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

MARY JEPHSON
PN-9570
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the matter of
Mary Jephson
License Number: PN-9570

FINDINGS AND ORDER OF REINSTATEMENT

The Executive Director of the Board of Nursing having reviewed information submitted in support of the licensee has determined that Mary Jephson has complied with the requirements of limited licensure instituted by the members of the Board of Nursing. Information and reports submitted have provided evidence of competency to practice nursing.

ORDER

It is hereby ordered, that the practical nurse license of Mary Jephson be reinstated without further restriction.

Dated this 14th day of January, 2008.

SANDRA EVANS, MAEd, RN
Executive Director
Mary Jephson  
PO Box 36334  
Albuquerque NM 87176

Dear Ms. Jephson:

Following a review of materials submitted in support of your request for reinstatement, during their November 10-11, 2005 meeting the Board members took action to issue you a limited license with conditions for two (2) years on 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 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The probationary limited license may be withdrawn and shall be surrendered upon demand, without prior notice or hearing, in the event the Board of Nursing or its staff receives information or evidence that any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 outlined in this letter.

Sincerely,

Sandra Evans, MAEd, RN  
Executive Director

SE:the  
envelope

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.
Mary Jephson  
5800 Haeger Dr. NE #002  
Albuquerque, NM 87109

Dear Ms. Jephson:

Since your two-year period of limited licensure was completed on December 7, 2007, your file has been reviewed, particularly in relation to your compliance with the conditions of limited licensure. The review confirms that you have been conscientious in seeing that all conditions have been met and all required reports are on file in this office.

Although, you are eligible for reinstatement of your Idaho license, under provisions of the Nurse Licensure Compact, a license cannot be issued until such time as you declare Idaho as your official state of residence, or until your official state of residence is in a state not-party to the compact.

Your success and your continuing progress are your own achievement. Our wish for you is that you will continue to make progress, a day at a time, for the remainder of your life.

Warmest congratulations from the Board of Nursing's staff.

Sincerely,

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.
November 3, 1994

Mary Jephson
PO Box 763
Pocatello ID 83204

Dear Ms. Jephson:

Upon formal action by the Idaho Board of Nursing on November 3, 1994, your practical nurse license PN-9570, 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,

[Signature]
LEOLA DANIELS, M.S., R.N.
Executive Director

LD:lh
enclosure
MARY JEPHSON
PO BOX 763
POCATELLO ID 83204

4a. Article Number 57325

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

7. Date of Delivery NOV 08 1994

5. Signature (Addressee) Mary Jepshon

6. Signature (Agent) Mary Jepshon

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using domestic return receipts.
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of

Mary Helen Hughes
Robinson JEPHSON
LICENSE NO: PN-9570

ORDER
OF REVOCATION OF
LICENSE
CASE NO: 91-109

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 practical nurse license of Mary Helen Hughes Robinson Jephson, number PN-9570 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 Mary Helen Hughes Robinson Jephson 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 __________

November 3, 1994

______________________________
FAITH Y. PETERSON, R.N.
Chairman
Idaho Board of Nursing
October 7, 1994

CERTIFIED MAIL
SURFACE MAIL

Mary Jephson
P.O. Box 763
Pocatello, ID 83204

Dear Ms. Jephson:

During their September 29, 1994 meeting, the Board of Nursing’s Advisory Committee assessed your compliance with all the conditions identified under the signed agreement for monitoring.

Following their review of all information, the Committee took action to issue a Report of Non-Compliance to the Board of Nursing due to failure to submit reports as required by the Agreement for Monitoring. Based upon this Report and your voluntary surrender of licensure dated January 16, 1992, the Board of Nursing may take action at their November 3-4, 1994 meeting to suspend or revoke your nursing license (IDAPA 23.01.01131.04, and 23.01.01132.04).

If you disagree with their review of your compliance with relevant conditions of your signed agreement, you may contact the Board at:

[Address]

LD:lhc