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

MARIE HAWKINS
N-20025

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

In the Matter of

Marie Antionette Bate

HAWKINS

LICENSE NO: N-20025

ORDER OF
REVOCATION OF
LICENSE

CASE NO: 94-114

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

IT IS HEREBY ORDERED, that the professional nurse license of Marie Antionette Bate Hawkins, number N-20025, be and it hereby is revoked, based upon voluntary surrender, and is subject to Subsequent Review under 54-1412 (c), IDAHO CODE.

BE IT FURTHER ORDERED, that should Marie Antionette Bate Hawkins request reinstatement of licensure in the future, that she present:

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

2. Documentation that she is rehabilitated and competent to practice nursing by submitting:

   a. A drug/alcohol evaluation completed by a qualified evaluator at the time of application for reinstatement.

   b. A detailed summary of employment since licensure revocation.

   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.

   d. Confirmation of active, on-going participation in a recovery program.

DATED THIS   February 9, 1995

_/Faith Y. Peterson/_

FAITH Y. PETERSON, R.N.
Chairman
Idaho Board of Nursing
November 17, 2004

Marie Hawkins
606 Bacon Drive
Boise, ID 83712

Dear Ms. Hawkins:

Following their review of written materials and their meeting with you on November 12, 2004, the Board of Nursing members took action to issue you a temporary license since you have not been employed in nursing for over three years. The temporary license will be issued for ninety (90) days to allow you to update your knowledge and skills. Conditions of the temporary license are:

1. That you work under professional nurse (R.N.) supervision with no charge responsibilities.
2. That after a minimum of 80 hours of supervised practice, an R.N. supervisor submits directly to the Board of Nursing a written performance evaluation regarding basic nursing skills as addressed in Nursing Practice Rules. (The performance evaluation must confirm the number of hours you worked under R.N. supervision.)
3. That you complete a content update as appropriate for a licensed professional nurse.

Following receipt of the performance evaluation confirming number 2 above, a limited license with conditions for five (5) years will then be issued. The conditions of limited licensure are indicated on the attached Acknowledgement of Probationary Limited License and Monitoring form. You will need to affix your signature to this form and return to the Board office. A copy of the signed form will be returned with your limited license.

The temporary license can be issued upon receipt of the $25.00 fee required under IDAPA 901.04a. The limited license will be issued upon receipt of the $100.00 fee (we will credit the temporary license fee toward the limited license fee, leaving a balance of $75.00).

Motivation to assume responsibility for the submission of reports is an important aspect of recovery. Therefore, no reminders will be sent by the Board of Nursing in

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.
advance of when reports are due. You are expected to submit reports in a timely manner. Reports may be faxed (208/334-3262) to aid in their timely submission. All reports should be submitted no later than the 30th of the month in which they are due.

The probationary limited license or temporary license may be withdrawn and shall be surrendered upon demand, without prior notice or hearing, in the event the Board of Nursing or its staff receives information or evidence that any of the conditions of the Probationary Limited License or the rules of the Board have been violated.

Please contact me if you have any questions concerning the Probationary Limited License or the conditions outlined in this letter.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhce
enclosure
February 9, 1995

CERTIFIED MAIL

Marie Hawkins
606 Bacon Drive
Boise ID 83712

Dear Ms. Hawkins:

Upon formal action by the Idaho Board of Nursing on February 9, 1995, your professional nurse license N-20025, was revoked by reason of voluntary surrender. Enclosed is the Order of Revocation.

You may not practice nursing in the State of Idaho during the time your license is revoked.

Sincerely,

LEOLA DANIELS, M.S., R.N.
Executive Director

LD:lhc
enclosure
Marie Hawkins
606 Bacon Drive
Boise ID 83712

4a. Article Number: 78897

4b. Service Type:
   - [ ] Registered
   - [x] Certified
   - [ ] COD
   - [ ] Express Mail
   - [ ] Return Receipt for Merchandise

7. Date of Delivery: 11/6

8. Addresser's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. [ ] Addresser's Address
2. [ ] Restricted Delivery
   Consult postmaster for fee.

