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

Jennifer L. Harden

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Jennifer L. Hardin  
1907 Gold Dust Road  
Cascade ID  83611

Dear Ms. Hardin:

During their meeting on November 4-5, 2010, the Board of Nursing members took action to affirm the Order of Summary Suspension of Limited License and to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-29038 was revoked.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 November 5, 2010. 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:ihc  
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:  
JENNIFER L. HARDIN, 
License No. N-29038, 
Respondent.  

Case No. BON 04-127

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. Jennifer L. Hardin (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. N-29038 to engage in the practice of nursing in the State of Idaho.

2. On or about November 24, 2004, Respondent reported to the Board that she had been terminated from her employment after admitting to diverting and using IM Demerol 100 mg to help her sleep.

3. On December 2, 2004, Respondent voluntarily surrendered her license, further admitting that she forged and stole Demerol from her employer and that she was addicted and in need of treatment. 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 December 24, 2004, 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 B (the “2004 PRN Contract”). In the 2004 PRN Contract, Respondent states, among other things, that “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 participate in and attend regularly . . . activities” including 3-4 12-step meetings per week and random UA/drug testing, and “to accurately describe my weekly recovery activities . . . and submit regular monitoring reports to the independent monitoring service.” Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

5. On April 25, 2005, Respondent was issued a conditional limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with her 2004 PRN Contract.

6. On August 14, 2007, the PRN notified the Board that Respondent was not in compliance with her 2004 PRN contract due to positive urinalysis (UA) test results on July 19, 2007 and July 20, 2007, for Meperidine/Meperidine Metabolite and Meperidine. A true and correct copy of the August 14, 2007, letter from PRN to the Board is attached hereto as Exhibit C.

7. On August 20, 2007, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued a Notice of Summary Suspension of Limited Licensure in this case, immediately terminating Respondent’s limited license. Respondent was notified that her case would be reviewed by the PRN Advisory Committee (PRNAC) at its next scheduled meeting and that she could request a hearing on the summary suspension of her limited license within 20 days of the service of the Notice of Summary Suspension of License. A copy of the Notice of Summary Suspension of Limited Licensure is attached as Exhibit D.

8. On October 19, 2007, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent (1) continue to be monitored by the PRN and (2) sign a new Contract for Monitoring for a five-year period. Respondent was also advised that a limited license would be considered following support of the PRN. A copy of the October 19, 2007, letter from the Board to Respondent is attached as Exhibit E.

9. On November 7, 2007, 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 F (the “2007 PRN Contract”). In the 2007 PRN Contract, Respondent states, among other things, that “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 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 . . . .”

10. On January 8, 2008, Respondent was issued a conditional limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with her 2007 PRN Contract.

11. On March 24, 2009, the PRN notified the Board that Respondent was not in compliance with her 2007 PRN contract due to a positive UA test result on February 25, 2009, for ethyl alcohol. A second test on the sample revealed very high levels of ethylglucuronide (EtG) and ethyl sulfate (EtS). A copy of the March 24, 2009, letter from PRN to the Board is attached as Exhibit G.

12. On March 24, 2009, Respondent was notified that this matter would reviewed by the PRNAC at its April 10, 2009, meeting and that she could request to meet with the PRNAC by calling the Board office by April 1, 2009, to request an appointment time. A copy of the March 24, 2009, letter to Respondent is attached as Exhibit H.

13. On April 15, 2009, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent sign a new Nurse Monitoring Contract for a five-year period and maintain total compliance with all terms and conditions. Respondent was also admonished for her pattern of repeated relapses. A copy of the April 15, 2009, letter from the Board to Respondent is attached as Exhibit I.

14. On May 18, 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 J (the “2009 PRN Contract”). In the 2009 PRN Contract, Respondent states,
among other things, that "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 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 . . . ."

15. On March 22, 2010, the PRN notified the Board that Respondent was not in compliance with her 2009 PRN contract due to a positive UA test result on March 8, 2010, for ethyl sulfate (EtS). A copy of the March 22, 2010, letter from PRN to the Board is attached as Exhibit K.

16. On March 28, 2010, Respondent sent a letter to the Board's Executive Director admitting to failing the March 8, 2010, UA because she had taken cold medicine which contained alcohol. A copy of the March 24, 2009, letter from PRN to the Board is attached as Exhibit L.

