

BOARD OF VOCATIONAL NURSE EXAMINERS
9101 BURNET ROAD - SUITE 105
AUSTIN, TEXAS 78758
TELEPHONE 512/835-2071

078996

 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.
Patricia Cook
 Executive Director of the Board

November 10, 1995

Thomas B. Owens, Jr.
 P.O. Box 892
 Nash, Texas 75569

Dear Mr. Owens:

In January, 1995, this office mailed you vocational nursing license number 078996.

THIS LICENSE WAS MAILED TO YOU IN ERROR AND MUST BE RETURNED TO THIS OFFICE IMMEDIATELY.

Your license to practice vocational nursing in Texas was suspended by the Board in September 1982. You may not practice vocational nursing in Texas until such time as you appear at a reinstatement hearing and your license is reinstated by the Board.

RETURN THE LICENSE to the Board office addressed to the attention of Elsie Cyrs, Licensing Division.

The Vocational Nurse Act, Article 4528c, Section 2, V.A.C.S., prohibits the practice of vocational nursing while the person's license is suspended or revoked. Violation of this prohibition is a Class B Misdemeanor, punishable by a fine and/or jail term, upon conviction. You must immediately cease practicing as a vocational nurse, or you may be subject to prosecution for this offense.

If you have any questions concerning this matter, please contact this office.

Sincerely,

Patricia Cook
 Patricia Cook
 Supervising Investigator

cc: Regular Mail

(Certified - RRR)

PH 4 EHD 59E Z

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Sent to	Thomas B. Owens, Jr.	
Street and No.		
P.O. Box 892		
P.O. State and ZIP Code	Nash, Texas 75569	
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$
Postmark of Date		

PS Form 3800, March 1993

010110

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

9661 08 ADM
 Thomas B. Owens, Jr.
 P.O. Box 892
 Nash, Texas 75569

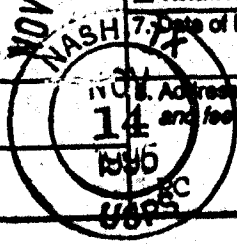
4a. Article Number

Z 365 043 499

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery



6. Received By: (Print Name)

8. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fees paid)

Thank you for using Return Receipt Service.

078996



BOARD OF VOCATIONAL NURSE EXAMINERS
9101 BURNET ROAD - SUITE 105
AUSTIN, TEXAS 78758
TELEPHONE 512/835-2071

November 15, 1995

Thomas B. Owens, Jr.
P.O. Box 892
Nash, TX 75569

Dear Mr. Owens:

This letter will confirm our telephone conversation this date regarding our November 10, 1995 letter to you concerning your vocational nursing license number 078996.

As discussed, you will mail to this office (at the new address, 333 Guadalupe Street, Suite 3-400, Austin, Texas 78701, addressed to my attention) on November 20, 1995, the following:

1. Your vocational nursing license number 078996 (issued to you in error);
2. A letter from you requesting to be scheduled for a reinstatement hearing;
3. A copy of your refresher course information, reflecting that you satisfactorily completed the course; and
4. A letter from your nursing supervisor(s) referencing your job performance and nursing skills for the past year.

Upon receipt of this information we will begin processing your reinstatement request.

I have enclosed the information concerning the required psychological and medical evaluations. Schedule the tests and call me on November 27, 1995 at 512/305-8100 to confirm that they are being done.

The next available date for a reinstatement hearing is in February, 1996. We will schedule you for a reinstatement hearing at that time, but you must submit the evaluations, and any other information you wish to present on your behalf, to this office prior to February.

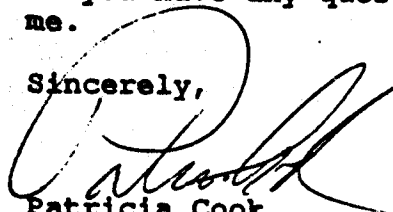
078996

If you will look at Page 2 of the Reinstatement Information Sheet you will see the "five year" rule which I referred to during our conversation. Since you have practiced vocational nursing in this state within the past year, we will waive this rule at the time of your hearing, if we receive the previously requested letter from your nursing supervisor referencing your competency to practice as a licensed vocational nurse.