Thank you for using Domestic Return Service.

PS Form 3811, December 1991  U.S. GPO: 1993-362-714 DOMESTIC RETURN RECEIPT
November 14, 1991

CERTIFIED MAIL

Marie Hawkins
606 Bacon Drive
Boise, ID 83712

Dear Ms. Hawkins:

Upon formal action by the Idaho Board of Nursing on November 14, 1991, your professional nurse license N-20025 was indefinitely suspended by reason of voluntary surrender. Enclosed is the Order of Indefinite Suspension.

You may not practice nursing in the State of Idaho during the time your license is suspended.

Sincerely,

LEOLA DANIELS, M.S., R.N.
Executive Director

LD:lhc

enclosure
RECEIVED

MARIE HAWKINS
606 BACON DRIVE
BOISE, ID 83712

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number
FL235

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
RECEIVED NOV 20, 1991

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, October 1990
DOMESTIC RETURN RECEIPT
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the matter of

Marie Antionette Bate

HAWKINS

License No: N-20025

STIPULATION AGREEMENT
FOR
INDEFINITE SUSPENSION
OF LICENSE

COMES NOW, the Idaho Board of Nursing, acting through its Executive Director, Leola Daniels, and Marie Hawkins, personally, and agree as follows:

1. That the Board of Nursing initiated an investigation of the nursing practice of Marie Hawkins, on or about October, 1991, based upon allegations of failure to follow acceptable standards of nursing practice in the handling of medication while employed as a licensed professional nurse at St. Luke’s Regional Medical Center, Boise, Idaho.

2. That Marie Hawkins admits to diversion and self-administration of one dose of Mepergan 12.5 mg to be wasted on or about September 28, 1991, without authorization.

3. That Marie Hawkins understands that Statement number two constitutes grounds for disciplinary action under Section 54-1412 (a), (8), Nursing Practice Act, IDAHO CODE.

4. That Marie Hawkins understands that she has the right to formal disciplinary proceedings pursuant to Section 54-1412, IDAHO CODE, and specifically hereby waives this right.

5. That Marie Hawkins cooperated fully and voluntarily surrendered her license to practice nursing in Idaho on October 3, 1991.

6. That licensed professional nurse licensure in South Carolina was suspended on September 27, 1991, following voluntary surrender for diversion of
Demerol at intermittent times from January to March 1991 from the Burn Unit at Medical University of South Carolina.

7. That the licensee enrolled in a treatment program and is following recommendations from a drug/alcohol evaluation done on October 17, 1991.

8. That Marie Hawkins hereby agrees to an indefinite suspension of license number N-20025 based upon voluntary surrender of licensure.

[Signature]  
Marie Hawkins, Licensee  
11-11-91  
Date

[Signature]  
LEOLA DANIELS, M.S., R.N.  
Executive Director  
Idaho Board of Nursing  
November 13, 1991  
Date

ORDER

IT IS HEREBY ORDERED that license number N-20025 in the name of Marie Antionette Hawkins be and it hereby is indefinitely suspended.

BE IT FURTHER ORDERED that Marie Hawkins:

1. Attend 90 self-help group meetings in 90 days and a minimum of two meetings a week thereafter (to include weekly attendance at a Nurse Support Group) and submit signed cards monthly to confirm attendance, and

2. Continue with a sponsor and request sponsor to submit reports monthly, and
3. Continue with counselor until released and request counselor to submit reports of progress monthly, and

4. Submit self-evaluation reports monthly, and

5. Request physician to submit reports of progress quarterly (February, May, August, etc.)

6. Obtain a supervised urine drug screen upon Board of Nursing request and authorize submission of all reports to the Board, and

7. Request employer to submit reports of performance monthly, if employed.

DATED this ___th day of November, 1991.

DIANA KOTTKEY, R.N.
Chairman
Idaho Board of Nursing