The attached are Primary Source Documents of the Idaho Board of Nursing for:

JANIE BINGGELI
PN-12469

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
May 5, 2008

Janie Binggeli
2151 Diane Lane
Pocatello ID 83201

Dear Ms. Binggeli:

During their meeting on May 1-2, 2008, the Board of Nursing members took action to issue Findings of Fact, Conclusions of Law and a Final Order to revoke your practical nurse license. Enclosed is a copy of the Final Order.

The Order became effective May 2, 2008. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhce
enclosure

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )
JANIE L. BINGGELI, )
aka Janie L. Sayer, )
License No. PN-12469, )
) Case No. BON 07-029
) FINDINGS OF FACT,
) CONCLUSIONS OF LAW AND
) FINAL ORDER
) Respondent.

Having reviewed the documents appended hereto, the Idaho State Board of Nursing (the "Board") enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Janie L. Binggeli, aka Janie L. Sayer ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. PN-12469 to engage in the practice of nursing in the State of Idaho.

2. On March 10, 2007, Respondent voluntarily surrendered her license, admitting that she engaged in "fraudulent prescription obtaining, addiction to Vicodin"—a narcotic—and agreeing to "enter treatment immediately" and to "participate in a monitoring program." A true and correct copy of Respondent's Voluntary Surrender of License is attached hereto as Exhibit A.

3. On or about March 22, 2007, the Board received a Report of Violation of the Nurse Practice Act from Respondent's employer, Access Home Care & Hospice. The report indicated that Respondent was addicted to prescription pain medications and that she had been fraudulently calling in prescriptions to pharmacies, the majority of which were not pharmacies used by the employer. On March 26, 2007, Respondent admitted to the Board investigator that Respondent was addicted to Vicodin and that she called in prescriptions for Vicodin in the names of patients she was caring for and then picked up the prescriptions and used them for herself. The report of violation and Respondent's admissions are accurate. Respondent's conduct mislead the pharmacies into filling false
prescriptions for Respondent. Respondent had been calling in false prescriptions and addicted to Vicodin for approximately a year.

4. On April 27, 2007, Respondent signed a Nurse Monitoring Contract for participation in the PRN—a “monitoring program” as referenced in the Voluntary Surrender of License form. In the Nurse Monitoring Contract, Respondent admitted that she suffers “from a chemical dependency and/or mental conditions that may impair [her] ability to practice nursing safely . . . .” The Nurse Monitoring Contract conditioned Respondent’s participation in the PRN on Respondent’s agreement to “participate in random UA/drug testing.” A true and correct copy of the Nurse Monitoring Contract is attached hereto as Exhibit B.


6. On January 28, 2008, Respondent violated her Nurse Monitoring Contract when she failed to provide an acceptable specimen for a scheduled urinalysis test, thereby precluding herself from participating in UA testing on that date. A copy a February 12, 2008, PRN letter to the Board, attached as Exhibit D, reflects this fact.

7. On February 15, 2008, the Board notified Respondent that the Program for Recovering Nurses Advisory Committee (PRNAC) would review her case at its April 25, 2008. Respondent was notified she could request to meet with the PRNAC by calling the Board office by March 25, 2008, to request an appointment time. Respondent failed to request an appointment time to meet with the Committee. Instead, she advised Board staff she could not attend the meeting for financial reasons and could no longer afford to participate in the PRN.


9. The PRNAC discussed Respondent’s case at its April 25, 2008, meeting and then referred the matter to the Board for disciplinary action. A copy of the PRNAC’s
April 25, 2008, memo to the Board is attached hereto as Exhibit F.

CONCLUSIONS OF LAW

1. As a licensed nurse in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 14, Idaho Code.

2. Respondent's Idaho License No. PN-12469 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Although Respondent voluntarily surrendered her license in lieu of discipline and agreed to participate in a monitoring program, Respondent repeatedly failed to participate in the monitoring program.

4. Pursuant to Idaho Code § 54-1413(3)(a), Respondent's voluntary surrender of her license empowers the Board, without a hearing, to revoke or suspend Respondent's license and/or impose such conditions, limitations, or restrictions on her license as the Board in its discretion may deem appropriate.

