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

DEBORAH HOYLE DEMOTT
PN-9839

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
February 9, 1995

CERTIFIED MAIL

Deborah Hoyle
376 2nd Street
Idaho Falls ID 83401

Dear Ms. Hoyle:

Upon formal action by the Idaho Board of Nursing on February 9, 1995, your practical nurse license PN-9839, was revoked by reason of voluntary surrender.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.
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of

Deborah Jean Rosbarsky Hoyle
LICENSE NO: PN-9839

ORDER OF REVOCATION OF LICENSE

CASE NO: 94-74

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 practical nurse license of Deborah Jean Rosbarsky Hoyle, number PN-9839 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 Deborah Jean Rosbarsky Hoyle 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 February 9, 1995

Faith Y. Peterson, R.N.
Chairman
Idaho Board of Nursing
I, Deborah J. Hoyle, admit that:

I admit to going through chem-dependance treatment.
I am working my recovery with the State board of Nursing.

I understand and acknowledge that the admitted facts constitute grounds for disciplinary action under Section 54-1412, of the Nursing Practice Act, IDAHO CODE.

I hereby voluntarily surrender license number PN 9839 and I shall forthwith discontinue the practice of nursing in Idaho.

I hereby waive the right to a hearing concerning the foregoing admitted facts, and waive my rights under the provisions related to contested cases in the Administrative Procedures Act, Chapter 52, Title 67, IDAHO CODE.

Dated: 9-29-94

Deborah J. Hoyle
Signature of Licensee

Dated: 9/29/94

Signature of Witness

1/89