



I do hereby certify this to be a complete, accurate, and true copy of the document which is on file or is of record in the offices of the Texas Board of Nursing.  
*Katherine A. Thomas*  
Executive Director of the Board

## BEFORE THE TEXAS BOARD OF NURSING

\*\*\*\*\*

In the Matter of Registered Nurse	§	AGREED
License Number 757332	§	
issued to JEREMY TODD COX	§	ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board considered the matter of JEREMY TODD COX, Registered Nurse License Number 757332, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(10), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on April 12, 2012, by Katherine A. Thomas, MN, RN, FAAN, Executive Director, subject to ratification by the Board.

### FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice professional nursing in the State of Texas.
4. Respondent received an Associate Degree in Nursing from Kilgore College, Kilgore, Texas, on December 15, 2006. Respondent was licensed to practice professional nursing in the State of Texas on July 3, 2008.
5. Respondent's nursing employment history is unknown.
6. On or about November 1, 2010, Respondent submitted a License Renewal Form to the Texas Board of Nursing in which he answered "Yes" to the question: "Have you, within the past

24 months or since your last renewal, for any criminal offense, including those pending appeal:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?"

Respondent disclosed that on or about September 21, 2010, he was arrested by the Gregg County Sheriff's Office, Longview, Texas, for DRIVING WHILE INTOXICATED 2ND, a Class A misdemeanor offense.

On or about February 21, 2011, Respondent pled Guilty and was convicted of DRIVING WHILE INTOXICATED, a misdemeanor offense committed on May 14, 2010, in the County Court at Law #1 of Gregg County, Texas, under Cause No. 2010-2717. Respondent also pled True to the enhancement paragraph, showing that Respondent was previously adjudicated guilty on May 24, 2005, of the offense of DRIVING WHILE INTOXICATED in Fayette County, Texas, in Cause Number 23410. As a result of the plea, Respondent was sentenced to confinement in the Gregg County Jail for a period of one (1) year; however, imposition of the sentence of confinement was suspended, and Respondent was placed on probation for a period of two (2) years, and ordered to pay a fine and court costs.

- 7. In response to Finding of Fact Number Six (6), Respondent states that on May 15, 2010, he was at a bachelor party in a bar. Later they moved the party to another bar down the road. They stayed until closing, and then he left with one other person. On the way home, he was driving around a curve and the rear end of his pickup slid off the road and they rolled about three times. He and his passenger were both taken to the hospital, and later released. While waiting to contest this in court he attended anonymous meetings called Rescue Recovery.
- 8. The Board finds that there exists serious risks to public health and safety as a result of impaired nursing care due to intemperate use of controlled substances or chemical dependency.

#### CONCLUSIONS OF LAW

- 1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.
3. The evidence received is sufficient to prove violations of Section 301.452(b)(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.12(13).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 757332, heretofore issued to JEREMY TODD COX, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

### ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that RESPONDENT SHALL receive the sanction of a WARNING WITH STIPULATIONS, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

IT IS FURTHER AGREED and ORDERED that, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED and ORDERED that while Respondent's license(s) is/are encumbered by this Order, Respondent may not work outside the State of Texas pursuant to a nurse licensure compact privilege without the written permission of the Texas Board of Nursing and the Board of Nursing in the party state where Respondent wishes to work.

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board

approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address:* <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Board-approved courses may be found at the following Board website address:* <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.

**IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND**

PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING STIPULATIONS FOR ONE YEAR(S) OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWELVE MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A REGISTERED NURSE (RN) OR A VOCATIONAL NURSE (LVN) LICENSE, AS APPROPRIATE, WILL NOT APPLY TO THIS STIPULATION PERIOD:

(3) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers in nursing of this Order of the Board and the stipulations on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer prior to accepting an offer of employment.

(4) RESPONDENT SHALL CAUSE each present employer in nursing to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(5) RESPONDENT SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, who is on the premises. The supervising nurse is not required to be on the same

unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(6) RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) month period for one (1) year of employment as a nurse.

