

**BEFORE THE INDIANA STATE  
BOARD OF NURSING  
CAUSE NUMBER: 2019 NB 0322**

**IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF:**

**ANGELICA SPRINKLE, R.N.,**

**LICENSE NUMBER: 28218237A**



**DECISION ON APPLICATION TO RENEW LICENSE**

The Indiana State Board of Nursing (“Board”) requested that Angelica Sprinkle (“Applicant”) personally appear before a board member on October 15, 2019 in the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. She came for the purpose of providing information and answering questions concerning her application to renew her license as a registered nurse.

The Applicant appeared in person and without counsel.

After interviewing the Applicant, the board member recommended to the full Board that the Applicant’s license be renewed on probation.

The Board, after considering the Board member’s recommendation and reviewing its file in this matter, voted 5 to 0 on October 17, 2019, to issue the following decision:

**FACTS**

1. The Applicant’s mailing address on file is 1535 Elliot Avenue, Jeffersonville, Indiana 47130.
2. The Applicant submitted an application to the Board to renew her license as a registered nurse.
3. The Applicant, at her personal appearance before the Board member, revealed the following:

- The Applicant's license expired in \_\_\_\_\_.
- The Applicant was arrested or charged with a criminal crime: one count for operating a vehicle while intoxicated, endangering a person and one count operating a vehicle with alcohol concentration equivalent to 0.15.**
- The Applicant was convicted of a crime. The Applicant pled guilty to operating a vehicle with alcohol concentration equivalent to 0.15**
- The Applicant is currently on criminal probation or completing a pre-trial diversion program. The Applicant anticipates that she will complete the terms of her criminal probation or diversion in \_\_\_\_\_.
- The Applicant was terminated in the scope of her practice as a nurse or as another health care professional for \_\_\_\_\_.
- The Applicant was reprimanded, disciplined or demoted in the scope of her practice as a nurse or as another health care professional for \_\_\_\_\_.
- That disciplinary action was taken against a license, certificate or permit held by the Applicant in another jurisdiction.
- Other: the Applicant failed to report her criminal matters to the Board during the renewal of her license in 2015.**

4. The Applicant has demonstrated to the Board that she may be able to practice competently and safely if she complies with the probationary terms set out below. The Applicant agrees to the terms of probation.

**PROBATION**

Based upon the foregoing and pursuant to Ind. Code § 25-1-5-4, the Board renews the license of the Applicant on probation. The following **TERMS AND CONDITIONS** govern the Applicant's practice while on probation: **[conditions which are marked apply]**

**CONDITIONS PRIOR TO PRACTICE**

1. The Applicant may not practice as a nurse until the Applicant:

- completes a refresher course with a clinical component.
- enrolls in an recovery monitoring agreement (“RMA”) with ISNAP. The length of the RMA is to be determined by ISNAP.
- enrolls in an RMA with ISNAP for a mandatory length of three years.

**LENGTH OF PROBATION**

2. The Applicant’s license as a nurse is renewed on **INDEFINITE PROBATION. ALL terms and conditions governing the length of probation must be completed before the Board will be receptive to a petition to withdraw the probation on the license.** The Applicant may petition to have this probationary order withdraw after:

- Documenting the successful completion of her RMA with ISNAP if she is a candidate for that program.**
- Documenting \_\_\_\_\_ of full continuous compliance with her RMA with ISNAP.
- Documenting the successful completion of her criminal matter or probation.
- Documenting the successful completion of 12 months of active nursing practice.**

**TERMS AND CONDITIONS:**

- The Applicant must keep the Board apprised of the following information in writing and update it as necessary:**
  - i. **The Applicant’s current home address, mailing address, e-mail address and residential telephone number.**
  - ii. **The Applicant’s place of employment, employment telephone number, employment e-mail address and name of supervisor.**
- The Applicant shall provide a copy of all Board orders, including this one, imposing discipline or limiting practice to any nursing employer who shall sign and return a copy of such orders to the Board within ten (10) days of employment or receipt of the Order.**

- The Applicant shall cause the person evaluating her nursing practice to submit quarterly reports to the Board indicating her professional competence, sense of responsibility, work habits, mental attitude and ability to work with others. If Applicant is unemployed while on probation, she will submit a written personal report to the Board.**
- The Applicant shall comply with all statutes and rules regulating the practice of nursing and report any future arrests, instances of substance abuse, work discipline or terminations to the Board immediately in writing.**
- The failure of the Applicant to comply with the terms of this decision may subject her to a show cause hearing and the imposition of further sanctions, including emergency suspension of her license.**
- The Applicant must enroll into a \_\_\_\_\_ RMA with ISNAP. The Applicant must fully comply with the terms of her RMA until completion.
- The Applicant must immediately contact ISNAP and sign a recovery monitoring agreement with that organization if she is deemed eligible. If she enters into an agreement with ISNAP she must comply with its terms. The Applicant must contact ISNAP and complete her evaluation within two months from the date of this order.**
- The Applicant must maintain her RMA with ISNAP and comply with its terms until completion.
- The Applicant may not practice as a nurse until she enrolls into an RMA with ISNAP.
- The Applicant must comply with the terms of her criminal probation until completion.
- The Applicant must document completion of \_\_\_\_\_ hours of continuing education credits with a total of:
  - \_\_\_\_\_ hours in legal/ethics.
  - \_\_\_\_\_ hours in charting and documentation.
  - \_\_\_\_\_ hours in professionalism.
  - Other: \_\_\_\_\_.

- The Applicant must not practice as a nurse in a supervisory position or role until after \_\_\_\_\_ of active nursing practice.
- The Applicant must practice as a nurse under supervision until she successfully completes her \_\_\_\_\_ RMA.

SO ORDERED, this 2nd day of December, 2019.

INDIANA STATE BOARD OF NURSING



By: \_\_\_\_\_  
Kim Cooper, R.N.  
Board President  
Indiana State Board of Nursing

**NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION**

You may petition for review of this decision under Ind. Code § 4-21.5-3-7. The petition must be filed with the Indiana State Board of Nursing in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the state of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

**CERTIFICATE OF SERVICE**

I certify that a copy of the "Decision on Application to Renew License" has been duly served upon:

Angelica Sprinkle  
1535 Elliot Avenue  
Jeffersonville, Indiana 47130  
**Service by U.S. Mail**

Dec. 2, 2014  
Date

Lisa Chapman  
Lisa Chapman, Litigation Coordinator

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**Explanation of Service Methods**

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.