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

MARLENE HULSE
N-22881

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:

MARLENE HULSE
License No. N-22881

Respondent.

) Case No. 96-059
) 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. Marlene Hulse (hereinafter “Respondent”) is licensed by the Idaho State Board of Nursing under License No. N-22881 to engage in the practice of nursing in the State of Idaho.

2. On or about November 8, 2001, the Board received a voluntary surrender in lieu of instituting a formal disciplinary process from Respondent. On January 15, 2003, Respondent applied for reinstatement of her license. On February 13, 2003, the Board reviewed the application, and on February 24, 2003, a limited license with conditions was issued for a three year period. See Exhibit A.

3. On March 11, 2004, Respondent had a positive urinalysis test for ethanol. She met with Board staff and admitted to consuming alcohol. See Exhibit B.

4. On September 16, 2004, Respondent had a positive test result for Propoxyphene. Respondent admitted to Board staff that she had taken a prescription drug from her estranged husband for a severe headache. See Exhibit C.

5. On October 19, 2004 she surrendered her limited license at the request of Board staff and then the next day a letter was issued terminating the limited license. See Exhibit D.
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, N-22881, 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

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that Reinstatement of License No. N-22881, issued to Marlene Hulse, is hereby denied.

DATED this 11th day of November, 2004.

IDAHO STATE BOARD OF NURSING

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

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
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 15th day of November, 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: ____________
___ Statehouse Mail

Marlene Hulse
955 Airport Road
Blackfoot, ID 83221

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

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
February 18, 2003

Marlene Hulse
955 Airport Road
Blackfoot, Idaho 83221

Dear Ms. Hulse:

Following their review of written materials and their meeting with you on February 13, 2003, the Board of Nursing members took action to issue you a limited license with conditions for 3 years upon receipt of the $100.00 fee required under IDAPA 901.04a. The conditions of limited licensure are indicated on the attached Acknowledgement of Probationary Limited License and Monitoring form. Prior to the issuance of your limited license you will need to affix your signature and return this form with the $100.00 fee. A copy of the signed form will be returned with your limited license and forms to assist you in submitting the required reports.

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 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 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.

Sincerely,

[Signature]

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.
ACKNOWLEDGMENT OF PROBATIONARY LIMITED LICENSE AND MONITORING CONDITIONS

I acknowledge that I have read and understand the following requirements. I acknowledge that I have been advised that a failure to comply with these requirements will be cause for the withdrawal of my limited license and/or denial of an application for reinstatement.

XX a. Notify the Board of any change in my current address and telephone number within ten (10) days of that change.
XX b. Notify the Board of the name(s) and address(es) of any and all employer(s), at the time that employment in any field is accepted. May not accept employment in any other state unless expressly authorized by both states.
XX c. Request my immediate supervisor to submit performance evaluations at the following intervals:
       monthly
       quarterly
       other

XX d. Continue in counseling, until released, and request my counselor to submit reports of my progress at the following intervals:
       monthly
       quarterly
       other

XX e. Obtain and pay for random urine drug screens at the following intervals:
       monthly
       quarterly
       upon Board request

XX f. Meet with professional Board staff upon Board request.
XX g. Submit self-evaluations at the following intervals:
       monthly
       quarterly
       other

XX h. Attend AA/NA meetings at least 2 times per week and submit signed cards monthly to confirm attendance.
XX i. Attend nurse support group meetings times per week.
XX j. Request 12-step sponsor to submit reports of progress at the following intervals:
       monthly
       quarterly

XX k. Attend aftercare, until released, and request my counselor to submit reports of my progress at the following intervals:
       monthly
       quarterly

XX l. Comply with all laws, rules, standards, policies and procedures pertaining to the practice of nursing.
XX m. Abstain from the use of all mind-altering and potentially addicting drugs and alcohol, unless medically authorized in which case, I will furnish a copy of the prescription to the Board and the National Confederation of Professional Services (NCPs).
XX n. Submit reports by the 30th day of each month in which they are due and assure that any reports to be submitted by others are submitted by the 30th of each month in which they are due.
XX o. May not be employed in any other state party to the Nurse Interstate Compact without having received permission from that state.

