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

Shelly Gholson

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Shelly Gholson  
2416 Rice Avenue  
Caldwell ID 83605

Dear Ms. Gholson:

During their meeting on April 29-30, 2010, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-32653 was revoked. During the period of revocation, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order.

The Order became effective April 30, 2009. 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:lhce  
enclosure
NOTICE

EXHIBITS IN THIS DOCUMENT ARE SEALED AND ARE NOT BEING INCLUDED WITH YOUR REQUEST

YOU MAY REQUEST A COPY OF THE SEALED DOCUMENT(S) BY SUBMITTING A LETTER TO THE BOARD OF NURSING STATING THE REASON FOR THE RELEASE, WHICH WILL THEN BE REVIEWED BY THE BOARD’S ATTORNEY FOR RESPONSE.
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:  

SHELLY GHOLOSON,  
License No. N-32653,  
Respondent.  

Case No. BON 08-026

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. Shelly Gholson (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. N-32653 to engage in the practice of nursing in the State of Idaho. Respondent’s license expired on August 31, 2009. Respondent has not renewed her license; however, pursuant to Board Rule (IDAPA 23.01.01) 61.01, Respondent retains the right to reinstate her license for up to three (3) years after expiration.

2. On March 19, 2008, Respondent made a self report to the Board after being terminated from her employment at West Valley Medical Center (“WVMC”). Respondent admitted she had called in a prescription for Norco for her father-in-law, who was not a patient at WVMC, but denied it was for her personal use. Respondent stated she had been seeing a pain specialist to help her with endometriosis and neck pain and was currently taking Zonamid and Methadone. Respondent also stated she was seeking treatment for depression.

3. On March 19, 2008, Respondent voluntarily surrendered her license, further admitting that she practiced outside the scope of her practice. Respondent agreed to enter treatment immediately and to participate in the Program for Recovering Nurses (PRN), 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 hereto as Exhibit A.

4. On or about April 1, 2008, the Board received a copy of a Diagnostic Summary for Respondent’s March 26, 2008, drug and alcohol evaluation in which Respondent admitted to being an addict. The evaluator made several recommendations for treatment. A true and correct copy of Respondent’s March 26, 2008, drug and alcohol evaluation is attached hereto as Exhibit B. Said evaluation is to remain sealed and not subject to disclosure without the approval of the Board’s attorney.

5. On or about April 3, 2008, the Board received a Report of Violation of the Nurse Practice Act from Respondent’s former employer, West Valley Medical Center. The report indicated that on March 13, 2008, Respondent called in a prescription for Norco and Ibuprofen without authorization from the doctor and used a false name.

6. On May 9, 2008, Respondent signed a Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit C (the “May PRN Contract”). In the May 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 . . . .”

7. On May 28, 2008, Respondent obtained another drug and alcohol evaluation pursuant to her May PRN Contract. Respondent agreed that she has a problem with substances and needed treatment. The evaluator made several recommendations for treatment. A true and correct copy of Respondent’s May 28, 2008, drug and alcohol evaluation is attached hereto as Exhibit D. Said evaluation is to remain sealed and not subject to disclosure without the approval of the Board’s attorney.

8. On May 29, 2008, Respondent was notified by the Board that she was not in compliance with her May PRN Contract due to failing to enroll with the National
Confederation of Professional Services (NCPS) for urine drug screening. A true and correct copy of the May 29, 2008, letter from the Board to Respondent is attached hereto as Exhibit E.

9. On June 6, 2008, the PRN notified the Board that Respondent was not in compliance with her May PRN Contract due to disclosing that she has smoked marijuana on May 9, 2008. A true and correct copy of the June 6, 2008, letter from PRN to the Board is attached as Exhibit F.

10. On or about June 11, 2008, the PRN notified the Board that Respondent still had not registered with NCPS and therefore, was not in compliance with her May PRN Contract. On June 18, 2008, Respondent was notified again by the Board that she was not in compliance with her May PRN Contract due to failing to enroll with NCPS. A true and correct copy of the June 18, 2008, letter from the Board to Respondent is attached as Exhibit G.

11. On July 1, 2008, Respondent was notified by the Board that she was not in compliance with her May PRN Contract due to failing to enroll with the National Confederation of Professional Services (NCPS) for urine drug screening. Respondent was notified that her case would be reviewed by the PRN Advisory Committee (PRNAC) at its next scheduled meeting on July 11, 2008, and that she could request a meeting with the PRNAC no later than July 8, 2008. A true and correct copy of the July 1, 2008, letter from the Board to Respondent is attached hereto as Exhibit H. Respondent did not request a meeting with the PRNAC.

12. On July 31, 2008, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent be issued a Restricted/Non-Practicing nursing license until her health allows her to fully participate in PRN. Respondent was also advised that she would not be required to continue with the obligations of her May PRN Contract until her health care provider(s) informs the Board that she is able to fully participate in PRN. A copy of the July 31, 2008, letter from the Board to Respondent is attached as Exhibit I.

