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

Caryn Wiersma

Idaho Board of Nursing – PO Box 83720 – Boise, Idaho 83720-0061 – (208) 334-3110
Caryn Wiersma  
11547 S Sacramento Drive  
Merrionette Park, IL 60803

Dear Ms. Wiersma:

During their meeting on November 4-5, 2010, the Board of Nursing members took action to accept the Findings of Fact, Conclusions of Law and Final Order in which your professional nurse license, N-17922 was revoked.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 November 5, 2010. Please be advised that you may not apply for reinstatement for a period of two (2) years from the date of this order.

Sincerely,

[Signature]

SANDRA EVANS, MAEd, RN
Executive Director

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

In the Matter of the License of: )
) Case No. BON 03-001
CARYN F. WIERSMA, ) FINDINGS OF FACT, CONCLUSIONS
License No. N-17922, ) OF LAW AND FINAL ORDER
) Respondent.
)

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. Caryn F. Wiersma ("Respondent") has been licensed by the Idaho State Board of Nursing under License No. N-17922 to engage in the practice of nursing in the State of Idaho.

2. On or about January 2, 2003, the Board received a Report of Violation of the Nurse Practice Act from Respondent's employer, Eastern Idaho Regional Medical Center. The report indicated that Respondent was terminated on December 27, 2002, after Respondent falsified medical records on two separate occasions.

3. On March 18, 2003, Respondent voluntarily surrendered her license, further admitting that she had falsified a patient's chart. On April 9, 2003, Respondent signed an Addendum to the March 18, 2003, voluntary surrender form admitting that she suffers from alcohol abuse. By voluntarily surrendering her license, 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, including the Addendum, is attached hereto as Exhibit A.

4. Respondent informed the Board that she had been diagnosed as alcohol dependent when she began an outpatient treatment program on October 1, 2002. Respondent was discharged from that program on April 29, 2003.

5. On June 30, 2003, 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 "2003 PRN Contract"). In the 2003 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,” “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 . . . .”

6. On November 28, 2003, Respondent was issued a conditional limited license. One of the license’s conditions was that Respondent must continue under monitoring conditions consistent with her 2003 PRN Contract.

7. On February 6, 2004, the PRN notified the Board that Respondent was not in compliance with her 2003 PRN Contract due to Respondent’s self report that she had relapsed by drinking peppermint schnapps on February 3, 2004. A true and correct copy of the February 6, 2004, letter from PRN to the Board is attached hereto as Exhibit C.

8. On February 6, 2004, 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 would be reviewed by the PRN Advisory Committee (PRNAC) at its next scheduled meeting. A copy of the Notice of Termination of Limited License is attached as Exhibit D.

9. On or about March 22, 2004, Respondent notified the Board that she was currently at the Pine Grove Next Step Alcohol and Drug Rehabilitation Center for Women and requested the opportunity to return to the PRN program.

10. On July 26, 2004, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent sign a new Contract for Monitoring for a five-year period. Respondent was also advised that a limited license would be considered following support of the PRN. A copy of the July 26, 2004, letter from the Board to Respondent is attached as Exhibit E.

11. On September 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 F (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," "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 . . . ."

12. On October 20, 2004, Respondent was issued a conditional limited license. One
of the license's conditions was that Respondent must continue under monitoring conditions
consistent with her 2004 PRN Contract.

13. On October 25, 2005, the PRN notified the Board that Respondent was not in
compliance with her 2004 PRN Contract due to a positive urinalysis (UA) test result for
Benzodiazepine (Lorazepam) on September 27, 2005. The sample was reconfirmed after
Respondent denied taking Lorazepam. A copy of the October 25, 2005, letter from PRN to the
Board is attached as Exhibit G.

14. On December 14, 2005, 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
would be reviewed by the PRNAC at its next scheduled meeting on January 20, 2006. A copy of
the Notice of Termination of Limited License is attached as Exhibit H.

