old age, but they cont to charge here in error, to pay for their error, so it harms them and others. When the police got involved in it, that is violence at an innocent person that was and has only minded
my own business. I cannot answer the letters they send as they are evil, and to the extent that snakes were coming around where they leave the letters at my home, that is how violent with matter they became. The snake would appear and try to get attention when they would send a letter to my home, So until that stops and they stop charges that way to me, I cannot open their mail. as it harms them and others and is a disturbing of the peace. They know now they are to the place in evil that they get snakes to follow and get attention, and that is a real fact in matter. So you understand where they are forming from against a holy ground and ministry area to terror.

Kim Moore RN

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Sunday, September 06, 2009 6:10 PM
To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

The bible says Palmer worms, they are people that pretend that are another identity against the sovereign gifts of ID, they are mentioned in the bible as worms around sovereign elect bodies that hold ID, so someone put worms at my door too, after the snakes at my mailbox with error charges in written matter, all to terror me, craigs ONE wife. The police made me stand naked in a jail in front of them, so they could see a size 7 body from the holy spirit, and then in violence at the face of the holy spirit, try to manipulate against the grace given my body, and you see the open violence against Gods eye and blessing. They have literally beat my body up in terror. They are people that the evil one took to terror and try to hurt me at things that the holy spirit has by grace perfected as part of the church worship and in kept covenants in calvary. They have been in opposites, in their
charges, police are to evict demonic dark spirits, not bring them on and around elect church bodies and ministry. They were displacing the correct id and charges., the opposite of what a law unto God is to do and attend to.

Kim West Moore RN

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Sunday, September 06, 2009 6:35 PM
To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana

Not all police follow in the demonic world that way among the dark spirits against christ, but if they are allowed to enter their ranks, they can do severe damage to the church that sustains life. That is what took place. I am in the OLIVE
branch , olive dominion. So they try to form against my person if not saved ,and control where they are not to control.
The lose sight and perception of events correctly.Now they have charges and curses on them, at a control given my person
if craig my husband had a nervous breakdown. They would not attend to his word, so they have charges on them that curse
them for doing evil to an olive branch to its own. They get like a high, and they cannot tell what they are doing.That is what
is outside the seal of the holy spirit to its own. My family are private at our body parts to our own spouse, so that made
them become violent and attend to make me stand naked before them at their eye. Then they meditate in violence against
my person and my form. They are appeased that way in an evil spirit. I meditate toward the holy spirit, they meditate or pray
against the holy spirit , and thus motion that way in their bodies.Their satisfaction was that they could terror and beat up
a size seven body given in JESUS to its own. When they distort what God has chosen to make perfect found in Him,
HIS dominion, they became violent and started that up.At this time I cannot stand to see or be around a police, or have court
notes that I am to sign. The reason is they are not made with a correct charge, and they are made with no control to right,
so I and others are terrorized. You can work and do your matters to matter inside a kept covenant of grace and correctly
and they will tear them up and deface that, and then call it courts and police.I cannot now organize my mind towards them
as law keepers to what is life giving in matter. So I am very afraid.

Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Sunday, September 06, 2009 6:51 PM
To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana

The holy spirit has perfected my person, no me doing it. So that made them angry as the holy spirit is with me, as all my talents and gifts by grace. Medical bodies call for a high level of perfection and thru my work in my area , my person was perfected in spirit and in body. So they became violent at my RN licensure because the holy
spirit attends me in my work and licensures.I was asked to be Mrs. Moore by my husband before he knew any other
women at all, and the holy spirit organized it and asked craig and i to be married holy. This holds Palmer, or ID. so outside people according to the bible, that try to be this, and force a control not theirs to have, they take on the id
of palmer worms. being worms outside the palmer id to its own. The bible does degrade people that mess up id to its
own, and names those bodies as such. The bible is hard on them, because they try to destroy correct boundaries in spirit and body, as basic to what holds life functions.Craig and I are not split, that is all outside our bodies. They were seeking a split head, that they could USE for a control. To desire that is evil and will not be.
Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Tuesday, September 08, 2009 2:14 PM
To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

As I have lived modestly, they only up their living FROM my revenues on the outside not asking my own person that holds the control. That is very dangerous. As I advanced they counted on my revenues for their support, and I have very little gain. Again it is a way to force to the outside what is due here, and they have done that by terror of my person in various ways. Some of it is around revenue issues. The holy spirit does not organize anything
that way. It does not give a home and family and travel and work and all the perks of a person that advances in obedience to the fact of the holy spirit,, to other people outside. The holy spirit will NOT do that nor be involved in that
at all. It never has and it never will.If you follow the trend, as I remain modest, that outside spirit is angered and becomes more and more immodest in its existance. It does not have the inner control to detain that, that is why it becomes
so dangerous to themselves and others.

Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]
Sent: Tuesday, September 08, 2009 2:02 PM
To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

The game that was played was to take over the revenue that is owed to my own person.They were gearing up for that in a agenda to attack my revenues. At this time I am in a struggle to exist, as they have so hit at me that I live in fear of police and not paying my bills, and being afraid about money, when the revenue and placement of that gain was given to my own person, but I am not allowed that freedom to what is my own. Then they get going in fears that were made that are not to be and are lies about me. That is what they are doing now.
I am demanded to pay for their errors, and the revenues exchanged harm those willing to be involved in that at all. It does not come to any good. They took off years of my time to make an income by terror at me, and tried for a control that way too, and it is very evil. They were bodies born outside the blessing and they know that, and they become angry and terror at me.
They understand they were not chosen as I am in Christ, regardless. It is not my fault, the fault remains where they reside. I have to have a place to be, that is before and seperate from them that gives this correct identity. They try to deny that at any cost , and harm self and others in so doing.They could not control where the blessing resides, in the holy spirit, so they hit at the holy spirit and tried for a control of the revenues that are due my person, and not to go to them. It is not correct as they are not to reside there. I have a very modest life style and am from a family of the same. They do not desire the same as this and the revenues then are not used correctly from their thinking, as they are not to have the control.Because I live modestly, they drove me in oppression to near poverty and felt powerful in so doing. Again, it wrestles with me around the blessing they are denied, that does not include the revenue for them. It then seeks and forms for ways of control over my person and presence to my own husband and the revenues due my person. They seek the support that is mine from above, to go to them. Again that harms them and others willing to negotiate that way against the holy spirit.Any move of the holy spirit to bless me, that contrary spirit against Christ, will try to the make a move. It tracks and finds it resources and make of existance in that way.

Kim

Grice, Lori

From: Craig and Kimberly Moore [kmoore714@comcast.net]

Sent: Tuesday, September 08, 2009 11:41 AM

To: Group 02

Regarding: Positive Response
Kimberly West Moore RN
Licensure # 28072700A Indiana
712 Old State Rd
S PA AVE
APOLLO PA 15613

