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

LISA WILMOT
N-27346
BEFORE THE BOARD OF NURSING

STATE OF IDAHO

In the Matter of: Lisa La-Reine Haith Wilmot
License No. N-27346, Respondent.

Case No. 02-046

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER

Having reviewed the documents and correspondence contained in the administrative file in this matter, the Idaho Board of Nursing (hereinafter the "Board") hereby enters the following Findings of Fact, Conclusions of Law, and Final Order:

FINDINGS OF FACT

1. Respondent Lisa La-Reine Wilmot ("Respondent") is a duly licensed nurse in the State of Idaho holding License No. N-27346.

2. On or about July 22, 2002, the Board received a written complaint from two anonymous persons that Respondent had overdosed on pills, had a recent suicide attempt, and had appeared intoxicated on more than one occasion. On or about July 24, 2002, Respondent telephoned the Board office to state that she was being discharged from Intermountain Hospital. At that time, Respondent was requested to obtain a drug/alcohol evaluation. A true and correct copy of the complaint is attached hereto as Exhibit 1.

3. On or about October 1, 2002, Respondent voluntarily surrendered her license, admitting to violations of the Nursing Practice Act. A true and correct copy of the voluntary surrender form signed by Respondent is attached hereto as Exhibit 2.


5. On or about February 11, 2003, the Program Coordinator submitted a letter of support for the issuance of a limited license to practice nursing. The limited license was issued on February 14, 2003, to expire February 14, 2008. A true and correct copy of the Limited License is attached hereto as Exhibit 3.
6. On or about March 24, 2003, the Program Coordinator submitted a letter of non-compliance for failure to meet the terms of the contract regarding urine drug screening. A true and correct copy of the Letter of Non-Compliance is attached hereto as Exhibit 4.

7. On or about April 8, 2003, a Notice of Termination of Limited License was issued for failure to comply with terms and conditions of limited licensure. A true and correct copy of the Notice of Termination is attached hereto as Exhibit 5.

8. Following their regular meeting on April 25, 2003, the PRN Advisory Committee issued a Report of Non-Compliance for failure to maintain full compliance with terms of the Contract for Monitoring. A true and correct copy of the Report of Non-Compliance is attached hereto as Exhibit 6.

9. Respondent knowingly and freely waived her right to a hearing, and waived all rights granted to Respondent pursuant to the Administrative Procedures Act, chapter 52, title 67, Idaho Code.

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, and the rules and regulations promulgated by the Board thereunder.

2. The allegations in the complaint, if proven, would constitute violations of the Nursing Practice Act and Rules and constitute grounds for revocation or suspension of Respondent’s license to practice nursing pursuant to Idaho Code § 54-1413(1)(e), and IDAPA 23.01.01.100.06.

3. Respondent’s voluntary surrender of licensure authorizes the Board to revoke or suspend Respondent’s license without further process pursuant to Idaho Code § 54-1413(3).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, based upon the foregoing Findings of Fact and Conclusions of Law, and good cause being shown, that Nursing License No. N-27346 issued to Respondent Lisa La-Reine Wilmot is

XX Revoked

Suspended ____ days/year(s) ____ indefinitely

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 2
based upon voluntary surrender, and is subject to subsequent review pursuant to Idaho Code § 54-1413(4).

It is further ordered that, should Respondent request reinstatement of licensure in the future, that she present the following information to the Board with her application for reinstatement:

1. Evidence of abstinence from the use of non-medically prescribed drugs and alcohol;
2. Documentation that she is rehabilitated and competent to practice nursing by submitting:
   a. A comprehensive drug/alcohol evaluation completed by a qualified health care provider at the time of application for reinstatement;
   b. A detailed summary of employment since licensure revocation or suspension; and
   c. Documentation of activities engaged in to address drug/alcohol issues, to include documentation of an active recovery program.
   d. Evidence of financial compliance with NCPS and the PRN program.

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

This order is effective immediately.

DATED this 8TH day of MAY, 2003.

