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

Ellen Ruhter

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Ellen Ruhter  
103 Glendale Road  
Bellevue ID 83313

Dear Ms. Ruhter:

During their meeting on May 3-4, 2007, the Board of Nursing members took action to issue a formal Order of Revocation. Enclosed is a copy of this Order.

The Order became effective May 3, 2007. Please be advised that you may not practice nursing in the State of Idaho until your license has been reinstated. You may apply for reinstatement two (2) years after the effective date of this Order.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhce  
enclosure

May 8, 2007
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:  
ELLEN RUHTER,  
License No. N-28678,  
Respondent.  

Case No. BON 05-073

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

The Idaho State Board of Nursing (the “Board”), having reviewed the documents appended hereto, enters the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Respondent Ellen Ruhter is licensed to practice nursing in Idaho under License No. N-28678.

2. On or about October 28, 2005, Respondent signed a Voluntary Surrender of License form as required by Board Rule 132.04 as a pre-condition to obtaining limited licensure by a nurse having an disability due to alcohol or drug use or emotional or mental impairment. A true and correct copy of Respondent’s Voluntary Surrender of License form is attached as Exhibit A. Respondent delivered the form to the Board on or about January 6, 2006.

3. In Respondent’s Voluntary Surrender of License form:
   a. Respondent admitted that she has “engaged in the following conduct: Abuse of prescription drugs – Vicodin” and that she understood “the admitted facts constitute grounds for disciplinary action” under the Nurse Practice Act and Board’s rules.
   b. Respondent acknowledged that she understands her due process rights, including the right to a formal hearing before the Board. She nevertheless voluntarily and freely waives those rights.
   c. Respondent agreed to immediately enter treatment and participate in a monitoring program.
d. Respondent voluntarily surrendered her license and acknowledged that the Board has the statutory authority to accept her voluntary surrender.

4. On April 5, 2006, Respondent signed a Nurse Monitoring Contract with the Program for Recovering Nurses (PRN) monitoring program. A true and correct copy of the Nurse Monitoring Contract is attached as Exhibit B. In the Nurse Monitoring Contract, Respondent admitted that she suffers "from chemical dependency and/or mental conditions that may impair [her] ability to practice nursing safely," and she expressed her "desire to enroll in the [PRN]." Respondent agreed "to participate in and attend regularly the following activities: . . . Random UA/Drug Testing" and "to accurately describe [her] weekly recovery activities . . . on the forms provided and submit weekly monitoring reports to the independent monitoring service." The Terms and Conditions for Participation in the PRN, which are attached to the Nurse Monitoring Contract, also required Respondent to file all drug prescriptions with the PRN prior to filling the prescription.

5. On June 8, 2006, the PRN reported to the Board that Respondent had not complied with her Nurse Monitoring Contract by failing to activate with the National Confederation of Professional Services (NCPS), which precluded Respondent from participating in urinalysis testing as required by the Nurse Monitoring Contract. A true and correct copy of the PRN's June 8, 2006, letter is attached as Exhibit C.

6. On July 28, 2006, the PRN submitted to the Board a second noncompliance report advising that Respondent still had not activated with NCPS. A true and correct copy of the PRN's July 28, 2006 letter to the Board is attached as Exhibit D.

7. On October 27, 2006, the PRN Advisory Committee discussed Respondent's case and recommended:

   a. That the PRN continue to monitor Respondent for compliance with all requirements of her Nurse Monitoring Contract;

   b. That Respondent sign a new Nurse Monitoring Contract for a five-year period; and
c. That following support of the contractor regarding Respondent’s return to work, a limited license would be considered.

8. On November 6, 2006, the Board’s executive director sent a letter to Respondent advising Respondent of the Advisory Committee’s recommendations. A true and correct copy of the November 6, 2006, letter is attached as Exhibit E.

9. Respondent subsequently activated with NCPS and, on November 14, 2006, she provided a urine sample that tested positive for a prescription drug for which Respondent had no prescription on file with the PRN. A true and correct copy of the drug test results are attached as Exhibit F.

10. On January 8, 2007, Respondent signed a second Nurse Monitoring Contract, a copy of which is attached as Exhibit G. In this second Nurse Monitoring Contract, Respondent again agreed “to participate in and attend regularly the following activities: . . . Random UA/Drug Testing” and “to accurately describe [her] weekly recovery activities . . . on the forms provided and submit weekly monitoring reports to the independent monitoring service.” The Terms and Conditions for Participation in the PRN, which are attached to the second Nurse Monitoring Contract, also required Respondent to call in daily to NCPS (to learn whether she had been selected for a UA on a particular day).

11. On February 20, 2007, the PRN reported to the Board that Respondent was not in compliance with her second Nurse Monitoring Contract because Respondent had failed to call into NCPS since December 5, 2007 [sic, 2006] and had missed a scheduled urinalysis test on January 12, 2007. A true and correct copy of the PRN’s February 20, 2007, letter to the Board is attached as Exhibit H.