(7) RESPONDENT SHALL abstain from the consumption of alcohol, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates, and/or the use of controlled substances, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, RESPONDENT SHALL CAUSE the licensed practitioner to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioner, within ten (10) days of the date of the prescription. **In the event that prescriptions for controlled substances are required for periods of two (2) weeks or longer, the Board may require and RESPONDENT SHALL submit to a pain management and/or chemical dependency evaluation by a Board approved evaluator. The performing evaluator must submit a written report meeting the Board's requirements to the Board's office within thirty (30) days from the Board's request.**

(8) RESPONDENT SHALL submit to random periodic screens for controlled substances, tramadol hydrochloride (Ultram), and alcohol. For the first three (3) month period, random screens shall be performed at least once per week. For the next three (3) month period, random screens shall be performed at least twice per month. For the next six (6) month period, random screens shall be performed at least once per month. All random screens SHALL BE conducted through urinalysis. Screens obtained through urinalysis are the sole method accepted by the Board.

Specimens shall be screened for at least the following substances:

Amphetamines	Meperidine
Barbiturates	Methadone
Benzodiazepines	Methaqualone
Cannabinoids	Opiates
Cocaine	Phencyclidine
Ethanol	Propoxyphene
tramadol hydrochloride (Ultram)	

A Board representative may appear at the RESPONDENT'S place of employment at any time during the stipulation and require RESPONDENT to produce a specimen for screening.

All screens shall be properly monitored and produced in accordance with the Board's policy on Random Drug Testing. A complete chain of custody shall be maintained for each specimen obtained and analyzed. RESPONDENT SHALL be responsible for the costs of all random drug screening during the stipulation period.

Any positive result for which the nurse does not have a valid prescription or failure to report for a drug screen, which may be considered the same as a positive result, will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action including EMERGENCY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, or REVOCATION of Respondent's license(s) and nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT shall be eligible for nurse licensure compact privileges, if any.

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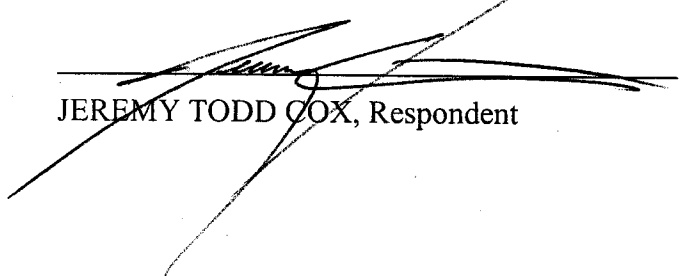
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RESPONDENT'S CERTIFICATION

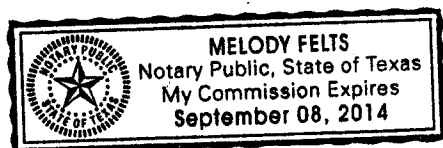
I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 14<sup>th</sup> day of May, 2012.

  
JEREMY TODD COX, Respondent

Sworn to and subscribed before me this 14<sup>th</sup> day of May, 2012.

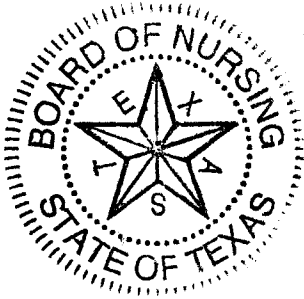
SEAL



  
Notary Public in and for the State of Texas

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 14 day of May, 2012, by JEREMY TODD COX, Registered Nurse License Number 757332, and said Order is final.

Effective this 12 day of June, 2012.



*Katherine A. Thomas*

Katherine A. Thomas, MN, RN, FAAN  
Executive Director on behalf  
of said Board

I certify this to be a true copy of the records on file with the Texas Board of Nursing.

Date:

Signed: *[Signature]* 6/15/12

TEXAS BOARD OF NURSING  
333 GUADALUPE STREET, SUITE 3-460  
AUSTIN, TEXAS 78701  
(512) 305-6827

**NOTICE**

Be advised that the following information relates to the monitoring of your compliance with the enclosed Board Order:

All required courses must be completed within one (1) year from the date of the order regardless if your license is in delinquent status or current.

