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

Nancy Hale
Nancy Hale  
2907 W Old Hwy 91  
Inkom, ID 83245

Dear Ms. Hale:

During their meeting on July 23-24, 2009, 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to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-18756 was revoked.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 July 24, 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,

[Signature]

SANDRA EVANS, MAEd, RN  
Executive Director

SE:Ihc  
en 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: Nancy Hale, License No. N-18756, Respondent. Case No. BON 08-063

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. Nancy Hale (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. N-18756 to engage in the practice of nursing in the State of Idaho.

2. On May 8, 2008, Respondent self-referred into, and signed a Nurse Monitoring Contract with, the Program for Recovering Nurses (“PRN”). In the PRN contract, Respondent admits that “I suffer from chemical abuse/dependency and/or mental condition(s) that may impair my ability to practice nursing safely . . . .” Respondent further agrees that, among other things, she will “completely abstain from the use of alcohol (regardless of abuse diagnosis) and all other mind or mood altering drugs unless they are prescribed by” a physician. A copy of The Nurse Monitoring Contract is attached as Exhibit A (the “PRN contract”).

3. Subsequently, in May or July, 2008, Respondent attempted to remove Darvocet from the medication room at the hospital at which she worked. Respondent was not authorized to remove the Darvocet, so she asked a co-worker for help. The co-worker removed the Darvocet and gave it to Respondent. The co-worker reports that that day she observed that Respondent was acting different: Respondent was uncharacteristically late and without make-up, and was talking non-stop.

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FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1
4. On August 28, 2008, Respondent reported to her PRN Compliance Monitor that Respondent was enrolling for 30 days of inpatient treatment at the Walker Center in Gooding, Idaho.

5. On September 5, 2008, Respondent’s PRN sponsor reported to Respondent’s PRN Compliance Monitor and the Board that Respondent had been admitted to the emergency department for a Morphine overdose. As a consequence of these incidents, the PRN Coordinator notified the Board that he could no longer support Respondent’s continued enrollment in the PRN as a self-referral.

6. On October 16, 2008, the Board’s staff wrote to Respondent and asked her to complete a Temporary Voluntary Surrender form. Staff advised Respondent that if she returned the completed form and surrendered her license, the staff would notify the PRN that Respondent was eligible for re-enrollment. A copy of the October 16, 2008 letter from the Board’s staff (absent its attachments) is attached as Exhibit B.

7. On or about November 5, 2008, Respondent voluntarily surrendered her license and admitted that she had engaged in the following conduct: “I had a co-worker remove a Darvocet for me to administer to a [patient], and I [experienced] an accidental OD to a narcotic.” Respondent agreed to enter treatment as required by the Board, to fully participate in the Program for Recovering Nurses (PRN) monitoring program, and to resume the practice of nursing only at such time as a conditional limited license has been issued to her. Respondent further agreed that if she did not fully participate in and cooperate with the PRN, the Board could enter an order revoking or otherwise disciplining her license without further notice or hearing or other process given to her. A true and correct copy of Respondent’s Temporary Voluntary Surrender of License is attached hereto as Exhibit C.

8. Respondent subsequently communicated with the PRN. She advised the PRN Compliance Monitor in November 2008 that she had received the information she needed to register with the PRN’s drug testing company. Further, on January 7, 2009, the PRN sent her a new PRN contract to sign, advising her that it would need to receive the signed PRN contract by January 15, 2009.
9. On February 9, 2009, the PRN notified the Board that Respondent had not re-enrolled in the PRN. Respondent had not returned the signed PRN contract, and she had not registered with the PRN’s drug testing company. A copy of the PRN’s February 9, 2009 letter is attached as Exhibit D.

10. On February 10, 2009, Board staff sent a letter to Respondent telling her that she would need to return her signed PRN contract to the PRN Compliance Monitor and register with the PRN’s drug testing company by February 24, 2009, and that failure to do would result in her file being referred to the Board for possible disciplinary action. A copy of Board staff’s February 10, 2009 letter is attached as Exhibit E.

11. On March 2, 2009, the PRN notified the Board that Respondent still had not returned her signed PRN contract or registered with the Board’s drug testing company. A copy of the PRN’s March 2, 2009 letter is attached as Exhibit F.

12. On March 24, 2009, Board staff sent another letter to Respondent telling her that she would be placed on the PRN Advisory Committee’s April 10, 2009 agenda. A copy of Board staff’s March 24, 2009 letter is attached as Exhibit G.


14. On April 20, 2009, Board staff sent a letter to Respondent notifying her that the PRN Advisory Committee recommended that she sign a new Contract for Monitoring within two weeks, that she arrange for a re-evaluation within 90 days of signing the new Contract for Monitoring, and that she follow all recommendations in the evaluation report. The staff’s letter warned Respondent that “Any further failure to maintain absolute full compliance will result in your file being referred directly to the Board... for disciplinary action.” A copy of staff’s April 20, 2009 letter is attached as Exhibit H.

