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

Michael Robertson

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Michael Robertson  
5009 Joe Lane  
Nampa ID 83687  

Dear Mr. Robertson:  

During their meeting on May 1-2, 2008, the Board of Nursing members took action to issue Findings of Fact, Conclusions of Law and a Final Order to revoke your practical nurse license. Enclosed is a copy of the Final Order.  

The Order became effective May 2, 2008. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.  

Sincerely,  

SANDRA EVANS, MAEd, RN  
Executive Director  

SE:lhc  
enclosure
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )
) Case No. BON 06-033
MICHAEL L. ROBERTSON, )
License No. PN-9872, ) FINDINGS OF FACT,
) CONCLUSIONS OF LAW AND
Respondent. ) FINAL ORDER

Having reviewed the documents appended hereto and the file in this matter, the Idaho State Board of Nursing (the "Board") enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Michael L. Robertson ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. PN-9872 to engage in the practice of nursing in the State of Idaho.

2. On September 8, 2005, Respondent self-referred to the Program for Recovering Nurses ("PRN"), admitting that he suffered from chemical dependency and/or mental conditions that may impair his ability to practice nursing safely. A copy of Respondent’s September 8, 2005, Nurse Monitoring Contract with the PRN is attached as Exhibit A.

3. On September 21, 2005, Respondent voluntarily withdrew from the PRN. A copy of Respondent’s September 21, 2005, letter to the PRN is attached as Exhibit B.

4. According to Life Care Center of Treasure Valley ("LCCTV") Respondent’s employer at the time he self-referred to the PRN on September 8, 2005, conditions of Respondent’s continued employment with LCCTV included, among other things, random drug tests and no access to narcotic keys.

5. On or about January 30, 2006, LCCTV reported to the Board that:
   a. On November 1, 2005, Respondent failed to pass a random drug test. Respondent stated that he had taken Norco from his grandfather’s prescription for an abscessed tooth until he could get into a dentist. Respondent did have an infected tooth
and brought in a pill bottle from his grandfather. LCCTV allowed Respondent to continue to work after a suspension and education.

b. On January 21, 2006, Respondent called the on-call pharmacist to refill a PRN Oxycodone IR 5 mg. for a resident who had not used any in many months. Respondent informed the on-call pharmacist that the Pyxis stock had been used up. When the on-call pharmacist went to the Pyxis to fill it the report indicated that there were 15 in stock. In addition, the resident only had the prescription filled once in April 2005 and had only used PRN Tylenol occasionally.

c. On January 21, 2006, a licensed nurse witnessed Respondent going through keys in the desk drawer of the Director of Nurses, and the nurse reported it to the weekend staffing coordinator. When confronted, Respondent informed the staffing coordinator that he needed to trade out a medication cart key for the one he had because his was not working properly. The key Respondent indicated he was trading was for a cart he had not been assigned to work at.

d. On January 22, 2006, the staffing coordinator approached Respondent about a drug test. Respondent informed the staffing coordinator that his medical doctor told him he could not participate in any type of drug screen for 90 days because he would test positive due to his “fat stores” which would contain the PRN Norco he had taken for a toothache. Respondent was informed that if he did not do the random drug test he would no longer have a job. Respondent refused to do the drug test and chose to self-terminate his employment with LCCTV.

6. On April 24, 2006, Trinity Mission Health & Rehab of Midland ("Trinity") in Nampa, Idaho, reported to the Idaho State Board of Pharmacy regarding a missing narcotics investigation. The investigation revealed that:

a. On March 2, 2006, a licensed nurse was informed by the pharmacy that a resident should still have 32 tablets of Oxycontin 20 mg. but the resident’s Oxycontin card was empty. Someone had written on the narcotic record indicating that the 32 tablets had been wasted, but no one would admit to writing it. On March 3, 2006, Trinity decided to drug test all nurses who had worked the medication cart the previous week, including Respondent. Respondent was scheduled to work March 4, 2006, but
called and stated that he was unable to go in and take the drug test. All other nurses tested negative. Respondent was suspended until he reported for a drug test, and did not report until March 6, 2006.