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FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
13. On or about December 18, 2008, Respondent contacted the Board and stated she was ready to return to work. The Board received a letter from Respondent’s medical provider on March 5, 2009, which stated Respondent was able to fully participate and comply with the PRN. In addition, the Board received a letter from Respondent’s mental health care provider on April 7, 2009, which stated Respondent was able to return to the PRN program.

14. On April 21, 2009, the Board notified Respondent that the PRNAC reviewed Respondent’s request to lift the Restricted/Non-Practicing status from her license and recommended that: (1) the limitation be lifted, (2) Respondent re-enroll in PRN and (3) Respondent maintain total compliance with all PRN requirements. Respondent was further notified that the PRNAC’s recommendation would be presented to the Board for its approval at its April 30 – May 1, 2009, meeting. A true and correct copy of the April 21, 2009, letter from the Board to Respondent is attached as Exhibit J.

15. On May 5, 2009, Respondent was notified that the Board accepted the PRNAC’s recommendations. Respondent was instructed to contact PRN within seven (7) days. Respondent was also notified that any authorization for return to work would be made pursuant to the “Return to Nursing Practice” guideline and Rule 23.01.01.132 and that failure to comply with the requirements of her monitoring contract would result in referral to the PRNAC. A true and correct copy of the May 5, 2009, letter from the Board to Respondent is attached as Exhibit K.

16. On August 14, 2009, Respondent signed a Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit L (the “August PRN Contract”). In the August 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 . . . .”
17. On November 9, 2009, Respondent signed another Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit M (the "November PRN Contract"). In the November 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 ... ."

18. On December 2, 2009, the PRN notified the Board that Respondent was not in compliance with her November PRN Contract due to testing positive for EtG on November 16, 2009. Respondent admitted to the Medical Review Officer (MRO) that she had relapsed on alcohol and had been drinking beer. In addition, Respondent had only attended one weekly PRN support group meeting in November 2009 and had only attended two (2) of her sixteen (16) required AA/NA meetings in November 2009. A true and correct copy of the December 2, 2009, letter from PRN to the Board is attached as Exhibit N.

19. On January 14, 2010, the Board notified Respondent that she was not in compliance with her November PRN Contract due to testing positive for alcohol, and failing to attend the required nurse support group meetings and AA/NA meetings. Respondent was further notified that she had thirty (30) days to come into compliance with her November PRN Contract, and that failure to do so would result in her file being referred to the PRNAC. A true and correct copy of the December 2, 2009, letter from PRN to the Board is attached as Exhibit O.

20. On March 25, 2010, the PRN notified the Board that Respondent was not in compliance with her November PRN Contract due to receiving a negative drug screen on March 8, 2010, for failing to submit to a urinalysis within two hours and selecting the incorrect option on the chain of custody form. The PRN issued a second notification of
non-compliance to the Board on March 25, 2010, due to Respondent receiving another negative drug screen on March 10, 2010, for selecting the incorrect option on the chain of custody form. A true and correct copy of the March 25, 2010, letters from PRN to the Board are attached as Exhibit P.

21. On March 4, 2010, Respondent obtained another drug and alcohol evaluation pursuant to her November PRN Contract. Respondent admitted that she had consumed alcohol while in treatment and that her last use of any substance was in November 2009, but expressed a willingness to comply with all treatment recommendations. The evaluator made several recommendations for treatment. A true and correct copy of Respondent’s March 4, 2010, drug and alcohol evaluation is attached hereto as Exhibit Q. Said evaluation is to remain sealed and not subject to disclosure without the approval of the Board’s attorney.

22. On April 16, 2010, the PRNAC referred this matter to the Board for disciplinary action. A true and correct copy of the April 16, 2010, memo from the PRNAC to the Board is attached hereto as Exhibit R.

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-32653 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent practiced outside the scope of her license by using a false name to call in a prescription for Norco and Ibuprofen without physician approval.

4. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. She has failed to do so.

5. 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 (IDAPA 23.01.01) 100.06 (a nurse shall not habitually use alcoholic beverages or 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); and

c. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs).

6. 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. License No. N-32653 issued to Shelly Gholson 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.

2. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3). Respondent shall further comply with the provisions of IDAPA 23.01.01, Sections 61.04 and 120, as applicable. 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 she 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; and

c. Any other information deemed necessary by the Board in its
discretion to demonstrate Respondent’s fitness to practice nursing.

3. The Board reserves the right to assess investigative costs incurred in this
matter as a condition of reinstatement, and to impose such other conditions upon
Respondent’s reinstated license as the Board may deem appropriate in its discretion.

This order is effective immediately.

DATED this 30th day of April, 2010.

