



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

BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of	§	REINSTATEMENT
Vocational Nurse License Number 134797	§	
issued to REBECCA CAVAZOS,	§	
a/k/a REBECCA SUSTAITA,	§	
a/k/a REBECCA CAVAZOS GONZALES	§	AGREED ORDER

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the Petition for Reinstatement of Vocational Nurse License Number 134797, held by REBECCA CAVAZOS, a/k/a, REBECCA SUSTAITA, a/k/a, REBECCA CAVAZOS GONZALES, hereinafter referred to as Petitioner.

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the Petition for Reinstatement of Vocational Nurse License Number 134797, held by REBECCA CAVAZOS, a/k/a REBECCA SUSTAITA, a/k/a REBECCA CAVAZOS GONZALES, hereinafter referred to as Petitioner. Petitioner waived notice and hearing and agree to the entry of this Order approved by Katherine A. Thomas, MN, RN, FAAN, Executive Director, on October 30, 2017.

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 Petitioner and Petitioner was given an opportunity to show compliance with all requirements of the law for retention of the license(s).
2. Petitioner waived notice and hearing, and agreed to the entry of this Order.
3. Petitioner received a Certificate in Nursing from Victoria College, Victoria, Texas, on August 21, 1991. Petitioner was licensed to practice vocational nursing in the State of Texas on December 3, 1991.

4. Petitioner's nursing employment history includes:

05/1991-08/1997	LVN	Detar Regional Hospital Victoria, Texas
09/1997-02/1999	LVN	Devereau Victoria, Texas
03/1999-07/2000	LVN Charge	V i c t o r i a N u r s i n g Rehabilitation Victoria, Texas
08/2000-12/2001	Unemployed	
01/2002-06/2004	LVN/Charge Nurse	Citizens Medical Center Victoria, Texas
07/2004-08/2006	LVN Charge Nurse	Retama Manor South Victoria, Texas
2007	Relocated to Austin, Texas	
2008-2009	LVN Charge Nurse	Walnut Hills Convalescent Center Austin, Texas
06/2009-01/2010	LVN	Park Bend Rehabilitation Center Austin, Texas

5. On or about June 22, 1993, Petitioner's license to practice vocational nursing was Suspended by the Board of Vocational Nurse Examiners.
6. On or about January 27, 2010, Petitioner voluntarily surrendered her license to practice nursing through an Order of the Board. A copy of the Findings of Fact, Conclusions of Law, and Order dated January 27, 2010, is attached and incorporated, by reference, as part of this Order.
7. On or about July 25, 2017, Petitioner submitted a Petition for Reinstatement of License to practice vocational nursing in the State of Texas.
8. Petitioner presented the following in support of said petition:

- 8.1. Evidence of ten (10) monthly negative drug screens and two (2) positive drugs screens, dated between May 9, 2016 and July 6, 2017.
- 8.2. Letter dated July 27, 2017 from Dr. M. Ali Khan, Board Certified Anesthesiology and Pain Medicine, Round Rock, Texas, stating Petitioner was seen on December 1, 2016, and February 6, 2017, Petitioner was prescribed Norco on both visits.
- 8.3. Letter of support dated July 20, 2017 from A.W., AA sponsor, stating he continues to be Petitioner's sponsor and has been her sponsor since August 2014. Petitioner continues to be dedicated to her sobriety, church and her goals in life. But most of all, she is dedicated to her sobriety, family, and her place of employment.
- 8.4. Letter of support dated May 31, 2017 and generated by Haley Smith, APRN, stating Petitioner is currently under her medical care and has been a patient at Lone Star Circle of Care for six (6) years. Petitioner is well on medications.
- 8.5. Letter of support dated July 14, 2017 from Ms. Aguilar, BSN, RN, stating she has known Petitioner for over ten years. As the Director of Nursing at Retama Manor South in Victoria, Texas, Ms. Aguilar states Petitioner was a very caring and hardworking nurse with the best interest of residents. Petitioner worked as a CNA in another facility where Ms. Aguilar promoted Petitioner to Lead CNA. Petitioner was very caring, hardworking, dependable, and an excellent role model.
- 8.6. Letter of support from Angela Wiggins, stating she worked with Petitioner and she has shown interest in her family, her work and church. Petitioner has a lot of compassion for the work she does with residents.
- 8.7. Letter of support dated June 29, 2017 from Chris Alcala, LNFA, Administrator, Park Ben Health & Rehabilitation, Austin, Texas, stating she has known Petitioner since 2016. Petitioner worked as a Certified Nurse Assistant. Ms. Alcala states Petitioner was cooperative, helpful, efficient, dedicated, and prudent. Petitioner appears to take her job seriously. Ms. Alcala believes Petitioner would be an asset to any facility as a nurse.
- 8.8. Letter of support dated June 24, 2017 from Carla Foth, RN, Director of Nursing, Park Ben Health & Rehabilitation, stating she has known Petitioner since November 2016. Petitioner is a dedicated team member, timely, flexible, and prudent. Petitioner takes her job very seriously and pays attention to detail.
- 8.9. Letter of support dated January 25, 2015 from Lynn Graham, Administrator, Cottonwood Creek Nursing Rehabilitation Center, stating Petitioner carries and exudes a sense of compassion, her quality of care is exceptional, her compassion is therapeutic. Ms. Graham believes Petitioner has possess qualities and they are fortunate to have had her as a team member.

8.10. Documentation of the required continuing education contact hours.

8. On or about September 15, 2017 and October 19, 2017, Petitioner presented via video conference and phone to Joyce M. Gayles, PhD, Clinical Psychologist, Ashville, North Carolina, for psychological testing, and an interview. As a result, Dr. Gayles was able to offer the following Conclusion and Recommendation: "The overall results of this evaluation suggest that Ms. Cavazos' past criminal behavior was a result of life circumstances and poor judgment. Nothing in this evaluation indicates that Ms. Cavazos has a criminal or propensity towards criminal behavior. Therefore, I can say with reasonable confidence that she is unlikely to engage in criminal acts at this point in her life. She does not pose a threat to the community. Should she be allowed to return to the practice of nursing, it is likely that Ms. Cavazos can fulfill the duties and responsibilities of a nurse based on the rules and guidelines of the TXBON and conduct herself in a professional manner as a nurse."
9. The Executive Director considered evidence of Petitioner's past behavior in light of the character factors set out in 22 Tex. Admin. Code §213.27 and determined that Petitioner currently demonstrates the criteria required for good professional character and relicensure.
10. Relicensure of Petitioner poses no direct threat to the health and safety of patients or the public provided Petitioner complies with the stipulations outlined in this Order.
11. The Executive Director's review of Petitioner's eligibility for relicensure has been made on the basis of Petitioner's disclosures.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.
2. Pursuant to Section 301.467, Texas Occupations Code, the Board may refuse to issue or renew a license, and may set a reasonable period that must lapse before reapplication. Pursuant to 22 TEX. ADMIN. CODE §213.26, the Board may impose reasonable conditions that a Petitioner must satisfy before reissuance of an unrestricted license.
3. The Board may license an individual with prior behaviors inconsistent with the Board's character requirements if, upon evaluation of the factors in 22 Tex. Admin. Code §213.27, and pursuant to 22 Tex. Admin. Code §213.33, 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.

4. This Order is conditioned upon the accuracy and completeness of Petitioner's disclosures. Any subsequently discovered discrepancies will result in investigation and possible disciplinary action, up to revocation of Petitioner's license(s).

## TERMS OF ORDER

### I. REINSTATEMENT OF LICENSURE

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that the petition of REBECCA CAVAZOS for reinstatement of license to practice nursing in the state of Texas be **GRANTED** and Vocational Nurse License Number 134797 is hereby **REINSTATED** in accordance with the terms of this Order.

### II. COMPLIANCE WITH LAW AND APPLICABILITY

While under the terms of this Order, PETITIONER agrees to obtain, read, and 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.

- A. This Order SHALL be applicable to PETITIONER's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.
- B. As a result of this Order, PETITIONER'S license(s) will be designated "single state" and PETITIONER may not work outside the State of Texas in another nurse licensure compact party state.

### III. REQUIREMENTS FOR VOCATIONAL NURSING REFRESHER COURSE, EXTENSIVE ORIENTATION, OR NURSING PROGRAM OF STUDY IN VOCATIONAL NURSING

Prior to practicing as a vocational nurse in the State of Texas, PETITIONER SHALL:

- A. Apply for a Six Month Temporary Permit to Complete Refresher Course, Extensive Orientation, or Nursing Program of Study in Vocational Nursing for the limited purpose of completing a refresher course, extensive orientation, or nursing program of study in vocational nursing. The

application for the Six Month Temporary Permit is available on the Board's website ([www.bon.texas.gov](http://www.bon.texas.gov)) under Forms / Applications / Six Month Permits / LVN Six Month Limited Permit. PETITIONER SHALL NOT, in any way, attempt to use the temporary permit for any purpose other than completing the refresher course, extensive orientation, or nursing program of study in vocational nursing.

