



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 BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of § ELIGIBILITY
JENNIFER LYNN MACDONALD §
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 JENNIFER LYNN MACDONALD, 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)(8), Texas Occupations Code.

APPLICANT waived representation by counsel, notice and hearing, and agreed to the entry of this Order offered on September 14, 2002, by Katherine A. Thomas, MN, RN, Executive Director.

FINDINGS OF FACT

1. On or about August 21, 2002, 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 an Associate Degree in Nursing from Walters State Community College, Morristown, Tennessee, in May 2001.
4. Applicant provided a "yes" answer to the inquiry authorized by Rule 213.29(b)(1) at 22 Texas Administrative Code. Question Number 10 reads: "Have you ever had disciplinary action taken against your license by any licensing/certifying authority in any country, state province or territory?"

5. On August 9, 2002, Applicant signed an Agreement to Participate in the Colorado Nursing Health Program and admitted to the following conduct:
 1. During the month of May 2002, Applicant diverted multiple doses of Demerol and Percocet for her own personal use;
 2. Applicant documented the removal and administration of the controlled substances; and
 3. Applicant was terminated for failure to submit a urine sample for drug testing.
6. The Board received letters of support/recommendation for Applicant from the following:
 - A letter of reference dated April 10, 1998, was submitted on behalf of Applicant by Rhea Lawlor, RN, Memorial Hospital, Gonzales, Texas.
 - A letter of reference dated March 29, 2000, was submitted on behalf of Applicant by Patrick L. Johnson, Medical Surgical Floor Manager, River Park Hospital.
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 as provided in §213.29, 22 Texas Administrative Code.
9. Licensure of Applicant poses no direct threat to the health and safety of patients or the public provided Applicant complies with the stipulations outlined in this Order.
10. The Executive Director's review of the grounds for potential ineligibility has been made on the basis of the information provided by Applicant.
11. The Board has determined that the Applicant for licensure who has not been fit and sober for a period of at least five (5) continuous years [sixty (60) continuous months], poses a direct threat to the health and safety of patients and the public and should not be issued an unencumbered license.
12. Applicant has sworn that, with the exception of matters disclosed in connection with the Temporary License/Endorsement Application, her 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.
13. On September 14, 2002, the Executive Director considered evidence of Applicant's past behavior in light of the character factors set out in 22 Texas Administrative Codes §213.27 and determined that Applicant currently demonstrates the criteria required for good professional character.

14. In consideration of Applicant's past conduct and subsequent evidence of rehabilitation, the Executive Director finds that Applicant should be declared conditionally eligible to take the National Council Licensure Examination for Registered Nurses.
15. The Board may license an individual with prior behaviors inconsistent with the Board's character requirements if, upon evaluation of the factors in 22 Texas Administrative Code §213.27, the Board is satisfied that the individual is able to consistently conform her conduct to the requirements of the Nursing Practice Act, the Board's Rules and Regulations, and generally accepted standards of nursing practice.
16. 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 JENNIFER LYNN MACDONALD, APPLICANT, is hereby conditionally GRANTED and shall be subject to conditions.

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

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.

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to APPLICANT's multistate licensure privilege, 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 the 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, that upon full compliance with the terms of this Order, APPLICANT SHALL be issued an unencumbered license and multistate licensure privileges, if any, to practice professional nursing in the State of Texas.

(1) APPLICANT SHALL, within one (1) year of initial licensure, successfully complete a course in nursing jurisprudence. APPLICANT SHALL obtain Board approval of the course prior to enrollment. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience must include registered nurses. It must be a minimum of six (6) contact hours in length. The course's content shall include the Nursing Practice Act, standards of practice, and documentation of care. Courses focusing on malpractice issues will

not be accepted. APPLICANT 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 APPLICANT's successful completion of the course. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure.

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):

(2) APPLICANT SHALL apply to and be accepted into the TPAPN.

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

(4) Upon verification by the Board of APPLICANT's acceptance into TPAPN and APPLICANT's payment of the necessary fees, APPLICANT SHALL be issued a license to practice professional nursing in the State of Texas which shall bear the appropriate notation.

