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

Leslie Hansen

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

In the Matter of the License of:

LESLIE HANSEN
License No. PN-13134

) ) Case No. EX070404
) ) FINDINGS OF FACT, CONCLUSIONS
) ) OF LAW, AND ORDER
) ) Respondent.
)

Having reviewed the documents filed in this matter, the Idaho State Board of Nursing (hereinafter the “Board”) enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Leslie Hansen (hereinafter “Respondent”) is licensed by the Idaho State Board of Nursing under License No. PN-13134 to engage in the practice of nursing in the State of Idaho.

2. In June 2004, Respondent submitted an Application for Licensure by Examination. Therein she responded yes to the question regarding having been diagnosed as having an illness or addiction. In correspondence dated May 24, 2004, Respondent reported to the Board that she had entered an alcohol treatment center in January 2000. Respondent also reported to the Board that she had been convicted of Driving Under the Influence in 2002 after relapsing. See, Exhibit A, attached hereto.

3. On or about November 26, 2004 Respondent was referred to the Program for Recovering Nurses (PRN) by the Board. On that same day she voluntarily surrendered her license. And on December 18, 2004 Respondent signed a Monitoring Contract with PRN based upon a drug/alcohol evaluation that recommended a relapse prevention regimen. See Exhibit B.

4. On February 3, 2005 the PRN was advised Respondent had relapsed and inpatient treatment was recommended by her counselor. On March 7, 2005 a warning letter was sent to Respondent advising her she was non-complaint with the PRN as she
had relapsed and had not been attending group counseling for several weeks. Exhibit C, attached hereto.

5. On April 12, 2005 the Board was advised by PRN that Respondent was non-compliant with the contract, as she had relapsed and not attended group counseling for several weeks. See Exhibit D.

6. The PRN Advisory Committee recommended that the case be submitted to the Board for disciplinary action based upon Respondent’s non-compliance and voluntary surrender at the Board meeting on July 28-29, 2005. Respondent was so advised on May 7, 2005. See, Exhibit E, attached hereto.

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 licensure, PN-13134 is conditioned upon her complying with all the laws, rules and regulations. Respondent’s actions and failure to act as set forth above are in violation of Idaho Code §§ 54-1413(1)(e) and (g) and IDAPA 23. 01.01.100.06 and IDAPA 23.01.01.101.01, and IDAPA 23.01.132 and hence constitutes grounds for discipline.

3. Respondent’s acts as set forth above constitute violations of Idaho Code § 54-1413, thereby authorizing the Board to impose sanctions against Respondent pursuant to Idaho Code § 54-1413(3)(a) and Idaho Code Section 67-5242(4).

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that License No. PN-13134 issued to Leslie Nelson, is:

[ ] Revoked

_____ Suspended ______ days/year(s) _____ indefinitely

Based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(4).

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

1. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;

2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
   a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.
   b. A detailed summary of employment since licensure revocation or suspension; and
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.
   d. Evidence of financial compliance with NCPS and the PRN program.

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

This order is effective immediately.

DATED this 28 day of July, 2005.

IDAHO STATE BOARD OF NURSING

By Randall Hudspeth, N.P., C.N.S.
Chairman

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).
Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

a. A hearing was held;

b. The final agency action was taken;

c. The party seeking review of the order resides; or

d. The real property or personal property that was the subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 3rd day of August, 2005, I caused to be served a true and correct copy of the foregoing FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER addressed as follows:

Cheri L. Bush
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

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

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

Leslie Hansen
590 N. University, #2
Blackfoot, ID 83221

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

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
LESLIE HANSEN
590 N UNIVERSITY #2
BLACKFOOT ID 83221

RECEIVED BY
Drew Hanson
8-06-2005

SERVICE TYPE
Certified Mail

RESTRICTED DELIVERY
Yes

Domestic Return Receipt
102395-00-M-0952
APPLICATION FOR NURSE LICENSURE BY EXAMINATION

License # 00-15134
Receipt # 37053

Amount:
☐ $90 (RN EXAM)
☐ $75 (LPN EXAM)
☐ $25 (TEMP. LIC.)

Temp. Lic.

Approval:

Temporary License Requested?
☒ YES  ☐ NO

Date of photo 4/15/04

Name Hansen Leslie Ann Malden

Last First Middle

Other names used previously

Mailing Address 590 N University #2 Blackfoot ID 832

City

Telephone - Home: ( ) 182 1090 Work: ( ) S.S. No.