b. On March 20, 2006, a licensed nurse reported that a bottle of Roxanol drops was missing from the medication cart. During the search, it was discovered that the narcotic sheet that went with the Roxanol drops was also missing, as well as a second bottle of Roxanol. In search for the Roxanol bottles, the administrator and the associate director of nursing found an empty bubble pack card of Norco hidden in the medication room. The narcotic sheet for the Norco could not be located. All nurses employed by the facility were drug tested, including Respondent, and all tests were negative. On March 21, 2006, Trinity reported the missing narcotics to the Board of Pharmacy, and on March 23, 2006, the thefts were reported to the Nampa Police Department.

c. On March 23, 2006, Respondent approached another licensed nurse about wasting two Oxycodone ER tablets and signing off on the narcotic sheet. Respondent informed the nurse that the two tablets had popped out of the bubble pack on the medication card. The nurse noticed that the two pills were obviously different and that the foil on the back of the card was taped to hold the pill in. The pharmacy consultant for the facility noted that one tablet was Oxycodone ER and the other was Lisinopril. The pharmacy consultant also noted that the narcotic sheet dates seemed to be altered, in that the dates were written over to make it appear that the medications had been given. The pharmacy consultant and the associate director of nursing took the bubble pack card, the narcotic sheet and the pills to the administrator. Respondent was then suspended pending investigation.

d. Respondent’s employment with Trinity was terminated on March 31, 2006.

7. On or about April 20, 2006, the Board received a Report of Violation of the Nurse Practice Act from the Division of Veterans Services, where Respondent was employed as a contract agency nurse. The report indicated that Respondent was involved in several discrepancies involving narcotics:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 3
a. On March 29 and 30, 2006, the narcotic sheet for Oxycodone 5mg. tablets revealed that Respondent had supposedly administered eight 5 mg. tablets to a resident (with an additional two tablets wasted but with no witness signature). The order for the resident was for two tablets (10 mg. total) in the evening and one tablet every 4 hours as needed for pain. The narcotic sheet also revealed that at no other time did the resident require PRN medication. In addition, the order is for one tab for PRN purposes, not two asRespondent indicated he had administered. As to the two tablets wasted, the Oxycodone is packaged in a bubble pack in a 5 mg. dose. Respondent would have had to purposefully pop two tablets from the bubble pack, instead of one as ordered, and Respondent did not complete a Medication Error report.

b. On March 30, 2006, Respondent administered two Oxycodone 5 mg. tablets to a resident who was prescribed to receive only one. The narcotic sheet revealed that, except for those dispensed by Respondent, at no other time did any other nurse give two tablets instead of one. Respondent did not complete a Medication Error report.

c. On April 13, 2006, the narcotic sheet for Methylin (Ritalin) 10 mg. tablets revealed that Respondent found four tablets in the bottom of the narcotic drawer and wasted them. There was no witness to verify the Methylin tablets were wasted. The Methylin tablets are kept in bubble packs with dual backing/packing, and it would be extremely difficult for four tablets to become inadvertently dislodged from the packaging.

d. On March 29 and 30, 2006, Respondent gave three residents 10 mg. of Oxycodone (two tablets) when all of the orders indicate that the residents were to receive one 5 mg. tablet of Oxycodone.

e. Respondent’s employment with the Division of Veterans Services was terminated on April 19, 2006.

8. On May 9, 2006, the Board received information from Caldwell Care Center ("CCC"), where Respondent was employed as a contract agency nurse, indicating that CCC had concerns about Respondent with narcotic discrepancies, including Ativan being given frequently and narcotics being wasted by Respondent without a witness. CCC informed Respondent’s agency that CCC did not want Respondent to return to CCC because of medication discrepancies.
9. On May 11, 2006, the contract agency reported to the Board that Respondent was no longer working with the agency.

