

6. On December 18, 2006, Respondent was issued an Eligibility Agreed Order by the Board of Nurse Examiners for the State of Texas, requiring him to apply to and be accepted into the TPAPN within 45 days of initial licensure, and upon acceptance, comply with all requirements of the TPAPN contract during its term. A copy of the Findings of Fact, Conclusions of Law, and Order dated December 18, 2006, is attached and incorporated, by reference, as part of this Order.
7. On or about May 21, 2007, Respondent's license to practice professional nursing in the State of Arizona was REVOKED by the Arizona State Board of Nursing, Phoenix, Arizona. However, the revocation was STAYED and the license was SUSPENDED for one (1) year and placed on probation for one (1) year with terms and conditions, followed by probation for an additional twenty- four (24) months. A copy of the Findings of Fact, Conclusions of Law, and Consent Agreement and Order dated May 21, 2007, is attached and incorporated, by reference, as part of this Order.
8. On or about July 16, 2007, Respondent's license to practice professional nursing in the State of Arizona was automatically REVOKED for a period of five (5) years, by the Arizona State Board of Nursing, Phoenix, Arizona, for failing to comply with the terms of the Consent Agreement effective May 21, 2007.
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 evidence received is sufficient to prove violations of Section 301.452(b)(8), Texas Occupations Code.
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 736480, heretofore issued to ALLEN MICHAEL OHLER, including revocation of Respondent's license to practice professional nursing in the State of Texas.

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ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Registered Nurse License Number 736480, previously issued to ALLEN MICHAEL OHLER, to practice professional nursing in Texas is hereby SUSPENDED with the suspension STAYED and Respondent is hereby placed on PROBATION with the following agreed terms of probation for such a time as is required for RESPONDENT to successfully complete the Texas Peer Assistance Program for Nurses (TPAPN):

If applicable, RESPONDENT SHALL deliver the wallet-sized license issued to ALLEN MICHAEL OHLER, to the office of the Texas Board of Nursing within ten (10) days of the date of this Order for appropriate notation.

(1) RESPONDENT SHALL, within forty-five (45) days following the date of entry of this final Order, apply to TPAPN and SHALL, within ninety (90) days following the date of entry of this final Order, sign and execute the TPAPN participation agreement, which SHALL include payment of a non-refundable participation fee in the amount of five hundred dollars (\$500) payable to TPAPN.

(2) Upon acceptance into the TPAPN, RESPONDENT SHALL waive confidentiality and provide a copy of the executed TPAPN participation agreement to the Texas Board of Nursing.

(3) RESPONDENT SHALL comply with all requirements of the TPAPN participation agreement during its term and SHALL keep his license to practice nursing in the State of Texas current.

(4) RESPONDENT SHALL CAUSE the TPAPN to notify the Texas Board of Nursing of any violation of the TPAPN participation agreement.

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, the stipulations outlined and required herein SHALL supercede all previous stipulations required by any Order entered by the Texas Board of Nursing.

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

IT IS FURTHER AGREED and ORDERED, that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license, the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order and completion of the TPAPN contract, RESPONDENT SHALL be issued a single state license permitting Respondent to practice professional nursing ONLY in the State of Texas.

IT IS FURTHER AGREED, RESPONDENT may apply for multistate licensure privileges in the State of Texas at such a time as his license to practice professional nursing in the State of Arizona is no longer REVOKED.

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

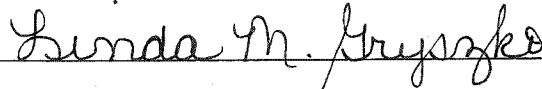
Signed this 3 day of June, 2008.



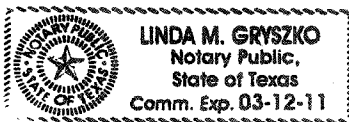
ALLEN MICHAEL OHLER, Respondent

Sworn to and subscribed before me this 3rd day of June, 2008.

SEAL

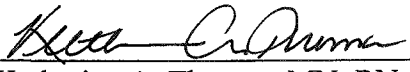


Notary Public in and for the State of Texas



WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 3rd day of June, 2008, by ALLEN MICHAEL OHLER, Registered Nurse License Number 736480, and said Order is final.

Effective this 16th day of June, 2008.



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

ARIZONA STATE BOARD OF NURSING

IN THE MATTER OF PROFESSIONAL)	
NURSE LICENSE NO. RN118488)	
ISSUED TO:)	CONSENT AGREEMENT
)	AND
ALLEN MICHAEL OHLER)	ORDER NO. 0702012
RESPONDENT)	

CONSENT AGREEMENT AND ORDER

A complaint charging Allen Michael Ohler ("Respondent") with violation of the Nurse Practice Act has been received by the Arizona State Board of Nursing ("Board"). In the interest of a settlement of the above-captioned matter, consistent with the public interest, statutory requirements and the responsibilities of the Board, and pursuant to A.R.S. § 41-1092.07 (F)(5), the undersigned parties enter into this Consent Agreement and Order ("Order") as a final disposition of this matter.