15. On February 1, 2006, the Board notified Respondent that the PRNAC had
reviewed her file and history and recommended that Respondent sign a new Contract for
Monitoring for a five-year period. Respondent was also advised that before a limited license
would be considered, Respondent would need to provide to the PRNAC an updated assessment
of readiness to return to practice. A copy of the February 1, 2006, letter from the Board to
Respondent is attached as Exhibit I.

16. On February 21, 2006, 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 J
(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," "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 . . . ."

17. On June 15, 2006, Respondent was issued a conditional limited license. One of the license's conditions was that Respondent must continue under monitoring conditions consistent with her 2006 PRN Contract.

18. On June 9, 2008, the PRN notified the Board that Respondent was not in compliance with her 2006 PRN Contract due to a positive UA test result for ethylglucuronide (EtG) on April 21, 2008. The sample was reconfirmed on May 15, 2008, after Respondent claimed the test was positive due to hand sanitizer and her use of an inhaler. Respondent then admitted to consuming a vodka and 7-Up. A copy of June 9, 2008, letter from PRN to the Board is attached as Exhibit K.

19. On July 14, 2008, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that (1) Respondent's 2006 PRN Contract be extended until July 17, 2011, (2) Respondent follow all recommendations included in the evaluation from the Family Recovery Center, and (3) Respondent be authorized to return to work. A copy of the July 14, 2008, letter from the Board to Respondent is attached as Exhibit L.


21. On December 4, 2009, the PRN notified the Board that Respondent was not in compliance with her 2006 PRN Contract due to producing a diluted sample for a UA test on November 12, 2009, and failing to test on November 19, 2009. A copy of the December 4, 2009, letter from PRN to the Board is attached as Exhibit M.

22. On December 9, 2009, Respondent contacted the Board and stated she would like to appear at the next PRNAC meeting to explain her diluted UA sample.

23. On January 26, 2010, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent must come into full compliance
with her monitoring contract immediately and that the PRNAC would perform a compliance review at their April 2010 meeting.

24. On April 22, 2010, the Board notified Respondent that the PRNAC had reviewed her file and history and recommended that Respondent continue to be monitored by the PRN. A copy of the April 22, 2010, letter from the Board to Respondent is attached as Exhibit N.

25. On August 6, 2010, the PRN notified the Board that Respondent had received her Montana license and had accepted a job in Montana. In addition, the PRN stated that Respondent had enrolled in the Montana Nurses Assistance Program on May 5, 2010.

26. On August 13, 2010, the PRN notified the Board that Respondent was not in compliance with her 2006 PRN Contract due providing a positive a UA test for ethylglucuronide (EtG) and ethyl sulfate (EtS) on August 6, 2010. Respondent admitted she had consumed beer prior to the test. A copy of the August 13, 2010, letter from PRN to the Board is attached as Exhibit O.

27. On August 23, 2010, pursuant to IDAPA 23.01.01.132.06.a, the Executive Director of the Board issued a Notice of Summary Suspension of Limited Licensure in this case, immediately terminating Respondent’s limited license. Respondent was notified that her case would be reviewed by the PRNAC at its next scheduled meeting on October 22, 2010. Respondent was also notified that she could request a hearing on the summary suspension of her limited license within 20 days of the service of the Notice of Summary Suspension of Licensure. A copy of the Notice of Summary Suspension of Limited License is attached as Exhibit P.

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

29. On October 22, 2010, the PRNAC referred this matter to the Board for disciplinary action. A true and correct copy of the October 22, 2010, memo from the PRNAC to the Board is attached hereto as Exhibit Q.

CONCLUSIONS OF LAW

1. As a licensed nurse in the State of Idaho, Respondent is subject to the jurisdiction of the Board and to the provisions of title 54, chapter 14, Idaho Code.
2. Respondent’s Idaho License No. N-17922 is conditioned upon her complying with the laws and rules of the Idaho State Board of Nursing.

3. Respondent falsified patient records and admitted that she suffered from alcohol abuse.

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

5. Respondent’s acts as set forth above constitute violations of the laws and rules governing the practice of nursing in the State of Idaho; specifically:
   a. Idaho Code § 54-1413(1)(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);
   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); and
   e. Board Rule 101.05.e (a nurse shall make or keep accurate, intelligible entries into records required by law, employment or customary practice of nursing, and shall not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into patient’s records or employer or employee records).

