STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE:	)	
JOHN L. ROSKE	)	**Docket No. 2013-569**
License Nos. 026.0028058	)	

STIPULATION AND CONSENT ORDER

Now come the State of Vermont, by State Prosecuting Attorney Gabriel M. Gilman, and the respondent in this matter, John L. Roske, represented by Attorney Mary G. Kirkpatrick, who stipulate and agree as follows:

Board Authority

1. The Vermont Board of Nursing ("Board") has jurisdiction to investigate and adjudicate allegations of unprofessional conduct committed by Nurses pursuant to 3 V.S.A. §§ 129, 129a; 26 V.S.A. Chapter 28; the Administrative Rules of the Board of Nursing ("ARBN"); and the Rules of the Office of Professional Regulation.

2. The Board may "[d]iscipline any licensee ... who has had ... a license revoked, suspended, limited, conditioned, or otherwise disciplined by a licensing agency in another jurisdiction for conduct which would constitute unprofessional conduct in this state, or has surrendered a license while under investigation for unprofessional conduct." 3 V.S.A. § 129(a)(5).

Statement of Facts

3. John L. Roske ("Respondent") of Ashfield, Massachusetts, is licensed by the Board as a registered nurse under license number 026.0028058.

4. On or about September 3, 2013, Respondent entered into a Consent Agreement for Voluntary Surrender with the Massachusetts Board of Registration in Nursing, a copy of which is appended hereto as Exhibit A.

5. As part of that Consent Agreement, Respondent made the following admission:

> *The Licensee admits that while employed as an RN at Baystate Medical Center in Springfield, MA, on or about October and November, 2010, he removed from the Pyxis controlled substances that he did not document administering in the correct patient medication administration records and removed controlled substances for patients who had been discharged earlier in the day or were not in the Emergency Department at the times the medications were removed. In addition, the Licensee acknowledges that if the matter went to a hearing, the Board could find that he unlawfully possessed controlled substances*

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6. The conduct admitted in the Massachusetts Consent Agreement would constitute unprofessional conduct in this state.

7. Through his attorney, Respondent did timely and candidly advise the Vermont Board of the voluntary surrender in Massachusetts. Secondary confirmation arrived shortly thereafter in the form of a NURSYS Discipline Case Summary Report.

8. At the request of the investigative team assigned to this matter, Respondent completed a three-session independent evaluation with Richard W. Root, EdD, who concluded that adherence to a structured treatment plan would allow Respondent to safely perform the duties of a registered nurse.

Basis for Discipline

9. The facts and circumstances described above constitute unprofessional conduct under Vermont law pursuant to 26 V.S.A. § 1582(a)(7) (One commits unprofessional conduct if he "engages in conduct of a character likely to deceive, defraud, or harm the public," which includes "diverting supplies, equipment, or drugs for personal or other unauthorized use" pursuant to ARBN Rule 11.2(d)(4)) and therefore warrant reciprocal discipline pursuant to 3 V.S.A. § 129(a)(5).

Understandings

10. Respondent acknowledges that the facts above are true and that the conditions set out in the Consent Order below are appropriate and necessary to protect the public.

11. Respondent understands that the 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.

12. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement have prejudiced Respondent's rights to a fair and impartial hearing if this agreement is not accepted by the Board and proceeds to a contested hearing before the same hearing panel.

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

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

15. 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.

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16. Respondent voluntarily waives Respondent's right to a contested hearing before the Board and waives any right to appeal from this Stipulation and Consent Order.

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

CONSENT ORDER

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

A. Respondent's license is hereby **CONDITIONED FOR A MINIMUM OF THREE (3) YEARS** commencing with the date of reinstatement. The conditions will be as follows:

1. Re-issuance of License. Upon the commencement of these conditions, Respondent shall be issued a license labeled "conditioned."

