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

RANDALL BUTLER
N-27287

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
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. Randolph G. Butler ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-27287 to engage in the practice of nursing in the State of Idaho.

2. On or about March 23, 2006, the Board received a Report of Violation of the Nurse Practice Act from Respondent's employer, Saint Alphonsus Regional Medical Center in Boise, Idaho ("SARMC"). The report indicated that:
   a. Between November 1, 2005, and March 14, 2006, Respondent had taken 115 Morphine 10 mg. IV syringes from Pyxis.
   b. A review of 15 random patient chart records for whom Respondent had pulled the Morphine showed that in none of the cases was there an order for Morphine and in none of the cases was there documentation that the Morphine was given to the patient. In addition, in three of the cases Respondent was the circulating nurse, in two of the cases he appeared to do break relief and in 10 of the cases there is no evidence that he was ever involved in the case in any capacity. In all of the cases anesthesia personnel provided and documented their own intraoperative pain medications to the patients.
   c. Two patient chart records for March 13, 2006, revealed that Respondent twice took Demerol from an area other than that in which he was working on
that date. In one case 200 mg. of Demerol was removed but only 150 mg. was administered to the patient and the remainder was unaccounted for, and in the second case Respondent withdrew 150 mg. of Demerol but only 75 mg. was documented as administered to the patient and the remainder was unaccounted for.

d. Two patient chart records for March 13, 2006, revealed that in both cases, Respondent withdrew a Morphine 10 mg. IV proximate to the patient being wheeled from the operating room. In the both cases there was no order for the Morphine and no documentation that it was given to the patients.

e. On March 14, 2006, Respondent admitted to the SARMC Director of Nursing that he had been diverting drugs from SARMC for approximately five months. Respondent was then sent for a urine drug screen, which was positive for Morphine and marijuana. Respondent’s employment with SARMC was terminated on March 22, 2006.

3. On March 16, 2006, Respondent voluntarily surrendered his license and agreed to enter treatment. A true and correct copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

4. On October 20, 2005, Respondent signed a Nurse Monitoring Contract with the PRN, a true and correct copy of which is attached hereto as Exhibit B.

5. On September 5, 2006, Respondent was issued a limited license.


7. On November 8, 2006, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Termination of Limited License, a true and correct copy of which is attached hereto as Exhibit C. In the Notice of Termination of Limited License, Respondent was informed that this matter would be reviewed by the Program for Recovering Nurses Advisory Committee at its January 26, 2007, meeting.

8. On February 5, 2007, Respondent was informed that the Program for Recovering Nurses Advisory Committee recommended that he come into full compliance with his monitoring contract and that, following support of the contractor regarding his return to work, a limited license would be considered. A true and correct copy of the
February 5, 2007, letter from the Program for Recovering Nurses Advisory Committee to Respondent is attached hereto as Exhibit D.

9. On or about February 25, 2007, Respondent sent a letter to the PRN and the Board advising that he was withdrawing from the PRN, a true and correct copy of which is attached hereto as Exhibit E.

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. N-27287 is conditioned upon his complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from his employer without prior consent or authorization from his employer.

4. Respondent possessed and took prescription drugs while at work which had not been prescribed to him.

5. Respondent voluntarily surrendered his license and agreed to enroll in and comply with the terms of the PRN. He has failed to do so and has withdrawn from the program.

6. Respondent’s acts as set forth above constitute violations of the laws and rules governing the practice of nursing in the State of Idaho; specifically, Idaho Code §§ 54-1413(1)(e) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 101.03.e, 101.04.e, 101.05.c, and 101.05.e.

7. Pursuant to Idaho Code § 54-1413(3)(a), the Board is authorized to impose sanctions against Respondent.

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. N-27287 issued to Randolph G. Butler is:

   ✓ 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 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, he 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 he 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 2nd day of May, 2007.

   IDAHO STATE BOARD OF NURSING

   [Signature]
   Susan Odom, Ph.D., R.N.
   Chair

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 4
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, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Randolph G. Butler
1754 Fernhall Cove
Collierville, TN 38017

☐ 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
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Randolph G. Butler, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: I drank medication from my employee's (St. Alphonsus) for my own use.

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 N-27287 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.”

2005-2007
License Number N-27287
Expires: August 31, 2007

RANDOLPH G. BUTLER
4923 E. DOUGLAS FIR STR.
BOISE, ID 83716

has complied with the requirements of the law and is entitled to practice as a LICENSED PROFESSIONAL NURSE (RN).

Valid when signed by licensee.

signature of licensee

Address

Boise, ID 83716

City, State, Zip

signature of witness

Exhibit A

Page 1 of 1
NURSE MONITORING CONTRACT

Client Name: Randy Butler

Date: 5/3/06

I, Randy Butler, recognizing that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses. During my recovery process, I agree that I will complete the following activities to obtain support of the PRN:

Initial
- I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- I agree to provide my selected healthcare provider with a copy of this agreement and ask he/she to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and # of refills.