IDAHO STATE BOARD OF NURSING

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

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 issuance 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 issuance 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 28th day of MAY, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Shelly Gholson
2416 Rice Avenue
Caldwell, ID 83605

☐ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile:
☐ Statehouse Mail

Karin Magnelli
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

Linda Coley
Management Assistant
Idaho Board of Nursing

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 9
RULE 132
TEMPORARY VOLUNTARY SURRENDER OF LICENSE

1. Shelly Gholson, by affixing my signature hereto, acknowledge that:

   1. I admit that I have engaged in the following conduct: practicing outside my scope of practice.

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 temporary voluntary surrender pursuant to Idaho Code §54-1413(3)(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 temporarily voluntarily surrender license number N-324653 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132, 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: 03/19/08

Signature of Licensee

210 PARKMONT WAY

Caldwell, ID 83605

City, State, Zip

Janet Edmonds

Signature of Witness

DATED: 3/19/08

2/08
2007-2009
State of Idaho
Board of Nursing
This is to certify that:

SHELLY GHOLOSON
39 N. MIDLAND BLVD
NAMPA, ID 83651
has complied with the requirements of the law and is entitled to practice as a LICENSED PROFESSIONAL NURSE (RN)

Valid when signed by licensee.

Exhibit A
Page 2 of 2
EXHIBIT NO.

B

IS A SEALED DOCUMENT
AND MAY NOT BE DISCLOSED
WITHOUT APPROVAL OF
THE BOARD’S
ATTORNEY
PROGRAM FOR RECOVERING NURSES
NURSE MONITORING CONTRACT

Client Name: Shelly Gholson  Date: May 9, 2008

I, Shelly Gholson, 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 (PRN).

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 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 number 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/attend regularly the following activities:

- Alcohol/Drug Education
- Group Therapy
- Counseling
- Attend Intensive Outpatient (IOP) with approved entity. Complete IOP treatment
- Attend Level I Relapse Prevention program upon completion of IOP. Complete Tx.
- Participate/Complete the Stephanie Covington program for Women
- Attend ninety 12-step meetings in ninety days, then 4 per week thereafter
- Obtain and meet weekly with sponsor face-to-face to work the steps
- Attend weekly Health Professionals support group
- Meet with psychiatrist and follow all medication/treatment recommendations
- Medication Management
- Random UA/Drug Testing

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 forms that I have signed may exchange information pertinent to this agreement.

I agree to pay to PRN $15/month to cover a share of the cost of the program. I understand that I will be billed for this amount on a monthly basis. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges. I also agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).
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.

I agree to cooperate and be courteous at all times with my Compliance monitor. I understand that it is my responsibility to arrange any meetings with my monitor.

Client Signature: [Signature]
Client Address: 210 Parkmen Way, Caldwell, ID 83605

Witness: [Signature]
Program Coordinator:

Southworth Associates
5530 W. Emerald
Boise, ID 83706
(208) 323-9555
EXHIBIT NO.

D

IS A SEALED DOCUMENT AND MAY NOT BE DISCLOSED WITHOUT APPROVAL OF THE BOARD’S ATTORNEY
Shelly Gholson  
210 Parkmont Way  
Caldwell ID 83605

Dear Ms. Gholson:

On April 1, 2008, you were mailed a letter providing you with information regarding the Board’s Program for Recovering Nurses. You had indicated that you were interested in surrendering your license and enrolling in the Program. Your licensure certificate was surrendered on March 19, 2008 during our interview, and you were instructed to contact the PRN program regarding enrollment.

We have been notified by the Compliance Monitor for PRN, that you have failed to provide a working telephone number or registered with the NCPS (the company that provides urine drug screening). No later than JUNE 7, 2008, you must provide current contact information to your Compliance Monitor and complete your registration with NCPS. Failure to complete these items will result in your file being referred to the Board of Nursing for possible disciplinary action against your license.

Please contact me if you have questions regarding this information.

Sincerely,

[Signature]

JANET EDMONDS, MSN, RN  
Director for Professional Compliance

JE: lhc  
cc: Southworth Associates

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.
U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

For delivery information visit our website at www.usps.com

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Certified Fee ____________________
Return Receipt Fee
(Endorsement Required) $____________________
Restricted Delivery Fee
(Endorsement Required) $____________________
Total Postage & Fees $____________________

Send To

SHELLEY GHOLSON
210 PARKMONT
Caldwell, ID. 83605

COMPLETE THIS SECTION ON DELIVERY

A. Signature ____________________________________________
   Agent
   Addressee

B. Received by (Printed Name) ____________________________
   Date of Delivery 5-31-08

C. If YES, enter delivery address below:
   Yes No

D. Is delivery address different from Item 1?

08 JUN 2 10:27

SENDING COMPLETE THIS SECTION

1. Article Addressed to:

   SHELLEY GHOLSON
   210 PARKMONT
   CALDWELL, ID. 83605

2. Article Number
   (Transfer from service label) 7004 1350 0002 8309 0280

PS Form 3811, February 2004

Domestic Return Receipt 102365-02-M-1540

Exhibit E
Page 2 of 2
June 6, 2008

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

RE: Shelly Gholson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Shelly Gholson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Gholson signed her PRN contract on May 9, 2008. Upon investigation it was discovered that Ms. Gholson disclosed that she smoked marijuana (an illegal substance) on May 25, 2008. Upon signing a PRN contract, clients agree to "...abstain from the use of alcohol and all other legal and illegal drugs..." Ms. Gholson clearly has violated her contract with the PRN. Should the Board allow Ms. Gholson to remain in the PRN, she will be asked to receive an alcohol/drug/medical evaluation (at her expense) and to follow the recommendations for treatment.

