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

CINDY D. BRADSHAW
PN-11465
Cindy D. Bradshaw  
1030 Sawtooth Blvd  
Twin Falls, ID 83301

Dear Ms. Bradshaw:

During their meeting on February 2-3, 2012, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your practical nurse license, PN-11465 was revoked. During the period of revocation, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order.

The Order became effective February 3, 2012. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhc  
enclosure
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: CINDY D. BRADSHAW,
License No. PN-11465,
Respondent. Case No. BON 04-133

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

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

FINDINGS OF FACT

1. Cindy D. Bradshaw ("Respondent") has been licensed by the Board, under License No. PN-11465, to engage in the practice of nursing in the State of Idaho.

2. On December 15, 2004, the Board received a complaint stating that Respondent, while working as a nurse at St. Luke's Magic Valley Regional Medical Center in Twin Falls, Idaho ("St. Luke's"), admitted to calling in refills for her own personal prescriptions without physician authorization and admitted to diverting narcotics from St. Luke's. Respondent participated in submitting the complaint to the Board and entered the Program for Recovering Nurses ("PRN"), a monitoring program administered by Southworth Associates, as a self referral. A true and correct copy of the Employee Report submitted as the basis for the complaint is attached as Exhibit A.

3. On June 11, 2008, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for failing a urinalysis test (positive for alcohol). A true and correct copy of the June 11, 2008, letter is attached as Exhibit B.

4. On August 28, 2008, the Board, through its Executive Director, notified Respondent via letter that the PRN Program Coordinator could no longer support Respondent's enrollment in PRN as a self referral and that Respondent would need to surrender her license in order to reenroll in PRN. A true and correct copy of the August 28, 2008, letter is attached as Exhibit C.

5. On September 8, 2008, Respondent voluntarily surrendered her license, admitting to "inappropriate use of my nurse license in 2004 and non-compliance with the PRN board in
2007”. Respondent agreed to enter treatment immediately and to participate in PRN and resume the practice of nursing only at such time as a conditional limited license was issued to her. A true and correct copy of Respondent’s Voluntary Surrender of License is attached as Exhibit D.

6. On September 9, 2008, after Respondent entered into a new monitoring contract with Southworth Associates, the Board issued Respondent a limited license to practice nursing in the State of Idaho.

7. On May 20, 2010, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for missing a scheduled urinalysis test after failing to make her call-in and for failing to attend the required amount of 12-Step meetings. A true and correct copy of the May 20, 2010, letter is attached as Exhibit E.

8. On July 28, 2011, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for having tested positive for morphine and thereafter admitting to having relapsed. A true and correct copy of the July 28, 2011, letter is attached as Exhibit F.

9. On August 9, 2011, the Board, through its Executive Director, summarily suspended Respondent’s limited license due to her failure to maintain compliance with PRN. However, Respondent was allowed to remain in PRN and was not referred to the Board for disciplinary consideration. A true and correct copy of the Order of Summary Suspension of Limited License is attached as Exhibit H.

10. On September 6, 2011, the Board was notified via letter from Southworth Associates that Respondent was non-compliant with PRN for having not attended treatment following her positive test for morphine, not calling in for urinalysis testing, not submitting to urinalysis testing when selected, having a past due financial balance with FirstLab (PRN testing administrator), and not attending 12-Step meetings. A true and correct copy of the September 6, 2011, letter is attached at Exhibit G.

11. On October 7, 2011, the PRN Advisory Committee reviewed Respondent’s case and recommended that Respondent be allowed to continue in PRN.

12. On November 30, 2011, Respondent notified the Board via letter that she had "decided to withdraw from the Program for Recovering Nurses and relinquish my Practical

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FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER - 2
Nursing License. A true and correct copy of the November 30, 2011, letter is attached as Exhibit I.

13. On January 13, 2012, the PRN Advisory Committee reviewed Respondent's case and recommended that Respondent's case be forwarded to the Board for disciplinary consideration.

CONCLUSIONS OF LAW

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

2. Respondent's continued licensure under Idaho License No. PN-11465 is contingent upon her compliance with the laws and rules of the Board.

3. Respondent violated the terms upon which she voluntarily surrendered her license by failing to maintain compliance with PRN.

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. A sufficient basis for discipline exists due to Respondent having violated the following statutes and/or Board Rules:
   a. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use alcohol and/or drugs);
   b. 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);
   c. Idaho Code § 54-1413(h) and Board Rule 100.09 (a nurse shall not engage in conduct likely to deceive, defraud or endanger patients or the public); and
   d. Board Rule 101.05.c. (a nurse shall be responsible and accountable for her nursing judgments, actions and competence).