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

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

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 APPLICANT's license to practice professional nursing in the State of Texas.

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 acknowledge that this Order is stipulated and I understand that I am not eligible to receive a Graduate Nurse Permit to practice. I agree to inform the Board of any other fact or event that could constitute a ground for denial of licensure prior to registering for the NCLEX-RN® Examination or accepting any permit or license from the Board of Nurse Examiners.

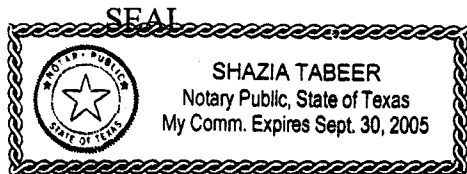
I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license to practice professional nursing in the State of Texas, as a consequence of my noncompliance.

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 21 day of October, 2002.

Jennifer Lynn Macdonald
JENNIFER LYNN MACDONALD, APPLICANT

Sworn to and subscribed before me this 21 day of October, 2002.



[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 ratify and adopt the Order of Conditional Eligibility that was signed on the 21st day of October, 2002, by JENNIFER LYNN MACDONALD, APPLICANT, for Temporary License/Endorsement Application, and said Order is final.

Entered and effective this 31st day of October, 2002.



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

Attachments: Section 301.257, Texas Occupations Code
Section 301.452(a),(b) and (c), Texas Occupations Code
Section 301.453, Texas Occupations Code
Rule 213.27, 22 Texas Administrative Code
Rule 213.28, 22 Texas Administrative Code
Rule 213.29, 22 Texas Administrative Code
Chapter 53, Sec. 53.001 *et seq.*, Texas Occupations Code

STATE OF COLORADO

STATE BOARD OF NURSING

Patricia F. Uris, Program Administrator

1560 Broadway, Suite 880
Denver, Colorado 80202-5146
Phone (303) 894-2430
Fax (303) 894-2821
V/TDD (303) 894-7880
www.dora.state.co.us/nursing

Department of Regulatory Agencies

M. Michael Cooke
Executive Director

Division of Registrations

Rosemary McCool
Director



Bill Owens
Governor

July 31 2002

CONFIDENTIAL

Case Number 6303000031

Jennifer Lynn MacDonald, RN, PN
1907 Northridge Drive
Austin, TX 78723-2633

Re: Colorado nursing licenses

Dear Ms. MacDonald:

Enclosed is a copy of a complaint related to your licenses that has been filed with the Board of Nursing ("Board"). The Board is required by law to investigate all such complaints. However, the nature of the complaint suggests that you may be experiencing a problem that could possibly be addressed by participation in the Colorado Nurse Health Program (also known as the Impaired Professional Diversion Program). This program provides an alternative to the disciplinary process.

I have enclosed several items. Specifically, in addition to a copy of the complaint, I have enclosed an Agreement to Participate in the Colorado Nurse Health Program ("CNHP"); an informational sheet about the CNHP; a demographic information form; and a booklet titled Questions & Answers Concerning the Complaint Against Your License.

You have two choices, which are as follows:

1. You may choose to participate in the CNHP. If you do so, you must
 - Contact CNHP staff regarding participation requirements.
 - Sign and return the Agreement to Participate in the Colorado Nurse Health Program by August 15, 2002 [If you are currently a voluntary participant in the CNHP, you must still sign and return the Agreement to be allowed to participate in lieu of further action regarding this complaint.]
 - Complete an evaluation by CNHP within 10 days of the date of signing the Agreement.
 - Complete and return the demographic information form.
 - Have CNHP provide confirmation of a signed CNHP contract to the Board within 60 days of signing this Agreement.
2. You may choose not to participate in the CNHP. If you do so, you must
 - Respond to the enclosed complaint allegations in writing by August 30, 2002.
 - Return and complete the demographic information form.

If you choose not to participate in the CNHP process, please read the following two paragraphs very carefully.