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 either me at (208) 323-9555.

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Shelly Gholson
Shelly Gholson  
210 Parkmont  
Caldwell ID 83605

Dear Ms. Gholson:

We have been notified by the Program for Recovering Nurses Compliance Monitor that you are not currently in compliance with your monitoring contract for having failed to return your registration packet to the National Confederation of Professional Services (NCPS) in a timely manner.

Compliance with all components of your monitoring contract is the only evidence that you are working your program. Therefore, you must be extremely diligent in complying with all requirements.

If you have questions about this matter, please contact the PRN office or the Board office.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhc  
Cc: PRN Program
Shelly Gholson  
210 Parkmont  
Caldwell ID 83605  

Dear Ms. Gholson:  

We have been notified by the Program for Recovering Nurses that you are not in compliance with the contract you signed May 9, 2008, by failing to register for urine drug screens.  

Your file will be considered by the members of the Advisory Committee of the Program for Recovering Nurses at their meeting on July 11, 2008, in Boise for continuance in the program or referral to the Board members for disciplinary action.  

If you wish to meet with the Committee members at this meeting, you must make your appointment by contacting Linda Coley, (208) 334-3110 ext. 25 no later than July 8, 2008.  

Please contact me if you wish to discuss this information.  

Sincerely,  

SANDRA EVANS, MAEd, RN  
Executive Director  

SE:lhc  
cc: John Southworth, Coordinator  

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. Gholson:

Following your meeting with them on July 11, 2008, in addition to a review of your file and the history provided by the Program for Recovering Nurses Program Coordinator, the Committee members indicated concern relative to your current health status and ability to fully participate in this program.

Following their review, the Committee made the following recommendations:

1. That you be issued a Restricted/Non-Practicing nursing license until such time as your health status supports full, compliant participation in the PRN program.
2. During the period that you hold a restricted/non-practicing license, you will not be required to continue with the obligations identified in your contract with PRN.
3. At the time that your primary health or other healthcare provider concurs that you are able to fully participate in the program and so informs the Board of Nursing – the restricted/non-practicing status may be removed and you will be required to resume compliance with the contract you had with PRN, under the terms of your voluntary licensure surrender.

The following is provided as clarification of activities that may be performed by a nurse licensed in this state and who holds a licensed professional nurse license that has been restricted as “non-practicing”.

Idaho Code, Title 54, Section 1404 identifies powers and duties of the Board of Nursing to include the authority “to license qualified persons for the practice of nursing in Idaho” which includes the authority to limit and restrict licenses.

Administrative rules of the Board, IDAPA 23.01.01.132.02, establish provisions for issuance of a “non-practicing license” to persons who have a physical or mental disability that prevents active engagement in nursing practice. The non-practicing status, which is stamped across the licensure certificate, may be removed by Board action following receipt and evaluation of satisfactory evidence confirming that the physical or mental health status of the licensee will not impair or interfere with the ability to practice nursing.

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.
Since the non-practicing license is purposefully restricted to prohibit the active practice of nursing, the licensee who holds a restricted/non-practice license is prohibited from the following functions (refer to IDAPA 23.01.01.401):

- Assessing and evaluating the health status of individuals and groups
- Utilizing data obtained by assessment to identify and document nursing diagnoses which serve as a basis for the strategy of nursing care
- Collaborating with the client, family and health team members and others in identifying client care needs and establishing goals to address those needs
- Prescribing nursing care by developing and documenting a plan for nursing intervention
- Reviewing and revising the plan of nursing care
- Implementing the nursing plan of care
- Authorizing nursing interventions through the process of delegation
- Evaluating client status and initiating emergency nursing procedures as necessary
- Evaluating responses to nursing interventions
- Teaching nursing theory and its application in an organized nursing education program
- Managing the practice of nursing

During the period of time that you hold a restricted/non-practicing nursing license in this state, you may identify yourself as a licensed professional nurse, using the title Registered Nurse, abbreviated R.N. However, you may not perform any of the functions that are considered the practice of nursing (as described above).

Please complete the enclosed form and submit it to the Board office. The license will be issued with the Restricted/Non-Practicing designation.

Please contact me if you have further questions concerning this information.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:lh
cc: PRN Program
Shelly Gholson  
210 Parkmont Way  
Caldwell, ID  83605

Dear Ms. Gholson:

During their meeting on April 10, 2008, the Program for Recovering Nurses Program Advisory Committee reviewed your request to remove the Non-Practicing limitation from your professional nurse license and continue participation in the Program.