I understand that IDAPA 23.01.202 permits the Board to withdraw my probationary limited license, without prior notice or hearing, if the Board receives information or evidence that any of the conditions listed above, including the submission of reports in a timely manner, have been violated. If the Board withdraws my probationary limited license, I understand that the license must be surrendered on demand.

I acknowledge that I have read and understand the conditions set forth above. I understand that any decision regarding the reinstatement of my license is a discretionary decision for the Board and that the Board may rely on factors other than those set forth in this document as grounds for the denial of a petition for reinstatement.

Signature
785 August Rd
Address
Nampa, Id- 83681
City, State, Zip Code

Date 2/14/03
Telephone Number 208 785-5246

Acknowledged02.doc
Idaho Board of Nursing
LIMITED LICENSE
N-22881
RN XX LPN

Marlene Hulse
855 Airport Road
Blackfoot ID 83221

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

Expires: 02/24/09
VALID ONLY IN IDAHO

LIMITED LICENSE - Receipt
Receipt No: 33965
Amount 100.00
RN XX LPN
DATE ISSUED 02/24/03
BY NED

(See Reverse)
CONFIDENTIAL

MEDICAL REVIEW OFFICER
DRUG TEST DETERMINATION OFFICER

Part 1:

Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709

Donor ID #: 05-6016
Specimen #: 076-743-4966-0

MRO: Thomas Barry Eschen, M.D.

Data of Specimen: 3-11-04

Part 2:

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

1. Ethanol
   Level: 0.064

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 NCPS: Yes ☑ No ☐ Collection ☑ ☐
Creatinine 59 Specific Gravity

COMMENTS:

Admits 2nd 5 leases on Bualdi

Ginger Mesker, R.N.

Thomas Barry Eschen, M.D.

Date 3-19-04

If this is not the correct recipient for this information,
Please notify us immediately at (208) 343-6703 and destroy the information.

P. 02
**Drug Profile 764675**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Result</th>
<th>Screen Cutoff</th>
<th>Confirm Cutoff</th>
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<tbody>
<tr>
<td>Ethanol</td>
<td>0.062%</td>
<td>1,000</td>
<td>0.020</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Negative</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Negative</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Negative</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>Negative</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Cocaine (Metabolite)</td>
<td>Negative</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Opiates</td>
<td>Negative</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Negative</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Phenylcaine</td>
<td>Negative</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>Negative</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Propoxyphene</td>
<td>Negative</td>
<td>300</td>
<td></td>
</tr>
<tr>
<td>Meperidine</td>
<td>Negative</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Tramadol</td>
<td>Negative</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td>53.4 mg/dL</td>
<td>8.0 - 300.0</td>
<td></td>
</tr>
</tbody>
</table>

**Lab:** LabCorp OTS RTP

1904 Alexander Drive RTP, NC 27709-0000

**If you have any questions contact - Branch:** 757-420-2888 LAB: 919-873-6000

Last page of report

©2003 Laboratory Corporation of America® Holding

Results are flagged in accordance with age dependent reference ranges

Duplicate Report
March 25, 2004

Dear Board,

I am writing to apologize for my slip on March 11, 2004. It has not happened again. Between divorce, economic worries and graduate school, as well as my sponsor relapsing, I am an extremely stressed woman. I have started working with a new sponsor who makes me work very hard. I've never worked the steps this way and it is helping with the stress. I go to more than the required number of meetings.

When Ginger suggested I be tested for diabetes, I thought seriously about trying to manipulate the results. Dishonesty is a killer. I could not go through with it and expect to maintain sobriety. Telling her the truth was a major achievement for me. I want to keep my license. I want to a work this summer and finish school in the fall.

Whatever happens is God's will, not mine. I have to let it go at that.