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.

///
///

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 6
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 23, 2010, summary suspension of Respondent's license.

2. License No. N-17922 issued to Caryn F. Wiersma is hereby:
   ___ Revoked: Respondent may not apply for reinstatement for a two (2) year period after entry of this Order.
   ___ 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.

3. At such time as Respondent requests reinstatement of licensure, she shall comply with the requirements set forth in applicable statutes and rules including Idaho Code § 54-1411(3). Respondent shall further comply with the provisions of IDAPA 23.01.01, Sections 61.04 and 120, as applicable. This will include, but is not limited to, providing the following information to the Board:
   a. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;
   b. Documentation that she is rehabilitated and competent to practice nursing by submitting:
      i. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement.
      ii. A detailed summary of employment since licensure revocation or suspension; and
      iii. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program; and

///

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 7
c. Any other information requested deemed necessary by the Board in its
discretion to demonstrate Respondent's fitness to practice nursing.

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

This order is effective immediately.

DATED this 5th day of November, 2010.

IDAHO STATE BOARD OF NURSING

By

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

NOTICE OF DUE PROCESS RIGHTS

This is a final order of the Board. Any party may file a motion for reconsideration of this
final order within fourteen (14) days of the 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

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

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

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

I HEREBY CERTIFY that on this 8th day of November, 2010, I caused to be served a true and correct copy of the foregoing addressed as follows:

Caryn F. Wiersma
11547 S Sacramento Dr
Merrionette PK, IL 60803

X U.S. Mail, postage prepaid
X Certified U.S. Mail, return receipt

Karin Magnelli
Deputy Attorney General
PO Box 83720
Boise, Idaho 83720-0010

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

Linda Coley
Management Assistant
Board of Nursing

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER - 9
RULE 132
VOLUNTARY SURRENDER OF LICENSE

I, Caryn Frances Wiersma, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Recorded false information on a patient's chart to cover-up the fact that the tests were not done as ordered by the physician.

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 N-17922 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: 3-18-03

[Signature of Licensee]

6466 N. 55th East
Address
Idaho Falls, ID 83401
City, State, Zip

DATED: __________________________
6/99-PRN

[Signature of Witness]
RULE 132
VOLUNTARY SURRENDER OF LICENSE
ADDENDUM TO FORM EXECUTED ON MARCH 19, 2003

I, Caryn Wiersma, by affixing my signature hereto, acknowledge that:

1. I admit that I have engaged in the following conduct: Alcohol abuse

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 N-17922 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: 4-9-03

Signature of Licensee
6466 E N 55th East
Idaho Falls, ID 83401

Address
City/State/Zip

Dated: 6/99-PRN

Signature of Witness

Exhibit A
Page 2 of 2
NURSE MONITORING CONTRACT

Client Name:  CARYN WIERGMA                                               Date:  6-30-03

I, CARYN WIERGMA, 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 (with a √):

Initial  √ Attend Aftercare for at least one year
Initial  √ (3) 12-Step Meetings per week
Initial  √ Meet weekly with sponsor face-to-face
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.

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  CARYN WIERGMA                                           Witness  [Signature]
Client Address  6466 N. 55th East                                            Program Coordinator  [Signature]
Idaho Falls, ID  83401

RECEIVED
JUL 7 2003
CONTRACT ADDENDUM

Terms and Conditions for Participation in the PRN Program

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, PRN will no longer be able to monitor my activities, and my non-compliance will be reported to the State Board of Nursing and any other appropriate source (ie: probation, employer).

MOVING TO ANOTHER STATE

- 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 gaining 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 gaining 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 gaining 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 within five days, in writing, of the new address and telephone number.

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 compliance with the contract. Recovery is always 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 one week 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, delivery room, for a temporary agency nor in home health, unless prior approval is obtained from the PRN. These restrictions may be lifted with written approval by the PRN.