17. The Board was notified that Respondent's May 3, 2010, UA was rejected for testing as there was "insufficient specimen volume." A copy of the test report for the May 3, 2010, UA is attached as Exhibit M.

18. On May 13, 2010, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued a Notice of Summary Suspension of Limited Licensure in this case, immediately terminating Respondent's limited license. Respondent was notified that her case would be reviewed by the PRN Advisory Committee (PRNAC) at its next scheduled meeting and that she could request a hearing on the summary suspension of her limited license within 20 days of the service of the Notice of Summary Suspension of Licensure. A copy of the Notice of Summary Suspension of Limited Licensure is attached as Exhibit N.

19. On June 25, 2010, Respondent sent a letter to the PRN that she was officially resigning from the program, a true and correct copy of which is attached hereto as Exhibit O.
20. On October 22, 2010, the PRNAC referred this matter to the Board for disciplinary action. A true and correct copy of the October 22, 2010, memo from the PRNAC to the Board is attached hereto as Exhibit P.

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-29038 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from her employer without prior consent or authorization from her employer.

4. Respondent admitted that she was addicted to controlled substances and in need of treatment.

5. 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.

6. Respondent’s acts as set forth above constitute violations of the laws and rules governing the practice of nursing in the State of Idaho; specifically:
   a. Idaho Code § 54-1413(1)(e) and Board Rule (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);
   c. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);
   d. Board Rule 101.04.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); and

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 5
e. Board Rule 101.05.f (a nurse shall respect the property of the patient and employer and shall not take or divert equipment, materials, property, or drugs without prior consent or authorization).

7. Pursuant to Idaho Code § 54-1413(3)(a), Respondent’s voluntary surrender of her license empowers the Board, without a hearing, to revoke or suspend Respondent’s license and/or impose such conditions, limitations, or restrictions on her license as the Board in its discretion may deem appropriate.

ORDER

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

1. Pursuant to IDAPA 23.01.01.132.06.b, the Board hereby AFFIRMS the May 13, 2010, summary suspension of Respondent’s license.

2. License No. N-29038 issued to Jennifer L. Hardin is hereby:

✓ Revoked: Respondent may not apply for reinstatement for a two (2) year period after entry of this Order.

___ Suspended: _____ days _____ year(s) _____ indefinitely. Respondent’s license shall be a single-state license during the term of suspension and Respondent shall not be eligible to practice on the Compact privilege in any other state participating in the Nurse Licensure Compact with the State of Idaho.

3. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements set forth in applicable statutes and rules including 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:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 6
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 requested deemed necessary by the Board in its discretion to demonstrate Respondent’s fitness to practice nursing.

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 5th day of November, 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

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 7
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 8th day of November, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Jennifer L. Hardin
1907 Gold Dust Road
Cascade, ID 83611

☐ 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 - 8
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, ______________________, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: ______________________
   (Already entered PRN program)

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
   ______________ 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: 12-3-04

Signature of Licensee

DATED: 12-2-04

Address

City, State, Zip

Signature of Witness

Exhibit A

Page 1 of 1
NURSE MONITORING CONTRACT

Client Name:  Jennifer Hardin   Date:  12-24-04

I, Jennifer Hardin, 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:

* Alcohol/Drug Education
* Group Therapy
* Counseling
* 3 Mutual Support Group Meetings
* Meet weekly with sponsor face-to-face to work the steps
* PTSD group
* 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  
Witness  

Client Address  1925 Cedar Ave  Program Coordinator  
Leavenworth, IN  83501  

RECEIVED  DEC 29 2004
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

- I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.
- I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.
- Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.
- In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.
- It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

- I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.
- I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.
- I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.
- My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.
- I will not work the night/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 Program for Recovering Nurses.

UA TESTING

- It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
- Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

- I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

- I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.

- I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating “Dilution” or “Substitution” according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any diuretics, including 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.

**PRESCRIPTION DRUG/HEALTH CARE**

- I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as such by the emergency physician and such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to notify any and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

- Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician’s name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

- I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

- Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she 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 will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

- Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

- If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

- I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

- I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

- The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

**TERMS AND CONDITIONS OF THE CONTRACT**

- The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

- The PRN reviews contracts on an annual basis, and 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 on my contract at any time.