IDAHO BOARD OF NURSING

By Charles Moseley, CRNA
Chair

FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL ORDER - 3
NOTICE OF AVAILABLE RIGHTS

If respondent’s license was revoked, then pursuant to Board Rule 120.06, Respondent may not apply to the Board for reinstatement for two (2) years after the date of execution of this Order unless the Order specifies otherwise. At the time of application, the Board may conduct further evidentiary hearings pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

If respondent’s license was suspended Respondent may apply to the Board within a reasonable time after the execution of this Order, or as specified by the term of suspension. At the time of application, the Board may conduct further evidentiary hearings pursuant to Board Rule 120 to determine whether to deny reinstatement, grant a reinstatement, or issue a license permitting the applicant to practice nursing under specified terms and conditions.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 12TH day of MAY, 2003, I caused to be served a true and correct copy of the foregoing FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER addressed as follows:

Lisa Wilmot
637 W 350 N
Blackfoot ID 83221

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

Sandra Evans, M.A.Ed., R.N.
Executive Director
July 22, 2002

Idaho Board of Nursing
280 N 8
Boise, ID 83702

R/G Investigation of Lisa L. Wilmot, 315 Clifford, Blackfoot, ID 83221

Dear Board of Nursing:

I am writing you with concerns regarding a Registered Nurse, Lisa Wilmot, who reside at 315 Clifford, Blackfoot, ID 83221. She is employed at Bingham Memorial Extended Care Facility. I live in the same neighborhood as Lisa does, and in the past couple of weeks I have witnessed police officers at her residence on a weekly basis of two or three times. Lisa has 2 boys living with her which she leaves unattended and out of control for days, and we as neighbors have heard screaming at the top of their lungs, fighting, filthy language being used by all parties, the boys during the times left unattended have several friends over and are obnoxious and very disrespectful.

Then last weekend the officers again at the residence, we found out that Lisa had taken an overdose of pills, which that itself is alarming, but we have witnessed several nights where Lisa is intoxicated. How can a nurse be responsible to her patients and others when she has little or no responsibility to her children or herself? I hope after receiving this letter that you become as concerned as I and my family are for all parties involved.

Sincerely Yours

A Concerned Neighbor
Idaho Board of Nursing
Attn Linda
Reference: Lisa L Wilmot, 319 Clifford, Blackfoot, ID 83221
Employed at Bingham Memorial Extended Care Facility

Dear Linda:

I wanted to bring to your attention the recent suicide attempt of Lisa L Wilmot, and that this is her second time doing so while being employed at Bingham Memorial. Also that she has been banned from Blackfoot Medical Clinic, because of confidentiality violation. Lisa got into her ex-husband new wife's minor child medical & counseling file to acquire information to use against them in a custody battle with her ex-husband and their children. She excessively misses work, and about a month ago she took off a week for personal reasons that she later disclosed, she had to dry up again for alcohol!! How many chances does one individual deserve when others pay the price for the mistakes and bad choices!! I strongly feel that she has made her selfish decisions and must learn to accept consequences, and stop punishing and blaming others for her decisions!!

A FED UP CO-WORKER
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, LISA WILMOT, 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-27346 and will immediately discontinue the practice of nursing in Idaho.

8. As required by Board of Nursing Rule 132, IDAPA 23.01.01.132.04, I agree to enter treatment immediately, to participate in a monitoring program and to resume the practice of nursing only at such time as a conditional limited license has been issued to me.

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

DATED: 04/1/02

2001-2003

State of Idaho
Board of Nursing
License Number N-27346

This is to certify that:

LISA WILMOT
460 N BROADWAY #3
BLACKFOOT, ID 83221

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

Lisa Wilmot
Valid when signed by licensee.

Signature of Licensee
1037 W. 350 N
Address Blackfoot, ID 83221
City, State, Zip

Signature of Witness

EXHIBIT NO: 2
RULE 132.04.
VOLUNTARY SURRENDER OF LICENSE

I, LISA WILMOT, by affixing my signature hereto, acknowledge that:

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

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State of Idaho
Board of Nursing

This is to certify that:

LISA WILMOT
450 N BROADWAY #3
BLACKFOOT, ID 83221
has complied with the requirements of the law and is entitled to practice as a LICENSED PROFESSIONAL NURSE (RN)

Signature of Licensee

Signature of Witness

EXHIBIT NO: 2
Idaho Board of Nursing
LIMITED LICENSE
N-27346

Lisa Wilmot
637 West 350 North
Blackfoot ID 83221

Failure to comply with stipulated terms may result in withdrawal and disciplinary action.

Expires: 02/14/08
VALID ONLY IN IDAHO

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<td>DATE ISSUED</td>
<td>02/14/02</td>
</tr>
<tr>
<td>BY</td>
<td>NED</td>
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EXHIBIT NO: 3
March 21, 2003

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

RE: Lisa Wilmot

Dear Ms. Evans,

This letter is being sent to notify you that Lisa Wilmot, a Board of Nursing referral, has become non-compliant with her PRN contract due to a positive urinalysis test, and we feel we must report this to the Board of Nursing. Ms. Wilmot signed a contract with PRN on September 27, 2002. Ms. Wilmot’s contract requirements included the following, 1) Attend and complete Relapse Prevention, 2) attend 90/90 then 2-3 12-Step meetings per week, 3) random UA/drug testing, and 4) weekly attendance at the Health Professionals Support Group in Idaho Falls.