10. On September 13, 2006, Respondent’s employer, Canyon West, informed the Board that:
   a. Narcotics were identified as missing from the facility, so arrangements had been made with an outside vendor for drug testing of employees. Respondent showed up for testing but his urine sample was considered tampered with because it was cold. Respondent was instructed to wait at the facility until he could give another sample. Respondent refused to give the sample and reported that the medical assistant had told him the sample had to be observed. Respondent went to another facility to do the test later that day, and the test result was negative.
   b. On September 11, 2006, Methadone and the corresponding medication sheet were missing from the medication cabinet. Respondent was one of the three nurses working the evening the Methadone disappeared.
   c. Respondent generally gave two pain pills to patients when other nurses only gave one.
   d. Respondent resigned his employment with Canyon West on September 12, 2006.

11. On October 12, 2006, Life Care Center reported to the Board that on October 14, 2006, Life Care Center decided to randomly drug screen employees because of a Ritalin bubble pack card that had been tampered with. When the staffing coordinator informed Respondent that he would need to take a drug test, Respondent stated that his physician informed him that he could not take a drug test for 90 days because of the Norco that he had taken previously. After checking with the director of nursing, the staffing coordinator informed Respondent that he would need to take the drug test and would need to bring a note from his physician later. After a period of time, Respondent stated that he would not do the drug screen and left the facility.

12. On November 14, 2006, Life Care Center reported to the Board that Respondent’s employment was terminated on November 13, 2006, because of a positive drug test for ritalinic acid, a metabolite of Ritalin.
13. On November 24, 2006, Respondent voluntarily surrendered his license, admitting that he took narcotics, and agreed to enter treatment. A copy of Respondent’s Voluntary Surrender of License is attached as Exhibit C.

14. On January 19, 2007, Respondent signed a Nurse Monitoring Contract with the PRN, a copy of which is attached as Exhibit D.

15. On June 7, 2007, Respondent was issued a limited license. A copy of the June 7, 2007, letter from the Board to Respondent is attached as Exhibit E.

16. On November 30, 2007, the PRN notified the Board that Respondent was not in compliance with his PRN contract due to missing two scheduled urinalysis tests on November 1, 2007, and November 15, 2007. A copy of the November 30, 2007, letter from PRN to the Board is attached as Exhibit F.

17. On December 12, 2007, the PRN notified the Board that Respondent was not in compliance with his PRN contract due to missing two scheduled urinalysis tests on November 21, 2007, and December 3, 2007. The PRN also reported that Respondent had missed calling into the National Confederation of Professional Services, Inc. (“NCPS”) (the company with which the Board contracts to conduct urinalysis testing) a total of 21 times since signing his contract. A copy of the December 12, 2007, letter from PRN to the Board is attached as Exhibit G.

18. On January 4, 2008, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board entered an Order of Summary Suspension of Limited Licensure in this case, immediately suspending Respondent’s limited license. A copy of the Order of Summary Suspension of Limited Licensure is attached as Exhibit H.

19. On January 29, 2008, the Board notified Respondent that the Program for Recovering Nurses Advisory Committee had reviewed his file and history and recommended that Respondent come into total compliance with all requirements of his PRN contract by February 29, 2008, or his file would be referred to the Board for formal disciplinary action. A copy of the January 29, 2008, letter from the Board to Respondent is attached as Exhibit I.

20. On February 29, 2008, the PRN notified the Board regarding Respondent’s
status with the PRN. Respondent was suspended with NCPS on January 3, 2008, for non-payment. On February 15, 2008, Respondent paid his past due amount and was reinstated. Prior to being suspended, Respondent missed two tests on December 21, 2007, and January 2, 2008. In addition, the PRN had no record of Respondent attending his required 12-step meetings or meeting weekly with his sponsor. A copy of the February 29, 2008, letter from PRN to the Board is attached as Exhibit J.

