STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOAR D OF NURSING

IN RE:	)	
MISTY RENEE GOMEZ	)	**Docket No. 2008-427 (NU53-1108)**
License No. 026.0037476	)	

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COME the State of Vermont, by and through State Prosecuting Attorney Edward G. Adrian, and the Respondent, Misty Renee Gomez, RN, who stipulate and agree as follows:

Board Authority

1. The Vermont State Board of Nursing (the "Board") has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. § 1582; the Administrative Rules of the Board of Nursing (the "ARBN"); and the Rules of the Office of Professional Regulation.

Statement of Facts

2. Misty Renee Gomez (the "Respondent") of Jeffersonville, Indiana is licensed by the State of Vermont as a Registered Nurse under license number 026.0037476. This license was originally issued on or about May 16, 2007 and lapsed on or about March 31, 2009. The Respondent voluntarily allowed this license to lapse. The Respondent has no intention at the present time of ever practicing in Vermont, nor has she ever practiced under this license or any other license in Vermont.

3. Respondent is licensed by the State of Kentucky as a Registered Nurse under license number 1099921 and as a Licensed Practical Nurse under license number 2035337. Respondent is also licensed by the State of Indiana as a Registered Nurse under license number 28162439A.

4. Upon information and belief, on or about August 31, 2006, Respondent was reprimanded by the Kentucky Board of Nursing (the "Kentucky Board") for substandard or inadequate patient care.

5. On or about August 2, 2007 in an Order for Chemical Dependency Evaluation, the Kentucky Board ordered Respondent to submit to a chemical dependency evaluation

after it was reported to the Kentucky Board that Respondent was suspended by her nursing employer pending the outcome of an investigation regarding Respondent being under the influence of alcohol while on duty. Attachment A.

6. On or about October 10, 2007 in an Order of Immediate Temporary Suspension, the Kentucky Board ordered the immediate temporary suspension of Respondent's license to practice as a Registered Nurse in Kentucky after Respondent failed to submit to the chemical dependency evaluation described above in ¶5. Attachment B.

7. On or about October 16, 2008 in a Findings of Fact, Conclusions of Law and Order, the Indiana Board of Nursing (the "Indiana Board") indefinitely suspended Respondent's license to practice as a Registered Nurse in Indiana. Attachment C. This discipline was due in part to the disciplinary action taken by the Kentucky Board, as well as the Indiana Board's finding that Respondent continued to practice as a nurse despite Respondent becoming unfit to practice due to alcohol dependency. Attachment C.

8. On or about October 30, 2008 in a Kentucky Alternative Recovery Effort ("KARE") for Nurses Program Agreement, the Respondent agreed to practice in the State of Kentucky under chemical dependency conditions on her Kentucky nursing license for a minimum of five (5) years. Attachment D. Within this agreement, Respondent admitted that she was a chemically dependent individual. Attachment D.

9. On or about November 3, 2008 in a letter to the Board, Respondent alerted the Board to the discipline taken on her Kentucky and Indiana licenses. Respondent indicated her current sobriety date is November 4, 2007.

Charges

10. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of:

    a. 26 V.S.A. § 1582(a)(3) (Is unable to practice nursing competently by reason of any cause) which includes performance of unsafe or unacceptable patient care and failure to conform to the essential standards of acceptable and prevailing practice pursuant to ARBN Chapter 4, Subchapter 4, Rule II(B)(1) and (2);

    b. 26 V.S.A. § 1582(a)(5) (Is habitually intemperate or is addicted to the use of habit-forming drugs);

    c. 3 V.S.A. § 129a(b)(1) and (2) (Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (1) performance of unsafe or

unacceptable patient or client care; or (2) failure to conform to the essential standards of acceptable and prevailing practice); and

d. 3 V.S.A. § 129a(a)(3) (Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession).

