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

BURKLIJE JACETTA
N-22293

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
February 12, 1998

Burkle Jachetta  
PO Box 434  
Cocolalla, ID  83815

Dear Ms. Jachetta:

On February 12, 1998, the Board of Nursing members accepted your request to withdraw from the Program for Recovering Nurses and took formal action to issue an Order of Revocation of Licensure based on Voluntary Surrender.

The order revoking your license became effective on the date indicated above. Please be advised that you may not practice nursing in the State of Idaho during the time your license is revoked. The Board members encourage you to continue in your personal recovery program.

Sincerely,

SANDRA EVANS, M.A.Ed., R.N.  
Executive Director

SE:lhc  
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 BOARD OF NURSING, STATE OF IDAHO

In the Matter of
Burklie Ann Smith Jachetta
LICENSE NO: N-22293

ORDER OF
REVOCATION
OF LICENSE
CASE NO: 96-21

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 Burklie Ann Smith Jachetta, number N-22293, 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 Burklie Ann Jachetta 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 comprehensive 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.

DATED THIS  __February 12, 1998__

______________________________
Charles Moseley
CHARLES MOSELEY, R.N., CRNA
Chairman
Idaho Board of Nursing
3. Article Addressed to:
Burkle Jachetta
PO Box 434
Cocolalla ID 83815

4a. Article Number
1690 131 987

4b. Service Type
☑ Certified

5. Received By: (Print Name)
[Signature]

6. Signature: (Addresssee or Agent)
[Signature]

7. Date of Delivery
2-25-98

PS Form 3811, December 1994
Domestic Return Receipt

PS Form 3800, April 1995
Receipt for Certified Mail

PS 590 131 746

US Postal Service
Do not use for International Mail (See reverse)
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

FROM: Analyn Frasure, LPN, Chairperson  
Program for Recovering Nurses

DATE: February 6, 1998

The file of Burkie Iachetta was reviewed at the Advisory Committee meeting on February 6, 1998, and found to be in non-compliance of recommendations because of the following:

Request to withdraw from the Program for Recovering Nurses.

The Committee made the following recommendation(s):

Licensure Revocation by reason of Voluntary Surrender.

File reviewed by Executive Director:

Signature: ___________________________  Date: 2/7/98

Action Taken: Revocation

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
December 11, 1997
CERTIFIED MAIL

Burkle Jachetta
PO Box 883
Sandpoint ID 83864

Dear Ms. Jachetta:

We have received your letter in which you explain your intention to withdraw from the Board’s Program for Recovering Nurses.

You may request a hearing before the Board of Nursing regarding this matter by depositing within the mail within twenty (20) days after receipt of this notice a certified letter addressed to the Board of Nursing and containing a request for a hearing.

If you fail to request a hearing, the Board of Nursing will enter an order of revocation or suspension of licensure at their February 12-13, 1998 meeting.

Sincerely,

SANDRA EVANS, M.A.Ed., R.N.
Executive Director

SE:lhc
BURKLE JACHETTA
PO BOX 434
COCOLALLA ID 83815

4a. Article Number
P 590 81 977

4b. Service Type
☑ Certified
☐ Insured

5. Date of Delivery
1-6-98

6. Address of Addressee (Only if requested and fee is paid)

7. Signature (Addressed or Agent)

X BURKLE JACHETTA
PS Form 3811, December 1994

Domestic Return Receipt
Dear Mr. Southworth, Dec 2, 1997

I would like to discontinue my enrollment in the program for Impaired Nurses at this time.

Thank you,

Brublie Gachetta

B Gachetta
Pol Box 883
Sandpoint ID 83864

John Southworth
380 71 8th St.
Suite 210
Boise Idaho 83720-0061
SAMPLE

VOLUNTARY SURRENDER OF LICENSURE

I

I, Burkle Jachetta, admit that: I'm in treatment for Chemical Dependence. 5/16/96

II

I understand and acknowledge that the admitted facts constitute grounds for disciplinary action under Section 54-1412, of the Nursing Practice Act, IDAHO CODE.

III

I hereby voluntarily surrender license number N-22293 and I shall forthwith discontinue the practice of nursing in Idaho.

IV

I hereby waive the right to a hearing concerning the foregoing admitted facts, and waive my rights under the provisions related to contested cases in the Administrative Procedures Act, Chapter 52, Title 67, IDAHO CODE.

Dated: 4/2/96

Burkle Jachetta
Signature of Licensee

Susan Genetje
Signature of Witness

STATE OF IDAHO
BOARD OF NURSING

1995-1997

LICENSE NUMBER
N-22293

THIS IS TO CERTIFY THAT
BURKLE JACHETTA
RR 2 BOX 257
OLDTOWN, ID 83822

HAS COMPLIED WITH THE REQUIREMENTS OF THE LAW AND
IS ENTITLED TO PRACTICE AS A LICENSED PROFESSIONAL NURSE (RN)

[Signature]
EXECUTIVE DIRECTOR

EXPIRES AUGUST 31, 1997

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