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

AVIS SABRINA KINZER
N-25986

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: AVIS SABRINA KINZER, License No. N-25986, Respondent. Case No. 04-065

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

This matter came on for hearing before the Board during its meeting of April 27, 2006. The Board, having heard the testimony of Respondent and the testimony of Chanel Johnson, Board Investigator, and having reviewed the Consent Agreement, the matters on file with the Board, and the March 17, 2006 letter from Amanda L. Scott, Compliance Monitor from the Program for Recovering Nurses, and good cause appearing therefore, enters the following findings, conclusions and order.

FINDINGS OF FACT

1. Avis Sabrina Kinzer (Respondent) was issued license numbered N-25986 by the Idaho State Board of Nursing (Board).

2. In 2004, Respondent voluntarily surrendered her license to practice and entered into the Program for Recovering Nurses (PRN).

3. On or about February, 2005, Respondent sought to withdraw from the PRN but subsequently, in lieu of investigation and possible discipline, on April 14, 2005, Respondent entered into a Consent Agreement in which she agreed to adhere to certain
terms and conditions. A copy of the Consent Agreement signed by Respondent is attached hereto as Exhibit A.

4. In December, 2005, Respondent was issued a limited license to practice nursing.

5. Respondent has acknowledged that she suffers from chemical dependency that may impair her ability to practice nursing safely. A copy of the Nurse Monitoring Contract signed by Respondent is attached hereto as Exhibit B.

6. On March 17, 2006, Amanda L. Scott of the Program for Recovering Nurses notified board staff that Respondent was non-compliant with the terms of the program, having tested positive for norpropoxyphene, which she admitted taking. A copy of the notice of non-compliance is attached hereto as Exhibit C.

7. In testimony before the Board, Respondent acknowledged that she had taken the drugs.

8. Respondent’s limited license was withdrawn by Board staff on March 17, 2006. A copy of the Termination letter is attached hereto as Exhibit D.

CONCLUSIONS OF LAW

1. The facts as stated above fall within the regulatory jurisdiction of the Board as set forth in title 54, chapter 14, Idaho Code.

2. Failure to comply with the terms and conditions of a limited license constitutes a violation of the practice act and the rules of the board. Idaho Code Sections 54-1413(1)(e)(f) and (g) and IDAPA 23.01.01.100.06 and .08 and 23.01.01.132.04.
3. Violations of the practice act and rules of the board constitute sufficient grounds for the revocation, suspension or imposition of other disciplinary action against a license. Idaho Code Section 54-1413(1).

4. Respondent failed to strictly adhere to the requirements of her monitoring agreement, in violation of the terms and conditions of her limited license, and a violation of the practice act and rules of the board and, as such, constitutes grounds for the imposition of discipline against her license.

ORDER

WHEREFORE, based on Respondent Avis Sabrina Kinzer's failure to adhere to the requirements of her limited license, it is hereby ordered that the withdrawal of the limited license issued to Respondent be affirmed and that nursing license number N-25986 be and the same is, hereby REVOKED.

NOTICE OF APPEAL RIGHTS

This is a Final Order of the agency. Any party may file a motion for reconsideration of this Final Order within fourteen (14) days of the service date of this Order. The agency 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:

i. a hearing was held,

ii. the final agency action was taken,
iii. the party seeking review of the order resides or operates its principal place of
business in Idaho, or

iv. 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.

DATED this 19 day of June 2006.

IDAHOT STATE BOARD OF NURSING

By:                   

RANDALL HUDSPETH, NP, CNS, RN,
Chairman
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 20th day of June 2006, 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:

Karl Klein  
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

Kay Christensen  
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

Avis Sabrina Kinzer  
16499 Cow Creek Road  
Genese, ID 83832

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  
Board of Nursing
CONSENT AGREEMENT

WHEREAS, facts have come to the attention of the Idaho State Board of Nursing (hereinafter the “Board”) causing an investigation into the fitness of Avis Sabrina Kinzer (hereinafter “Respondent”), holding nursing license No. N-25986, to maintain a license to practice nursing; Respondent has admitted to having alcohol and prescribed narcotic dependency and acknowledges the need for treatment for these conditions. A copy of her surrendered license and surrender form are attached as Exhibit A hereto.

