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

WENDI SINCLAIR
PN-6973

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Wendi Sinclair
 c/o The Watershed
 200 Congress park, Suite 100
 Delray Beach, FL 33445

Dear Ms. Sinclair:

During their meeting on October 29-30, 2009, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your practical nurse license, PN-6973 was revoked.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 October 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: lhc
enclosure

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: WENDY A. SINCLAIR, License No. PN-6973, Respondent. Case No. BON 04-084

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. Wendy A. Sinclair ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. PN-6973 to engage in the practice of nursing in the State of Idaho.

2. On or about July 15, 2004, the Board received a Report of Violation of the Nurse Practice Act from Respondent's employer, The Orchards Rehabilitation and Care Center. The report indicated that:
   a. Respondent had committed several medication errors by neglecting to give medications to patients and by over medicating residents, with several of the medications identified as detrimental and could cause harm or injury to the patient,
   b. Respondent admitted she was feeling exaggerated effects of the morphine and tegratol that had been prescribed to her due to working overtime shifts, and
   c. Respondent had admitted that she had a prescription drug problem.

3. On or about August 13, 2004, Respondent voluntarily surrendered her license, admitting that she was addicted to prescription pain medications. 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 1, 2004, 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 "2004 PRN Contract"). In the 2004 PRN Contract, Respondent states, among other things,
that “I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons” and “I agree to participate in and attend regularly . . . activities” including random UA/drug testing. Respondent also states that “I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely . . . .”

5. On March 8, 2005, Respondent was issued a limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with her 2004 PRN Contract.

6. On January 6, 2006, the PRN notified the Board that Respondent was not in compliance with her 2004 PRN Contract due to missing a scheduled urinalysis (UA) test on January 3, 2006, because she didn’t have the testing forms, which was a common occurrence according to the PRN. UA results also showed Respondent tested positive for norpropoxyphene and Tramadol and Tramadol metabolite, for which Respondent does not have a prescription. A true and correct copy of the January 6, 2006, letter from PRN to the Board is attached hereto as Exhibit C.

7. On January 31, 2006, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued a Notice of Termination of Limited License in this case, immediately terminating Respondent’s limited license. Respondent was notified that her case was reviewed by the PRN Advisory Committee (PRNAC) on January 20, 2006, at which meeting the PRNAC recommended Respondent be allowed to continue in the PRN Program. The PRNAC further recommended that Respondent could be considered for a limited license after at least six (6) months of compliance. A copy of the Notice of Termination of Limited License is attached as Exhibit D.

8. Respondent signed a new Nurse Monitoring Contract on July 11, 2006, as well as a new Terms and Conditions for Participation in the PRN on July 25, 2006, a copy of which is attached as Exhibit E (the “2006 PRN Contract”). In the 2006 PRN Contract, Respondent states, among other things, that “I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons” and “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 . . . .”

9. On January 25, 2007, Respondent was issued a limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with her 2006 PRN Contract.

10. On May 6, 2008, the PRN notified the Board that Respondent was not in compliance with her 2006 PRN Contract due to missing a scheduled UA test on April 7, 2008. This notification from PRN came after Respondent had been given warning letters due to a missed UA on March 13, 2008, and a positive UA test for EtG on February 19, 2008. A true and correct copy of the May 6, 2008, letter from PRN to the Board is attached hereto as Exhibit F.

11. On May 10, 2008, the Board received a letter from Respondent in response to the May 6, 2008, letter from the PRN to the Board. Respondent explained why she missed her UA’s. A true and correct copy of the May 10, 2008, letter from Respondent to the Board is attached hereto as Exhibit G.

12. On June 10, 2008, the PRN notified the Board that Respondent was not in compliance with her 2006 PRN contract due to a missed UA on May 16, 2008. PRN explains Respondent verbally informed the PRN office of a planned camp-out on May 16, 2008 – May 19, 2008, but failed to provide the information to PRN in writing. A true and correct copy of the June 10, 2008, letter from PRN to the Board is attached hereto as Exhibit H.

13. On June 16, 2008, the Board received a letter from Respondent dated June 13, 2008, in response to the June 10, 2008, letter from the PRN to the Board. Respondent included an email that she had sent to the PRN providing the dates of the camp-out. A true and correct copy of the May 10, 2008, letter from Respondent to the Board is attached hereto as Exhibit I.

14. On July 11, 2008, Respondent met with the PRNAC by telephone to discuss Respondent’s case. On July 14, 2008, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent (1) come into total compliance with all requirements, with special attention to requirements related to work with Respondent’s sponsor and (2) obtain a 5-axis mental health assessment prior to the next PRNAC meeting on
October 17, 2008, and authorize release of the assessment results to PRNAC. A copy of the July 14, 2008, letter from the Board to Respondent is attached as Exhibit J.

15. On August 7, 2009, the PRN notified the Board that Respondent was not in compliance with her 2006 PRN Contract due to testing positive on July 14, 2009, for lorazepam and Respondent was unable to explain why she would test positive for lorazepam. On July 24, 2009, Respondent tested positive for hydrocodone, for which she had a prescription, but failed to notify the PRN of her prescription until after the test results were received. The PRN recommended that Respondent not be allowed to return to work until after Respondent received an alcohol/drug evaluation from an approved facility. A copy of the August 7, 2009, letter from PRN to the Board is attached as Exhibit K.

16. On August 11, 2009, the Board received a letter from Respondent informing the Board that she has entered a treatment facility, The Watershed, in Florida, and is “walking away” from PRN. A true and correct copy of the August 11, 2009, letter from Respondent to the Board is attached hereto as Exhibit L.

17. On August 19, 2009, pursuant to 1DAPA 23.01.01.132, the Executive Director of the Board issued an Order of Temporary Summary Suspension of Limited Licensure in this case, immediately terminating Respondent’s limited license due to Respondent’s failure to comply with the terms of the Order Granting Petition for Reinstatement of license signed July 25, 2006. Respondent was notified that her case was to be reviewed by the PRN Advisory Committee (PRNAC) on October 16, 2009. Respondent was also notified of her right to request a hearing in this matter. A copy of the Order of Temporary Summary Suspension of Limited Licensure is attached as Exhibit M.