Birthplace Idaho Falls ID (City & State)

Birth Date 11/13/55 (1955)

SECTION I. BASIC RN/LPN EDUCATION

Name of Practical Nursing (LPN) Education Program EITC

Location Idaho Falls ID

Dates Attended 08/30/03 - 05/04 Advanced Technical Certificate

Type of Degree/Credential Granted

Name of Professional Nursing (RN) Education Program Eastern Idaho Technical College

Location 2800 E Hitt Road Idaho Falls ID

Dates Attended

Type of Degree/Credential Granted

Have you ever taken the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX) for Registered or Practical Nurses in any jurisdiction of the United States? YES ☐ NO ☒

PASS ☐ FAIL ☒

- OVER -
SECTION II. SCREENING QUESTIONS

PLEASE ANSWER ALL QUESTIONS:

1. Has your nursing license ever been disciplined in any state (e.g., revoked, suspended, placed on probation, formally reprimanded, or otherwise encumbered)?
   NA ☐ Yes ☐ No ☑

2. Is any action pending against your nursing license in any state?
   NA ☐ Yes ☐ No ☑

3. Have you ever had an application for nursing license denied?
   NA ☐ Yes ☐ No ☑

4. Have you ever been denied admission to a nursing examination by any state?
   NA ☐ Yes ☐ No ☑

5. Do you have or have you been diagnosed as having, or have you been treated for having a physical or mental condition, including drug or alcohol addiction during the past five years, which may impair your ability to practice nursing with reasonable skill and safety?
   Yes ☑ No ☐

6. If yes, do you require special accommodations in order to practice?
   NA ☐ Yes ☐ No ☑

7. Do you currently have any felony or misdemeanor charges pending against you in any jurisdiction?
   Yes ☑ No ☐

8. Have you ever pled guilty, entered a plea of nolo contendere, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction?
   Yes ☑ No ☐

For all "Yes" answers, attach a complete explanation including dates, circumstances and supporting documents if applicable.

THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.

STATE OF IDAHO
COUNTY OF BINGHAM

Leslie Hansen, being duly sworn, declare that I have no mental or physical disabilities (except as noted above) that would preclude me from giving safe nursing care at all times; that I am the person referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit.

Leslie A. Hansen

Signature of Applicant

On this 1st day of June, 2004, before me, Donna Cronquist, a notary public, personally appeared the following individual: Leslie Hansen, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

Donna Cronquist

Signature of Notary Public

Commission expires 12/2/2004

WITNESS my hand and official seal.

YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 THROUGH 54-1404 UNTIL YOU HAVE Filed AN APPLICATION AND RECEIVED A TEMPORARY OR RENEWABLE LICENSE.
May 24, 2004

To the Idaho Board of Nursing:

In January 2000, I voluntarily entered an alcohol treatment center named Highland Ridge in Salt Lake City, UT. I successfully completed the 28 day program.

I had a relapse in 2002 after going through a divorce and a loss of a job due to downsizing. I received a DUI, and entered the Bingham County Drug Court program which is a very intense and difficult program with great emphasis on education and coping skills. I successfully completed this year long program and then a year of probation. To complete this program all fines must be paid and sobriety maintained. I have enclosed documents to this effect.

I would like to say that on the form that asked if answering yes, would mean that it would impair my ability to practice nursing with skill or safety I want to clarify it would not as long as I maintain my sobriety, which I am doing. I will comply with any requirements that will be necessary to get my license and will do anything to continue in this program.

I am active in AA and continue to understand the importance of my sobriety. This experience has given me great insight to the power and disease of addiction and therefore a great learning experience and hopefully a nursing skill that I may help others with the same affliction.

Sincerely,

Leslie Hansen
NURSE MONITORING CONTRACT

Client Name: Leslie Hansen     Date: 12/18/04

1. Leslie Hansen, recognizing that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses. During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.

I agree to provide my selected healthcare provider with a copy of this agreement and ask 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 # of refills.

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

- Work Supervisor
- Spouse or significant other
- Primary Care Provider/Dentist
- Other

I agree to participate in and attend regularly in the following activities:

- Attend Relapse Prevention at Family Recovery Center
- (2-3) Mutual Support Group Meetings per week
- Meet weekly with sponsor face-to-face to work the steps
- Random UA/Drug Testing
- Weekly Health Professionals Support group

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

I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.

I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.

I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the Board of Nursing.

Client Signature: Leslie A. Hansen     Witness: ___________
Client Address: 590 N University #2     Program Coordinator
Blackfoot ID 83221
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Leslie Hansen, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Alcoholism.

2. I understand that the admitted facts constitute grounds for disciplinary action pursuant to the Nursing Practice Act, Idaho Code §54-1413(1) and the rules of the Board, IDAPA 23.01.01, et seq. I also understand that the Board of Nursing has the authority to accept this voluntary surrender pursuant to Idaho Code §54-1413(2)(a).

