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

Nicole Siebers

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

During their meeting on April 29-30, 2010, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-32485 was revoked. During the period of revocation, you may not practice nursing in the State of Idaho. Enclosed is a copy of the Final Order.

The Order became effective April 30, 2009. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

Sincerely,

SANDRA EVANS, MAEd, RN
Executive Director

SE:the enclosure
BEFORE THE IDAHO STATE BOARD OF NURSING

In the Matter of the License of: NICOLE L. SIEBERS,
License No. N-32485, Respondent.)

) Case No. BON 09-087
) 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. Nicole L. Siebers ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-32485 to engage in the practice of nursing in the State of Idaho.

2. On or about October 13, 2009, Respondent reported to the Board that she had been terminated from her employment at Eastern Idaho Regional Medical Center for being impaired while at work. Respondent admitted that she had consumed alcohol six (6) hours prior to going to work and that she needed help. Respondent stated that this was the first time this had happened.

3. On October 18, 2009, Respondent voluntarily surrendered her license, further admitting that she came to work impaired, tested positive for alcohol at work and her employment was terminated. Respondent agreed to enter treatment immediately and to participate in the Program for Recovering Nurses (PRN), a monitoring program, and to resume the practice of nursing only at such time as a conditional limited license was issued to her. A true and correct copy of Respondent's Voluntary Surrender of License is attached hereto as Exhibit A.

4. On November 30, 2009, Respondent signed a Nurse Monitoring Contract as well as the Terms and Conditions for Participation in the PRN, a copy of which is attached as Exhibit B (the "PRN Contract"). In the PRN Contract, Respondent states,
among other things, that “I agree to participate in and attend regularly . . . activities” including 3-4 12-step meetings per week and random UA/drug testing, and “to accurately describe my weekly recovery activities . . . and submit regular monitoring reports to the independent monitoring service.” Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

5. On December 31, 2009, the PRN notified the Board that Respondent was not in compliance with her PRN Contract due to:
   a. failing to register with FirstLab for urinalysis (“UA”) testing,
   b. failing to provide information regarding her attendance at Intensive Outpatient treatment,
   c. failing to provide information regarding her medication management, and
   d. failing to provide evidence that she has attended any 12-Step meetings or met with her sponsor.

A true and correct copy of the December 31, 2009, letter from PRN to the Board is attached hereto as Exhibit C.

6. On January 14, 2010, the Board notified Respondent that Respondent must come into compliance with her PRN Contract within thirty (30) days. Respondent was notified that should she fail to do so, this matter would reviewed by the Program for Recovering Nurses Advisory Committee at its April 2010 meeting. A copy of the January 14, 2010, letter from the Board to Respondent is attached as Exhibit D.

7. On February 23, 2010, the PRN notified the Board that Respondent failed to come into compliance with her PRN Contract within thirty (30) days pursuant to the Board’s letter dated January 14, 2010. Respondent contacted her compliance monitor on February 11, 2010, and stated she would fax all the required information, including Client Activity Reports and Releases of Information. The compliance monitor did not receive this promised information and Respondent remained non-compliant with her PRN

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 2
Contract. A copy of the February 23, 2010, letter from PRN to the Board is attached as Exhibit E.

8. On March 2, 2010, Respondent was notified that this matter would reviewed by the Program for Recovering Nurses Advisory Committee at its April 16, 2010, meeting and that she could request to meet with the Committee by calling the Board office by April 1, 2010, to request an appointment time. This letter was sent to Respondent by certified mail to Respondent’s last known address and a copy of the envelope indicates it was returned to the sending office and was marked “unclaimed” by the post office. A copy of the March 2, 2010, letter to Respondent, along with the envelope marked “unclaimed,” is attached as Exhibit F. Respondent failed to request an appointment time to meet with the Committee.

9. On April 16, 2010, the Program for Recovering Nurses Advisory Committee referred this matter to the Board for disciplinary action. A true and correct copy of the April 16, 2010 memo from the Program for Recovering Nurses Advisory Committee to the Board is attached hereto as Exhibit G.

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. N-32485 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent made a self-report to the Board that she was impaired while at work and had tested positive for alcohol.

4. Respondent voluntarily surrendered her license and agreed to enroll in and comply with the terms of the PRN. She has failed to do so.