You have a case where the private kept place took place as it was asked for in creations orders in Jesus, My husband is a very private person, and I married him under his protection and asking and support, at home with every intent of after the private , having a public church service, from the private church matters, and in that order. The outers that shows the prior inner work.As soon as that happened then Craig and I were attacked from an outer sphere seeking to deter this. They moved in trying to find out about the private place in the holy spirit.
That is what the arrest centered around, and they had prior gone into my private things with craig and written notes
among my private clothing and bedroom , note of violence at the holy spirit. Then they got the police and courts to join them, and they took up a spirit that made me stand naked before the police in a public place. All of that is from
the same spirit that seeks around my home and private area, because it is void and undone, so it mocks at this one
covered and private. i can work among private peoples needs , and after my bath and rest, I do not remember others privates, I have recall of their face and person, so that does not make me strange as it does those outside. My own is not changed by that around my work because it is from Jesus and the holy spirit takes care of all of that for me.My name is west as I mentioned and the kept places where the holy spirit communicates among and to His own and one does not have to seek nor try that way from the outside, that becomes strange, That is not what this is, so that is why the attack that you see. I am telling you the best that I can. The focus remains on the person to their own private places and a correct interest in focus. The deep reverence that is to be kept for the human person is intact , where what attacks this one, does not have that. Part of that is of the Mary at the cross in matter and the Mary at the manger. This remains a private matter of the holy spirit, so to appease satan they tried to expose my person in an attack and hitting out at the face of the holy spirit.They are part of the bottomless pit, they are not satisfied with the one and what if from the one, the holy spirit gives. That is what is lacking so they roam as they do in the arrest and seekings you see in my case. The Bible gives you a place to reside in the holy spirit
as you function in Him. You can be a nun or priest among helpers or family as holy. One is entitled to that kept place
often not titled, but that is what it holds. People search for that place, and satan lies that there is not such place when there is. All of that matters and is important and alive in Christ Jesus and holds very high eternal value. What is fallen and denies grace does and will not adhere to that within the church and state that is saved.The truth is that the outside work against grace and those that hurt my husband and lied to him and trapped him, as that is what really took place, have to bear that debt as thier will forced that ,, against where procreation was to take place with and in Craig Moore, to my own person , his own wife from Jesus.That is now all outside of Craig and Kim
Moore and their own will and volition, and kept bodies to Jesus. I really do not know where that outside of saved goes, I have not lived there nor desired there, so it is not mine, nor my debt or place at all.All I can really tell you is where I live in the Lord and found in Him, in Jesus Christ. At this time, they reside in violence words , hitting at the face of the holy spirit, in false arrests, where they were not to be.From my standpoint, they are souls searching
for a residence, even if it is a rest in being violent against the private kept sanctuary or tabernacle areas of the holy spirit.

That will never contain the resting and refreshing of the holy spirit to its own, but that is what they appear to me to be and in search of. I hold the promise and the control asked for by Craig when he deters from the holy spirit, he asked me to hold that. The police and courts would NOT adhere to his given word to myself His own. They sought that instead. When you reside outside the promise and the matter that holds that promise, you are where you should not be. I do not choose that, those people did, and they were given this information .

Kim

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.

September 8, 2009

Carol Jordan
12216 Laurel wood Ct.
Indianapolis, IN 46236

Dear Ms. Jordan:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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

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

Name Carol JORDAN

License number 28053596A

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed _____ Date released _____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent _____

Approved for renewal (please initial) SG _____ LG _____

Needs personal appearance: Yes _____ No _____

Decision after personal appearance if applicable: _____

_____

Web renewals

Date letter sent for positive response statement: date sent X

Date positive response statement submitted date recd 9/7/09

Hold(s) date released _____

Approved for renewal (please initial) SG _____ LG ✓

Needs personal appearance: Yes ✓ No _____

Decision after personal appearance if applicable: _____

_____

12216 Laurelwood Ct Indpls 46236

Grice, Lori

From: carol jordan [jordac1012@sbcglobal.net]
Sent: Monday, September 07, 2009 2:18 PM
To: Group 02
Subject: Positive Response

To the Review Board:

In response to the question on my nursing license renewal form I responded with a "yes" to the question regarding "Pleading guilty" regarding a state law.

This was a mistake on my part by drinking 2 glasses of wine while in Anderson, and not waiting long enough to drive home to Indianapolis. Not realizing that alcohol stays in my system for longer periods since my bariatric surgery. For this mistake I elected to enter a guilty plea and face the consequences of the bad choice that I made.
I have never before in my life had any legal issues/ and for this I embarrased myself both personally and professionally. Which is what I told the judge as well.

On November 5, 2008, I entered a "guilty plea agreement" in a Pendleton Court for a misdeameanor for the charge of "OWI". I have completed the requirements by the court which were as follows:
1) complete a Substance abuse Evaluation within 30 days- and abide by all recommendations/ This was completed at Fairbands Hospital on 11-21-08, and the only recommendation made was to attend and complete a Level 1 seminar/class (8hr) presented by the Council on Addicton Prevention. This class was completed on 3-14-2009.
2) Attendance was required at a DWI-Victim IMPACT Panel meeting within 60 days- this was completed on 11-26-2009 at the Pendleton Court House.
3) Probation has been ongoing and will end Nov. 5th 2009. I have fulfilled all requirements of probation and have reported monthly to my PO.
All requirements related to my drivers license were fulfilled and my current license has no restrictions or conditions.

If further informaton is required prior to renewal of my license I can be reached at 317-823-9641; email:
jordac1012@sbcglobal.net

Thank you for being considerate of my circumstances.
To Your Good Health,
Carol Jordan

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.

September 8, 2009

Dawn Getman
9560 Wellington Drive
Martinsville, IN 46151

Dear Ms. Getman:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your Indiana nursing license renewal application. The meeting will take place in Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 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, Assistant Director
Indiana State Board of Nursing

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

Name Dawn Ostman

License number 27027885A

Paper renewals

Positive response statement submitted Yes _____ No _____

Hold(s) Date placed_____ Date released_____

If a statement was not submitted with renewal or statement does not provide enough detail:
Date letter sent for positive response statement or more information regarding positive response: date sent_____

Approved for renewal (please initial) SG_____ LG_____

Needs personal appearance: Yes_____ No_____

Decision after personal appearance if applicable:_____

_____

Web renewals #5

Date letter sent for positive response statement: date sent 6/29/09

Date positive response statement submitted date recd 8/11/09

Hold(s) date released 9/8/09

Approved for renewal (please initial) SG_____ LG ✓

Needs personal appearance: Yes ✓ No ~~✗~~

Decision after personal appearance if applicable:_____

_____

Attn: Joyce / Board of Nursing

To: Indiana Professional Licensing Agency

From: Joanna Getman

Fax: 1-317-233-4236

Phone: 1-317-234-2043

Date: 8/10/09

Pages: 25

Re: Renewal of LPN License #27027885A

Comments:

My second attempt in providing the information you requested.

Thanks!

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Please call the number listed above if there is a problem with this transmission.

8/10/09

IN Professional Licensing Agency
Attn: Joyce with Nursing Board
402 W. Washington St Room W072
Indianapolis IN 46204

Re: Renewal of LPN License #27027885A

Dear Joyce,

Please find the following 23 pages helpful in explanation of my "yes" response to question #5 on my (very late) renewal request. When I spoke to your staff this past Friday, I was told that, for some reason, you had not recieved anything from me; as such I'm sending a copy of the fax confirmation dated 7/23/09 for the same 23 pages. Also included is my confirmation receipt dated 6/29/09 for $105.57 for my renewal and late fees, which has cleared the bank.

Again, please call me at (317) 432-5158 if you need anything else to help resolve this very important issue. I treasure the license that allows me to care for others, and trust my faith that it will be renewed in full very soon.

Sincerely,
Dawn M. Getman

To: IN Professional licensing Agency From: Dawn Getman

Fax: 1-317-233-4236 Phone: (317)234-2043

Date: 07/23/09 Pages: 23 (including cover)

Re: Renewal of LPN license # 2702788SA

Comments:

The following information is being provided in response to my "yes" answer to question #5 on my renewal request. I was terminated from Meadow Lakes because of a med error I unknowingly made the morning of Jan 18 2007 and didn't discover until the end of my shift that day.

My apologies for not getting this to you sooner! Even though my husband found out July 9th 2009 that he'd been down-sized out of a job, he insisted we take the family vacation he had planned and payed for in "honor" of my 50th birthday. Talk about a double whammy!

Please contact me by cell # (317)432-5158 should you need anything else.

Thanks so much

Dawn Getman

This communication may contain confidential Protected Health Information. This information is intended only for the use of the individual or entity to which it is addressed. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is STRICTLY PROHIBITED by federal law. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Please call the number listed above if there is a problem with this transmission.