Ms. Wilmot reported for her urine test on March 17, 2003 without possessing a chain of custody form from NCPS, which is required to test. Ms. Wilmot then had the results forwarded to our office. The March 17th test was positive for opiates. Ms. Wilmot did have a valid prescription for Phenergan with Codeine issued on March 10th. It is possible that this medication may have caused her positive result. However, the Medical Review Officer (MRO) is not able to review this test result because the proper chain of custody form was not used. Therefore, the PRN is not able to determine whether or not the positive test should be treated as a relapse. Because of the above information we feel Ms. Wilmot must be turned over to the Board of Nursing.

As of today’s date, PRN has terminated Ms. Wilmot’s contract.

If you have any questions or concerns, please feel free to contact me or Lori Barnes, PRN Compliance Monitor.

Sincerely,

John Southworth, CADC
PRN Coordinator
(208) 891-4726 cellular
(800) 386-1695 toll free

JS: lkb

cc: Lisa Wilmot
    Julie Reno
PRN

PROGRAM FOR RECOVERING NURSES

An Alternative to Disciplinary Action Program offered by the Idaho Board of Nursing.

Contract Addendum

I, Lisa Wilmes, understand that the Program for Recovering Nurses have given me a second chance to work my recovery program. I understand that if I become non-compliant with my PRN contract requirements again, the PRN will have no choice but to refer my case back to the Board of Nursing. I also understand that I am starting over in regards to returning to work as a nurse due to my recent relapse.

Signed: Lisa Wilmes  Date: 11/24/02

Witnessed:  Date:

RECEIVED

5530 West Emerald—Boise Idaho 83706

Office: (208) 323-9555—Fax: (208) 323-9222—Toll free: (800) 386-1695—Cellular: (208) 891-4726
BINGHAM MEMORIAL HOSPITAL
99 POPULAR STREET
BLACKFOOT, ID 83221

---PATIENT NAME--- SEX AGE BIRTH- DT ADMIT M/K# PHYSICIAN 169956 O/P
WILMOT LISA F 36 10/17/66 3/17/03 021157 D M H ROOM:
PAT. PHONE: 2087556043

================================================================================================================
---PROCEDURE--- DRUG SCREEN CHAIN OF CUSTODY PRE-EMPLOY ORDER # 09104
---ORDERED-- --COLLECTED-- --REC'D-- --RESULTED-- --VERIFIED---
3/17/03 0726 3/17/03 0726 3/17/03 0726 3/20/03 0641 3/17/03 0833
WKK WKK WKK SDW WNM
================================================================================================================
URINE DRUG SCREEN

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<td>BARBITURATES</td>
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<td>BENZODIAZEPIN</td>
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<td>CANNABINOIDS</td>
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<td>COCAINE</td>
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<tr>
<td>OPIATES</td>
<td>POSITIVE</td>
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<td>COMMENT:</td>
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<td>PCP/PFX</td>
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<td>PH</td>
<td>ACCEPT</td>
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<tr>
<td>NITRITE</td>
<td>ACCEPT</td>
<td>(NORMAL: ACCEPTABLE)</td>
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DRUG SCREEN NOTE

If Temperature, Specific Gravity, PH, or Nitrite is unacceptable, sample may have been adulterated.
**DRUGS OF ABUSE SCREEN**

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<th>Confirmation Threshold</th>
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<tr>
<td>AMPHETAMINES</td>
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</tr>
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<td>300 ng/ml</td>
<td>300 ng/ml</td>
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<tr>
<td>COCAINE METABOLITE</td>
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<tr>
<td>OPIATES</td>
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<tr>
<td>PHENCYCLOPINE (PCP)</td>
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<tr>
<td>MARIJUANA (THC) METABOLITE</td>
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**INITIAL TESTING WAS PERFORMED BY MEDTOX SCIENTIFIC NON-INSTRUMENTED SCREENING TECHNOLOGY (PROFILE II) AT THE SITE LISTED BELOW. ANY POSITIVE RESULTS HAVE BEEN RESCREENED BY IMMUNOASSAY AND CONFIRMED BY GC/MS AT MEDTOX LABORATORIES, INC. IN ST. PAUL, MINNESOTA. TESTING CUT-OFFS ARE AS FOLLOWS:**