Understandings

11. Respondent admits that the facts above are true and that the conditions below are necessary to protect the public.

12. Respondent understands that the Nursing Board must review and accept the terms of the Consent Order. If the Board rejects any portion, the entire Stipulation and Consent Order shall be null and void.

13. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement have prejudiced her rights to a fair and impartial hearing in future hearings if this agreement is not accepted by the Board.

14. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.

15. Respondent is not under the influence of any drugs or alcohol at the time she signs this Stipulation and Consent Order.

16. Respondent voluntarily enters into this agreement after the opportunity to consult with legal counsel and is not being coerced by anyone into signing this Stipulation and Consent Order.

17. Respondent voluntarily waives her right to a contested hearing before the Board of Nursing and waives any right to appeal from this Stipulation and Consent Order.

18. Respondent agrees that the Order set forth below may be entered by the Board.

ORDER

Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:

A. The Board of Nursing hereby **INDEFINITELY SUSPENDS** the Respondent's license to practice nursing **from the date of entry below**. Before applying for reinstatement, Respondent must submit to the Board evidence of satisfactory completion of the KARE Program.

B. Notwithstanding any provision above, the Respondent must continue to meet all Nursing Board requirements for maintaining a license, license renewal and license reinstatement.

C. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).

D. This Stipulation and Consent Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

AGREED TO:

Dated: 10/24/09

STATE OF VERMONT
SECRETARY OF STATE

By: _____
Edward G. Adrian
State Prosecuting Attorney

MISTY RENEE GOMEZ
RESPONDENT

Dated: 9/24/09

By: _____
Misty Renee Gomez

APPROVED AS TO FORM:

Dated: 10/30/09

ATTORNEY FOR RESPONDENT

By: _____
J. Fox DeMoisey, Esq.

APPROVED AND SO ORDERED:

Dated: 12-14-09

VERMONT BOARD OF NURSING

By: _____
Chairperson

Date of Entry: 12/17/09

nu.gomez.stip2

COMMONWEALTH OF KENTUCKY
BOARD OF NURSING
Case Number: 2008-66

In The Matter Of: **Misty Renee White Gomez**
License Number: 1099921 & 2035337 (Lapsed)
203 Savannah Nicole Rd
Jeffersonville IN 47130

ORDER FOR CHEMICAL DEPENDENCY EVALUATION

Pursuant to KRS 314.085, you are hereby ORDERED to submit to a chemical dependency evaluation. This evaluation shall be conducted by a specialist in the field of chemical dependency, such as a physician addictionologist, psychologist, Advanced Registered Nurse Practitioner, or a Certified Alcohol and Drug Counselor.

Furthermore, it is ORDERED that prior to conducting the required evaluation, you shall have the evaluator contact Ms. Sandra Johanson, Manager, Consumer Protection Branch, Kentucky Board of Nursing, at (502) 429-3308 in order to verify the evaluator's credentials and to discuss the basis for the evaluation.

It is also ORDERED that you shall cause the original of the chemical dependency evaluation to be submitted to the offices of the Kentucky Board of Nursing, 312 Whittington Parkway, Louisville, Kentucky 40222, **Attention Ms. Sandra Johanson, within 30 days of the date of this Order, or by no later than September 3, 2007.**

Pursuant to KRS 314.085 (2), every licensee or applicant for licensure with the Kentucky Board of Nursing is deemed to have consented to submit to a chemical dependency evaluation when ordered, and is deemed to have waived any objections on the grounds of privileged communication. You are hereby required to specifically authorize the chemical dependency evaluator to submit the evaluation directly to the Kentucky Board of Nursing and to communicate with the Kentucky Board of Nursing regarding the evaluation.

Pursuant to KRS 314.085 (3), the licensee or applicant for licensure with the Kentucky Board of Nursing shall bear the cost of any mental health, chemical dependency, or physical evaluation ordered by the Board.