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FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER - 3
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-11465 issued to Cindy D. Bradshaw is hereby:
   
   ✓ Revoked.
   
   _____ 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. 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. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.062. This will include, but is not limited to, providing the following information to the Board:

   a. Health Care Providers: Respondent must provide Board Staff with a written list of her attending health care providers (including without limitation any therapists, counselors, or other mental health care providers);

   b. Health Care Provider’s Evaluation: Respondent’s health care providers (“provider”) must submit to the Board the provider’s evaluation describing Respondent’s current medical condition(s) and listing her prescriptions, including the dose/frequency and rationale for the medications prescribed. This evaluation shall be submitted on a form provided by the Board. The provider shall also identify any concerns that he/she may have about Respondent’s ability to safely practice nursing and what restrictions, if any, should be placed upon Respondent’s practice. When requesting such evaluations, Respondent shall provide the provider with, and request that the provider review, the Idaho Board of Nursing Position on Safety to Practice. A copy of the Idaho Board of Nursing Position on Safety to Practice is attached as Exhibit J.
c. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol:
d. Documentation that she is rehabilitated and competent to practice nursing by submitting:
   i. A recent, within 6 months, comprehensive drug/alcohol evaluation completed by a qualified Board approved evaluator 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 at least 2 years of documented sobriety with an active recovery program.

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

This order is effective immediately.

DATED this 3rd day of February, 2012.

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 issuance 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 February, 2012, I caused to be served a true and correct copy of the foregoing by the following method to:

Cindy D. Bradshaw
1030 Sawtooth Blvd.
Twin Falls, ID 83301

Andrew J. Snook
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

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

☐ U.S. Mail
☐ Hand Delivery
☐ Certified Mail, Return Receipt Requested
☐ Facsimile:
☒ Email: andy.snook@ag.idaho.gov
       leslie.gottsch@ag.idaho.gov

Linda H. Coley, Management Assistant
Board of Nursing
Employee Name: Cindy Bradshaw
Job Title: Clinical LPN
Date: 12-14-04
Department: Snake River Internal

Circumstances:
Cindy reported to myself and Debbie Kytle 12-13-04 that she had a substance abuse problem. She stated that she had been prescribed Vicodin over the course of several months by Dr. Martens (since March 04). She stated that she took the medication at night when she was at home and not while she was at work. Cindy stated the last medication she had taken was the evening of 12-12-04. She confessed that she called in a refill of the medication without Dr. Martens authorization on 2 occasions. She stated she had also taken on 1 occasion sample medications (oxycodone) That was brought into the practice by a patient and kept within the practice. This medication had not been prescribed to her by a physician.
Cindy, Debbie and Mami contacted the Board of Nursing and Cindy made a self referral. She was told to contact Southworth Associates program which she did. Southworth referred her to Brent Cunningham in Twin Falls to schedule an assessment. A voluntary evaluation and treatment agreement was faxed by Southworth to Cindy. Cindy made an appointment with Brent Cunningham 12-20-04.

Action Taken: The voluntary Evaluation and Treatment Agreement highly recommends that the individual refrain from practicing nursing until evaluation concludes that the individual is fit to practice.
Suspension until further notice.

Employee Response:
I agree to the above statement and am willing to follow the recommendations of the DOH board, as well as my employer's input. [Signature]

[Handwritten comments]
Idaho State Board of Nursing
PROGRAM FOR RECOVERING NURSES
Voluntary Evaluation/Treatment Agreement

I, Cindy Bradshaw, voluntarily agree to undergo a complete medical, psychiatric, and substance abuse evaluation at an appropriate facility approved by the Program for Recovering Nurses (PRN). I understand that I am responsible for the cost of any treatment recommended. I understand that it is highly recommended that I refrain from practicing nursing until my evaluation/treatment concludes I am fit to practice.

I authorize the PRN staff to communicate directly with the staff of the evaluation facility to discuss the evaluation and any treatment that may be recommended. To facilitate this communication, I agree to sign an irrevocable release of information form when I enter the facility.

If the evaluation team recommends treatment, then I agree to attend a treatment facility approved by the PRN for the recommended period of time.

I authorize the PRN staff to provide, request, or exchange information with the person(s) or agency(s) named below regarding the evaluation, any treatment recommendations, and any treatment provided.