- I shall not work the night/graveyard shift (11pm-7am), may not rotate shifts, float units or work any over-time (excess of 40 hours per week) without written approval of the Program for Recovering Nurses.
UA TESTING

➢ It is my responsibility to 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 PRN Advisory Committee for consideration of continuation in the program.

➢ I shall give written notification one week prior to NCPS and the PRN of any inability to screen. If I fail to notify the Program and NCPS of my inability to screen and fail to screen, I will be considered non-compliant 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. I understand that I should not drink more than 12 ounces of fluid within three hours prior to testing. 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

➢ Should I be prescribed any medication, my physician must fax the prescription from his/her office directly to the PRN office (323-9222). If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription to the PRN office before it is filled.

➢ I agree not to take any mood altering medications unless it has been pre-approved by my program/treatment provider (if currently in treatment) and the PRN Medical Director unless in the case of a medical emergency.

➢ 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 legitimately 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, that I receive treatment from, of my participation in the Program for Recovering Nurses prior to receiving treatment.

➢ Any time over-the-counter medications (other than ibuprofen, aspirin, and/or acetaminophen) are used, the PRN office must be contacted within 24 hours. If PRN is not notified of the use of an over-the-counter medication, and a positive test occurs, that test will be failed by the Medical Review Officer.

➢ Prescribed medications are not to be used for anything other than what they are prescribed for. If your physician would like you to use the medication for a use other than what it was originally prescribed for, he/she must contact the PRN office and submit the reason for the use in writing. All communications with your physician must occur before you begin using the medication. Use of prescribed medications, other than initially intended for, must be properly verified in writing by your physician as described above. If you receive a positive test for a medication that was not taken as prescribed by your physician, and proper verification was not received by the PRN, the test will be considered failed.

➢ Any time your physician prescribes a narcotic medication for you, discuss with him/her an appropriate length of time that it will be necessary for you to take the medication. Ask your physician to write this appropriate length for use on the prescription when he/she faxes it to us.
longer use is needed other than what was originally stipulated, your physician must notify the
PRN office in writing before you continue to use the medication. When use of the prescribed
narcotic medication is no longer needed, you must 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 you receive a positive test for taking medication after the
appropriate length of time determined by your physician, the test will be failed.

► If you find the need to take over-the-counter or prescription medications frequently, please be
aware that this is a possible sign of relapse. Contact the PRN office, your physician, and your
AA/NA sponsor immediately to discuss this situation. If your physician recommends the
frequent use of a particular medication, the PRN office must have his/her written notification that
he/she approves of the continued use.
► I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must
undergo any procedures requiring the administration of medication, and to provide all required
documentation from any and all health care providers of the procedure and any medications
involved prior to, during, or after the procedure.
► I shall not write, fill or otherwise order controlled substances for myself or my immediate
family. I shall not unlawfully sell, distribute, manufacture, prescribe, administer (not including patients at
work), or otherwise conduct myself with respect to controlled substance, including prescription
drugs.
► The PRN strongly advises clients not to work in the nursing capacity while having any narcotic
medications in his/her 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 the contract at any time.
► All changes in the contracts 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 PRN 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, food
cooked in alcohol, Primatene Mist, vanilla extract and desserts (large amounts) etc.
► Do NOT consume so called “non-alcoholic” beer and/or wine.
► Check with the PRN Coordinator and/or Medical Director before taking any scheduled (controlled)
drug, even if prescribed by a physician for a legitimate medical condition, unless an emergency
exists, and then you are to notify the Program Coordinator at the earliest opportunity.
► Beware of iatrogenic relapse (from prescription medications). Inform any prescribing practitioner
(MD, DO, DPM, DDS, DMD, etc) that you are chemically dependent and to check with the Program
Coordinator and/or Medical Director in advance, unless in an emergency, and then as soon thereafter
as possible.
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.
- 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.
- 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 PRN 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 PRN 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, participant 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.