Attachment A

Pursuant to KRS 314.085(2), the basis for this Order is that it has been reported to the Board office by Favorite Healthcare Staffing in Overland Park, Kansas that you were suspended from employment pending the outcome of an investigation regarding your being under the influence of alcohol while on duty, 1st offense. This conduct constitutes a reasonable belief that you are unable to practice nursing with reasonable skill and safety.

Failure to comply with this ORDER shall result in the initiation of an action for Immediate Temporary Suspension of your nursing license or a denial of your application for licensure, pursuant to KRS 314.085(1) and KRS 314.089.

Entered this 2nd day of August, 2007.

Charlotte F. Beason, Ed., D., RN, CNAA
Executive Director

Certificate Of Mailing

This is to certify that the foregoing ORDER was mailed to Misty Renee White Gomez, 203 Savannah Nicole Rd, Jeffersonville IN 47130, the licensees' address of record pursuant to KRS 314.107, via certified U.S. Mail, postage pre-paid, return receipt requested, on this 2nd day of August, 2007.

Consumer Protection Branch
Kentucky Board of Nursing

COMMONWEALTH OF KENTUCKY
BOARD OF NURSING
Case Number: 2008-66

In The Matter Of: MISTY RENEE WHITE GOMEZ
RN License No. 1099921
LPN License No. 2035337 (Lapsed 10/31/2003)
203 Savannah Nichole Rd.
Jeffersonville, IN 47130

ORDER OF IMMEDIATE TEMPORARY SUSPENSION

Pursuant to KRS 314.085(1), the Kentucky Board of Nursing hereby issues the following Order for the immediate temporary suspension of the license of Misty Renee White Gomez, hereinafter referred to as the Respondent, to practice as a Registered Nurse in the Commonwealth of Kentucky. Pursuant to the above-sited statute, the basis for this Order is as follows:

1. The Respondent is a Registered Nurse, licensed by the Kentucky Board of Nursing, license number 1099921 and a Licensed Practical Nurse license number 2035337 having lapsed October 31, 2003, and, as such, the Kentucky Board of Nursing has jurisdiction in this matter pursuant to KRS Chapter 314.

2. On or about July 23, 2007, Favorite Healthcare Staffing, Inc., Overland Park, Kansas, reported that Respondent was suspended from employment as a registered nurse after it was reported by Parkway Medical Center, Louisville, Kentucky, that Respondent smelled of alcohol on duty on July 14, 2007. Respondent submitted to an alcohol screening that was confirmed positive for alcohol.

3. The Kentucky Board of Nursing, pursuant to KRS 314.085, issued an Order for a Chemical Dependency Evaluation on August 2, 2007, serving same upon the Respondent at her address of record pursuant to KRS 314.107 by certified U.S. mail. The

Attachment B

Postal Form 3811 "green card" was signed by the Respondent and returned to the Board on August 9, 2007. The evaluation was due in the Board office on or before September 3, 2007.

5. As of the date of this Order, the Respondent has failed to provide the Kentucky Board of Nursing with the required Chemical Dependency Evaluation, and is in violation of said order. This constitutes a violation of KRS 314.091(1)(d) and (k).

The Respondent is hereby ORDERED to CEASE AND DESIST from the practice of nursing effective immediately. Any such practice after the date of this Order shall constitute grounds for further disciplinary action. **The Respondent's RN license is immediately suspended on a temporary basis.** The Respondent must return her Kentucky nursing license to the Kentucky Board of Nursing immediately upon receipt of this Order.

Pursuant to KRS 13B.125(3), the Respondent may request a Hearing in regard to this Order. Any such request must be in writing and sent to the attention of the Hearing Officer, Kentucky Board of Nursing, Suite 300, 312 Whittington Parkway, Louisville, Kentucky 40222. A request for a Hearing does not stay the effect of this Order.

This 10th day of October 2007.