2. Length of Time of Conditions Imposed. The conditions shall remain in place until Respondent has completed all conditions ordered. Respondent shall be subject to the conditions until Respondent completes **a minimum of three (3) years** of monitored nursing in which Respondent works at least forty (40) hours every two (2) weeks as a nurse. Part time hours of fewer than forty (40) hours every two (2) weeks shall be credited on a prorated basis.

3. Completion of Substance Abuse Counseling, Treatment Plan, Treatment Reports and recovery groups. If recommended by Independent Evaluator, Respondent shall enter into and continue substance abuse counseling and comply with substance abuse treatment plan until the pre-approved treating professional certifies in writing to the Board that such counseling is no longer necessary.

   Respondent shall authorize Respondent's treating professional to submit to the Board **monthly** reports on forms issued by the Board. Respondent shall authorize Respondent's treating professional to provide all information requested by the Board, either orally or in writing, at any time during the period this Consent Order is in effect.

   If recommended by Independent Evaluator, Respondent shall participate as recommended by Respondent's treating professional in substance abuse recovery group(s), and shall submit **quarterly** reports documenting such attendance on forms issued by the Board.

4. Random Drug and Alcohol Testing.
   Respondent shall submit to random drug and alcohol screenings at the request of the Board or its designee. Respondent shall designate a person or entity that has been pre-approved by the Board or its designee to administer random drug and alcohol screens. All testing shall be done on a random, unannounced basis and analyzed by a lab qualified to analyze samples for forensic purposes and approved by the Board.

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All urine specimens collected for tests shall be collected in an observed setting. All screens shall be negative.

Failure to appear for, refusal to provide, adulteration of, dilution of, or tampering with a sample for any urine screen shall cause that screen to be presumed positive. Any positive screen shall constitute a violation of this Order.

5. Abstain from Drug and Alcohol Use. Respondent shall abstain completely from the consumption or possession of alcohol and drugs.

6. Drug Use Exception. Respondent may take scheduled/controlled medications lawfully prescribed for a bona fide illness or condition by a health care practitioner disclosed to the Board in writing by Respondent within forty-eight (48) hours of the prescription. Respondent health care practitioner shall inform the Board, in writing and on appropriate letterhead, of knowledge of Respondent's substance abuse issue(s) within seven (7) days of entering into the practitioner/patient relationship. Additionally, the practitioner shall inform the Board of all scheduled/controlled medications prescribed – including a brief statement of the reasons therefor and expected duration of treatment – within seven (7) days of the prescription.

   The Board or its designee may request that the practitioner document the necessity for scheduled/controlled medications or other medications known to have abuse potential. It is not anticipated that Respondent would be prescribed scheduled/controlled medication during the term of this Consent Order for a period exceeding fourteen (14) days, but if such prescription becomes necessary, the conditions herein may be modified or revoked by the Board.

   Respondent shall provide the Board with a current list of any medications taken on a scheduled or as-needed basis on forms issued by the Board within seven (7) days of the date of reinstatement and shall update this list within forty-eight (48) hours of any change in these medications.

7. Notification to Employers/Nursing School. Respondent shall provide a copy of this Stipulation and Consent Order to all employers in any current or future setting in which Respondent practices as a nurse and inform them of Respondent's conditional license status. Within ten (10) days of the date of entry of this Consent Order or of accepting any subsequent nursing employment, Respondent shall cause Respondent's immediate supervisor to submit to the Board an employer agreement form approved by the Board, acknowledging receipt of the Stipulation and Consent Order and the ability to comply with the conditions in the Consent Order.

   In the event Respondent is attending a nursing program which has a clinical component involving actual patient care, Respondent shall provide a copy of the Stipulation and Consent Order to the Program Director. Respondent shall cause the Program Director to submit to the Board a nursing program agreement form approved by the Board, acknowledging receipt of the Stipulation and Consent Order and the

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ability of the program to comply with the conditions in the Consent Order during clinical experience.