21. On March 28, 2008, the PRN notified the Board that Respondent missed a test on March 11, 2008, that Respondent turned in numerous late client activity slips, and that Respondent had attended only one group session in nearly two months. A copy of the March 28, 2008, letter from PRN to the Board is attached as Exhibit K.

CONCLUSIONS OF LAW

1. As a licensed nurse in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 14, Idaho Code.

2. Respondent’s Idaho License No. PN-9872 is conditioned upon his complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent diverted drugs from his employer without prior consent or authorization from his employer.

4. Respondent possessed and took prescription drugs while at work which had not been prescribed to him.

5. Respondent voluntarily surrendered his license and was subsequently issued a limited license. One of the conditions of his limited license was that Respondent comply with his PRN contract.

6. Respondent’s limited license was summarily suspended because of failure to comply with his PRN contract, and Respondent has continued to fail to comply with his PRN contract.

7. Respondent’s acts as set forth above constitute violations of the laws and rules governing the practice of nursing in the State of Idaho; specifically:

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 7
a. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use narcotic, hypnotic or hallucinogenic drugs);

b. Idaho Code § 54-1413(1)(f) and Board Rule 100.07 (physical or mental unfitness to practice nursing);

c. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board’s laws, rules or standards of conduct and practice);

d. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);

e. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs);

f. Board Rule 101.05.c (a nurse shall be responsible and accountable for his nursing judgments, actions and competence); and

g. Board Rule 101.05.e (a nurse shall make or keep accurate, intelligible entries into records and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into patients’ records).

8. Pursuant to Idaho Code § 54-1413(3)(a), Respondent’s voluntary surrender of his license empowers the Board, without a hearing, to revoke or suspend Respondent’s license and/or impose such conditions, limitations, or restrictions on his license as the Board in its discretion may deem appropriate.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, it is hereby ordered that:

1. Pursuant to IDAPA 23.01.01.132.06.b, the Board hereby AFFIRMS the January 4, 2008, summary suspension of Respondent’s license.

2. License No. PN-9872 issued to Michael L. Robertson is hereby: ☑ Revoked: Respondent may not apply for reinstatement for a two (2)
year period after entry of this Order or a _____ year period after entry of this Order, whichever period is greater.

___ Suspended: _____ days _____ year(s) ___ indefinitely.
Respondent’s license shall be a single-state license during the term of suspension and Respondent shall not be eligible to practice on the Compact privilege in any other state participating in the Nurse Licensure Compact with the State of Idaho.

3. At such time as Respondent requests reinstatement of licensure, he shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120. This will include, but is not limited to, providing the following information to the Board:
   a. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;
   b. Documentation that he is rehabilitated and competent to practice nursing by submitting:
      i. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.
      ii. A detailed summary of employment since licensure revocation or suspension; and
      iii. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.

4. The Board reserves the right to assess investigative costs and attorney fees incurred in this matter as a condition of reinstatement.

This order is effective immediately.

DATED this ___ day of _____, 2008.

IDAHO STATE BOARD OF NURSING

By: [Signature]
Susan Odom, Ph.D., R.N.
Chair
NOTICE OF DUE PROCESS RIGHTS

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

a. A hearing was held,
b. The final agency action was taken,
c. The party seeking review of the order resides, or
d. 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.
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 6th day of May, 2008, I caused to be served a true and correct copy of the foregoing by the following method to:

Michael S. Robertson
5009 Joe Lane
Nampa, ID 83687

☒ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: __________________________
☐ Statehouse Mail

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

☐ U.S. Mail
☐ Hand Delivery
☐ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile: __________________________
☒ Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
NURSE MONITORING CONTRACT

Client Name: Michael Robertson Date: 9-8-05

1. 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:

- Initial I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- Initial 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:

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

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

- Initial *Alcohol/Drug Education
- Initial *Group Therapy
- Initial *Counseling
- Initial *Meeting 3 Mutual Support Group Meetings per week
- Initial *Meet weekly with sponsor face-to-face to work the steps
- Initial *Random UA/Drug Testing
- Initial *Weekly Health Professionals Support group
- Initial *Medication Management with Primary Care Provider

- Initial 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.
- Initial 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.
- Initial 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.
- Initial 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.