Charlotte F. Beason, Ed.D., RN, CNAA
Executive Director
Kentucky Board of Nursing

BEFORE THE INDIANA STATE
BOARD OF NURSING
CAUSE NUMBER: 2008-ND-051

IN THE MATTER OF THE LICENSE OF)
)
MISTY RENEE WHITE GOMEZ, R.N.,)
)
LICENSE NO: 28162439A)

FILED
OCT 16 2008
Indiana Professional Licensing Agency

FINDINGS OF FACT, CONCLUSION OF LAW AND ORDER

The Indiana State Board of Nursing ("Board") held an administrative hearing on September 18, 2008 in the Auditorium of the Conference Center, Indiana Government Center South 302 West Washington Street, Indianapolis, Indiana, concerning an Administrative Complaint filed against the Indiana nursing license of Misty Renee White Gomez, R.N. ("Respondent") by the State of Indiana on July 24, 2008.

The State of Indiana was represented by Deputy Attorney General Laura E. Wilford. The Respondent appeared in person without counsel.

The Board, after considering the evidence presented and taking official notice of its file in this matter, by a vote of 6-0-0, issues the following Findings of Fact, Conclusion of Law and Order:

FINDINGS OF FACT

1. The Respondent's address on file with the Indiana Professional Licensing Agency is 203 Savannah Nicole Road, Jeffersonville, Indiana 47130 and she is a Registered Nurse in the State of Indiana, having been issued license number 28162439A in 2004. Respondent also holds Kentucky Registered Nurse license number 1099921 and Kentucky Licensed Practical Nurse license number 2035337.

2. On or around October 10, 2007, the Commonwealth of Kentucky Board of Nursing ("KYBON") issued an "Order of Immediate Temporary Suspension" on Respondent's

Attachment C

Kentucky nursing license. On or around July 14, 2007, Respondent reported to work as an agency nurse at Parkway Medical Center in Louisville, Kentucky with the smell of alcohol on her breath. An alcohol screening was positive for alcohol. On August 2, 2007, KYBON sent Respondent an Order for a Chemical Dependency Evaluation by certified mail. Respondent signed for delivery of the same on August 9, 2007; however, she failed to have the evaluation.

3. During the September 18, 2008 hearing, Respondent testified that she has a diagnosis of alcohol dependence and her date of sobriety is November 2007. Respondent provided documentation showing she had received treatment for substance use and was still pursuing recovery. She testified that she is almost ready to have her reinstatement hearing in Kentucky. She stated that she agrees that she should be monitored and would have contacted the Indiana monitoring program earlier; however, she was under the impression that she could not be monitored in both Indiana and Kentucky and so she was pursuing the Kentucky monitoring program. Respondent further testified that she was currently employed as a nurse in Indiana and while her patient knows about her alcohol dependence diagnosis and issues and Kentucky, she has not volunteered the information to her employer.

CONCLUSION OF LAW

Respondent's conduct constitutes a violation of Ind. Code § 25-1-9-4(a)(7), in that, Respondent has had disciplinary action taken against Respondent or Respondent's license to practice in any state or jurisdiction on grounds similar to those under this chapter, to wit: Ind. Code § 25-1-9-4(a)(4)(D), in that, Respondent has continued to practice although Respondent has become unfit to practice due to addition to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing Respondent's ability to practice safely.

ORDER

Based upon the above Findings of Fact, the Board issues the following Order:

1. Respondent's Indiana nursing license is placed in INDEFINITE SUSPENSION.

2. Prior to petitioning for reinstatement, Respondent shall submit proof to the Board that the suspension on her Kentucky nursing license has been lifted.

3. A violation of the Final Order or any non-compliance with the statutes or regulations regarding the practice of nursing may result in the State requesting an emergency suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

SO ORDERED, this 16 day of October, 2008.

INDIANA STATE BOARD OF NURSING

By: _____
Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Misty Renee White Gomez
203 Savannah Nicole Road
Jeffersonville, Indiana 47130
SENT CERTIFIED MAIL NO. 7002 0510 0002 5863 4148
RETURN RECEIPT REQUESTED.