**DRUG SCREENING THRESHOLD CONFIRMATION THRESHOLD**

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<td>MARIJUANA (THC) METABOLITE</td>
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</table>

**ALTERNATE EXPLANATIONS SHOULD BE EXPLORED FOR ANY POSITIVE RESULT:**

**OPIATES, GC/MS CONFIRMATION**

**CODEINE**

Certified by: GORDON, CHRISTIE

*Final Report*

Collected at 2087054100 MEDTOX collection site #5723
BINGHAM MEMORIAL HOSPITAL
BLACKFOOT, ID
FAMILY PRACTICE
1444 PRIMARY DRIVE
BLACKFOOT, ID 83221
PHONE: 208-789-9245
BLACKFOOT MEDICAL CLINIC, INC.
TOTAL P:

Rx: # 420 MT
PRESCRIPTION VC CODEINE: 1 TS P every 4 hours
RX: PRESCRIPTION VC CODEINE

Ref: 36
BLACKFOOT, ID 83221
NO 67Y N 5SO NO
FOR: LISA WILKINSON
Ref: 36

Rx: # 420 MT
PRESCRIPTION VC CODEINE: 1 TS P every 4 hours
RX: PRESCRIPTION VC CODEINE

Ref: 36
BLACKFOOT, ID 83221
NO 67Y N 5SO NO
FOR: LISA WILKINSON

Prescribed by: LISA WILKINSON

Date: 03/10/03

Lisa Wilkison

Dear Patient,

Due to the United States' long history of opioid addiction, it is critical that we carefully monitor and prescribe pain medications to ensure their safe and effective use.

Please refer to the enclosed patient education materials for additional information on the use and safe disposal of medications.

Yours truly,

Lisa Wilkison

(Date)

3/11/03
BOARD OF NURSING — State of Idaho

PO Box 83720 (Mailing) 280 North 8th Street, Suite 210
Boise, Idaho 83720-0061
(208) 334-3110
Fax (208) 334-3262
TDD - 1-800-377-3529

Lisa Wilmot
637 West 350 North
Blackfoot ID 83221

Dear Ms. Wilmot:

NOTICE OF TERMINATION OF LIMITED LICENSE

You are hereby notified that the limited license, number N-27346, 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 due to failure to comply with the terms and conditions of limited licensure, by:

a. Termination from the Program for Recovering Nurses due to failure to meet the terms of contract for urine drug screening.

Your file will be referred to the Advisory Committee of the Program for Recovering Nurses at their next meeting, April 25, 2003. 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 11, 2003, 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 revocation.

Dated: April 8, 2003

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

OFFICIAL USE

4/8/03 + Surface

Postage $  
Certified Fee  
Return Receipt Fee  
Restricted Delivery Fee  

Total Fee  

Sent To: LISA WILMOT  
637 W 350 N  
BLACKFOOT ID 83221  

PS Form 3811, August 2001 Domestic Return Receipt 102895-02-M-1640

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: LISA WILMOT 637 W 350 N BLACKFOOT ID 83221

COMPLETE THIS SECTION ON DELIVERY

A. Signature X  
B. Received by (Printed Name)  
C. Date of Delivery 4/10/03

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

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

4. Restricted Delivery? (Extra Fee)  
   - Yes

PS Form 3811, May 2000
TO: SANDRA EVANS, MAEd, RN
   Executive Director
   Idaho Board of Nursing

FROM: Karen Ellis, RN, Chairperson
       Program for Recovering Nurses

DATE: April 25, 2003

The file of Lisa Wilmot was reviewed at the Advisory Committee meeting on April 25, 2003, and found to be in non-compliance of recommendations because of the following:

   Failed 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: 5-5-03]

Action Recommended to Board: Revoke, based on voluntary surrender

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.
<table>
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<th>SENDER: COMPLETE THIS SECTION</th>
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<td>A. Signature [Signature]</td>
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<tr>
<td>■ Print your name and address on the reverse so that we can return the card to you.</td>
<td>□ Agent</td>
</tr>
<tr>
<td>■ Attach this card to the back of the mailpiece, or on the front if space permits.</td>
<td>□ Addresses</td>
</tr>
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<td></td>
<td>B. Received by (Printed Name) George Naith</td>
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PS Form 3811, August 2001

DOMESTIC RETURN RECEIPT

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

OFFICIAL USE

- Postage
- Certified Fee
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