18. The August 19, 2009 Order of Temporary Summary Suspension of Limited Licensure was sent to Respondent on August 19, 2009, by means of the United States Mail, postage prepaid, both by certified mail, return receipt requested, and by regular mail. The mailings were addressed to Respondent at her most recent address on file with the Board, as follows:

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FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 4
Wendi Sinclair
c/o The Watershed
200 Congress Park, Suite 100
Delray Beach, FL 33445

19. The Board received back from the post office the certified mail return receipt indicating that the copy of the Order of Temporary Summary Suspension of Limited Licensure was received at the above address on August 24, 2009. A copy of the certified mail return receipt is attached hereto as Exhibit N.

20. Respondent did not request a hearing to contest her summary suspension.

21. On October 16, 2009, the PRNAC referred this matter to the Board for disciplinary action. A true and correct copy of the October 16, 2009, memo from the PRNAC to the Board is attached hereto as Exhibit O.

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-6973 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent admitted to habitually using narcotics.

4. Respondent engaged in conduct likely to endanger patients.

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

6. 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)(d) and Board Rule (IDAPA 23.01.01) 100.05 (gross negligence or recklessness in performing nursing functions);

   b. Idaho Code § 54-1413(1)(e) and Board Rule 100.06 (a nurse shall not habitually use alcoholic beverages or drugs);

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FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 5
c. Idaho Code § 54-1413(1)(g) and Board Rule 100.08 (a nurse shall not violate the Board’s laws, rules or standards of conduct and practice);

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

e. Board Rule 101.04.d (a nurse shall safeguard patients from incompetent practice);

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

7. 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. Pursuant to IDAPA 23.01.01.132.06.b, the Board hereby AFFIRMS the August 19, 2009, summary suspension of Respondent’s license.

2. License No. PN-6973 issued to Wendi A. Sinclair is hereby:

   X  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.

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FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 6
3. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements of Idaho Code § 54-1411(3) and IDAPA 23.01.01.120. This will include, but is not limited to, providing the following information to the Board:
   a. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;
   b. Documentation that she is rehabilitated and competent to practice nursing by submitting:
      i. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.
      ii. A detailed summary of employment since licensure revocation or suspension; and
      iii. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.

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

This order is effective immediately.

DATED this 25th day of October, 2009.

[Signature]
Susan Odom, Ph.D., R.N.
Chair

IDAH0 STATE BOARD OF NURSING

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:

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 7
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

November 20

I HEREBY CERTIFY that on this 2nd day of October, 2009, I caused to be served a true and correct copy of the foregoing by the following method to:

Wendi A. Sinclair
C/o The Watershed
200 Congress Park, Suite 100
Delray Beach, FL 33445

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

Karin Magnelli
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

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

(Signature)
Sandra Evans, M.A.Ed., R.N.
Executive Director
Board of Nursing
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**Sent To**

WENDI SINCLAIR  
C/O THE WATERSHED
200 CONGRESS PARK, SUITE 100
DELRAY BEACH, FL 33445
EXHIBIT A

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

_in the Matter of the License of Wendy A. Sinclair_

Case No. BON 04-084
RULE 132
VOLUNTARY SURRENDER OF LICENSE

I, WENDI SINCLAIR, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: BECOMING ADDICTED
   TO PRESCRIPTION DRUGS.

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 9781 and will immediately discontinue the practice of nursing in Idaho.

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

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

DATED: 8/13/04

WENDI SINCLAIR
Signature of Licensee
3574 W. W. Ave. Rd
Address
LEWISTON ID 83501
City, State, Zip

DATED: 6/99-PRN

Signature of Witness
State of Idaho  
Board of Nursing  

2004-2006  
License Number  
PN-6973  

This is to certify that:  

WENDI SINCLAIR  
35746 WAHA RD  
LEWISTON, ID 83501  

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

Valid when signed by licensee.
EXHIBIT B

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
NURSE MONITORING CONTRACT

Client Name:  Wendi Sinclair  Date: 11/1/04

I, Wendi Sinclair, recognizing that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses. During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

- Initial  I agree to abstain from the use of alcohol and all other legal and illegal drugs unless they are prescribed for health care reasons.
- Initial  I agree to provide my selected healthcare provider with a copy of this agreement and ask him/her to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and if of refills.

I agree to advise the following persons of the conditions of this agreement:
- Initial  *Work Supervisor
- Initial  *Spouse or significant other
- Initial  *Primary Care Provider/Dentist
- Initial  *Other

I agree to participate in and attend regularly in the following activities:
- Initial  *Alcohol/Drug Education
- Initial  *Group Therapy
- Initial  *Counseling
- Initial  *(3) Mutual Support Group Meetings
- Initial  *Meet weekly with sponsor face-to-face to work the steps
- Initial  *Random UA/Drug Testing
- Initial  *Weekly Health Professionals Support group/Daaneness
- Initial  *Medication Management with Dr. Lotstein or replacement

- Initial  I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and the PRN will inform the Board of Nursing of this conviction.
- Initial  I agree to accurately describe my weekly recovery activities (as outlined above) on the forms provided and submit weekly monitoring reports to the independent monitoring service.
- Initial  I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referral sources specified on the release of information form, that I have signed, of such default.
- Initial  I agree that the Program Coordinator and those specified on the release of information form that I have signed may exchange information pertinent to this agreement.
- Initial  I will be responsible for payment of regular drug tests, treatment costs, and monitoring fees and will remain current with these fees.
- Initial  I agree to meet with the Program Coordinator, or other representatives of the Program, whenever requested to discuss my progress.
- Initial  I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years.
- Initial  I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the Board of Nursing.