Deputy Attorney General Laura E. Wilford
OFFICE OF THE INDIANA ATTORNEY GENERAL
Indiana Government Center South
302 West Washington Street, Fifth Floor
Indianapolis, IN 46204-2770

Misty Renee White Gomez
License No: RN# 1099921; LPN# 2035337 (Lapsed)
Case No: 2008-55

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222
(502) 429-3300 or (800) 305-2042

KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE)
FOR NURSES PROGRAM AGREEMENT

The Kentucky Board of Nursing, by and through the Kentucky Alternative Recovery Effort (KARE) for Nurses (the "Program") and Misty Renee White Gomez, (the "Participant") hereby enter into this Program Agreement on this 30th day of October 2008.

GENERAL PROVISIONS

1. The Participant admits to being a chemically dependent individual. The Participant further agrees that the Participant's actions as a result of this impairment may constitute a violation of Kentucky Revised Statute (KRS) 314-and could be grounds for disciplinary action by the Kentucky Board of Nursing.

2. This Program Agreement supercedes and replaces the agreement signed by the Participant on October 10, 2008.

3. The Participant agrees that this Program Agreement shall be for a term of not less than five (5) years.

4. The Participant agrees that, while a participant in the Program, they will maintain a current nursing license in the Commonwealth of Kentucky or have obtained a nursing license in a compact state. If the nursing license is lapsed, expired, suspended or surrendered, the Participant agrees to apply for reinstatement of the nursing license within six (6) months of the date of admission to the Program.

5. The Participant agrees to abide by all the terms set forth in this Program Agreement regardless of state of residency.

6. The Participant agrees to inform the Program, in writing, of a pending change to their state of residency.

7. The Participant agrees to not practice nursing in any other state that is a party to the Nurse Licensure Compact without prior written authorization from both the Board and the nursing regulatory authority in the state in which the Participant wishes to practice. The Participant, further, agrees that they will request prior written permission of the Kentucky Board of Nursing to transfer to the other state's alternative to discipline/monitoring program. If such permission is granted, the Participant will notify the nursing regulatory authority and its respective alternative to discipline/monitoring program.

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Gomez
Misty Renee White Gomez (Signature)

10/30/08
(Date)

Attachment D

8. The Participant agrees to provide the Program written documentation of acceptance into the other state's alternative to discipline/monitoring Program within seven (7) days of admission to that program.

9. The Participant agrees to be responsible for paying the costs of any physical or psychosocial assessment, chemical dependency treatment, random alcohol and drug testing, or any other costs incurred in complying with the Program Agreement.

10. The Participant agrees to provide any evaluation and treatment information, disclosure authorizations, and releases of liability as may be requested by the Program staff.

11. The Participant agrees to sign a waiver, which would allow the Program staff to communicate with the Participant's treatment providers, counselors, primary therapists, employee assistance program staff, employers, work site monitors, law enforcement officials, health professionals' support group facilitators, complainants, and others as applicable.

12. The Participant agrees to meet with Program staff in the Kentucky Board of Nursing Office or at designated locations as requested. Program staff shall determine the frequency and location of the meetings.

13. The Participant agrees to notify the Program staff in writing of any change of name, address, nursing employment/termination, arrest, pending charges, indictment and/or conviction within five (5) days of the event.

14. The Participant agrees to undergo and successfully complete chemical dependency treatment by a treatment provider approved by the Program staff.

15. The Participant agrees to undergo and successfully complete continuing care as recommended by the approved treatment provider.

16. The Participant agrees to undergo a mental health and/or chemical dependency evaluation at any time during the term of this Agreement at the written request of the Program staff.