Remember, reinstatement of your license is not a guarantee. You have the burden of proof to show that you are fit and rehabilitated to practice vocational nursing.

If you have any questions concerning this matter, please contact me.

Sincerely,



Patricia Cook
Investigator

078996



BOARD OF VOCATIONAL NURSE EXAMINERS

9101 BURNET ROAD - SUITE 105

AUSTIN, TEXAS 78758

TELEPHONE 512/835-2071

PSYCHOLOGICAL EVALUATION

Format:

Narrative Report

Content to Include:

1. Identifying Information.
2. Reason for Evaluation.
3. Credentials of Examiner.
4. Date of Evaluation.
5. Method of Evaluation - Tests Administered.
6. Background of Client:
 - developmental history
 - family origin
 - education
 - marital history
 - vocational history
 - legal problems
 - psychological/psychiatric history and current status
 - medical history and current status
 - alcohol/drug history and current status
7. Evaluation/Test Behavior.
8. Test Results.
9. Mental Status Examination.
10. Personality Functioning:
 - strengths/weaknesses
 - dynamics relevant to fitness to practice
11. Diagnostic Impression.
12. Conclusions.
13. Recommendations (treatment, practice limitations, additional evaluations, etc.)

078996



BOARD OF VOCATIONAL NURSE EXAMINERS
9101 BURNET ROAD - SUITE 105
AUSTIN, TEXAS 78758
TELEPHONE 512/835-2071

MEDICAL EVALUATION

Please prepare a narrative report on your letterhead to include:

- A. Date of Medical Examination.
- B. Medical History.
- C. Review of systems.
- D. Physical examination (including neurological).
- E. Diagnosis.
- F. Narrative summary of Urinalysis, SMAC - 20.
- G. Alcohol and Drug Screen.
- H. Evidence of use of unprescribed drugs (including alcohol).
- I. Evidence of any physical disease process that requires treatment.
- J. If prescribing any drugs or treatment for this person, please list:
 - (1) Type of drugs or treatment
 - (2) Projected length of treatment
- K. Identify and describe any practice limitations on this vocational nurse.

078996



BOARD C

333 Guad
Tower 3,
Austin,

December 19, 1995

Thomas B. Owens, Jr.
P.O. Box 892
Nash, Texas 75569

Dear Mr. Owens:

Your request for reinstatement of your license to practice vocational nursing in Texas has been reviewed. A reinstatement hearing will be scheduled for the first available hearing date following receipt of the psychological/medical evaluation information as described below. You will be notified in advance of the date, time and location. You must be present for the hearing once it is docketed.

You have the right to have an attorney represent you at your reinstatement hearing. You also have the right to present evidence and testimony to support your request for reinstatement of your license. You have the burden of proof to show that you are presently fit and/or rehabilitated and sufficiently competent to practice vocational nursing.

The Board requires that you obtain at your expense, both a current written psychiatric or psychological and a written medical evaluation. You should begin making arrangements for the evaluations now, as it does take some time. Enclosed please find statements of specific information to be included in the Examiners' reports. These evaluations must be mailed directly to the Board office by the Examiner, prior to the hearing.

You are encouraged to secure letters of character reference from individuals such as clergymen, civic leaders, employers and friends who have personal knowledge of your character. These letters should be notarized, addressed to the "Board of Vocational Nurse Examiners", reference "Dear Board Members" on all correspondence, and be mailed directly to the Board office from these individuals, prior to the hearing.

If applicable to your case, the Board also recommends that you obtain a report from your probation or parole officer, drug or alcohol abuse counselor(s), or other evidence relative to your progress and/or rehabilitation. We request that you have these report(s) mailed directly to the Board office by these individuals, prior to the hearing.