Client Signature:  Wendi Sinclair
Client Address:  259 74th  W/4  RD

Witness:  [Signature]
Program Coordinator:  [Signature]

RECEIVED
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

➢ I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.
➢ I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.
➢ Should I become licensed and begin practice in another state, I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.
➢ In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.
➢ It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

➢ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.
➢ I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.
➢ I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.
➢ My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.
➢ I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

➢ It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
➢ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
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 advise 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.
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.
> Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.
> Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
> Avoid the "PERCEPTION:" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
> Avoid unexcused absences (from meetings, urinalysis tests, etc).
> Avoid positive UA's (MISSED UA = POSITIVE UA).
> Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.
> Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.
> In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.
> AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.
> Don't "advertise" your addiction or your recovery.

**MISCELLANEOUS GUIDELINES**

> I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.
> I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.
> I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.
> In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.
> The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant's practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

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

[Signature]
Nurse
[Signature]
Witness

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

**RECEIVED**

[Signature]
Date

[Signature]
Date

Last Revision 10/30/03
January 6, 2006

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

RE: Wendi Sinclair

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Wendi Sinclair, a Board of Nursing referral, is currently not in compliance with her PRN contract due to a missed UA test on January 3, 2006. Ms. Sinclair contacted the PRN office on January 3, 2006 notifying that she was selected to test but did not have testing forms on-hand, therefore missing a test. She indicated that she had ordered forms but they had not yet arrived. The forms had not been sent due to financial issues with NCPS. This is a repeated pattern for Ms. Sinclair. Ms. Sinclair missed a test on November 4, 2005 due to her failure to have testing forms on-hand. Other dates within the last year that Ms. Sinclair has been warned about missing tests due to not having forms on-hand for testing are as follows: June 30, 2005; September 13, 2005; and September 27, 2005. On each of these occasions, Ms. Sinclair was warned that failure to have testing forms on-hand at all times could and/or would result in a report of non-compliance to the Board of Nursing.

Ms. Sinclair’s current contract with PRN was signed on November 1, 2004. Ms. Sinclair’s contract requirements include the following: 1) Attend three (3) 12-Step meetings, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group, 5) Complete Intensive Outpatient treatment at Riverside Recovery, and 6) Medication Management with Dr. Lotstein or replacement.

Ms. Sinclair currently owes PRN $15.00 and NCPS.

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,

Amanda L. Scott
Compliance Monitor

cc: Wendi Sinclair
Lauren Trail
Sue Sims

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
The results for the above identified specimen are in accordance with recognized forensic practices and were tested at the cutoff levels listed below:

<table>
<thead>
<tr>
<th>Class</th>
<th>Result</th>
<th>Screening Cut Off</th>
<th>Confirmation Cut Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMPHETAMINES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>COCAINE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PHENCYCLIDINE</td>
<td>NEGATIVE</td>
<td>25 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BARBITURATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BENZODIAZEPINES</td>
<td>NEGATIVE</td>
<td>100 ng/mL</td>
<td></td>
</tr>
<tr>
<td>CANNABINOIDS</td>
<td>NEGATIVE</td>
<td>50 ng/mL</td>
<td></td>
</tr>
<tr>
<td>METHADONE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>OPIATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>OXYCODONE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PROPoxyPHENE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>MEPERDINE</td>
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<td>100 ng/mL</td>
<td>100 ng/mL</td>
</tr>
<tr>
<td>TRAMADOL</td>
<td>POSITIVE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

POSITIVE for Tramadol by GC/MS at 2042 ng/mL
POSITIVE for Tramadol metabolite by GC/MS at 2095 ng/mL

ETHANOL        |
OXIDANTS       |
CREATININE     |
Creatinine level at 88.8 mg/dL

pH              | NORMAL   |
pH level at 6.1 |
The results for the above identified specimen are in accordance with recognized forensic practices and were tested at the cutoff levels listed below:

<table>
<thead>
<tr>
<th>Class</th>
<th>Result</th>
<th>Screening Cut Off</th>
<th>Confirmation Cut Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMPHETAMINES</td>
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<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>COCAINE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PHENCYCLIDINE</td>
<td>NEGATIVE</td>
<td>25 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BARBITURATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BENZODIAZEPINES</td>
<td>NEGATIVE</td>
<td>100 ng/mL</td>
<td></td>
</tr>
<tr>
<td>CANNABINICS</td>
<td>NEGATIVE</td>
<td>50 ng/mL</td>
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</tr>
<tr>
<td>METHADONE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
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<tr>
<td>OPIATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
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<tr>
<td>OXYCODONE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
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<tr>
<td>PROPOXYPHENE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
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</tr>
<tr>
<td>MEPERIDINE</td>
<td>NEGATIVE</td>
<td>100 ng/mL</td>
<td></td>
</tr>
<tr>
<td>TRAMADOL</td>
<td>POSITIVE</td>
<td>100 ng/mL</td>
<td>100 ng/mL</td>
</tr>
<tr>
<td></td>
<td>POSITIVE for Tramadol by GC/MS at 575 ng/mL</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>POSITIVE for Tramadol metabolite by GC/MS at 320 ng/mL</td>
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<tr>
<td>ETHANOL</td>
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<td>20 mg/dL</td>
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<tr>
<td>OXIDANTS</td>
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<td>200 ug/mL</td>
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<tr>
<td>CREATININE</td>
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<tr>
<td>Creatinine level at 55.3 mg/dL</td>
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<tr>
<td>pH</td>
<td>NORMAL</td>
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<td></td>
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<tr>
<td>pH level at 6.0</td>
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</tr>
<tr>
<td>Class</td>
<td>Result</td>
<td>Screening Cut Off</td>
<td>Confirmation Cut Off</td>
</tr>
<tr>
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</tr>
<tr>
<td>AMPHETAMINES</td>
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<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>COCAINE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PHENCYCLIDINE</td>
<td>NEGATIVE</td>
<td>25 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BARBITURATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>BENZODIAZEPINES</td>
<td>NEGATIVE</td>
<td>100 ng/mL</td>
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<tr>
<td>CANNABINOIDS</td>
<td>NEGATIVE</td>
<td>50 ng/mL</td>
<td></td>
</tr>
<tr>
<td>METHADONE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
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<tr>
<td>OPIATES</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
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<tr>
<td>OXYCODONE</td>
<td>NEGATIVE</td>
<td>300 ng/mL</td>
<td></td>
</tr>
<tr>
<td>PROPOXYPHENE</td>
<td>NEGATIVE</td>
<td>100 ng/mL</td>
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<tr>
<td>NALBUPHINE</td>
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<tr>
<td>TRAMADOL&lt;br&gt; POSITIVE for Tramadol metabolite by GC/MS at 1753 ng/mL</td>
<td>POSITIVE</td>
<td>100 ng/mL</td>
<td></td>
</tr>
<tr>
<td>ETHANOL</td>
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<td>20 mg/dL</td>
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<tr>
<td>OXIDANTS</td>
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<td>200 ng/mL</td>
<td></td>
</tr>
<tr>
<td>CREATININE</td>
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<tr>
<td>Creatinine level at 52.1 mg/dL</td>
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<td></td>
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<tr>
<td>pH</td>
<td>NORMAL</td>
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<td></td>
</tr>
<tr>
<td>pH level at 5.8</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
EXHIBIT D

