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

JULIE PELTON
PN-8204

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
February 15, 1996

CERTIFIED MAIL

Julie Pelton
4547 E 300 N
Rigby ID 83442

Dear Ms. Pelton:

Upon formal action by the Idaho Board of Nursing on February 15, 1996, your practical nurse license PN-8204, was revoked. Enclosed are the Findings of Fact and Conclusions of Law.

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:1hc
enclosure
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of

Julie Ann Weaver Pelton

LICENSE NO: PN-8204

ORDER
OF REVOCATION OF
LICENSE

CASE NO: 95-16

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 Julie Ann Weaver Pelton, number PN-8204 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 Julie Ann Weaver Pelton 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 confirmation of an active recovery program.

DATED THIS February 15, 1996

[Signature]
FAITH Y. PETERSON, R.N.
Chairman
Idaho Board of Nursing
TO: LEOLA DANIELS, M.S., R.N.
Executive Director
Idaho Board of Nursing

FROM: Mary Ellen Kelly, R.N., Chairperson
Temporary Voluntary Surrender Advisory Committee

DATE: January 18, 1996

The file of JULIE PELTON was reviewed at the Advisory Committee meeting of January 18, 1996 and found to be in non-compliance of recommendations because of the following:

Failure to submit the signed Agreement for Monitoring

The Committee made the following recommendation(s):

Reaccreditation

File reviewed by Executive Director:

Signature: [Signature]
Date: 1/23/96

Action Taken: [Redacted]
VOLUNTARY SURRENDER OF LICENSURE

I

I, __Julie A. Pelton__, admit that:

I have a chemical dependency and have obtained treatment and ongoing counseling.

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 __FN-8204__ 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: 9-21-95

STATE OF IDAHO
BOARD OF NURSING

LICENSE NUMBER
FN-8204

THIS IS TO CERTIFY THAT

JULIE PELTON
4547 E 300 N
RIGBY, ID 83442

HAS COMPLIED WITH THE REQUIREMENTS OF THE LAW AND IS ENTITLED TO PRACTICE AS A LICENSED PRACTICAL NURSE

EXECUTIVE DIRECTOR

Julie A. Pelton
Signature of Licensee

Linda Daniels
Signature of Witness
In the Matter of

Julie Ann Pelton
Case # 95-16
Respondent

NEWS-RECPT
APR 17 1995
Jefferson Co. Sherifi

Enter your answer below, sign, date and return this form within twenty-one (21) days after you receive it, to:

IDAHO BOARD OF NURSING
280 North 8th Street, Suite 210
(Mailing - PO Box 83720)
Boise, Idaho 83720-0061

Failure to return this form within twenty-one (21) days of receipt will constitute a waiver of hearing and will result in the Board of Nursing making a finding that you do not contest the allegations in the Complaint. Upon such finding the Board will enter an Order to include possible suspension or revocation of your license to practice nursing in the State of Idaho.

Instructions: Indicate your desired responses and mail this form to the address stated above.

1. [X] I do request a hearing on this matter.
   [ ] I do not request a hearing but do request a settlement offer.
   (Enclose documents and statements you wish to have considered to formulate the settlement offer.)
   [ ] I wish to waive my right to a hearing and voluntarily surrender my license. (Enclose current licensure certificate if this option is selected.)

2. [X] I will be represented by an attorney.
   [ ] I will not be represented by an attorney.

   The name and address of my attorney is:

3. [ ] I ADMIT the following allegations in the Complaint: (State "ALL" if you admit all allegations.)
   [ ] a, b, c, part of f
   [ ] part of f
   [ ] part of g
4. I DO NOT CONTEST the following allegations in the Complaint. (State "ALL" if you do not contest any of the allegations.)