8. Reports from Employers/Program Director. Within one (1) month of the date of entry of this Order, or within one (1) month of the commencement of nursing employment, and **monthly** thereafter, Respondent shall cause every nursing employer Respondent has worked for during the month to submit to the Board an evaluation of Respondent's work performance and attendance during that month. Moreover, on a **quarterly** basis, these reports shall include the results of the employer's medication audits of Respondent's medication administration and practices. In the event Respondent is attending a nursing program, Respondent shall cause the Program Director to submit to the Board, on a monthly basis, a written evaluation of Respondent's performance and attendance. These reports shall be submitted in writing on forms issued by the Board. All employer reports shall indicate satisfactory performance (ie., consistently meeting all standards of nursing practice) and attendance.

9. Practice Monitoring. Respondent shall practice as a nurse only in a setting where Respondent interacts regularly with a monitor or monitors pre-approved by the Board. The Board may require that approved monitors be registered nurses in good standing and may exclude Respondent's subordinates from monitoring Respondent.

10. Administration of Medications. Respondent is prohibited from administering any controlled substances; provided, however, that Respondent may supervise other nurses so long as those nurses are solely responsible for the handling of controlled substances. This condition may be removed only by Respondent filing a petition with the Board after Respondent has worked as a nurse for six (6) months for at least forty (40) hours every two weeks (or the part time equivalent) after the date of reinstatement.

    In any such petition, Respondent must demonstrate, to the satisfaction of the Nursing Board or its designee, that Respondent can safely and competently administer such medications. Respondent must include appropriate support from Respondent's treating professional and employer or nursing school administrator and a description of the documentation and inventory control procedures in place. The Board may elect to restore medication administrative privileges in a graduated manner.

11. Types of Employment Prohibited. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care agency, temporary nursing employment agency, or as a private duty nurse or personal care provider requiring a nursing or nursing assistant license during the effective period of this Consent Order.

12. Interview with the Board or its Designee. Respondent shall appear in person for interviews with the Board or its designee upon request.

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13. Out-of-State Practice. Before any out-of-state practice can be credited toward fulfillment of these terms and conditions, Respondent shall first obtain approval from the Board. The Board will approve out-of-state nursing practice so long as Respondent can still comply with the provisions of this Consent Order. If Respondent receives discipline on a nursing license held in another state during the conditioned period, Respondent must inform the Board of such, in writing, within ten (10) days of receiving such discipline.

14. Notification of Place of Employment/Personal Address/Telephone Number. Within ten (10) days of the date of entry of this Consent Order, Respondent shall notify the Board, in writing, of Respondent's current place of employment, personal address, and telephone number. Respondent shall further notify the Board, in writing, within forty-eight (48) hours of any change in employment (including resignation or termination), personal address, or telephone number.

15. Notification to Other States. In the event that Respondent is licensed in nursing in any other state(s), Respondent must inform the nursing licensing board of the state(s) in which Respondent is licensed of the conditional status of Respondent's Vermont nursing license within thirty (30) days of the date of entry of this Order.

16. License Renewal. This Order does not automatically extend the license and Respondent must comply with the requirements for license renewal.

17. Release of Information Forms. This Order requires Respondent to authorize drug and/or alcohol treatment providers to report information in verbal and/or written format and/or to discuss Respondent and any and all treatment rendered to Respondent for drugs and/or alcohol with the Board or its designee. Any and all of this information may be provided to the Office of Professional Regulation investigators, and that the information may be used for further prosecutions if so warranted or if the Office of Professional Regulation determines that said information violates the terms of this Order or any rules or laws governing the profession of nursing.

    Respondent is entitled to revoke this consent at any time. However, any revocation shall be considered a violation of this Order. This consent expires when the conditions are removed from Respondent's nursing license.

    This Stipulation and Consent Order shall itself constitute a valid written consent pursuant to the requirements of 42 C.F.R. § 2.31.Respondent understands that Respondent's treatment provider may require Respondent's to sign a separate and distinct consent meeting the requirements of 42 C.F.R. § 2.31.

