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

BARBARA EBBS SANT
PN-7328

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: )
) Case No. BON 06-013
BARBARA ANN SANT, )
License No. PN-7328, ) FINDINGS OF FACT,
) CONCLUSIONS OF LAW AND
) FINAL ORDER

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

FINDINGS OF FACT

1. Barbara Ann Sant (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. PN-7328 to engage in the practice of nursing in the State of Idaho.

2. On or about February 18, 1999, Respondent’s license was revoked after voluntary surrender based upon Respondent’s failure to comply with the PRN. A true and correct copy of the Board’s Findings of Fact, Conclusions of Law and Final Order in Case No. 97-031 are attached hereto as Exhibit A.

3. On or about April 8, 2003, Respondent submitted an Application for Reinstatement of Licensure to the Board. A true and correct copy of Respondent’s application is attached hereto as Exhibit B.

4. On or about May 7, 2003, the Board granted Respondent a limited license with conditions for three years. A true and correct copy of the Board’s May 13, 2003, letter to Respondent notifying Respondent of the limited license is attached hereto as Exhibit C.

5. On or about May 14, 2003, Respondent signed an Acknowledgement of Probationary Limited License and Monitoring Conditions, a true and correct copy of which is attached hereto as Exhibit D.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 1

7. Respondent failed to submit a performance evaluation for the quarter ending December 25, 2005, as required.

8. On January 25, 2006, Respondent tested positive for Normeperidine and Propoxyphene for which she had not been provided a prescription. A true and correct copy of the test result certification is attached hereto as Exhibit E.

9. On or about February 2, 2006, the Board sent to Respondent by certified mail, return receipt requested, a Notice of Termination of Limited License, a true and correct copy of which is attached hereto as Exhibit F. In the Notice of Termination of Limited License, Respondent was informed that this matter would be presented to the Board at its meeting on April 27-28, 2006, and that she could request a hearing before the Board within 21 days after receipt of the Notice.

10. On February 14, 2006, the Board received back from the post office the certified mail return receipt indicating that the copy of the Notice of Termination of Limited License was received at Respondent’s address on February 10, 2006. A copy of the certified mail return receipt is attached hereto as Exhibit G.

11. On February 27, 2006, the Board received a letter from Respondent enclosing her limited license and indicating that Respondent did not wish to renew her license. A true and correct copy of Respondent’s February 27, 2006, letter is attached hereto as Exhibit H.

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-7328 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent failed to appear for scheduled urine drug screens on December

4. Respondent failed to submit a performance evaluation for the quarter ending December 25, 2005, as required.

5. On January 25, 2006, Respondent tested positive for Normeperidine and Propoxyphene for which she had not been provided a prescription.

6. Respondent failed to comply with the terms of the Probationary Limited License and Monitoring Conditions.

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, Idaho Code §§ 54-1413(1)(e) and (g) and Board Rules (IDAPA 23.01.01) 100.06, 100.08, 100.09.a, 101.01, 101.03.e, and 101.04.e.

8. Pursuant to Idaho Code § 54-1413 and Board Rules 132.04.h and 132.04.i, the Board is authorized to impose sanctions against Respondent.

**ORDER**

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

1. License No. PN-7328 issued to Barbara Ann Sant is:
   - [ ] Revoked
   - [ ] Suspended _____ days/year(s) _____ indefinitely

2. 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.

3. 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 27th day of April, 2006.

IDAHO STATE BOARD OF NURSING

By Randall Huggins, N.P., C.N.S., R.N.
Chairman

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.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 4
AMENDED
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 8th day of May, 2006, I caused to be served a true and correct copy of the foregoing by the following method to:

Barbara Ann Sant
P.O. Box 123
Arimo, ID 83214

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

Barbara Ann Sant
C/o Stephanie Otto
2776 Elizabeth
Twin Falls, ID 83301

- ☒ 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

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 5
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of the License of:  

BARBARA ANN EBBS  
License No.: PN-7328  
Respondent.  

Case No. 97-031

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho Board of Nursing (hereinafter the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Respondent BARBARA ANN EBBS ("Respondent") is a duly licensed nurse in the State of Idaho holding License No. PN-7328.

2. On September 18, 1997, Respondent voluntarily surrendered her license in order to enter into the Program for Recovering Nurses ("PRN"). She admitted to abusing hydrocodone and demerol using fictitious names to obtain prescriptions for herself. A true and correct copy of her surrender of licensure is attached hereto as Exhibit A.