12. On February 21, 2007, the Board notified Respondent that the Advisory Committee would review her case at its April 27, 2006, meeting and that she could request to meet with the Advisory Committee by calling the Board office by April 1, 2007. A true and correct copy of the Board’s February 21, 2007, letter to Respondent is attached as Exhibit I. Respondent failed to call the Board office.
13. On April 27, 2007, the Advisory Committee met and referred Respondent's case to the Board for disciplinary action. A true and correct copy of the Advisory Committee’s April 27, 2007, memo to the Board is attached as Exhibit J.

CONCLUSIONS OF LAW

1. Respondent is subject to the Board’s jurisdiction and to the provisions of title 54, chapter 14, Idaho Code (the Nurse Practice Act).

2. Respondent’s admitted conduct, Findings of Fact ¶ 2.a., is grounds for discipline under Idaho Code § 54-1413(1)(e) and Board Rule (IDAPA 23.01.01) 100.06 (prohibiting habitual use of narcotic, hypnotic, or hallucinogenic drugs).

3. Respondent has voluntarily surrendered her license. Idaho Code § 54-1413(3)(a) empowers the Board to “accept the voluntary surrender of a license . . . and accordingly enter an order revoking or suspending such license and/or imposing such conditions, limitations, or restriction on the practice of any such nurse as may be appropriate in the discretion of the board.” This statute and Respondent’s express waiver of hearing rights in her Voluntary Surrender of License form empower the Board to accept Respondent’s voluntary surrender and enter an appropriate disciplinary order based on the Findings of Fact without affording Respondent an opportunity for hearing or other process.

ORDER

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


2. License No. N-28678 issued to Ellen Ruhler is:
   ☑ 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.

/ / / 

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 4
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 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, she 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 she 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 3rd day of May, 2007.

IDAHO STATE BOARD OF NURSING

By

Susan Odom, Ph.D., R.N.
Chair

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 5
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 ___th day of May, 2007, I caused to be served a true and correct copy of the foregoing by the following method to:

Ellen Ruhter  
103 Glendale Road  
Bellevue, ID 83313

☐ 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
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, Ellen Hunter, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: 

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 N-23678 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, 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: Oct 28, 2005
Signature of Licensee: Ellen Hunter
Address: 1333 N. 15th St.
City, State, Zip: Boise, ID 83702

DATED: 01/06/06
Signature of Witness: A
NURSE MONITORING CONTRACT

Client Name: Ellen Ruhter

Date: April 5, 2006

I, Ellen Ruhter, 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 number of refills.

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

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

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

- Counseling with Frank Andrews, to include her husband as requested
- 90 meetings in 90 days, then rate to be determined
- Meet weekly with sponsor face-to-face to work the steps
- Random UA/Drug Testing
- Re-evaluation prior to returning to work, if returning to work before end of contract

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.

Client Signature

Witness

Client Address: 10361 Andrie Pk

Program Coordinator

Boulevard, FQ 83313
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
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 an 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 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, and the 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 intrusive 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.
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 provide 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 "adverse" 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.

_Elizabeth Rutter_  
Nurse  
24-10-06  
Date

Witness  
Date

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

Last Revision 16/09/03

208 578 3383  
Billy Ward  
Apr 18 06 02:38p
June 8, 2006

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

RE: Ellen Ruhter

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Ellen Ruhter, a Board of Nursing referral, is currently not in compliance with her PRN contract due to not activating her NCPS account, despite being told to activate her account so she can begin urinalysis testing.

Ms. Ruhter’s current contract with PRN was signed on April 5, 2006. Ms. Ruhter’s contract requirements include the following: 1) Attend counseling with Frank Andrews, to include husband as requested, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend 90-90 Mutual Support Group Meetings, then rate to be determined, and 5) Re-evaluation prior to returning to work if before the end of her contract.

Ms. Ruhter currently owes PRN $55.00.

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 either Stefani or me at (208) 323-9555.

Sincerely,

Amanda L. Scott
Compliance Monitor

cc: Ellen Ruhter

The Program for Recovering Nurses: Protecting the public safety, health and welfare of assisting nurses in their recovery and return to safe practice.
July 28, 2006

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

RE: Ellen Ruhter

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Ellen Ruhter, a Board of Nursing referral, is currently not in compliance with her PRN contract due to not activating with NCPS and therefore being unable to submit to urinalysis testing.

Ms. Ruhter’s current contract with PRN was signed on April 5, 2006. Ms. Ruhter’s contract requirements include the following: 1) Attend ninety (90) AA meetings in ninety (90) days then rate to be determined, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Counseling with Frank Andrews, and 5) re-evaluation prior to returning to work.

Ms. Ruhter currently owes PRN $85.00.

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 at (208) 323-9555.

Sincerely,

Ashley Stewart
Compliance Monitor
Southworth Associates

cc: Ellen Ruhter
Ellen Ruhter
103 Glendale Road
Bellevue, ID 83313

November 6, 2006

Dear Ms. Ruhter:

During their October 27, 2006 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file and statement. The Committee also reviewed the history provided by the Program Coordinator.

Following their review, the Committee made the following recommendations:

1. That you continue to be monitored by the Program for Recovering Nurses for compliance with all requirements of your contract;
2. That you sign a new Contract for Monitoring for a five-year period;
3. That following support of the Contractor regarding your return to work, a limited license will be considered.