- Please provide your account of what happened regarding the alleged violation of the Colorado Nurse Practice Act.
- If there is more than one allegation, please respond to each allegation separately, identifying it either by number (for example, "allegation #1") or by titling it (for example, "allegation regarding medication administration error on April 4, 2000").
- To facilitate an efficient and timely review, please type your response. If that is not possible, please legibly print your response (black ink on white paper is best).
- Information you may wish to include for the Board's consideration:
 - Names of witnesses, including their addresses and telephone numbers and a brief summary of what they witnessed;
 - The date and time of the incident(s);
 - Patient outcome;
 - Any employment action;

What you could have done differently or plan to do differently in the future.

If you are aware of any specific steps that have been taken to prevent future incidents of this sort, please state what those measures are, and whether they have been implemented by yourself or by the facility/ agency or both. The dates of any specific changes in practice, policy or procedure would be helpful.

Please be aware that the failure to respond in a materially factual and timely manner may constitute grounds for disciplinary action against your license pursuant to C.R.S. §12-38-117(1)(u). Please be advised that no reminder letters or other notices will be sent to you regarding this matter.

Your response should be returned to me at the address indicated on the letterhead above. Be sure to include the case number listed above on all correspondence to the Board.

Upon receipt of your response, I will forward both the complaint and your response to an inquiry panel of the Board for consideration at its next regularly scheduled meeting. The Inquiry Panel will then determine what further action, if any, is warranted. The Inquiry Panel is comprised of five Board members. Please note that you will be advised in writing of the Inquiry Panel's disposition of this complaint. Thank you for your cooperation and prompt attention to this matter.

Please contact me at (303) 894-2416 if you have any questions.

Sincerely,


ANN MARIE SONNTAG
Nurse Practice Consultant

AMS/rb

Enclosures

cc: CNHP

cc: Jennifer Lynn MacDonald, RN, PN, 320 Columbine Ave, Canon City, CO 81212

AGREEMENT TO PARTICIPATE IN THE COLORADO NURSE HEALTH PROGRAM

I, Jennifer Lynn MacDonald, am a professional nurse, license number 129890, and a practical nurse, license number 37974, in the state of Colorado. I enter into this agreement as a result of a complaint having been filed with the Colorado Board of Nursing ("Board").

I understand that by entering into this Agreement to Participate in the Colorado Nurse Health Program ("agreement") the Board will abstain from taking formal disciplinary action against my license pursuant to CRS 12-38-117 and 12-38-131 et seq.

I request the opportunity to participate in the Colorado Nurse Health Program (CNHP), also known as the Impaired Professional Diversion Program. I agree to sign a monitoring contract ("contract") with the CNHP. I agree to abide by any changes or amendments to my CNHP contract and to remain in compliance with my CNHP contract.

By entering into this agreement I am voluntarily seeking treatment for drug, alcohol, and/or for psychiatric, psychological, or emotional problems that could lead to formal disciplinary action by the board based on the complaint from Carol Imler, St. Thomas Moore Hospital, Canon City, Colorado, filed with the Board on June 25, 2002.

I admit to conduct as follows:

1. During the month of May 2002, while on duty as a professional nurse at St. Thomas Moore Hospital, I diverted multiple doses of Demerol and Percocet for my personal use.
2. I documented removing the controlled substances from the Pyxis, and giving the patients the controlled substances. The patients reported to other nurses that they did not receive controlled substances for pain as I had charted.
3. I was terminated from employment as a result of the above, and after I failed to submit a urine sample for drug testing.

My conduct violated the Nurse Practice Act as follows:

12-38-117. Grounds for Discipline. (1) "Grounds for discipline", as used in this article means any person who:

- (f) Has negligently or willfully practiced nursing in a manner which fails to meet generally accepted standards for such nursing practice;
- (h) Has falsified or in a negligent manner made incorrect entries or failed to make essential entries on patient records;

(i) Is addicted to or dependent on alcohol or habit-forming drugs, or is a habitual user of controlled substances, as defined in section 12-22-303(7), or habit-forming drugs having similar effects, or is diverting controlled substances, as defined in section 12-22-303(7), or other drugs having similar effects from the licensee's place of employment; except that the board has the discretion not to discipline the licensee if such licensee is participating in good faith in a program designed to end such addiction or dependency;

I admit that I am addicted to or dependent upon drugs, alcohol, and/or have a psychiatric diagnosis that may interfere with my ability to practice with reasonable skill and safety.