3. On March 20, 1998, the PRN informed the Board staff that Respondent was not in compliance with the PRN program, because she tested positive for hydrocodone. A true and correct copy of the letter received by the Board staff from the PRN is attached hereto as Exhibit B.

4. On March 26, 1998, a Notice of referral for re-evaluation was mailed to Respondent via certified mail. Respondent was notified that her referral to the PRN was being re-evaluated for noncompliance by the Advisory Committee for the Program for
Recovering Nurses on April 24, 1998. A true and correct copy of the Notice is attached hereto as Exhibit C.

5. The Advisory Committee for the Program for Recovering Nurses evaluated Respondent’s file on April 24, 1998. The Committee deferred action. A true and correct copy of the Committee’s evaluation is attached hereto as Exhibit D.

6. On June 22, 1998, the PRN again informed the Board staff that Respondent was non-compliant with the program. A true and correct copy of the letter received by the Board staff from the PRN is attached hereto as Exhibit E.

7. Respondent was notified on July 1, 1998, that the Advisory Committee for the Program for Recovering Nurses would meet on August 14, 1998, to re-evaluate her file. A true and correct copy of the letter sent to Respondent is attached hereto as Exhibit F.

8. The Committee met on August 14, 1998, and took action to amend Respondent’s contract with the PRN. Respondent was present. The Committee informed Respondent of its action on September 2, 1998. A true and correct copy of the letter sent to Respondent is attached hereto as Exhibit G.

9. On December 7, 1998, the PRN notified the Board staff that Respondent was non-compliant with the program. A true and correct copy of a letter received by the Board staff from the PRN is attached hereto as Exhibit H. On December 9, 1998, Respondent was notified that the Committee would meet to re-evaluate Respondent’s licensure on February 12, 1999. A true and correct copy of the letter sent to Respondent is attached hereto as Exhibit I. Respondent did not attend the meeting in person, and instead submitted a written explanation. A true and correct copy of Respondent’s written explanation is attached hereto as Exhibit J.

10. The Committee met on February 12, 1999, and recommended that Respondent’s license be revoked for non-compliance with the PRN program. A true and correct copy of the Committee’s evaluation is attached hereto as Exhibit K.
11. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to her pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

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, and the rules and regulations promulgated by the Board thereunder.

2. Respondent's admission to diverting drugs constitutes grounds for revocation or suspension of Respondent's license to practice nursing pursuant to Idaho Code § 54-1413(1)(d), IDAPA 23.01.01100.05, Idaho Code § 54-1413(1)(e), (h), IDAPA 23.01.01100.06, and 100.09.e.

2. Respondent's voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent's license without further process pursuant to Idaho Code § 54-1413(2).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. PN-7328 issued to Respondent Barbara Ann Ebbs is hereby:

X    Revoked

____    Suspended ____ days/year(s) ____ indefinitely

based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(3).

It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

1. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER - 3
2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
   a. A comprehensive drug/alcohol evaluation completed by a licensed mental health care provider at the time of application for reinstatement;
   b. A detailed summary of employment since licensure revocation or suspension;
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program; and

3. Evidence of financial compliance with NCPS and the Program for Recovering Nurses.

This order is effective immediately.

DATED this 18th day of February, 1999.

IDAHO BOARD OF NURSING

By

Charles Moseley, CRNA
Chairman
Idaho State Board of Nursing
NOTICE OF DUE PROCESS RIGHTS

If the license has been revoked pursuant to the Board's Order, Respondent may apply to the Board for reinstatement one (1) year after the execution of this Order. Board Rule 121. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a conditional limited license, or deny application for reinstatement.

If the license has been suspended pursuant to the Board's Order, Respondent may apply to the Board for reinstatement at any time, or at the conclusion of the suspension period if a time limit has been imposed. Board Rule 120. At the time of application, the Board may conduct further evidentiary hearings to determine whether to grant a license, extend a conditional limited license, or deny application for reinstatement.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 22nd day of February, 1999, I caused to be served a true and correct copy of the foregoing by placing a copy thereof in the United States Mail, postage prepaid, certified mail, return receipt requested, and regular mail, postage prepaid, addressed to:

Barbara Ann Ebbs
P.O. Box 9
Bellevue, ID 83313

Sandra Evans, M.A.Ed., R.N.
Executive Director
VOLUNTARY SURRENDER OF LICENSURE

I

Barbara Etts, admit that:

I have been abusing hydrocodone and demerol using fictitious names to obtain prescriptions for myself at various pharmacies.