**Coop**

Nurse | **6-30-03**

**Pawlowski**

Witness | **6-30-03**

*The PRN encourages you to occasionally review this document.*
February 6, 2004

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

RE: Caryn Wiersma

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Caryn Wiersma, a Board of Nursing referral, has become non-compliant with her PRN contract due to self-reporting that she relapsed on alcohol. Therefore, we feel we must report this to the Board of Nursing.

Ms. Wiersma signed a contract with PRN on June 30, 2003. Ms. Wiersma's contract requirements include the following: 1) Attend (3) 12-Step meetings per week, 2) Random UA/drug testing, 3) Meet with sponsor weekly face-to-face to work the steps, 4) Attend Health Professionals Support Group, and 5) Attend Aftercare for at least one year.

On February 6, 2004 Ms. Wiersma reported that she had relapsed on Peppermint Schnapps three days ago. As of today's date, she has notified Jeff Holbrook at the Family Recovery Center. The PRN suggested that she not continue to work using her nursing license until this issue has been resolved.

Currently, Ms. Wiersma has a $15 balance with the PRN and a $0 balance with 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 Lori or me at (208) 323-9555.

Sincerely,

Kerry Hendershot
Compliance Monitor

cc: Caryn Wiersma
Jeff Holbrook

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
Dear Ms. Wiersma:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that limited license, number N-17922 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. Failing to abstain from all mind-altering chemicals by relapsing on alcohol.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, April 16, 2004. You may request to meet with the Committee members during their meeting by contacting Linda Coley, Management Assistant, (208) 334-3110 ext. 25 by April 1, 2004, to request an appointment time. Failure to respond may result in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure suspension or revocation.

Dated: February 6, 2004

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.
Caryn Wiersma  
6466 N 55th East  
Idaho Falls ID 83401

Dear Ms. Wiersma:

During their July 23, 2004 meeting, the members of the Program for Recovering Nurses Advisory Committee reviewed your file. The Committee also reviewed the history provided by the Program Coordinator and the Treatment Summary/Continuing Care Recommendation from Pine Grove Next Step.

Following their review, the Committee made the following recommendations:

1. That you sign a new contract for five (5) years that will include the monitoring conditions in your original contract as well as the recommendations from the treatment center.
2. That you be authorized for a limited license once you meet the requirements indicated in the enclosed Standards for Return to Nursing Practice, and have received support from the Program Coordinator.
3. That you be cautioned to maintain all conditions of your contract with the program.

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

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lh
cc: PRN Program

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
NURSE MONITORING CONTRACT

Client Name: Caryl Wiersma

Date: 9-1-04

I, Caryl Wiersma, recognizing that I suffer from chemical dependency and 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 comply with the following activities to obtain the support of the PRN.

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

I agree to provide my selected healthcare provider with a copy of this agreement and ask the provider 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 adhere to the following points of the conditions of this agreement:

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

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

- Alcohol Drug Education
- Group Therapy
- Attending Intensive Outpatient at Family Recovery Center
- Connecting
- Mutual Support Group Meetings
- Meet weekly with sponsor face-to-face to work the steps
- Random UA Drug Testing
- Weekly Health Professionals Support group
- Individual counseling including family counseling sessions

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

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

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

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

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

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

I understand that this contract can be revoked 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 by the Board of Nursing.

Signed: Caryl Wiersma
Witness: ______

Address: 1742 N. 55th St.

Idaho Falls, ID 83401
October 25, 2005

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

RE: Caryn Wiersma

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Caryn Wiersma, a Board of Nursing referral, is currently not in compliance with her PRN contract due to a positive UA test on September 27, 2005. Ms. Wiersma tested positive for Lorazepam on that date. Ms. Wiersma denied taking Lorazepam and asked for the sample to be reconfirmed. The sample was reconfirmed failed. Ms. Wiersma continues to deny any use of Lorazepam.

Ms. Wiersma’s current contract with PRN was signed on September 1, 2004. Ms. Wiersma’s contract requirements include the following: 1) Attend 90/90 12-Step meetings then rate to be determined, 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 Family Recovery Center, and 6) Attend individual counseling including family counseling sessions.