3. I am aware that, without my consent, no legal action can be taken against me, except pursuant to the Idaho Administrative Procedures Act, Chapter 52, Title 67, Idaho Code.

4. I understand that I have the following rights, among others: the right to a formal fact finding hearing before the Board, to reasonable notice of said hearing, to representation by counsel, to present evidence and testimony on my behalf, to compel the testimony of witnesses, and to cross-examine witnesses against me; and

5. I waive all such rights, including the right to a formal disciplinary hearing.

6. I also waive the right to challenge the board for bias in the event that charges concerning these admitted facts or any other matter involving my license are brought before the board.

7. In lieu of a formal disciplinary hearing, I hereby voluntarily surrender license number PN-13324 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

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

DATED: 11/15/04

Signature of Licensee
540 N University #2
Address
Blackfoot ID 83221
City, State, Zip

DATED: 11-15-04

Signature of Witness
6/99-PRN
RULE 132.04.

VOLUNTARY SURRENDER OF LICENSE

I, Leslie Hansen, by affixing my signature hereto, acknowledge that: Alcoholism

acts constitute grounds for disciplinary action pursuant to 54-1413(1) and the rules of the Board, IDAPA 23.01.01, and of Nursing has the authority to accept this voluntary 413(2)(a).

Insent, no legal action can be taken against me, except procedures Act, Chapter 52, Title 67, Idaho Code.

Following rights, among others: the right to a formal fact reasonable notice of said hearing, to representation by any on my behalf, to compel the testimony of witnesses, me; and

the right to a formal disciplinary hearing.

the board for bias in the event that charges concerning involving my license are brought before the board.

hearing, I hereby voluntarily surrender license number 13134, I agree to enter a monitoring program and to resume the practice of a limited license has been issued to me.

ng representatives will, if questioned, report the status of

Leslie Hansen 590 N University # 2
Address Blackfoot ID 83221
City, State, Zip Kathy McBride
Signature of Licensee Signature of Witness

DATED: 11/15/04
6/99-PRN
March 7, 2005

Leslie Hansen
590 N. University, #2
Blackfoot, ID 83221

RE: Non-compliance with PRN contract

Dear Ms. Hansen,

On February 3, 2005 the PRN received notification from Jill Hoffer at Family Recovery Center that you have admitted to drinking again and that you have failed to contact her for further treatment recommendations. The PRN has since left you two messages requesting call back with no response. This relapse constitutes a violation of your contract with PRN to remain alcohol free.

Also, you have failed to comply with the other requirements of your contract including UA testing, Relapse Prevention at Family Recovery Center, PRN support group, Mutual support group, and meeting with a sponsor. You must contact PRN and provide confirmation that you have contacted Jill Hoffer, and start attending all activities required by your contract by March 16, 2005. If you fail to comply with this request, the PRN will contact the Board of Nursing regarding your non-compliance.

If you have any questions, feel free to contact me at 800-386-1695.

Sincerely,

[Signature]

Nicole Stivers
PRN Compliance Monitor

cc: Jill Hoffer
Idaho Board of Nursing
April 12, 2005

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

RE: Leslie Hansen

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Leslie Hansen, a Board of Nursing referral, is currently not in compliance with her PRN contract due to not contacting Jill Hoffer at Family Recovery Center for further treatment recommendations following her relapse, and not following through with the requirements of her contract, even after being issued a warning letter from the Program for Recovering Nurses on March 7, 2005.

Ms. Hansen’s PRN contract requirements include the following: 1) Attend Relapse Prevention at Family Recovery Center, 2) Attend two to three 12-Step meetings per week, 3) Random UA/drug testing, 4) Meet with sponsor weekly face-to-face to work the steps, and 6) Attend Health Professionals Support Group.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact me at (208) 323-9555.

Sincerely,

Nicole Stivers
Compliance Monitor

cc: Leslie Hansen

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
Dear Ms. Hansen:

We have been notified by the Program for Recovering Nurses that you are not in compliance with the contract you signed December 18, 2004.

Your file will be considered by the members of the Advisory Committee of the Program for Recovering Nurses at their meeting on June 24, 2005, 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 June 11, 2005.

Please contact me if you wish to discuss this information.

Sincerely,

[Signature]

Leslie Hansen
590 N University #2
Blackfoot, ID 83221
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing  

FROM: Karen Ellis, RN, Chair  
Program for Recovering Nurses  

DATE: June 24, 2005  

The file of Leslie Hansen was reviewed at the Advisory Committee meeting on June 24, 2005, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Program for Recovering Nurses  

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature: [Signature]  
Date: 6-24-05  

Action Recommended to Board: [License # PN-13134]  

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.