5. 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 (IDAPA 23.01.01) 100.06 (a nurse shall not habitually use alcoholic beverages or drugs);

b. 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); and

c. Board Rule 101.03.e (a nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs).

6. 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. N-32485 issued to Nicole L. Siebers 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). Respondent shall further comply with the provisions of IDAPA 23.01.01, Sections 61.04 and 120, as applicable. 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; and

c. Any other information deemed necessary by the Board in its discretion to demonstrate Respondent’s fitness to practice nursing.

3. The Board reserves the right to assess investigative costs incurred in this matter as a condition of reinstatement, and to impose such other conditions upon Respondent’s reinstated license as the Board may deem appropriate in its discretion.

This order is effective immediately.

DATED this 30th day of April, 2010.

IDAHO STATE BOARD OF NURSING

By. [Signature]
Susán 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 issuance 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 issuance 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 3rd day of May, 2010, I caused to be served a true and correct copy of the foregoing by the following method to:

Nicole L. Siebers
344 North 15th, Apt. 11B
Pocatello, ID 83201

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

Karin Magnelli
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

Linda Coley
Management Assistant
Idaho Board of Nursing
RULE 132
Idaho Board of Nursing
TEMPORARY VOLUNTARY SURRENDER OF LICENSE

I, Nicole Jepers, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: came to work impaired; a drug and alcohol test was administered and my result for alcohol was positive; my employment was terminated last week and the hospital plans to file a complaint with the Board of Nursing.

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 §54-1404(2).

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 voluntarily surrender my license on a temporary basis. Attached is my license, number N-32485; I agree to immediately discontinue the practice of nursing in Idaho.

8. I will enter treatment as required by the Board, and fully participate in the Program for Recovering Nurses (PRN) monitoring program. I will resume the practice of nursing only at such time as a conditional, limited license has been issued to me. If I do not fully participate in and cooperate with the PRN, the Board may enter an order revoking or otherwise disciplining my license, including any conditional license that may have been issued, without further notice or hearing or other process given to me.

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

DATED 10/18/09

Signature of Licensee

349 N 15th Ave
POCATELA ID 83401

City, State, Zip

Signature of Witness

DATED 10/18/09

Revised 1008 - PRN

Exhibit A
Page 1 of 1
PROGRAM FOR RECOVERING NURSES

Southworth Associates
5330 W. Emerald
Boise, ID 83706

Phone: (208) 323-9555
Fax: (208) 323-9222
southworth.associates@gmail.com

NURSE MONITORING CONTRACT

Client Name: Nicole Siebers
Date: 11/30/09

I, Nicole Siebers, recognizing that I suffer from chemical abuse/dependency and/or mental condition(s) that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses (PRN).

I understand that the PRN is monitoring me in my efforts toward a program of recovery among my peers, family, and medical community. This will include reporting to the Idaho Board of Nursing (BON) or other designated entities. Positive reports to appropriate sources are contingent upon compliance with this contract and, therefore, can be withdrawn for my violation of it. 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 BON and any other appropriate source (i.e. probation, employer).

During my participation in PRN I agree to abide by the terms of this contract and the BON "Important Information for Participants" guidelines booklet, which represents policy and procedure of the PRN. I agree to complete the following activities in order to obtain the support of the PRN:

I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. If problems occur, such as relapse or non-compliance, the PRN may extend my contract or have me sign a new one.

I understand that my PRN contract will remain in effect until I have documented five (5) 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 my 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 agree to completely abstain from the use of alcohol (regardless of abuse diagnosis) and all other mind or mood altering drugs unless they are prescribed by my primary care physician for health care reasons. I understand that all prescription medications are allowable as long as they are prescribed by my primary care physician, and monitored by the same. I understand that the PRN must be notified of my prescription, in writing, within five (5) days of the date of prescription.

I agree to report any alcohol and/or drug relapse, regardless of the amount ingested, to the PRN office within 48 hours of its occurrence. Relapse is defined as any unauthorized use of scheduled drugs or alcohol.

I agree, in case of relapse, to be re-assessed by an approved PRN evaluator (at my own expense) to determine if additional treatment is indicated. I understand that I am to follow through with all recommendations resulting from this assessment.

