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

JANICE SHIRLEY
PN-13187

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Dear Ms. Shirley:

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

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

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of:

JANICE SHIRLEY,
License No. PN-13187,
Respondent.

Case No. BON 07-022

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. Janice Shirley (“Respondent”) has been licensed by the Idaho State Board of Nursing under License No. PN-13187 to engage in the practice of nursing in the State of Idaho.

2. On or about March 6, 2007, the Board received a Report of Violation of the Nurse Practice Act from Respondent’s employer, Madison Memorial Hospital in Rexburg, Idaho. The report indicated that Respondent diverted and ingested Stadol (butorphanol) on February 9, 2007, while on duty and that she was impaired. Respondent was drug tested, and on March 6, 2007, Madison Memorial Hospital received the results of the drug test which were positive for hydrocodone.

3. On March 23, 2007, Respondent voluntarily surrendered her license—admitting that she was addicted to Lortab, which she had purchased over the internet, and that she had sprayed Stadol in her nose at the hospital where she worked—and she agreed to enter treatment immediately and to participate in a monitoring program. A copy of Respondent’s Voluntary Surrender of License is attached hereto as Exhibit A.

4. On May 12, 2007, Respondent signed a Nurse Monitoring Contract and Addendum (“PRN Contract”) with the Program for Recovering Nurses (“PRN”), a monitoring program. Respondent agreed that the PRN Contract could be reviewed and modified as appropriate for a minimum of five (5) years, and that the PRN may make changes to the PRN Contract appropriate for Respondent’s recovery. Respondent
acknowledged that if she disagreed with the PRN Contract changes, she could appeal the changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. A copy of the PRN Contract is attached hereto as Exhibit B.

5. Subsequently, the PRN received information that caused it to determine that Respondent’s PRN Contract should be changed. This information included, without limitation, that Respondent had failed a urinalysis test by testing positive for propoxyphene and had admitted to taking some of her father’s Darvocet. On February 6, 2008, the PRN mailed to Respondent a new contract containing changes appropriate for Respondent’s recovery. On February 12, 2008, Respondent sent a response letter to the Board declining to sign the new contract and advising that she was withdrawing from the PRN. A copy of Respondent’s February 12, 2008, letter is attached hereto as Exhibit C.

6. On February 15, 2008, the Board notified Respondent that this matter would be reviewed by the PRN Advisory Committee at its April 25, 2008, meeting and that she could request to meet with the Committee by calling the Board office by March 25, 2008, to request an appointment time. A copy of the February 15, 2008, letter to Respondent is attached as Exhibit D. Respondent failed to request an appointment time to meet with the Committee.

7. On February 18, 2008, the PRN notified the Board that Respondent was not in compliance with her PRN Contract due to failure to comply with signing the new contract. A copy of the February 18, 2008, letter from PRN to the Board is attached hereto as Exhibit E.

8. On April 25, 2008, the PRN Advisory Committee referred this matter to the Board for disciplinary action. A copy of the April 25, 2008, memo from the PRN Advisory Committee to the Board is attached hereto as Exhibit F.

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-13187 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

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

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

5. Respondent habitually used narcotic, hypnotic or hallucinogenic drugs.

6. Respondent voluntarily surrendered her license and agreed to enter and participate in a monitoring program. She has failed to do so and has withdrawn from the program.

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:
   a. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use narcotic, hypnotic or hallucinogenic drugs);
   b. Idaho Code § 54-1413(1)(h) and Board Rule 100.09 (a nurse shall not engage in conduct of a character likely to deceive, defraud or endanger patients or the public);
   c. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board’s laws, rules or standards of conduct and practice);
      i. Board Rule 101.03.e (a nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs or physical, mental or emotional disability);
      ii. Board Rule 101.04.e (a nurse shall not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs);
iii. Board Rule 101.05.f (a nurse shall respect the property of the patient and employer and shall not take or divert drugs without prior consent or authorization).

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

ORDER

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

1. License No. PN-13187 issued to Janice Shirley is hereby:
   
   □ Revoked: Respondent may not apply for reinstatement for a two (2) year period after entry of this Order or a _____ year period after entry of this Order, whichever period is greater.

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

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 __ day of ___, 2008.

IDAHO STATE BOARD OF NURSING

By

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

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this final order within fourteen (14) days of the service date of this order. The Board will dispose of the petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Idaho Code § 67-5246(4).

