



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

BEFORE THE TEXAS BOARD OF NURSING

\*\*\*\*\*

In the Matter of Registered Nurse           §  
License Number 674619                       §  
issued to DAVID MICHAEL EBLE           §

ORDER OF THE BOARD

On this day, the Texas Board of Nursing, hereinafter referred to as the Board, accepted the voluntary surrender of Registered Nurse License Number 674619, issued to DAVID MICHAEL EBLE, hereinafter referred to as Respondent. This action was taken in accordance with Section 301.453(c), Texas Occupations Code.

Respondent waived representation by counsel, informal proceedings, notice and hearing.

The Board makes the following Findings of Fact and Conclusions of Law.

FINDINGS OF FACT

1. Respondent's license to practice professional nursing in the State of Texas is currently in MSR Invalid status.
2. Respondent waived representation by counsel, informal proceedings, notice and hearing.
3. Respondent received an Associate Degree in Nursing from Manatee Junior College, Bradenton, Florida on May 1, 1976. Respondent was licensed to practice professional nursing in the State of Texas on January 18, 2001.
4. Respondent's complete nursing employment history is unknown.

5. On or about December 2, 2010, Respondent entered into a Program Participation, Advanced Practice Recovering Nurse Program with the Mississippi Board of Nursing wherein Respondent's license and privilege to practice nursing in the State of Mississippi was restricted for a period of five (5) years with a minimum of one (1) year of practice as a nurse without advanced practice privileges and to include participation in the Recovering Nurse Program due to allegations of Respondent's inability to practice safely by reason of poly-substance and inhalant abuse. A copy of the Program Participation Agreement, Recovering Nurse Program issued by the Mississippi Board of Nursing, dated December 2, 2010 is attached and incorporated by reference as part of this Order.
6. On or about February 2, 2011, Respondent received an Order for Voluntary Surrender from the Arkansas State Board of Nursing wherein Respondent's license to practice professional nursing in the State of Arkansas was accepted for Voluntary Surrender in lieu of further disciplinary action. A copy of the Order for Voluntary Surrender issued by the Arkansas State Board of Nursing, dated February 2, 2011 is attached and incorporated by reference as part of this Order.
7. Formal Charges were filed on October 26, 2012.
8. Formal Charges were mailed to Respondent on October 30, 2012.
9. On November 13, 2012, the Board received a notarized statement from Respondent voluntarily surrendering the right to practice nursing in Texas. A copy of Respondent's notarized statement, dated November 4, 2012, is attached and incorporated herein by reference as part of this Order.
10. The Board policy implementing Rule 213.29 in effect on the date of this Agreed Order provides discretion by the Executive Director for consideration of conditional reinstatement after proof of twelve (12) consecutive months of abstinence from alcohol and drugs followed by licensure limitations/stipulations and/or peer assistance program participation.
11. 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 cause pursuant to Section 301.452(b)(8), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 674619, heretofore issued to DAVID MICHAEL EBLE, including revocation of Respondent's license(s) to practice nursing in the State of Texas.
5. Under Section 301.453(c), Texas Occupations Code, the Board has the authority to accept the voluntary surrender of a license.
6. Under Section 301.453(d), Texas Occupations Code, the Board may impose conditions for reinstatement of licensure.
7. Any subsequent reinstatement of this license will be controlled by Section 301.452 (b), Texas Occupations Code, and 22 TAC §§213.26-.29, and any amendments thereof in effect at the time of the reinstatement.

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ORDER

NOW, THEREFORE, IT IS ORDERED that the voluntary surrender of Registered Nurse License Number 674619, heretofore issued to DAVID MICHAEL EBLE, to practice nursing in the State of Texas, is accepted by the Executive Director on behalf of the Texas Board of Nursing.


In connection with this acceptance, the Board imposes the following conditions:

1. RESPONDENT SHALL NOT practice professional nursing, use the title of registered nurse or the abbreviation RN or wear any insignia identifying himself as a registered nurse or use any designation which, directly or indirectly, would lead any person to believe that RESPONDENT is a registered nurse during the period in which the license is surrendered.
2. RESPONDENT SHALL NOT petition for reinstatement of licensure until: one (1) year has elapsed from the date of this Order; and, RESPONDENT has obtained objective, verifiable proof of twelve (12) consecutive months of sobriety immediately preceding the petition.
3. Upon petitioning for reinstatement, RESPONDENT SHALL satisfy all then existing requirements for relicensure.