Sincerely,

Marlene Hulse
**Drugs**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Result</th>
<th>Screen</th>
<th>Confirm</th>
<th>Cutoff</th>
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<tr>
<td>Ethanol</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturate</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Negative</td>
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</tr>
<tr>
<td>Cannabinoids</td>
<td>Negative</td>
<td></td>
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<tr>
<td>Cocaine (Metabolite)</td>
<td>Negative</td>
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</tr>
<tr>
<td>Opiates</td>
<td>Negative</td>
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<td></td>
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<tr>
<td>Oxycodeine</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propoxyphene or Metab.</td>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Propoxyphene or Metab. SC/MB 1139</td>
<td>ng/mL</td>
<td></td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tramadol</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creatinine</td>
<td></td>
<td></td>
<td>59.8</td>
<td>20.0 - 200.0</td>
</tr>
</tbody>
</table>

**Lab:** LabCorp QTS RTP
1904 Alexander Drive RTP, NC 27703-8000

IF YOU HAVE ANY QUESTIONS CONTACT - BRANCH: 800-762-4344
LAB: 919-572-6900
LAST PAGE OF REPORT
CONFIDENTIAL

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709

Donor ID #: 06-6016 NE
Specimen #: 265-743-4719-0
Date of Specimen: 9-16-04

Part 2:
The specimen identified in Part 1 was positive for the following drug/metabolites:
1. Propoxyphene Level: 11.39
2.
3.

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 Admit: Yes No
Test Confirmed: Yes No Prescription: Yes No
On file with NCPS: Yes No Collection: Yes No
Creatinine: 59.8 Specific Gravity:

COMMENTS: Done August reconfirmation of propoxyphene at different lab.

9-29 Do not want reconfirmation, admit due of my daughter for blood test from deceased husband.

Ginger Mesker, R.N.

Thomas Barry Eschen, M.D.

Date 9-29-04
BOARD OF NURSING – State of Idaho

Marlene Hulse
955 Airport Road
Blackfoot ID 83221

Dear Ms. Hulse:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that the limited license, number N-22881 issued under provisions in IDAPA 23.01.132.01. 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:

a. Failure to comply with Item “M” of the Acknowledgement of Limited License and Monitoring Conditions form signed February 21, 2003, by:

1) Failing to abstain from mind-altering drugs unless medically authorized.

Your file will be presented to the Program for Recovering Nurses Advisory Committee at their meeting on October 22, 2004 for their recommendation to the Board. The recommendation will be presented to the Board at their meeting in November 2004. You will be notified following the PRN meeting of their recommendation.

Dated: October 20, 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.
<table>
<thead>
<tr>
<th>SENDER: COMPLETE THIS SECTION</th>
<th>COMPLETE THIS SECTION ON DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</td>
<td>A. Received by (Please Print Below)</td>
</tr>
<tr>
<td>Print your name and address on the reverse so that we can return the card to you.</td>
<td>B. Date of Delivery</td>
</tr>
<tr>
<td>Attach this card to the back of the mail piece, or on the front if space permits.</td>
<td>X Marlene Hulse 10-22-05</td>
</tr>
</tbody>
</table>

1. Article Addressed to: | C. Signature |
| Marlene Hulse | X Marlene Hulse |
2. Article Number (Complete service label) | D. Is delivery address different from item 1? |
| 1000 1676 2010 56534950 | Yes |

**Notes:**
- Service Type: Certified Mail
- Restricted Delivery: Yes
October 19, 2004

Meeting with Marlene Hulse: Marlene was informed that the U/A collected on 9/16/04, which was positive for Propoxyphene, had been reported to the Board. When asked to explain the positive U/A, Marlene indicated that she took a Darvocette, which had been prescribed for her estranged husband, because of a severe headache, "which I refuse to call a Migraine". She said that she was scheduled to work the next day, needed to rest, and asked her husband for the Darvocette. "There isn't much I ask for that he will refuse". She was scheduled for the U/A the next day.