Employer: Magic Valley Regional Medical Center/Idaho Snake River
Personal Physician: Dr. Larry Marks

State Board of Nursing: If I was referred to the Program by the Board of Nursing or if I am not in compliance with this contract, I acknowledge there are no report limitations.

Spouse/Significant Other/Family Members: Mark Bradshaw

Treatment Center: Brent Cunningham

After completing the initial phase of any recommended treatment, including inpatient and residential treatment at a treatment facility, I understand that the PRN will design a contract defining long term monitoring and treatment requirements in consideration of the treatment recommendations. Return to nursing practice will also be defined.

In the event that the initial evaluation does not reveal a problem, then I agree to discuss with the PRN and other interested parties how to resolve any conflicts or problems that exist.

If I am not in compliance with any part of this agreement, I acknowledge that there are NO report limitations. I agree to abide by the terms of this agreement until released from their province.

Signed: Cindy Bradshaw
Date: 12/14/04

Witness: Mark Bradshaw
Date: 12/14/04
June 11, 2008

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

RE: Cindy Bradshaw

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Cindy Bradshaw, a non-Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Bradshaw tested positive for EtG when she submitted to a urine drug screen on May 19, 2008. After review by the Medical Review Officer, this drug screen was failed. Ms. Bradshaw has a history of not testing when selected, and in July of last year failed a drug screen because she used a family members medication (butalbital). Ms. Bradshaw was re-evaluated and she did attend a relapse prevention program at the Walker Center in Twin Falls.

Ms. Bradshaw's current contract with PRN was signed on December 31, 2004. Ms. Bradshaw's contract requirements include, but are not limited to, the following: 1) Attend three (3) 12-step meetings per week, 2) Meet weekly, face-to-face, with sponsor to work the steps, 3) 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 either me at (208) 323-9555.

Sincerely,

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Cindy Bradshaw

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

The Board of Nursing has received information from you and from the Program for Recovering Nurses regarding your non-compliance with the conditions of your monitoring contract. On December 28, 2004, you were advised that the Board had received a concern regarding your calling in prescription refills for Vicodin without authorization. At that time you self-reported to your employer that you have a substance abuse problem. Since you had already contacted the Program for Recovering Nurses, the investigation was placed on hold as long as you remained compliant with the conditions of your monitoring contract.

As a result of your violation of your Contract, the Program Coordinator is no longer able to support your continued enrollment in the Board’s Program for Recovering Nurses (PRN) as a Non-Board (self) referral. As a follow-up to this information, we are enclosing the following information:

- Temporary Voluntary Surrender of Licensure form

You will need to complete the Temporary Voluntary Surrender of Licensure form and return to this office within the next seven (7) days. Following receipt of these items, we will notify the Program for Recovering Nurses Coordinator that you are eligible for re-enrollment and issue you a limited license. At that time, you may contact John Southworth, Program Coordinator, Program for Recovering Nurses, 323-9555 to discuss your re-enrollment in this program as a Board referral by voluntary surrender.

Your refusal to voluntarily surrender your license will result in investigation of the complaint of violation of the Nursing Practice Act and rules of the Board on file with this office.

Please contact me if you have questions concerning this information.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

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.
RULE 132.04.
TEMPORARY VOLUNTARY SURRENDER OF LICENSE

I, Cindy J. Bradshaw, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: inappropriate use of my nursing license in 2004 and non-compliance with the CEO board in 2007.

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 temporary voluntary surrender pursuant to Idaho Code §54-1413(3)(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 temporarily voluntarily surrender license number 007-11146 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, 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: 9-8-08

Signature of Licensee

5/08-PRN

DATED: 9-8-08

Signature of Witness
IDaho Board of Nursing
PO Box 83720
Boise, Idaho 83720-0061
(208) 334-3110

This is to certify that:

Cindy D Bradshaw
1030 Sawtooth Blvd
Twin Falls, ID 83301

has complied with the requirements of the law and is entitled to practice as a Licensed Practical Nurse (LPN).

License Number: PN-11465

Expires: August 31, 2010

By ____________________________

Date: 09/08/2008

Please keep the board informed of name and address changes.

Receipt No: 3548

Valid when signed by licensee.
May 20, 2010

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

RE: Cindy Bradshaw

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Cindy Bradshaw, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Bradshaw missed a scheduled UA test on April 27, 2010. Ms. Bradshaw was unaware of her selection status that day due to failure to call-in to the system. In addition, Ms. Bradshaw submitted evidence of attending only 9 of her required 12 12-Step attendances in the month of April 2010.