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

a. A hearing was held,
b. The final agency action was taken,
c. The party seeking review of the order resides, or
d. The real property or personal property that was the subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days (a) of the service date of this final order, (b) of an order denying petition for reconsideration, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration, whichever is later. See Idaho Code § 67-5273. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.
CERTIFICATE OF SERVICE

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

Janice Shirley
691 E. 10,000 S.
Rexburg, ID 83440

- [x] U.S. Mail
- [ ] Hand Delivery
- [x] 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: ______________________
- [x] Statehouse Mail

Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, [Licensee's Name], by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: [Admitted 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 [License Number] 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: 3/23/07
Signature of Licensee

DATED: 6/99-PRN
Signature of Witness

Address
Ketchum, ID 83440
City, State, Zip

Exhibit A
Page 1 of 1
PROGRAM FOR RECOVERING NURSES
NURSE MONITORING CONTRACT

Client Name: Janice Shirley

1. In this agreement, 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 (PRN).

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
- Spouse or significant other
- Primary Care Provider/Dentist
- Other

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

- Attend Relapse Prevention at Counseling Center of Southeast Idaho
- Attend support group at Counseling Center of Southeast Idaho
- Individual Counseling w/ Creekside Counseling, rate to be determined by counselor
- Attend ninety 12-step meetings in thirty days, then 3-4 per week thereafter
- Obtain and meet weekly with sponsor face-to-face to work the steps

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 forms that I have signed may exchange information pertinent to this agreement.

I agree to pay to PRN $15/month to cover a share of the cost of the program. I understand that I will be billed for this amount on a monthly basis. I also understand that PRN may change this charge from time to time, to reflect changing costs. I understand that I will receive at least two months advance notice of any such changes in charges. I also agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

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.

MAY 15, 2007

Exhibit B

Page 1 of 6
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.

I agree to cooperate and be courteous at all times with my Compliance Monitor. I understand that it is my responsibility to arrange any meetings with my monitor.

[Signature]

[Date]

[City, State, Zip]

Southworth Associates
5530 W. Emerald
Boise, ID 83706
(208) 323-9555

RECEIVED
MAY 16, 2007
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses (PRN) 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 such by the emergency physician and
  such documentation must be forwarded to the PRN within 48 hours. Additionally, I agree to
  notify any and all health care providers, from whom I receive treatment, of my participation in the
  Program for Recovering Nurses prior to receiving treatment.
- Should I be prescribed any medication (including antibiotics or a new medication), or if any dose
  of a current medication is changed, it is my responsibility to have the prescribing provider fax the
  prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I
  understand that I need to have the provider include in the documentation the following
  information: the physician’s name clearly indicated, the medication prescribed, the dosage and
  frequency, how many refills, the reason for prescribing the medication, and the duration I will be
  taking the medication. If for some reason my physician is not willing to fax the prescription from
  his/her office. I must fax the prescription and necessary information to the PRN office before it is
  filled.
- I will not use prescribed medications for any reason other than for what they are prescribed. If my
  physician wants me to use the medication for a use other than for what it was originally
  prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All
  communications with my physician must occur before I begin using the medication. Use of
  prescribed medications, other than for the initial intent, must be properly verified in writing by
  my physician as described above. If I receive a positive test for a medication that was not taken as
  prescribed by my physician, and proper verification was not received by the PRN, the test will be
  considered failed.
- Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an
  appropriate length of time that it will be necessary for me to take the medication. I will ask my
  physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication promptly. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of ALL medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen), herbal supplements, or stimulant drinks are used, I will contact the PRN office within one week of starting the over-the-counter medication, herbal supplement, or stimulant drink. I must notify the PRN of the date I started using the medication, herbal supplement, or stimulant drink, estimated finish date, and what the medication, herbal supplement, or stimulant drink was being used for. If the PRN is not notified of the use of an over-the-counter medication, herbal supplement, or stimulant drink, and a positive test occurs, that test will be failed by the Medical Review Officer.

If I find the need to take over-the-counter or prescription medications frequently, I will contact the PRN office, my physician, and my sponsor immediately to discuss this situation. If my physician recommends the frequent use of a particular medication, I will have his/her written notification that he/she approves of the continued use forwarded to the PRN.

I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health care providers of the procedure and any medications involved prior to, during, or after the procedure.

