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

TALI EMERSON
N-25206

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Dear Ms. Emerson:

During their meeting on July 24-25, 2008, the Board of Nursing members took action to issue Findings of Fact, Conclusions of Law and a Final Order to revoke your professional nurse license. Enclosed is a copy of the Final Order.

The Order became effective July 24, 2008. 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

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.
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:  

TALI LEE EMERSON,  
License No. N-24206,  
Respondent.  

) ) ) ) ) ) ) ) ) )  
Case No. BON 04-001  
FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
FINAL ORDER  

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. Tali Lee Emerson ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-24206 to engage in the practice of nursing in the State of Idaho.

2. On or about January 8, 2004, Respondent telephoned the Board and stated that her employer had discovered her long-time "recreational use" of marijuana and had instructed her to contact the Board of Nursing. Also on January 8, 2004, the Board received information that Respondent had used marijuana outside of a patient's house while on duty on or about January 8, 2004.

3. On January 8, 2004, Respondent voluntarily surrendered her license, further admitting that she had "engaged in illegal drug use." She agreed to enter treatment immediately and to participate in a monitoring program, and to 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 A.

4. On January 20, 2004, Respondent signed a Nurse Monitoring Contract with the PRN—a monitoring program—as well as the Terms and Conditions for Participation in the PRN, a true and correct copy of which is attached as Exhibit B (the "PRN Contract"). In the PRN Contract, Respondent states, among other things, that "I agree to participate in and attend regularly . . . activities" including 3-4 12-step meetings per week and random UA/drug testing, and "to accurately describe my weekly recovery activities.
... and submit regular monitoring reports to the independent monitoring service.” Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

5. On April 14, 2004, Respondent was issued a conditional limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with her PRN Contract.

6. On May 8, 2006, Respondent was cautioned by the Board to maintain compliance with her PRN contract, including the timely submission of client activity monitoring reports. A copy of the Board’s May 8, 2006, letter to Respondent is attached as Exhibit C.

7. On October 12, 2006, Respondent was again cautioned by the Board to maintain compliance with her PRN contract, including the timely submission of Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meeting slips. A copy of the Board’s October 12, 2006, letter to Respondent is attached as Exhibit D.

8. On January 19, 2007, the PRN notified the Board that Respondent was not in compliance with her PRN contract due to not attending the required number of AA/NA meetings per week and/or not turning in her attendance slips on time. A copy of the January 19, 2007, letter from PRN to the Board is attached as Exhibit E.

9. On January 24, 2007, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued Notice of Termination of Limited License in this case, immediately terminating Respondent’s limited license. A copy of the Notice of Termination of Limited License is attached as Exhibit F.

10. On February 7, 2007, the Board notified Respondent that the Program for Recovering Nurses Advisory Committee had reviewed her file and history and recommended that Respondent come into total compliance with all requirements of her PRN Contract. Respondent was also advised that a limited license would be considered following support of the PRN. A copy of the February 7, 2007, letter from the Board to Respondent is attached as Exhibit G.

11. On March 19, 2007, Respondent was issued a limited license and was advised of the conditions of the limited license, including continued compliance with
Respondent’s PRN Contract monitoring conditions. The March 19, 2007, letter from the Board to Respondent is attached as Exhibit H.

12. On January 14, 2008, the PRN notified the Board that Respondent was not in compliance with her PRN Contract because she had failed to test on December 3, 2007, and on December 27, 2007. A copy of the January 14, 2008, letter from PRN to the Board is attached as Exhibit I.

13. On January 23, 2008, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board entered an Order of Summary Suspension of Limited Licensure ("Summary Suspension Order") in this case, immediately suspending Respondent’s limited license in the interest of public health, safety and welfare for failing to comply with terms of Respondent’s limited licensure requiring Respondent to continue complying with the PRN Contract’s monitoring requirements. The Summary Suspension Order notified Respondent that she had the right to request a hearing on her summary suspension, if she desired, by sending a request via certified letter to the Board within 20 days. The Summary Suspension Order notified Respondent that the Board Staff would not immediately refer the case to the Board for formal disciplinary action but would instead refer the matter to the Program for Recovering Nurses Advisory Committee ("PRNAC") for their recommendations on further action. A copy of the Order of Summary Suspension of Limited Licensure is attached as Exhibit J.

14. Respondent did not request a hearing to contest her summary suspension.

15. On April 25, 2008, the PRNAC reviewed Respondent’s case and recommended that it be referred to the Board for disciplinary action.