Based on the evidence before it, the Board makes the following Findings of Fact and Conclusions of Law:

FINDINGS OF FACT

1. Respondent holds Board issued professional nurse license no. RN118488.
2. On or about October 5, 2005 Respondent self-reported to the Board that he had diverted Percocet for his personal use from Scottsdale Healthcare, Shea campus. He stated the diversion began about 6 or 8 weeks prior and after he twisted his back.
3. On or about October 5, 2005 Respondent met with Board staff. Respondent admitted to a history of diverting Percocet about two and a half years prior but he stopped until 6 to 8 weeks prior when he began diverting and using 4-8 Percocet a shift. Respondent signed the CANDO Stipulated Agreement, which in part, required him to attend a chemical dependency treatment program, enroll in a drug screening program and submit to required monthly random drug screens, attend two AA/NA meetings per week and a nurse support group weekly, abstain

from the use of alcohol and all mind/mood altering medications and controlled and/or addictive substances, attend aftercare, abstain from unauthorized drug use, notify CANDO of any prescription received, refrain from working as a nurse until approval to return to work was obtained from the CANDO consultant and upon return to nursing practice, abide by standard nursing practice restrictions, which included consistent supervision, work in a setting where there is always a minimum of one other registered nurse, no access to or administer narcotics for one (1) year, to notify the Board of nursing of any pending relocation out of the State of Arizona, and to fully comply with the terms of the agreement regardless of his state of residency.

4. On or about October 6, 2005 a complaint was received from Health Temp, the registry Respondent worked for, stating that Phoenix Memorial Hospital contacted them alleging that Respondent was diverting Percocet for his own use while working there as a Registry nurse in the intensive care unit.

5. On or about October 18, 2005 Respondent notified Board staff he was considering moving to Tennessee. On October 21, 2005 the CANDO Consultant sent a letter to Respondent explaining the process for relocating to Tennessee, a Compact state.

6. On or about November 6, 2005 Board staff received a written request from Respondent to move to Tennessee.

7. On or about November 11, 2005 Board staff received correspondence from Respondent that he was going to Texas the following week to buy a house and he would be applying for licensure in Texas.

8. On or about November 22, 2005 Board staff sent a letter to Respondent regarding his failure to attend two AA/NA meetings per week, in violation of his Stipulated Agreement.

9. On or about January 19, 2006 Board staff sent a letter to Respondent regarding his failure to submit his AA/NA report, performance evaluation, and self-report for the reporting period ending December 31, 2005, in violation of his Stipulated Agreement.

10. On or about August 8, 2006 the late self-reports and AA/NA reports due on February 28, 2006, April 30, 2006, and June 30, 2006 were received late by Board staff, in violation of Respondent's Stipulated Agreement.

11. On or about October 13, 2006 Board staff sent a letter to Respondent regarding his failure to submit his self-report, AA/NA report and his performance evaluation due for the reporting period ending August 31, 2006.

12. On or about October 24, 2006 Board staff met with Respondent to discuss his request to move to Texas, work overtime, and have access to dispense narcotics. At that time Respondent reported that he had applied for licensure in Texas. Board staff discussed with Respondent his history of non-compliance with his CANDO Stipulated Agreement, the need to maintain compliance with his Stipulated Agreement, and the process for relocation out of state and to another Compact state. Respondent was also told that regardless of his state of residency he must comply with the terms of his Stipulated Agreement.

13. On or about December 21, 2006 Board staff sent a letter to Respondent regarding his failure to submit reports due for the reporting periods ending August 31, 2006 and October 31, 2006; his failure to attend one nurse recovery group a week; and , no documentation in file of his completion of aftercare. Respondent failed to submit random urine drug screens after November 2, 2006 and in violation of his CANDO Stipulated Agreement.

14. On or about January 2, 2007 Respondent contacted Board staff stating that he was in Texas permanently and was trying to get into the Texas diversion program.

15. On or about January 12, 2007 late self-reports, AA/NA reports, and a Texas Peer Assistance Program interstate transfer form were received by Board staff.

16. On or about February 7, 2007 Board staff met with Respondent telephonically. He stated he moved to Texas permanently in December 2006 because of a family emergency. He failed to explain why he did not maintain contact with Board staff as instructed and failed to maintain compliance with his CANDO Stipulated Agreement. Respondent was notified that he would be discharged from CANDO due to non-compliance with his Stipulated Agreement.

CONCLUSIONS OF LAW

Pursuant to A.R.S. §§ 32-1606, 32-1663, and 32-1664, the Board has subject matter and personal jurisdiction in this matter.

The conduct and circumstances described in the Findings of Fact constitute violations of A.R.S. § 32-1663 (D) as defined in § 32-1601(d) (g), (h), (i) and (j), and A.A.C. R4-19-403 (B)(1), (8), (16), (17), (18), and (31).

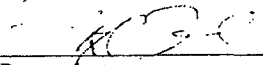
The conduct and circumstances described in the Findings of Fact constitute sufficient cause pursuant to A.R.S. § 32-1664(N) to revoke, suspend or take disciplinary action against the license of Respondent to practice as a professional nurse in the State of Arizona.

Respondent admits the Board's Findings of Fact and Conclusions of Law. In lieu of a formal hearing on these issues, Respondent agrees to issuance of the following Order and waives all rights to a hearing, rehearing, appeal, or judicial review relating to this Order.

Respondent understands the right to consult legal counsel prior to entering into the Order and such consultation has either been obtained or is waived.

Respondent understands that the term "Order" used throughout this document refers to all pages of the document including Findings of Fact, Conclusions of Law and all suspension/probationary terms and conditions and paragraphs of the Order.


Respondent understands that this Consent Agreement is effective upon its acceptance by the Board and by Respondent as evidenced by the respective signatures thereto. Respondent's signature obtained via facsimile shall have the same effect as an original signature. Once signed by the Respondent, the agreement cannot be withdrawn without the Board's approval or by stipulation between the Respondent and the Board's designee. The effective date of this Order is the date the Consent Agreement is signed by the Board and by Respondent. If the Consent Agreement is signed on different dates, the later date is the effective date.