- All changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly committee meeting.

**ADMONITIONS**

- No self-prescribing any drug, legend or scheduled (controlled).

- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

- Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primagene Mist, vanilla extract, etc.

- Do NOT consume so called "non-alcoholic" beer and/or wine.

- Beware of inappropriate 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.

---

**RECEIVED**

Exhibit B
Page 4 of 5

DEC 29 2004
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.

MISCELLANEOUS GUIDELINES

- I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.
- I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.
- I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.
- In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.
- The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant’s practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

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

![Signature]

Nurse

12-24-04

Date

Witness

12-24-04

Date

*The PRN encourages you to occasionally review this document.*
August 14, 2007

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

RE: Jennifer Hardin

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Jennifer Hardin, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Hardin submitted to urinalysis (UA) testing on July 19, 2007 and July 20, 2007. Both of these UA’s were found to be positive for “Meperidine/Meperidine Metabolite” and “Meperidine”. Both tests were subsequently failed by the PRN’s medical review officer because Ms. Hardin could produce no evidence of having been prescribed any medications which contain those chemicals.

Ms. Hardin’s current contract with PRN was signed on December 24, 2004. Ms. Hardin’s contract requirements include the following: 1) Attend AA/NA meetings at the rate of two times per week, 2) Meet weekly, face-to-face, with sponsor to work the steps, and 3) Random urinalysis/drug testing. Ms. Hardin has generally remained in compliance with her PRN contract but has made a couple of slips over the years. Ms. Hardin appeared to be working a strong program up until this most recent episode of non-compliance. She has presented evidence (through her work-site monitor) that she is competent in her nursing abilities.

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

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Jennifer Hardin

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

In the Matter of

Jennifer Hardin

N-29038

ORDER OF
SUMMARY SUSPENSION
OF LIMITED LICENSURE
CASE No: 04-127

This Order serves to officially notify you that your limited license, number N-29038, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed December 24, 2004, by
2. Admitting to using 50 mg of Demerol that you administered to yourself via I.M. injection.

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (October 25-26, 2007). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 20th day of August, 2007.

SANDRA EVANS, MAEd, RN
Executive Director

Exhibit D
Page 1 of 2
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 20th day of August, 2007, I caused to be served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

Roger Gabel
Deputy Attorney General
Office of the Attorney General
PO Box 83720
Boise, Idaho 83720-0010

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

Jennifer Hardin
PO Box 691
Donnelly, ID 83615

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

Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
Jennifer Hardin  
PO Box 691  
Donnelly, ID 83615  

Dear Ms. Hardin:

During their October 19, 2007 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and the history provided by the Program Coordinator.

Following their review, the Committee made the following recommendations:

1. That you continue to be monitored by the Program for Recovering Nurses for compliance with all requirements of your contract;
2. That you sign a new Contract for Monitoring for a five-year period;
3. That following support of the Contractor regarding your return to work, a limited license will be considered.

The Committee members cautioned you to maintain total compliance with all aspects of your monitoring contract.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhcc  
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.
PROGRAM FOR RECOVERING NURSES
NURSE MONITORING CONTRACT

Client Name: Jennifer Hardin
Date: 11-7-07

I, Jennifer Hardin, 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:

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

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

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

- [ ] Initial Alcohol/Drug Education
- [ ] Initial Group Therapy
- [ ] Initial Counseling
- [ ] Initial Attend Intensive Outpatient (IOP) @ Bell Counseling
- [ ] Initial Attend ninety 12-step meetings in ninety days, then 4 per week thereafter.
- [ ] Initial Obtain and meet weekly with sponsor face-to-face to work the steps.
- [ ] Initial Attend weekly counseling as part of Relapse Prevention.
- [ ] Initial 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

Client Address

Witness

Program Coordinator

Southworth Associates
5530 W. Emerald
Boise, ID 83706
(208) 323-9555
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses (PRN) agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

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

➢ I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.

➢ Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.

➢ In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.

➢ It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

➢ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.

➢ I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.

➢ I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.

➢ My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, no 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 will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work in any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

➢ It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call-in to NCPS.