II

I understand and acknowledge that the admitted facts constitute grounds for disciplinary action under Section 54-1412, of the Nursing Practice Act, IDAHO CODE.

III

I hereby voluntarily surrender license number PN-1328 and I shall forthwith discontinue the practice of nursing in Idaho.

IV

I hereby waive the right to a hearing concerning the foregoing admitted facts, and all such rights under the provisions related to contested cases in the Administrative Procedures Act, Chapter 52, Title 67, IDAHO CODE.

Dated: 9/16/91

Barbara Etts
Signature of Licensee

Dated: 2/11/97

Signature

1/89 1/93

Exhibit A
Page 6 of 24

Exhibit A
Page 1 of 2
March 20, 1998

Board of Nursing  
Linda Coley  
P.O. Box 83720  
Boise, ID 83720-0061

RE: Positive UA for Barbara Ebbs

Dear Ms. Coley,

Enclosed you will find a copy of a positive UA for hydrocodone taken 2/23/98. At the time of this UA test, Ms. Ebbs failed to notify NCPS that she had taken any prescription and did not provide documentation from the doctor. Thus, they did not have any documentation on file to explain why this positive occurred.

The MRO from NCPS contacted Ms. Ebbs and she stated that she would provide documentation of the prescription. However, to this date, neither NCPS nor Business Psychology have received and documentation.

Therefore, we are returning her to the Board of Nursing for further action due to non-compliance with the program. We can no longer advocate for her or handle her monitoring.

If you have any questions regarding this decision, please feel free to contact me.

Sincerely,

John Southworth, CADC  
PRN Coordinator  
(208) 891-4726 cellular  
(800) 729-0533 pager

cc: Barbara Ebbs

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
NCPS, INC.
PO Box 120083
Newport News, VA 23612-0083
Phone: (800)-948-8589
Fax: (757)-873-7754

Date: March 19, 1998

I have reviewed the results of the donor listed below in accordance with Federal guidelines and my final determination is:

Positive: X
Drug name: CODEINE

Negative:

Laboratory: LabCorp
Donor ID #: 051050

MRO: Gilbert Freeman, M.D.
P.O. Box 64
Hopkins, SC 29061
Specimen #: 056-743-5595-0
Date of specimen: 02/23/98

Notes: Participant was not contacted.

Participant reported that she had a prescription for codeine and would provide confirmation. However we have not received this after nearly two weeks.

Gilbert Freeman, M.D. (MRO)

cc. H. Matthews, NCPS, Inc.
Dear Ms. Ebbs:

NOTICE

Your file is being referred to the Program for Recovering Nurses for re-evaluation based on the following:

...failure to comply with the terms and conditions of conditional limited licensure, by:

a. Failing to abstain from all mind-altering chemicals as provided for in the Contract signed October 5, 1997, as evidenced by the results of a positive urine drug screen for hydrocodone on February 23, 1998.

The Advisory Committee will be meeting on April 24, 1998. You may request to meet with the Committee during this meeting by contacting Linda Coley, Administrative Assistant, (208) 334-3110 ext 25 by April 3, 1998, to request an appointment time. Failure to respond may result in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure revocation.

Dated: March 26, 1998

SANDRA EVANS, MAEd, RN
Executive Director

LD: lhc

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
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<th>SENDER:</th>
<th>I also wish to receive the following services (for an extra fee):</th>
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<td>2. ☐ Restricted Delivery, Consult postmaster for fee.</td>
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3. Article Addressed to:

BARBARA EBBS  
BOX 9  
BELLEVUE ID  83313

4a. Article Number

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4b. Service Type

☐ Registered  ☑ Certified  ☐ Express Mail  ☐ Insured  ☐ Return Receipt for Merchandise  ☐ COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

7. Date of Delivery

8. Addresser's Address (Only if requested and fee is paid)

PS Form 3811, December 1994  
Domestic Return Receipt
April 29, 1998

Barbara Ebbs  
Box 2886  
Hailey, ID  83333

Dear Ms. Ebbs:

During their April 24, 1998 meeting, the Advisory Committee of the Program for Recovering Nurses deferred the re-evaluation of your file to their August 14, 1998 meeting. Please contact Linda Coley at 334-3110 ext 25 by July 28th to schedule your appointment with the committee.

In the meantime, it is imperative that you continue working all aspects of your program, including submitting required reports and urine drug screens when requested.