**B. Successfully complete a Board approved refresher course, extensive orientation, or nursing program of study for vocational nursing. Petitioner MUST obtain Board approval of the nursing refresher course, extensive orientation, or nursing program, as applicable, prior to enrollment.**

In order for the course to be approved:

- (1) The target audience shall include vocational nurses;
- (2) The course instructor must be a qualified registered nurse who meets or exceeds the Board's minimum criteria for eligibility as an instructor;
- (3) The course's content shall, at a minimum, include:
  - (a) Review of NPA, Rules, Position Statements;
  - (b) Determination of Individual Scope of Practice and role in patient safety;
  - (c) Review of the clinical problem solving process for the provision of individualized, goal directed nursing care to include: (i) Collecting data & performing focused nursing assessments; (ii) Participating in the planning of nursing care needs for clients; (iii) Participating in the development & modification of the comprehensive nursing care plan for assigned clients; (iv) Implementing appropriate aspects of care within the LVN's scope of practice; and (v) Assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs;
  - (d) Pharmacology review;
  - (e) Medication administration;
  - (f) Documentation, quality assurance, and legal implication for nursing practice; and
  - (g) Documentation of current CPR certification prior to beginning precepted clinical learning experience; and
- (4) The course must contain no less than a total of 80 hours of clinical practice providing direct patient care precepted by a qualified registered or vocational nurse. Home study courses and video programs will not be approved.

**C. Upon completion of the refresher course, extensive orientation, or nursing program of study for vocational nursing, PETITIONER SHALL return the temporary permit to the Board's office and PETITIONER SHALL CAUSE the sponsoring institution to notify the Board, on a form provided by the Board, of Petitioner's successful completion of the refresher course, including the required 80 hours of precepted clinical practice.**

- D. Upon verification of successful completion of the conditions** as set out in Paragraphs A through C of this Section, PETITIONER SHALL submit a completed License Reactivation Form for Vocational Nurses, which is available on the Board's website ([www.bon.texas.gov](http://www.bon.texas.gov)) under Forms / Applications / Renewals / LVN - Reactivation form for a Licensed Vocational Nurse. PETITIONER shall pay all re-registration fees and, subject to meeting all other requirements for licensure in Texas, shall be issued the applicable license to practice vocational nursing in the State of Texas, which shall be subject to the terms of this Order.

#### **IV. REMEDIAL EDUCATION COURSE(S)**

In addition to any continuing education requirements the Board may require for licensure renewal, Petitioner SHALL successfully complete the following remedial education course(s) **within one (1) year of relicensure, unless otherwise specifically indicated:**

- A. A Board-approved course in Texas nursing jurisprudence and ethics** that 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. Home study courses and video programs will not be approved.
- B. 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/these course(s), Petitioner SHALL CAUSE the instructor to submit a Verification of Course Completion form or SHALL submit the continuing education certificate, as applicable, to the attention of Monitoring at the Board's office. Petitioner SHALL first obtain Board approval of any course prior to enrollment if the course is not being offered by a pre-approved provider. *Information about Board-approved courses and Verification of Course Completion forms are available from the Board at [www.bon.texas.gov/compliance](http://www.bon.texas.gov/compliance).*

#### **V. EMPLOYMENT REQUIREMENTS**

In order to complete the terms of this Order, PETITIONER must work as a nurse in the State of Texas, providing direct patient care in a clinical healthcare setting, for a minimum of sixty-four (64) hours per month for eight (8) quarterly periods [two (2) years] of employment. This

requirement will not be satisfied until eight (8) quarterly periods of employment as a nurse have elapsed. Periods of unemployment or of employment that do not require the use of a registered nurse (RN) or a vocational nurse (LVN) license, as appropriate, will not apply to this period and will not count towards completion of this requirement.

- A. Notifying Present and Future Employers:** PETITIONER SHALL notify each present employer in nursing and present each with a complete copy of this Order, including all attachments, if any, within five (5) days of receipt of this Order. While under the terms of this Order, PETITIONER SHALL notify all future employers in nursing and present each with a complete copy of this Order, including all attachments, if any, prior to accepting an offer of employment.
- B. Notification of Employment Forms:** PETITIONER SHALL CAUSE each present employer in nursing to submit the Board's "Notification of Employment" form to the Board's office within ten (10) days of receipt of this Order. PETITIONER SHALL CAUSE each future employer to submit the Board's "Notification of Employment form" to the Board's office within five (5) days of employment as a nurse.
- C. Indirect Supervision:** PETITIONER SHALL be supervised by a Registered Nurse, if licensed as a Registered Nurse, or by a Licensed Vocational Nurse or a Registered Nurse, if licensed as a Licensed Vocational Nurse, who is on the premises. The supervising nurse is not required to be on the same unit or ward as PETITIONER, but should be on the facility grounds and readily available to provide assistance and intervention if necessary. The supervising nurse shall have a minimum of two (2) years experience in the same or similar practice setting to which the PETITIONER is currently working. PETITIONER SHALL work only regularly assigned, identified and predetermined unit(s). PETITIONER SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. PETITIONER SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.
- D. Nursing Performance Evaluations:** PETITIONER SHALL CAUSE each employer to submit, on forms provided to the PETITIONER by the Board, periodic reports as to PETITIONER'S capability to practice nursing. These reports shall be completed by the individual who supervises the PETITIONER and these reports shall be submitted by the supervising individual to the office of the Board at the end of each three (3) month quarterly period for eight (8) quarters [two (2) years] of employment as a nurse.



## VI. DRUG AND ALCOHOL RELATED REQUIREMENTS

A. While under the terms of this Order, PETITIONER SHALL **abstain from the use of alcohol, nalbuphine, propofol and all controlled substances,** except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, PETITIONER SHALL CAUSE the licensed practitioner to submit a written report identifying the medication, dosage and the date the medication was prescribed. The report shall be submitted directly to the office of the Board by the prescribing practitioner, within ten (10) days of the date of the prescription. In the event that prescriptions for controlled substances are required for periods of two (2) weeks or longer, the Board may require and PETITIONER SHALL submit to a pain management and/or chemical dependency evaluation by a Board approved evaluator. The performing evaluator must submit a written report meeting the Board's requirements to the Board's office within thirty (30) days from the Board's request.

B. While working as a nurse under the terms of this Order, PETITIONER SHALL **submit to random periodic screens for alcohol, nalbuphine, propofol and controlled substances.** The Board will provide instructions on how to enroll in the Board's drug and alcohol testing program following the entry of this Order and screening will begin when PETITIONER obtains employment and submits the Notification of Employment form to the Board.

- For the first three (3) month [1<sup>st</sup> quarter] period PETITIONER works as a nurse under the terms of this Order, random screens shall be performed at least once per week.
- For the next three (3) month [2<sup>nd</sup> quarter] period, random screens shall be performed at least twice per month.
- For the next six (6) month period [3<sup>rd</sup> & 4<sup>th</sup> quarters], random screens shall be performed at least once per month.
- For the remainder of the probation period, if any, random screens shall be performed at least once every three (3) month quarterly period.

All random screens SHALL BE conducted through urinalysis. Any test result for a period of time in which the PETITIONER is not working as a nurse under the terms of this Order will not count towards satisfaction of this requirement. All screens shall be properly monitored and produced in accordance with the Board's policy on Random Drug Testing. A complete chain of custody shall be maintained for each specimen obtained and analyzed. PETITIONER SHALL be responsible for the costs of all random drug screening during the stipulation/probation period.

**Specimens shall be screened** for any or all of the following substances and/or their metabolites:

Amphetamine	Methamphetamine	MDMA
MDA	Alprazolam	Diazepam
Alpha-o-alprazolam	Alpha-Hydroxytriazolam	Clonazepam
Desmethyldiazepam	Lorazepam	Midazolam
Oxazepam	Temazepam	Amobarbital
Butabarbital	Butalbital	Pentobarbital
Phenobarbital	Secobarbital	Codeine
Hydrocodone	Hydromorphone	Methadone
Morphine	Opiates	Oxycodone
Oxymorphone	Propoxyphene	Cannabinoids
Cocaine	Phencyclidine	Ethanol
Heroin	Fentanyl	Tramadol
Meperidine	Carisoprodol	Butorphanol
Nalbuphine	Ketamine	Propofol

Upon enrollment in the Board's drug and alcohol testing program, **PETITIONER SHALL, on a daily basis, call or login online to the Board's designated drug and alcohol testing vendor to determine whether or not PETITIONER has been selected to produce a specimen for screening that day** and SHALL, if selected, produce a specimen for screening that same day at an approved testing location and/or comply with any additional instructions from the vendor or Board staff. Further, **a Board representative may appear** at the PETITIONER'S place of employment at any time during the probation period and require PETITIONER to produce a specimen for screening.

**Consequences of Positive or Missed Screens.** Any positive result for which PETITIONER does not have a valid prescription or refusal to submit to a drug or alcohol screen may subject PETITIONER to further disciplinary action, including TEMPORARY SUSPENSION pursuant to Section 301.4551, Texas Occupations Code, or REVOCATION of PETITIONER's license(s) and nurse licensure compact privileges, if any, to practice nursing in the State of Texas. Further, failure to report for a drug screen, excessive dilute specimens, or failure to call in for a drug screen may be considered the same as a positive result or refusal to submit to a drug or alcohol screen.

- C. **While under the terms of this Order, RESPONDENT SHALL attend at least two (2) support group meetings each week,** one of which must be for substance abuse and provided by Alcoholics Anonymous, Narcotics Anonymous, or another comparable recovery program that has been pre-approved by the Board. RESPONDENT SHALL provide acceptable evidence of attendance. Acceptable evidence shall consist of a written record of at least: the date of each meeting; the name of each group attended; and the signature and printed name of the chairperson of each group attended by

RESPONDENT. RESPONDENT SHALL submit the required evidence on the forms provided by the Board at the end of every three (3) month quarterly period. No duplications, copies, third party signatures, or any other substitutions will be accepted as evidence.