292 EHD 5FE Z

Receipt for Certified Mail



No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Thomas B. Owens, Jr.
Street and No.	P.O. Box 892
P.O., State and ZIP Code	Nash, Texas 75569
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Payment of Duty	

PS Form 3800, March 1993

078996

Thomas B. Owens, Jr.
December 19, 1995
Page 2

Enclosed, please find an Information Sheet outlining the Board's rules and requirements for consideration of reinstatement of your license. Please READ CAREFULLY and obtain all necessary information. We encourage you to contact the Investigation Division if you have any questions.

Sincerely,



Patricia Cook
Investigator

PC/db

Enclosures: Reinstatement Information Sheet, Psychological and Medical Evaluation Forms

(Certified Mail - RRR)



BOARD OF VOCATIONAL NURSE EXAMINERS
9101 BURNET ROAD - SUITE 105
AUSTIN, TEXAS 78758
TELEPHONE 512/835-2071

PSYCHOLOGICAL EVALUATION

Format:

Narrative Report

Content to Include:

1. Identifying Information.
2. Reason for Evaluation.
3. Credentials of Examiner.
4. Date of Evaluation.
5. Method of Evaluation - Tests Administered.
6. Background of Client:
 - developmental history
 - family origin
 - education
 - marital history
 - vocational history
 - legal problems
 - psychological/psychiatric history and current status
 - medical history and current status
 - alcohol/drug history and current status
7. Evaluation/Test Behavior.
8. Test Results.
9. Mental Status Examination.
10. Personality Functioning:
 - strengths/weaknesses
 - dynamics relevant to fitness to practice
11. Diagnostic Impression.
12. Conclusions.
13. Recommendations (treatment, practice limitations, additional evaluations, etc.)

078996



BOARD OF VOCATIONAL NURSE EXAMINERS
9101 BURNET ROAD - SUITE 105
AUSTIN, TEXAS 78758
TELEPHONE 512/835-2071

MEDICAL EVALUATION

Please prepare a narrative report on your letterhead to include:

- A. Date of Medical Examination.
- B. Medical History.
- C. Review of systems.
- D. Physical examination (including neurological).
- E. Diagnosis.
- F. Narrative summary of Urinalysis, SMAC - 20.
- G. Alcohol and Drug Screen.
- H. Evidence of use of unprescribed drugs (including alcohol).
- I. Evidence of any physical disease process that requires treatment.
- J. If prescribing any drugs or treatment for this person, please list:
 - (1) Type of drugs or treatment
 - (2) Projected length of treatment
- K. Identify and describe any practice limitations on this vocational nurse.

REINSTATEMENT INFORMATION SHEET**Application for Reinstatement**

- (a) At the expiration of one (1) year from the date of revocation or suspension, or upon the conclusion of any specified period of suspension, the Board may consider a request for reinstatement by the former licensee (applicant).
- (b) The request for reinstatement must be submitted to the Board office in writing, and should include a short and plain statement of the reasons why the applicant believes the license should be reinstated.
- (c) Upon denial of any application for reinstatement, the Board may not consider a subsequent application until the expiration of one (1) year from the date of denial of the prior application.
- (d) In taking action to revoke or suspend a license, the Board may, in its discretion, specify the terms and condition upon which reinstatement shall be considered.

Evaluation for Reinstatement

- (1) the severity of the act which results in revocation or suspension of the license;
- (2) the conduct of the applicant subsequent to the revocation or suspension of license;
- (3) the lapse of time since revocation or suspension;
- (4) the degree of compliance with all conditions the Board may have stipulated as a prerequisite for reinstatement;
- (5) the degree of rehabilitation attained by the applicant as evidenced by sworn notarized statements sent directly to the Board from qualified people who have personal and professional knowledge of the applicant; and
- (6) the applicant's present qualifications to practice vocational nursing based on his/her history of nursing related employment or education.

Procedure Upon Request for Reinstatement

- (a) An applicant for reinstatement of a revoked or suspended license must personally appear at a prehearing conference and/or administrative hearing, at a scheduled date and time to show why the license should be reinstated.

078996

REINSTATEMENT INFORMATION SHEET

Page 3

or her license or show evidence of practice as a licensed vocational nurse in another state or practice as a registered nurse in this state or another state within the past five years.