Following their review, the Committee made the following recommendations:
1. That the non-practicing limitation be removed from your license, and  
2. That you re-enroll in the Program for Recovering Nurses, and  
3. That you maintain total compliance with all requirements of your Contract for Monitoring.

The Chairman of the Advisory Committee will present the Committee's recommendation to the Board members at their meeting on April 30-May 1, 2009 for adoption. You will be notified following the Board meeting of their decision.

If you have further questions at this time, please contact the Board office.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhc

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.
May 5, 2009

Shelly Gholson
210 Parkmont Way
Caldwell, ID 83605

Dear Ms. Gholson:

During their meeting on April 30-May 1, 2009, the members of the Board of Nursing accepted the recommendation from the Program for Recovering Nurses Advisory Committee, i.e., lift the non-practicing limitation from your professional nurse license and return you to the Program for monitoring.

You may now contact John Southworth, Coordinator, Program for Recovering Nursing at 323-9555, regarding re-enrollment in the Program. Please contact Mr. Southworth within the next seven (7) days.

You will be authorized to return to work when you meet the requirements of the "Return to Nursing Practice" guideline (enclosed) and Rule 23.01.01.132. Should you become non-compliant with any of the conditions of your monitoring contract, your file will be referred to the members of the Program for Recovering Nurses Advisory Committee, who may recommend that disciplinary action be initiated.

If I can provide you with additional information at this time, please contact the Board office.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhc
encl

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.
NURSE MONITORING CONTRACT

Client Name: Shelly Gholson

Date: 8/14/09

I, Shelly Gholson, recognizing that I suffer from chemical abuse/dependency and/or mental condition(s) that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses (PRN).

I understand that the PRN is monitoring me in my efforts toward a program of recovery among my peers, family, and medical community. This will include reporting to the Idaho Board of Nursing (BON) or other designated entities. Positive reports to appropriate sources are contingent upon compliance with this contract and, therefore, can be withdrawn for my violation of it. 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 BON and any other appropriate source (i.e. probation, employer).

During my participation in PRN I agree to abide by the terms of this contract and the BON “Important Information for Participants” guidelines booklet, which represents policy and procedure of the PRN. I agree to complete the following activities in order to obtain the support of the PRN:

1. Initial
   I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. If problems occur, such as relapse or non-compliance, the PRN may extend my contract or have me sign a new one.

2. Initial
   I understand that my PRN contract will remain in effect until I have documented five (5) 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 my 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.

3. Initial
   I agree to completely abstain from the use of alcohol (regardless of abuse diagnosis) and all other mind or mood altering drugs unless they are prescribed by my primary care physician for health care reasons. I understand that all prescription medications are allowable as long as they are prescribed by my primary care physician, and monitored by the same. I understand that the PRN must be notified of my prescription, in writing, within five (5) days of the date of prescription.

4. Initial
   I agree to report any alcohol and/or drug relapse, regardless of the amount ingested, to the PRN office within 48 hours of its occurrence. Relapse is defined as any unauthorized use of scheduled drugs or alcohol.

5. Initial
   I agree, in case of relapse, to be re-assessed by an approved PRN evaluator (at my own expense) to determine if additional treatment is indicated. I understand that I am to follow through with all recommendations resulting from this assessment.

6. Initial
   I agree to abide by any further recommendations in the event of a relapse, as deemed appropriate by the PRN.

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

Employer/Work supervisor
Spouse/Significant other
Primary Care Provider/Dentist
Pharmacy

The PRN encourages you to occasionally review this document!
I agree to regularly participate in/attend the following activities:

- Attend four (4) 12-Step meetings per week.
- Obtain and meet weekly with sponsor face-to-face to work the steps.
- Attend weekly Health Professionals support group.
- Attend/complete Level 1 Outpatient treatment @ Bell Counseling.
- Attend the Co-occurring disorders group and individual counseling sessions monthly.
- Medication Management with Dr. Gerber.
- Random UA/Drug Testing.

Regarding Random Drug Screen Testing:

I agree to call the toll free First Lab number (1-877-282-1911) or check on-line (www.firstlab.com/phmmem) every Monday-Friday by my deadline to determine if I was selected to test on that day and to determine which panel number to choose.

I understand that if I miss my daily call-in/check-in to First Lab I will either self test or not test and risk having been selected, thus missing a test.

I agree that any confirmed positive drug screen may be considered a relapse if the PRN office has not received the proper documentation from my prescribing practitioner. If I disagree with the positive drug screen result, or am denying use of unauthorized substances, I understand that my case may be referred to the BON. My continued involvement with PRN will be determined on a case-by-case basis by PRN staff. Non-compliance with drug screens will result in an increased level of testing and may also result in a report to the BON.

I understand that my employer will be notified immediately of any positive drug screen.

I understand that it is my responsibility to notify (within three (3) days) the PRN of any missed drug screen.