**VII. RESTORATION OF UNENCUMBERED LICENSE(S)**

Upon full compliance with the terms of this Order, all encumbrances will be removed from PETITIONER'S license(s) to practice nursing in the State of Texas and, subject to meeting all existing eligibility requirements in Texas Occupations Code Chapter 304, Article III, PETITIONER may be eligible for nurse licensure compact privileges, if any.

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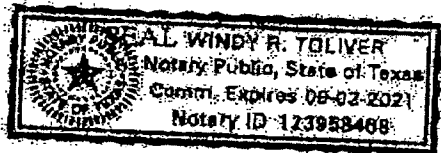
PETITIONER'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Reinstatement Agreed Order. I certify that my past behavior, except as disclosed in my Petition for Reinstatement of Licensure, 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 convictions, such as: conditional discharge, deferred adjudication or dismissal. I have no criminal prosecution pending in any jurisdiction.

I have reviewed this Order. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order. 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 agree to inform the Board of any other fact or event that could constitute a ground for denial of licensure prior to reinstating my license(s) to practice nursing in the state of Texas. I understand that if I fail to comply with all terms and conditions of this Order, my license(s) to practice nursing in the State of Texas will be revoked, as a consequence of my noncompliance.

Signed this 20 day of November 2017  
Rebecca Cavazos  
REBECCA CAVAZOS, *aka* REBECCA SUSTATTA, *a/k/a*  
REBECCA CAVAZOS GONZALES, Petitioner

Sworn to and subscribed before me this 20 day of Nov, 2017



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

Approved as to form and substance.

Taralynn R. Mackay  
Taralynn Mackay, RN, JD, Attorney for Petitioner.

Signed this 20 day of November 2017

WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Reinstatement Agreed Order that was signed on the 20th day of November, 2017, by REBECCA CAVAZOS, a/k/a REBECCA SUSTAITA, a/k/a REBECCA CAVAZOS GONZALES, Vocational Nurse License Number 134797, and said Order is final.

Effective this 12th day of December, 2017.



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

BEFORE THE TEXAS BOARD OF NURSING

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In the Matter of Vocational Nurse § AGREED  
License Number 134797 §  
issued to REBECCA SUSTAITA § ORDER



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. Thomas*  
Executive Director of the Board

On this day, the Texas Board of Nursing, hereinafter referred to as the Board, accept the voluntary surrender of Vocational Nurse License Number 134797, issued to REBECCA SUSTAITA, hereinafter referred to as Respondent. This action was taken in accordance with Section 301.453(c) of the Texas Occupations Code.

Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.

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

FINDINGS OF FACT

1. Prior to the institution of Agency proceedings, notice of the matters specified below in these Findings of Fact was provided to Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license.
2. Respondent waived representation by counsel, informal proceedings, notice and hearing, and agreed to the entry of this Order.
3. Respondent is currently licensed to practice vocational nursing in the State of Texas.
4. Respondent received a Certificate in Vocational Nursing from Victoria College, Victoria, Texas, on August 21, 1991. Respondent was licensed to practice vocational nursing in the State of Texas on December 3, 1991.
5. Respondent's vocational nursing employment history includes:

1991 - 1997	LVN	Detar Regional Medical Center Victoria, Texas
1997 - 2000	Unknown	

Respondent's vocational nursing employment history continued:

2000- 2003	LVN	Victoria Nursing and Rehab Victoria, Texas
2002 - 2004	LVN	Citizens Medical Center Victoria, Texas
2004 - 2006	LVN	Retama Manor South Victoria, Texas
2006 - 2008	Unknown	
2008 - Present	LVN	Walnut Hills Convalescent Center Austin, Texas
2009 - Present	LVN	Park Bend Health Center Austin, Texas

6. On or about June 22, 1993, Respondent's license to practice vocational nursing was Suspended by the Board of Vocational Nurse Examiners. A copy of the Findings of Fact, Conclusions of Law, and Order of the Board, dated June 22, 1993, is attached and incorporated, by reference, as part of this Order.
7. On or about February 24, 1998, Respondent entered a plea of "Guilty" to POSS MARIJ<=5LBS>4OZ (a State Jail Felony offense committed on September 6, 1997) and POSS CS PG 1<1G (a State Jail Felony offense committed on September 6, 1997), in the 24th District Court, Victoria, Texas, under Cause No. 97103729. As a result of the plea, the proceedings against Respondent were deferred without entering an adjudication of guilt and Respondent was placed on probation for a period of five (5) years. Additionally Respondent was assessed a fine and court costs.
8. In response to Finding of Fact Number Seven (7), Respondent states: On September 6, 1997, I was involved in a one-car accident with three acquaintances. Upon investigating the vehicle, the police officers found two separate controlled substances that I had no previous knowledge of. My husband, who is now my ex-husband, had hidden marijuana under the spare tire and the other narcotic found belonged to one of the other passengers. I was charged with possession of both narcotics, but not convicted of this felony. After being released from the hospital, I was arrested, and spent two months in the Refugio County Jail. My court appointed attorney advised me to plead guilty to the charges, and I was sentenced to deferred adjudication for five years.

9. On or about January 19, 2009, Respondent submitted a License Renewal Form for Licensed Vocational Nurses to the Texas Board of Nursing. On the Renewal, Respondent answered "Yes" to the question: "Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?"

Respondent disclosed that on or about May 23, 2007, she entered a plea of "Guilty" to ABANDON/ENDANGER CHILD CRIM NEGLIGENCE (a State Jail Felony offense committed on March 2, 2007), in the 377th District Court, Victoria, Texas, under Cause No. 07523138D. As a result of the plea, the proceedings against Respondent were deferred without entering an adjudication of guilt and Respondent was placed on probation for a period of five (5) years. Additionally Respondent was ordered to pay a fine and court costs.

10. In response to Finding of Fact Number Nine (9), Respondent states: During my third marriage, I had been charged with, but never convicted of Endangerment of A Child. My marriage was a mess of controlling physical and mental abuse, and during one particularly brutal altercation between my ex-husband and myself, the police were called. We were both being accused of Abandoning/Endangering a Child. I spent one hundred days in Victoria County Jail. I am currently completing probation with community services and making monthly restitution payments as ordered by the court without problems.

11. On or about January 19, 2009, Respondent submitted a License Renewal Form for Licensed Vocational Nurses to the Texas Board of Nursing. On the Renewal, Respondent answered "Yes" to the question: "Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:

- A. been convicted of a misdemeanor?
- B. been convicted of a felony?
- C. pled nolo contendere, no contest, or guilty?
- D. received deferred adjudication?
- E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?



- F. been sentenced to serve jail or prison time? court-ordered confinement?
- G. been granted pre-trial diversion?
- H. been arrested or have any pending criminal charges?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?"

Respondent disclosed that on or about June 6, 2007, she entered a plea of "Guilty" and was convicted of THEFT PROP BY CHECK (a Class B misdemeanor offense committed on March 16, 2007), in the County Court at Law Number 1, Victoria, Texas, under Cause No. 189361. As a result of the conviction, Respondent was ordered to pay a fine and court costs.

- 12. In response to Finding of Fact Number Ten (10), Respondent states: I also received a Theft By Check charge during the time I was married to Roland. Roland and I had a joint checking account. The amount of the fraudulent checks was paid in full by me as time served in Victoria County Jail.
- 13. Respondent, by her signature to this Order, expresses her desire to voluntarily surrender her license to practice nursing in the State of Texas.

#### 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)(3)&(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.12(13).
- 4. The evidence received is sufficient cause pursuant to Section 301.453(a), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 134797, heretofore issued to REBECCA SUSTAITA, including revocation of Respondent's license 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, as amended, the Board may impose conditions for reinstatement of licensure.
- 7. Any subsequent reinstatement of this license will be controlled by Section 301.453(d), Texas Occupations Code, and 22 TEX. ADMIN. CODE §213.26-.29, and any amendments thereof

in effect at the time of the reinstatement.

ORDER

NOW, THEREFORE, IT IS AGREED and ORDERED that the VOLUNTARY SURRENDER of Vocational License Number 134797, heretofore issued to REBECCA SUSTAITA, to practice nursing in the State of Texas, is accepted by the Texas Board of Nursing. In connection with this acceptance, the Board imposes the following conditions:

1. RESPONDENT SHALL NOT practice vocational nursing, use the title "vocational nurse" or the abbreviation "LVN" or wear any insignia identifying herself as a vocational nurse or use any designation which, directly or indirectly, would lead any person to believe that RESPONDENT is a vocational 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.
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 multistate privilege, if any, to practice nursing in the State of Texas.

BALANCE OF PAGE INTENTIONALLY LEFT BLANK.

CONTINUED ON NEXT PAGE.

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 becomes final when accepted by the Executive Director at which time the terms of this Order become effective and a copy will be mailed to me.

Signed this 14 day of January, 2010.

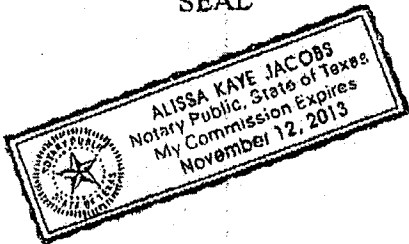
Rebecca Sustaita  
REBECCA SUSTAITA, Respondent

Sworn to and subscribed before me this 14 day of January, 2010.

