Elizabeth Skipper  
350 Tie Breaker Drive  
Ammon, ID 83406  

Dear Ms. Skipper:

Following their review of written materials during their meeting of November 4-5, 2010, the members of the Board of Nursing took action to issue you a limited license, with conditions for two (2) years, upon receipt of the $100.00 fee required under IDAPA 23.01.01.901.04a. The conditions of limited licensure are indicated on the attached Order on Petition for Reinstatement of License. Report forms will be included with the limited license.

Motivation to assume responsibility for the submission of reports is an important aspect of recovery. Therefore, no reminders will be sent by the Board of Nursing in advance of when reports are due. You are expected to submit reports in a timely manner. Reports may be faxed (208) 334-3262 to aid in their timely submission. All reports must be submitted no later than the 30th of the month in which they are due. Please note that should the limited license not be obtained within twelve (12) months of the issuance of the Order, the previously imposed discipline will remain in effect and you will need to submit a new reinstatement application and supporting documents.

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

Please contact me if you have any questions concerning the limited license or the conditions.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lle  
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.
On September 27, 2010, Respondent Elizabeth A. Skipper (Respondent) applied for reinstatement of her nursing licensure. Her application for reinstatement was presented to the members of the Idaho Board of Nursing (Board) on November 4-5, 2010. Following its review of the application, the matters on file with the Board, and the information submitted in support of the application, and good cause appearing therefore, the Board enters the following Order on Petition for Reinstatement of License.

FINDINGS OF FACT

1. Respondent became licensed as a practical nurse on June 29, 2007. She was issued license number PN-13951.

2. On July 24, 2007, the Board accepted the Stipulation and Consent Order, in which her practical nurse license was Suspended pending completion of all terms of the criminal probation in Case No. CR-07-17323.

3. On September 27, 2010, Respondent applied for reinstatement of her practical nurse license.

4. During a regularly scheduled Board meeting on November 4-5, 2010, Respondent’s request for reinstatement of licensure was conditionally granted and a limited license for two (2) years was authorized.

CONCLUSIONS OF LAW

1. The facts as stated above fall within the regulatory jurisdiction of the Board as set forth in title 54, chapter 14, Idaho Code.

2. The Board has the power to refuse to reinstate a license, and may place on probation, reprimand, limit, restrict, condition or take other disciplinary action
against the licensee upon the determination that the licensee engaged in conduct constituting grounds for discipline. Idaho Code Section 54-1413.

3. In considering applications for reinstatement, the Board evaluates the nature and severity of the act that resulted in revocation; the applicant’s subsequent conduct; the lapse of time since discipline; the degree of compliance with any terms and conditions that the Board imposed; intervening circumstances; degree of rehabilitation; applicant’s adherence to law and rule; and applicant’s criminal background. IDAPA 23.01.01.120.03.

4. The Board may issue a limited license to a qualified applicant who has been the subject of a disciplinary action. IDAPA 23.01.01.132.01.a.

5. Respondent’s license was the subject of disciplinary action, based on conduct constituting legal grounds for imposition of discipline.

6. Respondent has complied with all terms and conditions imposed by the Board, and has submitted documentation to support her on-going stability.

7. Respondent’s demonstration of meeting the Board’s requirements qualifies her for reinstatement of licensure; however, Respondent’s history of discipline by the Board constitutes grounds for the imposition of limits or conditions on her license to practice.

ORDER

NOW, THEREFORE, it is hereby ordered that Respondent’s petition for reinstatement is GRANTED, but only upon the following limitations and terms:

Respondent will be issued a conditional limited license for two (2) years, restricted solely to Idaho, following receipt of the required fee of $100.00, (IDAPA 23.01.01.901.04a), and subject to Respondent’s strict adherence to and compliance with each of the following conditions and limitations:

a. Notify the Board of any change in current address and telephone number within ten (10) days of that change.

b. Notify the Board of the name(s) and address(es) of any and all employer(s), at the time that employment in any field is accepted.

c. Performance Evaluations: Assure that employer(s) submits reports of performance evaluations at monthly intervals for six (6) months, then at quarterly intervals, directly to the Board.

d. Meetings with Professional Staff: Meet with Professional Board staff when requested.

e. Self-Evaluation Reports: Submit self-evaluations at monthly intervals for six (6) months, then at quarterly intervals.
f. Comply with all laws, rules, standards, policies and procedures pertaining to the practice of nursing.

g. May not accept employment as a nurse in another state without written authorization from the Idaho Board of Nursing and the Board of Nursing in the employment state, including any state party to the Nurse Licensure Compact.

