



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 Vocational Nurse	§	AGREED
License Number 139387	§	
issued to MICHELLE (GALVAN) AGUILAR	§	ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Bo considered the matter of MICHELLE (GALVAN) AGUILAR, Vocational Nurse License Nun 139387, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.452(b)(1)&(10), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order offered on June 1, 2009, by Katherine A. Thomas, MN, RN, 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.
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 vocational nursing in the State of Texas.
4. Respondent received a Certificate in Vocational Nursing from Lee College, Baytown, Texas on August 12, 1992. Respondent was licensed to practice vocational nursing in the State of Texas on December 6, 1992.
5. Respondent's vocational nursing employment history includes:

12/92-4/09

Unknown

5/09-Present

Office Nurse

Dezra White, M.D.
Houston, Texas

6. On or about January 27, 2006, Respondent was issued an Agreed Order by the Board of Nurse Examiners for the State of Texas which required her to participate in and successfully complete the Texas Peer Assistance Program for Nurses (TPAPN). A copy of the Findings of Fact, Conclusions of Law, and Agreed Order dated January 27, 2006, is attached and incorporated, by reference, as part of this Order.
7. On or about November 15, 2007, Respondent became non-compliant with the Agreed Order issued to her by the Board of Nurse Examiners for the State of Texas on January 27, 2007. Non-compliance is the result of her failure to comply with Stipulation Number Three (3) of the Order which reads, in pertinent part: (3) "RESPONDENT SHALL comply with all requirements of the TPAPN contract during its term." On November 15, 2007, Respondent became non-compliant with drug testing after missing three (3) drug tests.
8. In response to Finding of Fact Number Seven (7), Respondent states around this time she was going through a hard divorce and financially was having a hard time and could not afford the chain of custody forms. Respondent states on 2 different occasions she was ordered to do the drug tests so she went to Lab Corp and got the chain of custody and did the drug tests at her employer and was tested by the nurse who was given the drug test containers by TPAPN. That nurse did the drug test and sent them to Lab Corp. Respondent states the test results were sent to TPAPN. Respondent states her Case Manager stated the tests were negative but were on the wrong forms and she told her she was going to dismiss her from TPAPN.
9. 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 above action constitutes grounds for disciplinary action in accordance with Section 301.452(b)(1)&(10), Texas Occupations Code, and is a violation of 22 TEX. ADMIN. CODE §217.12(9)&(11)(B).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 139387, heretofore issued to MICHELLE (GALVAN) AGUILAR, including revocation of Respondent's license to practice vocational 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 this Order SHALL be applicable to Respondent's multistate licensure privilege, if any, to practice nursing in compact states.

IT IS FURTHER AGREED and ORDERED that while Respondent's license is encumbered by this Order, Respondent may not work outside the State of Texas pursuant to a multistate licensure 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.state.tx.us/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 (1) YEAR OF EMPLOYMENT. THE LENGTH OF THE STIPULATION PERIOD WILL BE EXTENDED UNTIL SUCH TWELVE (12) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A VOCATIONAL NURSE (LVN) LICENSE WILL NOT APPLY TO THIS STIPULATION PERIOD:

(2) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the stipulations on RESPONDENT's license. 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. 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.

(3) 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.

(4) RESPONDENT SHALL be supervised by a Registered Nurse or a Licensed Vocational Nurse who is on the premises, **with the exception of Respondent's current employment as an Office Nurse with Dezra White, M.D., Houston, Texas, where Dr. White may supervise Respondent's practice. Should Respondent's employment as an Office Nurse with Dezra White, M.D., Houston, Texas, cease or change,** RESPONDENT SHALL be supervised by a Registered Nurse or 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.

(5) 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 Registered Nurse or Licensed Vocational 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.

(6) 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 an evaluation by a Board approved physician specializing in Pain Management or Psychiatry. The performing evaluator will submit a written report to the Board's office, including results of the evaluation, clinical indications for the prescriptions, and recommendations for on-going treatment within thirty (30) days from the Board's request.**

(7) 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 is 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 period 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 will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action by this Board. Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action by this Board.

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

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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 violation 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 to practice vocational nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 5 day of August, 2009.

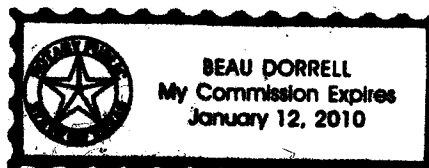
Michelle Galvan Aguilar
MICHELLE (GALVAN) AGUILAR, Respondent

Sworn to and subscribed before me this 5th day of August, 2009.

SEAL

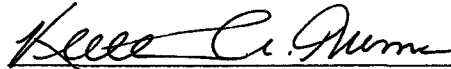
[Signature]

Notary Public in and for the State of TX



WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 5th day of August, 2009, by MICHELLE (GALVAN) AGUILAR, Vocational Nurse License Number 139387, and said Order is final.

Effective this 8th day of September, 2009.

A handwritten signature in cursive script, appearing to read "Katherine A. Thomas", is written over a horizontal line.

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

BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of Vocational Nurse License	§	AGREED
Number 139387 issued to MICHELLE GALVAN	§	ORDER

On this day the Board of Nurse Examiners for the State of Texas, hereinafter referred to as the Board, considered the matter of MICHELLE GALVAN, License Number 139387, 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 conference, notice and hearing, and agreed to the entry of this Order offered on June 20, 2005, by Katherine A. Thomas, MN, RN, Executive Director.