I agree to abide by any further recommendations in the event of a relapse, as deemed appropriate by the PRN.

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

Employer/Work supervisor
Spouse/Significant Other
Primary Care Provider/Dentist
Pharmacy

The PRN encourages you to occasionally review this document!
I agree to regularly participate in/attend the following activities:

- Attend ninety (90) 12-Step meetings in (ninety) 90 days, then rate TBD
- Obtain and meet weekly with sponsor face-to-face to work the steps
- Attend/Complete Intensive Inpatient treatment
- Attend weekly Health Professionals support group
- Medication management with provider knowledgeable about alcoholism recovery
- Random UA/Drug Testing

Regarding Random Drug Screen Testing:

- I agree to call the toll free First Lab number (1-877-282-1911) or check on-line (www.firstlab.com/phmmem) every Monday-Friday by my deadline to determine if I was selected to test on that day and to determine which panel number to choose.
- I understand that if I miss my daily call-in/check in to First Lab I will either self test or not test and risk having been selected, thus missing a test.
- I agree that any confirmed positive drug screen may be considered a relapse if the PRN office has not received the proper documentation from my prescribing practitioner. If I disagree with the positive drug screen result, or am denying use of unauthorized substances, I understand that my case may be referred to the BON. My continued involvement with PRN will be determined on a case-by-case basis by PRN staff. Non-compliance with drug screens will result in an increased level of testing and may also result in a report to the BON.
- I understand that my employer will be notified immediately of any positive drug screen.
- I understand that it is my responsibility to notify (within three (3) days) the PRN of any missed drug screen.
- I agree to give written notification to PRN at least one week prior of any inability to screen. If I fail to notify PRN, I will be considered non-compliant with my contract resulting in increased program requirements and/or a report to the BON.
- I agree to insist that an appropriate urine sample 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 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 (3) 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.
- I agree to avoid ethyl alcohol products (i.e. some hand sanitizers, mouthwash, liquid medication with an alcohol base, etc.). Positive drug screens due to the use of ethyl alcohol based products will be failed. I understand that products containing isopropyl alcohol are a good substitute for me.
- I agree that if I experience chronic pain issues, I am to have a full assessment completed by a medical doctor who has sub-specialty training in Addictions and Pain Management. I understand that I will need to sign and adhere to a Pain Management Contract, which takes into consideration the recommendations of the aforementioned assessment.

Regarding Administrative Requirements:

- I agree to maintain current releases of information in order to facilitate communication between relevant entities and PRN.
- I agree that PRN and those specified on the release of information forms that I have signed may exchange information pertinent to this agreement.

The PRN encourages you to occasionally review this document!
I agree to accurately describe my weekly recovery activities on the forms provided and submit weekly monitoring reports to the PRN office. I understand that reports not returned on a weekly basis will cause me to be out of compliance with PRN program requirements.

I agree to attend all scheduled meetings of the Nurses Support Group. Absences are allowed only with written documentation from my primary medical care practitioner who must describe the condition causing my inability to attend. This documentation must be received within three (3) days of the missed meeting(s).

I agree to notify PRN a minimum of fourteen (14) calendar days in advance of any travel and/or vacation plans. The PRN will provide me with instructions regarding testing at an alternate site. During my travel, I will continue to call the toll free FirstLab automated line and/or check on-line to verify my testing selection status.

I agree to pay to PRN $15/month plus a one time $10 set-up fee 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 understand that if I am ninety (90) days delinquent with my payment, I will be considered non-compliant and my case may be turned over to a collection agency, be reviewed for possible termination from PRN, and/or reported to the BON.

I agree to pay the costs for any treatment, support group, or chemical monitoring (urine drug screens, etc.).

I agree to meet with PRN whenever requested with reasonable notice given by PRN in order to discuss my progress.

I understand that the PRN reviews this contract 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, non-compliance, etc., then the PRN may make changes in my contract at any time.

I understand that all changes in my contract will be documented by PRN. If I desire to, I may appeal any contract changes in writing to the PRN and/or by appearance at the next BON 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 Advisory Committee meeting.

I agree to immediately notify the PRN office if I am arrested or convicted of any crime, regardless of its relation to alcohol or drug offenses.