Please contact me if you have any questions concerning this information.

Sincerely,

SANDRA EVANS, MAEd, R.N.  
Executive Director

SE:Inc  
cc:  BPA
June 22, 1998

Barbara Ebbs
Box 2886
Hailey, ID 83333

Dear Ms. Ebbs,

This letter is to inform you that we, the PRN, are returning your file to the Board of Nursing for further action due to non-compliance with the program. We can no longer advocate for you or handle your monitoring.

For the month of May, your AA meeting attendance and contract requirements were not been fulfilled. The client activity report for that month was received on 5/13/98 and included aftercare meetings on 5/4, 5/5, and 5/7, but no AA meetings were listed. Therefore, we must turn your case over to the Board for non-compliance with your PRN contract. Please continue to follow your contract requirements and continue to send in reports so that we may report to the BON whether or not you can continue working a health recovery program and so that we may advocate for you in the future.

If you have any questions regarding this decision, please call me or the Board of Nursing.

Sincerely,

[Signature]

John Southworth, CADC
PRN Coordinator
(208) 891-4726 (cellular)
(800) 729-0533 (pager)

cc: Board of Nursing
July 1, 1998

Barbara Ebbs  
Box 2886  
Hailey, ID 83333

Dear Ms. Ebbs:

We have been notified by Business Psychology Associates that your file is again being returned for non-compliance with contract requirements. As you recall, the Advisory Committee of the Program for Recovering Nurses, during their April 24, 1998 meeting, took action to defer the re-evaluation of your file to their August 14th meeting. You were cautioned at that time that it was imperative that you continue working all aspects of your program. The Advisory Committee will be re-evaluating your file at their August 14, 1998 meeting and will be considering the two reports of Non-Compliance.

If you wish to meet with the Committee at this meeting, you must make your appointment by contacting Linda Coley, (208) 334-3110 ext 25 no later than July 28, 1998.

Please contact me if you wish to discuss this information.

Sincerely,

SANDRA EVANS, MAEd., RN  
Executive Director

SE:lhnc  
cc: BPA

Exhibit A
Page 15 of 24
September 2, 1998

Barbara Ebbs
Box 2886
Hailey, ID 83333

Dear Ms. Ebbs:

Following their meeting with you on August 14, 1998, the Advisory Committee of the Program for Recovering Nurses evaluated your progress in recovery. Following the discussion of your contract requirements, the Committee members took action to amend the Contract to require the following:

a. that you notify the Program for Recovering Nurses of any prescriptions for mind-altering drugs prior to their use;
b. that you obtain a mental health evaluation conducted by either Dr. Anne Linton or Dr. Eric Heidenreich;
c. that you notify the Program for Recovering Nurses of the appointment when scheduled; and
d. that you authorize the release of results of the assessment to the Board of Nursing. The mental health assessment is to address each of the five (5) axes including any medication prescribed for treatment of depression, as well as the person responsible for monitoring your progress.

Please sign and return the enclosed Contract to Business Psychology Associates as soon as possible.

Any future notification to the Program for Recovering Nurses of non-compliance will result in your file being referred to the Board of Nursing for licensure revocation based on non-compliance, without further reconsideration by the Advisory Committee.

Please contact me or John Southworth, Program Coordinator, if you have questions regarding this information.

Sincerely,

SANDRA EVANS, MAEd., RN
Executive Director

SE:lh
c: Business Psychology Associates
December 7, 1998

Barbara Ebbs
Box 2886
Hailey, ID 83333

Dear Ms. Ebbs,

This letter is to inform you that we, the PRN, are turning your file over to the Board of Nursing for further action due to non-compliance with the program. We can no longer advocate for you or handle your monitoring.

We received a (+) UA screen for ethanol with a specimen date of 11/10/98. We understand that when asked about this (+) you reported drinking champagne at a wedding reception. This is not staying alcohol and drug free and therefore out of compliance with the program.

If you would like for us to advocate for you in the future, please contact us for recommendations of Inpatient facilities that would be acceptable for you to enter. At this time, you will be under the monitoring of the State Board of Nursing. Please continue to follow through with all requirements until further notified by the BON.

If you have any questions, please call me or the Board of Nursing.