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Wendy A. Sinclair

Case No. BON 04-084
Dear Ms. Sinclair:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number PN-6973, issued under provisions in IDAPA 23.01.132. is terminated, effective immediately.

You are further notified that such action is deemed necessary in the interest of public health, safety and welfare resulting from:

...failure to comply with the terms and conditions of your contract for monitoring with the Program for Recovering Nurses by:

a. Providing a urine sample on July 6, 2005, that tested positive for norpropoxyphene, for which you did not have a prescription; and
b. Providing a urine sample on December 12, 13, 14, 2005, that tested positive for Tramadol and Tramadol metabolite, for which you did not have a prescription; and

Dated: January 31, 2006

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.
WENDI SINCLAIR
3535 GREER RD #2
OROFINO ID 83544

2. Article Number (Copy from service label)
7003 0510.0088 1889 9755

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage $0
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage

WENDI SINCLAIR
3535 GREER RD #2
OROFINO ID 83544

PS Form 3811, July 1999  Domestic Return Receipt
102515-00-M-0902
NURSE MONITORING CONTRACT

Client Name: Wendi Sinclair

Date: 7/11/06

1. I, Wendi Sinclair, recognizing that I suffer from chemical dependency and/or mental conditions that may impair my ability to practice nursing safely, desire to enroll in the Program for Recovering Nurses. During my recovery process I agree that I will complete the following activities to obtain the support of the PRN:

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

☐ Initial I agree to provide my selected healthcare provider with a copy of this agreement and ask he/she to provide the PRN with a copy of any prescription given to me including reason for the prescription, dosage, length of use, and # of refills.

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

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

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

☒ Initial *Alcohol/Drug Education
☒ Initial *Group Therapy
☒ Initial *Counseling
☒ Initial *3 Mutual Support Group Meetings per week after 90/90
☒ Initial *Meet weekly with sponsor face-to-face to work the steps
☒ Initial *Random UA/Drug Testing
☒ Initial *Weekly Health Professionals Support group

☒ Initial I agree that if I am convicted of any felonies, I will no longer be eligible to remain in the PRN as a non-board referral and the PRN will inform the Board of Nursing of this conviction.

☑ Initial I agree to accurately describe my weekly recovery activities (as outlined above) on the forms provided and submit weekly monitoring reports to the independent monitoring service.

☑ Initial I agree that if I do not adhere to the conditions of this contract, the Program Coordinator may elect to notify those referral sources specified on the release of information form, that I have signed, of such default.

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

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

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

☑ Initial I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years. I understand that all requirements on this contract, including financial obligations, must be fulfilled or I will be reported to the PRN Advisory Committee for non-compliance. This report may result in recommendation for disciplinary action to the Board of Nursing.

Client Signature: Wendi Sinclair

Witness: [signature]

Program Coordinator: [signature]

Client Address: 3544 Oswe Rd

RECEIVED JUL 28 2006
Program for Recovering Nurses

Terms and Conditions for Participation in the PRN

The Idaho Program for Recovering Nurses agrees to monitor me in my efforts toward a program of recovery among my peers, family and medical community, and where appropriate, reporting to the Board of Nursing or other designated entities. Positive reports to appropriate sources are contingent upon compliance with my contract and this agreement and therefore can be withdrawn for violation of either document. I acknowledge, understand and agree that if I fail to meet the conditions of my PRN contract, the PRN will report my non-compliance to the State Board of Nursing and any other appropriate source (i.e.: probation, employer).

MOVING TO ANOTHER STATE

➢ I shall not practice nursing in another state without first notifying the Board of Nursing in that state of my participation in the Idaho PRN and receiving authorization from that Board to begin practice.
➢ I shall continue to comply with my PRN contract while residing and/or practicing outside this state unless I enter into a substantially identical agreement with the receiving Recovery Assistance Program or State Board of Nursing or agree to surrender my license for cause. I shall notify the PRN in writing of all dates of departure and return from this state to reside and/or practice outside the state. If I elect to reside and/or practice outside the state during the PRN contract, I authorize the PRN to provide a copy of my PRN contract to the receiving Recovery Assistance Program and/or State Board of Nursing.
➢ Should I become licensed and begin practice in another state. I understand that the Program for Recovering Nurses will refer my case to the receiving Recovery Assistance Program or its equivalent in that state and coordinate efforts between programs. Should the state not have such a program, the Program for Recovering Nurses shall refer the case to the Board of Nursing in that state.
➢ In the event I move permanently, locally or out of state, I shall notify the PRN and Board of Nursing within five days, in writing, of the new address and telephone number.
➢ It is noted that while practicing under conditions of limited licensure, I may not be employed in any other state party to the Nurse Licensure Compact without having received express permission from that state.