Applicants for reinstatement are strongly encouraged to phone the Board office (Investigation Division) to clarify any and all requirements for reinstatement. Letters of reference, reports, or other documents submitted must be addressed to the "Board of Vocational Nurse Examiners" and reference "Dear Board Members" on all correspondence.

CERTIFIED

**OFFICIAL BUSINESS
MAIL
TEXAS
ALTY**

FOR PRIVATE USE

Thomas B. Owens, Jr.
P.O. Box 892
Nash, Texas 75569



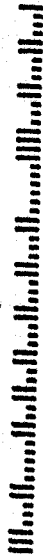
BOARD OF VOCATIONAL NURSE EXAMINERS
333 Guadalupe
Tower 3, Suite 400
Austin, TX 78701

DEC 28 1995



OWENS92 755692025 1094 12/22/95
FORWARDING TIME EXPIRED
OWENS, THOMAS B JR
RR 1 BOX 123
DE KALB TX 75559-9728

RETURN TO SENDER



PS Form 3800, March 1993

Sent to Thomas B. Owens, Jr.	
Street and No. RR 1, Box 123	
P.O., State and ZIP Code DeKalb, Texas 75559-9728	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

2 365 043 322

Resent regular mail 1-2-96 (new info sheet included) to correct address - P.O. Box 892 Nash, TX 75569

*PC.078996
Reinstatement order returned 12/28/95
Mailed 12/29/95
to new address.*

REINSTATEMENT INFORMATION SHEET

Application for Reinstatement

- (a) At the expiration of five (5) years from the date of revocation, or at the expiration of one (1) year from the date of voluntary surrender revocation, or upon the conclusion of any specified period of suspension, the Board may consider a request for reinstatement by the former licensee (applicant).
- (b) The request for reinstatement must be submitted to the Board office in writing, and should include a short and plain statement of the reasons why the applicant believes the license should be reinstated.
- (c) Upon denial of any application for reinstatement, the Board may not consider a subsequent application until the expiration of five (5) years from the date of denial of the prior application.
- (d) In taking action to revoke or suspend a license, the Board may, in its discretion, specify the terms and condition upon which reinstatement shall be considered.

Evaluation for Reinstatement

- (1) the severity of the act which results in revocation or suspension of the license;
- (2) the conduct of the applicant subsequent to the revocation or suspension of license;
- (3) the lapse of time since revocation or suspension;
- (4) the degree of compliance with all conditions the Board may have stipulated as a prerequisite for reinstatement;
- (5) the degree of rehabilitation attained by the applicant as evidenced by sworn notarized statements sent directly to the Board from qualified people who have personal and professional knowledge of the applicant; and
- (6) the applicant's present qualifications to practice vocational nursing based on his/her history of nursing related employment or education.

Procedure Upon Request for Reinstatement

- (a) An applicant for reinstatement of a revoked or suspended license must personally appear at a prehearing conference and/or administrative hearing, at a scheduled date and time to show why the license should be reinstated.

REINSTATEMENT INFORMATION SHEET

Page 2

(b) An applicant who fails to personally appear at a prehearing conference, or who fails to reach an agreed settlement at a prehearing conference, must personally appear at an administrative hearing.

(c) Upon submission of proof of past revocation or suspension of the applicant's license, the applicant has the burden of proof to show present fitness and/or rehabilitation to practice vocational nursing.

(d) An applicant for reinstatement must submit a written psychiatric or psychological evaluation and a written medical evaluation, prior to being scheduled for an appearance at a reinstatement hearing. Said evaluations shall be obtained solely at the applicant's expense, and forwarded directly to the agency by the Examiner. The psychiatric or psychological evaluation must be prepared by a licensed psychiatrist or psychologist and the medical evaluation must be prepared by a licensed physician. Said reports shall include such information as the agency may specifically require, with notice to the applicant.

(e) Upon receipt of a written request for reinstatement and all information required by subsection (d) of this section, the applicant will be notified of a date and time of their personal appearance at a prehearing conference or administrative hearing.