JOB STATUS REPORT

TIME : 07/23/2009 12:21
NAME : WORTHINGTON HOUSE
FAX# : 8569253
TEL# : 8566224
SER.# : BRD6J1512302

DATE, TIME	07/23 12:11
FAX NO./NAME	2334236
DURATION	00:10:15
PAGE(S)	22
RESULT	OK
MODE	STANDARD

To: IN Professional Licensing Agency From: Dawn Getman

Fax: 1-317-233-4236 Phone: (317)234-2043

Date: 07/23/09 Pages: 23 (including cover)

Re: Renewal of LPN License #27027885A

Comments:

The following information is being provided in response to my "yes" answer to question #5 on my renewal request. I was terminated from Meadow Lakes because of a med error I unknowingly made the morning of Jan 18 2007 and didn't discover until the end of my shift that day.

My apologies for not getting this to you sooner! Even though my husband found out July 9th 2009 that he'd been down-sized out of a job, he insisted we take

STATE OF INDIANA
ATTORNEY GENERAL

May 4, 2007

Dawn Rene Getman
9560 Wellington Drive
Martinsville, IN 46151

Re: File No. 07-CP-55443: *In the matter of Dawn Rene Getman L.P.N. 27027885*

Dear Ms. Getman:

The Medical Licensing Section of the Office of the Attorney General has received a complaint filed against you as a licensed professional. A copy of the complaint is enclosed. The function of the Medical Licensing Section is to investigate complaints against licensed health professionals to determine whether they have violated a licensing statute or regulation.

Please send a detailed response in reply to the enclosed complaint within **twenty (20) days** of the date of this letter. Your response needs to be in writing preferably typewritten, and should contain your address, telephone number, and the date. You may submit your response via e-mail or fax (317-233-4393). Please **retain copies** of all documents you send to our office. It is your responsibility to respond to the allegations made against you. If you have legal questions, you should consult an attorney since this office **may not** give you any legal advice. If we do not receive your written response within the above-mentioned time period, we will evaluate the complaint without the benefit of your input. Further, we will inform the board governing your profession of your failure to respond. No statute of limitations restricts the prosecution of disciplinary complaints. Therefore, as part of our investigation, we may reopen previously closed complaints if deemed relevant.

We will contact you after we receive your response, if we need further information. The findings of our preliminary investigation, along with a recommendation for further action, will be forwarded to a designated member of the board that governs your profession, pursuant to Indiana Code § 25-1-7-5. The board's designee may attempt to resolve the complaint by informal negotiation, or waive the complaint back to our office. If recommended, we would then proceed with the filing of disciplinary charges against your license. If the alleged licensing violation cannot be substantiated, then the file will be closed, and you would be notified accordingly. Unless and until an administrative complaint is filed with the board, the complaint and the contents of your file remain confidential pursuant to Indiana Code § 25-1-7-10.

Very truly yours,

Shannon McKnight

Shannon R McKnight
Paralegal
Shannon.McKnight@atg.in.gov

Enclosure(s)

5/30/7 3:30 pm
"tomorrow or Friday"

DIVISION OF CONSUMER PROTECTION
INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
302 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770
TELEPHONE (317) 232-6330 • (800) 382-5516

8-5
M-F

CONSUMER COMPLAINT

RECEIVED
APR 27 2007
ATTORNEY GENERAL OF INDIANA
CONSUMER PROTECTION

Attorney General Steve Carter
Consumer Protection Division
402 West Washington Street
Indianapolis, IN 46204

Telephone:
1-(800)-382-5516
1-(317)-232-6330
1-(317)-232-6331

Please complete both sides of form. Type or print clearly with blue or black pen.

1. Your Name?

Name: Indiana Professional Licensing Agency
Tonja Thompson, Director

Address: Indiana Government Center South
402 West Washington Street, Rm. W072

City: Indianapolis County: Marion

State: Indiana ZIP: 46204

Day Phone: (317) 234-2043

2. Who is Your Complaint Against?

Your Complaint is against: DAWN RENE GETMAN

Address: 9560 WELLINGTON DRIVE
MARTINSVILLE IN 46151

Phone:

Type of business or profession: **Licensed Practical Nurse**
License Number: **27027885A**

FOR COMPLAINTS AGAINST STATE LICENSED PROFESSIONAL ONLY:
This office investigates the licenses of individual licensed professionals to determine whether they have violated licensing statutes and regulations. Complaints against licensed professionals cannot be disclosed to the general public unless this office files a disciplinary action against the licensed professional; however, for investigation purposes, a copy of your complaint will be sent to the licensed professional you complain against. This office cannot obtain monetary compensation for you if you have been injured. If that is the result you are seeking, you should immediately consult with a private attorney.

3. First Contact Between You and Firm

- ☐ Person came to my home
- ☐ I went to firms' place of business
- ☐ Away from firm's place of business (convention, at my job, etc.)
- ☐ I received a telephone call from the firm
- ☐ I telephoned the firm
- ☐ I received information in the mail
- ☐ I responded to a radio/TV ad
- ☐ I responded to a printed advertisement
- ☐ Other

4. Where Did the Transaction Take Place?

- ☐ At my home
- ☐ At the firms place of business
- ☐ Away from firm's place of business (convention, at my job, etc.)
- ☐ Over the telephone
- ☐ By mail
- ☐ There was no transaction
- ☐ Other

I made this transaction for: ☐ My Family/Household ☐ My Business

5. Date(s) of transaction:

6. Did you sign a contract or agreement?

☐ YES (attach copy if available) ☐ No

7. How did you pay?

☐ Cash ☐ Credit Card ☐ Loan ☐ Installment Sale Plan ☐ Check

☐ Private Insurance ☐ Medicare ☐ Medicaid ☐ Other

8. Have you contacted the firm or person your complaint is against? ☐ Yes ☐ No If YES, when? _____

9. What action was taken?

10. With what other agency have you filed this complaint?

11. What action was taken?

12 Have you contacted a private attorney? ☐ Yes ☐ No

13. Have you started court action? ☐ Yes ☐ No Have you been sued? ☐ Yes ☐ No

14. Please Describe Your Complain in Detail (Attach an extra sheet if necessary.)

Please attach copies of any papers involved (order blanks, warranties, credit card receipts or statements, contracts or written agreements, advertisements, cancelled checks, correspondence or any other related documents.)

PLEASE SEE ATTACHED

15. How would you like your complaint resolved?

Under Indiana law, if you consent, this office may disclose to the public that you filed this complaint.
Do you consent to your name being disclosed? ☐ Yes ☐ No
Telephone number being disclosed? ☐ Yes ☐ No

THE ABOVE CONSENT DOES NOT APPLY TO COMPLAINTS AGAINST STATE LICENSED PROFESSIONALS.

I certify that the information on this form is true and accurate to the best of my knowledge.

Your signature Sonja Thompson/MH Date April 26, 2007

DO NOT FILL OUT. FOR OFFICE USE ONLY

Ind _____ Prac _____ File# _____ Inv _____ Y/N _____

STATE OF INDIANA
ATTORNEY GENERAL
STEVE CARTER

To: Tonja Thompson, Board Director
Professional Licensing Agency
Attn: Indiana State Board of Nursing

From: Allen Pope, Director
Medicaid Fraud Control Unit

Date: April 23, 2007

Re: Facility Name: Meadow Lake of Mooresville LLC #07-01396
Dawn Rene Getman, LPN #27027885A

The Medicaid Fraud Control Unit has completed an investigation of the matter identified above.

The investigation revealed an administrative rule or regulatory violation by:

Dawn Rene Getman LPN, #27027885A

The victim is Howard Oliver D.O.B. 8/18/1927 Our Investigator determined that a medication error occurred on 1-17-07 in which LPN Getman administered Ativan and Lorlab to the resident without checking the MAR and both medications had been discontinued. Our Investigators found that this LPN did not do a medication error report and did not report to the facility until five hours after the error.

All records of the Medicaid Fraud Control Unit are confidential under Indiana's Public Records Law. Any agency to which the Medicaid Fraud Control Unit transfers the unit's records is required by Indiana's Public Records Law to maintain the confidentiality of those records in exactly the same manner as that confidentiality is maintained by the Medicaid Fraud Control Unit. Under Indiana's Public Records Law, records of the Medicaid Fraud Control Unit may only be released at the discretion of the unit.