RETURNING TO THE WORKPLACE

➢ I understand that it is my responsibility to notify any nursing employer of my relationship with and participation in the Program for Recovering Nurses.
➢ I will emphasize the importance of my recovery and monitoring contract requirements to my employer so that my work schedule or environment does not compromise or jeopardize my recovery or my compliance with the contract. Recovery shall remain my top priority.
➢ I shall not return to work until I receive written approval from the PRN and support of my treatment provider. In the event that I change positions or seek new employment, I shall obtain approval from the Program for Recovering Nurses at least two weeks prior to accepting the position. To begin working, I must have a work monitor in place, as arranged by the Program for Recovering Nurses and all releases must be signed for the hiring facility.
➢ My restrictions may include: no access to the narcotic keys or controlled substances (including any mood altering drugs), no work in an ER, CCU, ICU, OR, recovery room, and/or delivery room, no employment as a traveling nurse, and no employment with a temporary agency or in home health, unless prior approval is obtained from the PRN. Any change in restrictions may be requested and—upon approval—will be reflected in my contract.
➢ I will not work the night/graveyard shift (11pm-7am), will not rotate shifts, float units or work any over-time (excess of 40 hours per week in the nursing field) without written approval of the Program for Recovering Nurses.

UA TESTING

➢ It is my responsibility to timely notify the Program for Recovering Nurses of a missed drug screen or missed daily call in to NCPS.
➢ Any confirmed positive drug screen, or failure to test, for which the Program for Recovering Nurses has not received appropriate notification and prescription documentation from the
prescribing provider will be considered a relapse. My employer will be notified immediately of the positive screen. My case will then be reviewed by the PRN with possibility of a re-evaluation or report of my relapse to the Board of Nursing Advisory Committee for consideration of continuation in the program. If it is a second relapse, I understand I will be referred to the Board of Nursing Advisory Committee for consideration of continuation in the program or referral to the Board of Nursing for possible disciplinary action against my nursing license.

- I shall give written notification to NCPS and the PRN one week prior of any inability to screen. If I fail to notify the PRN and/or NCPS of my inability to screen and then fail to screen, I will be considered non-compliant with my contract with the Program for Recovering Nurses.
- I agree to insist that an appropriate urine sample will be taken immediately anytime my integrity may be questioned in my professional environment.
- I am aware that consuming large quantities of liquids prior to giving my urine specimen may result in a dilute urine, indicating "Dilution" or "Substitution" according to federal guidelines, which can appear to be an effort on my part to hide use. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing. I understand that I should avoid any diuretics, including the caffeine found in coffee, tea and some sodas. I understand that if it is necessary for me to drink large amounts of fluids or use a diuretic, I will do so after I provide my specimen. If I have just consumed large amounts of liquid and then notified that I need to test that day, I understand that I should wait a few hours for the fluid to clear before I provide a specimen. I also understand that if my specimen is dilute, it will be given to the Medical Review Officer for review, resulting in an extra charge, and possibly resulting in a failed review that indicates non-compliance with this contract.

PRESCRIPTION DRUG/HEALTH CARE

- I shall, in general, consult only one health care provider (primary care provider) for my health care needs and fill prescriptions only at one pharmacy. I agree to immediately notify my provider that I am enrolled in the Program for Recovering Nurses, of my addiction/abuse problem, and any drug restrictions I have. If for some reason I am not able to see that physician when necessary, I will contact PRN as soon as possible so a release can be signed. I shall not obtain the same or equivalent prescription drug from more than one provider, or under any other circumstance which causes there to be available prescription drugs in quantities or types that are not medically required. Emergency prescriptions must be documented as 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.

Last Revision 10/30/03
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.N., etc.) that you are chemically dependent and to check with the PRN in advance, unless in an emergency, and then as soon thereafter as possible.

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

*Last Revision 10/30/03*
> Scrutinize all labels on any medications or other preparations you take before actually putting them in your mouth. Be sure to read all the labels in adequate light to ensure it does not contain addictive chemicals.
> Remove all alcoholic beverages and other non-beverage alcohol (as above) from your home, office, boat, and vehicles (this includes wine collections).
> Avoid the "PERCEPTION:" for example, sitting at a bar consuming soft drinks, exiting a liquor store carrying a package, drinking sparkling cider out of a champagne glass at a wedding, or being in attendance at a raucous party situation.
> Avoid unexcused absences (from meetings, urinalysis tests, etc).
> Avoid positive UA's (MISSED UA = POSITIVE UA).
> Failure to submit a urine sample or failure to submit a specimen of sufficient quantity or temperature will be reported as a positive screen.
> Avoid missing payment of program, treatment, and UA fees, as this is considered non-compliance.
> In the event of an adverse situation in the employment setting, cover yourself with a UA, preferably at our laboratory, but certainly at the nearest convenient facility.
> AVOID AT ALL COSTS A FRAUDULENT APPLICATION! If questions regarding chemical dependency are worded ambiguously, or if there is any reasonable doubt about the intent of an inquiry, or if you are not absolutely certain of the proper and rigorously honest answer, consult with the Program Coordinator before answering the question.
> Don't "advertise" your addiction or your recovery.

**MISCELLANEOUS GUIDELINES**

> I agree that I will maintain a current release of information with my treatment provider to facilitate communication between the provider and the PRN.
> I will notify the PRN of any change of address or telephone number in writing within 5 days of changing said information.
> I understand that my failure to fulfill, in a timely manner, any one or more of the designated requirements of the PRN contract, including the related financial obligations, will result in the immediate notification of non-compliance to the Board of Nursing Advisory Committee, which may result in a recommendation to the Board of Nursing for further disciplinary action on my license. This notification to the Committee may provide the basis for the filing of disciplinary charges against me, which—if proven—could result in the imposition of sanctions, including revocation, of my right to licensure.
> In the event that the coordinator for the Program for Recovering Nurses determines that I have failed to fulfill any one or more of the requirements of the contract and notifies the Board of Nursing Advisory Committee of that failure, I hereby waive any right or claim to confidentiality of any program files concerning me and grant the Board of Nursing access to all such information. This waiver will include any and all medical or other files pertaining to me, including any memoranda, documents, correspondence, reports, interviews or interview notes, monitoring notes or monitoring reports, or any other information contained in those files.
> The PRN contract will remain in effect until I have documented five years of continuous recovery from alcohol and drugs of abuse—unless the treating health care professional/physician establishes the need in writing for continued limitation and/or continued monitoring of participant’s practice beyond that time. After the minimum term, I may request, in writing, a discharge from the program. The documentation of compliance with all terms and conditions of the contract will be reviewed.