18. Costs. Respondent shall bear all costs of complying with this Consent Order.

19. Violation of this Order. If Respondent violates this Order, the Board, after giving Respondent notice and an opportunity to be heard, may rescind or modify this Order

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and impose additional appropriate disciplinary actions. If a complaint of unprofessional conduct is made against Respondent during the term of this Order, this Order shall be automatically extended until the unprofessional conduct matter is concluded.

20. Completion of Conditional License Period. Respondent must petition the Board, or its designee, to remove any and all conditions on Respondent's license. Respondent must present proof that Respondent has fully complied with the terms of this Order. Respondent must also present proof of successful substance abuse rehabilitation, that Respondent poses no undue risk to the public or the integrity of the nursing professions, and that Respondent can safely and competently perform the duties of a licensed nurse.

B. Notwithstanding any provision above, the Respondent must continue to meet all 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: 7/8/14

STATE OF VERMONT
SECRETARY OF STATE

By: _____
Gabriel M. Gilman
State Prosecuting Attorney

Dated: 7/1/14

JOHN L. ROSKE
RESPONDENT

By: _____
John L. Roske

APPROVED AS TO FORM:

Dated: 7/7/14

ATTORNEY FOR RESPONDENT

By: _____
Mary G. Kirkpatrick, Esq.

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APPROVED AND SO ORDERED:

Dated: 7/14/14

Date of Entry: 7/14/14

VERMONT BOARD OF NURSING

By: _____
Chairperson

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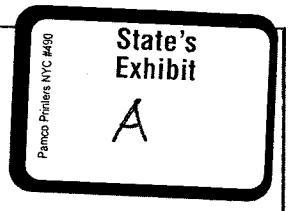

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of
JOHN L. ROSKE
RN License No. 151552
License Expied 10/20/2012

Docket No. NUR-2011-0084

CONSENT AGREEMENT FOR VOLUNTARY SURRENDER

The Massachusetts Board of Registration in Nursing (Board) and John L. Roske (Licensee), a Registered Nurse (RN) licensed by the Board, License No. 151552, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that a complaint has been filed with the Board against his Massachusetts RN license (license[1]) related to the conduct set forth in paragraph 2, identified as Docket No. NUR-2011-0084 (the Complaint).

2. The Licensee admits that while employed as a RN at Baystate Medical Center in Springfield, MA, on or about October and November, 2010, he removed from the Pyxis controlled substances that he did not document administering in the correct patient medication administration records and removed controlled substances for patients who had been discharged earlier in the day or were not in the Emergency Department at the times the medications were removed. In addition, the Licensee acknowledges that if the matter went to hearing, the Board could find that he unlawfully possessed controlled substances. The Licensee acknowledges that the conduct he has admitted and that the Board could find constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03(5), (35), (37), (38), (39), (44), and (47) and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112, section 61 and Board regulations at 244 CMR 7.04, Disciplinary Actions.

3. The Licensee hereby acknowledges that he has been offered an opportunity to be evaluated for admission into the Board's Substance Abuse Rehabilitation Program (SARP) as an alternative to entering into this Agreement and further acknowledges that he has declined the opportunity.

4. The Licensee agrees to SURRENDER his nursing license for an indefinite period, commencing with the date on which the Board signs this Agreement (Effective Date).

5. After the Effective Date of this Agreement and when the Licensee can complete to the satisfaction of the Board all of the requirements set forth in this Paragraph the Licensee may petition the Board for reinstatement of his license. The petition must be in writing and must include the following documentation of the

[1] The term "license" applies to both a current license and the right to renew an expired license.