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.
2. Respondent waived representation by counsel, informal conference, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice vocational nursing in the State of Texas.
4. Respondent received a certificate in vocational nursing from Lee College, Baytown, Texas, on August 12, 1992. Respondent was licensed to practice vocational nursing in the State of Texas on December 6, 1992.
5. Respondent's vocational nursing employment history is unknown.
6. On or about May 16, 2001, Respondent was convicted of the offense of "Driving While Intoxicated" in the Harris County District Court, Houston, Texas, Cause Number 1051985, and was sentenced to one (1) year of community supervision.

7. On or about November 12, 2004, Respondent was convicted of the offense of "Driving While Intoxicated - 2nd" in the Harris County, Texas, Court at Law Number 3, Cause Number 1250717, and was sentenced to eighteen (18) months confinement in the Harris County Jail. The imposition of Respondent's sentence was suspended and she was placed on Community Supervision for a period of eighteen (18) months.
8. The Respondent's conduct described in the preceding Finding of Fact was reportable under the provisions of Sections 301.401-301.419, Texas Occupations Code.
9. 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.
10. Respondent's conduct described in Findings of Fact Numbers six (6) and seven (7) resulted from Respondent's impairment on chemicals.
11. Respondent's compliance with the terms of a Board approved peer assistance program should be sufficient to protect patients and the public.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.455, the Board has jurisdiction over this matter.
2. Notice was served in accordance with law.
3. The evidence received is sufficient to prove violation of Section 302.402(a)(10) and Section 301.452(b)(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §§239.11(29)(A)(iv) and 217.12(13).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 139387, heretofore issued to MICHELLE GALVAN, including revocation of Respondent's vocational license to practice nursing in the State of Texas.
5. The Board may, in its discretion, order a nurse to participate in a peer assistance program approved by the Board if the nurse would otherwise have been eligible for referral to peer assistance pursuant to Section 301.410, Texas Occupations Code.

ORDER

IT IS THEREFORE AGREED and ORDERED that RESPONDENT, in lieu of the sanction of Revocation under Section 301.453, Texas Occupations Code, SHALL comply with the following conditions for such a time as is required for RESPONDENT to successfully complete the Texas Peer Assistance Program for Nurses (TPAPN):

(1) RESPONDENT SHALL, within forty-five (45) days following the date of entry of this final Order, apply to and be accepted into the TPAPN, which SHALL include payment of a non-refundable participation fee in the amount of three hundred fifty dollars (\$350) payable to TPAPN.

(2) Upon acceptance into the TPAPN, RESPONDENT SHALL waive confidentiality and provide a copy of the executed TPAPN contract to the Board of Nurse Examiners.

(3) RESPONDENT SHALL comply with all requirements of the TPAPN contract during its term.

(4) RESPONDENT SHALL CAUSE the TPAPN to notify the Board of Nurse Examiners of any violation of the TPAPN contract.

IT IS FURTHER AGREED and ORDERED, RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Revised Civil Statutes of Texas as amended, Texas Occupations Code, Section §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.01 *et seq.* and this Order.

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

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

IT IS FURTHER AGREED, SHOULD RESPONDENT fail to comply with this Order or the terms of the participation agreement with the TPAPN, such noncompliance will result in further disciplinary action including revocation of Respondent's license and multistate licensure privileges, if any, to practice vocational nursing in the State of Texas.

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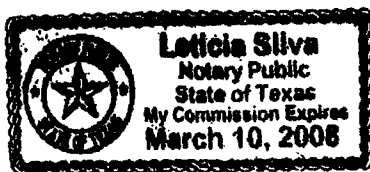
RESPONDENT'S CERTIFICATION

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 violation alleged herein. I do acknowledge possessing a diagnosis that deems me eligible to participate in the Texas Peer Assistance Program for Nurses. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, and Conditions One (1) through Four (4) of this Order to obtain disposition of the allegations through peer assistance and to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order becomes effective upon acceptance by the Executive Director on behalf of the Board of Nurse Examiners, 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 to practice vocational nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 22 day of January, 2006
Michelle Galvan
MICHELLE GALVAN, Respondent

Sworn to and subscribed before me this 22 day of January, 2006.


SEAL



[Signature]
Notary Public in and for the State of TEXAS

WHEREFORE PREMISES CONSIDERED, the Executive Director, on behalf of the Board of Nurse Examiners for the State of Texas, does hereby accept and enter the Agreed Order that was signed on the 22nd day of January, 2006, by MICHELLE GALVAN, Vocational Nurse License Number 139387, and said Order is final.

Entered and effective this 27th day of January, 2006.


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

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 15th 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. If you are a vocational nurse and have any questions, contact Carolyn Hudson, Probation Monitor, at (512) 305-7667.

INSTRUCTIONS FOR BON URINE DRUG SCREEN COLLECTION

1. As a result of the proposed Order of the Board being offered by the Texas Board of Nursing (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**. 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**.
5. **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.
6. 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

License Number



FirstLab Enrollment Instructions for Texas Board of Nursing(TXBON)

As a participant of the TXBON 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**.
2. Click on the **"phm login"** button.
3. Then click on **"Enroll with FirstLab"**
4. Enter the Login and Passcode

Program Login ID: **txbonrn** (for RNs) or **txbonlvn** (for LVNs)

Password: **enroll**

5. Fill in the required fields indicated with an * which includes your SSN 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.

*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
1/98-II1