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

DIANE ELLISON
N-13916

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of: ) Case No. 00-036

Diane N. Ellison, ) FINDINGS OF FACT,
License No. N-13916, ) CONCLUSIONS OF LAW,
) AND FINAL ORDER
Respondent. )

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho Board of Nursing (hereinafter the “Board”) hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT


2. The Board received a complaint from Valley Medical Center that Respondent had been diverting narcotics and that she had self-referred herself to the Program for Recovering Nurses. Respondent did not wish to continue in the PRN program.

3. On or about July 7, 2000, Respondent voluntarily surrendered her license. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 1.

4. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.
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, and the rules and regulations promulgated by the Board thereunder.

2. The allegations in the complaint, if proven, would constitute violations of the Nursing Practice Act and Rules and constitute grounds for revocation or suspension of Respondent's license to practice nursing pursuant to Idaho Code § 54-1413(1)(e), (1)(g), (1)(h), and IDAPA 23.01.01100.06, 100.08.i, and 100.09.e.

3. Respondent's voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent's license without further process pursuant to Idaho Code § 54-1413(2).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. N-13916 issued to Respondent Diane N. Ellison is

✓ Revoked

Suspended ______ days/year(s) _____ indefinitely

based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

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 comprehensive drug/alcohol evaluation completed by a qualified
drug/alcohol evaluator at the time of application for reinstatement;

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

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

3. Evidence of financial compliance with NCPS and the Program for
Recovering Nurses.

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

This order is effective immediately.

DATED this ___th day of ______, 2000.

IDAHO BOARD OF NURSING

By Charles Moseley, CRNA
Chair

NOTICE OF DUE PROCESS RIGHTS

NOTE: THIS NOTICE IS PROVIDED SOLEY FOR COMPLIANCE WITH IDAHO
CODE § 67-5248, AND IS NOT INTENDED TO REINSTATE ANY RIGHTS
PREVIOUSLY WAIVED BY RESPONDENT.

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 Board 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 Board 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.

If respondent’s license was revoked, then pursuant to Board Rule 121, Respondent may apply to the Board for reinstatement one (1) year after the execution of this Order. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.

If respondent’s license was suspended, then pursuant to Board Rule 120, Respondent may apply to the Board within a reasonable time after the execution of this Order, or as specified by the term of suspension. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a limited license, or deny application for reinstatement.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 21st day of AUGUST, 2000, I caused to be served a true and correct copy of the foregoing by placing a copy thereof in the United States Mail, postage prepaid, certified mail, return receipt requested, and regular mail, postage prepaid, addressed to:

Diane N. Ellison
211 21st Avenue
Lewiston, ID 83501

Kirsten L. Wallace
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

Sandra Evans, M.A.Ed., R.N.
Executive Director
7/7/00

I relinquish my nursing license

Diane Ellison
**Domestic Return Receipt**

**Recipent's Name (Please Print Clearly to be completed by mailer)**

**DIANE N. ELLISON**

**Street, Apt. No., or PO Box No.**

**211 21ST AVE.**

**City, State, Zip**

**LEWiston ID 83501**

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**U.S. Postal Service**

**CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**Postage**

$________

**Certified Fee**

$________

**Return Receipt Fee**

$________

(Endorsement Required)

**Restricted Delivery Fee**

$________

(Endorsement Required)

**Total Postage & Fees**

$________

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**PS Form 3811, December 1994**

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**Sender:**

Complete Items 1 and/or 2 for additional services.

Complete Items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailing, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailing below the article number.

The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

**DIANE N. ELLISON**

**211 21ST AVENUE**

**LEWiston ID 83501**

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4a. Article Number

16120 68000 0842 7558

4b. Service Type

☐ Registered

☒ Certified

☐ Express Mail

☐ Insured

☐ Return Receipt for Merchandise

☐ COD

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7. Date of Delivery

8-31-00

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

Thank you for using Return Receipt Service.

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