AJ

Notary Public in and for the State of TX

SEAL

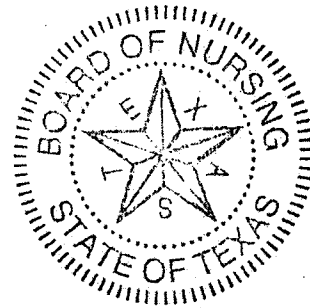


WHEREFORE, PREMISES CONSIDERED, the Executive Director on behalf of the Texas Board of Nursing does hereby accept the voluntary surrender of Vocational Nurse License Number 134797, previously issued to REBECCA SUSTAITA.

Effective this 27th day of January, 20 10.



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



512-3056870

11/20/2010

TO: Veronica Franco

FROM: Rebecca SUSTAITA

I will see you and the Boards  
in one year. I will also  
keep in touch through out  
the year.

Sincerely,

Rebecca Cavazos Sustaita

If any other questions please  
Call me @ (512) ~~739-7776~~ 739-0616  
or (512) 244-7223

RESPONDENT'S CERTIFICATION

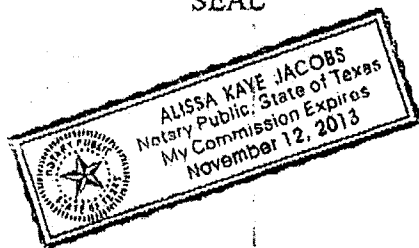
I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violations alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and 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 becomes final when accepted by the Executive Director at which time the terms of this Order become effective and a copy will be mailed to me.

Signed this 14 day of January, 2010.

Rebecca Sustaita  
REBECCA SUSTAITA, Respondent

Sworn to and subscribed before me this 14 day of January, 2010.

SEAL



AJ  
Notary Public in and for the State of TX

TEXAS BOARD OF NURSING  
333 Guadalupe #3-460, Austin, Texas 78701  
(512) 305-7400

For Office Use Only

Approved by: \_\_\_\_\_

Permit #: \_\_\_\_\_

Issuance Date: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

APPLICATION FOR SIX-MONTH TEMPORARY PERMIT  
TO COMPLETE REFRESHER COURSE, EXTENSIVE ORIENTATION, OR NURSING PROGRAM OF STUDY  
IN VOCATIONAL NURSING  
(Page 1 of 4)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province/Territory \_\_\_\_\_ Zip Code \_\_\_\_\_

All Previous Names Used \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail address: \_\_\_\_\_

Applicants for six-month temporary permit must have received passing results on one of the examinations listed below and must have obtained LVN licensure in Texas or another State, Province or Territory.

**Check the one applicable:**

\_\_\_ a. State Board Test Pool Examination (SBTPE)

\_\_\_ b. National Council Licensure Examination for Practical Nurses (NCLEX-PN)

Date: \_\_\_\_\_ Location: \_\_\_\_\_

State/Province/Territory of VN/PN Licensure \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Indicate the month and year you last practiced as a Vocational/Practical Nurse: \_\_\_\_\_

Have you ever held a license as a Vocational Nurse in the State of Texas? \_\_\_ Yes \_\_\_ No

If yes, provide Texas LVN License Number \_\_\_\_\_

Have you ever held a license as a Vocational/Practical Nurse in any state? \_\_\_ Yes \_\_\_ No

If yes, provide State(s) and License Number(s) \_\_\_\_\_

**Eligibility Questions**

(if you answer YES to Eligibility Questions, instructions are located on Page 3)

1) [ ] No [ ] Yes \*For any criminal offense, including those pending appeal, have you:

- A. been arrested and have any pending criminal charges?
- B. been convicted of a misdemeanor?
- C. been convicted of a felony?
- D. pled nolo contendere, no contest, or guilty?
- E. received deferred adjudication?
- F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- G. been sentenced to serve jail, prison time, or court-ordered confinement?
- H. been granted pre-trial diversion?
- I. been cited or charged with any violation of the law?
- J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TEXAS BOARD OF NURSING APPLICATION FOR SIX MONTH TEMPORARY PERMIT

Page 2 of 4

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

**NOTE: Orders of Non-Disclosure:** Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to the Gov't Code chapter 411, the Texas Nursing Board is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

- 2)  No  Yes \*Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3)  No  Yes Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
- 4)  No  Yes \*In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)
- 5)  No  Yes \*In the past 5 years, have you been addicted to or treated for the use of alcohol or any other drug?

\*Pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency **and** information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466. *If you are licensed as an LVN in the State of Texas and are currently participating in the Texas Peer Assistance Program for Nurses you may answer 'NO' to questions #4 and #5.*

**NOTE: IF YOU ANSWERED "YES" TO #1-5 PLEASE REFER TO THE APPLICATION INSTRUCTIONS FOR MORE INFORMATION**

**ATTESTATION STATEMENT**

I, the Nurse Applicant whose name appears within this Application, acknowledge this is a legal document. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. I understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(I) and the Penal Code, sec 37.10, to submit a false statement to a government agency; and I consent to release of confidential information to the Texas Board of Nursing and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application. I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



***Instructions for ELIGIBILITY QUESTIONS***

**If you answered yes to questions 1-5 of the Eligibility Questions on previous two (2) pages, you must provide the Board with the following information:**

**\*QUESTION #1** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication (a determination by a court that is withheld or delayed for a specific time period) must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. **SUBMIT** a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. The document must be signed and dated. In addition, **SUBMIT** the following documentation for **all** felonies, **all** misdemeanors, and all military actions.

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies. If the record does not exist, you must obtain a statement from that court that the document has been destroyed or could not be located.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

**\*QUESTION #2** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please **SUBMIT** the name and address of the investigating entity and an explanation as to the basis of the investigation.

**QUESTION #3** The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, **SUBMIT** the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, **SUBMIT** certified copies of

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

\*QUESTION #4 The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, which impaired or does impair your behavior, judgment, or ability to function in school or work, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at [www.bon.texas.gov/disciplinaryaction/evalguidelines.html](http://www.bon.texas.gov/disciplinaryaction/evalguidelines.html). The evaluation process could potentially delay consideration of your application. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the application process. By doing so, the application should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the application. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

\*QUESTION #5 The practice of professional nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence, for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

\*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

#### **ELIGIBILITY REVIEW TIMEFRAMES**

The paperwork will be submitted for an initial eligibility review in the Operations Department within ten (10) business days of the receipt of the application, fee, **criminal background check results**, and all pertinent documentation. This initial review can take up to 30 days.

If it is determined that the issue being reported to the BON meets the criteria for opening a case according to our current rules, you may be required to pay a \$150.00 review fee. Your file will be transferred to our Enforcement Department for review within ten (10) business days of the payment being received.

The time needed to complete an eligibility review by the Enforcement Department varies on a case by case basis. The process generally takes an average of 90 days to make a recommendation, provided the file contains all the needed information. If additional material is needed, you will receive such request by the Enforcement Staff. Upon completion of the eligibility enforcement review, your file will be returned to the for continued processing.

The BON **will not** approve an applicant for a six month limited permit or permanent licensure until a decision has been rendered by either the Director of Operations or our Enforcement Department.

333 Guadalupe #3-460, Austin, Texas 78701  
(512) 305-7400

**INSTRUCTIONS FOR SIX MONTH TEMPORARY PERMIT  
TO COMPLETE REFRESHER COURSE, EXTENSIVE ORIENTATION, OR NURSING PROGRAM OF  
STUDY IN VOCATIONAL NURSING**

Six-month temporary permits are issued to nurses who have not been employed as a Licensed Vocational Nurse during the past four years and are used for the purpose of completing the clinical portion of a refresher program, extensive orientation, or a nursing program of study under the supervision of an RN Instructor. In order to renew or be issued a license, you must successfully complete **ONE** of the following:

- (a) A refresher course, which is defined as an organized course for Vocational Nurses designed to update nursing knowledge, and which meets all content criteria as indicated on the attached form;
- (b) An extensive orientation to the practice of vocational nursing which meets all content criteria as indicated on the attached form; or
- (c) Academic nursing course(s), in an approved vocational nursing education program, which meets all the content criteria as indicated on the attached form.

The temporary permit will be valid for six-months from the date of issuance. The permit cannot be extended! **Please be sure that you are prepared to begin and complete the course, orientation, or nursing program of study within the required one-year time limit.**

Upon completion of the refresher course, orientation, or program of study, the attached Verification of Successful Completion form must be completed and mailed by the instructor and submitted to the Board, to the attention of the Licensing Department. Applicant should also submit the course completion certificate for the Nursing Jurisprudence and Ethics Course and confirmation of successfully passing the Nursing Jurisprudence Exam. A permanent license will not be issued until the verification of successful completion is received in the Board's office and all other requirements set forth in Board Rules 217.6 or 217.9, as applicable, are met.

Complete the "Application for Six-Month Temporary Permit" and return to the Texas Board of Nursing, 333 Guadalupe #3-460, Austin, Texas 78701.

Processing the application can take up to ten (10) business days after receipt of the completed application and fee. The temporary permit will be mailed to the address listed on the application. Upon completion of the refresher program, extensive orientation, or program of study and subsequent receipt of the Verification of Successful Completion form, you may complete a reactivation and/or endorsement application.