**You are responsible for ensuring the appropriate forms are mailed to the Board's office within the correct time frame. You are also responsible for ensuring that the appropriate personnel at your place of employment have been notified of the Order and that you have provided your employer with a copy of the Order.**

A Notification of Employment form is enclosed, for you to give to your employer for submission to this office if you are required to cause your employer to submit periodic reports. This form is only to be used by employers who employ you as a registered nurse in the State of Texas.

1. If you are currently employed as a registered/vocational nurse, you are required to cause your current employer to submit the Notification of Employment form to our office within ten (10) days of your receipt of the enclosed Board Order.
2. If you are not currently employed as a registered/vocational nurse, you will be required to cause your potential employer to submit the Notification of Employment form to our office within five (5) days of employment as a registered nurse.
3. If you change employers during the term of your Order, you will be required to cause your new employer to submit a new Notification of Employment form to this office within five (5) days of your new employment as a registered nurse.

Once this office receives the completed Notification of Employment form, you will be sent your first set of report forms to be used to document your compliance with the stipulations of your Board Order. You will also be informed of the date on which your first set of reports will be due in the Board's office.

This office works on due dates of either the 15<sup>th</sup> or the last day of any given month. **All reports will only be accepted if received in this office within two weeks prior to, or two weeks immediately following the due date. Also, please be aware that all reports, except for Support Group attendance, must be submitted directly from the individual completing the report.**

**You will be credited only for reports verifying your compliance with your stipulations during periods of time in which you are employed as a registered/vocational nurse. Quarterly reports will only be accepted if you have been working with the same employer for a full three (3) months.** Employment for one (1) or two (2) months will not count towards your monitoring period.

The effective date of the Order is the date the Order was ratified by the Board. That date may be found on the Executive Director's signature page contained in your Order. You will be responsible for compliance with the Order of the Board without further notice from our office. **Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance.** Review the enclosed Board Order carefully. If you are a registered nurse and have any questions, contact Diane E. Burell, Investigator at (512) 305-6827. If you are a vocational nurse and have any questions, contact Carolyn Hudson, Probation Monitor, at (512) 305-7667.

Texas Board of Nursing  
333 Guadalupe Street, Suite 3-460  
Austin, Texas 78701  
(512) 305-6827

**NOTIFICATION OF EMPLOYMENT**

Regarding: \_\_\_\_\_ License Number: \_\_\_\_\_

This is to certify that the above identified nurse has been employed by .

\_\_\_\_\_ which is a \_\_\_\_\_  
*Name of Facility* *Type of Facility*

in the position of \_\_\_\_\_ since the date of \_\_\_\_\_.

I have received a complete copy of the Order of the Board and am aware of the stipulations placed on this license by the Texas Board of Nursing. **I agree to notify the Board's office and provide information to the Board regarding this nurse's resignation or termination.**

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Facility Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

If the Board's Order requires that the nurse cause his/her employer to submit a periodic Nursing Performance Evaluation, and that Evaluation will be signed by a nurse other than the above Supervisor, please list that individual's name and title below.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**For Registered Nurses: Return to the attention of Diane E. Burell, Investigator, at the above address**  
**For Vocational Nurses: Return to the attention of Carolyn Hudson, Probation Monitor, at the above address**