5. I DENY the following allegations of the Complaint. (State "ALL" if you deny all of the allegations - use reverse side if needed.)
   (C, D, E, or F.)
   [Signature]
   [Print Name]
   [Address]
   [City, State, Zip Code]

6. [ ] I have attached a statement in my defense of the allegations.
    [ ] I have not attached a statement in my defense of the allegations.

You have the right to:

1. an opportunity for a hearing.
2. be represented by an attorney at your own expense.
3. subpoena witnesses, or the production of documents through the Board of Nursing.

DATED this 25 day of July, 1995

Julie A. Peterson
Signature of Respondent

4547 E. 3OOV
Address

Rigley, Idaho 83442
City, State, Zip Code

12/91 R92/93/94
April 12, 1995

Sheriff's Office
ATTN: CIVIL DEPARTMENT
Jefferson County
158 W Fremont
Rigby ID 83442

Dear Sir:

Enclosed please find an original and a certified copy of a Complaint for Revocation or Suspension of License and Answer to Complaint for Julie Ann Pelton, 4547 E 300 North, Rigby, Idaho. After delivery of this Complaint, please send this office a Notice of Service with the date of service and the signature of the serving officer with the billing for this procedure.

Thank you for your assistance.

Sincerely,

[Signature]

LEOLA DANIELS, M.S., R.N.
Executive Director

LD:lh
enclosures
April 12, 1995

CERTIFIED MAIL

Julie Ann Pelton
4547 E 300 N
Rigby ID 83442

Dear Ms. Pelton:

Enclosed please find the Complaint for Revocation or Suspension of License initiated by the Board of Nursing and an Answer to Complaint.

Sincerely,

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

Sheriff's Office - Civil Division
Jefferson County
158 W Fremont
Rigby ID 83442

4a. Article Number
546448

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

7. Date of Delivery
4-15-95

8. Addresser's Address (Only if requested and fee is paid)
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the matter of
Julie Ann Weaver James
Rodriguez McNutt
PELTON
License No: PN-8204

COMPLAINT FOR
REVOCATION OR
SUSPENSION OF
LICENSE
CASE NO: 95-16

COMES NOW, Complainant, Leola Daniels, R.N., Executive Director of the Idaho Board of Nursing, and requests the Board to revoke or suspend the license of Julie Ann Weaver James Rodriguez McNutt to practice nursing in the State of Idaho. This Complaint and these proceedings are instituted upon the following grounds:

That the licensee habitually uses alcoholic beverages or narcotic drugs, violated standards of conduct as adopted by the Board of Nursing, has engaged in conduct of a character likely to deceive, defraud or endanger patients or the public, and has been grossly negligent or reckless in performing nursing functions based upon the following:

1. Has obtained or attempted to obtain narcotic drugs by fraud from different pharmacies and physicians:

   a. On or about August 19, 1993, called in, without authorization, a prescription for Lortab #40.
   b. On or about August 31, 1994, called in, without authorization, a refill for Tylenol #4 with Codeine to Smith’s Food King Drug.
   c. On or about September 8, 1994, submitted a forged prescription to K-Mart for Vicodin and Tylenol #4 with Codeine.
   d. On or about December 26, 1994, altered without authorization, a prescription for Talwin #24 and obtained #100.
   e. On or about January 26, 1995, attempted to obtain a prescription for Tylenol #4 with Codeine by fraud at Shopko, by calling in the prescription without authorization.

2. On or about January 1995, while employed as a licensed practical nurse at Eastern Idaho Regional Medical Center, Idaho Falls, signed out for Codeine two hours after going off duty.

The undersigned Leola Daniels, believes that the described conduct of the licensee is in violation of Section 54-1412, (a), (4), (5), (6), (7), and (8) IDAHO CODE, and of Board of Nursing Rules, IDAPA 23.01.01100.05.,06.,09(d,e); and 23.01.01370.14., and 16.

DATED THIS 12th day of April, 1995.

[Signature]
LEOLA DANIELS, M.S., R.N.
Executive Director
Idaho Board of Nursing