Board Action Possible Upon Reinstatement

(a) After evaluation, the Board may:

(1) deny reinstatement of a suspended or revoked license;

(2) reinstate a suspended or revoked license and probate the practitioner for a specified period of time under specific conditions;

(3) authorize reinstatement of the suspended or revoked license;

(4) require the satisfactory completion of a specific program of remedial education approved by the agency; and

(5) require monitoring of the applicant's nursing practice as specified by the Board.

(b) A nurse whose license has been suspended or revoked for more than five years shall be required to repeat the vocational nursing program and shall take and pass the national licensure examination prior to activation of his

078996

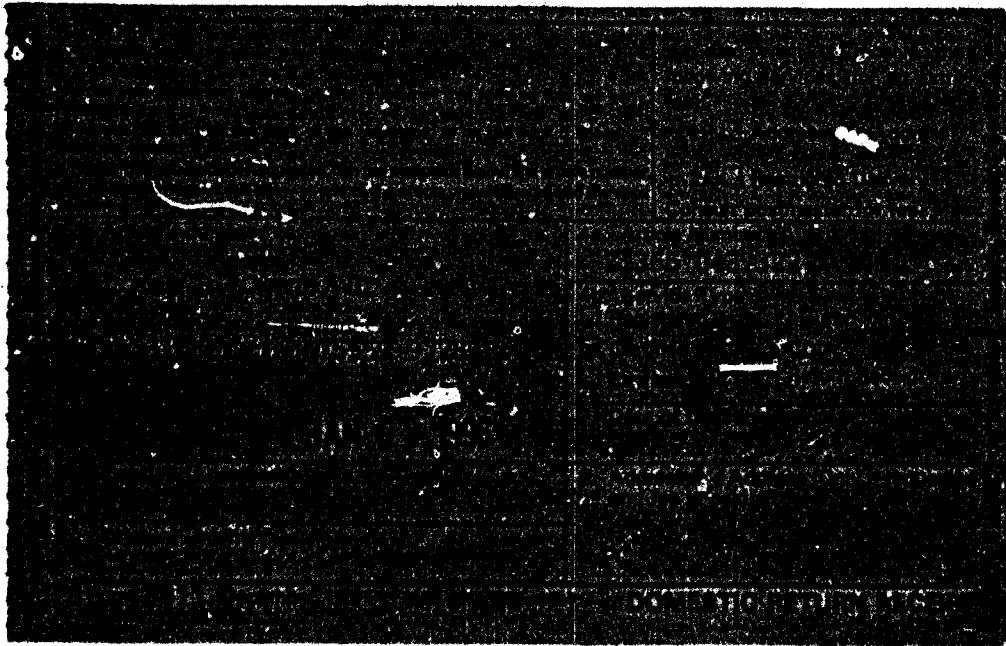
REINSTATEMENT INFORMATION SHEET

Page 3

or her license or show evidence of practice as a licensed vocational nurse in another state or practice as a registered nurse in this state or another state within the past five (5) years.

Applicants for reinstatement are strongly encouraged to phone the Board office (Investigation Division) to clarify any and all requirements for reinstatement. Letters of reference, reports, or other documents submitted must be addressed to the "Board of Vocational Nurse Examiners" and reference "Dear Board Members" on all correspondence.

078996



PC073996

Receipt for returned of new address on 1/13/96 mailed Reg cert. & new address

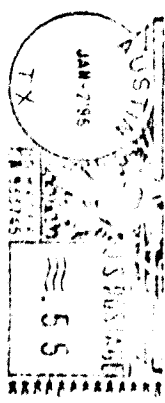
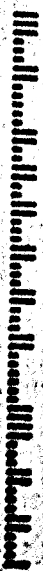
BOARD OF VOCATIONAL NURSE EXAMINERS
333 Guadalupe
Tower 3, Suite 480
Austin, TX 78701