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

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

- Initial 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.

Client Signature: Michael Robertson Witness: Amanda Smith

Client Address: 5009 Joe Have Program Coordinator

Nampa, ID. 83687

Exhibit A
Page 1 of 5
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
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 48 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, noncompliance, 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.

Last Revision 10/30/03

Exhibit A
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.

Michael Jackson
Nurse
9-8-05

Amanda Scott
Witness
8-Sept-05

The PRN encourages you to occasionally review this document.
September 21, 2005

Mr. Southworth,

I am sending this letter to inform you that I will no longer be requiring your services. I have been speaking with Linda Cooley at the State Board of Nursing and due to financial hardship I am unable to continue with PRN. Mrs. Cooley and I discussed that there is no formal complaint filed against myself and she informed me that my standing as a nurse will not be in jeopardy if I do not continue with the PRN program. We also discussed that I will continue attending AA meetings several times a week, as per my contract with Life Care Center, as well as random drug screenings. I will also be looking into attending the Ascent Program as it is covered by my insurance.

My employer is aware of the discussion I had with the State Board of Nursing. They are supportive of my decision to withdraw from your program at this time. I know that 27 days of sobriety doesn’t qualify me as being cured of my addictions. But with the support of my wife, God, and others I know I will not make the same mistake. I have read all sorts of literature and internet articles on alcohol and substance abuse. The percent of those having a relapse without the proper treatment is high. But in almost all of the meetings I have attended, and articles I have read, it takes a life altering event before an addict realizes the implications it poses towards his/her life and their loved ones. I had that event. I almost died from my abuse of drugs and alcohol.

I appreciate all that you did for me and making resources available to me. I have a great support chain with my family, church, and work. I know there are no guarantees and if I relapse the consequences will be dire. But I truly believe I can stay clean and sober by doing the therapy I have started.

Once again I thank you for all your help and God bless.

Sincerely,

Michael Robertson
RULE 132
VOLUNTARY SURRENDER OF LICENSE

I, Michael Robertson, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Take Narcotics when they were being destroyed.

2. I understand that the admitted facts constitute grounds for disciplinary action pursuant to the Nursing Practice Act, Idaho Code §54-1413(1) and the rules of the Board, IDAPA 23.01.01, et seq. I also understand that the Board of Nursing has the authority to accept this voluntary surrender pursuant to Idaho Code §54-1413(2)(a).

3. I am aware that, without my consent, no legal action can be taken against me, except pursuant to the Idaho Administrative Procedures Act, Chapter 52, Title 67, Idaho Code.

4. I understand that I have the following rights, among others: the right to a formal fact finding hearing before the Board, to reasonable notice of said hearing, to representation by counsel, to present evidence and testimony on my behalf, to compel the testimony of witnesses, and to cross-examine witnesses against me; and

5. I waive all such rights, including the right to a formal disciplinary hearing.

6. I also waive the right to challenge the board for bias in the event that charges concerning these admitted facts or any other matter involving my license are brought before the board.

7. In lieu of a formal disciplinary hearing, I hereby voluntarily surrender license number PN-9872 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

9. I understand that Board of Nursing representatives will, if questioned, report the status of my license as “surrendered.”

DATED: 11-21-06
2006-2008

Signature of Licensee

Michele C. Robertson
5009 Joe Lane
Nampa, ID 83687

Address

Signature of Witness

Michael Robertson
5009 Joe Lane
Nampa, ID 83687-9701

has complied with the requirements of the law and is entitled to practice as a LICENSED PRACTICAL NURSE (LPN)

Michael Robertson

Valid when signed by licensee.