I understand that this agreement and all CNHP records shall remain confidential unless:
A) a complaint arising from a different incident is referred to the Board, or B) I am referred to the Board of Nursing by the CNHP for non-compliance and/or safety to practice issues, in which event all of my records can be used in disciplinary proceedings.

I understand that this agreement and all records in possession of the Board regarding my participation in the CNHP will be destroyed pursuant to Board procedure upon written proof of successful completion of the CNHP contract and/or early discharge from the CNHP.

I enter into this agreement voluntarily, understanding that I have a right to a hearing, after the opportunity to consult with an attorney, and with full understanding of the possible ramifications of noncompliance with the CNHP contract, once signed. I understand that the Board is responsible for the protection of public health, safety, and welfare and that if the CNHP or the Board has reason to believe that I can no longer practice nursing with reasonable skill and safety, I will be referred to the Board for appropriate disciplinary action.

I agree to sign a formal monitoring contract with CNHP within 60 days. I understand that CNHP will communicate with the Board regarding the application process and will provide the date when the contract is signed and in effect. I understand that violations of the CNHP contract signed by me shall be treated as additional violations of the Nurse Practice Act (12-38-117(1)(g), violation of a Board order).

DATE: 8/9/02

NAME (printed): Jennifer Lynn Macdonald

SIGNATURE: Jennifer Lynn Macdonald

RE: Complaint No. 6303000031



Case #: 6303000031

COLORADO NURSE HEALTH PROGRAM APPLICATION

Please complete this application and return it to CNHP offices. An incomplete application will not be considered. All blanks must be completed with a response or N/A if not applicable.

Self Report Self Report, Complaint is likely Complaint Stipulation and Order

Name: Jennifer Lynn Macdonald License number: RN 124890

Address: 1907 Northridge Dr. City: Austin State: TX Zip: 78723

Home Phone: (512) 928-2774 Work Phone: () NONE

Which is the best phone number to reach you between 9-5:30 pm, Monday-Friday: 512-928-2774

Date of Birth: 1-20-70 Social Security Number: 567-43-2013

Type of license/authority: RN LPN

_____ Advance Practice Registry _____ Prescriptive Authority

How did you hear about our program? My employer @ time of termination

Who referred you to the program? Colorado Board of Nursing

Describe the events that prompted you to contact us and apply to the program:

I was terminated from my job working night shift in the med/surg dept., after suspicions by my supervisor were made known to me, @ the beginning of June, for drug diversion. I resigned after refusing to take a drug test. I had been diverting drugs for 2 months for a medical problem involving my jaw called TMJ, which recurses during times of stress. I was not having any marital or financial problems until I admitted to my husband what I had been doing. He & my family were stunned at the my admission. Even though the episode of TMJ had subsided, I continued diverting, taking them @ home (Percocet) (Percocet + Vicodin) We moved to Texas because my whole family

continue on reverse if necessary (Cont)

lives around the Austin area. Myself and my family are worried about my self destructive behavior. My husband has lost trust in me due to the fact that I was financially responsible at the time. He is now looking for employment and we are living with his sister and two young children. My problems are now their problems. I have always supported myself + been extremely independent, and have been happy working as a nurse since age 19 when I became a CNA, LVN @ 23 and finally put myself through school last year and became an RN. Now I am 32 years old and depending on other people. I have been waiting for the complaint to reach the Board of Nursing in CO so that I could be referred accordingly. I thank the Board for giving me a choice as to how to deal with this problem. I could fight it with attorneys and deny my problem, or face my problem head on so that I can become a good nurse again. I am ready to help myself and get back to working and rebuild my life and my marriage. My life now has made me very unhappy and I may be depressed due to guilt for ruining my marriage and what I did during my employment for the last 2 mo. I hope there is a chance to make things right. I am willing to do whatever it takes.

Jenny Macdonald

P.S. I wish to be evaluated by the Texas Peer Assistance Program, but if I have to come to Colorado to be evaluated, I will. It may be difficult financially, but I will. I am worried because the Board of Colorado says that I have to be evaluated within ten days of signing the contract. Thank you.