Licensee's ability to practice nursing in a safe and competent manner, all to the Board's satisfaction:

a. Evidence of completion of all continuing education required by Board regulations for the two (2) renewal cycles immediately preceding the date on which the Licensee submits his petition ("petition date");

b. A performance evaluation sent directly to the Board from each of the Licensee's employers, prepared on official letterhead that reviews the Licensee's attendance, general reliability, and specific job performance during the year immediately prior to the petition date[2].

c. Written verification sent directly to the Board from each of the Licensee's medical care providers, which meets the requirements set forth in Attachment B 1;

d. Authorization for the Board to obtain a Criminal Offender Record Information (CORI) report of the Licensee conducted by the Massachusetts Criminal History Systems Board.

e. Documentation that the Licensee has completed, at least one (1) year prior to the petition date, all requirements imposed upon him in connection with all criminal and/or administrative matter(s) arising from, or related to, the conduct identified in Paragraph 2[3]. Such documentation shall be certified and sent directly to the Board by the appropriate court or administrative body and shall include a description of the requirements and the disposition of each matter.

g. Certified documentation from the state board of nursing of each jurisdiction in which the Licensee has ever been licensed to practice as a nurse, sent directly to the Massachusetts Board identifying his license status and discipline history, and verifying that his nursing license is, or is eligible to be, in good standing and free of any restrictions or conditions.

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[2] If the Licensee has not been employed during the year immediately prior to the petition date, he shall submit an affidavit to the Board so attesting.

[3] If there have been no criminal or administrative matters against the Licensee arising from or in any way related to the conduct identified in Paragraph 2, the Licensee shall submit an affidavit so attesting.

h. Submit documentation that he has successfully completed the following continuing education[4] after the Effective Date,

i. Six contact hours on Medication Administration and Documentation in Nursing that includes the topic of Maintaining Medication Security and Integrity; six contact hours on Legal and Ethical Aspects of Nursing; and six contact hours on Pain Management in Nursing.

6. In addition to the items identified in Paragraph 5, the Licensee shall submit *either* a substance abuse (addictionologists) evaluation, prepared within thirty (30) days of the petition date and sent directly to the Board, which meets the requirements set forth in Attachment B 3, and verifies that the Licensee does not have and has never had any type of substance abuse, dependency or addiction problem, *or* the following documentation of the Licensee's stable and fully sustained recovery from substance abuse, dependency and/or addiction for three (3) years immediately prior to the petition date, all to the Board's satisfaction:

a. The results of random supervised urine tests for substances of abuse sent directly to the Board and collected from the Licensee according to the conditions and procedures outlined in Attachment A, no less than fifteen (15) times per year during the two (2) years immediately preceding the petition date. All such results are required to be negative.

b. Documentation that the Licensee has obtained a sponsor and has regularly attended Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings at least three (3) times per week during the the two (2) years immediately preceding the petition date. This documentation must include a letter of support from the Licensee's sponsor and signatures verifying the required attendance.

c. Documentation prepared within thirty (30) days of the petition date and sent directly to the Board from a licensed mental health provider verifying that the Licensee has regularly attended group or individual counseling or therapy, or both, conducted by the mental health provider. Such documentation shall specify the frequency and length of the therapy and/or counseling and shall include a summary of the Licensee's progress in therapy and specific treatment recommendations for the Licensee's sustained recovery from substance abuse, dependency and addiction.

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[4] These continuing education courses must be *in addition to* any contact hours required for license renewal. They may be taken as home study or as correspondence course, *provided that* they meet the requirements of Board Regulations at 244 CMR 5.00, Continuing Education.

7. The Board may choose to reinstate the Licensee's license if the Board determines that reinstatement is in the best interests of the public at large. Any reinstatement of the Licensee's license may be conditioned upon the Licensee entering into a consent agreement for the PROBATION of his license for a duration, and including requirements, that the Board determines at the time of relicensure to be reasonably necessary in the best interests of the public health, safety and welfare.

8. The Licensee agrees that he will not practice as a RN in Massachusetts from the Effective Date unless and until the Board reinstates his license[5].

9. The Board agrees that in return for the Licensee's execution of this Agreement it will not prosecute the complaint.

10. The Licensee understands that he has a right to formal adjudicatory hearing concerning the allegations against him and that during said adjudication he would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on his own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement he is knowingly and voluntarily waiving his right to a formal adjudication of the complaints.