Ms. Bradshaw’s current contract with PRN was signed on September 9, 2008. Ms. Bradshaw’s contract requirements include the following: 1) Attend Walker Center Alumni Group, 2) Attend three 12-Step meetings per week, 3) Meet twice monthly, with sponsor to work the steps, 4) medication management with personal physician, and 5) Random urinalysis/drug testing.

Ms. Bradshaw currently owes PRN $30.00.

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 either me at (208) 323-9555 x 104.

Sincerely,

Bill Hofstra
Compliance Monitor
Southworth Associates

Cc: Cindy Bradshaw

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
July 28, 2011

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

RE: Cindy Bradshaw

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Cindy Bradshaw, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Bradshaw submitted a positive UA screen on 7/15/11 for morphine. The Medical Review Officer (MRO) report regarding that test included: "Positive morphine. She admits relapse and is seeking inpatient care." In a follow-up call to Ms. Bradshaw on 7/25/11, PRN was informed that she had taken the morphine from her aunt, she confessed to having relapsed more than once in the last few months, and the relapsing had become worse in the two weeks leading up to the positive UA. Ms. Bradshaw voluntarily arranged to undergo inpatient treatment at Walker Center where she will engage in a 28-day program. Ms. Bradshaw agreed to sign a release for PRN when she arrives so that we can receive reports and a summary from Walker Center on her behalf. Ms. Bradshaw is unsure about her plans to continue in PRN and in nursing, but PRN is in support of her going to Walker Center and we plan to provide her ongoing assistance in whatever capacity deemed appropriate by the board.

Ms. Bradshaw's current contract with PRN was signed on September 9, 2008. Ms. Bradshaw's contract requirements include the following: 1) Attend Walker Center Alumni Group, 2) Attend three 12-Step meetings per week, 3) Meet twice monthly, with sponsor to work the steps, 4) medication management with personal physician, 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 either me at (208) 323-9555 x 104.

Sincerely,

[Signature]

William J. (Bill) Hofstra
PRN Compliance Monitor

Cc: Cindy Bradshaw

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Program for Recovering Nurses
5530 W Emerald
Boise, ID 83706

September 6, 2011

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

RE: Cindy Bradshaw

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Cindy Bradshaw, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Upon her relapse and positive UA for Morphine on 7/15/11, Ms. Bradshaw agreed to check into Walker Center in Gooding, ID for a 28-day residential treatment program. Ms. Bradshaw did not attend that treatment due to lack of financing (please see enclosed email written by Ms. Bradshaw on that topic.) Ms. Bradshaw has discontinued the process of calling in on a daily basis and testing when selected as of 7/25/11. Ms. Bradshaw's FirstLab account is not active due to her past due balance. Ms. Bradshaw discontinued presenting PRN evidence of 12-Step Meeting Attendances and Sponsor Meetings as of July, 2011.

Ms. Bradshaw's current contract with PRN was signed on September 9, 2008. Ms. Bradshaw's contract requirements include the following: 1) Attend Walker Center Alumni Group. 2) Attend three 12-Step meetings per week. 3) Meet twice monthly, with sponsor to work the steps. 4) medication management with personal physician. 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 either me at (208) 323-9555 x 104.

Sincerely,

[Signature]

William J. (Bill) Hofstra
PRN Compliance Monitor
Southworth Associates

Cc: Cindy Bradshaw

Enclosure

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

This letter is meant to confirm in writing what we discussed in our phone conversation yesterday. After three weeks of trying diligently to gain admittance into the Walker Center for inpatient treatment I was ultimately unable to go related to financial constraints, even after procuring BPA funding, the Walker Center still required $1800 prior to admission. I was unable to meet that requirement as I am currently not working, and approximately one week after I ceased working my husband was notified he was going to have to take a 20% pay cut and would also have to start paying for insurance which was previously a 100% paid benefit, also the insurance was no longer going to have prescription coverage. With all of those adjustments he basically ended up with more like a 50% pay cut, and no income coming in from me... You can see where our financial situation is rather drier. With that in mind, I am not sure how to proceed. While I am not ready to return to nursing practice in the near future, I also do not wish to completely close the door on that part of my life. I am completely willing to follow whatever guidelines that the PRN deems necessary, my ONLY concern is financial. I have been able to get into an IOP program with Lifestyle Changes in Twin Falls, they are willing to work within my financial constraints. I will sign a ROI for Southworth Associates, I will also make sure you get a summary of the GAIN assessment I had 3 weeks ago. I am also attending at least one 12 step meeting per day, and working daily with my sponsor, and I will continue to do this whether I remain involved with the PRN or not. I am doing these things for me, not to satisfy my contract with the program, if we are unable to find a way to continue to work together it will not in any way undermine what I am doing for my recovery. I am sure I can continue to pay the $15 monitoring fee for Southworth Associates. However, I cannot afford to pay the costs of random UA testing. We are currently unable to make our mortgage payment and will more than likely lose our home, we will also probably have to file bankruptcy. In summary even when I get a job (outside of nursing) I most likely will not be able to afford the costs associated with Firstlab. I am open to any suggestions. Once again let me stress, I am more than willing to submit to as many random UA tests as you would deem necessary, if there were no cost associated with them. Thank you very much for your continued support and assistance in this matter.