Sincerely,

John Southworth, CADC
PRN Coordinator
(208) 891-4726 (cellular)
(800) 729-0533 (pager)

cc: Board of Nursing
NCPS
Tina Purcell (work monitor)

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
NCPS, INC.
P.O. BOX 120083
NEWPORT NEWS, VA 23612-0083
Phone: (800)-948-8589
Fax: (757)-7754

MEDICAL REVIEW OFFICER
DRUG TEST DETERMINATION REPORT

Part 1:
Laboratory: Laboratory Corporation of America
1904 Alexander Drive
RTP, NC 27709
Donor ID #: 051050
Specimen #: 316-125-3597-0

MRO: J. Gilbert Freeman, Jr., M.D.
Date of Specimen: 11/10/98

Part 2:
Urine drug test results from the laboratory:
The specimen identified in Part 1 was positive for the following drug(s):

1. Ethanol
   Level: (ng/ml) 0.050% cutoff: 0.20%

2. ____________________
   Level: (ng/ml), cutoff: ______

Part 3:
I have reviewed the test results above and in accordance with Federal
guidelines my final determination is:

Drug #1  Positive  ✔  Negative  ___
Drug #2  Positive  ___  Negative  ___

Notes:
Participants contacted: ☐ No  Admits: ☐ Yes  No
Test Confirmed: ☐ Yes  No  Prescription: Yes  No
COC: OK - No  Creatinine: ☐ Low  Specific Gravity: OK - Low

Comments: States she drank champagne at wedding reception.

[Signature]  11/5/98
J. Gilbert Freeman, Jr., M.D.

Exhibit A
Page 1 of 24

Exhibit H
Page 2 of 2
December 9, 1998

Barbara Ebbs  
Box 2866  
Hailey, ID  83333

Dear Ms. Ebbs:

This is to inform you that we have been notified by the Program for Recovering Nurses that your file is once again being returned for non-compliance with contract requirements.

During the Committee's meeting with you on August 14, 1998, you were cautioned that you must strictly adhere to all requirements of the Contract you signed on October 5, 1997. This is the third report of non-compliance with your contact. The Committee will be discussing the feasibility of you remaining in the program or being referred to the Board of Nursing members for formal disciplinary action at their February 12, 1999 meeting.

If you wish to meet with the Committee at this meeting, please contact Linda Coley, (208) 334-3110 ext. 25 no later than January 5, 1999.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:ihc  
cc: PRN Program
To: Linda Coley
Company Name: Board of Nursing
Department:
Attn: Linda Coley
Fax Number: 208-334-3262

From: Barbara Ebbs
Wood River Medical Center
PO Box 86
Sun Valley, ID 83353
Phone: (208) 622-3335 EXT
Fax: (208) 622-6941

RE: Committee Meeting

Number of pages (including cover): 4

Time sent:

If there are any problems receiving this transmission please call:

PLEASE REGARD ANY INFORMATION IN THIS FAX TO BE STRICTLY CONFIDENTIAL.

Exhibit A
Page 1 of 4
Barbara Ebbs

I wanted to meet with the committee in regards to the UA which was due for alcohol on Nov 10th. As was explained to Kristie at Mr. Southworth's office, I was at my daughter's wedding shower & we had champagne. I had forgot about having to test that day until late in the afternoon. Alcohol has never been a problem for me in the past & isn't a problem now. I can take it or leave it. I know I can't take Vicedin because I became so quickly addicted to it physically. Since my hysterectomy last June, I have felt like a "normal" person, whatever normal means! I honestly would probably not have even tested at all that day & made up some excuse if I thought alcohol was a problem. I'm not like the average addict in that I've never "used" any type of drug ever in my life, until Vicedin. I've never been drunk! I can say that with all honesty & conviction. I'm attending meetings because I have to in order to cut my nursing license back but I truly can't relate to what most of the "attendees" talk about. I do share my feelings & I believe the 12 step program is very valuable to me. But I don't have a problem staying away from alcohol or Vicedin for that matter. And I certainly don't need inpatient treatment as suggested by Mr. Southworth.
I thank you for your time. I'm also sending notification of my meeting attendance because I received notification that the Pm would no longer advocate for me & I don't know where to send this. In a nutshell, I'm happy. I feel good. I know to stay away from vicodin. I didn't become addicted to dilaudid after my surgery or to demerol which was given to me intravenously during the first 4 post-op days. I'm 60. Life is good.

P.S. My apologies for not being able to attend this meeting.