I shall not write, fill, or otherwise order controlled substances for myself or my immediate family.

The PRN strongly advises me, as a nurse, not to practice nursing while having any narcotic medications in my system.

TERMS AND CONDITIONS OF THE CONTRACT

The minimum term for the PRN contract is five (5) years. However, if problems occur, such as relapse or non-compliance, the PRN may extend the contract beyond five years.

The PRN reviews contracts on an annual basis, and thus may make changes in this contract appropriate for my progress in recovery. However, if my circumstances change, such as relapse, noncompliance, etc., then the PRN may make changes on my contract at any time.

All changes in my contract(s) will be documented by the PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next Board of Nursing Advisory Committee meeting. I may request a change in the contract at any time by sending a written request and supporting reason for the request. The request will receive prompt attention, although a final decision on the request may be delayed until the next scheduled quarterly Committee meeting.

ADMONITIONS

No self-prescribing any drug, legend or scheduled (controlled).

Avoid poppy seeds, chiefly in pastries. I understand that if I eat small amounts of poppy seeds or food containing poppy seeds, it may result in a positive test for opiates. PRN will not accept eating such food as an explanation for the presence of drugs in a urine test.

Avoid non-beverage alcohol: for example, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primatene Mist, vanilla extract, etc.

Do NOT consume so called "non-alcoholic" beer and/or wine.

Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner (M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.P.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.

Keep any family member's medication(s) in a location distinctly separate from your medication(s) to avoid accidental contamination and/or ingestion.

Last Revision 10/30/03
Scrub 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 (MISSUA = 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]

[Date]

WITNESS

[Signature]

[Date]

---

"The PRN encourages you to occasionally review this document."
February 12, 2008

Southworth Associates  
5530 W Emerald  
Boise, ID 83706  

John Southworth  
Ashley Gochnour  

To Whom It May Concern:

I want to thank you for sending me a brand new contract to sign because it has helped me make an important decision. I am sending the current contract back to you unsigned because I do not feel that continuing on with this program is benefiting me anymore. Setting up a whole new contract with all the stipulations included, is just going to drag me down further and further as you take hold of my life and I let go all control of what I believe is right. Right now I am not willing for you to decide what my every move will be for the next five years. I am the captain of my ship, not you.

There were good things about the program, I very much enjoyed JoAnn Mitchell and that group but at the same time I see these fine people who made a mistake, still trying to make amends to this program years and years after it happened. They are terrified of making any kind of mistakes, even small ones because they know they will be vilified by your program for any wrong step. And the time factor, really, five years? It has been ten months for me and I'm not only off probation, but my record has been wiped clean and it's like it never happened. Progress, right? Wrong, I have to make amends for five more years!

Take my relapse prevention group at Counseling of Southeastern Idaho. I have told you what a huge waste of time that was for me but you didn't listen. Every member of my group who left the Walker Center when I did, gave that guy 2-3 months and then realized, like I did, that he was an ineffectual counselor. Last week's topic was how one lady was so mad at her husband that she was going to nail his penis to the wall. He catered to her and that line of conversation for about twenty minutes. The week before that we visited about absolutely nothing related to relapse prevention, and the week before that and the week before that.

You did give me the option of going to another relapse prevention group, but the only other one I could find was being taught by college students who had never been addicts. Could they relate? No. And yet, that doesn't seem to matter to you, only that I go out of obedience to your laws. I'm not a child, I know when things aren't benefiting me and to continue on with this stipulation really is a waste of time. That's why I continue to go to
counseling on my own, because I know that that helps me tremendously. My counselor, Camille Couch, is able to give me the help I need not to relapse, but was that allowed? No.

I am 53 years old and you have tied my hands behind my back for at least the next 2-3 years. I am getting to the age that I probably won't be able to go back to nursing and yet you insist on five more years. Five more years of trying to make everything right for you and being miserable in the process. I'm not willing to give you that control. I am taking over and heading my life in a new direction, that doesn't include nursing. You have made that unattainable for me, although right now I hear you saying that it was my actions that did that. Regardless I am through for a time. I am tired of dealing with Ginger who is so rude when she calls. We all hate to pick up the phone when she calls because she makes things so miserable. But wait, you never see that side of her, just us "bad people." I am tired of being so sick I could hardly stand up and yet have to drive 20 miles for a UA test. It was so unfair being sent to Art Phelps who doesn't even know me and yet told me I was of average intelligence and didn't understand my disease. I wish he could have been with me in my shoes over the past year and know what a living hell it has been. He wouldn't be so free and easy with his opinions. Actually when one is paid $110 for 45 minutes anyone can make up a whole lot of stuff just to mystify enough people in thinking he knows what he is talking about. I resent what he said and just because he puts ideas to paper, doesn't always make them right.

