

BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of Women's Health Nurse Practitioner, § AGREED  
and Registered Nurse License Number 681612 §  
issued to CEDAR MARIE JACKSON § ORDER



*Katherine A. Thomas*  
Executive Director of the Board

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.

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of CEDAR MARIE JACKSON, Women's Health Nurse Practitioner, and Registered Nurse License Number 681612, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may be subject to discipline pursuant to Section 301.452(b)(8), Texas Occupations Code. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on October 15, 2013.

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice professional nursing with advanced practice authorization in the State of Texas.
4. Respondent received an Associate Degree in Nursing from Maricopa County Skill Center, Phoenix, Arizona, on May 13, 1982, and a Masters Degree from The University of Texas Southwestern Medical Center, Dallas, Texas, on August 16, 2002. Respondent was licensed to practice professional nursing in the State of Texas on September 25, 2001. Respondent became Board recognized as a Women's Health Nurse Practitioner in the State of Texas, on January 16, 2003.

5. Respondent's nursing employment history is unknown.
6. On or about July 30, 2013, Respondent's licenses to practice as a registered nurse and as an advanced practice registered nurse with prescriptive authority were REPRIMANDED by the Oklahoma Board of Nursing, Oklahoma City, Oklahoma. A copy of the Stipulations, Settlement and Order, dated July 30, 2013, is attached and incorporated, by reference, as part of this Order.
7. Respondent admits to the conduct outlined in Finding of Fact Number Six (6). She explains that after starting work in another position, she obtained and completed the required form to add a new supervising physician, according to the rules. She submitted the form she had completed, along with a form for the physician to complete, to the physician. The physician was supposed to submit the entire package, and Respondent was assured he had done that. However, she learned later that it was submitted, but after the 30-day notification deadline. Respondent adds that she has not at any time worked without physician supervision.

#### 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 Women's Health Nurse Practitioner, and Registered Nurse License Number 681612, heretofore issued to CEDAR MARIE JACKSON, including revocation of Respondent's license(s) to practice nursing in the State of Texas.

#### ORDER

IT IS THEREFORE AGREED and ORDERED that RESPONDENT SHALL receive the sanction of REMEDIAL EDUCATION, and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Texas Occupations Code §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.1 *et seq.* and this Order.

IT IS FURTHER AGREED and ORDERED that, while under the terms of this Order, this Order SHALL apply to any and all future licenses issued to Respondent to practice nursing in the State of Texas.

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.

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

IT IS FURTHER AGREED that:

(1) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) hours in length. The course's content shall include the Nursing Practice Act, standards of practice, documentation of care, principles of nursing ethics, confidentiality, professional boundaries, and the Board's Disciplinary Sanction Policies regarding: Sexual Misconduct; Fraud, Theft and Deception; Nurses with Substance Abuse, Misuse, Substance Dependency, or other Substance Use Disorder; and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT'S

successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.*

(2) RESPONDENT SHALL, within one (1) year of entry of this Order, successfully complete the course "Sharpening Critical Thinking Skills," a 3.6 contact hour online program provided by the National Council of State Boards of Nursing (NCSBN) Learning Extension. In order to receive credit for completion of this program, RESPONDENT SHALL SUBMIT the continuing education certificate of completion for this program to the Board's office, to the attention of Monitoring. This course is to be taken in addition to any continuing education requirements the Board may have for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.*

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

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RESPONDENT'S CERTIFICATION

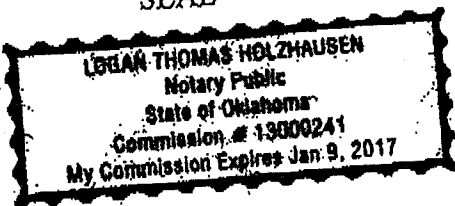
I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that when this Order becomes final and the terms of this Order become effective, 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(s) to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 12 day of November, 2013.

Cedar Jackson  
CEDAR MARIE JACKSON, Respondent

Sworn to and subscribed before me this 12 day of November, 2013.