We would, at this time, suggest that Ms. Wiersma be re-evaluated.

Ms. Wiersma currently owes PRN $50.00 and NCPS $108.00, with a $40.00 reconfirmation fee pending to total $148.00.

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,

Amanda L. Scott
Compliance Monitor

cc: Caryn Wiersma
    Terra Holbrook
    Jeff Holbrook

An Alternative to Disciplinary Action program offered by the Idaho Board of Nursing.
Dear Ms. Wiersma:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that the limited license, number N-17922, 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 September 27, 2005, that tested positive for Benzodiazepines (Lorazepam).

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, January 20, 2006. You have been scheduled to meet with the Committee members at 9:00 AM on that day. Failure to appear or make other arrangements may results in the issuance of a Report of Non-Compliance being filed with the Board with a recommendation of licensure suspension or revocation.

Dated: December 14, 2005

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.
### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

| CARYN WIERMZA  |
| 6466 NORTH 55TH EAST |
| IDAHO FALLS ID 83401 |

### COMPLETE THIS SECTION ON DELIVERY

<table>
<thead>
<tr>
<th>A. Received by (Please Print Clearly)</th>
<th>B. Date of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/1/05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

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

If YES, enter delivery address below:

- '05 DEC 20 AM 10:19

### Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

### Restricted Delivery? (Extra Fee)

- Yes

---

PS Form 3811, July 1999

Domestic Return Receipt
February 1, 2006

Caryn Wiersma  
6466 N 55th East  
Idaho Falls ID 83401

Dear Ms. Wiersma:

Following your meeting with the members of the Program for Recovering Nurses Advisory Committee on January 20, 2006, they made the following recommendations:

1. That you sign a new contract for five (5) years that will include the existing monitoring conditions.
2. That before you request consideration for a limited license, you provide an updated assessment of readiness to return to practice.
3. Upon receipt of the assessment, you meet with the Advisory Committee to discuss your request for return to practice.
4. That you be cautioned to maintain all conditions of your contract with the program.

Please contact me or John Southworth if you have questions concerning this information.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:1hc

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.
NURSE MONITORING CONTRACT

Client Name: Caryn Wiersma Date: 2-21-06

I, Caryn Wiersma, 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:

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

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

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

I agree to participate in and attend regularly in the following activities:
- Attend Aftercare at the Family Recovery Center
- 3 Mutual Support Group Meetings per week
- Meet weekly with sponsor face-to-face to work the steps
- Random UA/Drug Testing
- Weekly Health Professionals Support group
- Individual Counseling including family counseling sessions

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

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

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

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

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

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

I agree that this contract can be reviewed and modified as appropriate for a minimum of five (5) years.

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 Caryn Wiersma Witness
Client Address 6426 N 55th St Program Coordinator Idaho Falls, ID 83401

RECEIVED MAR 06 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, 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

Last Revision 10/3/09
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 this 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 my and all health care providers, from whom I receive treatment, of my participation in the Program for Recovering Nurses prior to receiving treatment.

- Should I be prescribed any medication (including antibiotics or a new medication), or if any dose of a current medication is changed, it is my responsibility to have the prescribing provider fax the prescription from his/her office directly to the PRN office (208-323-9222) within 24 hours. I understand that I need to have the provider include in the documentation the following information: the physician’s name clearly indicated, the medication prescribed, the dosage and frequency, how many refills, the reason for prescribing the medication, and the duration I will be taking the medication. If for some reason my physician is not willing to fax the prescription from his/her office, I must fax the prescription and necessary information to the PRN office before it is filled.

- I will not use prescribed medications for any reason other than for what they are prescribed. If my physician wants me to use the medication for a use other than for what it was originally prescribed, he/she must contact the PRN office and submit the reason for the use in writing. All communications with my physician must occur before I begin using the medication. Use of prescribed medications, other than for the initial intent, must be properly verified in writing by my physician as described above. If I receive a positive test for a medication that was not taken as prescribed by my physician, and proper verification was not received by the PRN, the test will be considered failed.