## INSTRUCTIONS FOR BON URINE DRUG SCREEN COLLECTION

1. As a result of the Order ratified by the Board (BON), you will be required to submit to periodic random drug screens **during employment as a registered/vocational nurse**. The BON has contracted with FirstLab Professional Health Monitoring (PHM) testing program and you will be submitting random urine specimens through this program. No other drug screens will be accepted toward meeting your Board-ordered requirements unless pre-authorized by your monitoring investigator/program analyst.
2. Enrollment in FirstLab is required before testing can begin. In order to confirm that you are aware of the BON policy for drug screening and the process, you are asked to sign this form and return it to the Board. Once you are employed as a nurse, and your Notification of Employment form has been received by the Board **you have two (2) weeks to submit your registration information to FirstLab's website at [www.firstlab.com](http://www.firstlab.com)**. If access to a computer is a problem, you may contact FirstLab at 1-800-732-3784.
3. Credit or Debit cards are required to be kept on file for testing fees.
4. FirstLab contracts with LabCorp collection sites throughout the state of Texas. You will be receiving Chain of Custody Forms (CCF) from LabCorp at no cost to you once you are enrolled in the FirstLab System. When your supply gets low (less than 3) please order more from the FirstLab online system and the lab will send you a supply. All collection fees are to be paid at the time of collection if you are not using a LabCorp Patient Service Center (PSC). FirstLab will NOT pay any of these fees. Pricing for all of urine drug test panels is \$43.00.
1. **You will be required to login to the FirstLab website or call every day to verify if you have been chosen to provide a specimen for screening. Failure to login or call every day could result in further action taken by the Board.** If you are planning to travel out of state, you must contact the Board's office in advance to make arrangements for drug screening; you may be required to submit to a random drug screen even during your time out of town or on vacation.
2. If, due to an emergency, you are unable to report to the collection site on the day you are requested to provide a urine specimen, or if you do not have the proper chain of custody form, you must immediately contact the Monitoring Investigator at the Board's office at (512) 305-6838. **Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action being taken against your license to practice registered/vocational nursing in the state of Texas for your failure to comply with the Order of the Board.**
7. If your specimen tests positive, you may have your results reviewed by a Medical Review Officer (MRO) for an additional fee. In addition, you must notify the Monitoring Investigator prior to making the request, so that it may be approved with FirstLab. (During this time period, the result will be treated as a positive result until proven otherwise).
8. **While you are being monitored by the Board, your employer or a representative from the Texas Board of Nursing may require you to submit to a random drug screen at any time.**

**I have read and understood the requirements of the Board's random drug screening requirements. I agree to comply with the Board's drug screening requirements, should the proposed Order of the Board become effective. I understand a Board representative may appear at my place of employment at any time during my monitoring term in order to gather a specimen for random drug screening.**

\_\_\_\_\_  
Printed name of Nurse

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Date  
190 12/2011

\_\_\_\_\_  
License Number

**FirstLab Enrollment Instructions for  
Texas Board of Nursing (TXBON)**

As a participant of the Texas Board of Nursing you are required to enroll in FirstLab's Professional Health Monitoring (PHM) testing program. Please follow the instructions outlined below to ensure timely enrollment and compliance.

1. Go to [www.firstlab.com](http://www.firstlab.com).
  - Note: Please do not use a mobile phone device, a desktop or laptop should be used for enrollment as you will need to read and print the agreement.
2. Click on the "login" drop down.
3. Then click on "PHM Participant Enrollment"
4. Enter the Program Login and Password:



The image is a screenshot of the FirstLab website. At the top left is the FirstLab logo with the tagline "First in Quality, First in Service". Below the logo are two main service categories: "WORKPLACE HEALTH SERVICES" and "PROFESSIONAL HEALTH MONITORING". On the right side, there is a dropdown menu for "login" with the following options: "Workplace Client Login", "Workplace FirstRequest Login", "PHM Participant Login", "PHM Case Manager Login", and "PHM Participant Enrollment". An arrow from step 3 of the instructions points to the "PHM Participant Enrollment" link. The main content area features a large image of a man in a suit, with the text "First in Quality, First in Service" and "COMPLIANCE MANAGEMENT EXPERTS" overlaid. Below this, there is a paragraph about FirstLab's expertise in compliance management services, followed by a list of services: "Workplace Health Services" and "Professional Health Monitoring Services".

Login ID: **txbonrn**

Password: **enroll**

5. Fill in the required fields indicated with an \* which includes your SS# and credit/debit card account information. Read and electronically sign the Agreement. Then click "Submit".
6. Print and read the enrollment packet in its entirety.
7. You do not need to return any paperwork when enrolling on-line unless you are using another party's credit/debit card for payment.

If you do not have access to the internet, please call the FirstLab PHM Department at 1-800-732-3784 to request an enrollment packet.

BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of Registered Nurse	§	AGREED
License Number 757332	§	
issued to JEREMY TODD COX	§	ORDER

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FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice professional nursing in the State of Texas.
4. Respondent received an Associate Degree in Nursing from Kilgore College, Kilgore, Texas, on December 15, 2006. Respondent was licensed to practice professional nursing in the State of Texas on July 3, 2008.
5. Respondent's nursing employment history is unknown.
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24 months or since your last renewal, for any criminal offense, including those pending appeal:

- A. been convicted of a misdemeanor?
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- 8. The Board finds that there exists serious risks to public health and safety as a result of impaired nursing care due to intemperate use of controlled substances or chemical dependency.

#### CONCLUSIONS OF LAW

- 1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.



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IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board

approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address:* <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Board-approved courses may be found at the following Board website address:* <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.

**IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND**

PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING STIPULATIONS FOR ONE YEAR(S) OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWELVE MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A REGISTERED NURSE (RN) OR A VOCATIONAL NURSE (LVN) LICENSE, AS APPROPRIATE, WILL NOT APPLY TO THIS STIPULATION PERIOD:

(3) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers in nursing of this Order of the Board and the stipulations on RESPONDENT'S license(s). RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer prior to accepting an offer of employment.

(4) RESPONDENT SHALL CAUSE each present employer in nursing to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(5) RESPONDENT SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, who is on the premises. The supervising nurse is not required to be on the same

unit or ward as RESPONDENT, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years experience in the same or similar practice setting to which the Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(6) RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT'S capability to practice nursing. These reports shall be completed by the nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) month period for one (1) year of employment as a nurse.

(7) RESPONDENT SHALL abstain from the consumption of alcohol, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates, and/or the use of controlled substances, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, RESPONDENT SHALL CAUSE the licensed practitioner to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioner, within ten (10) days of the date of the prescription. **In the event that prescriptions for controlled substances are required for periods of two (2) weeks or longer, the Board may require and RESPONDENT SHALL submit to a pain management and/or chemical dependency evaluation by a Board approved evaluator. The performing evaluator must submit a written report meeting the Board's requirements to the Board's office within thirty (30) days from the Board's request.**

(8) RESPONDENT SHALL submit to random periodic screens for controlled substances, tramadol hydrochloride (Ultram), and alcohol. For the first three (3) month period, random screens shall be performed at least once per week. For the next three (3) month period, random screens shall be performed at least twice per month. For the next six (6) month period, random screens shall be performed at least once per month. All random screens SHALL BE conducted through urinalysis. Screens obtained through urinalysis are the sole method accepted by the Board.

Specimens shall be screened for at least the following substances:

Amphetamines	Meperidine
Barbiturates	Methadone
Benzodiazepines	Methaqualone
Cannabinoids	Opiates
Cocaine	Phencyclidine
Ethanol	Propoxyphene
tramadol hydrochloride (Ultram)	

A Board representative may appear at the RESPONDENT'S place of employment at any time during the stipulation and require RESPONDENT to produce a specimen for screening.

All screens shall be properly monitored and produced in accordance with the Board's policy on Random Drug Testing. A complete chain of custody shall be maintained for each specimen obtained and analyzed. RESPONDENT SHALL be responsible for the costs of all random drug screening during the stipulation period.

Any positive result for which the nurse does not have a valid prescription or failure to report for a drug screen, which may be considered the same as a positive result, will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action including EMERGENCY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, or REVOCATION of Respondent's license(s) and nurse licensure compact privileges, if any, to practice nursing in the State of Texas.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, all encumbrances will be removed from RESPONDENT'S license(s) to practice nursing in the State of Texas and RESPONDENT shall be eligible for nurse licensure compact privileges, if any.

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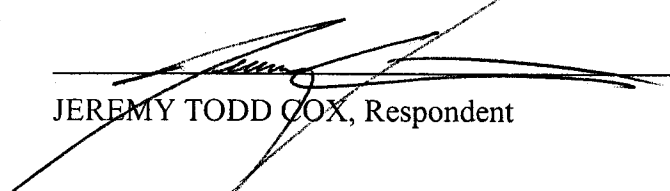
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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order.

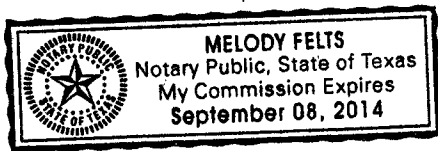
I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order is subject to ratification by the Board. When this Order is ratified, the terms of this Order become effective, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.