WHEREAS, the Board and Respondent desire to enter into this Consent Agreement in lieu of continuing an investigation and proceeding with a formal disciplinary hearing pursuant to §54-1413 of the Idaho Code; and Respondent acknowledges enrollment in the Program for Recovering Nurses (hereinafter “PRN”) is contingent upon her performance of the following terms and conditions.

NOW THEREFORE, the parties do hereby agree as follows:

I. I, Avis Sabrina Kinzer, will-

   a. Authorize release of the Intake/Discharge Summary from my intensive out-patient treatment program.

   b. Agree to abstain from the use of alcohol and illegal drugs and all legal drugs unless prescribed for health care reasons by my primary healthcare provider.

   c. Have my primary healthcare provider submit a copy of any necessary prescription medication, including dosage, length of use and number of refills, if any, upon the issuance of the prescription to Southworth Associates.

   d. Agree to comply with all conditions of the contract signed with Southworth Associates to include, but not limited to, attendance at an intensive out-patient treatment program, attendance of at least three (3) 12-step meetings per week, meeting face-to-face with my sponsor weekly, obtaining and paying for random urine analysis testing through NCPS, attendance at the Health Professionals Support Group.

   e. Agree to submit to weekly monitoring reports as required by the contract.
f. Agree to notify Boards of Nursing in other states where I hold a nursing license and where I am employed or where I seek employment of my participation in the PRN prior to practicing nursing in that state.

g. Agree to abide by all laws and rules pertaining to the practice of nursing in the State of Idaho.

h. Agree to waive my rights to an administrative hearing pursuant to the Idaho Administrative Procedures Act.

II. I further understand that if I fail to meet the requirements of the contract with Southworth Associates or of this Consent Agreement, my file will be referred directly to the members of the Board for initiation of disciplinary action.

III. The Board agrees to cease its investigation in this matter and forego initiation of a formal disciplinary action against Respondent’s license to practice nursing.

ACKNOWLEDGMENT

I, Avis Sabrina Kinzer, have read and understand the above consent agreement fully and I have had the opportunity to discuss it with legal counsel. I understand that, by signing this Consent Agreement, I may be waiving procedural rights guaranteed to me pursuant to the Idaho Administrative Procedures Act. I voluntarily, knowingly, and freely waive those rights, including the right to a hearing, in order to enter into this Consent Agreement. I agree to the above stated terms.

DATED this __________ day of __________, 2005.

By: ____________________________

AVIS SABRINA KINZER
Respondent
I concur in this agreement.

DATED this 18th day of April, 2005.

By

CHERI L. BUSH
Deputy Attorney General

DATED this 25th day of April, 2005.

By:

SANDRA EVANS, M.A.Ed., R.N.
Executive Director, Board of Nursing
NURSE MONITORING CONTRACT

Client Name: ______________________________________  Date: __/__/05

I, ____________________________________________, recognizing that I suffer from chemical dependency and/or mental conditions that may 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 support of the PRN:

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

- Work Supervisor
- Spouse or significant other
- Primary Care Provider/Dentist
- Other _____________________________

I agree to participate in and attend regularly in the following activities:

- Alcohol/Drug Education
- Group Therapy
- Counseling
- Attend Intensive Outpatient at Riverside Recovery
- (2) Mutual Support Group Meetings
- Meet weekly with sponsor face-to-face to work the steps
- Random UA/Drug Testing
- Weekly Health Professionals Support group
- Medication Management with Dr. Hedrick

I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and the PRN will inform the Board of Nursing of this conviction.

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.

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.

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.

I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.

I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.

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.