- Any time my physician prescribes a narcotic medication for me, I will discuss with him/her an appropriate length of time that it will be necessary for me to take the medication. I will ask my physician to write this appropriate length for use on the prescription when he/she faxes it to PRN.
If longer use is needed other than what was originally stipulated, my physician must notify the PRN office in writing before I will continue to use the medication. When use of the prescribed narcotic medication is no longer needed, I will dispose of the medication PROMPTLY. A witness must be able to verify that this disposal occurred. (For your convenience, the PRN will provide a form for you and your witness to confirm the disposal. You must use this form when disposing of all medications prescribed to you and then fax or send the completed form to the office within 24 hours of the disposal.) If I receive a positive test for taking medication after the appropriate length of time determined by my physician, the test will be failed.

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

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

- I shall immediately notify the Program for Recovering Nurses if I am hospitalized or must undergo any procedures requiring the administration of medications, and to provide all required documentation from any and all health 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 as 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.
> 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 (MISSING 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, 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.**

Nurse: [Signature]
Date: 2-2-06

Witness: [Signature]
Date: [Signature]

*The PRN encourages you to occasionally review this document.*
June 9, 2008

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

RE: Caryn Wiersma

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Caryn Wiersma, a Board of Nursing referral, is not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Wiersma produced a positive urinalysis result on April 21, 2008 for EtG. At the time of confirming this test, Ms. Wiersma blamed hand sanitizer as well as an inhaler for the positive result. Ms. Wiersma paid to have the test reconfirmed, which was completed on May 15, 2008. At that time, Ms. Wiersma admitted to having a “vodka and 7-Up” on a plane ride to Chicago, IL.

Ms. Wiersma has signed PRN contracts on: June 30, 2003 and September 1, 2004. Her current contract was signed on February 21, 2006. Ms. Wiersma’s current 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 individual counseling including family counseling. 4) Attend weekly Health Professionals support group. and 5) Random urinalysis/drug testing.

Ms. Wiersma’s current balance with PRN is $15.00 and NCPS is $68.00.

At present, the PRN has required Ms. Wiersma to receive a re-evaluation by Mr. Art Phelps and has recommended she not work in the nursing field until this issue is resolved.

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 Gochinour
Compliance Monitor
Southworth Associates

cc: Caryn Wiersma

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
Caryn Wiersma  
6466 N 55th East  
Idaho Falls ID 83401

Dear Ms. Wiersma:

Following their meeting 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 the Contract for Monitoring be extended to July 17, 2011, consistent with the validity period of your limited license;
2. That you follow the recommendations included in the evaluation report from the Family Recovery Center; and
3. That you be authorized to return to work at this time.

The Committee members cautioned you to maintain total compliance with all aspects of your monitoring contract.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lh
cc: PRN Program

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
December 4, 2009

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

RE: Caryn Wiersma

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Caryn Wiersma, a Board of Nursing referral, is not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Wiersma produced a dilute urinalysis result on November 12, 2009 that was failed by our Medical Review Officer. In addition, Ms. Wiersma failed to test when selected on November 19, 2009. Ms Wiersma was aware she was selected to test on the 19th, however, she stated she forgot.

Ms. Wiersma has signed PRN contracts on: June 30, 2003 and September 1, 2004. Her current contract was signed on February 21, 2006. Ms. Wiersma’s current 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 5) Random urinalysis/drug testing.

Ms. Wiersma did sign a contract extension on August 1, 2008 that extends her current PRN contract until her limited license expiration date of July 17, 2011.

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: Caryn Wiersma
Caryn Wiersma  
488 D Street #7  
Idaho Falls ID 83402  

Dear Ms. Wiersma:

During their meeting on April 16, 2010, in addition to a review of your file and the history provided by the Program Coordinator, specifically with regards to your compliance with conditions since the January 15, 2010 meeting of the Committee, the Committee members made the following recommendations:

That you continue to be monitored by the Program for Recovering Nurses for compliance with all requirements of your monitoring contract; and

Additionally Caryn, the Committee wished to express their thanks for being diligent in complying with all requirements and to encourage you to continue to maintain total compliance as this is the only evidence that you are working your program.