15. On June 2, 2009, Respondent called Board staff and indicated that she preferred to not re-enroll in the PRN and to instead “put her license on hold for two years.” Staff clarified to Respondent that putting her license “on hold for two years” means that her case would be referred to the Board for discipline based on her voluntary surrender of licensure, and that if her license is revoked she would be required to wait at least two years before she could ask for reinstatement. Respondent agreed to this
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 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

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

4. 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)(g) and Board Rule 100.08 (a nurse shall not violate the Board's laws, rules or standards of conduct and practice); and
   b. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use alcoholic beverages or drugs).

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. License No. N-18756 issued to Respondent, Nancy Hale 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) 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 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.

3. 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 ___ day of __________, 20 __.

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 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 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 27th day of July, 2009, I caused to be served a true and correct copy of the foregoing by the following method to:

Nancy Hale
2907 W Old Hwy 91
Inkom ID 83245

☑ 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

______________________________
Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 7
NURSE MONITORING CONTRACT

Client Name: Nancy Hale  
Date: 5/8/08

I, Nancy Hale, 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. 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
Initial Primary Care Provider/Dentist
Initial Pharmacy

RECEIVED MAY 13, 2009

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

- Attend ninety (90) 12-Step meetings in ninety (90) days, then rate TBD.
- Obtain and meet weekly with sponsor face-to-face to work the steps.
- Attend weekly Health Professionals support group.
- Have Evaluation done within 90 days of signing this contract and follow all recommendations.
- Random UA/Drug Testing.
- Medication Management.
- Attend Counseling with Teresa Ross, rate TBD by Counselor.
- Attend Intensive Outpatient and follow all recommendations at the conclusion of the course.

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:

The PRN encourages you to occasionally review this document!
I agree to maintain current releases of information in order to facilitate communication between relevant entities and PRN.

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 a minimum of 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 to, 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

The PRN encourages you to occasionally review this document!
employment as a traveling nurse, 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 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 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...

The PRN encourages you to occasionally review this document!
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 recomends 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!
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.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 (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.

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

[Signature]
Nurse
Date

[Signature]
Witness
Date

The PRN encourages you to occasionally review this document!
Dear Ms. Hale:

The Board of Nursing has received information regarding your attempting to remove a Darvocet from the medication room at Portneuf Hospital for which you did not have access to narcotics in July 2008, and admittance to the emergency room for a morphine drug overdose; violations of your Contract for Monitoring. As a result of your non-compliance, the Program Coordinator is no longer able to support your continued enrollment in the Board's Program for Recovering Nurses (PRN) as a Non-Board (self) referral. As a follow-up to this information, we are enclosing the following information:

- Informational Flyer and Brochure - Program for Recovering Nurses
- Temporary Voluntary Surrender of Licensure form

You will need to complete the Temporary Voluntary Surrender of Licensure form, affix your professional nurse license and return to this office within the next seven (7) days, but no later than November 3, 2008. Following receipt of these items, we will notify the Program for Recovering Nurses Coordinator that you are eligible for re-enrollment. At that time, you may contact John Southworth, Program Coordinator, Program for Recovering Nurses, 800/386-1695 to discuss your enrollment in this program as a Board referral by voluntary surrender.

You will be considered for a limited license once you meet the requirements indicated in the enclosed Standards for Return to Nursing Practice, and have received support from the Program Coordinator.

Your refusal to voluntarily surrender your license will result in investigation of the complaint of violation of the Nursing Practice Act and rules of the Board on file with this office.

Please contact me if you have questions concerning this information.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:Enclosure
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.
RULE 132
TEMPORARY VOLUNTARY SURRENDER OF LICENSE

1. Nancy Hale, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: I had a co-worker remove a narcotic for me to administer to a pt, and I exp. an accidental on to a narcotic.

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 voluntarily surrender my license on a temporary basis. Attached is my license, number N18751p; I agree to immediately discontinue the practice of nursing in Idaho.

8. I will enter treatment as required by the Board, and fully participate in the Program for Recovering Nurses (PRN) monitoring program. I will resume the practice of nursing only at such time as a conditional limited license has been issued to me. If I do not fully participate in and cooperate with the PRN, the Board may enter an order revoking or otherwise disciplining my license, including any conditional license that may have been issued, without further notice or hearing or other process given to me.

9. I understand that Board of Nursing representatives will, if questioned, report the status of my license as "surrendered".

DATED 11/2/08

Nancy Hale
Signature of Licensee

2407 West Ada Hwy P
Address

Idaho 83245
City, State, Zip

DATED

Revised 1008 – PRN

Signature of Witness

EXHIBIT 1
State of Idaho
Board of Nursing

This is to certify that:

NANCY HALE
2907 W OLD HWY 91
INKOM, ID 83245

has complied with the requirements of the law and is entitled
to practice as a LICENSED PROFESSIONAL NURSE (RN)

Valid when signed by licensee:
February 9, 2009

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

RE: Nancy Hale

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Nancy Hale, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Hale was sent a contract to sign on January 7, 2009. It was stated on the cover letter to this contract that it needed to be completed and returned to our office by January 15, 2009. To date, the PRN has not received this contract back. In addition, Ms. Hale has made no attempt to get registered with FirstLab, our drug testing company, even though she verbally informed me on November 3, 2008 in a phone conversation that she received the information she needed to do this from FirstLab.

