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

CYNTHIA HULL
PN-11520

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

In the Matter of the License of:  
CYNTHIA HULL  
License No. PN-11520  
Respondent.  

Case No. 03-053  
FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

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

FINDINGS OF FACT

1. Cynthia Hull (hereinafter "Respondent") is licensed by the Idaho State Board of Nursing under License No. PN-11520 to engage in the practice of nursing in the State of Idaho.

2. On or about October 2, 2002, the Board received notification that Respondent had self-referred to the Program for Recovering Nurses (PRN). From December 2002 to August 2003 Respondent underwent in-patient rehabilitation and an intensive outpatient treatment program. In July 2003 she missed a call-in for testing. Then in August 2003, her employer reported to PRN that Respondent was passing narcotics in violation of her employment agreement and PRN contract.

3. On October 17, 2003, Respondent voluntarily surrendered her license. On November 7, 2003, Respondent signed a new monitoring contract with the PRN. Then on March 3, 2004, the Board issued a limited license with conditions to Respondent for a period of five years. See Exhibit A.

4. On October 13, 2004, the Board was notified that Respondent had tested positive for ethanol. The test was confirmed by Dr. Eschen on October 21, 2004. See Exhibit B.

5. On October 25, 2004, Respondent sent a letter advising she was withdrawing from the PRN. On October 25, a notice terminating the limited license was
sent to Respondent by the Board, and on October 29, 2004, the PRN advised the Board that Respondent was non-compliant. See Exhibit C.

CONCLUSIONS OF LAW

1. As a licensed nurse in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 14, Idaho Code.

2. Respondent’s Idaho licensure, PN-11520, is conditioned upon her complying with all the laws, rules and regulations. Respondent’s actions and failure to act as set forth above are in violation of Idaho Code §§ 54-1413(1)(e) and (g) and IDAPA 23.01.01.100.06, 23.01.01.101.01, and 23.01.01.132 and hence constitutes grounds for discipline.

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

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. PN-11520 issued to Respondent Cynthia Hull is

☐ Revoked

___ Suspended _____ days/year(s) _____ indefinitely

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

It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

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

2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement;

b. A detailed summary of employment since licensure revocation or suspension; and

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

d. Evidence of financial compliance with NCPS and the PRN program.

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

This order is effective immediately.

DATED this _______ day of _________, 2004.

IDAHO STATE BOARD OF NURSING

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

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:
a. A hearing was held;
b. The final agency action was taken;
c. The party seeking review of the order resides; or
d. The real property or personal property that was the subject of the agency action is located.

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

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _______ day of ________, 2004, I caused to be served a true and correct copy of the foregoing FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER addressed as follows:

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

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

Cynthia Hull
3230 Airport Road #5
Nampa, ID 83687

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

Sandra Evans, M.A.Ed., R.N.
Executive Director
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Cynthia Hull, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Possessing a narcotic administered to a patient while having been placed on narcotic restriction through Program for Recovering Nurses (PRN).

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

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

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

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

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

7. In lieu of a formal disciplinary hearing, I hereby voluntarily surrender license number PN-11520 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: 10/17/03

Cynthia Hull
Signature of Licensee
3320 Airport Rd #210
Address
Nampa, ID 83687
City, State, Zip

Cynthia Hull
Signature of Witness
10/17/03

State of Idaho
Board of Nursing
This is to certify that:
Cynthia Hull
540 W Bird Ave
Nampa, ID 83686

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

Cynthia Hull
Valid when signed by licensee.
NURSE MONITORING CONTRACT

Client Name: Cynthia Hull

Date: 11/7/03

I, Cynthia Hull, recognizing that I suffer from chemical dependency and/or mental conditions that 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 advocacy of the PRN:

CH Initialed I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
CH Initialed I agree to provide my selected healthcare provider with a copy of this agreement and ask him/her 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:

CH Initialed *Work Supervisor
CH Initialed *Spouse or significant other
CH Initialed *Primary Care Provider/Dentist
CH Initialed *Other

I agree to participate in and attend regularly in the following activities (with a V):

V Initialed *Alcohol/Drug Education Attend Intensive Outpatient at St. Al's
V Initialed *Group Therapy
V Initialed *Counseling
V Initialed *(3) 12-Step Meetings per week
V Initialed *Meet weekly with sponsor face-to-face to work the steps
V Initialed *Random UA/Drug Testing
V Initialed *Weekly Health Professionals Support group