Sincerely,

SANDRA EVANS, MAEd, RN  
Executive Director

SE:lhc  
cc: PRN Program

The Mission of the Board of Nursing is to regulate nursing practice and education for the purpose of safeguarding the public health, safety and welfare.
August 13, 2010

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

RE: Caryn Wiersma

Dear Ms. Evans,

This letter is being sent to notify you that Ms. Caryn Wiersma, a Board of Nursing referral, is currently not in compliance with her Program for Recovering Nurses (PRN) contract. Ms. Wiersma has produced a positive UA for ethylglucuronide (EtG) and ethyl sulfate (EtS) on August 6, 2010. Ms. Wiersma admits that she “had consumed beer prior to this test”. This test has been failed by our Medical Review Officer.

Ms. Wiersma’s current contract with PRN was signed on February 21, 2006 and was extended to July 17, 2011 following her last relapse on alcohol on April 20, 2008. Her contract requirements include, but are not limited to, the following: 1) attend three 12-Step meetings per week, 2) attend weekly face-to-face meetings with her sponsor, 3) attend weekly Health Professionals support group, and 4) random urinalysis/drug testing.

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

Sincerely,

Ashley Gochenour
Senior Compliance Monitor
Southworth Associates

Cc: Caryn Wiersma
JoAnn Mitchell
Montana Nurses Assistance Program

The Program for Recovering Nurses: Protecting the public safety, health and welfare by assisting nurses in their recovery and return to safe practice.
BEFORE THE BOARD OF NURSING, STATE OF IDAHO

In the Matter of  

Caryn Wiersma 

License No. N-17922

ORDER OF
SUMMARY SUSPENSION
OF LIMITED LICENSURE

CASE No: 03-001

This Order serves to officially notify you that your limited license, number N-19573, 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 Program for Recovering Nurses (PRN) Monitoring Contract signed February 21, 2006, by

   a. Testing positive on August 6, 2010, for ethylglucuronide (EtG) and ethyl sulfate (EtS), and admitting via e-mail on August 16, 2010, to drinking alcohol.

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 22, 2010) 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 (November 4-5, 2010). 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 ___23rd___ day of ___August___, 2010.

SANDRA EVANS, MAEd, RN
Executive Director

Exhibit P
Page 1 of 2
CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 25th day of August, 2010, 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

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

Caryn Wiersma  
488 D Street #7  
Idaho Falls, ID 83402

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

Linda H. Coley,  
Management Assistant  
Board of Nursing
TO: SANDRA EVANS, MAEd, RN  
Executive Director  
Idaho Board of Nursing

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

DATE: October 22, 2010

The file of Caryn Wiersma was reviewed at the Advisory Committee meeting on October 22, 2010, and found to be in non-compliance of recommendations because of the following:

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

The Committee made the following recommendation(s):

Refer to Board for disciplinary action.

File reviewed by Executive Director:

Signature _______________________________  Date ________________

Action Recommended to Board: Recommend license revocation for repeated relapse/non-compliance behavior

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.
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage $ 11/8/10
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees $

Send To
CARYN WIERSMA
11547 S SACRAMENTO DR
MERRIONETTE PK, IL. 60803

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

1. Article Addressed to:
CARYN WIERSMA
11547 S SACRAMENTO DR
MERRIONETTE PK, IL. 60803

2. Article Number
(Transfer from service label)
70033020600014130866

3. Service Type
□ Certified Mail □ Express Mail
□ Registered □ Return Receipt for Merchandise
□ Insured Mail □ C.O.D.

4. Restricted Delivery? (Extra Fee) □ Yes

A. Signature
B. Received by (Printed Name)
C. Date of Delivery

'10 NOV 18 AM 9:54

D. Is delivery address different from item 1?
□ Yes If YES, enter delivery address below:
□ No

Complete this section on delivery

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 11/8/10
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.