Signed this 14<sup>th</sup> day of May, 2012.

  
JEREMY TODD COX, Respondent

Sworn to and subscribed before me this 14<sup>th</sup> day of May, 2012.

SEAL



  
Notary Public in and for the State of Texas

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 14 day of May, 2012, by JEREMY TODD COX, Registered Nurse License Number 757332, and said Order is final.

Effective this 12 day of June, 2012.



*Katherine A. Thomas*

Katherine A. Thomas, MN, RN, FAAN  
Executive Director on behalf  
of said Board

I certify this to be a true copy of the records on file with the Texas Board of Nursing.

Date:

Signed: *[Signature]* 6/15/12



TEXAS BOARD OF NURSING  
333 GUADALUPE STREET, SUITE 3-460  
AUSTIN, TEXAS 78701  
(512) 305-6827

**NOTICE**

Be advised that the following information relates to the monitoring of your compliance with the enclosed Board Order:

All required courses must be completed within one (1) year from the date of the order regardless if your license is in delinquent status or current.

**You are responsible for ensuring the appropriate forms are mailed to the Board's office within the correct time frame. You are also responsible for ensuring that the appropriate personnel at your place of employment have been notified of the Order and that you have provided your employer with a copy of the Order.**

A Notification of Employment form is enclosed, for you to give to your employer for submission to this office if you are required to cause your employer to submit periodic reports. This form is only to be used by employers who employ you as a registered nurse in the State of Texas.

1. If you are currently employed as a registered/vocational nurse, you are required to cause your current employer to submit the Notification of Employment form to our office within ten (10) days of your receipt of the enclosed Board Order.
2. If you are not currently employed as a registered/vocational nurse, you will be required to cause your potential employer to submit the Notification of Employment form to our office within five (5) days of employment as a registered nurse.
3. If you change employers during the term of your Order, you will be required to cause your new employer to submit a new Notification of Employment form to this office within five (5) days of your new employment as a registered nurse.

Once this office receives the completed Notification of Employment form, you will be sent your first set of report forms to be used to document your compliance with the stipulations of your Board Order. You will also be informed of the date on which your first set of reports will be due in the Board's office.

This office works on due dates of either the 15<sup>th</sup> or the last day of any given month. **All reports will only be accepted if received in this office within two weeks prior to, or two weeks immediately following the due date. Also, please be aware that all reports, except for Support Group attendance, must be submitted directly from the individual completing the report.**

**You will be credited only for reports verifying your compliance with your stipulations during periods of time in which you are employed as a registered/vocational nurse. Quarterly reports will only be accepted if you have been working with the same employer for a full three (3) months. Employment for one (1) or two (2) months will not count towards your monitoring period.**

The effective date of the Order is the date the Order was ratified by the Board. That date may be found on the Executive Director's signature page contained in your Order. You will be responsible for compliance with the Order of the Board without further notice from our office. **Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance.** Review the enclosed Board Order carefully. If you are a registered nurse and have any questions, contact Diane E. Burell, Investigator at (512) 305-6827. If you are a vocational nurse and have any questions, contact Carolyn Hudson, Probation Monitor, at (512) 305-7667.

*Texas Board of Nursing  
333 Guadalupe Street, Suite 3-460  
Austin, Texas 78701  
(512) 305-6827*

**NOTIFICATION OF EMPLOYMENT**

Regarding: \_\_\_\_\_

License Number: \_\_\_\_\_

This is to certify that the above identified nurse has been employed by .

\_\_\_\_\_ which is a \_\_\_\_\_  
*Name of Facility* *Type of Facility*

in the position of \_\_\_\_\_ since the date of \_\_\_\_\_.