The Medicaid Fraud Control Unit is required by federal regulation to report the status of referrals and we ask that your agency advise us of the findings and disposition as to this referral.

Additional needed information can be obtained by contacting paralegal Steve Routh at 317-915-5332, e-mail address srouth@ag.state.in.us. Paralegal Routh is also the appropriate person to receive the findings and disposition information.

Thank you for your consideration.

Allen K. Pope
Director

MEDICAID FRAUD CONTROL UNIT
8005 CASTLEWAY DRIVE
INDIANAPOLIS, IN 46250-1946
TELEPHONE (317) 915-5300 • (800) 382-1039 • FAX (317) 232-6523

Investigating Provider Fraud, Elder Abuse and Institutional Neglect

To: Shannon McKnight
Indiana Government Center South. Fifth Floor
302 West Washington Street
Indianapolis, IN 46204-2770

From: Dawn R. Getman, LPN #27027885A
9560 Wellington Drive
Martinsville, IN 46151
(317) 422-5699 Home (317)432-5158 Cell

Date: May 30, 2007

Re: File No. 07-CP55443

Dear Ms. McKnight,

I accepted a part-time position as a LPN at Meadow Lakes on Oct. 4, 2006. On that day, I attended General Orientation with other nurses, QMAs, CNAs, Physical Therapy staff and I believe dietary personnel. Each employee was then to receive department-specific orientation as outlined in enclosure #1 (3 pages).

On Oct. 4, 2006 while waiting for the Medical Director to do my employment physical, I was asked by Kris Porter, LPN if I would work that evening on the ICF Unit with her, as there had been nurses call in. I expressed concern, being brand new to the facility, but she assured me that she and I would "tag-team" the assignment. With that assurance, I accepted figuring it would be a good way to begin to learn the residents, routine, and operation of the ICF Unit. Office personnel commended my willingness to help out. The shift proved to be something quite different than what I had hoped for and been promised. I was assigned one end of the ICF Unit and Nurse Porter the other end after a quick report and counting narcotics with the nurse that was anxious to leave. I was puzzled when this off-going nurse told me several times that narcotics we counted no longer had had residents to go with them, that they hadn't been discontinued properly, and it wouldn't be the last time I encountered this at Meadow Lakes. This was the beginning of a very intimidating shift, left on my own to figure out who was who, who was where, trying to professionally answer doctor's phone calls, and family questions and complaints. So much for orientation to the Nursing Department, much less documentation requirements. Nurse Porter had been bombarded on the other end of the unit with challenges of her own, admitting to me she had only filled in on that or any of the unit's a few times, and other than knowing who some of the residents were couldn't answer many of my questions. I guess that's what she had meant by "tag-team." That shift was the first of many that proved to be chaotic and unsettling with many questions left unanswered.

Through the next three months, I was never given an orientation to nursing department procedures, policies, documentation requirements, etc. In fact, the three pages of

enclosure #1 are from my New Employee packet received on Oct. 4, 2006. Numerous times I asked for the courtesy of this orientation as promised, and each time I asked I was told that Nursing Management planned to do a "Paperwork Inservice" for all new employees as well as employees that had been on staff for awhile, as documentation was not being done as expected. This critical inservice was postponed numerous times. I was always told that if staff call-ins, that there weren't enough nurses and QMAs to cover the units as well as attend the anticipated 3 to 4 hour documentation inservice. I asked for a one-on-one session several times, knowing that the bits and pieces I was able to learn from other nurses was fragmented at best. I specifically asked for this from the Staff Development Coordinator, Kris Porter, LPN, then-Don Korissa Thomasen, RN and then-Adon Kim Adkins, RN. I was always given the same response, we're going to have an inservice as soon as we have enough staff to cover the units and have nurses off of the floor.

I guess I shouldn't have been surprised that when the written promise of Meadow Lakes to orient me to the nursing department (as outlined in their Employee Handbook Jan. 2005 pg 16-18; enclosure #2) failed to materialize; the written promise of a 90-day performance evaluation would not materialize either (pg 16 of Employee Handbook). Was I to assume that my performance was acceptable, or was I just a warm body accepting the responsibility of an assignment on a part-time basis? I watched so many nurses, QMAs, and CNAs come and go those first three months. I thought that there was an unlimited supply of caring individuals in the area willing to risk their careers and reputation on promises that would not be fulfilled and policies that would not be followed.

During those long months, I had also voiced my concerns about DON's policy preventing anyone but her and a witness destroying controlled substances after they had been discontinued or the resident discharged/deceased. This unwritten but very frequently discussed practice was for all controlled substances, regardless of schedule or amounts. Staff RN's weren't even allowed to destroy theses medications. Every nurse/QMA that I did the narcotic count with shift after shift expressed the same concern and misgivings I did. It was not uncommon for the discontinued controlled substances to remain on the med carts days and weeks after they should have been properly accounted for and disposed of. An audit of discharge charts would validate this. I can provide names of some I recall quite clearly should you request examples.

I was told by several different nursing staff members that this poor practice had allowed someone on staff several months prior to remove both a count sheet and its corresponding card of medications inconspicuously. Because the patient had been gone for quite some time, the medications had not been used, and because staffing on the units was not consistent, the theft had not been discovered/identified for some time afterwards. These nurses told me that at that point in time there was no way of knowing as they worked day to day, unit to unit, part-time or full-time, whether controlled substances had finally and appropriately been disposed of, or as new employees that there had even been controlled substances held on the premises long after a resident was gone. I was told that

management's action after the medication and its count sheet had been discovered missing was not to change the DON's policy regarding medication disposition, but to modify the shift reconciliation form to include the number of cards and bottles of controlled substances as well as the number of prescription patches. It was very frequently discussed by nursing staff on all of the units that having controlled substances on hand unnecessarily not only posed the potential for theft (as had already happened) but also for medication errors. The doubt that management had reported the apparent theft of controlled substances to the State Board of Health was also frequently discussed.

As the holidays came and went, I had become very uncomfortable and wary of the disorganization, lack of communication and unprofessional practices I witnessed as a part-time employee of Meadow Lakes. There were numerous complaints by staff members, residents and families about the quality of care being given. I was on duty the evening Channel 6 was headed off at the front entrance by management, there in response to a family concern.

I also had serious issues within my own family. My daughter, in her first year at Ball State University, had been diagnosed with polycystic ovary and metabolic syndromes. My 17-year old son was having serious problems at school and in his personal life. I had decided I had to remove and stressors in my life that I could, and Meadow Lakes seemed to be a good place to start. I told the Staff Coordinator shortly after New Years that I wanted to cut my hours back with the intention of quitting after another paycheck and proper two-week notice.

On the morning of Thursday, January 18, 2007 (the complaint against me erroneously states it was January 17, 2007). My alarm didn't go off and as such I was 15-20 minutes late for my 7:00 am shift. I received report from Tricia Siscoe, LPN, who said that the previous evening shift had been "slammed" with several admissions, that two LPNs were on the skilled assignments and a recent hire, a RN, had been put on the desk to do the admission paperwork. She had had as little orientation as I had. When Nurse Siscoe came on at 11 pm January 17, 2007, the admissions had been completed. She, the only nurse scheduled on the skilled unit on night shift, was left with not only trying to manage the unit (with new residents with unknown needs) but trying to sort out orders, fax them to the pharmacy and complete the admission paperwork on at least 3 new admissions and one readmit,Mr. Oliver. She gave me report to the best of her ability at that point in time and told me she would be able to finish Mr. Oliver's paperwork in a short amount of time after we counted the narcotic drawer. The drawer contained both Lortab 10/500 and Ativan 0.5 mg for PRN use by Mr. Oliver as well as other resident's medications.