CH Initialed I agree to contact the Referral and Screening Department at St. Al's ARC to make an appointment to enroll in Intensive Outpatient by November 12, 2003. I agree to inform PRN of the date and time of that appointment.
CH Initialed I agree to enter inpatient treatment with any further drug use other than physician approved.
CH Initialed I agree that if I am convicted of any felonies, the PRN will inform the Board of Nursing of this conviction.
CH Initialed 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.
CH Initialed 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.
CH Initialed 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.
CH Initialed I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.
CH Initialed I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.
CH Initialed 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 Cynthia Hull
Client Address 8820 Airport Rd #5
Nampa, Id 83687

Witness

Program Coordinator
Idaho Board of Nursing
LIMITED LICENSE
RN    LPN  X
Cynthia Hull    PN-11520
3320 Airport Road #5
Nampa ID 83687

Failure to comply with stipulated terms may result in withdrawal and disciplinary action.

Expires: 03/03/09    (See Reverse)

LIMITED LICENSE - Receipt
Receipt No: 36255
Amount $100.00

RN    LPN  X
DATE ISSUE: 3/03/04
BY    LHC
Dear Ms. Hull:

We have received a letter from the Program for Recovering Nurses supporting your request for the issuance of a limited license. This license is being issued valid for a period of five years commencing from the date of issuance, with continuing monitoring conditions consistent with your current Agreement with the Program for Recovering Nurses. The limited license will be issued following receipt of the $100.00 limited licensure fee required under IDAPA 901.05.

In addition to the monitoring conditions already in place, the following conditions are required:

1) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Program Coordinator. [You may not be authorized to begin employment until the work site monitor has been approved by the Program Coordinator.]

2) Have no access to narcotics until requested and approved by the PRN Coordinator.

3) Not accept employment on the night shift (11 pm - 7 am) or in a home health setting until requested and approved by the PRN Coordinator.

4) Not work more than 40 hours/week in the nursing field.

5) Other conditions as determined to be appropriate.

Please note that while practicing under conditions of limited licensure, you may not be employed in any other state party to the Nurse Interstate Compact without having received express permission from that state.

Your file will continue to be monitored by the Program Coordinator for the duration of the limited licensure period. Of course, you may continue to communicate with this office as well as by phone or in writing relative to the program or the conditions of limited licensure.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

cc: PRN Program

mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
February 19, 2004

Idaho State Board of Nursing
ATTN: Sandra Evans
P.O. Box 83720
Boise, ID 83702-0061

Re: Cindy Hull

Dear Ms. Evans,

This letter is being written to notify you that we would like to support Ms. Cynthia Hull in her request to receive a limited license.

Ms. Hull signed a contract with the Program for Recovering Nurses on November 7, 2003 and is compliant with that contract. Ms. Hull's PRN contract includes, but is not limited to:
1) Attendance at (3) 12-Step meetings per week, 2) Weekly attendance a nurse support group, 3) Random UA testing, 4) Meet weekly with sponsor face-to-face to work the steps, and 5) Attend Intensive Outpatient (IOP) at St. Al's ARC (which she is scheduled to graduate today).

Ms. Hull's license should stipulate the following: 1) She is to work under supervision with a work site monitor, 2) Not to work night shift (11pm-7am) or in a home health setting, 3) Not to work more than 40 hours per week in the nursing field, and 4) Not to have access to narcotics. These stipulations will remain in effect until written approval is given by the PRN.

If you have any questions or need additional information, please feel free to contact either Lori or me at (208) 323-9555.

Sincerely,

Kerry Hendershot
Compliance Monitor

Cc: Cindy Hull
    Sue Normand

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
CONFIDENTIAL

Hull

Medical Review Officer
Drug Test Determination Officer

Part 1:

Laboratory: Laboratory Corporation of America
1804 Alexander Drive
RTP, NC 27709

Donor ID #: 05-1185
Specimen #: 289-743-4202-0

MIRO: Thomas Barry Eschen, M.D.
Date of Specimen: 10-13-04

Part 2:

Urine drug test results from the laboratory:

The specimen identified in Part 1 was positive for the following drug/metabolites:

1. Ethanol
   Level: 03.0%

2. __________________________
   Level: ______________________

3. __________________________
   Level: ______________________

Part 3:

