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

TONYA GONZALEZ
PN-9091

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

In the Matter of

Tonya Kaye Gonzalez

License No. PN-9091

ORDER
OF REVOCATION
OF LICENSE

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

IT IS HEREBY ORDERED, that the practical nurse license of Tonya Kaye Gonzalez, number PN-9091 be and it hereby is revoked, subject to Subsequent Review under 54-1412 (c), IDAHO CODE, by reason of voluntary surrender.

Dated this 21st day of February, 1992.

Diana Kottkey, R.N.
DIANA KOTTKEY, R.N.
Chairman
Idaho Board of Nursing
ADVERSE ACTION REPORT
LICENSE ACTION

Report # 5500000016790463

This report is maintained in: [ ] The National Practitioner Data Bank
X The Healthcare Integrity and Protection Data Bank

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank, for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY IDENTIFICATION

Entity Name: IDAHO BOARD OF NURSING
Address: 280 N 8TH ST, SUITE 210
Boise, ID 83720-0061
Telephone: (208) 334-3110

Authorized Agent: NATIONAL COUNCIL OF STATE BDS OF NURSING
Agent Phone: (312) 787-6555

AuthorizedSubmitter's Name: NATL COUNCIL OF STATE BOARDS OF NURSING
AuthorizedSubmitter's Title: HEALTH CARE ADMIN SANCTIONS STAFF

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Name: GONZALEZ, TONYA KAYE
Other Name Used: HADDOCK
Gender: FEMALE
Organization Name: 523 E MARYLAND
Nampa, ID 83686
Home Address: 523 E MARYLAND
Nampa, ID 83686

Social Security Number(s): [REDACTED]
Date of Birth: 04/04/1959
Deceased:
School(s) & Year(s) of Graduation: BOISE STATE UNIVERSITY (1989)
Occupation/Field of Licensure (Code): LICENSED PRACTICAL OR VOCATIONAL NURSES (140)
License #, State: PN-9091 ID

CONFIDENTIAL DOCUMENT – FOR AUTHORIZED USE ONLY

**

**
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of
Tonya Kaye Haddock Gonzalez
License No: PN-9091

STIPULATION AGREEMENT FOR REVOCATION OF LICENSE

COMES NOW, the Idaho Board of Nursing, acting through its Executive Director, Leola Daniels, and Tonya Kaye Haddock Gonzalez, personally, and agree as follows:

1. That the Board of Nursing initiated an investigation of the licensee, based upon allegations of conviction of a felony and misrepresentation of facts on an application for licensure examination submitted in July, 1989.

2. That Tonya Gonzalez cooperated fully during the investigation and admits to conviction of a felony on December 3, 1991, and misrepresentation of facts on licensure application by answering "no" to questions: Do you now, or have you ever had a problem related to habitual use of alcohol or drugs? Have you ever been convicted of any criminal offense other than minor traffic violations?

3. That Tonya Gonzalez understands that the facts admitted in Statement number two constitute grounds for disciplinary action under Section 54-1412 (a), (1) and (3), Nursing Practice Act, IDAHO CODE.

4. That Tonya Gonzalez understands that she had the right to formal disciplinary proceedings pursuant to Section 54-1412, IDAHO CODE, and specifically hereby waives this right, and voluntarily surrenders Licensed Practical Nurse licensure certificate PN-9091, which expires August 31, 1992.

5. That Tonya Gonzalez hereby agrees to revocation of license number PN-9091, based upon voluntary surrender of licensure.

Tonya Kaye Gonzalez  2-2-92

Leola Daniels  February 12, 1992
LEOLA DANIELS, M.S., R.N.
Executive Director
Idaho Board of Nursing