Respondent:

Dated: 5-21-07

ARIZONA STATE BOARD OF NURSING

SEAL


Joey Ridenour, R.N., M.N.
Executive Director

Dated: March 26, 2007

CLINCK/RN118488-011ER

ORDER

In view of the above Findings of Fact, Conclusions of Law and consent of Respondent, the Board hereby issues the following Order:

A. Respondent's professional nurse license number RN118488 is hereby revoked; however, the revocation is stayed for as long as Respondent remains in compliance with this Order. During the stay of the revocation, Respondent's professional nurse license

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number RN118488 is placed on suspension for twelve (12) months and probation for twelve (12) months with terms and conditions, followed by probation for twenty-four months. Before termination of this Order, Respondent shall work as a professional nurse for a minimum of twenty-four (24) months (not less than sixteen hours a week).

B. If Respondent is non-compliant with any of the terms of the Order during the twenty-four (24) month stayed revocation period, the stay of the revocation shall be lifted and Respondent's license shall be automatically revoked for a period of five years. The Board or its designee, in its sole discretion, shall determine noncompliance with the stayed portion of the Order. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph.

C. If Respondent is noncompliant with any of the terms of the Order during the twenty-four (24) month standard probation portion of the Order, Respondent's noncompliance shall be reviewed by the Board for consideration of possible further discipline on Respondent's nursing license.

D. At any time Respondent is required by terms of the Order to provide a copy of the Order to another individual or facility the Respondent must provide all pages of the Consent Agreement and Order.

E. If Respondent is convicted of a felony, Respondent's license shall be automatically revoked for a period of five years. Respondent waives any and all rights to a hearing, rehearing or judicial review of any revocation imposed pursuant to this paragraph.

F. The suspension is subject to the following terms and conditions:

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TERMS OF SUSPENSION (Stayed Revocation)

1. Surrender of License

Within 7 days of the effective date of the consent agreement Respondent shall surrender the license to the Board and Respondent shall not practice nursing for twelve (12) months.

2. Relapse/Recovery Evaluation

Within thirty (30) days of the effective date of this Order, Respondent shall be evaluated by a Board approved evaluator who is at a minimum PhD prepared and who has expertise in substance abuse. Prior to the evaluation, Respondent shall provide a copy of the Findings of Fact, Conclusions of Law and the Order, and the evaluator shall verify receipt of the Order in writing in a report on letterhead to the Board. Respondent shall immediately execute the appropriate release of information forms, to allow the evaluator to communicate with the Board or its designee. The report from the evaluator should include a history of substance abuse, past treatment, present status of recovery and participation in recovery activities, and recommendations for on-going treatment. Respondent will complete all recommendations as recommended by the evaluator and the Board reserves the right to amend the Order based on the recommendations of the evaluator.

If recommended, Respondent shall enroll in a relapse prevention program or other recommended therapy within thirty (30) days of being notified by the Board of the recommendations from the evaluator. Respondent shall cause the program facilitator to inform the Board in writing verifying enrollment in the program. Prior to entry into a relapse prevention program or any type of other recommended therapy, Respondent shall provide a copy of this Consent Agreement and Order to include Findings of Fact and Conclusions of Law, and Order to the program facilitator. Respondent shall immediately execute the appropriate release of

information form(s) to allow the facilitator to communicate information with the Board or its designee. Respondent shall participate in the relapse prevention program or therapy until the Board receives verification from the facilitator in writing that Respondent has successfully completed the program. During participation in the program Respondent shall cause the program facilitator to submit to the Board, in writing on a Board-approved form, evidence of satisfactory attendance, participation, discharge and successful completion of the program. Such reports are due beginning on the first quarterly reporting date after entry into the relapse prevention program and quarterly thereafter, according to schedule, for the remainder of the probationary period or verification of successful completion of the program.

3. Completion of Suspension

After Respondent has successfully completed all terms of the 12-month Stayed Revocation Suspension as determined by the Board's designee, Respondent's license shall be placed on a 12-month Stayed Revocation Probation with terms and conditions.

TERMS OF SUSPENSION AND PROBATION
(Stayed Revocation and Standard)

1. Renewal of License

In the event the professional license is scheduled to expire during the duration of this Order, Respondent shall apply for renewal of the professional license and pay the applicable fee before the expiration date. Failure to renew within seven (7) days of the effective date of this Order, if it is expired, or failure to renew a license by the last date in which the license is to expire, shall be considered as noncompliance. Any license or certificate issued by the Board is subject to the terms and conditions of this Consent Agreement and Order.

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2. Nurse Recovery Group

Within seven (7) days of the effective date of this Order, Respondent shall enroll in a Board-acceptable Nurse Recovery Group if a group is available within forty miles. If a Nurse Recovery Group is not available, Respondent will attend an additional Alcoholics Anonymous or equivalent meeting each week. Respondent shall sign release of information forms allowing the group facilitator to inform the Board, in writing and on letterhead, of Respondent's entry and progress in the group. Respondent shall attend a Nurse Recovery Group once per week and have no "Unexcused" absences or "No call/No show" occurrences.

3. Participation in AA/NA

(a) Within seven (7) days of the effective date of this Order, and throughout the term of this Order, Respondent shall participate at least weekly, or as recommended by the Rehabilitation Program, in Alcoholics Anonymous, Narcotics Anonymous, or an equivalent program, and shall submit to the Board, in writing on Board-approved forms, quarterly reports which are initialed by his/her sponsor. The first report is due by the end of the first month after the effective date of the Order, and quarterly thereafter according to the assigned reporting dates. Failure to submit the required report within seven (7) days of the reporting due date shall constitute non-compliance with this Order.

(b) Respondent shall obtain a temporary sponsor, if participating in a twelve-step program, within thirty days of the effective date of this Order and a permanent sponsor within sixty to ninety days. Respondent shall maintain a sponsor relationship throughout the terms of this Order.