I agree to give written notification to PRN at least one week prior of any inability to screen. If I fail to notify PRN, I will be considered non-compliant with my contract thus resulting in increased program requirements and/or a report to the BON.

I agree to insist that an appropriate urine sample 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 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 (3) 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.

I agree to avoid ethyl alcohol products (i.e. some hand sanitizers, mouthwash, liquid medication with an alcohol base, etc.). Positive drug screens due to the use of ethyl alcohol based products will be failed. I understand that products containing isopropyl alcohol are a good substitute for me.

I agree that if I experience chronic pain issues, I am to have a full assessment completed by a medical doctor who has sub-specialty training in Addictions and Pain Management. I understand that I will need to sign and adhere to a Pain Management Contract, which take into consideration the recommendations of the aforementioned assessment.

Regarding Administrative Requirements:

I agree to maintain current releases of information in order to facilitate communication between relevant entities and PRN.

The PRN encourages you to occasionally review this document!
I agree that PRN and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.
I agree to accurately describe my weekly recovery activities on the forms provided and submit weekly monitoring reports to the PRN office. I understand that reports not returned on a weekly basis will cause me to be out of compliance with PRN program requirements.
I agree to attend all scheduled meetings of the Nurses Support Group. Absences are allowed only with written documentation from my primary medical care practitioner who must describe the condition causing my inability to attend. This documentation must be received within three (3) days of the missed meeting(s).
I agree to notify PRN at least fourteen (14) calendar days in advance of any travel and/or vacation plans. The PRN will provide me with instructions regarding testing at an alternate site. During my travel, I will continue to call the toll free FirstLab automated line and/or check on-line to verify my testing selection status.
I agree to pay to PRN $15/month plus a one time $10 set-up fee to cover a share of the cost of the program. I understand that I will be billed for this amount on a monthly basis. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges.
I understand that if I am ninety (90) days delinquent with my payment, I will be considered non-compliant and my case may be turned over to a collection agency, be reviewed for possible termination from PRN, and/or reported to the BON.
I agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).
I agree to meet with PRN whenever requested with reasonable notice given by PRN in order to discuss my progress.
I understand that the PRN reviews this contract 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, non-compliance, etc., then the PRN may make changes in my contract at any time.
I understand that all changes in my contract will be documented by PRN. If I desire, I may appeal any contract changes in writing to the PRN and/or by appearance at the next BON 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 Advisory Committee meeting.
I agree to immediately notify the PRN office if I am arrested or convicted of any crime, regardless of its' relation to alcohol or drug offenses.
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 BON of this conviction.
I agree to cooperate and be courteous at all times with my Compliance Monitor. I understand that it is my responsibility to arrange any meetings with my monitor.

Regarding Return to work:
I understand that it is my responsibility to notify any nursing employer of my relationship with, and participation in, the PRN.
I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule and/or environment does not compromise or jeopardize my recovery or my compliance with my 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 PRN at least two weeks prior to accepting the position. To begin working, I must first have a work monitor in place and all releases must be signed for the hiring facility.
I understand that my restrictions include: no access to the narcotic keys or controlled substances (including any mood altering drugs); no work in an ER, CCU, ICU, OR, and/or recovery room; no employment as a traveling nurse; and no employment with a temporary agency or in home health.

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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 agree that 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 PRN.

Regarding Moving to Another Location:

I agree to notify the PRN office in writing within five (5) calendar days of any change in my home, employment, or other addresses or phone numbers.

I agree to inform PRN verbally and in writing of a pending relocation out of the state of Idaho.

I agree to not practice nursing in another state without first notifying the BON in that state of my participation in the Idaho PRN and receiving authorization from that BON to begin practice.

I agree to 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 BON 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 BON.

I understand that if I become licensed and begin practicing in another state the PRN 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 PRN shall refer the case to the BON in that state.

I understand 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.

Regarding Prescription Drug/Health Care:

I agree to consult only one (1) primary care provider for my health care needs and fill prescriptions at only one (1) pharmacy. I agree to immediately notify my provider (prior to receiving treatment) that I am enrolled in the PRN, of my addiction/abuse problem, and any drug restrictions I have. I will notify the PRN office within ten (10) days of any change in any of these entities.

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.

I agree that it is my responsibility to have any new medications or changes to existing prescriptions forwarded to PRN within five (5) calendar days. 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 understand that if I am on a recurrent prescription, I will update the PRN of my refills every six (6) months.

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. Communications with my physician must occur before I begin using the medication. 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.

I agree to discuss any non-narcotic/non-addictive alternatives with my prescribing physician if a narcotic medication is suggested to me.

If I am prescribed a narcotic medication, I agree to discuss with my prescribing physician an appropriate length of time that it is 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

The PRN encourages you to occasionally review this document!
use is needed other than what was originally stipulated, my physician must notify the PRN office in
writing before I continue to use the medication. When use of the prescribed narcotic medication is
no longer needed, I will dispose of the medication PROMPTLY and have a witness 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.