**Verification of Successful Completion of  
VN/PN Refresher Course/Extensive Orientation/Academic Nursing Course(s) for the Texas Board of Nursing**

Name: \_\_\_\_\_ LVN Lic# \_\_\_\_\_ SS# \_\_\_\_\_

Completion Type (Check One):  Refresher Course OR  Extensive Orientation Program

Didactic Content Course Dates: \_\_\_\_\_

Precepted Clinical Learning Experience Dates: \_\_\_\_\_

Knowledge/Skill Verified <i>*Attach additional teaching materials, objectives, skills check off sheets, etc.</i>	Date of Verification (mm/dd/yy)	Instructor/ Preceptor Initials												
1) Review of NPA, Rules, Position Statements														
2) Determining Individual Scope of Practice and role in patient safety														
3) Review of the clinical problem solving process for the provision of individualized, goal directed nursing care to include:														
(a) Collecting data & performing focused nursing assessments;														
(b) Participating in the planning of nursing care needs for clients;														
(c) Participating in the development & modification of the comprehensive nursing care plan for assigned clients;														
(d) Implementing appropriate aspects of care within the LVN's scope of practice;														
(e) Assisting in the evaluation of the client's responses to nursing interventions and the identification of client needs.														
4) Pharmacology Review														
5) Medication Administration														
6) Documentation principles/practices														
7) Documentation of current CPR certification prior to beginning precepted clinical experience														
8) Supervised clinical experience providing direct patient care (minimum of 80 hours)														
<table border="1"> <thead> <tr> <th>Date of Verification</th> <th>Supervised Clinical Hours</th> <th>Clinical Preceptor Initials*</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date of Verification	Supervised Clinical Hours	Clinical Preceptor Initials*											
Date of Verification	Supervised Clinical Hours	Clinical Preceptor Initials*												
9) Documentation of successful completion of Didactic Content of the Refresher Course														

I attest that the vocational/practical nurse named above, has participated and successfully completed all requirements for a refresher course/extensive orientation or academic course as documented above, and has demonstrated clinical practice that meets minimum standards of nursing competence in compliance with the Nursing Practice Act and the Rules & Regulations of the Texas Board of Nursing. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Furthermore, I acknowledge this is a legal document and understand that it is a violation of the 22 Texas Administrative Code, §§ 217.12 (6)(1) and the Penal Code, sec 37.10, to submit a false statement to a government agency.

Instructor's Name (Print legibly) \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_, RN License Number: \_\_\_\_\_ State: \_\_\_\_\_

Clinical Preceptor's Name (Print legibly) \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Preceptor's Signature: \_\_\_\_\_, RN/LVN License Number: \_\_\_\_\_ State: \_\_\_\_\_

\*If additional RNs or LVNs are Instructor or Clinical Preceptor, please indicate below. Include printed name signature, date, license number and state.

Printed Name	Signature	Indicate either Instructor or Clinical Preceptor	RN/LVN License Number	State of Issuance

## Vocational Nursing (VN/PN) Refresher Course/Extensive Orientation/Academic Nursing Course(s)

### Overview of Requirements

**General Requirements:** Each content area indicated below will have: course description, goals and objectives, resources to be utilized, break-down of didactic and clinical content, and methods to be used to determine successful completion of the course. Total didactic and clinical hours should be based on individual need and comprehensive assessment of the competency level of the nurse. The Differentiated Competencies of Graduates of Texas Nursing Programs, <http://www.bon.state.tx.us/about/pdfs/del-comp.pdf>, should serve as the guideline for the evaluation of competency. Didactic review must be completed by an RN Instructor. Clinical review can be performed by an LVN or RN preceptor in collaboration with the RN Instructor and must be a minimum of 80 hours in direct patient-care hours. Home study and/or video-based programs are not acceptable as the primary or sole means of instruction.

#### 1) Review of NPA, Rules, Position Statements

Must include Standards of Nursing Practice, Misconduct Rules, Eligibility Requirements relating to good professional character and ethical conduct, including professional boundaries, Peer Review (incident-based and safe harbor), CE requirements, and licensure renewal requirements. It is recommended that this content constitutes 15% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

#### 2) Determining Individual Scope of Practice

Must include a review of all the scope of practice documents on the Board's website, listed under "Nursing Practice", then under "Scope of Practice", including identification of Standards of Nursing Practice, Decision-Making Model for Determining Nursing Scope of Practice, evidenced-based best practices for practice setting focus, and other current reference material relevant to patient safety and the nurse's practice. It is recommended that this content constitutes 5% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

#### 3) Review of the clinical problem solving process (systematic approach) for the provision of individualized, goal directed nursing care

Must include both didactic and clinical practice related to data collection (including physical assessment to cover all body systems), planning, implementation and evaluation. The content must reflect the Standards Specific to LVNs identified in Rule 217.11(2). It is recommended that this content constitutes 30% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

#### 4) Pharmacology Review

Must include a didactic component; content must cover all major drug classifications and their physiological and therapeutic effects, dosages, administration, precautions, contraindications, side effects/adverse reactions and nursing implications. Courses focusing exclusively on drugs for specific disease processes shall not count. In addition, specific courses focusing on emergency management of certain conditions, such as Advanced Cardiac Life Support shall not count. It is recommended that this content constitutes 20% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

#### 5) Medication Administration

Must include both a didactic (excluding home study) and clinical application components. Content must include review of proper administration procedures for all standard routes, computation of drug dosages, 5 rights of medication administration, factors influencing the choice of route, and possible adverse effects resulting from improper administration. If proficiency in administration of drugs by intravenous routes is to be covered, this content must be in addition to the above required didactic and clinical minimum hours, and shall be in alignment with currently accepted course content and clinical practice hours established by national specialty nursing organizations and/or vocational nursing education programs. Must also include current information on national patient safety initiatives and recommendations for safe medication administration practices. It is recommended that this content constitutes 20% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

#### 6) Documentation, quality assurance and legal implications for nursing practice.

Must include a didactic component. Content must include nursing standards related to accurate and complete documentation, legal guidelines for recording information into records pertaining to clients, methods and processes of recording, methods of alternative record keeping, including computerized documentation, acceptable methods of making late entries, and documentation practices considered to be unethical/illegal. Discussion should include basic principles and concepts of quality assurance. Evaluation of the ability to document care effectively must be included in clinical portion of refresher. It is recommended that this content constitutes 10% of Refresher Course/Extensive Orientation/Academic Nursing Course(s) time.

**7) Documentation of current CPR certification prior to beginning clinical experience**

Must complete a cardio-pulmonary resuscitation (CPR) certification course and provide a copy to the preceptor/instructor prior to beginning the precepted clinical learning experience. A copy of the CPR certificate should be maintained in personal files.

**8) Supervised clinical experience providing patient care**

Must include information on types of clients, disease processes, medications, treatment, and/or procedures performed during supervised/precepted clinical experiences and evaluation methods/comments of instructor/preceptor. Clinical practicum should be a minimum of 80 hours in direct patient-care hours. Clinical experiences are faculty planned and guided learning activities designed to assist students in meeting stated outcomes and to apply knowledge and skills to ensure the provision of safe nursing care to clients. Additional clinical experiences may occur in nursing skills and computer laboratories; in simulated clinical settings; in a variety of affiliating agencies or clinical practice settings.

**9) Documentation of refresher course completion**

Must submit a copy of the Refresher Course/Extensive Orientation/Academic Nursing Course(s) completion certificate with the Refresher Course/Extensive Orientation/Academic Nursing Course(s) Verification of Successful Completion form.



## Frequently Asked Questions on Requirements for Refresher Programs, Extensive Orientations and Nursing Academic Courses

1. **Where may I complete the clinical hours? May I do the 80 hours in a school setting, home health care, hospice care, a physician's office, or must the hours be completed in an acute care facility?**

Answer: The rules are not prescriptive as to the specific setting in which the clinical hours must be completed; however, the optimal setting would provide a wide range of opportunities for the individual to develop a broad set of skills. The selection of the clinical site should be based on the learning opportunities available and the learning needs and competency level of the individual learner. Individuals desiring to re-enter nursing should search for clinical learning experiences that will assist them to acquire the skills necessary to provide nursing care in a competent and safe manner.

2. **What should I look for in a preceptor?**

Answer: The preceptor must be licensed to practice nursing in Texas. Board staff recommends that the preceptor have current knowledge and clinical expertise in the designated area of practice. Individuals applying to re-enter as a RN must have a RN clinical preceptor, and individuals applying to re-enter as a LVN may have either a LVN or RN clinical preceptor.

3. **I am having difficulty finding a facility in which to complete the clinical component. Can the BON help me?**

Answer: It is not within the purview of the Board of Nursing (BON) to recommend specific programs or possible clinical sites for refresher programs.

4. **I live in a rural area and there are no courses in my area. What are my options?**

Answer: You may participate in an extensive orientation which meets all required content criteria. For example, a potential employer may be willing to provide an in-depth comprehensive orientation. Or you may enroll in an online refresher program for the didactic component. However, if you complete an online program, you will still need to locate a clinical preceptor to complete the clinical hour requirements.

You may wish to explore the Distance Learning, Re-Entry Nursing Program available through many Texas Community Colleges. This program is designed to reconnect individuals with nursing practice. Their contact information is <http://nurserefresher.austincc.edu/index.html>

5. **Do I have to complete all 80 hours in one block of time, such as a two-week period, or may I do 10 hours per week for eight weeks or 20 hours per week for four weeks?**

Answer: The rules are not prescriptive as to how the hours are to be structured within the six month temporary permit period. However, it is important to remember that the temporary permit is valid for only six months and is non-renewable.