I have received a complete copy of the Order of the Board and am aware of the stipulations placed on this license by the Texas Board of Nursing. **I agree to notify the Board's office and provide information to the Board regarding this nurse's resignation or termination.**

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Facility Name and Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

If the Board's Order requires that the nurse cause his/her employer to submit a periodic Nursing Performance Evaluation, and that Evaluation will be signed by a nurse other than the above Supervisor, please list that individual's name and title below.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**For Registered Nurses: Return to the attention of Diane E. Burell, Investigator, at the above address**  
**For Vocational Nurses: Return to the attention of Carolyn Hudson, Probation Monitor, at the above address**

## INSTRUCTIONS FOR BON URINE DRUG SCREEN COLLECTION

1. As a result of the Order ratified by the Board (BON), you will be required to submit to periodic random drug screens **during employment as a registered/vocational nurse**. The BON has contracted with FirstLab Professional Health Monitoring (PHM) testing program and you will be submitting random urine specimens through this program. No other drug screens will be accepted toward meeting your Board-ordered requirements unless pre-authorized by your monitoring investigator/program analyst.
2. Enrollment in FirstLab is required before testing can begin. In order to confirm that you are aware of the BON policy for drug screening and the process, you are asked to sign this form and return it to the Board. Once you are employed as a nurse, and your Notification of Employment form has been received by the Board **you have two (2) weeks to submit your registration information to FirstLab's website at [www.firstlab.com](http://www.firstlab.com)**. If access to a computer is a problem, you may contact FirstLab at 1-800-732-3784.
3. Credit or Debit cards are required to be kept on file for testing fees.
4. FirstLab contracts with LabCorp collection sites throughout the state of Texas. You will be receiving Chain of Custody Forms (CCF) from LabCorp at no cost to you once you are enrolled in the FirstLab System. When your supply gets low (less than 3) please order more from the FirstLab online system and the lab will send you a supply. All collection fees are to be paid at the time of collection if you are not using a LabCorp Patient Service Center (PSC). FirstLab will NOT pay any of these fees. Pricing for all of urine drug test panels is \$43.00.
1. **You will be required to login to the FirstLab website or call every day to verify if you have been chosen to provide a specimen for screening. Failure to login or call every day could result in further action taken by the Board.** If you are planning to travel out of state, you must contact the Board's office in advance to make arrangements for drug screening; you may be required to submit to a random drug screen even during your time out of town or on vacation.
2. If, due to an emergency, you are unable to report to the collection site on the day you are requested to provide a urine specimen, or if you do not have the proper chain of custody form, you must immediately contact the Monitoring Investigator at the Board's office at (512) 305-6838. **Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action being taken against your license to practice registered/vocational nursing in the state of Texas for your failure to comply with the Order of the Board.**
7. If your specimen tests positive, you may have your results reviewed by a Medical Review Officer (MRO) for an additional fee. In addition, you must notify the Monitoring Investigator prior to making the request, so that it may be approved with FirstLab. (During this time period, the result will be treated as a positive result until proven otherwise).
8. **While you are being monitored by the Board, your employer or a representative from the Texas Board of Nursing may require you to submit to a random drug screen at any time.**

**I have read and understood the requirements of the Board's random drug screening requirements. I agree to comply with the Board's drug screening requirements, should the proposed Order of the Board become effective. I understand a Board representative may appear at my place of employment at any time during my monitoring term in order to gather a specimen for random drug screening.**

\_\_\_\_\_  
Printed name of Nurse

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Date  
190 12/2011

\_\_\_\_\_  
License Number

**FirstLab Enrollment Instructions for  
Texas Board of Nursing (TXBON)**

As a participant of the Texas Board of Nursing you are required to enroll in FirstLab's Professional Health Monitoring (PHM) testing program. Please follow the instructions outlined below to ensure timely enrollment and compliance.

1. Go to [www.firstlab.com](http://www.firstlab.com).
  - Note: Please do not use a mobile phone device, a desktop or laptop should be used for enrollment as you will need to read and print the agreement.
2. Click on the "login" drop down.
3. Then click on "PHM Participant Enrollment"
4. Enter the Program Login and Password:



Login ID: **txbonrn**

Password: **enroll**

5. Fill in the required fields indicated with an \* which includes your SS# and credit/debit card account information. Read and electronically sign the Agreement. Then click "Submit".
6. Print and read the enrollment packet in its entirety.
7. You do not need to return any paperwork when enrolling on-line unless you are using another party's credit/debit card for payment.

If you do not have access to the internet, please call the FirstLab PHM Department at 1-800-732-3784 to request an enrollment packet.