I agree to notify PRN within one (1) week any time I take an over-the-counter medication (other
than ibuprofen, aspirin, and/or acetaminophen), herbal supplement, or stimulant drink. I must
notify the PRN of the date I started using any of the above mentioned items, my estimated finish
date, and what I was using the product 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 PRN 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.
I understand that the PRN strongly advises me, as a nurse, not to practice nursing while having any
narcotic medications in my system.

Regarding Non-compliance:

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 understand that all requirements on this contract, including financial obligations, are my
responsibility. If I default on any of these requirements I will be reported to the PRN Advisory
Committee for non-compliance. This report may result in recommendation for disciplinary action
to the BON 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 PRN determines that I have failed to fulfill any one or
more of the requirements of the contract and notifies the BON Advisory Committee of that failure,
I hereby waive any right or claim to confidentiality of any program files concerning me and grant
the BON 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.

I have read and agree to abide by this contract and have had an opportunity to ask
questions regarding the terms of this contract.

Client Signature

Client Address

Witness

Program Coordinator

The PRN encourages you to occasionally review this document!
PROGRAM FOR RECOVERING NURSES

Southworth Associates
5530 W. Emerald
Boise, ID 83706

Phone: (208) 322-9555
Fax: (208) 323-9222
southworth.associates@gmail.com

NURSE MONITORING CONTRACT

Client Name: Shelly Gholson
Date: 11/9/09

I, Shelly Gholson, recognizing that I suffer from chemical abuse/dependency and/or mental condition(s) that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses (PRN).

I understand that the PRN is monitoring me in my efforts toward a program of recovery among my peers, family, and medical community. This will include reporting to the Idaho Board of Nursing (BON) or other designated entities. Positive reports to appropriate sources are contingent upon compliance with this contract and, therefore, can be withdrawn for my violation of it. 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 BON and any other appropriate source (i.e. probation, employer).

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1. I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. If problems occur, such as relapse or non-compliance, the PRN may extend my contract or have me sign a new one.

2. I understand that my PRN contract will remain in effect until I have documented five (5) 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 my 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.

3. I agree to completely abstain from the use of alcohol (regardless of abuse diagnosis) and all other mind or mood altering drugs unless they are prescribed by my primary care physician for health care reasons. I understand that all prescription medications are allowable as long as they are prescribed by my primary care physician, and monitored by the same. I understand that the PRN must be notified of my prescription, in writing, within five (5) days of the date of prescription.

4. I agree to report any alcohol and/or drug relapse, regardless of the amount ingested, to the PRN office within 48 hours of its occurrence. Relapse is defined as any unauthorized use of scheduled drugs or alcohol.

5. I agree, in case of relapse, to be re-assessed by an approved PRN evaluator (at my own expense) to determine if additional treatment is indicated. I understand that I am to follow through with all recommendations resulting from this assessment.

6. I agree to abide by any further recommendations in the event of a relapse, as deemed appropriate by the PRN.

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

Initial
Employer/Work supervisor

Initial
Spouse/Significant other

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I agree to immediately notify the PRN office if I am arrested or convicted of any crime, regardless of its relation to alcohol or drug offenses.

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 BON of this conviction.

I agree to cooperate and be courteous at all times with my Compliance Monitor. I understand that it is my responsibility to arrange any meetings with my monitor.

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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 agree that 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 PRN.

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I agree to inform PRN verbally and in writing of a pending relocation out of the state of Idaho.

I agree to not practice nursing in another state without first notifying the BON in that state of my participation in the Idaho PRN and receiving authorization from that BON to begin practice.

I agree to 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 BON 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 BON.

I understand that if I become licensed and begin practicing in another state the PRN 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 PRN shall refer the case to the BON in that state.

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I agree to consult only one (1) primary care provider for my health care needs and fill prescriptions at only one (1) pharmacy. I agree to immediately notify my provider (prior to receiving treatment) that I am enrolled in the PRN, of my addiction/abuse problem, and any drug restrictions I have. I will notify the PRN office within ten (10) days of any change in any of these entities.

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.

I agree that it is my responsibility to have any new medications or changes to existing prescriptions forwarded to PRN within five (5) calendar days. 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 understand that if I am on a recurrent prescription, I will update the PRN of my refills every six (6) months.

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. Communications with my physician must occur before I begin using the medication. 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.

I agree to discuss any non-narcotic/non-addictive alternatives with my prescribing physician if a narcotic medication is suggested to me.

If I am prescribed a narcotic medication, I agree to discuss with my prescribing physician an appropriate length of time that it is 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 continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY and have a witness 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.

I agree to notify PRN within **one (1) week** any time I take an over-the-counter medication (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplement, or stimulant drink. I must notify the PRN of the date I started using any of the above mentioned items, my estimated finish date, and what I was using the product 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 PRN 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.

I understand that the PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

**Regarding Non-compliance:**

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 understand that all requirements on this contract, including financial obligations, are my responsibility. If I default on any of these requirements I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the BON 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 PRN determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the BON Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the BON 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.