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 BON of this conviction.

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.

Regarding Return to Works

I understand that it is my responsibility to notify any nursing employer of my relationship with, and participation in, the PRN.

I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule and/or environment does not compromise or jeopardize my recovery or my compliance with my 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 PRN at least two weeks prior to accepting the position. To begin working, I must first have a work monitor in place and all releases must be signed for the hiring facility.

I understand that my restrictions include; no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, and/or recovery 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.

The PRN encourages you to occasionally review this document!
I agree that 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 PRN.

Regarding Moving to Another Location:

I agree to notify the PRN office in writing within five (5) calendar days of any change in my home, employment, or other addresses or phone numbers.

I agree to inform PRN verbally and in writing of a pending relocation out of the state of Idaho.

I agree to not practice nursing in another state without first notifying the BON in that state of my participation in the Idaho PRN and receiving authorization from that BON to begin practice.

I agree to continue to comply with my PRN contract while residing in or in one state or another state outside this state unless I receive a substantially identical agreement with the receiving Recovery Assistance Program or state BON 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 in or outside the state. If I elect to reside in 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 or State BON.

I understand that if I become licensed and begin practicing in another state the PRN 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 PRN shall refer the case to the BON in that state.

I understand 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.

Regarding Prescription Drug/Health Care:

I agree to consult only one (1) primary care provider for my health care needs and fill prescriptions at only one (1) pharmacy. I agree to immediately notify my provider (prior to receiving treatment) that I am enrolled in the PRN, of my addiction/abuse problem, and any drug restrictions I have. I will notify the PRN office within ten (10) days of any change in any of these entities.

I shall not obtain the same or any 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.

I agree that it is my responsibility to have any new medications or changes to existing prescriptions forwarded to PRN within five (5) calendar days. 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 understand that if I am on a recurrent prescription, I will update the PRN of my refills every six (6) months.

I will not use prescribed medications for any reason other than for which 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. Communications with my physician must occur before I begin using the medication. 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.

I agree to discuss any non-narcotic/non-addictive alternatives with my prescribing physician if a narcotic medication is suggested to me.

If I am prescribed a narcotic medication, I agree to discuss with my prescribing physician an appropriate length of time that it is 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 fills 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 continue to use the medication. When use of the prescribed narcotic medication is
no longer needed, I will dispose of the medication PROMPTLY and have a witness 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.

I agree to notify PRN within one (1) week any time I take an over-the-counter medication (other
than ibuprofen, aspirin, and/or acetaminophen), herbal supplement, or stimulant drink. I must
notify the PRN of the date I started using any of the above mentioned items, my estimated finish
date, and what I was using the product 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 it necessary 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
requests 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 PRN 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.
I understand that the PRN strongly advises me, as a nurse, not to practice nursing while having any
narcotic medications in my system.

Regarding Non-compliance:
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 understand that all requirements on this contract, including financial obligations, are my
responsibility. If I default on any of these requirements I will be reported to the PRN Advisory
Committee for non-compliance. This report may result in recommendation for disciplinary action
to the BON 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 PRN determines that I have failed to fulfill any one or
more of the requirements of the contract and notifies the BON Advisory Committee of that failure,
I hereby waive any right or claim to confidentiality of any program files concerning me and grant
the BON 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.

I have read and agree to abide by this contract and have had an opportunity to ask
questions regarding the terms of this contract.

Client Signature: [Signature]
Client Address: 341 N 15th Ave Apt 11B

Witness: [Signature]
Program Coordinator: [Signature]

The PRN encourages you to occasionally review this document!
NURSE MONITORING CONTRACT 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, hand sanitizers, mouthwash, liquid medication with alcohol base, desserts, food cooked in alcohol, Primetene 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.F.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 rauccous 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.

I have read and agree to abide by the above listed guidelines and admonitions of the PRN program.

Nurse: ___________________________  Date: ____________
Witness: _________________________  Date: ____________

The PRN encourages you to occasionally review this document!
December 31, 2009

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

RE: Nicole Siebers

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Nicole Siebers, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Siebers has not registered with FirstLab to begin urinalysis testing, has not provided any information that she is attending Intensive Outpatient treatment or medication management, and has not provided evidence of attending any 12-Step meetings or meeting with her sponsor.