4. Drug Testing

Within seven (7) days of the effective date of this Order and throughout the term of this Order, Respondent shall enroll in a program that meets Board criteria for random

drug testing. The chemicals tested shall be determined by the Board or its designee. Random drug testing shall be done at a minimum of once per month, and may be required more frequently as requested by the Board or its designee. Respondent shall notify the drug biological fluid testing laboratory and the Board, in writing, of unavailability to test before the anticipated absence. If Respondent is unable to submit a specimen on a date requested due to illness, Respondent must provide in writing within seven (7) days of the missed specimen, documentation from a medical provider who has personally seen Respondent on the day of the requested drug test screen confirming that Respondent was not physically able to report to the laboratory for drug biological fluid testing. In addition, any occurrence of the following conditions listed below constitutes as noncompliance: "Failure to Show," or a positive drug test screen showing evidence of any drug other than an authorized drug shall be considered as noncompliance with the terms of the Order. The following situations will constitute a "Failure to Show:" submission of a specimen where the integrity has been compromised, as indicated by the presence of adulterants, with determination made by laboratory personnel; failure to submit to a drug test or provide a biological fluid sample on a day when a drug test sample has been requested by either the Board, its designee, or the laboratory; submission of a urine sample that is below the acceptable volume or temperature to be tested; failure to provide written advance notice of anticipated absence; failure to provide verification of illness from a physician within seven (7) days of the missed specimen. A positive drug test screen showing evidence of any drug other than an authorized drug shall result in immediate notification of Respondent's employer by the Board.

5. Abstain from Alcohol Use

Respondent shall completely abstain from the use of alcohol.

6. Abstain from Unauthorized Drug Use/Proof of Prescription

Respondent shall completely abstain from the use or possession of controlled substances, and dangerous drugs as defined by law, or any drugs requiring a prescription.

Orders prohibiting Respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to Respondent for an illness or condition by a medical provider. During the duration of this Order, Respondent shall select one medical provider to coordinate her health care needs and to be aware of all prescriptions utilized. Within seven (7) days of the effective date of this Order, Respondent shall cause all medical providers who have prescribed medications which are currently being used by Respondent daily or on an as needed basis to provide in writing, on letterhead, verification of knowledge of Respondent's history of substance use, awareness of Respondent's Consent Agreement and Order with the Board, and documentation of current medications prescribed for Respondent. Respondent shall execute all release of information form(s) as required by the Board or its designee so that Respondent's medical providers shall be able to communicate information with the Board. Prior to receiving treatment from any other medical provider(s), Respondent shall notify the medical provider(s) of Respondent's history of substance use and of the existence of the Order. DURING THE COURSE OF THE ORDER RESPONDENT SHALL CAUSE ANY AND ALL PROVIDERS TO NOTIFY THE BOARD OF THEIR AWARENESS OF RESPONDENT'S HISTORY OF SUBSTANCE USE, BOARD ORDER, AND NOTIFICATION OF ANY MEDICATIONS ORDERED BY THE PROVIDER. THE NOTIFICATION SHALL BE MADE IN WRITING WITHIN ONE WEEK OF THE PROVIDER'S ISSUANCE OF THE PRESCRIPTION.

If Respondent has a lawful prescription for a controlled substance, Respondent shall cause her prescribing provider to provide monthly reports to the Board

regarding the continued need for the prescribed narcotic or mood-altering medications within seven (7) days of the 30th day of each month. The Board or its designee may, at any time, request the provider to document the continued need for prescribed medications. Such report from the provider shall be received by the Board within fourteen (14) days of the request. Respondent shall keep a written record of medications taken, including over-the-counter drugs, and produce such record upon request by the Board or its designee.

8. Release of Information Forms

Respondent shall sign all release of information forms as required by the Board or its designee and return them to the Board within ten (10) days of the Board's written request. If Respondent fails to execute the releases, her license shall automatically be revoked.

9. Interview with the Board or its Designee

Respondent shall appear in person or if residing out of state, telephonically for interviews with the Board or its designee upon request and with at least two (2) days notice.

10. Change of Employment/Personal Address/Telephone Number

Respondent shall notify the Board, in writing, within 7 days of any change in nursing employment, personal address or telephone number.

11. Obey All Laws

Respondent shall obey all federal, state and local laws, and all laws/rules governing the practice of nursing in this state. Offenses or convictions such as driving under the influence may subject Respondent to further disciplinary action. Minor civil traffic violations are excluded.

12. Costs

Respondent shall bear all costs of complying with this Order.

13. Voluntary Surrender of License

Respondent may, at any time this Order is in effect, voluntarily request surrender of his license.

14. Violation of Terms of Consent Agreement and Order

If Respondent is non-compliant with the terms of the Order during the stayed revocation portion of the Order (*first twenty-four months*), the stay of revocation shall be lifted and Respondent's license shall be automatically revoked.

If during the standard probation (*last twenty-four months*) portion of the Order Respondent is noncompliant with the terms of the Order in any respect, Board staff may notify the Respondent's employer of the non-compliance. Additionally, the Board may revoke probation and take further disciplinary action for noncompliance with this agreement after affording Respondent notice and the opportunity to be heard. If a complaint or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

TERMS OF PROBATION (Stayed Revocation and Standard Probation)

1. Stamping of License

Following completion of the twelve (12) month Stayed Revocation Suspension, Respondent's license shall be stamped "Probation" and returned to Respondent. While this Order is in effect, if the Board issues any certificates or licenses authorized by statute, except a nursing assistant certificate, such certificate or license shall also be stamped "PROBATION." Respondent is not eligible for a multistate "Compact" license.