6. **May I administer medications or do I observe a currently licensed nurse administer medications?**

Answer: Board staff recommends that you administer medications under the supervision of your preceptor (LVN/RN) or RN instructor, in alignment with the policies of the clinical learning site.

7. **May I document in the medical record or do I observe a currently licensed nurse document?**

Answer: Board staff recommends that you accurately and completely document the nursing care you provide according to the clinical learning site's policies.

8. **How do I sign my name?**

Answer: Board staff recommends, e.g.: Mary Smith, LVN Temporary Permit.

9. **May I be paid as a licensed nurse during the 80 hours of clinical learning experiences?**

Answer: The BON does not have purview regarding this question. Financial compensation is at the clinical learning site's discretion.

10. **Do I submit my CEUs and fee now or with the license renewal? What is the process?**

Answer: You may submit CEUs and the applicable fees anytime during the process; however, these items must be submitted prior to the expiration of the temporary permit. Board staff recommends that you submit your 20 contact hours of CE and the non-refundable fees as soon as possible. Remember the 20 contact hours should be for the two years immediately preceding your application for reactivation.

11. **I completed a nursing educational program and never passed NCLEX-RN or NCLEX-PN. What type of refresher program do I need to complete?**

Answer: If you have not passed the NCLEX-RN or NCLEX-PN within four years from the date of completion of requirements for graduation, you must re-educate by completing a board approved nursing educational program in order to take or retake the examination.



## Nurses Endorsing into Texas from another State

1. In what order do I complete the forms? Which comes first, endorsement or temporary permit?

Answer: The temporary permit is the first step in the process. The temporary permit allows an individual to begin a refresher course, extensive orientation to the practice of nursing, or a nursing program of study which meets the requirements prescribed by the Board. The temporary permit application is a step-by-step guideline that will walk you through the process. It is located on the Board's website, under **Verification and Licensing**, then **Download Other Paper Applications and Forms**, then scroll down to **LVN Six Month Temporary Permit** or **RN Six Month Temporary Permit**.

2. What is the time frame for the endorsement process after I complete the refresher/re- entry course?

Answer: You may begin completing the endorsement application upon completion of the refresher program, extensive orientation, or program of study and subsequent receipt of the Verification of Successful Completion form. If all the requirements are met for the endorsement process, a 120 day temporary license will be issued within ten (10) business days of receipt of the online application. Endorsement information can be found under **Frequently Asked Question (FAQ) – Licensing**, then **Endorsement Applicant**.

3. I have completed a Refresher Course/Extensive Orientation/Academic Nursing Course not in Texas but in another state, what documents do I need to submit with the Endorsement application?

Answer: You will still need to have submitted the Verification of Successful Completion of VN/PN Refresher Course/Extensive Orientation /Academic Nursing Course(s), Jurisprudence Prep Course certification, and Jurisprudence Pass Certificate. You do not need to submit the 6-month temporary permit application and the \$25.00 processing fee if not completing the courses in Texas.

## Chief Nursing Officers (CNO)/Directors of Nursing (DON)

1. Am I obligated to accept nurses for the 80 hours of clinical learning experiences?

Answer: No. However, a CNO or DON may choose to open their place of employment as a clinical learning experience. Individuals seeking to reactivate their nursing license are a potential resource to bolster the nursing workforce.

2. My facility does not have a structured course in place, how do I ensure that I am providing the essential elements of the course?

Answer: The required content areas are listed on both the RN and LVN Applications for Six-Month Temporary Permit Forms. An overview of requirements provides a description of the general requirements for didactic and clinical content. Requirements include recommendations for time allotted to each content area. Home study and/or video-based programs are not acceptable as the primary or sole means of instruction. The 80 hours of clinical learning must be spent in **direct** patient care.

3. We will have individuals complete the clinical component of the refresher/re-entry course in our hospital. Do we keep them with the same preceptor the entire 80 hours or can we assign them to different preceptors on different days?

Answer: The BON does not have specific requirements for the number of preceptors an individual may be assigned to during the 80 hours of clinical. However, all nurses identified as preceptors must meet the BON's qualifications for preceptors and have been oriented to the objectives and expectations of the clinical learning experience.

Historically, the Board has recommended that individuals work with one preceptor if possible. With one preceptor monitoring the individual's progression through the program, there is greater opportunity to identify any weaknesses or need for immediate remediation.

#### **Providers of Refresher Programs, Extensive Orientations or Academic Nursing Courses**

4. In light of the new rule revisions, when is the deadline for making changes to our program, orientation or academic nursing courses?

Answer: In keeping with the mission of patient safety, the Board adopted revisions to Rules 217.6 and 217.9 to ensure individuals seeking to reactivate their nursing license will be competent to safely practice nursing.

Rules 217.6 and 217.9 contain revisions and are available on the Board's website, under ***Nursing Law and Rules***, then ***Rules and Regulations***. The application for temporary permit process and the general requirements for course content also contain revisions. The applications are available on the Board's website, under ***Verification and Licensing***, then ***Download Other Paper Applications and Forms***, then ***LVN – Six Month Temporary Permit*** or ***RN – Six Month Temporary Permit***. These new changes became effective October 1, 2010. Refresher Program Providers will have until August 31, 2011 to comply with the new rules.



## Checklist for Reactivating Your Nursing License after not Practicing Nursing for Four (4) or More Years

This checklist was developed by the Texas Board of Nursing (BON) staff to assist you through the process of reactivating your Texas nursing license after being away from nursing for four (4) or more years. Applications for the RN and LVN Six-Month Temporary Permits and the Reactivation Applications are available on the BON website ([www.bon.texas.gov](http://www.bon.texas.gov)) under "Forms".

- Begin with reading Board Rules 217.6, Failure to Renew License and 217.9, Inactive License for an overview of the reactivation process. All Board Rules are located on the BON website, under ***Nursing Law and Rules***.
- Complete and submit your temporary permit application in order to complete a refresher course, extensive orientation to the practice of nursing, or a nursing program of study. The RN and LVN applications contain instructions for completing the applications and provide an overview of the didactic and precepted clinical learning experience requirements.
- Mark your calendar.** The temporary permit expires six months from the date it is issued.
- The instructor and clinical preceptor must sign and submit to the BON evidence of your successful completion of a refresher course, extensive orientation to the practice of nursing or nursing program of study, i.e.: verification of completion.
- Submit to the BON documentation of course completion of any of the following:
  - Online Texas BON Jurisprudence Prep Course; *or*
  - Texas BON Jurisprudence and Ethics workshop; *or*
  - A Texas BON approved Nursing Jurisprudence and Ethics Course.
- Submit to the BON a certificate of successful completion of the Texas Nursing Jurisprudence Exam.
- Submit to the BON a completed reactivation application or endorsement application within twelve (12) months of completion of the refresher program, extensive orientation to the practice of nursing, or a nursing program of study. Submit renewal/reactivation fees (non-refundable) with the reactivation application.
- Submit to the BON documentation of completion of 20 contact hours of acceptable continuing education for the immediate two (2) years preceding your application for reactivation by the expiration of the temporary permit.
- For questions related to applications and fees, send an email to [webmaster@bon.texas.gov](mailto:webmaster@bon.texas.gov) or call 1-512-305-6809.
- Submit required evidence of completions, applications and fees to: Texas Board of Nursing, 333 Guadalupe, Suite 3-460, Austin, TX 78701.



**Texas Board of Nursing**  
 333 Guadalupe, Ste. 3-460, Austin, TX 78701-3944  
 Phone: 512-305-7400 -- Web Site: [www.bon.texas.gov](http://www.bon.texas.gov)

For Office Use Only:	
Amount	_____
Date Rec'd	_____

**License Reactivation Form (From Inactive or Retired Status)**

This reactivation form is for Licensed Vocational Nurses whose license is in an Inactive or Retired Status with the Board. Please refer to the enclosed detailed instructions, LVN checklist and statistical codes to assist in completing this form. You must answer all questions and sign and return both pages. You must meet the requirements to practice as a Licensed Vocational Nurse in Texas. The Rules pertaining to the maintenance of your license and your eligibility to renew are located at 22 Texas Administrative Code (TAC) Chapter 216 and §§213.27, 213.28, 213.29, 213.33, 217.7 and 217.9.

Continuing Competency Certificates must accompany reactivations. Make your check or money order payable to the Texas Board of Nursing. Fees are non-refundable. The application and payment are valid for one year from the date of receipt in the Board's office and all licensure requirements must be met within that timeframe.