Exhibit C
NURSE MONITORING CONTRACT

Client Name: Michael Robertson Date: 1-19-07

I, Michael Robertson, 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:

[Initial] I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.

[Initial] I agree to provide my selected healthcare provider with a copy of this agreement and ask him/her to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and number of refills.

I agree to advise the following persons of the conditions of this agreement:

[Initial] *Work Supervisor
[Initial] *Spouse or significant other
[Initial] *Primary Care Provider/Dentist
[Initial] *Other

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

[Initial] *Ninety (90) AA/NA meetings in ninety (90) days, then rate to be determined
[Initial] *Attend Relapse Prevention with Sara Donesley
[Initial] *Attend After Care with Steve Tubbs
[Initial] *Medication Management with Dr. Ashaye
[Initial] *Counseling as needed
[Initial] *Meet weekly with sponsor face-to-face to work the steps
[Initial] *Random UA/Drug Testing
[Initial] *Attend weekly Health Professionals support group

[Initial] 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.

[Initial] 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.

[Initial] 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.

[Initial] I agree that the Program Coordinator and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

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

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

[Initial] 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.

[Signature]
Client Signature

[Signature]Michael Robertson
Client Address: 8009 Joe Lane
Nampa, ID 83687

[Signature] Program Coordinator

Witness: [Signature]

RECEIVED JAN 19 2007

Page 1 of 5
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, no employment as a travelling nurse, 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 missed drug screens 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 16/03/03
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 48 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 result 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 the appropriate length of time that it will be necessary for me to take the medication. I understand that it is my physician to write this appropriate length for use on the prescription when he/she faxes the 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 failing 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, noncompliance, 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.

ADMINISTRATIONS

- 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.

RECEIVED
JAN 192007

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 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.**

\[signature\]  \[1-19-07\]  \[date\]  

Witness  

\[*The PRN encourages you to occasionally review this document.*

Last Revision: 10/30/03
Michael Robertson  
5009 Joe Lane  
Nampa ID 83687

Dear Mr. Robertson:

We have received a letter from the Program for Recovering Nurses supporting your request for the issuance of a limited license. This license is being issued valid for a period of five years commencing from the date of issuance, with continuing monitoring conditions consistent with your current Agreement with the Program for Recovering Nurses. The limited license will be issued following receipt of the $100.00 limited licensure fee required under IDAPA 901.05.

In addition to the monitoring conditions already in place, additional conditions may be required including:

1) Be employed only in a structured, supervised setting, with work site monitoring as provided for by the Program Coordinator. [You are not authorized to begin employment until the work site monitor has been approved by the Program Coordinator.]
2) Have no access to narcotics until approved by the Program Coordinator.
3) Do not accept employment on the night shift (11 pm – 7 am) or in a home health setting until requested and approved by the PRN Coordinator.
4) Do not work more than 40 hours per week.
5) Other conditions as determined to be appropriate

Please note that while practicing under conditions of limited licensure, you may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from both states.

Your file will continue to be monitored by the Program Coordinator for the duration of the limited licensure period. Of course, you may continue to communicate with this office as well as by phone or in writing relative to the program or the conditions of limited licensure.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE: lhc  
cc: PRN Program

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.
Idaho Board of Nursing
LIMITED LICENSE
VALID ONLY IN IDAHO
RN _____ LPN X

MICHAE L. ROBERTSON P N - 9872
5009 JOE LANE
NAMPA, ID 83687

Failure to comply with stipulated terms may result in withdrawal and disciplinary action.