Barbara Elbs
## Attendance Record for Barbara Ebers

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<td>AA</td>
<td>T.B.</td>
</tr>
<tr>
<td>1/27</td>
<td>AA</td>
<td>T.B.</td>
</tr>
<tr>
<td>1/28</td>
<td>ill</td>
<td>I had the flu.</td>
</tr>
<tr>
<td>1/29</td>
<td>ill</td>
<td></td>
</tr>
</tbody>
</table>
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

FROM: Analyn Frasure, LPN, Chairperson  
Program for Recovering Nurses

DATE: FEBRUARY 12, 1999

The file of Barbara Ebbs was reviewed at the Advisory Committee meeting on February 12, 1999, and found to be in non-compliance of recommendations because of the following:

Failing to comply with all terms and conditions of the Contract for Monitoring.

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature: [Signature]  
Date: 02/16/99

Action Taken: Recommend license revocation based on non-compliance with monitoring conditions.

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
1. Name: Edbs, Barbara Ann Martin
   Other names used previously: Barbara Todd

2. Mailing Address: 388 Fillmore St., Twin Falls, ID 83301

   S.S. No.: ________________  Sate: ________ Zip Code: __________

4. Idaho License Number: PN 7328

5. Type of Disciplinary Action: Revocation 10/1/01
   Suspension 10/9/99

6. Have you had any arrests, citations or convictions since your license was disciplined?
   YES ____________ NO X ____________
   (If Yes, attach an explanation)

7. Attach a summary of rehabilitative efforts and conduct since disciplinary action.
8. Attach a summary of compliance with Board conditions or stipulations, if any.
9. Attach a summary of continuing education activities engaged in since disciplinary action.
10. Attach a statement indicating any medications that are currently prescribed for you, the physician's name, and the reason for the medication.

11. Indicate employment since disciplinary action:

<table>
<thead>
<tr>
<th>Name and Complete Address of Employer(s)</th>
<th>Position</th>
<th>Dates of Employment</th>
</tr>
</thead>
</table>

YOU MAY NOT PRACTICE NURSING IN IDAHO AS DEFINED IN THE NURSING PRACTICE ACT, IDAHO CODE, SECTION 54-1401 - 54-1417, UNTIL YOUR LICENSE HAS BEEN REINSTATED OR YOU HAVE BEEN ISSUED A PROBATIONARY LIMITED LICENSE.

Exhibit B
Page 1 of 2
THE AFFIDAVIT BELOW MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE VALID.

AFFIDAVIT

State of Idaho               s.s.
County of Twin Falls       

Barbara Ebos being duly sworn, declare that I understand the instructions and terms as set forth in this application form, that I am the person referred to in the foregoing application and this affidavit, and that I have personally completed this form, and that the information given in this application is true, correct and complete. I declare that I have no mental or physical disabilities (except as otherwise noted above) that presently interfere with my ability to competently and safely practice nursing and that I have read and understand this affidavit.

Barbara Ebos
Signature of Applicant

On this 8th day of April, in the year of 2003 before me Kathy Amoth, a notary public, personally appeared Barbara Ebos known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

Kathy Amoth
My Commission expires 5/14/08

STATE OF IDAHO
NOTARY PUBLIC

reinapp.packet.doc
1/99 R 12/01

Exhibit B
Page 2 of 2
Barbara Ebbs
388 Fillmore Street
Twin Falls ID 83301

Dear Ms. Ebbs:

Following their review of written materials and their meeting with you on May 6, 2003, the Board of Nursing members took action to issue you a limited license with conditions for three (3) years on receipt of the $100.00 fee required under IDAPA 901.04a. The conditions of limited licensure are indicated on the attached Acknowledgement of Probationary Limited License and Monitoring form.

Since you have not been employed in nursing for over three years, the limited license will initially be issued with the following additional conditions (which will be removed when the letter from your supervising RN has been received confirming your knowledge/skills update):

1. That you work under professional nurse (R.N.) supervision with no charge responsibilities.
2. That after a minimum of 80 hours of supervised practice, an R.N. supervisor submits directly to the Board of Nursing a written performance evaluation regarding basic nursing skills as addressed in Nursing Practice Rules. (The performance evaluation must confirm the number of hours you worked under R.N. supervision.)

Prior to issuance of your limited license, you will need to affix your signature and return this form with the $100.00 fee. A copy of the signed form will be returned with your limited license and forms to assist you in submitting the required reports.

Motivation to assume responsibility for the submission of reports is an important aspect of recovery. Therefore, no reminders will be sent by the Board of Nursing in advance of when reports are due. You are expected to submit reports in a timely manner. Reports may be faxed (208/334-3262) to aid in their timely submission. All reports should be submitted no later than the 30th of the month in which they are due.