LICENSURE INFORMATION:

Year first licensed as a nurse: 1992 LVN

Are you currently licensed to practice nursing in Colorado? YES

Number of years licensed in Colorado: _____

License number: 129890 RN

Other states in which you hold or have held a nursing license (include license number): _____

① TX LPN-13206 ^{not active} ② TN-LPN ^{unknown} _{not active} ③ CO-LPN-37974 ^{not active} ④ CO RN 129890
000055640 ^{active}

What other licenses or certifications do you have: WAS CNA from '89-'92

List other names under which you have practiced: Jennifer Lynn Blacklock

Has your license ever been revoked, suspended or relinquished? _____ YES X NO

Have you ever had a complaint filed with a Board of Nursing or been disciplined by a Board of Nursing or any regulatory board? X YES X NO

If so, describe the circumstances: As described ~~in~~ on first page

Have you ever participated in a monitoring, diversion, or alternative program or any program similar to CNHP? _____ YES X NO

If so, describe and provide dates of participation and the outcome:

Have you ever been terminated from any diversion or monitoring program? _____ YES X NO

If so, describe: _____

EDUCATION INFORMATION:

Nursing education: X Associate Degree _____ Diploma _____ Bachelors Degree
_____ Master's Degree _____ Other: _____

Other Education or Certifications: CNA, LVN

LEGAL INFORMATION:

Have you had legal problems? _____ YES X NO If so, explain: _____

Do you currently have legal charges pending? _____ YES X NO If so, describe: _____

Have you ever been charged or convicted of a felony? YES NO

Have you ever been charged or convicted of a DWI/DUI? YES NO

If so, describe: _____

Have you accepted a deferred judgment or deferred sentence? YES NO

If so, describe: N/A

If you are on probation, who is your probation officer: N/A

And how can we reach him/her? N/A

EMPLOYMENT INFORMATION:

Are you currently employed as a nurse? YES NO

Is your job in jeopardy? YES NO

Current Supervisor: N/A Phone: _____

Facility name and address: N/A

Type of position: N/A

Area or specialty: N/A

Usual shift: N/A

List employment from most recent position and back for the last 5 years:

Date Employed From: To:	Type of Position	Facility/Employer	Reason for Leaving
6/01 - 6/02	RN	Centura Health St. Thomas More Hosp	Resigned after threat of termination
6-'98 - 4-'00	LPN	River Park Hospital (Columbia) Meemineville, TN	entering school (moving)
6-'97 - 5-'98	LPN	Gonzales Memorial Hosp. Gonzales, TX	moving D/T husband employment
10-'95 - 4-'97	Travis Physicians Assoc. Austin, TX		moving D/T husbands employment

Describe your recent work performance: My performance @ work has always been good. I always have recieved compliments from my employers and my patients + co-workers. Although my enthusiasm for work had declined the last 2 mo of my employment due to my problem

Describe any issues you have had at work: (Including problems with attendance, tardiness, relationship with supervisor or co-workers):

I had no problems with the above issues. I did have some problems the last month of work with a particular nurse that had suspicions about my problem with diversion

Have you reported drug/alcohol/mental health problems to your supervisor? YES NO

Does your employer know of your interest in CNHP? YES NO NA unemployed

Do you wish to continue practice nursing? YES NO

Do you feel safe to practice? YES NO

Have you ever diverted any medications from your workplace? YES NO

If so, describe: I diverted po Vicodin, Demerol and Percocet for self medication for a recurring medical problem.

Do you have access to your drug of choice at work? YES NO NA/unemployed

If so, what plans have you made to limit your access? _____

If not currently employed as a nurse, do you plan to return to nursing practice? YES NO if so, when: as soon as possible

SUBSTANCE USE:

Describe your history and current use of alcohol:

Rarely - only during special occasions, unable to tolerate very much

Describe your history and current use of prescription medications:

I have a recurring medical problem called TMJ. Have been evaluated by physicians & oral surgeon. Referred to orthodontist for mouth piece to wear @ night for bruxism. was prescribed muscle relaxers & Vicodin on periodic bases since 1995. Last received prescription for Soma was in 1998 and problem had resolved with use of mouthpiece

as above when prescribed and started diverting 2 mo before termination in June when medical problem with my jaw recurred, maybe due to odd hours and stress.