Cindy Bradshaw
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of } ORDER OF
Cindy Bradshaw } SUMMARY SUSPENSION
License No. PN-11465 } OF LIMITED Licensure
CASE No: 04-133

This Order serves to officially notify you that your limited license, number PN-11465, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed September 9, 2008, by:
   a. Submitting a urine drug screen on July 15, 2011, that tested positive for Morphine, and
   b. Admitting to the Medical Review Officer (MRO) that you had relapsed more than once in the last few months.

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting (October 7, 2011) for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (October 27-28, 2011). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 28th day of August, 2011.

SANDRA EVANS, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I hereby certify that on this ___ day of June, 2011, I caused to be served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

Roger Gabel  
Deputy Attorney General  
Office of the Attorney General  
PO Box 83720  
Boise, Idaho 83720-0010  

Cindy Bradshaw  
1030 Sawtooth Blvd  
Twin Falls, ID 83301  

U.S. Mail, postage prepaid
Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile:
Statehouse Mail
E-Mail

X U.S. Mail, postage prepaid
X Certified U.S. Mail, return receipt

Linda H. Coley,  
Management Assistant  
Board of Nursing
SEND v: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to

   CINDY BRADSHAW
   1030 SAWTOOTH BLVD
   TWIN FALLS, ID 83301

2. Article Number
   (Transfer from service label)
   7007 3020 0001 3744 3197

COMPLETE THIS SECTION ON DELIVERY

A. Signature
   [Signature]

B. Received by (Printed Name)
   [Received by Name]

C. Date of Delivery
   [Date]

D. Is delivery address different from Item 1? [Yes/No]
   If Yes, enter delivery address below:

3. Service Type
   - Certified Mail
   - Express Mail
   - Registered
   - Return Receipt for Merchandise
   - Insured Mail
   - C.O.D.

4. Restricted Delivery? (Extra Fee) [Yes/No]

PS Form 3811, February 2004 Domestic Return Receipt
November 30, 2011

After much consideration and prayer, and after great discussion with my sponsor, my counselor, and Linda Coley at the Idaho Board of Nursing, I have decided to withdraw from the Program for Recovering Nurses and relinquish my Practical Nursing License. I have recently completed an intensive Outpatient Program of recovery through Lifestyle Changes here in Twin Falls, and continue to work one on one with my counselor there. I continue to make as many meetings as possible (at least one a day when I am not working) and continue to speak with and work with my sponsor daily as well. I feel that it is in my best interest to take a leave from my nursing practice at this time. I am not at this time sure of whether I will wish to return to practice at a later date, though after speaking with Linda Coley, do understand what steps will be necessary, if after the two year period I do decide I am ready and fit to practice. I will continue to diligently live my program of recovery, because that is the most important self care and can provide for myself. This is and has been for the last six plus years provided me with the most spiritual and emotional growth I have ever experienced in my life. I would continue with this regardless of what career path I chose. I would like to acknowledge the staff at the Southworth Associates and The Idaho State Board of Nursing in willingness to help and support me in my recovery. If you have any questions, or there is anything further that I need to do, please don't hesitate to contact me.

Sincerely,

Cindy Bradshaw

Cc: Bill Hofstra

Linda Coley
From: Cindy Bradshaw [cindybradshaw1961@live.com]
Sent: Tuesday, December 06, 2011 12:43 PM
To: bill@soutworthassociates.net; Linda Coley
Subject: Letter of surrender
Attachments: letter of resign to board of nursing.docx

Please reply to this email to let me know that in fact you have received both the email, and the attached file.

Thank you.
Cindy Bradshaw