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.
The probationary limited license may be withdrawn and shall be surrendered upon demand, without prior notice or hearing, in the event the Board of Nursing or its staff receives information or evidence that any of the conditions of the Probationary Limited License or the rules of the Board have been violated.

Please contact me if you have any questions concerning the Probationary Limited License or the conditions outlined in this letter.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE: I hc
enclosure
ACKNOWLEDGMENT OF PROBATIONARY LIMITED LICENSE AND MONITORING CONDITIONS

I, Barbara Elbs, acknowledge that I have read and understand the following requirements. I acknowledge that I have been advised that a failure to comply with these requirements will be cause for the withdrawal of my limited license and/or denial of an application for reinstatement.

XX a. Notify the Board of any change in my current address and telephone number within ten (10) days of that change.
XX b. Notify the Board of the name(s) and address(es) of any and all employer(s), at the time that employment in any field is accepted. May not accept employment in any other state unless expressly authorized by both states.
XX c. Request my immediate supervisor to submit performance evaluations at the following intervals:

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Monthly x 3, then quarterly</th>
<th>Monthly x 6, then quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>quarterly</td>
<td>other</td>
<td>other</td>
</tr>
</tbody>
</table>

XX d. Continue in counseling, until released, and request my counselor to submit reports of my progress at the following intervals:

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Monthly x 3, then quarterly</th>
<th>Monthly x 6, then quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>quarterly</td>
<td>other</td>
<td>other</td>
</tr>
</tbody>
</table>

XX e. Obtain and pay for random urine drug screens at the following intervals:

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Monthly x 3, then quarterly</th>
<th>Monthly x 6, then quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>quarterly</td>
<td>upon Board request</td>
<td>other</td>
</tr>
</tbody>
</table>

XX f. Meet with professional Board staff upon Board request.
XX g. Submit self-evaluations at the following intervals:

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Monthly x 3, then quarterly</th>
<th>Monthly x 6, then quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>quarterly</td>
<td>other</td>
<td>other</td>
</tr>
</tbody>
</table>

XX h. Attend AA/NA meetings at least 2-3 times per week and submit signed cards monthly to confirm attendance.
XX i. Attend nurse support group meetings times per week.
XX j. Request 12-step sponsor to submit reports of progress at the following intervals:

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Monthly x 3, then quarterly</th>
<th>Monthly x 6, then quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>quarterly</td>
<td>other</td>
<td>other</td>
</tr>
</tbody>
</table>

XX k. Attend aftercare, until released, and request my counselor to submit reports of my progress at the following intervals:

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Monthly x 3, then quarterly</th>
<th>Monthly x 6, then quarterly</th>
</tr>
</thead>
<tbody>
<tr>
<td>quarterly</td>
<td>other</td>
<td>other</td>
</tr>
</tbody>
</table>

XX l. Comply with all laws, rules, standards, policies and procedures pertaining to the practice of nursing.
XX m. Abstain from the use of all mind-altering and potentially addicting drugs and alcohol, unless medically authorized in which case, I will furnish a copy of the prescription to the Board and the National Confederation of Professional Services (NCPS).
XX n. Submit reports by the 30th day of each month in which they are due and assure that any reports to be submitted by others are submitted by the 30th of each month in which they are due.
XX o. May not be employed in any other state party to the Nurse Interstate Compact without having received permission from that state.

I understand that IDAPA 23.01.202 permits the Board to withdraw my probationary limited license, without prior notice or hearing, if the Board receives, information or evidence that any of the conditions listed above, including the submission of reports in a timely manner, have been violated. If the Board withdraws my probationary limited license, I understand that the license must be surrendered on demand.

I acknowledge that I have read and understand the conditions set forth above. I understand that any decision regarding the reinstatement of my license is a discretionary decision for the Board and that the Board may rely on factors other than those set forth in this document as grounds for the denial of a petition for reinstatement.