OFFICIAL BUSINESS
STATE OF TEXAS
STATE PENALTY
FOR PRIVATE USE

OWEN092 755592035 1004 01/05/96
FORWARDING TIME EXPIRED
OWENS, THOMAS B JR
RR 1 BOX 123
DE KALB TX 75559-9728

RETURN TO SENDER



Z 286 453 853



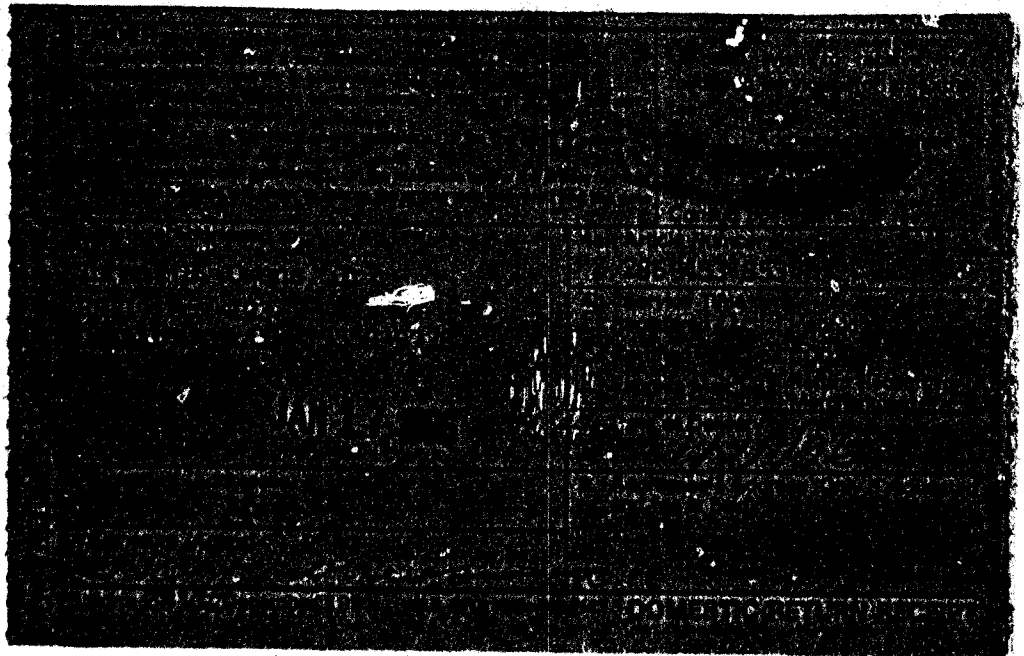
Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to	
Thomas B. Owens, Jr.	
Street and No	
RR 1, Box 123	
P.O., State and ZIP Code	
DeKalb, Texas 75559-9728	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

078996



078996



BOARD OF
333 Guada
Tower 3,
Austin, T

January 12, 1996

Thomas Owens
P.O. Box 892
Nash, Texas 75569

Certified Mail No. Z 365 043 344

Dear Mr. Owens:

You have filed a written request for reinstatement of your vocational nursing license with the Board of Vocational Nurse Examiners office, stating reasons why you believe your license should be reinstated.

Pursuant to the Board of Vocational Nurse Examiners Rules, you are hereby offered the opportunity to schedule a prehearing conference, to be conducted at the Board's office to determine your eligibility for reinstatement of your vocational nursing license. You may be represented by an attorney at the prehearing conference, or you may appear without an attorney. The dates of the prehearing conference are February 5-7, 1996. You must contact Patricia Cook, Supervising Investigator, at (512) 305-8100, no later than January 29, 1996, to schedule your prehearing conference. Docket times are assigned by the Board staff. Be advised that conferences may not be held on the last day indicated, if we anticipate that we will not have enough cases to fill the docket.

You must arrive at the Board office at least thirty (30) minutes prior to the scheduled time in order to meet with your case Investigator. Please bring with you a valid form of picture identification (Drivers License, I.D. Card, etc.).

Should you choose not to schedule an appearance at the prehearing conference, your reinstatement request will be presented to an Administrative Law Judge with the State Office of Administrative Hearings at a regularly scheduled public meeting, for which you will receive advance notification.