Ms. Hale currently owes PRN $90.00.

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,

Bill Hofstra
Compliance Monitor
Southworth Associates

Cc: Nancy Hale
February 10, 2009
CERTIFIED MAIL

Nancy Hale
2907 W Old Highway 91
Inkom ID 83245

Dear Ms. Hale:

On October 16, 2008, you were sent information regarding the Board’s Program for Recovering Nurses (PRN). You had indicated that you were interested in surrendering your license and enrolling in the Program. Your licensure certificate was surrendered on November 5, 2008, and you were instructed to contact the PRN program regarding enrollment within seven (7) days.

We have been notified by the Compliance Monitor for PRN, that you have failed to return the signed contract by the required date of January 15, 2009. Additionally, you have not registered with First Lab, (the company that provides urine drug screening). No later than FEBRUARY 24, 2009, you must return your signed contract to your Compliance Monitor and complete your registration with First Lab. 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,

SANDRA EVANS, MAEd, RN
Executive Director

SE: lh
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.
March 2, 2009

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

RE: Nancy Hale

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Nancy Hale, a Board of Nursing referral, is currently not in compliance with the Program for Recovering Nurses (PRN). Ms. Hale has neither returned a signed contract, nor has she registered for FirstLab. These two items were outlined to her as needing to be completed by 2/24/09 as directed by the Board of Nursing in a letter from 2/10/09.

Ms. Hale is not currently under contract with the PRN.

Ms. Hale currently owes PRN $90.00.

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,

Bill Hofstra
Compliance Monitor
Southworth Associates

cc: Nancy Hale
Nancy Hale  
2907 W Old Hwy 91  
Inkom ID 83245  

Dear Ms. Hale:  

We have been notified by the Program for Recovering Nurses that you have failed to return a signed contract by the Board's deadline of February 24, 2009. You did telephone this office on February 19, 2009, and indicated that you would try to meet this deadline. As of this date, your contract has not been received by the Program for Recovering Nurses compliance monitor.  

Your file will be placed on the agenda for consideration by members of the Program for Recovering Nurses Advisory Committee at their meeting on April 10, 2009. Please contact Linda Coley (208) 334-3110 ext 25 in the Board office to schedule an appointment to meet with the Advisory Committee no later than April 1st.  

Please contact this office if you have questions concerning this information.  

Sincerely,  

SANDRA EVANS, MAEd, RN  
Executive Director  

cc: John Southworth, Coordinator
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<th>Description</th>
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**Sent To**

NANCY HALE  
2907 W OLD HWY 91  
INKOM, ID. 83245  

**Certified Mail Receipt**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com

**Postmark**

Here
Dear Ms. Hale:

Following your meeting with them on April 10, 2009, a review of your file, and the history provided by the Program Coordinator, the members of the Program for Recovering Nurses Advisory Committee made the following recommendations:

1. That you sign a new Contract for Monitoring for a five-year period and maintain total compliance with all requirements of the contract. The contract must be signed within two weeks of receipt and promptly returned to your compliance monitor; and

2. That you make arrangements for a re-evaluation within ninety (90) days of signing the contract; and

3. That you follow the recommendations included in the evaluation report.

Any further failure to maintain absolute full compliance will result in your file being referred directly to the Board of Nursing for disciplinary action.

If you have any questions regarding the Committee's recommendations, please contact this office or your compliance monitor.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhc
cc: PRN Program
U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage $ 7.28
Certified Fee
Return Receipt Fee
Restricted Delivery Fee
Total Postage & Fees $

Sent To
NANCY HALE
2907 W OLD HWY 91
INKOM, ID. 83245

PS Form 3810, August 2008

PS Form 3811, February 2004

Complete this section on delivery
3. Service Type
   Certified Mail
   Registered
   Insured Mail
   C.O.D.
   Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) □ Yes
   □ No

Received by (Printed Name) NANCY HALE
D. Is delivery address different from item 1? □ Yes
   □ No

If YES, enter delivery address below:

3. Article Number
   (Transfer from service label) 7007 3020 0001 4047 1095

Domestic Return Receipt

162565-02-M-18

SENDERS: COMPLETE THIS SECTION

1. Article Addressed to:
   NANCY HALE
   2907 W OLD HWY 91
   INKOM, ID. 83245

2. Article Number
   (Transfer from service label) 7007 3020 0001 4047 1095

PS Form 3811, February 2004

Clearance date 7/28/09
Clearance Here

Send
NANCY HALE
2907 W OLD HWY 91
INKOM, ID. 83245

PS Form 3810, August 2008