Yvonne Holzhausen  
Notary Public in and for the State of Oklahoma



WHEREFORE, PREMISES CONSIDERED, the Executive Director, on behalf of the Texas Board of Nursing, does hereby ratify and adopt the Agreed Order that was signed on the 12th day of November, 20 13, by CEDAR MARIE JACKSON, Women's Health Nurse Practitioner, and Registered Nurse License Number 681612, and said Order is final.

Effective this 13th day of November, 20 13.



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

**BEFORE THE OKLAHOMA BOARD OF NURSING**

IN THE MATTER OF CEDAR MARIE DANIELS JACKSON, R.N./A.P.R.N.-C.N.P.  
LICENSE NO. R0055120

**STIPULATIONS, SETTLEMENT AND ORDER**

This matter comes on before the Informal Disposition Panel ("Panel") of the Oklahoma Board of Nursing ("Board") on the 16<sup>th</sup> day of July, 2013, in the Conference Room of the Board Office, 2901 North Classen Boulevard, Suite 105, Oklahoma City, Oklahoma.

Lisa Griffiths, R.N., a Nurse Investigator with the Board, appears in person, and Cedar Marie Daniels Jackson, R.N./A.P.R.N.-C.N.P, (hereinafter, "Respondent") having received notice, voluntarily appears neither in person nor by counsel, before the Panel on this date. Respondent and the Nurse Investigator participated in a telephonic conference on June 18, 2013, and subsequently consented to this Stipulations, Settlement and Order ("Order").

**STIPULATIONS**

Respondent and the Panel hereby stipulate and agree to the following joint stipulations and proposed Order of the Board incorporating these stipulations and agreements in the above-styled matter.

1. Respondent is licensed to practice as a registered nurse and as an advanced practice registered nurse – certified nurse practitioner ("APRN-CNP") with prescriptive authority, in the State of Oklahoma and is the holder of License No. R0055120 issued by the Oklahoma Board of Nursing.

2. On or about November 5, 2010 the Respondent submitted to the Oklahoma Board of Nursing a Request for Change in Physician(s) Supervising Advanced Practice Prescriptive Authority ("2010 Request for Change") deleting Stacey Phan, D.O. with an effective date of September 3, 2010. The 2010 Request for Change was submitted greater than 30 days from the change. On November 17, 2010, the Board notified the Respondent that Board staff had placed an Advisement Letter in the Respondent's permanent record in the Board office for the Respondent's failure to timely report to the Board a change in supervising physician within the required thirty (30) days of the change. The 2010 Request for Change and Advisement Letter are attached as Exhibits "A" and "B" respectively and made a part hereof.

3. On or about March 8, 2013 the Respondent submitted to the Oklahoma Board of Nursing a Request for Change in Physician(s) Supervising Advanced Practice Prescriptive Authority ("2013 Request for Change") adding Diederik Meursing, M.D. with an effective date of December 3, 2012. The 2013 Request for Change was submitted greater than 30 days from the change. The 2013 Request for Change is attached as Exhibit "C" and made a part hereof.

4. No formal complaint has been filed as of the date of these stipulations charging Respondent with violations of the Oklahoma Nursing Practice Act. Respondent understands that Respondent has a right to require that a formal Complaint be filed and the right to a formal hearing before the Board at which time Respondent could confront the witnesses against Respondent, cross-examine those witnesses, and present evidence in Respondent's own behalf. Respondent understands that by signing and agreeing to this Order Respondent is waiving those rights.



5. This Order is executed by the Respondent for the purpose of avoiding further administrative action with respect to this cause. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of this Order. Furthermore, should this Order not be accepted by the Board, it is agreed that presentation to and consideration of this Order and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

6. Respondent fully understands and agrees that this Order will in no way preclude additional proceedings by the Board against Respondent for acts or omissions not specifically made a part of this Order.