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

Effective this 21<sup>st</sup> day of November, 2012.

TEXAS BOARD OF NURSING

By: 

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

November 4<sup>th</sup> 2012

David Michael Eble  
2005 Rogers Dr.  
Tupelo, Ms. 38804

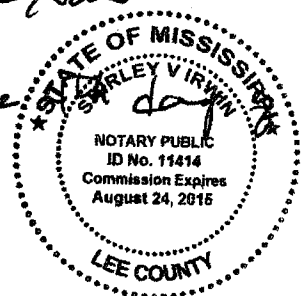
To whom it may concern,

I David Michael Eble, Texas Nursing License #  
174619, do hereby surrender my Texas Nursing  
license.

I am participating in the Mississippi Board of  
Nursing, Recovering Nurses Program, and have no  
intention of ever practicing as a nurse in the  
State of Texas.

Sworn by me, this the  
November, 2012.

Shirley V. Irwin



Thank you,  
David M. Eble

DAVID EBLE

LICENSE #R609897

**PROGRAM PARTICIPATION AFFIDAVIT  
ADVANCED PRACTICE RN  
RECOVERING NURSE PROGRAM**

MRW I, David Eble am entering willingly, freely and voluntarily, without threats or promises, into the Mississippi Board of Nursing Recovering Nurse Program in lieu of having an administrative hearing before the Board. I waive any and all rights to an administrative hearing. XH

MRW I acknowledge that I have violated Mississippi Code Ann. Section 73-15-29 (1) (h) in that I am addicted to or dependent on alcohol or other habit forming drugs or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect, or have misappropriated any medication. Specifically, I was diagnosed by a Board-approved assessor with poly substance dependency and inhalant abuse. I have further violated Mississippi Code Ann. Section 73-15-29 (1) (i) in that I have engaged in unprofessional conduct as identified by the Board in its rules, and more specifically Chapter II, 1.2 (q) by possessing, obtaining, furnishing or administering drugs to any person, including self, except as legally directed. Specifically, I inhaled isoflurane during a surgical procedure while practicing as a nurse anesthetist. I further acknowledge that another Recovering Nurse Program Affidavit will not be offered if there is any instance of relapse. XH

MRW I agree that restrictions be placed on my license or privilege to practice for a minimum of five (5) years, to include a minimum of one (1) year of practice as a nurse without advanced practice privileges as a condition of my participation in the Recovering Nurse Program. Prior to returning to the advanced practice role, I agree to return to Pinegrove and meet with the PEP treatment team for re-evaluation. For the duration of this Affidavit, I, David Eble, agree to maintain a current, active license and to limit my practice as a nurse to the STATE OF MISSISSIPPI. XH

I acknowledge that my failure to adhere to any of the following restrictions may result in further disciplinary action including revocation. Non-compliance shall include:

- MRW
- (1) receipt of unfavorable/negative reports and/or documentation,
  - (2) non-receipt of reports on or before the due date,
  - (3) failure to adhere to any terms of this affidavit;
  - (4) positive drug screen,
  - (5) failure to furnish a drug screen,
  - (6) any violation of the Nursing Practice Law;
  - (7) Any violation of the Rules and Regulations of the Board.
- XH

MRW Non compliance may result in immediate suspension of all employer/employee agreements. XH

In the event I fail to comply with the terms of this affidavit, I acknowledge that I may be offered a voluntary surrender or referred to the Legal Division pending direction to appear at a Board hearing; and/or directed to appear at a hearing to show cause why further disciplinary action including revocation should not be imposed. I acknowledge that I have been advised that at a hearing I have a right to:

- (1) appear either personally or by counsel or both,
- (2) produce witnesses or evidence in my behalf,
- (3) cross-examine witnesses, and
- (4) Have subpoenas issued by the Board on my behalf.

I acknowledge that the restrictions/stipulations in this Recovering Nurse Program Affidavit shall remain in full force and effect until I fully complete the Recovering Nurse Program and until the restrictions are completely removed from my license or privilege to practice or until any action is taken on my license or privilege to practice for non-compliance of this affidavit either by the Board at a hearing or by any other official action taken by the Board for non-compliance of this affidavit.