I have reviewed the test results above in accordance with industry accepted standards and my final determination is:

Drug #1 Clear ______ Fall ______ Admin. Clear ______
Drug #2 Clear ______ Fall ______ Admin. Clear ______
Drug #3 Clear ______ Fall ______ Admin. Clear ______

Notes:
Participant Contacted: Yes ☐ No ☒
Admits: Yes ☐ No ☒
Test Confirmed: Yes ☒ No ☐
Prescription: Yes ☐ No ☐
On file with NOPS: Yes ☐ No ☐
Collection: ☑
Not
Creatinine: 71.6
Specific Gravity: __________

Comments:
Don't smoke, he has "quit PCP & meph." Own device to not get drunk testing

__________
Ginger Master, R.N.

__________
Thomas Barry Eschen, M.D.

10-26-04

Date

10-21-04

Date
National Confederation of Professional Services  
Test Result Certificate  
PO Box 120083, Newport News, VA 23612

Case Worker: Lori Barnes

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<th>Donor's Name: Cynthia Hull</th>
<th>Donor's Social: 000-05-1185</th>
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<td>AMP</td>
<td>1000</td>
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<td>Benzodiazepines</td>
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<td>20</td>
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<td>ng/ml</td>
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<td>Cocaine (Metabolite)</td>
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<td>COC</td>
<td>300</td>
<td>150</td>
<td>ng/ml</td>
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<td>Ethanol</td>
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<td>ALC</td>
<td>20</td>
<td>20</td>
<td>mg/dl</td>
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<td>Mecamylmide</td>
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<td>MEP</td>
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<td>ng/ml</td>
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<td>Methadone</td>
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Creatinine 71.6 mg/dL

Specimen Collection Facility

Labcorp Not Providing Collection Site Information  
PO Box 120083  
Newport News, VA 23612

Analyzing Laboratory

Labcorp - RTP/Chapel Hill  
3308 Chapel Hill/Nelson Highway

http://209.194.37.41/modpronet/mppnet.asp?WC1=ResultReport&ClientId=61&TestId=2...  10/29/2004
Dear Ms. Hull:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that the limited license, number PN-11520 issued under provisions in IDAPA 23.01.132. is terminated, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare due to failure to comply with the terms and conditions of limited licensure, by:


The Board of Nursing will consider your request to withdraw from the program at their next meeting, November 11-12, 2004. Acceptance of your request will result in the issuance of an Order of Licensure Revocation based on Voluntary Surrender. You will be notified of the Board’s action following the meeting.

Dated: October 27, 2004

SANDRA EVANS, MAEd, RN
Executive Director

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.
October 29, 2004

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

RE: Cindy Hull

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Cindy Hull, a Board of Nursing referral, is currently not in compliance with her PRN contract due to a failed UA test on 10/13/2004. Ms. Hull also submitted written notification of her intent to drop out of PRN as of 10/25/04.

Ms. Hull’s current contract with PRN was signed on November 7th, 2003. Ms. Hull’s contract requirements include the following: 1) Attend three 12-Step meetings per week, 2) Random UA/drug testing, 4) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group. Ms. Hull currently owes PRN $75.00.

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 me at (208) 323-9555.

Sincerely,

Lori Barnes
Senior Compliance Monitor

Cc: Cindy Hull

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
From: Brian [brian@southworthassociates.net]
Sent: Monday, October 25, 2004 3:32 PM
To: Linda Coley
Subject: FW: leaving program

Linda,

Here is Cindy's letter withdrawing from the program.

Thanks,
Lori

From: CYNTHIA HULL [mailto:evalscindy@msn.com]
Sent: Monday, October 25, 2004 2:16 PM
To: Brian
Subject: leaving program

Brian,

As per our verbal conversation, I have decided to pursue another career path outside of nursing and will no longer be participating in the PRN program. I am grateful for what this program has to offer nurses going into recovery, and will take many tools with me. I do understand that this means revocation of my current nursing licence. Please respond via email and mail verification of receipt of this correspondence. If you have any questions or if there is something else I need to do, please feel free to contact me.

Thank You,
Cynthia Hull

I want to make sure that contact info is up to date for closure.

Cynthia Hull
20 Airport Rd.#5
Boise, ID
83705
503-6737
1 703 5248