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

COLLETTE LEEDS MAHONEY
N-19375

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Collette Leeds
Mail Boxes ETC
5120 Overland Box 115
Boise, ID 83705

Dear Ms. Leeds:

Following the hearing held before the Board on August 14, 1997, the members of the Board of Nursing 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.

Sincerely,

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

SE:hc
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

Collette Marie LEEDS

LICENSE NO: N-19375

ORDER OF
REVOCATION
OF LICENSE

CASE NO: 96-79

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 Collette Marie Leeds, number N-19375 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 Collette Leeds 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 August 14, 1997

[Signature]

CHARLES MOSELEY, R.N., CRNA
Chairman
Idaho Board of Nursing
VOLUNTARY SURRENDER OF LICENSURE

I,

Collette M. Leeds __________________________, admit that:

I have had two positive

for methamphetamine, urinalysis for

screens. __________________________

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 19375 ______ 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: 4/3/97

Signature of Licensee

Dated: 4/3/97

Signature of Witness

1/89 1/93

4/3/97 Certificate of Licensure is not attached, has
been requested. 4/4/97 License attached.
STATE OF IDAHO
BOARD OF NURSING

LICENSE NUMBER
N-19375

This is to certify that

COLLETTE M LEEDS
2211 CORNHUSK CT
BOISE, ID 83706

has complied with the requirements of the law and
is entitled to practice as a licensed professional nurse (LPN).

 Expires August 31, 1997

EXECUTIVE DIRECTOR