Expires: 06/08/2012 (See Reverse)

LIMITED LICENSE - Receipt

Receipt No: 44774
Amount $100

RN _____ LPN X APPN

DATE ISSUE: 06/08/07

BY DA

Exhibit E

2012
November 30, 2007

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

RE:    Michael Robertson

Dear Ms. Evans,

This letter is being sent to notify you that Mr. Michael Robertson, a Board of Nursing referral, is currently not in compliance with his Program for Recovering Nurses (PRN) contract. Mr. Robertson has missed two (2) scheduled urinalysis tests on November 1, 2007 as well as November 15, 2007. Mr. Robertson did call into NCPS on these days, therefore knowing he was selected to test.

Mr. Robertson’s current contract with PRN was signed on January 19, 2007. Mr. Robertson’s contract requirements include, but are not limited to, the following: 1) attend three to four 12-step meetings per week, 2) attend Relapse Prevention, 3) attend After Care, 4) medication management, 5) attend counseling as needed, 6) meet weekly, face-to-face, with sponsor to work the steps, 7) attend Health Professionals support group, and 8) random urinalysis/drug testing.

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 either me at (208) 323-9555.

Sincerely,

[Signature]
Ashley Gochnour
Compliance Monitor
Southworth Associates

cc:    Michael Robertson

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
December 12, 2007

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

RE: Michael Robertson

Dear Ms. Evans,

This letter is being sent to notify you that Mr. Michael Robertson, a Board of Nursing referral, is currently not in compliance with his Program for Recovering Nurses (PRN) contract. Mr. Robertson has missed two more scheduled urinalysis (UA) tests in addition to the two tests referenced in my previous report of non-compliance letter dated November 30, 2007. These two most recent tests were scheduled on November 21, 2007 as well as December 3, 2007. Mr. Robertson did call into NCPS on these days, therefore knowing he was selected to test. The PRN received a note from Mr. Robertson regarding his missed UA on December 3, 2007. In this note, Mr. Robertson states that he has no Chain of Custody (COC) forms on hand. This is contrary to PRN and NCPS records which show that Mr. Robertson has two (2) COC forms on hand.

In addition to Mr. Robertson’s missed UA tests, he has also missed calling into NCPS a total of twenty-one (21) times since signing his contract.

Mr. Robertson’s current contract with PRN was signed on January 19, 2007. Mr. Robertson’s contract requirements include, but are not limited to, the following: 1) attend three to four 12-step meetings per week, 2) attend Relapse Prevention, 3) attend After Care, 4) medication management, 5) attend counseling as needed, 6) meet weekly, face-to-face, with sponsor to work the steps, 7) attend Health Professionals support group, and 8) random urinalysis drug testing.

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 either me at (208) 323-9555.

Sincerely,

[Signature]

Ashley Giochnour
Compliance Monitor
Southworth Associates

cc: Michael Robertson
The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of } ORDER OF

Michael Robertson } SUMMARY SUSPENSION

PN-9872 } OF LIMITED LICENSURE

CASE No: 06-033

This Order serves to officially notify you that your limited license, number PN-9872, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

This suspension is necessary in the interest of public health, safety and welfare due to your failure to comply with the terms and conditions of limited licensure, by:

1. Failure to maintain compliance with the terms of the Program for Recovering Nurses (PRN) Monitoring Contract signed January 19, 2007, by
   a. Failure to call in for testing more than 21 times since January 19, 2007 and failure to submit to urine drug screens on more than one occasion (November 1, 2007, November 15, 2007, November 21, 2007, and December 3, 2007.)

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (January 24-25, 2008). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 4TH day of January, 2008.

_______________________________
SANDRA EVANS, MAEd, RN
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 7th day of January, 2008, I caused to be served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

Roger Gabel
Deputy Attorney General
Office of the Attorney General
PO Box 83720
Boise, Idaho 83720-0010

U.S. Mail, postage prepaid
Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile:
Statehouse Mail

Michael Robertson
5009 Joe Lane
Nampa ID 83687-8701

X U.S. Mail, postage prepaid
X Certified U.S. Mail, return receipt
Hand Delivery
Overnight Mail
Facsimile:
Statehouse Mail

Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
Michael Robertson  
5009 Joe Lane  
Nampa ID 83687-8701

Dear Mr. Robertson:

During their January 11, 2008 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and the history provided by the Program Coordinator.