As a condition to be licensed or given the privilege to practice as a Registered Nurse and Advanced Practice RN in Mississippi, I, David Eble, agree to the following restrictions on my license or privilege to practice, as authorized by Miss. Code Ann. Section 73-15-29 (2) (1972):

1. I must abstain from all mood altering, controlled, and addictive substances and all products containing alcohol. The Recovering Nurse Program is a **DRUG and ALCOHOL FREE** Program. Substances which may be medically necessary due to a diagnosed condition must be reviewed and approved by the Director of the Recovering Nurse Program. I must also consult with my physician, provide a copy of this document, and the drugs to avoid list. My physician will need to be informed of my issues with substance dependence and the possible impact of mood altering substances on my recovery and compliance with this document. Failure to consult with my physician and a staff member of the Recovering Nurse's Program may result in termination from the Recovering Nurse Program.
2. I agree to notify the director of the RNP and my primary treating physician within 72 hours of being prescribed mood altering substances by a licensed practitioner. I will provide the name, address and phone number of the licensed practitioner prescribing the medication, the nature of the illness or medical condition, the type, strength, dosage, specific directions for the use of the medication and the expected duration of therapy. I authorize the release of my medical records by the licensed practitioner to the recovering nurse program staff immediately.
3. I agree to notify the staff of the RNP if I am hospitalized or plan to be hospitalized or must undergo a medical or surgical procedure on an outpatient basis.

4. I agree to have a complete physical examination from a licensed physician annually, two (2) weeks prior to my employment anniversary date and have a report sent to the staff of the RNP.

XW

MKW 5. I agree to abstain from the use of any and all over-the-counter medications that contain mood altering substances, and to obtain permission from the director of the recovering nurse program and my treating physician before taking any unprescribed over-the-counter medications; i.e., antacids, cold remedies, etc.

XW

6. I must obtain and follow all recommendations made by a Board-approved assessor, up to and including entering and completing a Board-approved treatment program and aftercare program for the period specified in my aftercare contract/agreement if so recommended. I must comply with any and all recommendations made by the treatment team, including follow up individual/couples counseling sessions and re-evaluation at PineGrove by the PEP treatment team prior to returning to employment in an advanced practice role, as well as any future recommendations.. Said contract/agreement must be submitted to the Board upon application to the Recovering Nurse Program or within five (5) working days of discharge from treatment, whichever occurs first.

MKW

XW

3. I must obtain and comply with an Employer/Employee Agreement which speaks to the administration and documentation of controlled substances. Said agreement must be approved by the Board prior to my employment as a nurse or any healthcare related occupation. Employment must be limited from home visits, temporary agencies, temporary assignments (I can not be "pulled" or work "float pool"), or any unsupervised setting. I must work in the presence of an unrestricted licensed nurse. Employment will be further limited to the equivalent of no more than forty-three (43) hours per week (86 hours in a normal two-week pay period). Employment will further be limited to working no more than twelve (12) consecutive hours in a 24-hour period. For the first ten (10) months, except under special circumstances and conditions, I may not order, or take orders for any controlled or mood altering substances. **(My narcotic restrictions will be outlined in my employer employee agreement)** My employment will further be limited from critical care areas where rapid change is anticipated or where patient acuity level is unstable (including but not limited to ICU, CCU, OR, ER, and L&D).

MKW

XW

4. Prior to enrollment in any school of nursing or any other health-related education, I must obtain a school/student agreement (1) acknowledging the school's receipt of a copy of the RNP Participation Affidavit, (2) stating a plan for direct supervision of clinical practice and (3) addressing a reporting mechanism by the school and clinical faculty to the Board. If I am to administer medications as a student, the administration and documentation of controlled substances must be specifically addressed in the agreement. Said agreement must be approved by the Board prior to my practicing in a clinical setting or participating in observational experiences. If I am currently enrolled in a school of nursing or health-related educational program,

MKW

XW



said agreement must be obtained within five (5) calendar days of signing this affidavit.

5. I must submit to and pay for periodic, unannounced urine, blood, saliva and/or hair screens, a minimum of one (1) per month, including calling daily regardless of holidays to determine if I have been selected for a random screen. Drug screens must examine for mood altering/drugs of abuse as specified in Board-approved Criteria for Periodic, Unannounced Drug Screens. Refusal to furnish a urine, blood and/or hair specimen on demand of my employer, the director of the Recovering Nurse Program, or the Board designee for the purpose of having a drug screen performed must be reported immediately. All screens must be done by a person and agency approved by the Board and according to the Board-approved Criteria for Periodic, Unannounced Drug Screens, including calling daily regardless of holidays to determine if I have been selected to submit a specimen. Use of any product that results in a positive Ethyl glucuronide (EtG) test as a result of containing alcohol shall be considered a positive drug screen for alcohol. I acknowledge that positive screens, refusal to submit a specimen, and/or failure to follow required procedures in obtaining a specimen may be considered noncompliance with this contract.