A copy of the Board's rules pertaining to prehearing conferences is enclosed. The proceedings relating to the prehearing conference are confidential and your statements made at the hearing will not be offered as evidence at any subsequent hearing in the request for reinstatement. However, if an Agreed Order is proposed as a result of the prehearing conference, it will become a

THE END 5RE Z

Receipt for
Certified Mail



No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	Thomas Owens
Street and No	P.O. Box 892
P.O., State and ZIP Code	Nash, Texas 75569
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark of Date	

PS Form 3800, March 1993

078996

Thomas Owens
January 12, 1996
Page 2


public record if accepted and endorsed by the Board of Vocational Nurse Examiners.

Due to security concerns, purses, briefcases, backpacks, etc., will not be allowed into the conference chambers. (Attorneys are exempt from this requirement). Please make prior arrangements for the safekeeping of your personal belongings as the Board will not be responsible for these items.

FIREARMS ARE NOT PERMITTED IN THE BOARD OF VOCATIONAL NURSE EXAMINERS OFFICES AND/OR HEARING CHAMBERS.

Should you have questions regarding the prehearing conference procedure, please contact the Investigation Division.

Sincerely,


Marjorie A. Bronk, R.N.
Executive Director

MAB/db

Enclosure: Prehearing Conference Rules, Board Location Map

cc: Regular Mail

078996 Kc
Preheating str.
returned once
again 1/24/96
Forwarding time
expedited

BOARD OF VOCATIONAL NURSE EXAMINERS
333 Guadalupe
Tower 3, Suite 400
Austin, TX 78701



CERTIFIED

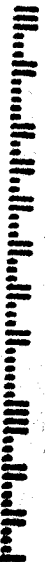
STATE OF TEXAS
Z STATE FINANCIALITY
MAIL USE

Thomas Owens
P.O. Box 892
Nash, Texas 75569



JAN 24 1996

OWEN092 755692023 1C94 01/17/96
FORWARDING TIME EXPIRED
OWENS, THOMAS B JR
RR 1 BOX 123
DE KALB TX 75559-9726
RETURN TO SENDER



078996



BOARD OF VOCATIONAL NURSE EXAMINERS

333 Guadalupe
Tower 3, Suite 400
Austin, TX 78701

March 15, 1996

Thomas B. Owens, Jr.
P.O. Box 286
Nash, Texas 75569

Dear Mr. Owens:

The enclosed Agreed Board Order has been endorsed by the Board of Vocational Nurse Examiners and is now in effect.

If you have any questions concerning this matter, please contact the Investigation Division.

Sincerely,

A handwritten signature in cursive script that reads "Marjorie A. Bronk, R.N.".

Marjorie A. Bronk, R.N.
Executive Director

MAB/db

Enclosure: Agreed Order

BOARD OF VOCATIONAL NURSE EXAMINERS

* STATE OF TEXAS

VS.

THOMAS B. OWENS, JR.

* COUNTY OF TRAVIS

AGREED BOARD ORDER

On this day came to be considered by the Board of Vocational Nurse Examiners for the State of Texas, hereinafter referred to as the Board, the matter of vocational nurse license number 078996, previously held by THOMAS B. OWENS, JR., hereinafter called Applicant.

The Board of Vocational Nurse Examiners previously found that Applicant had violated the Vocational Nurse Act, or a rule, regulation or Order issued under the Vocational Nurse Act, Texas Revised Civil Statutes Annotated, Article 4528c. Applicant has submitted a written request for reinstatement of said previously held license.

A prehearing conference was held on February 5, 1996, at the office of the Board of Vocational Nurse Examiners. The conference was conducted by Marjorie A. Bronk, R.N., Executive Director of the Board, assisted by Rojelio Cuevas, member of the Board of Vocational Nurse Examiners. Applicant was present and was not represented by counsel.