The skilled unit that morning was extremely busy and chaotic. If I remember correctly, the Therapies were having a special breakfast in the therapy room for patients that normally did not get up and out of their rooms for breakfast. The two nurses (myself included) and two CNAs on the unit were trying to assist in getting these patients up, toileted and dressed amidst some of their complaints about having their morning routine being changed. We were also answering numerous call lights and complaints by the

patients that normally got up, dressed and to the dining room for breakfast (that weren't getting the assistance they were used to) because their normal routine had also been changed. Added to this were the new patients that had come the previous evening with still-unknown cognitive, mobility, dietary and safety needs, and Mr. Oliver.

[I would like to note at this point that I wasn't sure if I could include personal information about Mr. Oliver in my response or not (in light of the HIPPA laws), and spoke with you, Shannon, on May 24, 2007 at 10:00 am about this. You were unsure, put me on hold to ask someone, and came back on the phone to tell me that yes, it was okay.] Mr. Oliver was familiar to some of the staff on the unit; a pleasant, elderly gentlemen with many serious health problems. He was sent out to different hospitals several times during his stay of Meadow Lakes because of his Full Code Status and numerous health issues (including osteomyelitis in his heel, diabetes, COPD and pneumonia). We were also very familiar with Mr. Oliver's wife Dorothy and daughter, who visited daily. Dorothy had been a nursing assistant at Morgan County Hospital years ago and "lived" at the hospital when their daughter had suffered a stroke. She hovered over Mr. Oliver; feeding, shaving, lotioning, hydrating and asking for assistance in pulling him up in bed or turning him frequently. One day she introduced me to their son and daughter-in-law, who later stopped me in the hall to tell me they were "estranged" from Dorothy and his sister because they felt that Dorothy didn't want Howard to get better, that throughout his extended illnesses she had done everything for Howard and had thus made him more of an invalid than they felt he should be. An example they shared was shaving: Dorothy took Howard's electric razor with her everyday she went home, insisting he wasn't capable of using it himself. They had watched her take it out of his hand several times when he was trying to shave himself and verbally scolded him for having the razor. I personally saw him try to pick up a utensil to feed himself on several occasions and watched her promptly take it from him, telling him he knew he wasn't able to do this by himself. The son and daughter-in-law told me they felt that Dorothy enjoyed the attention that being the caregiver provided her with and had asked her to let Howard do as much for himself as possible, but this had caused friction between the family members and as such his son and daughter-in-law had distanced themselves.

On that chaotic morning of January 18th Mr. Oliver was very restless, throwing his legs over the side of the bed and trying to get up independently. He complained of his back hurting. The nursing staff (myself included) oriented him frequently that he hadn't stood up on his own since he had been with us because of the infection in his heel. Each and every time staff left the room he called out and threw his legs back over the side of the bed. We repositioned him frequently for comfort with the head of the bed elevated to facilitate breathing, as he had been readmitted with pneumonia and was on 6 liters of oxygen. Bed alarms were placed under him by Heather Moss, C NA, out of concern for his safety. The alarms sounded each time we left the room after repositioning, orienting and assuring him we were right outside his room, helping other patients. He continued to scoot towards the foot of the bed, continued to moan and mumble about his back. At that time I recalled counting both Lortab and Ativan for him in the medicine cart, and recalled having given them to him when I had cared for him before. I administered both to him

for back pain and for the anxiety that was posing an obvious threat to his safety.

Tricia Siscoe came to me in the hall after that to tell me that she had been working on Mr. Oliver's chart at the desk shortly before 8:00am when a woman that did not have a name tag or any form of ID on her had just come to the desk, "gone off on" her about the admission not being completed and very abrasively grabbed everything out from under her saying that she would finish it, and left the unit without saying who she was, where she was taking all of the paperwork, or when she would return it. The woman did not come and share this information with me either, as I would have expected being in charge of Mr. Oliver. Nurse Siscoe described this woman to me, but was unfamiliar to me. I continued to pass medications on the patients in rooms 202-209, answer call lights, pass breakfast trays, start my assessments and check in on Mr. Oliver, who was beginning to appear more comfortable. Before 10:00am, I went to search for Mr. Oliver's chart and the unidentified woman that had so inappropriately taken it from the unit. I knew Nurse Siscoe could have had it completed more than an hour before this time. I located the chart in the conference room, surrounded by the entire facility management meeting, discussing all aspects of facility business. I asked if I could have Mr. Oliver's paperwork and a woman I knew by sight but not name or title said she would bring it to the unit in just a few short minutes, and thanked me for coming to look for it.

She came to the unit at about 10:15 am and handed me MARs and treatment sheets to file appropriately. She told me not to give Mr. Oliver a Lovenox injection, as she was sending his MD a fax to clarify the admission orders. His previous orders had a stop date for the Lovenox of January 10, 2007. She said she was also faxing the pharmacy for his medications to be delivered STAT, and instructed me to try to "scrape together" any of the ordered medications I could give to him, since it was after 10:00am. I complied, getting Ceftin from the EDK and circling what I could not "scrape together," including Nitro-Dur and explaining on the back of the MAR that I was waiting for the pharmacy to deliver it. I continued to work with many interruptions and distractions as had happened all morning. I also had developed quite a tension headache (which stayed with me the rest of the day) and left the building for 30 minutes to take some Aleve an get away from the noise and chaos.

Mr. Oliver's scheduled 11:00am blood sugar was 246, with sliding scale insulin given accordingly. Mrs. Oliver had come in and apprised of Howard's uncharacteristic attempts at getting up out of bed since before 3:00am as noted by Nurse Siscoe. It was discussed that he probably had worn himself out and was exhausted, since he had been bedfast for quite some time.

At noon, he was noted to be diaphoretic and mumbling. I checked his blood sugar and found it to be 186. Vital signs were BP 104/60, P72, R20, T97.2 tympanic and oxygen SAT 94% with oxygen at 6L/min via nasal cannula. He was more difficult to arouse through the afternoon with vitals 95/62, P77, R20 and moist, T96.8 tympanic and oxygen SAT 94% with continuous oxygen at 6 liters via nasal cannula. He did slightly open his eyes a few times when his name was spoken. Mrs. Oliver commented that she had seen

him "act this way" when he had been given Phenergan at Meadow Lakes prior to a recent trip out to the hospital and back. I knew that I hadn't given him Phenergan. I knew at that time I hadn't given him anything that I hadn't given him before.

Between 2:30-2:45 pm I was going through the med and treatment books to make sure I hadn't missed anything I was supposed to do during the course of my chaotic shift. My head was pounding. I was surprised when I looked through all of Mr. Oliver's med sheets, start to finish, without any interruptions, that his PRN sheet did not include Lortab or Ativan. I looked through all of his hand-written sheets again, knowing they had to be there, that he had them ordered, I had signed for them and given them before. I went behind the desk to look at his chart and heard the woman who had taken his chart from the desk at 8:00am say "But he didn't have anything." It was time for shift change and there were people all over the desk. I didn't know whom she was speaking too and asked her what she said; she said "Mr. Oliver didn't have anything out of the ordinary." Even though I still could not get into his chart to look at his orders, I told this woman that I had just discovered that I had given Mr. Oliver Ativan and Lortab at 9:00am, and why. She immediately started to go off on me. I tried to explain what had happened, that Nurse Siscoe and I had counted both drugs with his name on them at the start of my day. She would not listen. I asked her what I needed to do; I had never made a medication error before. I wasn't familiar with the paperwork. I was over-come with terrible, sick feeling. This woman very bluntly told me that I needed to fax Dr. Thomas Martin and tell him about the medication error I had made while she went to tell Mrs. Oliver. A copy of this fax (enclosure #3; page 1) is included. This woman came back to the desk and gave me the complete cold shoulder, ignoring me and shuffling through paperwork. I told her that I had faxed Dr. Martin and asked her if there was anything else I should do. She did not answer me. I asked the other nurse that was on the unit if there was anything she needed my help on; she thanked me and said no. Because of the headache I had had all day the sick feeling in my stomach over having a medication error, and the way this woman I still didn't know by name or title was treating me, I clocked out and left for the day.