17. The Participant agrees to comply with all requirements of the Program concerning random alcohol and drug testing including informing the drug screen program of any name change and/or address change. The Participant agrees to submit random body fluid samples for drug/alcohol testing utilizing the drug screen program designated by the Board and as requested by employer(s), KARE for Nurses program staff, or counselor(s). All testing will be at the Participant's expense. A GC/MS (Gas chromatography/mass spectrometry) or LC/MS (liquid chromatography/mass spectrometry) confirmed drug screen indicating the use of alcohol or any unprescribed mood-altering substance constitutes evidence of violation to the terms of this Agreement.

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Renee White Gomez (Signature) — 10/30/08 (Date)

18. The Participant agrees to remain free of alcohol, mood-altering substances including herbal preparations, over the counter medications containing alcohol and/or mood altering substances except for substances prescribed by a practitioner authorized by law to prescribe for a specific health condition. The Participant also agrees to abstain from all forms of alcohol including "non-alcoholic" beverages that contain any percentage of alcohol as identified on the label. The Participant agrees to abstain from eating any foods containing poppy seeds.

19. The Participant agrees to obey all federal, state, and local laws and administrative regulations.

NOTIFICATION OF PARTICIPATION IN KARE FOR NURSES PROGRAM

20. The Participant agrees to inform all treating health care practitioners including, but not limited to, physicians, advanced registered nurse practitioners, dentists, chiropractors, optometrists, physician assistants, naturopaths, herbalists, or alternative medicine practitioners of the Participant's chemical dependency and recovery status prior to receiving a prescription for any medication, mood altering substance, or herbal preparation.

21. The Participant agrees to provide all health care practitioners, treatment providers, counselors and primary therapists a copy of this Program Agreement and have each treatment provider, counselor and primary therapist to verify to the Program staff, in writing, that the Participant has provided them with a copy of the Program Agreement.

22. The Participant agrees to inform all potential nursing employers, including, but not limited to, nursing recruiters and HR staff, during the employment interview process of their participation in the KARE for Nurses Program.

23. The Participant will provide a copy of this Agreement to her immediate nursing manager and will have the manager acknowledge, in writing, that the Participant has provided them a copy of their Agreement. The acknowledgement shall be received by the Program staff no later than fourteen (14) days after a formal relationship has been established with the nursing employer. Further, the Participant shall have the nursing manager discuss the terms of this Agreement with Program staff. The nursing manager will verify that, if the participant is working overnight hours, continuous, on-site supervision will be provided by another nurse or physician.

24. The Participant agrees to provide all probation and/or parole officers, if applicable, a copy of this Program Agreement and have each probation and/or parole officer acknowledge to the Program staff, in writing within five (5) days of receipt of the Program Agreement that the Participant has provided them with a copy of the Program Agreement. The Participant further agrees to have probation and/or parole officers provide written reports to the Program at designated intervals.

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Renee White Gomez (Signature) — 10/30/08 (Date)

25. The Participant agrees to provide any school of nursing, if enrolled in such, a copy of this Program Agreement and shall have each school of nursing administrator acknowledge to the Program staff, in writing, that the Participant has provided the school of nursing with a copy of the Program Agreement. The acknowledgement shall be received by Program staff no later than fourteen (14) days after a formal relationship has been established with the school of nursing.

26. The Participant agrees to inform all other alternative to discipline/monitoring programs in which they may participate of their admission to this Program, if applicable. The Participant agrees to have all other alternative to discipline/monitoring program(s) in which they may participate verify in writing that the Participant has provided them with a copy of this Program Agreement. This verification shall be received by the Program staff within five (5) days of receipt of the Program Agreement.

12 STEP MEETING AND COUNSELING ATTENDANCE PROVISIONS

27. The Participant agrees to attend a minimum of three (3) twelve-step group meetings per week. The Participant must provide written verification of attendance at these meetings to the Program on a monthly basis.

28. The Participant agrees to attend a counselor/therapist facilitated health professionals meeting one (1) time per week, if available, until discharged by the treatment program. The Participant understands that the health professionals meeting may count as one (1) of the three (3) required weekly twelve step meetings. The Participant shall have the group facilitator verify attendance at the health professionals meeting on a form provided by the Program.