11. The Licensee acknowledges that he has been at all times free to seek and use legal counsel in connection with the complaint and this Agreement.

12. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

13. The Licensee certifies that he has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review.

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[5] The Licensee understands that practice as a RN includes, but is not limited to, seeking and/or accepting a paid or voluntary position as a RN, or a paid or voluntary position requiring that the applicant hold a current RN license. The Licensee further understands that if he accepts a voluntary or paid position as a RN, or engages in any practice of nursing after the Effective Date and before the Board formally reinstates her license, evidence of such practice shall be grounds for the Board's referral of any such unlicensed practice to the appropriate law enforcement authorities for prosecution, as set forth in G. L. c. 112, ss. 65 and 80.

Witness (sign and date)

JOHN L. ROSKE 8/28/13
Licensee (sign and date)

Dawn Alison Roske
Witness (print name)

Rula Harb, MSN, RN
Executive Director
Board of Registration in Nursing

September 3, 2013
Effective Date of Surrender Agreement

Fully Signed Agreement Sent to Licensee on SEPT. 3, 2013 **by Certified Mail No.** 7012 3460 0001 7331 1241

MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

ATTACHMENT A

Guidelines for Nurses' Participation in Random Urine Drug Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

I. Nurses who are required by a Board Agreement or Order to have random, supervised urine drug screens are expected to remain abstinent from all substances of abuse, including alcohol. It is a nurse's responsibility not to ingest any substance(s) that may produce a positive drug screen, including over-the-counter medications. Unless otherwise stated in a nurse's Board Agreement or Order, all nurses shall be randomly tested a minimum of fifteen (15) times per year.

II. The Board designates one Drug Testing Management Company (DTMC).[1] The Board will accept only the results of urine drug screens that are performed under the auspices of the DTMC and reported directly to the Board.

III. All costs related to a nurse's participation in the DTMC urine drug screening program are the responsibility of the participating nurse.

IV. A nurse is expected to sign an agreement with the DTMC and to comply with all of the conditions and requirements of the agreement with the DTMC and any related policies, including without limitation, any requirements related to supervision of urine collection and/or temperature checks.

V. No vacations from calling to test or from testing shall be approved. This does not mean that a nurse cannot take a vacation while participating in random urine screens; arrangements can be made thorough the DTMC to have urine screens done at approved laboratories throughout the continental U.S.

VI. Failure to call the DTMC or failure to test when selected shall be considered non-compliance with the nurse's Board agreement or Order. Calls to the DTMC must be made between the hours of 5:00 a.m. and 1:00 p.m.

VII. Failure to test when selected, and/or a positive drug screen that is confirmed by the Medical Review Officer (MRO) and that is not supported by appropriate documentation of medical necessity and a valid prescription shall be considered as a relapse in the nurse's abstinence. All prescriptions for any medication (including renewal prescriptions) must be submitted to the DTMC within five (5) days.

VIII. Urine drug screen reports that show a low creatinine (<20 mg/dl) may be an indication of an adulterated or diluted specimen; further testing may be required.

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[1] The current DTMC is First Lab. To contact First Lab call (800) 732-3784.

IX. Nurses who do not have a current MA nursing license and who are enrolled in urine drug screening with the DTMC for the purpose of documenting to the Board that they are in stable and sustained recovery from substance abuse, must provide written authorization to the DTMC to release to the Board a complete record of their participation in the drug screening program, including documentation of missed calls, no shows, test results and a full history report at the completion of their DTMC participation. During their DTMC participation, nurses who do not have a current MA nursing license for whatever reason (surrender, suspension, lapse, revocation) are expected to designate a monitor of their choosing (e.g. friend, family member, health care provider, AA sponsor) who will be authorized to receive test results from the DTMC. The Board does not monitor the testing of unlicensed individuals and will evaluate a nurse's participation in the DTMC only when the DTMC testing is completed and the nurse applies for license reinstatement. Unlicensed nurses should identify themselves as such to the DTMC and sign an individual agreement with the DTMC.