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

[Signature]
Nurse
7/25/06
Date

[Signature]
Witness
7-25-06
Date

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

Last Revision 10/30/03
EXHIBIT F

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Wendy A. Sinclair

Case No. BON 04-084
May 6, 2008

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

RE: Wendi Sinclair

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Wendi Sinclair, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Sinclair has missed a scheduled urinalysis (UA) test on April 7, 2008. In addition to this most recent missed UA test, Ms. Sinclair was sent warning letters and had her contract requirements increased due to a missed UA on March 13, 2008 as well as a positive UA for EtG on February 19, 2008.

Ms. Sinclair’s current contract with PRN was signed on July 25, 2006. Ms. Sinclair’s contract requirements include the following: 1) Attend three 12-Step meetings per week. 2) Meet weekly, face-to-face, with sponsor to work the steps. 3) Attend weekly Health Professionals support group, and 4) Random urinalysis/drug testing.

Ms. Sinclair’s current balance with PRN is $30.00 and with NCPS is $84.00.

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,

[Signature]

Ashley Gochnour
Compliance Monitor
Southworth Associates

Cc: Wendi Sinclair

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

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER
In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
May 10, 2008

Idaho State Board of Nursing
Attn: Sandra Evans
PO Box 83720
Boise, ID 83720-0061

RE: "Missed UA's?", Wendi Sinclair

Dear Sandra,

I received my copy of the letter Ashley Gochnour, from PRN wrote to you about my missed UAs, yesterday. The letter sounds as if I had just decided to stop calling in for no apparent reason. Nothing could be further from the truth.

I had been neglecting taking care of a worsening rectal prolapse. It had become very serious. Then there became a problem finding the doctor that could deal with this area only. Even diagnosing all that was wrong became a challenge. I had began to have bouts of fecal incontinence. Which can be really embarrassing when you're doing UA's in front of someone. That's how I had ETG in the sample. I frequently used Wet N' Dry wipes that are indivudually wrapped so I could have something in my pocket at all times. Most of the time I had the alcohol free type. Sometimes that type weren't available, I'd get what I could. I'm sure that the reason that the sample showed ETG was from cleaning my peri area with a wipe before I urinated. When Ginger, the MRO's assistant called me about that test, I had literally just arrived home from the hospital after surgery. I had surgery in Spokane. That was a 2 1/2 hour drive and then I was on a lot of pain medication. I didn't remember about the wipe. She brought up hand sanitizer. I did write to Ashley and talk to her on the phone after the reason came to me and she chose to keep it positive. I still know however, that although I may have relapsed nearly 3 years ago on pain medication, I have not had a drink of alcohol since January of 1988.

After seeing a couple of different doctors I was finally sent to Dr. Juvilar. He is a colorectal surgeon. He is the best. At my first visit he set up a battery of tests which included a colonoscopy. After the visit I came home and wrote a letter to Ashley explaining what we thought was likely to happen. I have been in the midst of switching out computers. I have just finally gotten a copy of that letter pulled off the old computer, in fact, today the old computer's working, not the new one. I clearly wrote that I would be gone from 2/25/08, surgery would be on the 28th, then there would be at least a 5-7 day stay at the hospital. Then it would be at the very least 2 weeks. I was discharged on 3/4. At the very least that makes 3/18th the next time I would call. They are counting the missed call on 3/13. In the meantime there were some changes.

My surgery was much more major than was originally expected. At least by me. Dr. Juvilar did a colectomy. He removed my sigmoid colon and some parts of my small bowel. Resected all of that back together. It was quite a serious deal. I really had my 'butt kicked'. My employer was going to want me back to work in 2 weeks. There was no way I would have been able to do that, I am no longer working.

After the phone call from the MRO on 3/4, I talked to Ashley on the phone. I told her I wouldn't be calling while I was on the oxycotin and not working. I couldn't afford the forms. Actually, I thought that Dr. Petersen, my GP, had written PRN after I saw him on 3/7. So, I
thought I would be able to resume calling in when I had my 6 week release. That would have been 4/14. However, I talked to Ashley on 4/8 and she let me know that I better start calling. Which I did. I didn’t have a problem with calling, I just wanted to save my forms as long as I could. That is why I missed the 4/7 UA.

I was off of the oxycontin on 4/1/2008. Like I said I had a difficult recovery. I’m just now getting my strength back. Not much stamina. I have been able to do a lot more around here. I’ve been trying to walk each day.

I’m very involved in the program here in Orofino. This is when we start the camp out season. I’m hoping to be able to go to all of them this summer. My homegroup is only a few years old so we have a new camp out we’re trying to establish the tradition. I love that I live in such a nice area and it’s so easy to go camping. I am working with my sponsor on my 4th Step, I’ve been dragging my feet, I just need to jump in. I have a new sponsor. She keeps me hopping. She’s working on Step 1, then so am I. I am also happy to say that both of my older sons and their wives are now going to AA meetings. It’s something I have always prayed would happen for my family. I’m so grateful. We are expecting another grandson this summer also, Cole. Looks like he’ll be coming into a sober household!

I have paid NCPS in full and a check is in the mail for PRN.