LVN REACTIVATION (1 to 4 years inactive) Fee: \$50.00                       LVN REACTIVATION (OVER 4 years inactive) Fee: \$60.00

Name(Last): \_\_\_\_\_ (First): \_\_\_\_\_ (M): \_\_\_\_\_

Legal documentation is required for a name change (see 22 TAC §217.7)

LVN License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Country) \_\_\_\_\_ (Zip/Postal Code) \_\_\_\_\_

(E-Mail Address) \_\_\_\_\_ Business Fax Number \_\_\_\_\_

\*For statistical information below, please use the statistical code sheet provided

\*Employment Status: \_\_\_\_\_ \*Primary Practice Setting: \_\_\_\_\_ \*Primary Practice Position: \_\_\_\_\_

\*Primary Specialty: \_\_\_\_\_ \*Highest Degree: \_\_\_\_\_ \*Primary Employment Zip: \_\_\_\_\_

In accordance with the Texas Occupations Code, section 304.001, art. 4 and 22 TAC §220.2, check one of the following:

- I declare Texas as my primary state of residence and I have provided a Texas address. I am eligible for a Compact Texas License (if applicable, once your Texas license is reactivated, your other compact state license(s) will be inactivated).
- I declare Texas as my primary state of residence but I have not provided a Texas address. I am eligible for a Single State Texas License only. (NOTE: If the address you provide is in a Compact State, the BON may seek clarification prior to renewing the license)
- I am declaring a Non-Compact State as my primary state of residency. My permanent residence is not Texas, however, it is a state not participating in the Nurse Licensure Compact (\*). I am eligible for a Single State Texas License only. I declare that the State of \_\_\_\_\_ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.
- I am employed exclusively in the US military (Active Duty) or with the U.S. Federal Government and am requesting a Texas single-state license regardless of my primary state of residence. I declare that the State of \_\_\_\_\_ is my primary state of residence and that such constitutes my permanent and principal home for legal purposes.

(\*) Refer to <https://www.ncsbn.org/nlc.htm> for a list of participating compact states and more detailed information about the Nurse Licensure Compact.

NOTE: If you are declaring a Compact State, other than Texas, then you are not eligible to renew your Texas nursing license. You should contact the nursing board of the state which you are declaring and seek guidance in either renewing that nursing license or obtaining an initial license.

Upon re-licensure in Texas, in which states do you intend to practice nursing electronically \_\_\_\_\_, telephonically \_\_\_\_\_, or physically \_\_\_\_\_  
 \_\_\_\_\_ List all states that apply.

No  Yes Have you practiced nursing by using your nursing knowledge, skills and abilities within the past four (4) years?

Indicate the month and year that you last practiced as a Licensed Vocational (Practical) Nurse: Month \_\_\_\_\_ Year \_\_\_\_\_

If you have practiced as a Licensed Vocational (Practical) Nurse sometime within the past four years, please give the name and location of your most recent employer:

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_

\*\* Please note that your business fax number is being collected for use by an emergency relief program, as authorized by the Texas Occupations Code §301.206, and is confidential and not subject to disclosure.

**Eligibility Questions - Answering the questions below and signing the form is mandatory.**

- 1)  No  Yes \*Have you, within the past 24 months or since your last renewal, for any criminal offense, including those pending appeal:
- A. been arrested and have any pending criminal charges?
  - B. been convicted of a misdemeanor?
  - C. been convicted of a felony?
  - D. pled nolo contendere, no contest, or guilty?
  - E. received deferred adjudication?
  - F. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
  - G. been sentenced to serve jail, prison time or court-ordered confinement?
  - H. been granted pre-trial diversion?
  - I. been cited or charged with any violation of the law?
  - J. been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?

(You may only exclude Class C misdemeanor traffic violations or offenses previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)

**NOTE: Expunged and Sealed Offenses:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed may subject your license to a disciplinary order and fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character. (See 22 TAC §213.27)

**NOTE: Orders of Non-Disclosure:** Pursuant to Tex. Gov't Code §552.142(b), if you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. Pursuant to the Gov't Code chapter 411, the Texas Board of Nursing is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character and fitness.

- 2)  No  Yes \*Are you currently the target or subject of a grand jury or governmental agency investigation?
- 3)  No  Yes Has any licensing authority ever refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded, or otherwise disciplined you? (You may exclude disciplinary actions issued by the Texas Board of Nursing and disciplinary actions previously disclosed to the Texas Board of Nursing on an initial licensure or renewal application.)
- 4)  No  Yes \*In the past 5 years, have you been diagnosed with or treated or hospitalized for schizophrenia or other psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder which impaired or does impair your behavior, judgment, or ability to function in school or work? (You may answer "No" if you have completed and/or are in compliance with TPAPN for mental illness OR you've previously disclosed to the Texas Board of Nursing and have remained compliant with your treatment regime and have had no further hospitalization since disclosure.)
- 5)  No  Yes \*In the past 5 years, have you been addicted to or treated for the use of alcohol or any other drug? (You may answer "no" if you have completed and/or are in compliance with TPAPN)

I attest that I understand and meet all the requirements to practice for the type of renewal requested. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form. Further, I understand that it is a violation of 22 TAC §217.12(6)(I) and the Penal Code, sec. 37.10, to submit a false statement to a governmental agency.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_  
 (SIGNATURE REQUIRED)

\*Pursuant to the Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, imtemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.

## STATISTICAL CODES

### HIGHEST DEGREE

- 1 = DIPLOMA
- 2 = ASSOCIATE DEGREE
- 3 = BACCALAUREATE IN NURSING
- 5 = MASTERS IN NURSING
- 7 = DOCTORATE IN NURSING
- 9 = VOCATIONAL NURSE/PRACTICAL NURSE PROGRAM

### EMPLOYMENT STATUS

- 1 = EMPLOYED IN NURSING FULL TIME
- 2 = EMPLOYED IN NURSING PART TIME
- 3 = EMPLOYED IN OTHER FIELD FULL TIME
- 4 = EMPLOYED IN OTHER FIELD PART TIME
- 5 = UNEMPLOYED, RETIRED OR INACTIVE

### PRIMARY PRACTICE SETTING:

- 1 = INPATIENT HOSPITAL CARE
- 2 = OUTPATIENT HOSPITAL CARE
- 3 = SCHOOL OF NURSING
- 4 = COMMUNITY/PUBLIC HEALTH
- 5 = SCHOOL/COLLEGE HEALTH
- 6 = SELF-EMPLOYED/PRIVATE PRACTICE
- 7 = PHYSICIAN OR DENTIST/PRIVATE PRACTICE
- 8 = RURAL HEALTH CLINIC
- 9 = FREESTANDING CLINIC
- 10 = HOME HEALTH AGENCY
- 11 = MILITARY INSTALLATION
- 12 = TEMPORARY AGENCY/NURSING POOL
- 13 = NURSING HOME/EXTENDED CARE FACILITY
- 14 = BUSINESS/INDUSTRY
- 15 = OTHER: \_\_\_\_\_

### PRIMARY PRACTICE POSITION:

- 1 = ADMINISTRATOR OR ASSISTANT
- 2 = CONSULTANT
- 3 = SUPERVISOR OR ASSISTANT
- 4 = FACULTY/EDUCATOR
- 5 = HEAD NURSE OR ASSISTANT
- 6 = STAFF NURSE/GENERAL DUTY
- \*7 = NURSE PRACTITIONER
- \*8 = CLINICAL NURSE SPECIALIST
- \*9 = NURSE ANESTHETIST
- \*10 = NURSE MIDWIFE
- 11 = INSERVICE/STAFF DEVELOPMENT
- 12 = SCHOOL NURSE
- 13 = OFFICE NURSE
- 14 = RESEARCHER
- 15 = OTHER: \_\_\_\_\_

\*TEXAS BOARD OF NURSING APPROVAL REQUIRED

### PRIMARY SPECIALTY:

- 1 = COMMUNITY/PUBLIC HEALTH
- 2 = GENERAL PRACTICE
- 3 = GERIATRICS
- 4 = OBSTETRICS/GYNECOLOGY
- 5 = MEDICAL/SURGICAL
- 6 = PEDIATRICS
- 7 = PSYCHIATRIC/MENTAL HEALTH/SUBSTANCE ABUSE
- 8 = ANESTHESIA
- 9 = EMERGENCY CARE
- 10 = HOME HEALTH
- 11 = INTENSIVE/CRITICAL CARE
- 12 = NEONATOLOGY
- 13 = ONCOLOGY
- 14 = OPERATING/RECOVERY CARE
- 15 = REHABILITATION
- 16 = OCCUPATIONAL/ENVIRONMENTAL HEALTH
- 17 = OTHER: \_\_\_\_\_

**GENERAL INSTRUCTIONS**  
**(Do not return this sheet)**

In order to maintain your license, you must meet the requirements of 22 TAC Chapter 216, and §§213.27, 213.28, 213.29, 213.33 217.6 and 217.7, as applicable, and pay the appropriate fee. "A registered nurse who practices professional nursing or a vocational nurse who practices vocational nursing after the expiration of the nurse's license is an illegal practitioner whose license may be revoked or suspended." Texas Occupations Code §301.301(f).

**ACTIVE APPLICATIONS**

An application and payment are considered to be active for up to one year from the date of receipt in the Board's office per our Records Retention Policy. All licensure requirements must be met within that year's timeframe or the application and payment will be considered null and void. Should this occur, a new application and payment would need to be submitted; and the nurse will need to meet all current requirements in effect at that time.

**PRIMARY STATE OF RESIDENCE**

Declaring a compact state, other than Texas, will cause your renewal to be rejected since you can practice in Texas on your declared compact state license. In addition, the BON reserves the right to seek clarification when needed. Per Rule 220.2(b), primary state of residence is determined by the following documents and you may be requested to submit one or more to satisfy residency requirements:

- (1) a driver's license with a home address;
- (2) voter registration card displaying a home address;
- (3) federal income tax return declaring the primary state of residence;
- (4) Military Form No. 2058 - state of legal residence certificate; or
- (5) W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

For more information regarding the compact, visit our website at [www.bon.texas.gov](http://www.bon.texas.gov) or the National Council of State Boards of Nursing's website at <https://www.ncsbn.org/nlc.htm>.