➢ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

- I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.
- I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.
- I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating “Dilution” or “Substitution” according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any diuretics, including 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.

**PRESCRIPTION DRUG/HEALTH CARE**

- I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as such by the emergency physician and such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to notify any and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

- Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician’s name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

- I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

- Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.

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Last Revision 10/30/03
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

- *Any time* over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, the 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 Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

- I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

- The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

**TERMS AND CONDITIONS OF THE CONTRACT**

- The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

- The PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, etc., then the PRN may make changes on my contract at any time.

- All changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

**ADMONITIONS**

- No self-prescribing any drug, legend or scheduled (controlled).

- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

- Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, 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 (MISS UA = POSITIVE UA).

Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.

Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.

In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.

AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.

Don't "advertise" your addiction or your recovery.

MISCELLANEOUS GUIDELINES

I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.

I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.

In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.

The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant’s practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

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

Nurse

Date 11-7-07

Witness

Date 11-7-07

*The PRN encourages you to occasionally review this document.*
March 24, 2009

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

RE: Jennifer Hardin

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Jennifer Hardin, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Hardin submitted a UA specimen on 2/25/09 which was positive for ethyl alcohol. A second test was done on the same sample revealing "very high levels" of EtG and EtS according to the program Medical Review Officer (MRO). Because ingesting alcohol in any form is against program policy, the PRN failed this drug screen.

Ms. Hardin's current contract with PRN was signed on 11/7/07. Ms. Hardin's contract requirements include the following: 1) Attend 3 12-Step meetings per week, 3) Meet weekly, face-to-face, with Sponsor to work the steps, 4) Attend Counseling as needed, and 5) Random UA testing.

Ms. Hardin currently owes PRN $0.00. She owes FirstLab $0.00.

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,

[Signature]
Bill Holstra
Compliance Monitor
Southworth Associates

cc: Jennifer Hardin

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Jennifer Hardin  
1907 Gold Dust Rd  
Cascade ID 83611

Dear Ms. Hardin:

We have been notified by the Program for Recovering Nurses that you are not in compliance with your monitoring contract requirements due to producing a urine drug screen that tested positive for ethyl alcohol on February 25, 2009. A second test on the same screen revealed high levels of EtG and EtS. Producing a positive urine drug screen is in direct violation of your Contract for Monitoring.

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

SE:lh  
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.
Jennifer Hardin  
1907 Gold dust Rd  
Cascade ID 83611

Dear Ms. Hardin:

Following your meeting with them on April 10, 2009, in addition to 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; and
2. That you be admonished for a pattern of repeated relapses, as persistent relapsed behavior will not be tolerated and may present too great a safety risk to the public.
3. Failure to maintain absolute full compliance will result in your limited license being summarily suspended and 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,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE: lh
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.
NURSE MONITORING CONTRACT

Client Name: Jennifer L. Hardin
Date: 5-18-09

I, Jennifer Hardin, 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

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.
- Meetings with Counselor, rate TBD by Counselor.
- 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 report 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.
- I agree that PRN and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

The PRN encourages you to occasionally review this document!
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 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 more than 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 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 not to 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 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

The PRN encourages you to occasionally review this document!
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  

RECEIVED MAY 21 2009

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 (MISSUA = 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.

Nurse: [Signature] 5 - 18 - 09
Date

Witness: [Signature] 5 - 18 - 09
Date

RECEIVED MAY 21 2009

The PRN encourages you to occasionally review this document!
March 22, 2010

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

RE: Jennifer Hardin

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Jennifer Hardin, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Hardin submitted a UA specimen on March 8, 2010 which was positive for "ethyl sulfate" (alcohol). After review with the Medical Review Officer (MRO), this drug screen has been failed. In addition to the above failed drug screen, Ms. Hardin has failed to provide evidence of meeting with a counselor as directed in her current PRN contract.

Ms. Hardin's current contract with PRN was signed on May 18, 2009. Ms. Hardin's contract requirements include the following: 1) Attend three to four (3-4) 12-Step meetings per week, 2) Meet weekly, face-to-face, with Sponsor to work the steps, 3) Attend Counseling as needed (see above), and 4) Random UA drug testing.