The Committee members cautioned you to maintain total compliance with all aspects of your monitoring contract.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:lhcc
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.
CONFIDENTIAL

Medical Review Officer (MRO)
Drug Test Determination
Thomas Barry Eschen, M.D.

Donor ID# 05-1259
Donor Name: Ellen Rusta
Specimen/Sample#: 48307263
Date of Specimen: 11-14-06

Part 1: Laboratories: □ Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709
□ NWT
2282 South Presidents Drive
West Valley City, UT 84120

Part 2: Urine drug test results from the Laboratory:
The specimen identified in Part 1 was positive for the following drug/metabolites:

1. Amphet Levet: Level: 1096
2. ______ Level: ______
3. ______ Level: ______
4. ______ Level: ______

Part 3: I have reviewed the test results above in accordance with industry accepted standards and my final determination is:

1. Clear Fail Admin. Clear
2. Clear Fail Admin. Clear

Creatinine 28
Specific Gravity ______

Notes: Participant Contacted: Yes ☐ No ☐
Test Confirmed: Yes ☐ No ☐
Admits: Yes ☐ No ☐
Prescription: Yes ☐ No ☐
On file with NCPS: Yes ☐ No ☐

COMMENTS: Drug recently decreased to 0.5 mg tid
It verified by Dr. Not a file

☐ Donor requests reconfirmation; to call NCPS to arrange payment. Notify Dr. Eschen when ordered.

Ginger Meeker, R.N.

Thomas B. Eschen, M.D.

Date 11-20-06

If this is not the correct recipient for this information
Please notify us immediately at (208) 495-2118 and destroy information.

EXHIBIT F
NURSE MONITORING CONTRACT

Client Name: Ellen Rubte

Date: 1-8-07

I, Ellen Rubte, 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, dosages, length of use, and number 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/attend regularly the following activities:

* Alcohol/Drug Education
* Group Therapy
* Counseling
* Weekly (90) AA/NA meetings in ninety (90) days, then three (3) times week
* Meet weekly with sponsor face-to-face to work the steps
* Random UA/Drug Testing
* Counseling as needed

* 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.

* Initial 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: Ellen Rubte

Witness: [Signature]

Client Address: 103 Blue Oak Rd.

Belleview, FL 85313

Program Coordinator
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, no employment as a traveling 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 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
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 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, Primitante 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
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

Witness

Date

*The PRN encourages you to occasionally review this document.*
February 20, 2007

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

RE: Ellen Ruhter

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Ellen Ruhter, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Ruhter has not called into NCPS since December 5, 2007 and has missed a scheduled urinalysis test on January 12, 2007.

Ms. Ruhter's current contract with PRN was signed on January 8, 2007. Ms. Ruhter's contract requirements include the following: 1) Attend Intensive Outpatient Treatment (IOP) at the Walker Center, 2) Attend ninety 12-step meetings in ninety days then three per week thereafter, 3) Meet weekly, face-to-face, with sponsor to work the steps, 4) Attend counseling as needed, and 5) Random urinalysis/drug testing.

Ms. Ruhter currently owes PRN $15.00.

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 either me at (208) 323-9555.

Sincerely,

Ashley Stewart
Compliance Monitor
Southworth Associates

cc: Ellen Ruhter

The Program for Recovering Nurses: Protecting the public safety, health, and integrity of the nursing profession by assisting nurses in their recovery and return to safe practice.
Ellen Ruhter  
103 Glendale Road  
Bellevue, ID  83313  

Dear Ms. Ruhter:  

The Program for Recovering Nurses has advised this Board that you are not in full compliance with your monitoring contract. Your file will be reviewed by the members of the Program’s Advisory Committee at their meeting on April 27, 2007. If you wish to attend the meeting or submit written comments regarding your non-compliance, please contact the office at (208) 334-3110 ext. 25 by April 1, 2007.  

You will be advised following the meeting of any recommendations from the Committee.  

Please feel free to contact me if you have questions at this time.  

Sincerely,  

SANDRA EVANS, MAEd, RN  
Executive Director  

SE:lhc
TO: SANDRA EVANS, MAEd, RN
Executive Director
Idaho Board of Nursing

FROM: Jill Howell, RN, Chair
Program for Recovering Nurses

DATE: April 27, 2007

The file of Ellen Ruhter was reviewed at the Advisory Committee meeting on October 27, 2006, and found to be in non-compliance of recommendations because of the following:

Failure to comply with all terms and conditions of the Program for Recovering Nurses

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature  4-27-07

Action Recommended to Board: Request for non-compliance & PEN

contrary requirements

EXHIBIT
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Sent To
ELLEN RUHTER
103 GLENDALE RD
BELLEVUE, ID. 83313

Postage $ 
Certified Fee 
Return Receipt Fee (Endorsement Required) 
Restricted Delivery Fee (Endorsement Required) 
Total Postage & Fees $ 

Postmark Here

PS Form 3800, June 2002
See Reverse for Instructions

Document: Undelivered
Returned: 5/29/07