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2. Relapse Prevention Evaluation

Eighteen (18) months prior to the termination of the Order or as requested by the Board or its designee, Respondent shall be evaluated by a relapse prevention therapist, who is at minimum, Master's prepared. Respondent shall comply with any treatment recommendations as recommended by the relapse prevention evaluator.

If recommended by the evaluator, Respondent shall enroll in a relapse prevention program or other recommended therapy within thirty (30) days of being notified by the Board or its designee of the recommendations from the evaluator. Respondent shall cause the program facilitator to inform the Board, in writing and on letterhead, verification of enrollment in the program. Prior to entry into a relapse prevention program or any type of other recommended therapy, Respondent shall provide a copy of this Consent Agreement and Order to the program facilitator. Respondent shall sign release of information form(s) to allow the facilitator to communicate information with the Board or its designee. Respondent shall participate in the relapse prevention program or therapy until the Board receives written verification from the facilitator that Respondent has successfully completed the program. During participation in the program, Respondent shall cause the program facilitator to provide to the Board, in writing on Board-approved forms, evidence of satisfactory attendance, participation, discharge, and successful completion of the program. Reports are due on the first quarterly reporting date after entry into the relapse prevention program and quarterly thereafter, according to schedule. Failure to submit the required report within seven (7) days of the reporting due date shall constitute non-compliance with this Order. Violation of this paragraph is noncompliance with the Order.

3. Notification of Practice Settings

Any setting in which Respondent accepts employment, which requires licensure, shall be provided with a copy of the entire Order on or before the date of hire. Within

seventy-two (72) hours of Respondent's date of hire, Respondent shall cause her immediate supervisor to inform the Board, in writing and on employer letterhead, acknowledgment of the supervisor's receipt of a copy of this Consent Agreement and Order and the employer's ability to comply with the conditions of probation. In the event Respondent is attending a nursing program, Respondent shall provide a copy of the entire Consent Agreement and Order to the Program Director. Respondent shall cause the Program Director to inform the Board, in writing and on school letterhead, acknowledgment of the program's receipt of a copy of the Consent Agreement and Order and the program's ability to comply with the conditions of probation during clinical experiences.

4. Quarterly Reports

Within seven (7) days of each assigned quarterly report due date, if Respondent is working in any position which requires licensure Respondent shall cause every employer Respondent has worked for during the quarter to provide to the Board, in writing, employer evaluations on the Board-approved form. The first report is due on the first assigned quarterly report due date after the date of employment. Receipt of notice of an unsatisfactory employer evaluation, verbal or written warning, counseling or disciplinary action, any of which pertain to patient care, practice issues, or termination from a place of employment shall be considered as noncompliance. In the event Respondent is not working in a position that requires nursing licensure, or attending school during any quarter or portion thereof, Respondent shall complete and provide to the Board, in writing, a Board approved self-report form.

5. Practice Under On-Site Supervision

Respondent shall practice as a professional nurse or in a student nurse capacity, only under the on-site supervision of a professional nurse in good standing with the Board. On-site supervision is defined as having a professional nurse present in the building

while Respondent is on duty. The supervising nurse shall have read this Consent Agreement and Order and shall provide input on Respondent's employer evaluations to the Board. The supervising nurse shall be primarily one person, who may periodically delegate to other qualified professional nurses who shall also have read this Consent Agreement and Order. In the event that the assigned supervising nurse is no longer responsible for the supervision required by this paragraph, Respondent shall cause her new supervising nurse to inform the Board, in writing and on employer letterhead, acknowledging the new supervisor's receipt of a copy of this Consent Agreement and Order and the new supervising nurse's ability to comply with the conditions of probation within ten (10) days of assignment of a new supervising nurse.

6. Access to Drugs

After returning to nursing practice Respondent shall not administer or have access to controlled substances and/or any other potentially addictive medications, including but not limited to, Nubain, Ultram and Stadol, at least during the first twelve (12) months of nursing employment under probationary status and until receiving written approval from the Board or its designee. Upon evidence of full compliance with the probationary terms, the Board or its designee shall evaluate and provide written notification of Respondent's ability to administer controlled/prohibited medications.

7. Acceptable Hours of Work

Respondent shall work only the day or evening shift. Evening shift is defined as a shift that ends prior to midnight. Within a 14-day period Respondent shall not work more than 84 scheduled hours.

Respondent may work three 12-hour shifts in one seven day period and four 12-hour shifts in the other seven-day period, but Respondent may not work more than 3 consecutive 12-hour shifts during this probationary period. Respondent shall not work 2

consecutive 8 hour shifts within a 24 hour period or be scheduled to work 16 hours within a 24 hour period.

8. Registry Work Prohibited

Respondent may not work for a nurse's registry, home health, traveling nurse agency, any other temporary employing agencies, float pool, or position that requires on-call status.

9. Out of State Practice/Residence

Respondent may complete the terms of the Stayed Revocation Suspension/Probation and Standard Probation in Texas with the written consent of the Texas Board of Nursing.