7. Respondent expressly waives all further procedural steps, and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of this joint stipulation of facts, conclusions of law and imposition of discipline, and the Order of the Board incorporating said stipulations.

8. It is expressly understood that this Order is subject to approval of the Board and has no force and effect until approved and Ordered by the Board.

9. This Order constitutes formal disciplinary action.

#### **STIPULATED DISPOSITION AND ORDER**

IT IS THEREFORE ORDERED by the Oklahoma Board of Nursing that Respondent's licenses to practice registered nursing and advanced practice registered nursing – certified nurse practitioner with prescriptive authority in the State of Oklahoma remain in effect, and that Respondent is disciplined as follows:

1. Within sixty (60) days from receipt of this Order, Respondent shall pay an administrative penalty payable to the Oklahoma Board of Nursing in the full amount of \$500.00. Partial payments are not accepted. The administrative penalty shall be paid only by certified check, money order or cash.

IT IS FURTHER ORDERED that the licenses to practice as a registered nurse and as an advanced practice registered nurse – certified nurse practitioner with prescriptive authority held by Respondent are hereby reprimanded.

IT IS FURTHER ORDERED, that Respondent shall comply in all respects with the Nursing Practice Act, 59 O.S. Sections 567.1, et seq., the Rules, OAC Title 485 Chapters 1 and 10 and Guidelines relating to nursing education, licensure and practice and this Order.

IT IS FURTHER ORDERED, that in the event the Certified Mail delivery of Respondent's Order is unsuccessful a process server will be hired to obtain service of the Order. If it is thus necessary to serve the Respondent by a process server, the Respondent shall reimburse the Board for the actual cost of the process server. The Respondent shall pay to the Board the actual cost of the process service within sixty (60) days of service of the process served Order. The process service fee shall be paid only by certified check, money order or cash to the Board.

IT IS FURTHER ORDERED that any failure to comply with submission of the administrative penalty, reimbursement of cost of process server, or written documentation by the due date, including but not limited to the proof of successful completion of educational courses, will result in a three (3) month suspension of license. At the completion of the three month suspension, any application for reinstatement may be submitted for processing by Board Staff for approval in accordance to the agency approval process or for referral to the Board. The terms of the previous

Order will be extended for three (3) months, as applicable. An administrative penalty of \$500 for each violation of Respondent's Board Order shall be paid by certified check, money order, or cash prior to reinstatement pursuant to statute, 59 O.S. §567.8.J.1. and 2, and §485:10-11-2(d) of the Rules promulgated by the Board.

IT IS FURTHER ORDERED that the parties agree that both (all) parties have participated in the drafting of this Order and that no presumption or construction against any party as the drafter of this Order, shall apply or be applied in the event of a claim of ambiguity of the document or a provision thereof.

IT IS FURTHER ORDERED that should this Order not be accepted by the Board, it is agreed that presentation to and consideration of this Order and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

IT IS FURTHER ORDERED that this Order shall not be effective until the fully executed Order is received in the Board office.

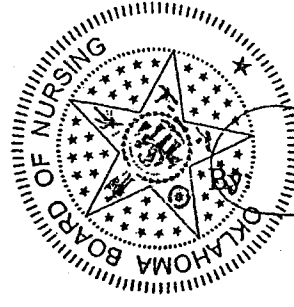
IT IS FURTHER ORDERED that upon successful completion of all of the terms and conditions of this Order, no further Order of the Board shall be deemed necessary.

IT IS FURTHER ORDERED that this Order constitutes disciplinary action by the Board and may be used in any subsequent hearings by the Board. In the event other misconduct is reported to the Board, this Order may be used as evidence against Respondent to establish a pattern of behavior and for the purpose of proving additional acts of misconduct.

My signature admits no wrongdoing on my part in taking the appropriate steps for the timely submission of the Change of Physician document, but failure on the part of a supervisor who, unbeknownst to me, failed in the performance of a required role.

Jackson  
Respondent

Approved and ordered this 30<sup>th</sup> day of July, 2013.