Initial __________________________________________

Client Signature ______________________________________

Witness ____________________________________________

Client Address: ______________________________________

Program Coordinator _________________________________

EXHIBIT B
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.

I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.

I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating “Dilution” or “Substitution” according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with this contract.

**PRESCRIPTION DRUG/HEALTH CARE**

I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as such by the emergency physician and such documentation must be forwarded to the PRN within 24 hours. Additionally, I agree to notify any and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician’s name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If, for some reason, my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

- Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

- If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

- I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

- I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

- The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

**TERMS AND CONDITIONS OF THE CONTRACT**

- The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

- The PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, non-compliance, etc., then the PRN may make changes on my contract at any time.

- All changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

**ADMONITIONS**

- No self-prescribing any drug, legend or scheduled (controlled).

- Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

- Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.

- Do NOT consume so called “non-alcoholic” beer and/or wine.

- Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.

- Keep any family member’s medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

➤ I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.

➤ I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.

➤ Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.

➤ In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.

➤ It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

➤ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.

➤ I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.

➤ I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.

➤ My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.

➤ I will not work the night/ graveyard shift (11pm-7am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

➤ It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.

➤ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the

Last Revision 10/30/03
Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.

Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).

Avoid the “PERCEPTION”; for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.

Avoid unexcused absences (from meetings, urinalysis tests, etc).

Avoid positive UA’s (MISSED UA = POSITIVE UA).

Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.

Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.

In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.

AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.

Don’t “advertise” your addiction or your recovery.

MISCELLANEOUS GUIDELINES

I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.

I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.

I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.

In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents; correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.

The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant’s practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

**I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.**

\[Signature\]  
Nurse

\[Signature\]  
Date 5-27-05

Witness

\[Signature\]  
Date

*The PRN encourages you to occasionally review this document.*
Southworth Associates
5530 W. Emerald
Boise, ID 83706
(208) 323-9555
FAX (208) 323-9222

Date: 6/3/05       # of Pages Following: 2

Fax to: Linda Coley
Fax #: (208) 334-3262

From: Amanda, PRN Compliance Monitor

URGENT       Reply Requested

The information being transmitted by this facsimile is strictly CONFIDENTIAL and is
only to be reviewed by the above listed person. If there are any problems in the
transmission of the fax, please contact us immediately at (208) 323-9555. Thank you.

Linda,

Here is Kinzer's contract.

Thanks,
Amanda
March 17, 2006

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

RE: Avis Sabrina Kinzer

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Sabrina Kinzer, a Board of Nursing referral, is currently not in compliance with her PRN contract due to positive UA tests on February 6 and February 7, 2006. Ms. Kinzer tested positive for norpropoxyphene. She admitted to taking propoxyphene from a prescription from two years ago. She did not notify the PRN that she was taking the medication and the MRO could not confirm that she ever had a prescription for propoxyphene.

Ms. Kinzer's current contract with PRN was signed on June 3, 2005. Ms. Kinzer's contract requirements include the following: 1) Attend three 12-Step meetings per week, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group, 5) Complete Intensive Outpatient treatment at Riverside Recovery, and 6) Medication Management with Dr. Hedrick.

Ms. Kinzer currently owes PRN $0.00 and NCPS $128.00.

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 or Stefani at (208) 323-9555.

Sincerely,

Amanda L. Scott
Compliance Monitor

cc: Sabrina Kinzer
    Kathryn Reed

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Avis Sabrina Kinzer  
16499 Cow Creek Rd  
Genesee, ID 83832

Dear Ms. Kinzer:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-259864, 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 resulting from:

...failure to comply with the terms and conditions of your contract for monitoring with the Program for Recovering Nurses by:

a. Providing urine samples on February 6 and 7, 2006 that tested positive for Norpropoxyphene, for which you did not have a current prescription.

In accordance with the Consent Agreement signed April 14, 2005, your file will be referred to the Board for further direction. You will be notified of the Board’s decision following their review.