4. Additional Conditions:
   a. Should the limited license not be obtained within twelve (12) months of the issuance of this Order, the previously imposed discipline will remain in effect and Respondent must submit a new reinstatement application and supporting documents.
   b. Length of Monitoring. The conditions of this limited license will remain in effect until there are two (2) years of documented continuous monitoring.

5. REPORTING REQUIREMENTS. All reports must be submitted to the Board of Nursing office by the 30th day of each month in which they are due. Further assure that any required reports to be submitted by others are submitted by the 30th of each month in which they are due.

IT IS FURTHER ORDERED, that any failure to strictly adhere to the foregoing conditions, including the submission of reports in a timely manner shall constitute grounds for the imposition of disciplinary action.

DATED this 12th day of November 2010.

IDAHO STATE BOARD OF NURSING

By: Susan Odom, PhD, RN
    Chairman
NOTICE OF APPEAL RIGHTS

This is a Final Order of the agency. Any party may file a motion for reconsideration of this Final Order within fourteen (14) days of the service date of this Order. The agency 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).

As set forth in section 54-1413, Idaho Code, and Board of Nursing Rule, IDAPA 23.01.01.165.01, you may petition for reconsideration of any final order of the Board upon the following grounds:
   a. Newly discovered or newly available evidence relevant to the issues;
   b. Error in the processing or Board decision that would be grounds for reversal or judicial review of the order;
   c. Need for further consideration of the issues and the evidence in the public interest; or
   d. A showing that issues not considered ought to be examined in order to properly dispose of the matter.

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:
   i. a hearing was held,
   ii. the final agency action was taken,
   iii. the party seeking review of the order resides or operates its principal place of business in Idaho, or
   iv. the real property or personal property that was the subject of the agency action is located.

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

I HEREBY CERTIFY that on this 15th day of November, 2010, I caused to be served a true and correct copy of the foregoing ORDER ON PETITION FOR REINSTATEMENT OF LICENSE, addressed as follows:

Roger Gabel
Deputy Attorney General
P.O. Box 83720
Boise, ID 83720-0010

Elizabeth Skipper
350 Tie Breaker Drive
Ammon, ID 83406

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

ORDER ON PETITION - 5
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

C. Date of Delivery

D. Is delivery address different from item 1? □ Yes □ No

If YES, enter delivery address below:

3. Service Type

□ Certified Mail □ Registered
□ Insured Mail □ C.O.D.

□ Express Mail □ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) □ Yes

PS Form 3800, August 2006
See Reverse for Instructions

PS Form 3811, February 2004
Domestic Return Receipt

102525-02-M-1540

Electronic Verification

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Send to:

ELIZABETH SKIPPER
350 TIE BREAKER DR
AMMON, ID 83406

PS Form 3800, August 2006
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:

ELIZABETH SKIPPER
350 TIE BREAKER DR
AMMON, ID 83406

2. Article Number

(transfer from service label)

3. Service Type

□ Certified Mail □ Registered
□ Insured Mail □ C.O.D.

□ Express Mail □ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) □ Yes

PS Form 3811, February 2004
Domestic Return Receipt

102525-02-M-1540

Electronic Verification

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COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? □ Yes □ No

If YES, enter delivery address below:

1 '10 NOV 22 AM 10:10

—

Attach this card to the back of the mailpiece,
or on the front if space permits.

Print your name and address on the reverse so that we can return the card to you.

Also complete item 4 if Restricted Delivery is desired.

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Domestic Return Receipt 102595-02-M-1540