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-24206 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

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FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
3. Respondent voluntarily surrendered her license and was subsequently issued a limited license. One of the conditions of her limited license was that Respondent comply with her PRN contract.

5. Respondent's limited license was summarily suspended because of failure to comply with her PRN contract, and Respondent has continued to fail to comply with her PRN contract.

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:
   a. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use narcotic, hypnotic or hallucinogenic 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 and practice);
   c. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);
   d. Board Rule 101.03.e (a nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs); and
   e. Board Rule 101.05.c (a nurse shall be responsible and accountable for her nursing judgments, actions and competence).

7. 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.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that:

1. Pursuant to IDAPA 23.01.01.132.06.b, the Board hereby AFFIRMS the January 23, 2008, summary suspension of Respondent's license.
2. License No. N-24206 issued to Tali Lee Emerson is hereby:

☐ 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 on the Compact privilege in any other state participating in the Nurse Licensure Compact with the State of Idaho.

3. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120. 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.

4. 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 24th day of July, 2008.

IDAHO STATE BOARD OF NURSING

By: [Signature]

Susan Odom, Ph.D., R.N.
Chair

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 5
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 29th day of July, 2008, I caused to be served a true and correct copy of the foregoing by the following method to:

Tali Lee Emerson
625 Beta Street
Twin Falls, ID 83301

☐ 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

1. Tali Emerson, by affixing my signature hereto, acknowledge that:

   I admit that I have engaged in the following conduct: illegal drug 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-24206 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: 1-8-04

Tali Emerson
Signature of Licensee
381 Buchanan
Address
Twin Falls, ID 83301
City, State, Zip

Dated:
6/99-PRN

Signature of Witness

Exhibit A
Page 1 of 1
NURSE MONITORING CONTRACT

Client Name: Tali Emerson
Date: 1/20/04

I, Tali Emerson, 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 the support of the PRN:

- [ ] 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 him/her 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:
- [ ] Work Supervisor
- [ ] Spouse or significant other
- [ ] Primary Care Provider/Dentist
- [ ] Other

I agree to participate in and attend regularly in the following activities (with a ¥):
- [ ] Alcohol/Drug Education
- [ ] Group Therapy
- [ ] Counseling
- [ ] 3-4 12-Step Meetings per week
- [ ] Meet weekly with sponsor face-to-face to work the steps
- [ ] Random UA/Drug Testing

- [ ] I agree that if I am convicted of any felonies, 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: Tali Emerson
Witness: [Sign]

Client Address: 381 Broncoan
Jewett Falls, Idaho 83531

Program Coordinator: [Sign]

Exhibit:
Page: 1 of 5
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in 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/gravelyard 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 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 notify 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 which 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 signs 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 AA/NA 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 this 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, it 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, deserts, 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.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 additive 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, which 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.***

Nurse

Klea Emerson

Date: 1/20/04

Witness

Klea Emerson

Date: 1/20/04

*The PRN encourages you to occasionally review this document.

Exhibit B

Page 5 of 5
Tali Emerson
498 Crestview Drive
Twin Falls, ID 83301

Dear Ms. Emerson:

We have been notified by the Program for Recovering Nurses Compliance Monitor that you have not been submitting your client activity reports as required. The submission of these reports is evidence that you are working your program successfully. Without this evidence, your PRN Compliance Monitor cannot verify to the Board that you are maintaining your compliance with your monitoring contract.

The Board cautions you to maintain complete compliance, including the timely submission of client activity reports, to avoid a Report of Non-Compliance being submitted to this Board.

If you have questions about this information, please contact the PRN office.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhc
cc: PRN Program

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.
Tali Emerson  
498 Crestview Drive  
Twin Falls ID 83301

Dear Ms. Emerson:

We have been notified by the Program for Recovering Nurses Compliance Monitor that you have not been submitting the required Alcoholic Anonymous (AA) meeting slips that are to be mailed each Friday. A condition of your contract is regular attendance at three-four meetings per week. The submission of validation of attendance is evidence that you are working your program successfully. Without this evidence, your PRN Compliance Monitor cannot verify to the Board that you are maintaining your compliance with your monitoring contract.

The Board cautions you to maintain complete compliance, including the timely submission of client activity reports, to avoid a Report of Non-Compliance being submitted to this Board.