Dated: March 17, 2006

SANDRA EVANS, MAEd, RN  
Executive Director

EXHIBIT D

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>
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<tbody>
<tr>
<td>■ Complete Items 1, 2, and 3. Also complete</td>
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<td>■ Print your name and address on the reverse</td>
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<td>■ Attach this card to the back of the mailing</td>
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<td>so that we can return the card to you.</td>
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<td>1. Article Addressed to:</td>
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| SABRINA KINZER                               |                                |
| 99 COW CREEK RD                              |                                |
| ESEE, ID 83832                               |                                |

<table>
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<th>COMPLETE THIS SECTION ON DELIVERY</th>
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<td>Received by (Please Print Clearly)</td>
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<tr>
<td>B. Date of Delivery</td>
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<tr>
<td>Thomas Kinzer</td>
<td>3/22/96</td>
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<tr>
<td>C. Signature</td>
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<td>X Thomas Kinzer</td>
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<td>D. Is delivery address different from item 1?</td>
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| 3. Service Type                              |                                  |
| Certified Mail                               |                                  |
| Registered                                   |                                  |
| Insured Mail                                 |                                  |
| □ Express Mail                               |                                  |
| □ Return Receipt for Merchandise            |                                  |
| □ C.O.D.                                     |                                  |

| 4. Restricted Delivery? (Extra Fee)          |                                  |
| □ Yes                                        |                                  |

| Article Number (Copy from service label)     |                                  |
| 7003 0500 0003 1290 0048                      |                                  |

PS Form 3811, July 1999  Domestic Return Receipt  10268-03-M-6912
BEFORE THE IDAHO STATE BOARD OF NURSING

STATE OF IDAHO

In the Matter of the License of: AVIS SABRINA KINZER, License No. N-25986

Case No. BON 04-065

NOTICE OF HEARING

Respondent.

To: Avis Sabrina Kinzer

16499 Cow Creek Road

Genesee, ID 83832

Pursuant to the provisions of title 54, chapter 14, Idaho Code, and the duly promulgated rules of the Idaho State Board of Nursing, you are hereby notified and requested to appear before the Board on the 27th day of April, 2006, at 10:30 a.m. (MST) via telephone conference and from time to time thereafter as may be required by the Board, on whether or not your license should be disciplined as set forth in the Complaint filed against you. This hearing shall not exceed thirty (30) minutes.

You are further notified that you may appear with or without the assistance of an attorney on the day, time and place specified in this Notice of Hearing and present testimony with respect to the above noted issues.

All persons requiring assistance pursuant to the Americans with Disabilities Act in order to participate in or understand the hearing must request such assistance ten (10) days in advance of the hearing by contacting the Board Office at the number or address listed below.

The hearing will be conducted pursuant to the Administrative Procedure Act codified at title 67, chapter 52, Idaho Code, and the Idaho Rules of Administrative Procedure of the Attorney General, promulgated at IDAPA 04.11.01. Copies of the

Notice of Hearing - 1
Administrative Procedure Act and the Idaho Rules of Administrative Procedure of the Attorney General may be obtained at the Idaho State Law Library.

All original official documents must be filed with the Idaho State Board of Nursing, 280 North 8th Street, Suite 210, Boise, ID 83720-0061; telephone (208) 334-3110; FAX (208) 334-3262 no later than April 17, 2006, at 5:00 p.m. and a copy must be sent to:

Karl T. Klein
Deputy Attorney General
Civil Litigation Division
P.O. Box 83720
Boise, ID 83720-0010

Dated this 28 day of MARCH, 2006.

IDAHO STATE BOARD OF NURSING

By Sandra Evans, M.A.Ed., R.N.
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 28 day of MARCH, 2006
I caused to be served a true and correct copy of the foregoing NOTICE OF HEARING
addressed as follows:

Karl T. Klein
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

Avis Sabrina Kinzer
16499 Cow Creek Road
Genesee, ID 83832

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
Board of Nursing