5. Respondent's conduct set forth above is grounds for discipline under the laws and rules governing the practice of nursing in the State of Idaho; specifically:
   a. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use narcotic, hypnotic or hallucinogenic drugs);
   b. Idaho Code § 54-1413(1)(f) and Board Rule 100.07 (physical or mental unfitness to practice nursing);
   c. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board's laws, rules or standards of conduct and practice);
   d. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public); and
   e. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs).
ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that:

1. License No. PN-12469 issued to Janie L. Binggeli aka Janie L. Sayer is hereby:

   ✓ Revoked: Respondent may not apply for reinstatement for a two (2) year period after entry of this Order or a _____ year period after entry of this Order, whichever period is greater.

   ___ Suspended: _____ days _____ year(s) ____ indefinitely.

   Respondent’s license shall be a single-state license during the term of suspension and Respondent shall not be eligible to practice on the Compact privilege in any other state participating in the Nurse Licensure Compact with the State of Idaho.

2. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120. This will include, but is not limited to, providing the following information to the Board:

   a. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;

   b. Documentation that she is rehabilitated and competent to practice nursing by submitting:

      i. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.

      ii. A detailed summary of employment since licensure revocation or suspension; and

      iii. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.

3. The Board reserves the right to assess investigative costs and attorney fees incurred in this matter as a condition of reinstatement.

   This order is effective immediately.
DATED this 23rd day of May, 2008.

IDAHO STATE BOARD OF NURSING

By

Susan Odom, Ph.D., R.N.
Chair

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

a. A hearing was held,
b. The final agency action was taken,
c. The party seeking review of the order resides, or
d. The real property or personal property that was the subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this __6TH__ day of __MAY__, 2008, I caused to be served a true and correct copy of the foregoing by the following method to:

Janie L. Binggeli  
2151 Diane Lane  
Pocatello, ID 83201  

☐ U.S. Mail  
☐ Hand Delivery  
☒ Certified Mail, Return Receipt Requested  
☐ Overnight Mail  
☐ Facsimile: ________________________________  
☐ Statehouse Mail

Karl T. Klein  
Deputy Attorney General  
P.O. Box 83720  
Boise, ID 83720-0010  

☐ U.S. Mail  
☐ Hand Delivery  
☐ Certified Mail, Return Receipt Requested  
☐ Overnight Mail  
☐ Facsimile: ________________________________  
☒ Statehouse Mail

Sandra Evans, M.A.Ed., R.N.  
Executive Director  
Board of Nursing

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 6
RULE 132
VOLUNTARY SURRENDER OF LICENSE

I, [Name], by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: [Fraudulent prescription
obtainingaddictiontoVicodin]

2. I understand that the admitted facts constitute grounds for disciplinary action pursuant to the Nursing Practice Act, Idaho Code §54-1413(1) and the rules of the Board, IDAPA 23.01.01, et seq. I also understand that the Board of Nursing has the authority to accept this voluntary surrender pursuant to Idaho Code §54-1413(2)(a).

3. I am aware that, without my consent, no legal action can be taken against me, except pursuant to the Idaho Administrative Procedures Act, Chapter 52, Title 67, Idaho Code.

4. I understand that I have the following rights, among others: the right to a formal fact finding hearing before the Board, to reasonable notice of said hearing, to representation by counsel, to present evidence and testimony on my behalf, to compel the testimony of witnesses, and to cross-examine witnesses against me; and

5. I waive all such rights, including the right to a formal disciplinary hearing.

6. I also waive the right to challenge the board for bias in the event that charges concerning these admitted facts or any other matter involving my license are brought before the board.

7. In lieu of a formal disciplinary hearing, I hereby voluntarily surrender license number [PN-124109] and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

9. I understand that Board of Nursing representatives will, if questioned, report the status of my license as "surrendered."

DATED: 3/10/07

[Signature of Licensee]

[Address]

[City, State, Zip]

DATED: 3/18/07

6/99-PRN

[Signature of Witness]

[Exhibit A]
NURSE MONITORING CONTRACT

MAY 12, 2007

RECEIVED

Client Name: [Name Redacted]
Date: [Date]

I, [Name Redacted], recognize that I suffer from chemical dependency on alcohol and other illicit substances, which may impair my ability to practice nursing safely, due to enrollment in the Program for Recovering Nurses (PRN).

During my recovery process, I agree to:

1. Stop using alcohol and all other legal and illegal drugs, unless they are prescribed for health reasons.
2. Agree to provide my primary healthcare provider with a copy of this agreement and ask him/her to provide the PRN with a copy of any prescription given to me, including the reason for the prescription, dosage, length of time, and number of refills.
3. Agree to advise the following persons of the conditions of this agreement:
   - [List of persons]

I agree to participate in the following regularly:

- Alcohol/Drug Education
- Group Therapy
- Counseling
- Outpatient (IOP) at Road to Recovery
- Ninety (90) AA/NA meetings in ninety (90) days
- Meet weekly with sponsor face-to-face to work the steps
- Random UA/Drug Testing
- Weekly professional support group (PRN) meetings
- Medication management

I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-bonded referral and the PRN will inform the Board of Nursing of this conviction.