The next day, Friday Jan. 19, 2007, I received a call from Sandy (sorry I don't know her last name) the administrator at Meadow Lakes, telling me that because of what happened the previous day, I was being suspended. My heart sank. She also asked me to come into Meadow Lakes, that there were other things that needed to be discussed. I told her I would be there within 45 minutes or so, anxious to explain what had occurred and why. When I got there I waited outside the office area for almost an hour. I saw the unidentified woman and Sandy in Sandy's office talking the whole time. If I'd have known what was about to happen, I would have taken a witness in with me.

The mood in Sandy's office was very cold and threatening. I asked the woman that I had interacted with so frequently the previous day what her name was and what position she held. She said that she was Deb Smith, RN, and she was taking over the DON position until a new DON was hired. I knew her only as one of the "Wounds Team" members that communicated very little with the floor nurses on their weekly rounds. I was always amazed that these "office nurses" changed wound treatment orders without a physician

even in attendance. I was appalled when she said that it was her opinion that I had known about the medication error that entire day. This was absolutely not true and I resented this accusation immediately. I asked how anyone could hold something like that in and why would they want to? Anyone that had worked with me on the floor would not have ever come to such an outrageous accusation. I had frequently been commended by my co-workers for the care, compassion, and open communication skills that I feel are vital to being a good nurse. Ms. Smith told me if I would have told her earlier in the day that I had made the medication error, she could have "IV pushed Narcan." I couldn't believe what I was hearing; was the nurse diagnosing Mr. Oliver as having had an overdose? If she had spent any single shift with Mr. Oliver, she would know from experience that it wasn't uncommon for him to sleep soundly, that it wasn't uncommon for his wife to hover over him and try to wake him up every time a staff member walked into his room. She would have had the knowledge I had to see that diagnosing Mr. Oliver as having had an overdose was ridiculous. His vital signs had been stable throughout the shift. The only thing that I found to be out of the ordinary was the energy he had been expending, scooting in the bed and trying to throw his legs over the side.

The administrator asked me why I hadn't told Mrs. Oliver that I had given Howard the Lortab and Ativan. Quite honestly it hadn't occurred to me that that was anything out of the usual for Mr. Oliver to have. He had had both medications ordered for PRN use during his numerous and frequent stays at Meadow Lakes, and they had been used as needed before without any untoward side effects or harm. Perhaps if I had had only Mr. Oliver as my assignment for the shift, I would have had the luxury of uninterrupted, one-on-one care and uninterrupted dialogue with Mrs. Oliver. Unfortunately, nursing on a skilled unit is not that way, especially at Meadow Lakes on Jan. 18, 2007. It is a matter of multi-tasking to the best of your ability amidst a constant barrage of interruptions, changes, and chaos. One would expect that appropriate systems were in place to do this safely and with the best ultimate outcome for its patients. Having an admission completed during the shift a patient arrives at a facility should be one of those systems a nurse can count on. Not so at Meadow Lakes. I told them both that I felt that accepted practice of controlled substances being left on the med cart after they were discontinued or the patient gone contributed to the med error. The very bluntly told me that that was a separated issue being dealt with separately and would not be discussed any further. I reminded them that I had just been followed on a med pass (as all staff had) by an Omnicare pharmacist recently without any deficiencies. Try as I did to explain myself, the judge and jury (RN and Administrator) had already convicted and condemned me; I truly believe during the 45 minutes or so I waited outside of the office the afternoon of Jan. 19, 2007. I was told that instead of being suspended, I was being terminated. Ms. Smith told me that I had neglected to do narrative charting for Mr. Oliver and that I needed to do that as a "late entry" on the piece of paper she handed me (see enclosure #4). She told me after that done she wanted me to "very carefully" write everything that had happened with Mr. Oliver down on separate paper. When I was finished, I was to have the secretary page her and Sandy to the office. I asked for permission to go to my truck to get my clipboard and notes for Meadow Lakes, which she granted.

I completed my "late entry" for the Jan. 18 shift on the appropriate piece of paper. ("Late entry" charting is not uncommon at all at Meadow Lakes). I thought I had done this before I left the building Jan. 18, 2007, but apparently it was the fax I had sent Dr. Martin that day. I thought when I handed Ms. Smith this fax that it was what served as a "med error" report. After all, I had asked her before I left that day if there was anything else I needed to do. Perhaps if I hadn't had such a headache and maybe if her attitude toward me had been more professional and instructional, everything would have been done appropriately. Maybe if I and other nursing personnel had been oriented to facility documentation requirements as outlined in the employee handbook, I would have known what to do. I was at Meadow Lakes for almost 4 hours on Jan. 19, 2007, trying to explain and defend what had happened the previous day on paper, after being shut down trying to verbally do this. Why was I not asked at that time to fill out a "Medication Error" form? When the administrator and Ms. Smith showed me my "walking papers" at 7:30 pm why would I think there were still forms I should fill out? Why wasn't I surprised on the afternoon of Monday Jan. 22nd when I received a call from Barb Wheeler, Staffing Coordinator for Meadow Lakes, asking me if I would come in for a few hours that evening to help out, since they were expecting to get "slammed" with several admissions. I politely told her that I had been terminated the previous Friday since the administrator and new DON hadn't bothered to share that information with their own staffing coordinator. Meadow Lakes communication at its finest. I've always wondered what catastrophes occurred as a result of that evening's deluge; wondered whose reputation and credibility were being attacked and whose career was being threatened by the inept management of Meadow Lakes.

I've been a nurse for over 20 years, the first 18 of these with the same company. I've dedicated my career and my heart to caring for the elderly, and been told many times that I do it with the compassion and care that only a relative or family member could. I feel blessed to have developed so many friendships from so many surrogate parents and grandparents over the years. I feel that God gave me the gift of knowing how to provide for others, and I truly can't imagine doing anything else.

A list of professional and personal references is available to you, should you request it. Please let me know if there is anything else necessary to clear this matter and thus my credibility as a licensed practical nurse.

Sincerely

Dawn R. Getman, LPN

Dawn R. Getman, LPN

Enclosure #1
Page 1 of 3

Recommended Licensed Nurse Orientation Guidelines

DAY	ORIENTATION TOPICS
Day 1	General Orientation Specific Orientation to the Nursing Department Knowledge Validation Lab/X-Ray
Day 2	Medication Pass Observation Begin Skills Validation • Infection Control • Skin Care Pressure Wounds • General Treatments • Administering Enteral Feeding • Blood Glucose Testing • Dressing Change • Condition Change • Emergency Accident Procedures • Neuro Checks • IV Therapy (if applicable) • Dialysis (if applicable)
Day 3	Medication Pass with Preceptor Observing • Nursing Assessment • Resident Care Systems • Admission • Discharge/Transfer • General Documentation • Physician Orders/Pharmacy Orders • Oxygen Delivery • Catheter Care • Ostomy Care • Restraint Management • Trach Care (if applicable)

Enclosure #1
page 2 of 3

Licensed Nurse Clinical Skills Validation_____

Name:_____ **Date of Hire:**_____

Clinical Skills Validation
For Licensed Nurse Orientation

Clinical Skills Task	Date(s) Attempt	Date Validated 100%	Initial of Employee	Initial of Evaluator
Medication Pass				
Blood Glucose Testing				
Colostomy Irrigation				
Clean Dressing Change				
Inserting Nasogastric Tube				
Administering Enteral Feeding				
Retention Catheter Insertion				
Initiate IV Therapy				
Change IV Tubing				
Discontinue IV				
Change Solution Bag				
Administer intermittent medication				
Administer IV push medication				
Perform blood draw from central line				
Initiate heparin lock				
Administer hyperalimentation IV				
Perform central line dressing change				
Cleaning a tracheostomy				
Routine trach care				
Changing trach ties				
Performing tracheostomy suctioning				
Emergency trach reinsertion				
Deflating a cuff				
Inflating a cuff				
Initiating oxygen therapy				
Initiating respiratory therapy treatment				