10. Violation of Probation

If during the stayed revocation/probation portion of the Order (first twelve months) Respondent is non-compliant with the terms of the Order in any way, the stay of revocation shall be lifted and Respondent's license shall be automatically revoked. If during the standard probation portion of the Order (last twenty-four months) Respondent is noncompliant with the terms of the Order in any respect, the Board staff may notify the Respondent's employer of the non-compliance. Additionally, the Board may revoke probation and take further disciplinary action for noncompliance with this Consent Agreement and Order after affording Respondent notice and the opportunity to be heard. If a complaint or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

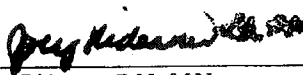
11. Completion of Probation

When Respondent has nine (9) months left in the probationary period, Respondent's compliance will be reviewed by the Board's designee. If Respondent has

demonstrated full compliance with all terms of the Order, Respondent will be eligible to participate in a "stepdown" component of the Order where reports from AA and Nurse Recovery Group will no longer be required, and Respondent shall submit to "on-call" urine drug screens as requested by the Board or its designee. At the end of the probation period, Respondent shall request formal review by the Board, and, after formal review by the Board, Respondent's nurse license may be fully restored by the appropriate Board action if compliance with the Board Order has been demonstrated.

ARIZONA STATE BOARD OF NURSING

SEAL



Joey Ridenour, R.N., M.N.
Executive Director

Dated: March 26, 2007

JR/CL:oz

COPY mailed this 23rd day of April 2007, by First Class Mail, to:

Allen Michael Ohler
13726 Hillingdale Lane
Houston, Texas 77070

Signed in the Board office this _____ day of _____, 2007.

By: Olga Zuniga
Administrative Secretary

**CANDO PROGRAM
ARIZONA STATE BOARD OF NURSING
CONFIDENTIAL STIPULATED AGREEMENT**

Pursuant to A.R.S. §32-1605.01(B)(6) and §32-1606(A)(5), the Arizona State Board of Nursing, through its executive director, has authority to enter into the following agreement and pursuant to A.R.S. §32-1663, as defined in A.R.S. §32-1601(16)(k), has authority to enforce the following agreement.

I, Allen Michael Ohler, License No. RN118488, agree to participate in CANDO, the Arizona State Board of Nursing's ("Board") confidential, nondisciplinary monitoring program for chemically dependent nurses. I have voluntarily chosen to participate in CANDO and agree to adhere to the following conditions set forth in this agreement:

1. To participate in CANDO for a minimum period of three years.
2. To completely abstain from the use of alcohol and all other mind/mood altering medications and controlled and/or addictive substances.
3. To enter within fourteen (14) calendar days a Arizona Department of Health Services licensed and Board acceptable chemical dependency treatment program. I agree to abide by all recommendations of that program regarding ongoing treatment and discharge planning. Documentation of name of program, therapist and/or counselor, date of entry, attendance, progress, completion, and recommendations must be submitted to CANDO.
4. To refrain from the practice of nursing until CANDO has received a recommendation to return to work from the medical director or equivalent of the chemical dependency treatment program and CANDO has approved my re-entry into nursing.
5. Within seven (7) calendar days of the completion of the intensive phase of the treatment program, enter an Arizona Department of Health Services licensed and Board acceptable aftercare program facilitated by the original chemical dependency treatment program. The aftercare program must be a minimum of six (6) months in length. A CANDO provided aftercare report must be submitted to CANDO by the last day of my reporting months. In addition, a letter documenting successful completion must be submitted to CANDO by the aftercare program.
6. To be evaluated by a Board acceptable chemical dependency therapist after completing my first year in CANDO to identify any deficiencies in my recovery program. I agree to abide by his/her recommendations which may include ongoing counseling.
7. To attend a minimum of two (2) Alcoholics Anonymous or equivalent program meetings each week and to submit the CANDO provided attendance sheet by the last day of my reporting months. I will also obtain a sponsor within sixty (60) days of entering CANDO and maintain a relationship with a sponsor during my participation in CANDO.
8. To attend weekly a Board acceptable nurse recovery group. If there is no group within forty (40) miles of my home, I will attend an additional Alcoholics Anonymous or equivalent meeting each week.
9. To submit a complete CANDO provided self-report form to CANDO by the last day of my reporting months.

10. To select one health care provider for my health care needs and to immediately submit to him/her the CANDO provided health care provider form describing CANDO, the drug restrictions, and the required documentation if any medications are prescribed either currently or at any time while participating in CANDO. Additionally, I agree to notify any and all health care providers, that I receive treatment from, of my participation in CANDO prior to receiving treatment. If my health care provider prescribes a narcotic or mood altering medication, I shall ensure that the prescribing provider notifies CANDO immediately and submits monthly reports to CANDO regarding the continued need for the narcotic or mood-altering medication.
11. To refrain from taking any medication (except for ibuprofen, plain aspirin and/or acetaminophen) unless I have obtained a written authorization from my health care provider. I will maintain a log of all medications taken including ibuprofen, plain aspirin and acetaminophen, and will submit the log to CANDO by the last day of my reporting months. The log shall include the following information: the medication taken; the date and time the medication was taken; the name of the authorizing health care provider; the reason for the medication.
12. To immediately notify CANDO if I am hospitalized or must undergo any procedures requiring the administration of medication, and to provide all required documentation from any and all health care providers.
13. To enroll within seven (7) days in a program for random drug screens that meets the NIDA guidelines and to submit to the screens as required by CANDO. Any confirmed positive drug screen for which CANDO has not received appropriate notification and documentation from the prescribing provider will be considered a relapse. My employer will be notified immediately. I will be re-evaluated for continued participation in CANDO. If it is a second relapse. I understand I will be discharged from CANDO.
14. To give prior notification of any inability to screen to the lab and CANDO. If I fail to notify CANDO and the laboratory of my inability to screen and fail to screen, I will be considered noncompliant with CANDO.
15. To notify within five (5) calendar days CANDO and the lab of any change in my home and/or employment phone number and/or address.
16. To report immediately to CANDO any relapse. Relapse is any actual use of mood or mind altering chemicals including alcohol.
17. To immediately cease practice of nursing if I relapse. Upon a relapse, I understand that I may not return to the practice of nursing until I have received written approval from CANDO.
18. To inform any and all nursing employers and/or schools of nursing of my participation in CANDO and to provide a copy of my Agreement to them and my assigned supervising nurse before accepting any clinical nursing assignment or working in a capacity requiring my nursing license. The employer/my supervisor and/or school of nursing shall submit to CANDO the completed CANDO provided form which documents my work status and ability to comply with all work restrictions.
19. To notify CANDO of any change in my employment status within five (5) calendar days of the change.