I agree to advise the following persons of the conditions of this agreement:

Initial
- Work Supervisor
- Spouse or significant other
- Primary Care Provider/Dentist
- Other

I agree to participate in and attend regularly in the following activities:

Initial
- Alcohol/Drug Education
- Group Therapy
- Counseling
- 3 Mutual Support Group Meetings per week
- Meet weekly with sponsor face-to-face to work the steps
- Random UA/Drug Testing
- Weekly Health Professionals Support Group
- Medication Management
- Weekly counseling for depression (therapist must be approved by Southworth Associates)

Attend Intensive Outpatient at St. Al’s ARC

Initial
- I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and the PRN will inform the Board of Nursing of this conviction.
- I agree to accurately describe my weekly recovery activities (as outlined above) 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 elect to notify those referral sources specified on the release of information form, that I have signed, of such default.
- I agree that the Program Coordinator and those specified on the release of information form that I have signed may exchange information pertinent to this agreement.
- I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these 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 minimum 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 recommendation for disciplinary action to the Board of Nursing.

Client Signature: Randy Butler

Witness: Amanda Smith

Client Address: 4523 E. Dairy Frost
Benin, TX 83716

Program Coordinator: [Signature]

Page 1 of 3
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to support my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting 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 violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation. employer).

MOVING TO ANOTHER STATE

➢ 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.

➢ I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. 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. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.

➢ 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 its 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.

➢ 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.

➢ 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

➢ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.

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

➢ 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.

➢ 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, 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.

➢ I will not work the night/graveyard shift (11pm-7am), will not rotate shifts. float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

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

➢ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
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 a re-evaluation or report of my relapse 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 Board of Nursing for possible disciplinary action against my nursing license.

➢ 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.

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

➢ 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 I 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 that I need to test that day. I understand that I should wait a few hours for the fluid to clear 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 my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as such by the emergency physician and such documentation 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.

➢ Should I be prescribed any medication (including antibiotics 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 wants 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 faxes it to PRN.
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 being 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, noncompliance, etc., then the PRN may make changes on my contract at any time.

> All 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, I may result in a positive test for opiates. PRN will not accept eating 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, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.

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

> Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.N., etc.) that you are chemically dependent and to check with the PRN 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.
➤ Scrutinize 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 addictive 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, exiting 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, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering 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 my 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. This 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 sanctions, including revocation of my right to licensure.
➤ 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 memoranda, documents, correspondence, reports, interviews or interview 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 in writing for continued limitation 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.**

[Signature]

Nurse

5/3/02

Date

Witness

Date

*The PRN encourages you to occasionally review this document.

Exhibit B

Page 5
Randy Butler  
1754 Fernhall Cove  
Collierville TN 38017  

Dear Mr. Butler:  

NOTICE OF TERMINATION OF LIMITED LICENSE  

You are hereby notified that limited license, number N-27287 issued under provisions in IDAPA 23.01.132, is terminated, effective immediately.  

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare resulting from:  

...failure to comply with the terms and conditions of your contract for monitoring with the Program for Recovering Nurses by:  

a. Failing to abstain from all mind-altering chemicals as provided for in the Contract signed May 3, 2006, by providing urine samples that were positive for Ethylglucuronide (EtG) on September 19 and September 21, 2006. Additionally, you have submitted information admitting to drinking alcohol.  

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, January 26, 2007. You may submit a written statement indicating your desire to remain in the monitoring program by faxing your request to (208) 334-3262 on or before December 29, 2006. Failure to respond may result in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure suspension or revocation.  

Dated: November 8, 2006  

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.
Dear Mr. Butler:

During their January 26, 2007 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file. The Committee also reviewed the history provided by the Program Coordinator.

Following their review, the Committee made the following recommendations:

1. That you come into full compliance with the terms and conditions of your monitoring contract. This includes the timely submission of attendance reports. Please note that you may fax your reports to Diagnostic Tools rather than submission by mail in order to meet the deadline date.

2. That following support of the Contractor regarding your return to work, a limited license will be considered. However, you may not be employed in the State of Tennessee without written permission from both the Idaho and Tennessee Board of Nursing.

The Committee members cautioned you to maintain total compliance with all aspects of your monitoring contract to avoid further review or referral to the Board for disciplinary action.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

cc: PRN Program
February 25, 2007

Steven Hurst
Southworth and Associates
5530 W. Emerald
Boise, Idaho 83706

Steven,

This letter is to inform you, Southworth and Associates, and the Idaho Board of Nursing that effective Monday, February 26 I am withdrawing from the PRN program. As I discussed with you some weeks ago I am pursuing a non-nursing career. This decision has been made in close consultation with my family. I can look back on my 30-year career in health care with a great sense of pride. I will never forget that I have touched thousands of lives. That I was instrumental in establishing the first Idaho based human tissue transplant recovery service also gives me a great sense of accomplishment. I am at peace with my decision to pursue other goals outside of nursing. I turned 52 on February 1 and have no evidence from either Board I will be able to return to nursing within the next 5 years. Also, after 30 years it is time to do something different. I am looking forward to new challenges and opportunities in the field I am currently in.

Sincerely,

Randy Butler

Randy Butler
1754 Fernhall Cove
Collierville, TN 38017