Ms. Siebers' current contract with PRN was signed on November 30, 2009. Her contract requirements include, but are not limited to the following: 1) attend ninety 12-Step meetings in ninety days. 2) obtain and meet weekly with her sponsor. 3) attend weekly Health Professionals support group. 4) attend/complete Intensive Outpatient treatment. 5) medication management with provider knowledgeable with alcoholism recovery, and 6) random urinalysis/drug testing.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact either me at (208) 323-9555.

Sincerely,

[Signature]
Ashley Gochnour
Compliance Monitor
Southworth Associates

Cc: Nicole Siebers

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
January 14, 2010

Nicole Siebers
344 North 15th Apt 11 B
Pocatello ID 83201

Dear Ms. Siebers:

We have been notified by the Program for Recovering Nurses that you are not in compliance with your monitoring contract requirements due to failure to:

1) Register with FirstLab for urine drug screens, and
2) Provide information of Outpatient treatment attendance, and
3) Provide evidence that you are participating in medication management, and
4) Provide evidence of attending 12-step meetings; and
5) Provide evidence of meeting with a sponsor.

To continue your participation in this alternative to discipline program, you need to come into full compliance within the next thirty (30) days, including the timely submission of reports and registration with FirstLab. Failure to maintain total compliance with your monitoring contract will result in your file being reviewed by the Program for Recovering Nurses Advisory Committee at their April 2010 meeting, for possible initiation of disciplinary action against your professional nurse license.

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

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

SE:lh
cc: PRN Program

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
February 23, 2010

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

RE: Nicole Siebers

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Nicole Siebers, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Siebers has not come into full compliance within thirty (30) days as stated in the Board of Nursing’s letter dated January 14, 2010. Ms. Siebers continues to not register with FirstLab to begin urinalysis testing and has provided no documentation that she is attending Intensive Outpatient treatment, medication management, 12-Step meetings, or meeting with her sponsor.

Ms. Siebers contacted this office via telephone on February 11, 2010 and reassured me that she would fax over all information required (i.e. Client Activity Reports, Releases of Information, etc.). As of this date, PRN has not received any of the promised information.

Ms. Siebers’ current contract with PRN was signed on November 30, 2009. Her contract requirements include, but are not limited to the following: 1) attend ninety 12-Step meetings in ninety days, 2) obtain and meet weekly with her sponsor, 3) attend weekly Health Professionals support group, 4) attend/complete Intensive Outpatient treatment, 5) medication management with provider knowledgeable with alcoholism recovery, and 6) random urinalysis/drug testing.

We look forward to receiving further guidance from the Board of Nursing regarding this issue. If you have any questions or concerns, please feel free to contact either me at (208) 323-9555 ext. 101.

Sincerely,

[Signature]
Ashley Gochnour
Compliance Monitor
Southworth Associates

Cc: Nicole Siebers

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
March 2, 2010
CERTIFIED MAIL

Nicole Siebers
344 North 15th Apt 11 B
Pocatello ID 83201

Dear Ms. Siebers:

We have again received notification from your Program for Recovering Nurses Compliance Monitor that you have failed to achieve full compliance with your monitoring contract requirements within the thirty (30) day time period stated in the January 14, 2010 letter. These requirements are:

1) Register with FirstLab for urine drug screens, and
2) Provide information of Outpatient treatment attendance, and
3) Provide evidence that you are participating in medication management, and
4) Provide evidence of attending 12-Step meetings; and
5) Provide evidence of meeting with a sponsor.

Your file is being referred to the Program for Recovering Nurses Advisory Committee for review and recommendation at their April 16, 2010 meeting. If you wish to meet with the Committee members or submit a statement, please contact this office no later than April 1, 2010. 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,

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.
The file of Nicole Siebers was reviewed at the Advisory Committee meeting on January 15, 2010, and found to be in non-compliance of recommendations because of the following:

Failure 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 4-19-10

Action Recommended to Board: Revoke license #1-32485

The Mission of the Board of Nursing is to regulate nursing practice and education for the practice of safeguarding the public health, safety and welfare.
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For delivery information visit our website at www.usps.com

Mail Date: 5-4-2010CT
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