When asked what she usually takes for headache, Marlene indicated excedrin or Tylenol..."I've put way too much acetaminophine in my body, though". Marlene is currently prescribed Lovoxig (thyroid), Zocor, and Prozac. She attends 2-3 meetings a week, sees her sponsor at these meetings 2-3 times/week, and regularly attends Aftercare at the Walker Center.

When asked what she did when she knew she had been found out, she indicated that she talked to her sponsor, her counselor and told her administrator (the DNS was out that day). It was suggested to her that "she needed to think things through more clearly in the future" to avoid this same situation. She indicated that her employer did not seem overly concerned since she does a good job for them.

When asked if she considered this to be a relapse, Marlene explained "no", that she took the drug to get rid of the pain of the headache, not for any other reason. "I get no high from Darvocette." When asked, 'why not Demerol from work...or morphine...she said 'no, I wouldn't do that'."

It was suggested that since this constitutes the second violation of her agreement with the Board, that withdrawal of her limited license might be necessary. Marlene suggested "a compromise": increase her reporting responsibilities to monthly U/A's, monthly reports, etc. When asked if this was what was necessary for her to maintain sobriety, she answered "yes", indicating that quarterly reporting doesn't provide sufficient parameters for her.

She was told that her limited license would be withdrawn and that her case would be presented to the PRNAC for their recommendation to the Board regarding her situation. It would be up to the Board then to consider reissuance of the license and any alteration of the conditions for monitoring. She was told that the Board could uphold the withdrawal, could reverse the withdrawal and maintain the current conditions, could reverse the withdrawal and reconsider the conditions, etc.

Marlene surrender her limited license, N-22881, to Sandra Evans with notice that she would be receiving the Notice of Withdrawal of Limited License in the mail.

Sandra Evans "Sandra Becon"
Date 10-16-04

Idaho Board of Nursing
LIMITED LICENSE
N-22881 RN PN
Marlene Hulse
955 Airport Road
Blackfoot ID 83221

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

Expires 02/24/06 (See Reverse)
MARLENE HULSE
955 AIRPORT ROAD
BLACKFOOT ID 83221

Received by (Please Print Clearly) [Signature]

Date of Delivery [Signature]

Agent
Addressee

Is delivery address different from item 1? Yes
No

Delivery Address Below:

Article Addressed to:

Article Number (Copy from service label):

PS Form 3811, July 1899

Domestic Return Receipt 102595-00-M-0232

U.S. Postal Service
CERTIFIED MAIL RECEIPT
( Domestic Mail Only; No Insurance Coverage Provided)

MARLENE HULSE
955 AIRPORT ROAD
BLACKFOOT ID 83221

Postage $ 
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Findings +
Order for

11/11/2013

PS Form 3800, May 2000
See Reverse for Instructions
BOARD OF NURSING — State of Idaho

PO Box 83720 (Mailing) 280 North 8th Street, Suite 210
Boise, Idaho 83720-0061
(208) 334-3110
Fax (208) 334-3262
TDD - 1-800-377-3529

November 1, 2004

Marlene Hulse
955 Airport Road
Blackfoot, ID 83221

Dear Ms. Hulse:

During their meeting on October 22, 2004, the members of the Board’s Program for Recovering Nurses Advisory Committee reviewed your file. Following an in-depth review of your history, the Committee members made the following recommendations to the Board:

1. That the Termination of your limited license be affirmed, and
2. That your request for reinstatement of licensure be denied based on failure to comply with conditions of the limited license

Your file will be presented to the members of the Board of Nursing at their meeting on November 11-12, 2004. You will receive notification of their decision following that meeting.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhc

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.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/8/01</td>
<td>License revoked by reason of voluntary surrender</td>
</tr>
<tr>
<td>1/15/03</td>
<td>Application for reinstatement received</td>
</tr>
<tr>
<td>2/13/03</td>
<td>Board review – limited license authorized for three years with conditions</td>
</tr>
<tr>
<td>2/21/03</td>
<td>Acknowledgement of Probationary Limited License and Monitoring</td>
</tr>
<tr>
<td></td>
<td>Conditions contract signed</td>
</tr>
<tr>
<td>2/24/03</td>
<td>Limited License issued – expires 2/24/06</td>
</tr>
<tr>
<td>3/11/04</td>
<td>Positive UA for Ethanol</td>
</tr>
<tr>
<td>3/25/04</td>
<td>Letter from licensee regarding positive test</td>
</tr>
<tr>
<td>4/2/04</td>
<td>Meeting held with licensee</td>
</tr>
<tr>
<td>9/16/04</td>
<td>Positive UA for Propoxyphene</td>
</tr>
<tr>
<td>10/19/04</td>
<td>Meeting held with licensee – surrendered limited license</td>
</tr>
<tr>
<td>10/20/04</td>
<td>Limited License terminated</td>
</tr>
</tbody>
</table>

Recommendation: Affirm Termination of Limited License and Issue a Denial of Reinstatement
October 27, 2004

To Whom It May Concern:

I am writing this letter in support of Marlene Hulse. She has been employed as an RN at EIRMC-BHC since June 28, 2004. She successfully completed her orientation and has been functioning as a unit charge nurse, working primarily on our Teton Peaks Unit, a residential treatment facility for adolescents.

At the time of her employment interview, she disclosed her status with regard to her provisional license and provided me with a copy of her contract with the Board of Nursing. I have completed and submitted one of the required quarterly reports to the Board. During her employment, she has been under no disciplinary action and has required only one counseling session with me for an inappropriate remark made to a patient. I described this incident in the quarterly report cited above. There have been no recurrences of this problem and no other concerns. She took full responsibility for her actions and has been very conscientious about her performance and any feedback she is given. It is my impression that she has made a substantial effort to learn her job and to meet all the requirements as an employee. She has expressed her enjoyment of her job and our patients at BHC several times over the course of her brief employment here.

Marlene did disclose to me and to Pete Snyder, our director, that she had tested positive for opiates on a routine urine screen required for her monitoring program. She stated that she would be meeting with the Board regarding the circumstances, which she stated involved her use of a prescription pain medication, Darvocet, not prescribed for her. She stated she took the medication only once, for a severe headache, and apparently obtained this medication from her ex-husband. She stated she had “forgotten” about this and did not disclose it before the drug screen was performed. It is certainly unfortunate that she did not recognize the risk her action represented at the time, because as a result she has lost her privilege to practice as a professional nurse, at least temporarily.

I understand that Marlene has been dealing with increased stressors in her personal life, and I expect that these contributed to her rather risky and impulsive behavior in this situation. She has recently finalized a painful, though amicable, divorce, and her sister has been very ill. Although her recovery from addiction has had a setback, it is my hope that she will be able to get back on track and continue the process. During one of our interviews, she did disclose her appreciation that the power of addiction was substantial in her life and that she did recognize her continued potential for relapse on a daily basis.
It is my opinion that Marlene is committed to the nursing profession, will accept the consequences of her actions, and will comply with the requirements of the Board to have her license re-instated. While I had hoped she might be able to continue in her present position at BHC after a leave of absence, I have met with our Director of Human Resources and the decision has been made, in accordance with hospital policy, to terminate her employment. She may, however, be eligible for rehire following the re-instatement of her license and completion of 1-2 years with no further relapses. Eligibility for rehire after termination under these circumstances is determined on a case-by-case basis. In my conversation with Marlene today, I encouraged her to stay in touch with me regarding this possibility. I do support her in her efforts to stay clean and sober so that she can safely pursue her nursing career, regardless of where she practices. She is obviously an intelligent and capable nurse, and it would be a loss to the profession if she were unable to do so.

Respectfully,

Bobbe Crapo, RN, MPH
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