Thank You,

Wendi Sinclair

Copy to Ashley Gouchnour

Included: copy of letter to PRN of 2/13/2008 & callenders
February 13, 2008

PRN
5530 W Emerald
Boise, ID 83706
Attn: Ashley Stewart

Dear Ashley,

I hope this letter finds you well and that the weather is finally warming up. Ours seems to be starting to finally be breaking for the better.

I am writing to inform you as to the dates of my upcoming procedures and surgeries. They have now been scheduled. I will be going to Spokane on Feb. 25th and beginning the prep for the colonoscopy, which will be done on the 26th. I have another procedure on the 27th and surgery is scheduled for the 28th at Holy Family Hospital. The surgeon is Dr. Mark Juvilar. The usual length of stay is 5-7 days.

Tentatively, I will be off of work for another 2 weeks. Dr. Juvilar tells me that I can return anytime after 2 weeks that I feel ready. As long as I do not lift anything, at all. So, I guess we'll see.

I will return to meetings and group as soon as I am able, also. I am so looking forward to feeling better and having more energy. In general, feeling more like myself.

Let me know if I have more to send to you. Also, I am working on a photo of myself. My appointment with my primary doctor is next week so that paperwork will be sent.

Thank-You,

Wendi Sinclair
EXHIBIT H

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

_in the Matter of the License of Wendy A. Sinclair_

Case No. BON 04-084
Idaho State Board of Nursing  
ATTN: Sandra Evans  
P.O. Box 83720  
Boise, ID 83720-0061  

RE: Wendi Sinclair  

Dear Ms. Evans,  

This letter is being sent to notify you that Ms. Wendi Sinclair, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. In addition to the non-compliance issues stated in our letter dated May 6, 2008, Ms. Sinclair has also missed a scheduled urinalysis (UA) test on May 16, 2008. On May 15, 2008, Ms. Sinclair verbally informed the PRN office of a planned camp-out from May 16, 2008-May 19, 2008, but never supplied anything in writing as required and requested.  

Ms. Sinclair first signed a contract with PRN on November 1, 2004 and her current contract on July 25, 2006. Ms. Sinclair’s contract requirements include, but are not limited to, the following:  
1) Attend three 12-Step meetings per week. 2) Meet weekly, face-to-face, with sponsor to work the steps. 3) Attend weekly Health Professionals support group, and 4) Random urinalysis/drug testing.  

Ms. Sinclair’s current balance with PRN is $15.00 and with NCPS is $22.00.  

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 Gochnour  
Compliance Monitor  
Southworth Associates  

Cc: Wendi Sinclair  

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
**Surgical Specialists - Mark Miller, MD**

**February 2008**

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**Notes:**
- Intro from Dr. Miller
- Please let me know.
- Letter to P.H.T. to inform of upcoming surgery
- UA showed + 3.6
- Began prep for surgery
- Colonoscopy, endoscopy, studies
- Colectomy, rectal stump prolapse

**January 2008**

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**March 2008**

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MARCH 2008

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2       |        | Call from Mom about LA EBO |          |          |        |          
3       |        |                |           |          |        |          
4       |        |                | Missed US call & letter |          |        |          
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EXHIBIT I

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER
_In the Matter of the License of Wendy A. Sinclair._
Case No. BON 04-084
June 13, 2008

Program for Recovering Nurses
5530 W. Emerald
Boise, ID 83706

Dear Mrs. Evans & Ashley,

I am sending this as an answer to yet another letter stating I missed a UA. I am sending a copy of my email to Ashley about all the camp outs over the summer. I found out on the 15th of May that she did not receive this email. At least that is what she says although my carrier did not claim it as undelivered. I talked to her on the 15th, calling back twice to make sure I would be excused to go to the camp out the following day. She gave me verbal permission. I do not remember being told she would have to see it in writing, although she did tell me to try another email address, a gmail address. I didn’t take that to mean I needed to sit down and write that right at that moment or I would have. I am beginning to wonder, can I not trust Ashley’s word to me? You know, I am always the one that is doubted, which I understand. But, she told me “You can go this one time.” As you can see, I tried to send the email earlier. I have not attempted to resend a letter to be excused for camp outs because now that I have no funds or work, I can’t afford to go anywhere so I don’t know which ones I’ll be able to get to go to.

I realize more and more that PRN is a program of punishment and not of recovery. I can not see any reason for Ashley to have told me I was excused and then told the Board I just missed a UA. What is the point of that?

Thank you,

Wendi Sinclair

3534 Greer Rd #2
Orofino, ID 83544
(208) 476-9508

RECEIVED JUN 16 2008
Hello, I’m writing to let you know that I am still not working and planning on taking advantage of my mini-retirement by going on as many of this summers AA camp outs as I possibly can. I usually have to work through many of them, or take my vacation days for just a couple. So this year I will try to get to all of the many we have planned here in this area and a few of the surrounding areas, also.


As you can see, I plan to really enjoy myself this year. I will write if there are any changes. If you have any objections please let me know otherwise I will assume all is well.

Thank-You,
Wendi Sinclair

Be a better friend, newshound, and know-it-all with Yahoo! Mobile. Try it now.

http://us.f454.mail.yahoo.com/ym/ShowLetter?MsgId=8424_4128016_4935_631_1121_0...  6/13/2008
EXHIBIT J

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
Dear Ms. Sinclair:

Following your meeting via telephone with them on July 11, 2008, in addition to a review of your file and the history provided by the Program Coordinator, the members of the Program for Recovering Nurses Advisory Committee made the following recommendations:

1. That you come into total compliance with all requirements, with special attention to requirements related to work with your sponsor, and
2. That you obtain a 5-axis mental health assessment prior to the next Advisory Committee meeting (October 17, 2008), and authorize release of the assessment results to the Advisory Committee.

Please contact a mental health care provider in your area and make arrangements for this assessment. In the meantime, we caution you to maintain total compliance with all aspects of your monitoring contract.