**CONTINUING COMPETENCY**

Attach 20 contact hours of continuing competency certificates that meet the Board's criteria set out in 22 TAC Chapter 216, awarded within two years immediately preceding this license reactivation form.

**NAME CHANGE**

For name change, you must submit a copy of legal documentation, (e.g., marriage license, divorce decree, corrected driver's license) which states the name change.

**COPIES OF LICENSES**

**Reminder: No More Paper Licenses Upon Renewal After September 1, 2008.** The Board of Nursing discontinued issuing wallet-sized paper licenses for nurses renewing their licenses after September 1, 2008. Nurses and nurse employers should go to the Board's website at [www.bon.texas.gov](http://www.bon.texas.gov) to verify a license online. The verification, once printed, will resemble a license and will allow you to have the document laminated for the purpose of carrying.

**CRIMINAL BACKGROUND CHECK**

If you have not previously completed a criminal background check for the Texas Board of Nursing, or the BON does not have a disposition with a state identification number on file for fingerprints previously submitted, you may be required to complete the process at this time. You will be notified by our office if this is a requirement.

**INFORMATION FOR NURSES WHOSE LICENSES HAVE BEEN EXPIRED FOR FOUR YEARS OR LONGER:**

**REFRESHER COURSE**

- 1) If your Texas LVN license has been on Inactive or Retired Status for more than four years, and you **have practiced** as a licensed vocational (practical) nurse in another state within the last four (4) years, then you must comply with Rule 217.6 (d), which requires the completion of the Texas Nursing Jurisprudence Exam (NJE) in addition to one of the following: the online Texas Board of Nursing Jurisprudence Prep Course, the Texas Board of Nursing Jurisprudence and Ethics Workshop, or a Texas Board of Nursing approved Nursing Jurisprudence and Ethics course. It is your responsibility to submit both of the completion certificates (NJE and choice of prep course/workshop/course) to our office. Your LVN license cannot be reactivated until all requirements are met.

The following links provide more information: (Rules and Regulations) <http://www.bon.texas.gov/nursinglaw/rr.html>, (NJE) <http://www.bon.texas.gov/olv/je.html>, (NJE Prep Course) <http://www.bon.texas.gov/olv/je-course.html>, (Workshop/Course) <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.

You will be granted access to the NJE within ten (10) business days of the date the Board receives the Delinquent license renewal form. To have your credentials added sooner, please contact our office.

- 2) If your Texas LVN license has been on Inactive or Retired Status for more than four years, and you **have not practiced** as a licensed vocational (practical) nurse in another state within the last four (4) years, then you must comply with Rule 217.6 (b). You will need to apply for a Six-Month Temporary Permit (<http://www.bon.texas.gov/olv/pdfs/6mth-lvn.pdf>) and complete a Board approved refresher course, extensive orientation, or nursing program of study. You must also complete the Texas Nursing Jurisprudence Exam (NJE), in addition to one of the following: the online Texas Board of Nursing Jurisprudence Prep Course, the Texas Board of Nursing Jurisprudence and Ethics Workshop, or a Texas Board of Nursing approved Nursing Jurisprudence and Ethics course. It is your responsibility to submit both of the completion certificates (NJE and choice of prep course/workshop/course) to our office. Your LVN license cannot be reactivated until all requirements are met.

The following links provide more information: (Rules and Regulations) <http://www.bon.texas.gov/nursinglaw/rr.html>, (NJE) <http://www.bon.texas.gov/olv/je.html>, (NJE Prep Course) <http://www.bon.texas.gov/olv/je-course.html>, (Workshop/Course) <http://www.bon.texas.gov/disciplinaryaction/stipscourses.html>.

You will be granted access to the NJE within ten (10) business days of the date the Board receives the 6 Month Temporary Permit Application.

**Reactivation Form Checklist - (Do not return this sheet)**

- \_\_\_\_\_ Have you answered all the questions on the reactivation?
- \_\_\_\_\_ Have you signed and dated the reactivation form?
- \_\_\_\_\_ Have you enclosed the appropriate fee?
- \_\_\_\_\_ Have you attached documentation of twenty (20) contact hours of Continuing Competency credits that meet the criteria in 22 TAC Chapter 216 (if applicable)?
- \_\_\_\_\_ Did you read the instructions regarding Primary State of Residence? Note: Declaring a compact state, other than Texas, will cause your reactivation to be rejected.
- \_\_\_\_\_ Have you read the section regarding the refresher courses and completed the requirements as applicable?



## GENERAL INSTRUCTIONS - Continued

If you answered yes to questions 1-5 of the Eligibility Questions on page 2, you must provide the Board with the following information:

**\*QUESTION #1.** The Board has determined that criminal behavior is highly relevant to an individual's fitness to practice nursing. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication—a determination by a court that is withheld or delayed for a specific time period, must be reported to the Board. This question includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. **SUBMIT** a personal letter of explanation describing each incident, the behavior that led up to the criminal order and your conduct since the order, and any rehabilitative efforts that have been performed since the order. In addition, **SUBMIT** the following documentation for **all felonies, all misdemeanors, and all military actions:**

Certified copies of:

1. charges (indictment, information, or complaint);
2. disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
3. evidence that the conditions of the court have been met.

(To obtain this documentation, contact the county clerk in the jurisdiction where the order was issued for misdemeanors; district court clerk for felonies.)

You may answer "NO" to the question of prior convictions only if you: (a) received a pardon; or (b) were adjudicated as a minor without a finding of "delinquent conduct". If you were ever required to register as a sex offender, you must answer "YES".

If you have questions regarding the outcome of any criminal matter, consult your attorney.

**\*QUESTION #2.** The Nursing Practice Act provides that a person's conduct in violation of the Nursing Practice Act or rules of the Board may be considered as a factor in its deliberations regarding fitness to practice nursing. Therefore, if a licensee or applicant is the subject of a grand jury or governmental agency investigation, the information regarding conduct or behavior giving rise to the investigation may be relevant in determining a violation of the Nursing Practice Act or lead to the admissibility of relevant evidence of such violation. If you are the subject of a grand jury or governmental agency investigation, please **SUBMIT** the name and address of the investigating entity and an explanation as to the basis of the investigation.

**QUESTION #3.** The Board has determined that if any licensing authority has taken disciplinary action against a person for any reason, then those actions are highly relevant to an individual's current ability to practice nursing in the state of Texas. If any licensing authority has refused to issue a license, revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, certificate, or multi state privilege held by you or previously fined, censured, reprimanded or otherwise disciplined you, **SUBMIT** the names and address of the licensing authority who has taken action and a letter explaining the background of the action. Additionally, **SUBMIT** certified copies of:

1. formal charges or allegations supporting the licensure action;
2. final disposition of the licensing authority regarding those formal charges or allegations; and
3. evidence that the conditions of the licensing authority's order or requirements have been met.

**\*QUESTION #4.** The practice of nursing requires current fitness. The Board has identified certain disorders which, if occurring within the last 5 years, may indicate a lack of fitness. The disorders are: schizophrenia and other psychotic disorders, bipolar disorder, paranoid personality disorder, anti-social personality disorder, or borderline personality disorder. If you have been diagnosed, treated, or hospitalized for any of the above illnesses within the last 5 years, which impaired or does impair your behavior, judgment, or ability to function in school or work, submit the following information that will allow the Board to conduct an individualized assessment of your ability to practice safely, competently, and without impairment to your professional judgment, skill, or knowledge.

1. A report, on letterhead, from your physician, psychiatrist, psychologist or counselor, sent directly to this office, that includes: your diagnosis; treatments rendered; including current medications; prognosis; cognitive, affective, and emotional stability and continuing after-care recommendations, including reasonable accommodations needed to safely practice nursing, if any; and,
2. Verification of compliance with aftercare recommendations.

Please be advised that a physical/psychological evaluation may be requested as part of your individualized assessment. The evaluation process is described in more detail at [www.bon.texas.gov/disciplinaryaction/eval-guidelines.html](http://www.bon.texas.gov/disciplinaryaction/eval-guidelines.html).

The evaluation process could potentially delay consideration of your renewal. Therefore, the Board is providing advance notice of this possibility so that applicants may contact the Board to schedule an evaluation at the beginning of the renewal process. By doing so, the renewal should not be unduly delayed. An applicant is not required to contact the Board in advance of Board consideration of the renewal. The applicant may choose to wait for a specific decision by the Board that a specific evaluation is necessary. This information is being provided to put applicants on notice with respect to this potential requirement and afford the applicant the opportunity to expedite the process if he/she so desires.

\*QUESTION #5. The practice of nursing requires current sobriety and fitness. If you have been addicted to or treated for the use of alcohol or any other drug within the last five years, SUBMIT:

1. verification of treatment for substance abuse sent directly to the Board from the treatment center;
2. verification of compliance with aftercare recommendations;
3. evidence of continuing sobriety/abstinence; for example, current support group attendance and random drug testing results; and
4. a personal letter of explanation with sobriety date and plan for relapse prevention.

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\*Pursuant to the Texas Occupations Code §301.207, information, including diagnosis and treatment, regarding an individual's physical or mental condition, intemperate use of drugs or alcohol, or chemical dependency and information regarding an individual's criminal history is confidential to the same extent that information collected as part of an investigation is confidential under the Texas Occupations Code §301.466.