29. The Participant agrees to have at least twice weekly (2 times per week) contact with her sponsor.

REPORT PROVISIONS

30. The Participant shall verify attendance at Twelve (12) Step meetings by the signature of a group or meeting representative and shall submit the signatures to the Program staff on a monthly basis. A form shall be provided to the Participant for this purpose.

31. The Participant agrees to have written reports submitted, at designated intervals, to the Program by treatment providers, counselors or primary therapists until released from treatment and/or counseling. A form shall be provided to the Participant for this purpose. The Participant agrees to have by treatment providers, counselors or primary therapists provide written documentation verifying discharge from treatment and/or counseling.

32. The Participant agrees to have all nursing employers submit written work performance evaluations to the Program staff at designated intervals. A form shall be provided to the Participant for this purpose.

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Renee White Gomez (Signature) _____ 10/30/08 (Date)

33. The Participant agrees to submit a written personal report to the Program on a monthly basis, unless otherwise indicted by Program staff. A form shall be provided to the Participant for this purpose.

34. The Participant agrees to have written reports submitted, at designated intervals, by other alternative to discipline/monitoring program(s) in which they are participating verifying compliance with requirements of those programs, if applicable.

35. The Participant agrees to have the program of nursing administrator submit to the Program, at designated intervals, written verification of successful progression in the program of nursing, if applicable. A form shall be provided to the Participant for this purpose.

36. The Participant agrees to have written reports submitted, at designated intervals, by probation/parole officers verifying compliance with court-ordered monitoring, if applicable. A form shall be provided to the Participant for this purpose.

37. The Participant agrees to have their Twelve (12) Step Program sponsor submit written verification of twice weekly contact with the Participant to the Program at designated intervals.

TREATING PRACTITIONERS AND MEDICATION USE PROVISIONS

38. The Participant agrees to submit a list of all treating practitioners who are providing health care to her and are prescribing any medication for her use. The Participant shall report in writing to the Program any and all changes to that list.

39. The Participant agrees to provide to the Program staff a written list of all prescription and non-prescription drugs that she uses at the time of the execution of this Agreement. The Participant shall report in writing to the Program staff any and all changes to that list. A form shall be provided to the Participant for this purpose.

40. The Participant agrees that if the Participant is prescribed, recommended, or dispensed any medication by a practitioner, the Participant shall cause the practitioner to complete a Prescription Medication Report Form provided by the Program. The Prescription Medication Report Form shall be submitted by the practitioner to the Program within five (5) days. As a result of the use of any substance prescribed, recommended or dispensed by a practitioner, the Program may require the Participant to consult a physician addictionologist. The Participant agrees to the consultation and further agrees to abide by any determination made by the physician addictionologist.

41. The Participant agrees that if Participant must take a substance prescribed or recommended by a practitioner, then the Participant shall provide the Program staff with written documentation from the practitioner that the use of the substance will not impair the Participant's ability to practice nursing in a safe and effective manner and will not interfere with the Participant's recovery program provided the substance is used in accordance with the practitioner's prescription or recommendation.

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Renee White Gomez (Signature) — 10/30/08 (Date)

NURSING PRACTICE LIMITATIONS AND EMPLOYMENT PROVISIONS

42. The Participant agrees to not be employed by a nurse registry, temporary nurse employment agency, or home health setting in a nursing position, which requires her to provide direct patient care.

43. The Participant agrees to not work overnight hours without continuous on-site supervision by another nurse or physician nor be scheduled to work more than eighty-eight (88) hours in a two (2) week period. The nursing position may be a full-time or part-time position but must require her to work at least thirty-two (32) hours per month.

44. The Participant agrees to not be employed in a supervisory or managerial nursing position for a period of at least three (3) years.

45. The Participant shall notify Program staff in writing and via telephone within forty-eight (48) hours of any negative work performance evaluation or warning, placement on probation by employer or termination from nursing position.