 OKLAHOMA BOARD OF NURSING  
[Signature]  
President

LG:tj

Oklahoma Board of Nursing  
2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800  
www.ok.gov/nursing

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*Request for Change in Physician(s) Supervising  
Advanced Practice Prescriptive Authority*

Check One: ARNP  CNM  CNS

RN License Number: R0055120

1. Full name Cedar M. Daniels Jackson  
First Middle Maiden Married
2. Mailing address 4031 Michael Rd - Edmond, OK 73025 405 359-5690  
Street City State Zip Telephone #
3. Work address 220 S. Littler Ave - Edmond, OK 73034 405 341-1683  
Street City State Zip Telephone #
4. Specialty area Women's Health
5. National Certifying Body NCC 12/31/2011  
Name of Certifying Body Date of Expiration of National Certification
6. Practice Setting (Hospital, Nursing Home, etc.) Retail Clinic

7. Please add the following supervising physician(s):

Shelly L. Jacobs MD/DO 11/03/2010  
Name Circle One Effective Date

\_\_\_\_\_  
Name Circle One Effective Date

\_\_\_\_\_  
Name Circle One Effective Date

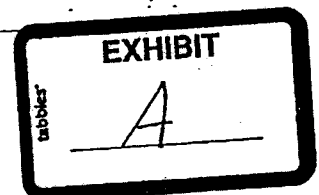
\_\_\_\_\_  
Name Circle One Effective Date

NOTE: An Agreement for Physician Supervising Advanced Practice Prescriptive Authority must be submitted for each new supervising physician.

8. Please delete the following supervising physician(s):

Stacey T. Phao MD/DO 09/03/2010 ←  
Name Circle One Effective Date

\_\_\_\_\_  
Name Circle One Effective Date



RECEIVED

NOV. 05 2010

OBN

\_\_\_\_\_ MD/DO \_\_\_\_\_ Effective Date  
 Name Circle One

\_\_\_\_\_ MD/DO \_\_\_\_\_ Effective Date  
 Name Circle One

**NOTE:** You must have at least one current supervising physician on file; otherwise, your prescriptive authority will be placed on inactive status.

**PRESCRIPTIVE AUTHORITY AFFIDAVIT**  
(to be completed by the Advanced Practice Nurse)

I certify that I am the licensee listed above and that the statements listed herein are true.

I agree to contact my physician supervising prescriptive authority, for collaboration and referral as appropriate in relationship to prescriptive practices. I also agree to provide written verification to the Oklahoma Board of Nursing of receipt of my Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) Registration and Drug Enforcement Administration (DEA) Registration if I will be prescribing Schedule III-V drugs.

I further agree to notify the Board office of any changes in physicians supervising prescriptive authority in writing within 30 days of the change, which shall be effective upon filing.

Signature of Licensee: *Cedric M. Jackson*  
(Do not print or use initials)

Date: 11/03/2010

Subscribed to and sworn before me, this 3<sup>rd</sup> day of November, 2010.

7/23/2013  
My Commission Expires

*Angela Marler*  
Notary Public





OKLAHOMA BOARD OF NURSING

2915 CLASSEN BOULEVARD • SUITE 524 • OKLAHOMA CITY, OKLAHOMA 73106-5437 • (405) 962-1800

www.ok.gov/nursing • Fax (405) 962-1821

Cedar Jackson  
4031 Michael Rd  
Edmond, OK 73025

RE: Advisement Letter

Dear Ms Jackson,


We have received your *Request for Change of Supervising Physician*. The requested changes in supervising physicians have been entered in our database.

According to the request you submitted, the deletion of the supervising physician occurred greater than thirty (30) days prior to the request being received in the Board office. According to the *Oklahoma Nursing Practice Act*, changes to the written statement between the advanced practice nurse and the supervising physician(s) "shall be filed with the Board within thirty (30) days of the change and shall be effective on filing" [59 O.S § 567.4a (1)].

