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

LYNN CHRISTISON
N-15771

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
August 17, 1995

CERTIFIED MAIL

Lynn Christison
3320 E Boise Avenue
Boise ID 83706

Dear Ms. Christison:

Upon formal action by the Idaho Board of Nursing on August 17, 1995, your professional nurse license N-15771, was revoked by reason of voluntary surrender. Enclosed is the Order of Revocation.

You may not practice nursing in the State of Idaho during the time your license is revoked.

Sincerely,

[Signature]

LEOLA DANIELS, M.S., R.N.
Executive Director

LD:lhce
enclosure
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of } ORDER OF
Lynn Marie Christison } REVOCATION OF
LICENSE NO: N-15771 } LICENSE
CASE NO: 95-12

The above entitled matter being submitted to the Board of Nursing, State of Idaho, and the matters therein being fully considered by the Board of Nursing, and there appearing good cause, therefore:

IT IS HEREBY ORDERED, that the professional nurse license of Lynn Marie Christison, number N-15771, be and it hereby is revoked, based upon voluntary surrender, and is subject to Subsequent Review under 54-1412 (c), IDAHO CODE.

BE IT FURTHER ORDERED, that should Lynn Marie Christison request reinstatement of licensure in the future, that she present:

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

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

   a. A drug/alcohol evaluation completed by a qualified evaluator at the time of application for reinstatement.
   b. A detailed summary of employment since licensure revocation.
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.
   d. Confirmation of active, on-going participation in a recovery program.

DATED THIS August 17, 1995

FAITH V. PETERSON, R.N.
Chairman
Idaho Board of Nursing
LYNN CHRISTISON
3320 E BOISE AVENUE
BOISE ID 87306

4a. Article Number
50322

4b. Service Type
☐ Registered  ☐ Insured
☒ Certified  ☐ COD
☐ Express Mail  ☐ Return Receipt for Merchandise

7. Date of Delivery
01/12/91

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee’s Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

6. Signature (Addressee)

8. Addressee’s Address (Only if requested and fee is paid)

DOMESTIC RETURN RECEIPT