Well, those are my thoughts. If you had handed me a two to three year contract, that would have made a difference. I know that Idaho has very strict guidelines for addicted nurses but I feel five years is too long. Why does Idaho feel that they know so much better than other states where their own programs are only two years? There may be justice here but there is no mercy. I know I felt beaten before I started. Each case should be evaluated on its own merits with a shorter torture time. At least the government recognizes when you are making progress and releases you from supervision as soon as it is able. I feel that in confessing what I did to everyone involved, to my group and to you, I feel that I should have somewhere gotten a pat on the back and someone would have said, "you did well, thanks for coming clean." 75% of all addicts relapse, that's a fact. Relapsing happens and yet you act like people have committed Holocaust atrocities when it happens. Nowhere in the contract was anything that said, "you are doing well, hang in there and we are here to help you all we can." No, it was just more slaps and further punishment and "she's so bad, we have to start all over!" Where is the help? Where is the kindness? Where is any understanding whatsoever for unusual circumstances? Making people this miserable isn't the answer. After all, it's people like me who keep you in business but your 'rules' need to be changed. Soon, there will be fewer and fewer of us willing to bear these burdens and pay for the privilege. More and more punishment is not the answer. Adding more time to an already ridiculous amount of time is not the answer either.

This wasn't been a decision that I made lightly. I meditated and prayed and was given the answer to let this go so I can keep my sanity and keep what little self esteem has been left to me. I can only hope more mercy is shown to addicts yet to come than was shown to me.

Jan Shirley
Dear Ms. Shirley:

We have received notification from the Program for Recovering Nurses Compliance Monitor that you have withdrawn from the Program. Your file is being referred to the Program for Recovering Nurses Advisory Committee for review and recommendation at their April 25, 2008 meeting. If you wish to meet with the Committee members or submit a statement, please contact this office no later than March 25, 2008. Otherwise, you will be notified of the Committee’s recommendation regarding your continuing enrollment in the PRN following their meeting.

Please contact this office if you have questions concerning this information.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director
February 18, 2008

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

RE: Jan Shirley

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Jan Shirley, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. On December 11, 2007, Ms. Shirley produced a failed positive urinalysis (UA) test for propoxyphene. Ms. Shirley admitted to taking some of her father's Darvocet. Following receipt of this information, PRN asked Ms. Shirley to get a re-evaluation with Art Phelps, LCSW, ACADC. She complied with this request. After receipt of Ms. Shirley's evaluation results, PRN made the decision that a new five (5) year contract was in order. PRN mailed her new contract on February 6, 2008. On February 15, 2008, PRN received Ms. Shirley's contract back unsigned. Enclosed with her contract was a two page letter from her stating her intention to leave nursing and quit the PRN program (see attachment). Ms. Shirley is being reported for non-compliance for failure to comply with signing her new five (5) year contract.

Ms. Shirley's current contract with PRN was signed on May 12, 2007. Ms. Shirley's contract requirements include, but are not limited to, the following: 1) attend Relapse Prevention, 2) attend After Care classes, 3) attend three to four 12-Step meetings per week, 4) meet weekly, face-to-face, with sponsor to work the steps, 5) attend weekly Health Professionals support group, and 6) random urinalysis/drug testing.

Ms. Shirley's current balance with PRN is $0.00 and NCPS is $14.00.

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 Gochneour
Compliance Monitor
Southworth Associates

Enclosures

cc: Jan Shirley

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
TO: SANDRA EVANS, MAEd, RN
Executive Director
Idaho Board of Nursing

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

DATE: April 25, 2008

The file of Janice Shirley was reviewed at the Advisory Committee meeting on April 25, 2008, 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 4-28-08

Action Recommended to Board: Execution of license based on voluntary surrender and non-compliance with terms of monitoring contract.
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2. Article Number
(Transfer from service label)

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A. Signature

X JANE SHIRLEY

B. Received by (Printed Name)

C. Date of Delivery

5/8/08

5/8/08

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