20. To have my direct supervisor complete the CANDO provided performance evaluation form in time to allow for the reports to be received by CANDO by the last day of my reporting months.

21. To observe the following work restrictions:

- a) Will not work registry, traveling nurse, nursing float pool, or any temporary employment agency work and will not work in a home or other community based settings in which direct supervision is not available.
- b) Will work in a setting where there is always a minimum of one other registered nurse.
- c) Will work any shift.
- d) Will not work more than forty (40) scheduled hours of work in one week.
- e) Will not work a shift within twelve (12) hours of the previous shift.
- f) Will not work more than three (3) 12-hour shifts consecutively.
- g) Will work in an area where there is consistent supervision provided by primarily one (1) individual who has been provided a copy of my Agreement. In the event that the assigned supervising nurse is no longer responsible for the supervision required by this paragraph, I shall cause my new supervising nurse to inform the CANDO Program, in writing and on employer letterhead, acknowledgment of the new supervisor's receipt of a copy of this Agreement and to include the new supervising nurse's ability to comply with the work related restrictions within ten days of assignment of a new supervising nurse.
- h) May float only when no reasonable alternative exists and the receiving area has knowledge of the Licensee's participation in CANDO.
- i) Will not have access to or dispense narcotics, synthetic narcotics including but not limited to Ultram, Nubain and Stadol, or other potentially addictive medications for a minimum of twelve (12) months. I agree to abide by this restriction until I have been evaluated by and receive written authorization from CANDO.
- j) Will not accept a new supervisory position for one (1) year.

22. To sign all release of information forms relevant to my treatment and health care.

23. Signing this agreement authorizes communication between CANDO and the identified employer and direct supervisor, and between CANDO and my treatment providers.

24. To appear in person for any requested interviews, given reasonable notice by CANDO.

25. My reporting months (the last day of every other month) while participating in CANDO are as follows:

October, December, February, April, June, and August.

I understand any and all expenses incurred while I am a participant in CANDO are my responsibility.

I agree to apply for renewal of my license in the event that my license is scheduled to expire while this Stipulated Agreement is in effect. I understand I must pay the applicable fee and maintain qualifications to practice nursing in Arizona.

I agree to inform the CANDO Program, in writing, of a pending relocation out of the State of Arizona, and agree to notify the Board of Nursing, in the state in which relocation to practice nursing is considered, that I am a participant in the Arizona Board of Nursing's nondisciplinary program. I

understand that I must fully comply with the terms of this Agreement, regardless of residency. I understand that while participating in CANDO, I am not eligible for a multistate "Compact" license.

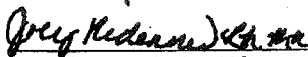
I understand that if at any time during my participation in CANDO, a complaint against my license is received by the Board, my participation in CANDO will be communicated to the Board for the Board's review in consideration of the complaint.


I understand that participation in CANDO is voluntary.

I understand that if I am noncompliant with the terms of this stipulated agreement in any respect, the CANDO Consultant may notify my employer of the noncompliance. Additionally, if I am noncompliant with any of the terms of the agreement, the length and terms of the agreement may be extended and/or modified, or I may be discharged from CANDO.

I understand that noncompliance with any of the terms of the Stipulated Agreement is considered a violation of the Nurse Practice Act. If terminated/discharged from this Agreement for noncompliance, any misconduct which may have occurred prior to the execution of this Stipulated Agreement or while this Agreement is in effect may be used in disciplinary proceedings by the Arizona State Board of Nursing (if I am discharged for noncompliance). Additionally, I understand that if discharged for noncompliance, all records of my participation in this program are no longer confidential or exempt from public records law. The Arizona State Board of Nursing may summarily suspend my nursing license if there is an immediate threat to the public health and safety. I further understand that Arizona State Board of Nursing disciplinary actions are reportable to the National Council of State Boards of Nursing Data Bank.

I hereby certify I have read this document, have had an opportunity to ask questions and I understand the agreement. Any modifications to the terms of this stipulated agreement are subject to the approval of the CANDO Consultant and must be documented in an addendum and signed by the Licensee and the Executive Director.


Joey Ridenour, R.N., M.N.
Executive Director


Licensee: Allen Michael Ohler
License No.: RN118488

Date: October 5, 2005

Date: 10-5-05

SEAL

SS:oz

BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of	§	ELIGIBILITY
ALLEN MICHAEL OHLER	§	
APPLICANT for Eligibility for	§	AGREED ORDER
Licensure	§	

On the date entered below, the Board of Nurse Examiners for the State of Texas, hereinafter referred to as the Board, considered the Temporary License/Endorsement Application and supporting documents filed by ALLEN MICHAEL OHLER, hereinafter referred to as APPLICANT, together with any documents and information gathered by staff and APPLICANT's Certificate contained herein. Information received by the Board produced evidence that APPLICANT may have violated Section 301.452(b)(9), Texas Occupations Code.

APPLICANT waived representation by counsel, notice and hearing, and agreed to the entry of this Order offered on October 15, 2006, by Katherine A. Thomas, MN, RN, Executive Director.