46. The Participant shall notify Program staff *prior* to the Participant accepting any change in employment status including, but not limited to, change in shift hours, unit or position. The Participant further agrees that she will provide written notification Program Staff of any changes in supervisor, employment or employer.

RELAPSE FROM SOBRIETY PROVISION

47. The Participant agrees to report any occurrence of a relapse to the Program staff and upon the request of the Program staff will agree to cease nursing practice until it is determined that the Participant is safe to return to nursing practice. The Participant also agrees to have a mental health and/or chemical dependency evaluation by a licensed or certified specialist in chemical dependency and agrees to follow any and all recommendations made by the licensed or certified specialist in chemical dependency.

PROGRAM TERMINATION PROVISIONS

48. The Participant understands that the submission of fraudulent documents or reports or the misrepresentation of facts relating to the requirements of this program will constitute a violation of this Agreement and may subject the Participant to termination from the Program.

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Renee White Gomez (Signature) — 10/30/08 (Date)

49. The Participant understands that an employer report of unsafe nursing practice, noncompliance with any of the nursing practice limitations agreed to by the Participant, a counselor or primary therapist report of noncompliance with the therapeutic plan of care, or a report of noncompliance with court ordered probation/parole, if applicable, constitutes a violation of this Agreement and may subject the Participant to termination from the Program.

50. The Participant understands that she shall be terminated from the Program for any cause as set out in 201 KAR 20:450. Termination from the Program by reason of that provision shall result in the immediate suspension (or denial of reinstatement if the nursing license has lapsed, expired, been surrendered or invalidated, or has been denied a nursing license in a compact state) of the nursing license, with notification by mail. The suspension/denial of reinstatement will begin on the date of the notification letter and will continue for a period of at least one (1) year. Implementation of the suspension/denial of reinstatement will result in a civil penalty of six hundred dollars ($600). The Participant understands that that this action is public information and can be disseminated according to the regulations of the Board, the Kentucky Open Records Act, and any other state or federal law as required. Reinstatement of the nursing license after such a suspension/denial of reinstatement will be in accordance with the Board's Guidelines for Reinstatement that may include, but not be limited to, similar terms and conditions as set out in the Program Agreement.

51. The Participant understands that she may request resignation in writing from the KARE for Nurses Program. Resignation from the KARE for Nurses Program will require the Participant to agree to voluntarily surrender her nursing license for a period of at least one (1) year. Implementation of the voluntary surrender will result in a civil penalty of six hundred dollars ($600). The Participant understands that that this action is public information and can be disseminated according to the regulations of the Board, the Kentucky Open Records Act, and any other state or federal law as required. Reinstatement of the nursing license after a voluntary surrender will be in accordance with the Board's Guidelines for Reinstatement that may include, but not be limited to, similar terms and conditions as set out in the Program Agreement.

52. The Participant understands that their privilege to practice as a nurse in the Commonwealth of Kentucky, if issued by the Board, shall be withdrawn upon termination or resignation from the Program.

53. The Participant agrees to comply with all terms and conditions specified in this Program Agreement, including any and all addendum(s) to this Agreement.

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Renee White Gomez (Signature) — 10/20/08 (Date)

54. The Participant agrees that she has read the applicable Administrative Regulation, 201 KAR 20:450, and this Program Agreement and understands the terms therein and further understands that she is bound by the provisions of the Administrative Regulation and the Program Agreement.

Misty Renee White Gomez — 10/30/08
Participant — Date

Paula S. Schenk — 10/30/08
Paula S. Schenk, MPH, RN — Date
Compliance Section Manager
Consumer Protection Branch

Notary Public, State-at-Large — 10/30/08
Date
My commission expires: August 25, 2011

I certify that I, Misty Renee White Gomez, understand the above provisions in the KARE for Nurses Program Agreement and will ensure compliance with all aspects of the above provisions.

Misty Renee White Gomez (Signature) — 10/30/08
(Date)