AGREED BOARD ORDER

RE: THOMAS B. OWENS, JR., LVN #078996

PAGE 2

The conference was attended by Patricia Cook, Investigator for the Board, and Roxanne Caperton, Assistant Attorney General. By their notarized signature on this Order, Applicant does hereby waive the right to Notice of Formal Hearing and a Formal Hearing on the Application for Reinstatement before the Board, and to judicial review of this disciplinary action after this Order is endorsed by the Board.

After reviewing the matters relative to the request for reinstatement at the prehearing conference, Applicant agrees to the entry of an Order dispensing with the need for further action on this reinstatement request. By Applicant's signature on this Order, Applicant acknowledges that they have read and understood this Order and have approved it for consideration by the Board. Notice of this disciplinary action will appear in the Board's newsletter sent to Texas Employers.

ORDER OF THE BOARD

NOW IT IS ORDERED that license number 078996, previously issued to THOMAS B. OWENS, JR., to practice vocational nursing in the State of Texas be, and the same is hereby reinstated, without stipulations.

AGREED BOARD ORDER
RE: THOMAS B. OWENS, JR., LVN #078996
PAGE 3

This Agreed Order shall not be effective or take effect and become enforceable in accordance with its terms until endorsed by a majority of the Board present and voting, at its next regularly called session.

Agreed to this the 5th day of February, 1996

Tom Owens
Signature of Applicant

PO 592 NASH
Current Address

NASH TX 75569
City, State and Zip

903 1432-2950
Area Code and Telephone Number

The State of Texas
County of Tarrant

Before me, the undersigned authority, on this day personally appeared THOMAS B. OWENS, JR., who being duly sworn by me stated that he or she executed the above for the purpose therein contained, and that he or she understood same.

SWORN TO AND SUBSCRIBED before me this the 5th day of February, 1996



Patricia Ann Cox
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires 3-27-98

Marjorie A Bronk, RN
Marjorie A. Bronk, RN
Agent for the Board of
Vocational Nurse Examiners

078996

AGREED BOARD ORDER
RE: THOMAS B. OWENS, JR., LVN #078996
PAGE 4

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the 8th
day of February, 1996.

Linda Rae Kent
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS



AGREED BOARD ORDER
RE: THOMAS B. OWENS, JR., LVN #078996
PAGE 5

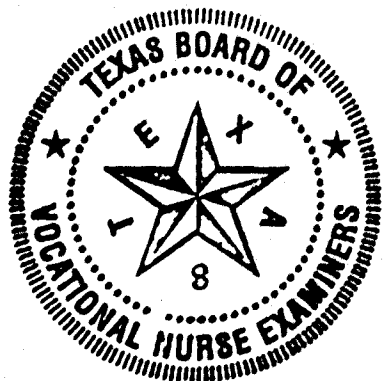
ENDORSEMENT OF THE BOARD
To The Agreed Board Order
in the matter of Vocational Nurse
License No. 078996
Issued to Thomas B. Owens, Jr.

At its regularly called session, on the 12th day of March, 1996, came on to be considered the indicated Agreed Board Order pertaining to Thomas B. Owens, Jr. The Board having reviewed the contents of said Order, the Order should be, and is hereby, endorsed as an Order of the Board and made an official act of the Board of Vocational Nurse Examiners for the State of Texas.

Said Order is rendered on this the 12th day of March, 1996.

Mella Lee Casey, MD
Deniger Bremner
Suzie Chapman
Paul B. [unclear]
Betty E. Sims
Alvina [unclear]
Kathleen G. Power

Paul M. Robinson
Timothy D. [unclear]
William K. [unclear]



078996

BOARD ORDER

RE: THOMAS B. OWENS, JR., LVN #078996

PAGE: 6

CERTIFICATE OF SERVICE

I hereby certify that on the 12th day of March, 1996,
a true and correct copy of the foregoing Order was served by placement in the
U.S. Mail, first class, and addressed to the following person(s):

Thomas B. Owens, Jr.
P.O. Box 286
Nash, Texas 75569

Marjorie A Bronk, RN
Marjorie A. Bronk, A.N.
Executive Director
Agent for the Board of Vocational Nurse Examiners