FINDINGS OF FACT

1. On or about June 29, 2006, Applicant submitted a Temporary License/Endorsement Application requesting a determination of eligibility for licensure in compliance with 301.260 *et seq.*, Texas Occupations Code.
2. Applicant waived representation, notice, administrative hearing, and judicial review.
3. Applicant graduated with a Baccalaureate Degree in Nursing from Mennonite College of Nursing, Bloomington, Illinois, in May 1998.
4. Applicant completed the application for licensure by endorsement and answered "yes" to Question Number Fifteen (15), which reads as follows: *"Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined*

you?" and Question Number Sixteen (16), which reads as follows: "*Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?*"

5. On October 5, 2005, Applicant voluntarily entered the Arizona State Board of Nursing Chemically Addicted Nurses Diversion Option Program. Applicant is currently in compliance with the program.
6. Applicant presented evidence of current fitness to practice professional nursing.
7. The safety of patients and the public requires that all persons licensed to practice nursing be fit, sober, and able to consistently practice nursing in autonomous roles under demanding and stressful conditions.
8. The Executive Director considered evidence of Applicant's substance abuse and subsequent rehabilitation as provided in §213.29, 22 Texas Administrative Code.
9. The Executive Director's review of the grounds for potential ineligibility has been made on the basis of the information provided by Applicant.
10. Applicant has sworn that, with the exception of matters disclosed in connection with the Temporary License/Endorsement Application, his past behavior conforms to the Board's professional character requirements. Applicant presented no evidence of behavior which is inconsistent with the Board's character requirements in 22 Texas Administrative Code §213.27.
11. Applicant'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. The Board of Nurse Examiners has jurisdiction over this matter pursuant to Section 301.453 *et seq.*, Texas Occupations Code.
2. Applicant has submitted an application in compliance with Section 301.260 *et seq.*, Texas Occupations Code.
3. Applicant shall immediately notify the Board of any fact or event that could constitute a ground of ineligibility for licensure under Section 301.452 *et seq.*, Texas Occupations Code.
4. The Board of Nurse Examiners may license an individual who has a history of substance abuse, after consideration of the criteria set out in 22 Texas Administrative Code §213.29, the Board determines the Applicant does not currently pose a direct threat to the health and safety of patients or the public.

5. The Board may, in its discretion, order a Applicant, upon initial licensure as a registered 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 that the application of ALLEN MICHAEL OHLER, APPLICANT, is hereby conditionally GRANTED and shall be subject to conditions.

(1) APPLICANT shall obtain and read the Texas Nursing Practice Act, and the Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice.

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

IN ADDITION, IT IS THEREFORE FURTHER AGREED and ORDERED that APPLICANT, upon initial licensure, SHALL comply with the following conditions for such a time as is required for APPLICANT to successfully complete the Texas Peer Assistance Program for Nurses (TPAPN):

(1) APPLICANT SHALL, within forty-five (45) days of initial licensure, apply to and be accepted into the TPAPN, which SHALL include payment of a non-refundable participation fee in the amount of five hundred dollars (\$500.00) payable to TPAPN.

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

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

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

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

IT IS FURTHER AGREED and ORDERED that while Applicant's license is encumbered by this Order, Applicant 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 Applicant wishes to work.

IT IS FURTHER AGREED, SHOULD APPLICANT 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 a APPLICANT's license to practice professional nursing in the State of Texas.

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APPLICANT'S CERTIFICATION

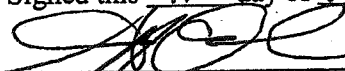
I am the Applicant in this matter. I have fully and truthfully disclosed all relevant information in conformity with Rule 213.29 at Texas Administrative Code. I certify that my past behavior, except as disclosed in my Temporary License/Endorsement Application, has been in conformity with the Board's professional character rule. I have provided the Board with complete and accurate documentation of my past behavior in violation of the penal law of any jurisdiction which was disposed of through any procedure short of conviction, such as: conditional discharge, deferred adjudication or dismissal. I have no criminal prosecution pending in any jurisdiction.

In connection with my application, I acknowledge that I have read and I understand Section 301.257, Texas Occupations Code, Section 301.452 (a),(b) and (c), Texas Occupations Code, and Chapter 53, Section 53.001 *et seq.*, Texas Occupations Code, and Board Rules 213.27, 213.28, and 213.29 at 22 Texas Administrative Code, which are incorporated by reference as a part of this Order. I agree with all terms of this Order, including the Findings of Fact and Conclusions of Law and any stipulations set out in this Order. I agree to inform the Board of any other fact or event that could constitute a ground for denial of licensure prior to accepting any permit or license from the Board of Nurse Examiners.

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 professional nursing in the State of Texas, as a consequence of my noncompliance.

I understand that I can be represented by an attorney in this matter. I waive representation, notice, administrative hearing, and judicial review of this Order and request that the Executive Director of the Board of Nurse Examiners enter this Order.

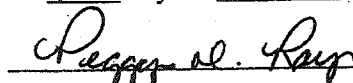
Signed this 11 day of December, 2006.



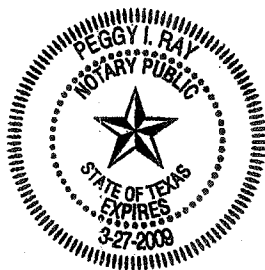
ALLEN MICHAEL OHLER, APPLICANT

Sworn to and subscribed before me this 11th day of December, 06.

SEAL



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 ratify and adopt the Order of Conditional Eligibility that was signed on the 11th day of December, 2006, by ALLEN MICHAEL OHLER, APPLICANT, for Temporary License/Endorsement Application, and said Order is final.

Entered and effective this 18th day of December, 2006.



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