Following their review, the Committee made the following recommendations:

1. That you come into total compliance with all requirements in your Contract for Monitoring within thirty days (by February 29, 2008) or your file will be referred to the members of the Board of Nursing for formal disciplinary action.
2. It is your responsibility to manage personal issues that hamper your compliance.

If you wish to discuss this further, please feel free to make an appointment to meet with me or with John Southworth, Program Coordinator.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhc  
cc: PRN Program

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.
February 29, 2008

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

RE: Michael Robertson

Dear Ms. Evans,

As requested in the Board of Nursing’s letter dated January 29, 2008, this letter is being sent to update you on Mr. Michael Robertson’s, a Board of Nursing referral, compliance. Mr. Robertson’s current contract with PRN was signed on January 19, 2007. Mr. Robertson’s contract requirements include, but are not limited to, the following: 1) attend three to four 12-step meetings per week, 2) attend Relapse Prevention, 3) medication management, 4) attend counseling as needed, 5) meet weekly, face-to-face, with sponsor to work the steps. 6) attend Health Professionals support group, and 7) random urinalysis/drug testing.

- Mr. Robertson was suspended with NCPS on January 3, 2008 for non-payment. He paid his past due amount on February 15, 2008 and was therefore re-instated. Prior to him being suspended, Mr. Robertson missed two (2) more urinalysis (UA) tests. One on December 21, 2007 and another on January 2, 2008. Mr. Robertson has not tested since August 22, 2007.
- Also on February 15, 2008 he ordered two (2) Chain of Custody (COC) forms. His COC forms arrived on February 25, 2008. Mr. Robertson has been calling in on a daily basis as required since February 25, 2008 and is prepared for a urinalysis (UA) test at any time.
- On February 25, 2008, Mr. Robertson made a $50 payment toward his past due PRN monitoring fees. He currently still owes PRN $70.
- PRN has no record of Mr. Robertson attending his required 12-Step meetings or meeting weekly with his sponsor.
- PRN has been informed by Ascent Behavioral Health that Mr. Robertson has started his Relapse Prevention class again. He quit going due to financial reasons and has missed a few classes since beginning again.
- Mr. Robertson has begun to attend his required Health Professionals support group again.

Please feel free to contact me at (208) 323-9555 with any questions and/or concerns.

Sincerely,

Ashley Gochnour
Compliance Monitor
Southworth Associates

cc: Michael Robertson

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
March 28, 2008

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

RE: Michael Robertson

Dear Ms. Evans,

As requested by the Board of Nursing, this letter is being sent as an update to our letter dated February 29, 2008. Mr. Robertson’s current contract with PRN was signed on January 19, 2007. Mr. Robertson’s contract requirements include, but are not limited to, the following: 1) attend three to four 12-step meetings per week. 2) attend Relapse Prevention. 3) medication management. 4) attend counseling as needed. 5) meet weekly, face-to-face, with sponsor to work the steps. 6) attend Health Professionals support group, and 7) random urinalysis/drug testing.

- Mr. Robertson has missed a scheduled urinalysis test on March 11, 2008.
- Mr. Robertson has made payments toward his past due PRN monitoring fees. He currently still owes PRN $55.
- Mr. Robertson has turned in numerous late client activity slips. He is currently attending his required meetings. His weekly meetings with his sponsor appear to be low.
- PRN has been informed by Mr. Robertson’s Relapse Prevention provider, Ascent Behavioral Health, that he has only attended one group (March 10, 2008) in nearly two months.

Please feel free to contact me at (208) 323-9555 with any questions and/or concerns.

Sincerely,

Ashley Gochran
Compliance Monitor
Southworth Associates

cc: Michael Robertson

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.