MRW

MRW

a) I agree to read and conform to the information provided on dilute specimens and understand that it is my responsibility to provide a normal negative urine screen.

MRW

6. I must submit immediate notification in writing as to change of name, employment, address, or telephone number. All documentation required by these stipulations must be received by the Board office no later than 11:59 P.M. on the tenth (10<sup>th</sup>) of the month following the reporting month.

MRW

MRW

- a. A monthly written self report of my progress in the RNP.
- b. Progress reports from my employer and/or school director in writing monthly. I acknowledge that unfavorable/negative reports regarding attendance, job or clinical performance or drug diversion or usage may be considered noncompliance with this contract.
- c. Progress reports from my counselor or contact person with the Treatment Management Team in writing monthly. Failure to comply with my aftercare contract and/or individual counseling recommendations must be reported to the staff of the RNP immediately.
- d. Copies of periodic, unannounced urine, hair, nail and/or blood screens, a minimum of one (1) per month, forwarded to the Board. All positive screens, regardless of number per month, must be sent to the Board upon being processed.
- e. Copies of any and all prescriptions for medications must be sent to the Board within five (5) working days after prescribed. This includes all refills of previous

MRW

MRW

MRW

MRW

and current prescriptions and/or samples dispensed. A print out from the prescribing pharmacy would be acceptable as well. A copy of the medication verification report must be completed by my physician and mailed or **faxed from the physician's office to the Board within 5 days of any appointment.**

- MNW*
- f. Verification of attendance at Twelve (12) Step support groups such as AA/NA meetings, a minimum of four (4) meeting per week for the first year of my monitoring and three (3) thereafter, sent to the Board in writing monthly. Said verification must be on a Board-approved calendar form, which has date, location, group name, time, signature (and/or initials) and the telephone number of each person verifying attendance at the time of said meeting. Verification of individual therapy sessions must be submitted to the staff of the RNP by the therapist monthly, this verification report should include documentation of missed appointments, progress towards treatment goals, and any further recommendations. Aftercare meetings are not considered Twelve (12) Step support group meetings.
- XN*

- MNW*
7. For the duration of my probation, I agree to furnish urine/blood/hair/saliva specimens on demand of the Director of the Recovering Nurse Program of the Mississippi Board of Nursing, Board designee, and/or my employer for the purpose of screening for the presence of any mood altering substance. Demand drug screens must be done according to Board approved Criteria for Demand Drug Screens.
- XN*

- MNW*
8. That I schedule personal appointments to take place at the Board of Nursing, with the Director of the Recovering Nurse Program or designee, according to the following schedule:
- a. Monthly for the first six (6) months; the first monthly appointment to be the month I complete treatment;
  - b. Every other month from the sixth (6<sup>th</sup>) month to complete the first year;
  - c. Every three (3) months thereafter, using the date I sign the Program Participation Affidavit as the beginning date; and
  - d. Monthly for the last six (6) months of my Program Participation Affidavit.
  - e. The Director of the Recovering Nurse Program may modify the appointment schedule as necessary to monitor compliance with the Program Participation Affidavit.
- XN*

- MNW*
9. I agree to have an AA/NA sponsor within thirty days of signing this affidavit. I agree to have an AA/NA Home Group within thirty days of signing this affidavit. Written notification of the name and contact number of my sponsor and the name of my home group must be submitted to the board within 30 days of discharge from treatment.
- XN*

10. I agree to have Dr. Barry Jones as my primary physician/nurse practitioner. I understand he/she must have an unrestricted license. All medical, dental, psychiatric, surgical, etc., procedures must be through him/her or his/her referral or consultation.

Program Participant Affidavit

A Medication Verification Report from any and all healthcare providers who prescribe any and all medications for me must be received in the Board Office within five (5) working days of the date of being prescribed.

I fully accept the terms of the Recovering Nurse Program Participation Affidavit as stated and acknowledge that continued participation is contingent upon compliance with said contract.