X. Random supervised urine tests are done in panels which shall include, but are not limited to, each of the following substances:

Ethanol and all ethanol products
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Cannabinoids
Cocaine (metabolite)
Opiates:
Codeine
Morphine
Hydromorphone
Hydrocodone
Oxycodone
Phencyclidine
Methadone
Propoxyphene
Meperidine
Tramadol
Suboxone

ATTACHMENT B 1

Minimum requirements for medical evaluations to be submitted to the Board

Medical evaluation

A medical evaluation of the Licensee conducted by a licensed, board certified physician written on the physician's letterhead, sent directly to the Board by the physician and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the physician has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the physician's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

a. Record Review. A review of the Licensee's written or electronic medical and mental health records (for at least the preceding two years);

b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating primary care physicians or advanced practice nurses and any mental health providers;

c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating physician then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;

d. In-Person Interview(s). Medical (and mental health if pertinent) history obtained by the physician through in-person interviews with the Licensee, which are as extensive as needed for the physician to reach a clinical judgment;

e. Detailed Statement of History. A detailed statement of the Licensee's medical (and mental health if pertinent) history including diagnoses, treatments and prognoses;

f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing medical conditions with the corresponding status, treatments and prognosis including, but not limited to, each condition, if any, which gave rise to the conduct which is the subject of the Board's interest;

g. Any Existing Limitations. A detailed description of any and all corresponding existing or continuing limitations of any kind;

h. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;

i. Evaluating Physician's Opinion as to Safety and Competence. The physician's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and

j. Physician's C.V. A copy of the physician's curriculum vitae should be attached.

ATTACHMENT B 3

Minimum requirements for substance abuse evaluations to be submitted to the Board

Substance Abuse (addiction psychiatrist) evaluation

A comprehensive, clinically based, written evaluation of the Licensee by a licensed, board certified psychiatrist who is certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry (Addiction Provider). The evaluation shall be written on said provider's letterhead stationary, sent directly to the Board and completed immediately before Licensee petitions the Board for reinstatement or other submission to the Board. The evaluation shall state that the psychiatrist has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the provider's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner.

Depending on what information the Board requires of this Licensee at the time of the evaluation (which it is the Licensee's responsibility to understand and submit to the Addiction Provider), the evaluation shall verify that the Licensee has been in stable and full, sustained recovery from all substance abuse, dependency and addiction for the three (3) **(or more)** years immediately preceding any request for reinstatement or other submission to the Board and that the Licensee is able to practice nursing in a safe and competent manner **or** has never had and does not now have a substance abuse problem. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

a. Record Review. A review of the Licensee's written or electronic mental health records (for at least the preceding two years) (and medical records from the same time frame if pertinent);

b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating mental health providers (and primary care physicians or advanced practice nurses as relevant);

c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating provider, then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;

d. In –Person Interview(s). Mental health (and medical if pertinent) history obtained by the provider through in-person interviews with the Licensee, which are as extensive as needed for the provider to reach a clinical judgment;

e. Detailed Statement of History. A detailed statement of the Licensee's mental health (and medical if pertinent) history including diagnoses, treatments and prognoses;

f. Detailed Summary of History of Substance Abuse and Treatment. A detailed summary of Licensee's history of substance abuse, dependency and addiction problem(s) including all corresponding treatment received and the Licensee's current recovery program;

g. Assessment of Sustained Recovery. An assessment of the Licensee's sustained recovery and remission from all substance abuse, dependency and addiction for the three (3) year period immediately preceding submission of any petition for reinstatement by the Licensee including a detailed description of all relapses during this time period;

h. Prognosis and Ongoing Treatment Plan. The Provider's prognosis and specific treatment recommendations for the Licensee's stable and full, sustained recovery from all substance abuse, dependence and addiction;

i. Evaluating Physician's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and

j. Physician's C.V. A copy of the provider's curriculum vitae should be attached.