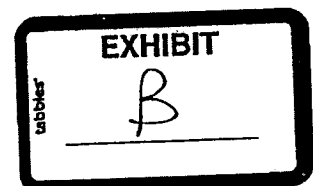
In accordance with the *Oklahoma Nursing Practice Act*, you are advised that any future evidence of failure to timely report a change in supervising physician within the required thirty (30) days of the change may subject your license/recognition to discipline and an administrative penalty.

This advisement letter will become a part of your permanent record in our office. You may submit written information to be included in the permanent record if the information provided above does not coincide with your records.

Sincerely,

  
\_\_\_\_\_  
Kim Glazier, RN, M.Ed.  
Executive Director

11-17-2010  
\_\_\_\_\_  
Date



Oklahoma Board of Nursing  
2915 N. Classen Blvd., Suite 524  
Oklahoma City, OK 73106  
(405) 962-1800  
www.ok.gov/nursing

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MAR 08 2013

OBN

*Request for Change in Physician(s) Supervising  
Advanced Practice Prescriptive Authority*

Please type, or use blue or black ink to complete the form. Do not use correction fluid.

Check One: CNP  CNM  CNS

RN License Number: R0055120

1. Name on license Cedar Marie Jackson  
First Middle or Maiden Last

2. Mailing address 4031 Michael Rd - Edmond, OK 73025 (405) 359-5690  
Street City State Zip Telephone #


3. Work address 13301 N. Meridian - OKC, OK 73120 (405) 951-9800  
Street City State Zip Telephone #

4. Advanced practice specialty certification Women's Health

5. National Certifying Body NCC Dec. 31, 2014  
Name of Certifying Body Date of Expiration of National Certification

6. Practice Setting (Hospital, Nursing Home, etc.) Clinic

7. Please add the following supervising physician(s):

Dr. Aiederik Meursing MD/DO 12/03/12   
Name Circle One Effective Date

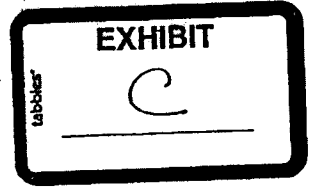
\_\_\_\_\_  
Name Circle One MD/DO Effective Date

\_\_\_\_\_  
Name Circle One MD/DO Effective Date

\_\_\_\_\_  
Name Circle One MD/DO Effective Date

\_\_\_\_\_  
Name Circle One MD/DO Effective Date

NOTE: An Agreement for Physician Supervising Advanced Practice Prescriptive Authority must be submitted for each new supervising physician.





RECEIVED

MAR 08 2013

8. Please delete the following supervising physician(s):

_____	MD/DO	_____
Name	Circle One	Effective Date
_____	MD/DO	_____
Name	Circle One	Effective Date
_____	MD/DO	_____
Name	Circle One	Effective Date
_____	MD/DO	_____
Name	Circle One	Effective Date
_____	MD/DO	_____
Name	Circle One	Effective Date

OBN

NOTE: You must have at least one current supervising physician on file; otherwise, your prescriptive authority will be placed on inactive status.

PRESCRIPTIVE AUTHORITY AFFIDAVIT  
(to be completed by the Advanced Practice Registered Nurse)

I certify that I am the licensee listed above and that the statements listed herein are true.

I agree to contact my physician supervising prescriptive authority, for collaboration and referral as appropriate in relationship to prescriptive practices. I also agree to provide written verification to the Oklahoma Board of Nursing of receipt of my Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBND) Registration and Drug Enforcement Administration (DEA) Registration if I will be prescribing Schedule III-V drugs.

I further agree to notify the Board office of any changes in physicians supervising prescriptive authority in writing within 30 days of the change, which shall be effective upon filing.

Signature of Licensee: Calder Jackson  
(Do not print or use initials)

Date: 3/6/13

Subscribed to and sworn before me, this 6<sup>th</sup> day of March, 2013.

April 15th, 2013  
My Commission Expires

Christina Parsons  
Notary Public

(SEAL)