*MRW*

*MRW*

I have been informed that this contract related to my participation in the Recovering Nurse Program is of public record. I have further been informed that my participation in the Recovering Nurse Program constitutes a disciplinary action and will remain a part of my permanent licensure record. This discipline will be reported to all federally mandated data banks and in accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996, as amended.

*MRW*

*MRW*

I agree and understand that the Board of Nursing, at its discretion, may release any and all information that resulted in my entering the Recovering Nurse Program or obtained as a result of my participation in the Recovering Nurse Program.

I hereby fully, completely and finally release the Board of Nursing and its agents, servants or employees from any and all claims, charges, demands, damages, costs, expenses, actions and causes of action of every kind and whatsoever nature which I may now or hereafter have which are in any manner whatsoever related to this affidavit between the Participant and the Board of Nursing. The Mississippi Board of Nursing admits no liability in any way related to this affidavit.

*MRW*

*MRW*

Signature of Participant *David Eble* Date 11-09-10

STATE OF MISSISSIPPI  
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE AFORESAID, *David Eble*, WHO BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER AFFIANT SAITH NOT.

IN WITNESS THEREOF, I HAVE AFFIXED BY SEAL AND SIGNATURE THIS 9 DAY OF November, 2010

*Marianne R Legm*  
NOTARY PUBLIC



Program Participant Affidavit

Mike Long  
Signature of Director of Recovering  
Nurse Program or RNP Monitoring  
Counselor

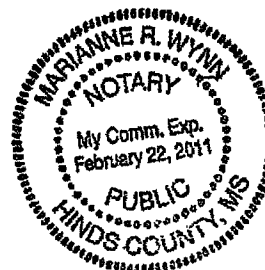
11-9-10  
Date

STATE OF MISSISSIPPI  
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE  
COUNTY AND STATE AFORESAID, Mike Long, WHO  
BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING  
AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER  
AFFIANT SAITH NOT.

IN WITNESS THEREOF, I HAVE AFFIXED BY SEAL AND SIGNATURE THIS  
9 DAY OF November, 2010.

Marianne R. Wynn  
NOTARY PUBLIC - 2-22-2011



SEAL

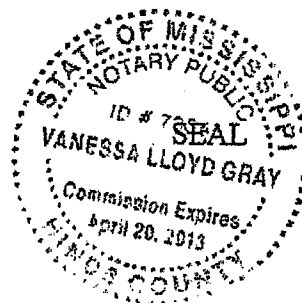
Signature of MBN President Cathy Williamson Date 12-2-10

STATE OF MISSISSIPPI  
COUNTY OF HINDS

PERSONALLY APPEARED BEFORE ME A NOTARY PUBLIC, IN AND FOR THE  
COUNTY AND STATE AFORESAID, Cathy Williamson, WHO  
BEING DULY SWORN, DID IN MY PRESENCE EXECUTE THE FOREGOING  
AFFIDAVIT BY AFFIXING HIS/HER SIGNATURE THERETO. FURTHER  
AFFIANT SAITH NOT.

IN WITNESS THEREOF, I HAVE AFFIXED BY SEAL AND SIGNATURE THIS  
2 DAY OF December, 2010.

Vanessa Lloyd Gray  
NOTARY PUBLIC



**ORDER FOR  
VOLUNTARY SURRENDER**

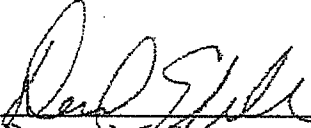
**IT IS SO ORDERED** that the Board hereby accept the voluntary surrender of RN License No. R66118, issued to David Michael Eble.

A written request and appropriate documentation must be submitted to the Board's General Counsel for consideration of reinstatement. Documentation requirements will vary dependent on each Respondent's circumstance. Appropriate documentation includes but is not limited to medical, employment and criminal records.

Nurses reinstating a nursing license to active status after the expiration date of the current license shall document completion of continuing education as required by the Board. On the backside of this form, please explain the reason for your voluntary surrender.


Respondent may apply for reinstatement of said license after one (1) year provided there are no other violations of the Nurse Practice Act.

**SUBMIT YOUR LICENSE WITH THIS FORM.**

      1.27.11  
Respondent Signature      Date

2011 FEB 2 3:56 PM  
N 3113

**ARKANSAS STATE BOARD OF NURSING**

By:   
Sue A. Tedford, MNsc, RN, Executive Director

Dated: 2-2-11