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

Sincerely,

[Signature]

Steven R. Hurst
Compliance Monitor
Southworth Associates

cc: Jennifer Hardin
Teri Coombs

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
March 28, 2010

Dear Sandra:

Enclosed please find correspondents with PRN, both Steven Hurst and Bill Hofstra. I have been trying to address this counseling issue since December 2009. Attached are copies. Most recently, I was turned over to Board of Nursing on March 22nd by Steven and when I responded to him on March 25th, found out that he hadn’t had time to review my documents due to “case load and demands”. I was also informed that he was leaving PRN and that I would be taken care of by Bill Hofstra again. This is the third change of monitors in the last few months.

I take full responsibility for the failed random due to alcohol. I had taken an over-thecounter cough medicine without checking “inactive ingredients”. I had been sick for over a week and the coughing continued to keep me awake at night.

I attend 12-step meetings and sponsor 2 young adults. I’ve have also enclosed my annual work evaluation, articles that I have written for the local paper, Cascade Medical Center Newsletter that I have spearheaded, Fit and Fall Certificate (I volunteer teach classes for senior citizens) and my recent venture, baking cakes for Angel Cakes. I also belong to the American Legion Auxiliary here in town which does a lot charity work for veterans, their families and local children in the community.

I just hope that the Board of Nursing will see that I am a good nurse and person. I did make a mistake, but I hope that you will be lenient in your decisions about my future.

Thank you for your time and consideration. If I should need to meet with the Board, I am available any time.

Sincerely,

Jennifer Hardin RN

cc: Teri Coombs, RN, DNS, Work-site Monitor

Bill Hofstra - PRN Monitor

Attachments
**Patient Information**  
000051241  
Primary Id: 000051241

**Specimen Information**  
Specimen: 998792U  
Requisition: 4272103  
Lab Ref No:

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<td>05/06/2010</td>
<td>05/06/2010</td>
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<td>15:03</td>
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Reason: NOT PROVIDED

**Tests Ordered:** 22306N (MEDPRO B PNLD/ALC(U))

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<th>GC/MS Confirm Test Level</th>
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**HPP - Substance Abuse Panel**  
REJECTED FOR TESTING: PAPAL PLAM, INSUFFICIENT SPECIMEN VOLUME

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<tr>
<th>MFP - Narcotics</th>
<th>Initial Test Level</th>
<th>GC/MS Confirm Test Level</th>
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</table>

**Certifying Scientist:** REDEMP TO BASAS

**Specimen Received and Processed in the Norristown DHHS Certified Laboratory.**

**Lab:** Quest Diagnostica-Philadelphia  
400 Egypt Rd  
Norristown PA 19403

>> END OF REPORT <<

[Signature]

Certifier
Hardin
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of

Jennifer Hardin

ORDER OF

SUMMARY SUSPENSION

OF LIMITED LICENSURE

CASE NO: 04-127

This Order serves to officially notify you that your limited license, number N-21494, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed May 18, 2009, by
   a. Testing positive on March 8, 2010 for ethyl sulfate (EtS) and admitting to using over-the-counter cough syrup that contained 10% alcohol.
   b. Rejection of May 3, 2010 specimen for “insufficient specimen volume”

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting (June 25, 2010) for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (July 22-23, 2010). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 12th day of May, 2010.

SANDRA EVANS, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 13th day of May, 2010, I caused to be served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

Roger Gabel  
Deputy Attorney General  
Office of the Attorney General  
PO Box 83720  
Boise, Idaho 83720-0010

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

Jennifer Hardin  
1907 Gold Dust Rd  
Cascade ID 83611

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

[Signature]

Linda H. Coley  
Management Assistant  
Board of Nursing
June 25, 2010

Program for Recovering Nurses
Bill Hofstra
5530 West Emerald
Boise, Idaho 83706

Dear Bill:

This letter serves as my formal resignation from the Program for Recovery Nurses dated June 25, 2010.

Best Wishes

Jennifer L. Hardin, BSN

cc: Idaho Board of Nursing
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing  

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

DATE: October 22, 2010  

The file of Jennifer Hardin was reviewed at the Advisory Committee meeting on October 22, 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  
Date  

Action Recommended to Board: Refer for recommended license revocation for failure to comply with monitoring conditions.
JENNIFER L HARDIN
1907 GOLD DUST RD
CASCADE, ID. 83611