Signature of New Employee:_____

Signature of Evaluator:_____

enclosure #1
page 3 of 3

Licensed Nurse Orientation Checklist

Areas of Orientation Reviewed	Completion Date	Initials
Policy Review		
Administrative and Clinical Policy and Procedure Manual		
• Resident Care & Safety		
• Risk Management		
• Management and Administration		
• Facility Specific Policies and Procedures		
Wound Care Program		
Restraint Management Program		
Behavior and Psychoactive Program		
Nutritional Wellness Program		
Abuse Prevention Program		
Respiratory Therapy Policy and Procedures		
Infection Control Program		
Pain Management Program		
Pharmacy Policy and Procedures		
IV Policy Manual		
Continence Management Program		
Fall Prevention Program		
Rehabilitation, Restorative, and Functional Maintenance Program		
Continuous Quality Improvement Program		
Charge Nurse Supervisor's Guidebook		
Medicare Charting Guidelines		
Licensed Nursing Orientation to the MDS Process		
In-house Orientation		
Assignments		
Shift Report		
Manuals and Resources (Lippincott) location		
Inservices and Meetings		
Work Schedules and Assignments		
Ancillary Supplies and Charges		
Equipment and Supplies		
Telephone and Intercom System		
Change of Condition		
Advanced Directives		
CPR/DNR		
Therapy Services		
Scope of Practice – Licensed and Certified Staff		
Building Security		
Paperwork Review		
Admission Information		
Discharge Information		
Transfer Information		
Change of Conditon – MD Telephone Order – Care plan		
24 hour Report Sheet		
Infection Control Report		
Faxing MD/Lab Report		

Licensed Nurse Signature

Date

6/03

bad weather except in the rare event of a snow emergency. If you are unable to report to work, you must call your supervisor to notify them of your absence at least two (2) hours prior to the start of your shift. If you are on duty and others are unable to come to work due to bad weather, you will be required to remain on duty until other workers arrive.

Dress Code

ASC requires high standards of cleanliness, grooming, and safety. Your personal appearance and good hygiene reflects on the Company and should project the professional image and credibility that our residents and families expect from ASC employees. Extremes in grooming, perfume, dress, jewelry, and visible body piercing should be avoided during work or while away on Company business.

Clothing, pins, badges, or other items worn, which reflect political or offensive statements, are not allowed.

Shirts worn must be solid in color or without any type of commercial advertising or endorsement (college, sports, entertainment, attractions, etc.) Undergarments must be worn and should be same in color as uniform/attire. Undergarments are not to be exposed. Shirts with facility name/logo are acceptable as long as approved by Executive Director/Director of Nursing/General Manager/Clinical Director. You are expected to be in office attire or adhere to facility uniform policies and dress requirements at all times.

Uniforms must be clean, neat, and worn according to facility policy. Shoes must be closed toe and closed heel at all times while on duty. A nametag is provided and must be worn on your uniform or business attire at all times while on duty.

For safety reasons, employees responsible for resident care are not allowed to wear large or dangling jewelry and/or long fingernails. Body piercing (i.e. nose rings, single or multiple stud or eyebrow ring, tongue and face piercing, etc.) is strictly prohibited and should be removed before the start of your shift. Hairstyles must be clean, off the face, and in good taste. Food service employees must wear hairnets. Facial hair must be neat, and well trimmed.

Your supervisor and/or the Executive Director/Director of Nursing/General Manager/Clinical Director will determine the appropriateness of your dress. You may be sent home if dress code guidelines are violated. If you have questions regarding the appropriateness of an item, see your supervisor for clarification.

Employment of Relatives

A relative of an employee will be considered for employment if the applicant is qualified for a vacant position. Relatives, however, cannot be employed in the same department and under no circumstances in a position where one falls under the supervision of the other directly.

Enclosure #2, pages 16, 17 and 18 from American Senior Communities Employee Handbook

Employment of relatives will not be permitted if it creates a disruption, has a negative impact on the Company's business environment, or creates an actual or apparent conflict of interest. For purposes of this policy, "relative" is a spouse, child, parent, sibling, grandparent, grandchild, aunt, uncle, niece, nephew, cousin, or corresponding in law or step relation.

Employment of Minors

The Department of Labor has regulations, which include work hours and duties restrictions, as well as parental permission regulations relating to the employment of minors. Please refer to the Department of Labor Teen Work Labor poster posted at your facility.

Hours of Work / Schedules

In the senior housing industry, resident care is needed 24 hours per day, 7 days per week. We all work different hours or shifts but whatever your hours, employees and residents depend on you so it is important for you to report as scheduled and arrive on time. Employees providing care and service may work schedules that differ from day-to-day or week-to-week depending upon staffing and resident needs.

Your supervisor or department head is responsible for scheduling your hours and posting them before the start of each pay period. You will be paid for hours worked, not hours scheduled. You are responsible to check the schedule to determine when you are to work.

If you need special scheduling consideration, please give your supervisor or department head at least two week's advance notice (except when you cannot due to an emergency) and they will make attempts to accommodate you contingent upon resident care needs and the availability of other staff. Your supervisor or department head must approve all changes to the schedule. Occasionally you will be required to work overtime.

Introductory Period

The first 90 consecutive calendar days of your employment is a period of time for you and your supervisor to explore the working relationship to determine if it is mutually beneficial. The Company utilizes this initial assessment period for all new, existing, transferred, or promoted employees.

During this time, you will be trained, observed, and evaluated to determine your interest in the job, your ability to perform the work, and if your work habits, skills, and attitudes are desirable for the position. As an employee, you also are evaluating the job to determine whether it is right for you. You are strongly encouraged to ask questions and take proactive measures to ensure that your introductory period serves as a valuable learning experience.

A performance evaluation will occur toward the end of your introduction period to clarify the status of your work performance. Successful completion does not

necessarily result in a wage increase. Successful completion does not establish a "just cause" termination standard and does not create a contract or a guarantee of employment for any specific duration. Unsatisfactory performance during the introductory period could result in an extended introduction period or termination of employment without advance notice.

Length / Bridge of Service

Length of service is determined by the continuous period of time that you have worked for the Company since you were initially employed or re-employed with ASC. Your length of service is determined from your anniversary date and may be adjusted for breaks of service.

Service dates are used to determine your total period of employment and are often a factor used in decisions on reductions in force, scheduling time off, job promotions/transfers, service awards, and benefits.

Former employees who have been rehired or those on leave of absence who return to active employment within 90-days of their last day of work with the Company will retain their original service date when they return to work. The reinstatement of benefits varies depending upon the plan and length of time between active employment.

If you return after 90-days but prior to 12 months from your last day of work your service date will be adjusted for the period of time away from work.

The regular new hire benefit waiting periods will again apply for all company provided benefits as outlined in each contract.

For group medical, dental, and/or vision plan benefits, employees must select to enroll at the same level of coverage they were being provided upon termination *including waived coverage*, if rehire occurs within same calendar year. If rehire occurs within 90-days, the waiting period will not apply and benefit coverage will be available the first of the month following rehire.

If you are re-employed following a 12-month departure, you will be subject to new date of hire and the regular new hire-waiting period for benefits and award eligibility. Service will not be bridged.

If as a former employee, you were a retirement plan participant and re-employed with an intervening period of less than five years, your service will be bridged for the retirement savings plan in accordance with the plan document.

Orientation Program

The Company wants all new employees to understand the way in which they are expected to contribute to the Company's goals. As a new employee, you will be given an orientation to the Company and a job description explaining your position and the standards of performance expected. Manuals such as this are given to employees to acquaint them with the policies and benefits

have any questions about the Company, your role or responsibilities, see your supervisor or Executive Director/General Manager.

Personnel Records

Each facility maintains confidential personnel records on each employee with information limited to that which is necessary for business or legal reasons.

To ensure that your record is kept up-to-date, you are responsible to notify your supervisor of any changes in your name, telephone number, address, marital status, dependents, beneficiary designations, education, citizenship, emergency contact, number of withholding exemptions claimed, changes in licensure or certification, and other related information. These changes may affect tax withholding or insurance and it is in your best interest that your record be kept current.