Sincerely,

Sandra Evans, MAEd, RN
Executive Director

cc: PRN Program
EXHIBIT K

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER
In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
August 7, 2009

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

RE: Wendi Sinclair

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Wendi Sinclair, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Sinclair submitted to a urine drug screen on July 14, 2009 that came back positive for lorazepam. Ms. Sinclair had no valid explanation for the lorazepam and the screen has been failed by the MRO. In addition, Ms. Sinclair submitted to a urine drug screen on July 24, 2009 which came back positive for hydrocodone. While she did have a valid prescription for hydrocodone, she failed to notify the PRN of the prescription until after the drug screen came back.

Ms. Sinclair first signed a contract with PRN on November 1, 2004 and her current contract on July 25, 2006. Ms. Sinclair's contract requirements include, but are not limited to, the following: 1) Attend three 12-Step meetings per week, 2) Meet weekly, face-to-face, with sponsor to work the steps, 3) Attend weekly Health Professionals support group, and 4) Random urinalysis/drug testing.

The PRN is recommending that Ms. Sinclair not return to work until she has received an alcohol/drug evaluation from a facility approved by the Program Coordinator, John Southworth, and is cleared to return to work.

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,

Steven R. Hurst
Compliance Monitor
Southworth Associates

Cc: Wendi Sinclair
    Debbie Hutchens

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

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER
In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
Ashley Gochnour,
Compliance Monitor
PRN
5530 W. Emerald
Boise, ID 83706

August 6, 2009

Ashley,

I leave to fly all the way across the country to enter a Treatment Facility. It happens to be in Delray Beach, Florida. For quite some time now my recovery, my health and even my very soul were in jeopardy of being lost. All I can muster the energy to do each day is work and eat a bit. I am totally out of balance. I feel like if I don’t work every second, that the money won’t be there each month for my UA’s and other bills. All of this is not working for me. I under far too much pressure, I can no longer take it. Before something terrible happens to one of my residents, staff or me, I’m leaving. I won’t be calling or doing UA’s for now. I won’t be sending in meeting cards. There will be no letter from Dr. Boyea. I’m walking away. The only way I know to find my joy again is to get away from the pressure. I realize that your organization is not here to help with our recovery, I wonder deeply if it isn’t here to cause it to break.

I imagine that you will need to see if I am really in such a place? Here is the address:

The Watershed,
200 Congress Park, Suite 100
Delray Beach, FL 33445
561-807-7970

Take Care,
Wendi Sinclair

Wendi

RECEIVED
AUG 10 2009
EXHIBIT M

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of
Wendi Sinclair
PN-6973

ORDER OF TEMPORARY SUMMARY SUSPENSION OF LIMITED LICENSURE CASE No: 04-084

This Order serves to officially notify you that your limited license, number PN-6973, issued under provisions in IDAPA 23.01.132, is hereby summarily suspended, effective immediately.

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

1. Failure to maintain compliance with the terms of the Order Granting Petition for Reinstatement of License signed July 25, 2006, by
   a. Submitting a urine drug screen that was positive for Lorazepam, for which you had no prescription, and
   b. Submitting a urine drug screen that was positive for hydrocodone, for which you failed to notify your compliance monitor of the prescription in a timely manner, and
   c. Submitting a letter on August 10, 2009, indicating that you “won’t be calling or doing UA’s for now”, “won’t be sending in meeting cards”, “there will be no letter from Dr. Boyea” and that you are “walking away”.

Board staff has made a determination that you are an appropriate candidate to remain in the PRN program at this time, even given your current non-compliance. Therefore, staff will not refer you to the Board for formal disciplinary action and further proceedings at this time. Rather, your case will be referred to the Board’s PRN Advisory Committee for review at their next scheduled meeting (October 16, 2009) for their recommendations for further action. However, pursuant to Board of Nursing Rule 132.06.b, you do have the right to a hearing before the Board on this suspension, if you so desire.

To request a hearing, you must specifically do so in writing addressed to: Idaho Board of Nursing, PO Box 83720, Boise, ID 83720-0061. Your mailing must be made by “certified mail”, return receipt requested and must be sent no later than twenty (20) days after service of this suspension order (that is, the date this order was mailed to you). Failure to request a hearing as specified herein will constitute a waiver of your right to request a hearing. If a hearing is timely requested, this suspension order and the underlying grounds will be reviewed by the Idaho Board of Nursing at its next regularly scheduled meeting (October 29-30, 2009). The Board will either affirm or reject this order, or enter such further order, as it deems appropriate and necessary.

IT IS SO ORDERED this 15th day of August, 2009.

SANDRA EVANS, MAEd, RN
Executive Director
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 19TH day of August, 2009, I caused to be served a true and correct copy of the foregoing ORDER OF SUMMARY SUSPENSION OF LIMITED LICENSE addressed as follows:

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

Wendi Sinclair
c/o The Watershed
200 Congress park Suite 100
Delray Beach, FL 33445

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

X Statehouse Mail

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

☐ Statehouse Mail

Sandra Evans, MAEd, R.N.
Executive Director
Board of Nursing
EXHIBIT N

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
SEN D E R: COMPLETE THIS SECTION

1. Article Addressed to:

WENDI SINCLAIR
C/O THE WATERSHED
200 CONGRESSPARK SUITE 100
DELRAY BEACH FL 33445

2. Article Number
(Transfer from service label)
7607 3020 01081 4047 1545

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at usps.com

OFFICIAL USE

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

Sent to
WENDI SINCLAIR
C/O THE WATERSHED
200 CONGRESSPARK SUITE 100
DELRAY BEACH FL 33445

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes

If YES, enter delivery address below:

3. Service Type

Certified Mail
Registered
Insured Mail
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004
Domestic Return Receipt
102585-02-M-1545
EXHIBIT O

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER

In the Matter of the License of Wendy A. Sinclair
Case No. BON 04-084
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

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

DATE: October 16, 2009

The file of Wendi Sinclair was reviewed at the Advisory Committee meeting on October 16, 2009, 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] [Date: 10/19/09]

Action Recommended to Board: Revoke license

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.