Barbara Elbs
Signature
Address Twin Falls, ID 83301
City, State, Zip Code

Brenda Hall
Witness

5/14/03 Date
208 1855951 Telephone Number

Exhibit Page 1 of 1
National Confederation of Professional Services  
Test Result Certificate  
PO Box 120083, Newport News, VA 23612

Case Worker: Linda Coley

<table>
<thead>
<tr>
<th>Donor's Name:</th>
<th>Barbara Sant</th>
<th>Donor's Social:</th>
<th>000-05-1050</th>
<th>Case Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chain of Custody/Lab #:</td>
<td>0243617264</td>
<td>Test Result:</td>
<td>Positive</td>
<td></td>
</tr>
<tr>
<td>Purpose of Test:</td>
<td>Random</td>
<td>Collection Date:</td>
<td>01/25/2006</td>
<td></td>
</tr>
<tr>
<td>Type of Test:</td>
<td>MPP875</td>
<td>Reported Date:</td>
<td>02/02/2006 03:52:04 PM</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Result</th>
<th>Sub. Code</th>
<th>Screen</th>
<th>Confirm</th>
<th>UOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propoxyphene or Metab.</td>
<td>909 NG/ML</td>
<td>PRM</td>
<td>300</td>
<td>200</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>Negative</td>
<td>AMP</td>
<td>1000</td>
<td>500</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Barbiturate</td>
<td>Negative</td>
<td>BAR</td>
<td>200</td>
<td>200</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Negative</td>
<td>BEN</td>
<td>200</td>
<td>200</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>Negative</td>
<td>THC</td>
<td>20</td>
<td>10</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Cocaine (Metabolite)</td>
<td>Negative</td>
<td>COC</td>
<td>300</td>
<td>150</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Ethanol</td>
<td>Negative</td>
<td>ALC</td>
<td>20</td>
<td>20</td>
<td>mg/dl</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Negative</td>
<td>MEP</td>
<td>200</td>
<td>100</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Meperidine</td>
<td>Positive</td>
<td>MEP</td>
<td>200</td>
<td>100</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Methadone</td>
<td>Negative</td>
<td>MET</td>
<td>300</td>
<td>100</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Normeperidine</td>
<td>Positive</td>
<td>NOR</td>
<td>200</td>
<td>100</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Normeperidine GC/MS</td>
<td>3530 NG/ML</td>
<td>NOM</td>
<td>200</td>
<td>100</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Opiates</td>
<td>Negative</td>
<td>OPI</td>
<td>300</td>
<td>300</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>Negative</td>
<td>OXY</td>
<td>300</td>
<td>300</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>Negative</td>
<td>PCP</td>
<td>25</td>
<td>25</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Propoxyphene or Meta</td>
<td>Positive</td>
<td>PRO</td>
<td>300</td>
<td>200</td>
<td>ng/ml</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Negative</td>
<td>TRA</td>
<td>200</td>
<td>100</td>
<td>ng/ml</td>
</tr>
</tbody>
</table>

Creatinine 20.0 mg/dL

Specimen Collection Facility

Lab Not Providing Collection Site Information  
PO Box 120083  
Newport News, VA 23612

BOARD OF NURSING – State of Idaho

PO Box 83720 (Mailing) 280 North 8th Street, Suite 210
Boise, Idaho 83720-0061
(208) 334-3110
Fax (208) 334-3262
TDD - 1-800-377-3529

BARTER ABBE SANT
PO BOX 123
ARIMO, ID 83214

Dear Ms. Sant:

NOTICE OF TERMINATION OF
LIMITED LICENSE

You are hereby notified that the limited license, number PN-7328 issued under provisions in IDAPA 23.01.132.01. is terminated, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare due to failure to comply with the terms and conditions of limited licensure, by:

a. Failure to comply with the terms of the Acknowledgement of Probationary Limited License and Monitoring Conditions form signed May 14, 2003, by:

1) Providing a urine drug screen on January 25, 2006 that was positive for Normeperidine and Propoxyphene for which you have not provided a prescription.
3) Failure to submit a performance evaluation for the quarter ending December 2005, as required.

Your file will be presented to the Board of Nursing members at their meeting on April 27-28, 2006. You may request a hearing before the Board of Nursing regarding this termination by depositing in the mail within twenty-one (21) days after receipt of this notice, a certified letter addressed to the Board of Nursing and containing a request for a hearing.

If you fail to request a hearing, the Board of Nursing will affirm the Termination of Limited License.

Dated: February 2, 2006

SANDRA EVANS, MAEd, RN
Executive Director

SE: Ihc

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.
Enclosed is my temporary license. While I do not wish to renew this license at this time, I hope I will be able to work in the medical field, i.e.: secretarial duties in a medical office or activities in long-term-care unit. I understand there are limited licenses that allow a nurse to practice but prohibit access to medication, but for now I need to get well.

Thank you for your time.

Barbara Sant

New mailing address: Barbara Sant
40 Stephanie Otto
9716 Elizabeth
Twin Falls, ID 83301