Separate health files are maintained for all employees and generally contain HBV/HIV/TB post-exposure documents, health exam results, disability information, and other personal/health/medical information.

Personnel records are and remain the property of the Company. Designated facility management and ASC staff have access to your file on an as-needed basis. Active employees may, at the company's discretion and in accordance with Applicable State law, review their own personnel and health files by appointment with the facility business office. The business office staff will need advance notice of 3-5 days for your request and must remain present while you review your file. The facility may, at their discretion and in accordance with Applicable State Law, provide you with copies of information requested in your file in accordance with state laws. A nominal fee of ten cents per page will be charged.

Written disagreement with information contained in your file can be forwarded to your Executive Director/General Manager. Some federal or state regulations may differ with respect to access to personnel files in certain situations and may override these guidelines.

Release of information to outside sources is limited to dates of employment and position. When presented with a summons, judicial order, subpoena, search warrant, or other such requests from law enforcement officials, the Company will cooperate to supply information needed.

Promotions/Transfers/Reassignments

The Company believes in a system whereby transfers, promotions, reassignments, and work structuring are allowed to help place current employees in positions for which they are qualified to achieve individual career development and promote optimum Company efficiency. Such changes may be initiated by the Company to assist with staffing needs, offer opportunities for development, or to promote overall organizational efficiency.

Enclosure #3
page 1 of 1

Meadow Lakes

200 Meadow Lakes Drive
Mooresville, IN 46158
317-834-1791

FACSIMILE COVER SHEET

TO: Dr Thomas Martin
FAX #: 834-3237
FROM: MDW Lks Forward
DATE: 01/18/07
PAGES: 1 (including cover)

Spoke to Hendricks Reg

Howard Oliver returned from the hospital last evening without orders for Ativan 0.5mg ~~po~~ q4° PRN anxiety or Lortab 10/500 ~~po~~ q4° PRN pain as he had when he left our facility. He was very restless, trying to crawl out of bed and c/o back pain this AM to the point we put a bed alarm on him and I mistakenly gave him both the Ativan and Lortab at 9AM. He has had a ↓'d level of responsiveness through the day and slept quite a bit. Vital signs WNL for him - BP 95/62, P 77, RR 20, T 96.8 ~~et~~ ~~D~~, SAT 94% ~~on~~ ~~D~~ @ 6L/NC. His wife states he had a very similar intolerance/reaction to Phenergan, stating it took 2-3 days to get out of his system.

CONFIDENTIALITY NOTICE

The documents accompanying this transmission contain confidential health information that is legally privileged and protected by the final HIPAA privacy regulations. This information is intended only for the use of the individual or entity named above, who is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify us immediately. Thank you.

Q: Can we add to his allergy/intolerant to drug list
- Ativan
- Lortab
- Phenergan

O/K

Thanks - Dawn Oltman LPN

Enclosure #4
Page 1 of 1

NURSE'S NOTES

DATE/TIME	[redacted]
1-18-07	BA Restless HAS 2 O2 on Resp labored et shallow. Inc uns pain can done. hgs over side of bed. Returned to bed - Speech garbled - only attempts to speak few words. No signs of pain noted. — Sis
	6A Remains restless. Very lethargic only mumbles words. No signs of pain — Sis
Late Entry 1-18-07 7:38	Very restless this AM, throwing legs over the side of the bed, calling out, c/o back pain. Repositioned freq for comfort et oriented he was unable to get r/t. Given Ativan for anxiety et Lortab for pain at 9AM. Rested et slept through the AM. 11A BS 246 c̄ S.S. insulin coverage. Noted diaphoretic et mumbling at noon; blood sugar 186. BP 104/60, P72, R20, T97.2, O2SAT 94% c̄ O2@6L/NC. More difficult to arouse through afternoon c̄ VS 95/62, P77, R20 et moist, T96.8, O2SAT 94% c̄ cont O2@6L/NC. Writer notified Dr. Martin via fax that Ativan et Lortab were given by writer in error c̄ assessment provided. Deb Smith RN aware et notified spouse Dorothy verbally. Awaiting response from Dr Martin et on-coming staff aware of above; to monitor closely. Dykman (K)

RESIDENT NAME	MR#	RM#
Howard Oliver		201A

STATE OF INDIANA
OFFICE OF THE INDIANA ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

STEVE CARTER
INDIANA ATTORNEY GENERAL

302 W. WASHINGTON STREET, 5TH FLOOR • INDIANAPOLIS, IN 46204-2770
www.IndianaConsumer.com

PHONE: 317.232.6330
FAX: 317.233.4393

March 17, 2008

Dawn R. Getman, LPN
9560 Wellington Drive
Martinsville, IN 46151

RE: File No.: 07-CP-55443 In the Matter of the License of Dawn Getman, LPN

Dear Ms. Getman:

The Professional Licensing Section Consumer Protection Division of the Indiana Attorney General's Office has completed an investigation of the complaint filed against you. Based upon our investigation, we have decided not to file a formal complaint with the Board of Nursing. Therefore, we have closed this complaint.

Thank you for your patience and cooperation in this matter.

Sincerely,

Kay Kenney
Legal Analyst
Medical Licensing Section
Division of Consumer Protection

461063-1

Indiana
Online Licensing

Payment Receipt

This page serves as your receipt for this transaction. Your payment will appear on your credit card statement as "HEALTH/PROFESSIONAL LICENSE". To maintain this page for your records, you may print this page by clicking the "Print Receipt" button below.

What to do next?

Renewal

- Check back on the MyLicense site in 24 - 48 hours to see if your expiration date was extended.
- If so, you will receive your updated wallet card shortly.
- If not, this may mean there is a problem with your renewal application and you will be contacted.
- If you answered "Yes" to any of the disciplinary questions, you must provide additional information before your renewal can be processed.

Payment received - thank you.

Licensee: DAWN RENE GETMAN
License Number: 27027885A
Authorization Code: 044225
Received Date: 6/29/2009 12:18:21 PM
Transaction ID: 4470221
Credit Card Number: XXXX XXXX XXXX 2594
Fee Amount: $100.00
Enhanced Fee: $2.50
Instant Fee: $3.07
Total Payment: $105.57

Print Receipt

Renew Another License

Logout

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.

August 21, 2009

Cindy Sue Collins
443 Locuswood Dr.
North Vernon, IN 47265

Dear Ms. Collins:

The Indiana State Board of Nursing requests that you appear before them at the meeting scheduled on **September 16, 2009** to review your application for renewal of licensure as a licensed practical nurse. The meeting will take place in **Conference Room W064 in the lower level of the Indiana Government Center South Building, 402 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 renewal application. **Your license to practice nursing is currently on expired status, and you have not provided the Nursing Board with proof of active licensure in another state or the required continuing education requirements.**

You **may** bring with you any documentation that would clarify the circumstances surrounding the positive response on your renewal application or that would support your ability to practice nursing safely. **Please bring copies 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,

Sean M. Gorman

Sean Gorman, Director
Indiana State Board of Nursing

Indiana Professional Licensing Agency
Nursing Board (Group 2)
402 W. Washington St. Room W072
Indianapolis, IN 46204

RECEIVED

JUN 29 2009

Indiana Professional
Licensing Agency

Cindy Sue Collins
443 Locuswood Dr.
North Vernon IN 47265

3015296

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".

EXPIRED REGISTERED NURSE RENEWAL

Indiana License Renewal Application

Cindy Sue Collins
443 Locuswood Dr.
North Vernon IN 47265

License Number	Date Expired	Expired Renewal Fee
27020687A	10/31/2004	**$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

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.

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) Cindy Collins

Date Signed 6/22/09

- Your **license can still be renewed online for approximately 18 months after expiration**.

...accurate and available 24 hours a day, 7 days a week. When
...ness day.

...*nse Express* link. Your
...ur social security #. You can
...during the renewal or any

...of a marriage license or court
...your license number.

...sing Board by email at

7/30/09

Needs PA. No response in 30 days.

2-039

SB License suspended in 2004