---

I have read and agree to abide by this contract and have had an opportunity to ask questions regarding the terms of this contract.

Client Signature: [Signature]
Client Address: 3411 Brice Ave 83105

Witness: [Signature]
Program Coordinator: [Signature]

---

The PRN encourages you to occasionally review this document!
NURSE MONITORING CONTRACT 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, hand sanitizers, 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 (MISSING 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.

I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.

[Signature]
Nurse

11/09/09
Date

[Signature]
Witness

11/09/09
Date

The PRN encourages you to occasionally review this document!
December 2, 2009

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

RE: Shelly Gholson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Shelly Gholson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Gholson tested positive for EtG on November 16, 2009. On December 1, 2009, Ms. Gholson was contacted by the Medical Review Officer (MRO) during that conversation Ms. Gholson stated that "...she had relapsed on alcohol and had been drinking beer." Because Ms. Gholson agreed to "...completely abstain from the use of alcohol (regardless of abuse diagnosis)" this test has been failed. In addition to the above non-compliance issue, Ms. Gholson has failed to meet her contract requirement of weekly PRN support group attendance by only attending one meeting on November 18, 2009. Furthermore, for the month of November 2009, Ms. Gholson reported attendance at two (2) of sixteen (16) required AA/NA meetings.

Ms. Gholson signed her most recent contract with the PRN on November 9, 2009.

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 either me at (208) 323-9555.

Sincerely,

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Shelly Gholson

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Shelly Gholson
2416 Rice Avenue
Caldwell ID 83605

Dear Ms. Gholson: We have been notified by the Program for Recovering Nurses that you are not in compliance with your monitoring contract requirements due to a providing a urine drug screen that tested positive for alcohol on November 16, 2009. You admitted to the relapse to the Medical Review Officer.

Additionally, you have failed to meet contract requirements by not attending the required number of weekly nurse support group meetings, i.e., attended one (1) of four (4) required meetings, and reporting attendance at two (2) of the sixteen (16) required AA/NA meetings.

To continue your participation in this alternative to discipline program, you need to come into full compliance within the next thirty (30) days, including documented attendance at the required number of meetings indicated in your monitoring contract. Failure to maintain total compliance with your monitoring contract will result in your file being reviewed by the Program for Recovering Nurses Advisory Committee at their April 2010 meeting, for possible initiation of disciplinary action against your professional nurse license.

Please contact me if you have any questions regarding this information.

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.
March 25, 2010

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

RE: Shelly Gholson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Shelly Gholson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. On March 8, 2010 Ms. Gholson was selected to submit to a random urine drug screen. Ms. Gholson called the FirstLab I.V.R. system on that day as required. Ms. Gholson was informed through the automated system that she had been selected that day, that she was to submit to the drug screen within two hours of receiving the message, and that she was to select “option # 4” on her chain of custody form. Ms. Gholson called the system at 8:58am and did not present to test until 4:21pm thereby missing the “two hour window” by several hours. In addition to the above, Ms. Gholson failed to select “option #4” as instructed and instead selected “option #1.” The drug screen was determined to be negative.

Ms. Gholson signed her most recent contract with the PRN on November 9, 2009.

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 Bill Hofstra at (208) 323-9555.

Sincerely,

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Shelly Gholson
    Timothy Durkee

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
March 25, 2010

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

RE: Shelly Gholson

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Shelly Gholson, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. On March 10, 2010 Ms. Gholson was selected to submit to a random urine drug screen. Ms. Gholson called the FirstLab I.V.R. system on that day as required. Ms. Gholson was informed through the automated system that she had been selected that day, that she was to submit to the drug screen within two hours of receiving the message, and that she was to select “option #4” on her chain of custody form. Ms. Gholson failed to select “option #4” as instructed and instead selected “option #3.” The drug screen was determined to be negative.

Ms. Gholson signed her most recent contract with the PRN on November 9, 2009.

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 Bill Hofstra at (208) 323-9555.

Sincerely,

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Shelly Gholson
Timothy Durkee

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
EXHIBIT NO.

Q

IS A SEALED DOCUMENT AND MAY NOT BE DISCLOSED WITHOUT APPROVAL OF THE BOARD’S ATTORNEY
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

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

DATE: April 16, 2010

The file of Shelly Gholson was reviewed at the Advisory Committee meeting on January 15, 2010, 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                  4-19-10

Action Recommended to Board: 602  

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.
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**Sent To**

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<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>SHELLY GHOOLSON</td>
<td>2416 RICE AVE</td>
</tr>
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<td>CALDWELL, ID. 83605</td>
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**PS Form 3800, August 2006**

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- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

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**COMPLETE THIS SECTION ON DELIVERY**

- **A. Signature**: [Signature]
- **B. Received by** (Printed Name): SHELLY GHOOLSON
- **C. Date of Delivery**: 5-4-2010

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**PS Form 3811, February 2004**

**Domestic Return Receipt**

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