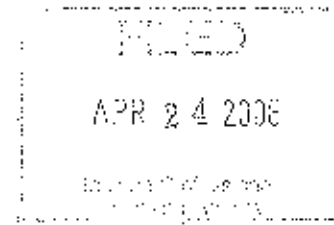


STATE OF INDIANA,)
)
 Petitioner,)
)
 v.)
)
 CATHERINE SUE FLOCK (THOMPSON), R.N.,)
 License Number: 28148648A,)
)
 Respondent.)



ORDER TO SHOW CAUSE

Comes now the Indiana State Board of Nursing (hereinafter "Board"), on its own motion and pursuant to IC 4-21.5 and IC 25-1-9, and hereby issues the following Order To Show Cause:

The Board hereby notifies Catherine Sue Flock, R.N., 1263 South Ebert Drive, Rockville, Indiana 47872 to appear before the Board on **May 18, 2006 at 2:00 p.m.**, local time, in the Auditorium of the Conference Center, Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, to show cause why Respondent's license to practice nursing, license number 28148648A, in the State of Indiana, should not be suspended on an emergency basis or subjected to the imposition of further sanctions. Respondent has violated her probation by not complying with the terms and conditions outlined in the Decision on License Renewal filed February 6, 2006, which is attached hereto and incorporated herein by reference as Exhibit "A". This ORDER is based upon the Respondent's non-compliance with the following:

1. Respondent has refused monitoring with the Indiana State Nurses Assistance Program (ISNAP). The closure email is attached and marked as Exhibit "B".

3. This notice is being provided to counsel for the State of Indiana, Judith Kernel, Deputy Attorney General, Office of the Attorney General, 402 W. Washington Street, 5th Floor, Indianapolis, Indiana 46204, telephone number (317) 233-1880.

Any party may be advised or represented by counsel at the party's own expense. The Board is empowered to hold this hearing pursuant to IC 25-1-9 and IC 4-21.5. The Board will be presiding as administrative law judge.

Tonja Thompson, Director of the Board, may be contacted to obtain information regarding hearing schedules and procedures by mail in care of the Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204, or may be contacted by telephone at (317) 234-2043 or by e-mail at pla2@pla.in.gov.

All of which is so **ORDERED**, this 24 day of April, 2006.

INDIANA STATE BOARD OF NURSING

BY: _____

Frances L. Kelly

Executive Director

Indiana Professional Licensing Agency

Distributed to:

Catherine Sue Flock (Thompson), R.N.
1263 South Ebert Drive
Rockville, Indiana 47872

SENT CERTIFIED MAIL #: 7002 2030 0001 2957 0721
RETURN RECEIPT REQUESTED

Judith Kernel, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, 5th Floor
402 West Washington Street
Indianapolis, IN 46204

ISNAP
2915 N. High School Road
Indianapolis, IN 46224

IN THE MATTER OF THE LICENSE RENEWAL APPLICATION OF **FILED**
CATHERINE SUE FLOCK
CAUSE NUMBER: 2006-NB-007
License Number 28148648A

FEB 09 2006

Indiana State Board of
Nursing

DECISION ON LICENSE RENEWAL

Catherine Sue Flock ("Applicant") appeared before the Indiana State Board of Nursing ("Board") on January 19, 2006 in the Auditorium of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana. Applicant appeared to explain her application to renew her license as a registered nurse. During the application process, Applicant revealed that she had been convicted of driving under the influence. After considering the statements of the applicant and the contents of her file, the Board issues the following Decision.

BACKGROUND

1. Applicant has a mailing address of 1263 South Albert Drive, Rockville, Indiana, 47872. Her license number is 28148648A.
2. Applicant applied to renew her license as a registered nurse in October 2005.
3. On her renewal form, Applicant answered "yes" to the questions, "Have you been denied a license, certificate, registration, or permit in any state?" and "Have you ever been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending?"
4. Flock had been arrested for driving under the influence. She ultimately pled guilty to that offense in March 2005 and will be on criminal probation until March 2006.
5. Applicant may practice nursing under the terms and conditions set out below. The Applicant agrees to these terms.

TERMS AND CONDITIONS

Based on the foregoing, the Board issues the following DECISION:

1. The Applicant's license as a registered nurse is renewed and placed on **INDEFINITE PROBATION**. Applicant may petition to have the probationary terms withdrawn after three months of active nursing practice.

2. The Applicant's practice of nursing shall be governed by the following **TERMS AND CONDITIONS**:

Exhibit A

a) Applicant shall keep the Board informed of her residential address and telephone number at all times.

b) Applicant shall keep the Board informed of her nursing employer(s) name, address, and telephone number at all times.

c) Applicant must be evaluated by the Indiana State Nurses Assistance Program ("ISNAP") within 30 days of this order. If ISNAP determines that she is a candidate for the program, she must sign a recovery monitoring agreement with ISNAP and comply with its terms.

d) Applicant shall comply with all statutes and rules regulating the practice of nursing.

3. The failure of Applicant to comply with the terms of the decision shall subject her to a show cause hearing and the imposition of further sanctions.

ISSUED, the 6 day of February 2006.

INDIANA STATE BOARD OF NURSING

By: 
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

NOTICE OF RIGHT TO OBJECT TO DECISION

The Applicant may object to the decision of the Board to place her license on probation, but any objection must be filed with the Indiana State Board of Nursing identifying the basis of the objection with reasonable particularity, no later than eighteen days from the ISSUANCE of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency offices are closed during regular business hours.

Copy to:

Catherine Sue Flock, R.N.
1263 South Albert Drive
Rockville, Indiana 47872

CERTIFIED MAIL NUMBER: 7805 3110 0002 4936 0355

RETURN RECEIPT REQUESTED

Hines, Michelle

From: Robin Riebsomer [RRiebsomer@indiananurses.org]

Sent: Wednesday, March 01, 2006 3:56 PM

To: Thompson, Tonja; Hines, Michelle

Subject: LICENSEE THOMPSON

Dear Tonja,

It has been determined by ISNAP that licensee Catherine Thompson license no. 28148648 should be monitored by ISNAP. She has refused to be in monitoring with ISNAP. Thanks Robin

Exhibit B