If you have questions about this information, please contact the PRN office.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN  
Executive Director

SE:thc  
cc: PRN Program
January 19, 2007

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

RE: Tali Emerson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Tali Emerson, a Board of Nursing referral, is currently not in compliance with her PRN contract. Ms. Emerson's non-compliance stems from her not attending the required number of AA/NA meetings per week and/or not turning in her attendance slips on time. Ms. Emerson has, on several occasions, been sent letters from this office warning her that her contract requirements were not being met in regards to her AA/NA attendance. Warning letters were issued on January 26, June 27, and September 8 of 2006. The Board was made aware of this issue in October 2006 resulting in the Board issuing Ms. Emerson a warning letter via Certified Mail. The PRN's attempts to resolve this matter with Ms. Emerson have failed to produce the desired results.

Ms. Emerson's current contract with PRN was signed on January 20, 2004. Ms. Emerson's contract requirements include the following: 1) Attend three to four 12-Step meetings per week, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps.

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 me at (208) 323-9555.

Sincerely,

[Signature]

Steven R. Hurst
PRN Compliance Monitor

cc: Tali Emerson
Brian Jones

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Tali Emerson
498 Crestview Drive
Twin Falls ID 83301

Dear Ms. Emerson:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-24206 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:

1. not attending the required number of AA/NA meeting per week and/or
2. not turning in attendance slips on time.

Your file will be reviewed by the members of the Program for Recovering Nurses Advisory Committee on January 26, 2007. Following their review, you will be notified of any recommendations they may have regarding your continued participation in the Program.

Dated: January 24, 2007

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.
February 7, 2007

Tali Emerson
498 Crestview Drive
Twin Falls ID 83301

Dear Ms. Emerson:

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.

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

SE:lhce
cc: PRN Program

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 Ms. Emerson:

We have received a letter from the Program for Recovering Nurses supporting your request for the issuance of a limited license. This license is being issued valid for a period of five years commencing from the date of issuance, with continuing monitoring conditions consistent with your current Agreement with the Program for Recovering Nurses. The limited license will be issued following receipt of the $100.00 limited licensure fee required under IDAPA 901.05.

In addition to the monitoring conditions already in place, the following conditions are required:

1) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Program Coordinator. [You may not be authorized to begin employment until the work site monitor has been approved by the Program Coordinator.]

2) Have no access to narcotics until requested and approved by the PRN Coordinator. (See enclosed statement for No Access to Narcotics)

3) Not accept employment on the night shift (11 pm - 7 am) or in a home health setting until requested and approved by the PRN Coordinator.

4) Other conditions as determined to be appropriate.

Please note that while practicing under conditions of limited licensure, you may not be employed in any other state party to the Nurse Interstate Compact without having received express permission from that state.

Your file will continue to be monitored by the Program Coordinator for the duration of the limited licensure period. Of course, you may continue to communicate with this office as well as by phone or in writing relative to the program or the conditions of limited licensure.

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.
January 14, 2008

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

RE: Tali Emerson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Tali Emerson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Emerson was selected to submit to a random urine-analysis test on December 27, 2007. Ms. Emerson failed to make her daily call in to NCPS on that date, therefore Ms. Emerson failed to test. Prior to that date, on December 3, 2007 Ms. Emerson was selected to submit to a random urine-analysis test but failed to test because she had not made her daily call in to NCPS. A warning letter was sent to Ms. Emerson providing her with the details of her non-compliance. In the letter I stated that any future failure to test when selected would result in a negative report to the Board of Nursing.

Ms. Emerson’s current contract with PRN was signed on January 20, 2004. Ms. Emerson’s contract requirements include the following: 1) Attend three to four AA/NA 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 me at (208) 323-9555.

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Tali Emerson
    Brian Jones

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of
Tali Emerson
N-24206

ORDER OF
SUMMARY SUSPENSION
OF LIMITED LICENSURE
CASE No: 04-001

This Order serves to officially notify you that your limited license, number N-24206, 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 January 20, 2004, by
   a. Failure to call in and missing a scheduled test on December 3, 2007 and again on December 27, 2007.

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 (April 25, 2008) 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 (May 1-2, 2008). 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 23rd day of January, 2008.

SANDRA EVANS, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 25th day of January, 2008, 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

Tali Emerson
498 Crestview Drive
Twin Falls ID 83301

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

_______________________________
Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

FROM: Jill Howell, RN, Chair  
Program for Recovering Nurses

DATE: April 25, 2008

The file of Tali Emerson was reviewed at the Advisory Committee meeting on April 25, 2008, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Contract for Monitoring

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

__________________________  __________________________
Signature  Date

Action Recommended to Board: Rescind based on voluntary surrender and non-compliance with terms of monitoring.

The Mission of the Board of Nursing is to regulate nursing practice and education for the practice of safeguarding the public health, safety and welfare.