I agree to accurately describe my weekly recovery activities on the forms provided and submit weekly monitoring reports to the independent monitoring service.

I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may seek to notify those referral sources specified on the release of information form that I have signed. If such notice is not received, I will be held responsible for payment of regular drug tests, treatment costs, and monitoring fees.

I agree to meet with the Program Coordinator or other representatives of the Program, whenever requested to discuss my progress.

I agree that this contract can be reviewed and modified as appropriate for a maximum of five (5) years. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in a recommendation for disciplinary action to the Board of Nursing.

[Client Signature]
[ Witness Signature]

[Client Address]

[Program Coordinator Signature]
The Idaho Program for Recovering Nurses (PRN) agrees to monitor me in my efforts towards a program of recovery among my peers, family and medical community, and where appropriate, report to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violations thereto.

MAY 2-07

I acknowledge, understand and agree that if I fail to meet the conditions of this PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (e.g., employer).

MOVING TO ANOTHER STATE

1. I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.

2. I shall not practice nursing in another state until I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing of another state, unless I am specifically authorized to do so by the Board of Nursing in this state.

3. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state, and shall inform the PRN of my location while outside the state.

4. I shall authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.

5. Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.

6. In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.

7. It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

1. You have demonstrated that it is my responsibility to notify any nursing employer of my relationship with the Program for Recovering Nurses.

2. I will emphasize the importance of my recovery and monitoring contract requirements to my employer, so that my work schedule or environment do not compromise or jeopardize my recovery or compliance with the contract. Recovery shall remain my top priority.

3. I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.

4. My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, no employment as a travelling nurse, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.

5. I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, and will not work any over-time (excess of 90 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

1. It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPR.

2. Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation is cause for termination of the Program for Recovering Nurses.

Last Updated 10/2003

Exhibit B
Page 2 of 5
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of inclusion in the program or report. Any release to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the LPN Board of Nursing for possible disciplinary action against my nursing license.

a) I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

b) I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.

c) I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines which can appear to be an effort on my part to hide use. I understand that it should not drink more than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified the program office that day, I understand that I should wait a few hours to flush before I provide a specimen. I also understand that if my specimen is dilute it will be given to the Medical Review Officer for review, resulting in an extra charge and possibly resulting in a failed review that indicates non-compliance with this contract.

### Prescription-Drug/Health Care

I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of any addiction abuse problem, and any drug restrictions I have. If for some reason I am not able to see the physician when necessary, I will contact the PRN as soon as possible as a release can be signed. I shall obtain the same or equivalent prescription drug from more than one provider, or under any other circumstances which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescription must be documented and must be forwarded to the PRN within 48 hours. Additionally, I agree to notify any and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

I should be prescribed any medication (including multibotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician's name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wishes me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician and proper verification was not received by the PRN, the test will be considered failed.

Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she fills it to PRN.

Exhibit 8
Page 3 of 5
RECEIVED
MAY 2, 2007

FAXED
MAY 15, 2007

If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

I shall not write, fill, or otherwise order controlled substances for myself or my immediate family. The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

TERMS AND CONDITIONS OF THE CONTRACT

The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

The PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, non-compliance, etc., then the PRN may make changes on my contract at any time.

Any changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

ADMONITIONS

No self-prescribing any drug, legend or scheduled (controlled).

Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates, PRN will not accept such food as an explanation for the presence of drugs in a urine test.

Avoid non-beverage alcohol: For example, mouthwash, liquid medication with alcohol base, dentists, food cooked in alcohol, Primadone, Mist and vanilla extract, etc.

Do NOT consume so-called "non-alcoholic" beer and/or wine.

Beware of artificial release (from prescription medications). Inform any prescribing practitioner (M.D., DO, DPM, D.D.S., D.M.D., A.P.R.N., etc.) that you are chemically dependent and to keep a list of your medications in advance, unless in an emergency, and then as soon thereafter as possible.

Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
Sanitize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain additive chemicals.

Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).

Avoid the "PERCEPTION" for example, sitting at a bar consuming soft drinks, calling a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.

Avoid unexcused absences from meetings, urinalysis tests, etc.

Avoid positive UA's (MISSED UA = POSITIVE UA).

Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.

Avoid missing payment of program, treatment, and UA fees; as this is considered non-compliance.

In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.

AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, go to a designated facility or ask the Program Coordinator to answer the question.

Don't "advertise" your addiction or your recovery.

MISCELLANEOUS GUIDELINES

I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.

I understand that any failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which, if proven, could result in the imposition of conditions, including revocation of my right to license.

In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memos, minutes, correspondence, reports, interviews, or research notes, monitoring, notes, or monitoring reports, or any other information contained in those files.

The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need for continuing limitations and/or continued monitoring of participant's practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.

Nurse  

Date

Witness  

Date

*The PRN encourages you to occasionally review this document.

Exhibit 8  

Page 5 of 5
January 31, 2008

Idaho State Board of Nursing
ATTN: Sandra Evans
P.O. Box 83720
Boise, ID 83720-0061

RE: Janie Binggeli (Sayer)

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Janie Binggeli (Sayer), a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Binggeli (Sayer) was scheduled for a urine-analysis (UA) on January 14, 2008. NCPS has reported this date as a "no show." In checking her account, Ms. Binggeli (Sayer) failed to make her daily call in on January 14, 2008. She was unaware that she had been selected on that day for a drug screen therefore, she failed to test.

Ms. Binggeli’s (Sayer’s) contract with PRN was signed on April 27, 2007. Ms. Binggeli’s (Sayer’s) contract requirements include the following: 1) Attend Intensive Outpatient Treatment (IOP) 2) Attend AA/NA meetings at the rate of four times per week, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) attend the PRN support group weekly, and 5) Random Urinalysis/drug testing.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact me at (208) 323-9555.

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor
Southworth Associates

c: Janie Sayer

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
February 12, 2008

Idaho State Board of Nursing
ATTN: Sandra Evans
P.O. Box 83720
Boise, ID 83720-0061

RE: Janie Binggeli (Sayer)

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Janie Binggeli (Sayer), a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Binggeli (Sayer) was scheduled for a urine-analysis (UA) on January 28, 2008. NCPS has reported this date as a “no show.” During a telephone conversation on February 1, 2008, Ms. Binggeli (Sayer) stated that she appeared at Portneuf Medical Center to provide her specimen, however the lab technician would not allow her to test because she could not produce her drivers license. Upon further investigation by the PRN, it was discovered that Ms. Binggeli (Sayer) did provide a specimen on January 28, 2008. The specimen was rejected because the temperature was “out of range.” Ms. Binggeli (Sayer) failed to provide an acceptable specimen for the drug screen on January 28, 2008.

Ms. Binggeli’s (Sayer’s) current contract with PRN was signed on April 27, 2007. Ms. Binggeli’s (Sayer’s) contract requirements include the following: 1) Attend Intensive Outpatient Treatment (IOP) 2) Attend AA/NA meetings at the rate of four times per week, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) attend the PRN support group weekly, and 5) Random urinalysis/drug testing.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact me at (208) 323-9555.

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Janie Sayer

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
April 3, 2008

Janie Sayer
2151 Diane Lane
Pocatello, ID 83201

RE: Failure to UA test on a selection date

Dear Ms. Sayer:

The Program for Recovering Nurses (PRN) has been notified that you failed to test when selected on March 19, 2008. Please note that your contract states:

- It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
- Avoid positive UA's (MISSED UA = POSITIVE UA).
- I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

Please review your contract and contract addendum for further details. This test will go on record as a failed test and will be placed back into the random cycle. Please be aware, if you fail to test again we will increase your program requirements and/or contact the Board of Nursing regarding your non-compliance.

If you have any questions, feel free to contact me at our office at (208) 323-9555.

Sincerely,

Steven R. Hurst
Compliance Monitor
Southworth Associates

CC: Idaho Board of Nursing

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
TO: SANDRA EVANS, MAEd, RN  
   Executive Director  
   Idaho Board of Nursing

FROM: Jill Howell, RN, Chair
   Program for Recovering Nurses

DATE: April 25, 2008

The file of Janie Binggeli was reviewed at the Advisory Committee meeting on April 25, 2008, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Program for Recovering Nurses

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature  
4-28-08  
Date

Action Recommended to Board: Rejection based on voluntary surrender and non-compliance with monitoring contract 602

Exhibit F
Page 1 of 1
JANIE L BINGELI
2151 DIANE LANE
POCATELLO, ID. 83201

08 MAY 19 10:00

7004 1350 0002 8308 9536