TREATMENT INFORMATION:

Have you ever been in treatment for drug or alcohol problems?

___ YES X NO

Have you ever been in treatment for mental health problems?

___ YES X NO

If so, list the dates and treatment provider or agency:

NA

Are you currently in treatment now? ___ YES X NO

Therapist: NA Phone: () NA

Address: NA

If you are not currently in treatment, what are your plans regarding your treatment or recovery?

I am anxious to enter the CNHP which will hopefully be able to refer me to the Texas Peer Assistance program Associated with Texas Board of nursing so that I may practice nursing again safely.

Have you been on any medications for mental health problems?

___ YES X NO to help myself and my family.

If so, please describe the symptoms, medications, and who prescribed them: NA

HEALTH INFORMATION:

List history of any health problems, injuries, or surgeries: TMJ which has subsided

Do you currently have any health problems?

___ YES X NO

If so, describe the problem and the current treatment: _____

Have you had problems with sleep?

X YES ___ NO

If so describe: due to stress and what I have done to myself and my family has made it difficult for me to sleep.

When was your last medical exam? ~2000 Do you have reason to believe that you are pregnant? YES NO

Are you currently under the care of a physician or other practitioner? YES NO

Who is your current primary healthcare provider? None Phone: _____
no insurance

Are you currently experiencing any problems related to the management of pain, including headaches, injuries or surgeries? YES NO

If so, describe: _____

Are you currently on any medications? YES NO If so, please complete the chart below:
clean x 2 1/2 mo.

Medication	Purpose	Dosage and Frequency	Last Dose	Prescribing practitioner name and phone

How do you manage stress: Reading

FINANCIAL ISSUES:

Are you currently experiencing any financial problems? YES NO

If so, briefly describe: I have been unemployed since resignation in June
My husband and I are staying with family although he
SOCIAL INFORMATION: is looking for employment @ this time.

What is your current living situation? living with my sister-in-law

Does your family or significant other know of your interest in the Program? YES NO

If not, what are your plans for informing them? NA

What kind of support do you have available, and who in your life will support your recovery/health maintenance (identify all)?

All of my family lives around the Austin Area. They are all aware
of my problem. Although they are disappointed they are
supportive in every way. My husband is my best support system.
Admitting to him what I did was most difficult but now he is just
as anxious as I am to get myself help and ~~it~~ into recovery. His
family has also been very helpful.

I am requesting admission into the Diversion Program and admit to the following problems:
(fill in all that apply)

a. Psychological/psychiatric/emotional problem of (please specify):

putting my life in jeopardy like this leads me to
believe that I may have psychological problems.

b. Excessive drug use that leads to impaired functioning (please specify drug of choice):

Percocet + Vicodin

c. Excessive alcohol use/addiction that leads to impaired functioning:

NA

Describe your purpose for participation in this program. Include any goals you have:

- ① to help my self destructive behavior
② to get my life and my marriage back on track
③ to remain off of drugs forever

After my application is reviewed, I understand that I will be scheduled for an evaluation. If I do not show up for the evaluation appointment and do not call to cancel at least 24 hours in advance, I understand and agree that I will be responsible for the cancellation fee of \$50.00. If I choose not to participate in CNHP after my evaluation has been completed, I understand and agree that I will be responsible for the cost of the evaluation up to \$300.

I certify that the above information I have provided is complete, true, and accurate to the best of my ability. I also fully understand that this application indicates my intent to participate in the Colorado Nurse Health Program.

Jennifer Lynn Macdonald

Licensee Print Name

Jennifer Lynn Macdonald

Licensee Signature

8/9/02

Date

Please complete and return to:
Colorado Nurse Health Program
44 Union Blvd., Suite 630,
Lakewood, Colorado 80228

CNHP Signature

Date Reviewed by CNHP