

Petitioner's nursing employment history continued:

7/1993 - 12/1995	Emergency Room RN	Matagorda General Hospital Bay City, Texas
3/1996 - 1/1999	Emergency Room RN	South Austin Medical Center Austin, Texas
11/1998 - 6/2000	Cath Lab RN	Heart Hospital of Austin Austin, Texas
7/2000 - 10/2002	Cath Lab RN	Sentara Norfolk General Hospital Norfolk, Virginia
10/2002 - 11/2004	Cath Lab RN	Medsource Travel Clearwater, Florida
11/2004 - 12/2008	Cath Lab RN	Tacoma General Hospital Tacoma, Washington
3/2009 - 10/2009	Cath Lab RN	St Anthony's Medical Center Gig Harbor, Washington
10/2009 - 03/2013	Cath Lab RN	Medsource Travel Clearwater, Florida
3/2013 - 7/2014	Cath Lab RN	Baptist Medical Center San Antonio, Texas
7/2014 - 11/2014	Cath Lab RN	Medsource Travel (Alaska Regional Hospital Anchorage, Alaska)
11/2016 - Current	Heart Failure Nurse	Alaska Heart & Vascular Institute Anchorage, Alaska

5. On January 29, 2015, Respondent's Alaska registered nurse license was Suspended by the State of Alaska Board of Nursing, Juneau, Alaska. A copy of the State of Alaska Board of Nursing's Consent Agreement dated January 13, 2015, is attached and incorporated, by reference, as part of this order.

6. On or about April 20, 2015, Respondent voluntarily surrendered her license to practice nursing in the State of Texas through an Agreed Order of the Board. A copy of the Findings of Fact, Conclusions of Law, and Order dated April 20, 2015, is attached and incorporated, by reference, as part of this Order.
7. On or about September 2, 2015, Respondent's license to practice professional nursing in the State of California was issued a Stipulated Surrender by the Board of Registered Nursing Department of Consumer Affairs State of California, Sacramento, California. A copy of the Decision and Order, dated September 2, 2015, is attached and incorporated, by reference, as part of this Order.
8. On or about January 2, 2018, Petitioner submitted an *Application for Reinstatement* which included the following:
 - 8.1. Letter of support dated December 21, 2017, from Ramzi Nassar, MD, Alliance Behavioral Medicine LLC, Anchorage, Alaska. He states he began treating Petitioner on June 30, 2015. After his initial psychiatric diagnosis, his ongoing diagnosis with her had been major depression in remission, DSM-IV/ICD-10 F33.9. Additionally, she was very forthcoming and admitted to a history of opioid dependence which was in remission. She has a memorandum agreement through the State of Alaska to be monitored via their monitoring system regarding substance abuse. His treatment has been focused on her depression through medication management. She came to him on several medications. Two she presented have been discontinued. There is no suicidality or dangerousness towards others and her level of function is quite good. In his professional opinion, he sees no impairments from her depression that would prevent her from competently performing her duties as a RN.
 - 8.2. Letter of support, dated December 28, 2017, from Catherine M. McVey, MSN, RN, ACMPE, Clinical Services Manager at Alaska Heart & Vascular Institute, Anchorage, Alaska. She states that Petitioner has worked at AHVI since October 2015. She currently works as a RN coordinator in the Heart Failure Clinic. Petitioner is an excellent nurse, patient advocate, and employee. She is reliable, dependable, flexible and a team player. The Physicians respect her critical thinking skills and decision making when caring for their very sick heart failure patients.
 - 8.3. Letter of support, dated January 2, 2018, from Deidre Rambur, BSN, RN, Alaska Heart & Vascular Institute, Anchorage, Alaska. She states she has worked with Petitioner for the past two (2) years. Professionally, Petitioner has demonstrated excellent clinical skills, co-worker communication and dependability. She is always willing to help out others and is an example of a respected coworker. Petitioner is also genuinely attentive in helping her patients in the Heart Failure Clinic by attending to the needs of each patient and their families, through education and goal directed care. She will be a valuable asset wherever she works.

- 8.4. Letter of support, dated January 2, 2018, from Amanda Ellis, BSN, RN, Heart Failure Clinic at Alaska Heart & Vascular Institute,(AHVI), Anchorage, Alaska. She states she has worked with Petitioner over the previous two (2) years. They have worked together to grow and expand the Heart Failure Clinic at AHVI. She has come to appreciate Petitioner's strong work ethic, professionalism and compassion for her patients. Petitioner is always willing to step in and help whenever and wherever needed. She is timely in completing daily tasks and large projects. Her valuable input has helped to grow and improve the program significantly. Petitioner shines when it comes to her patients. She goes above and beyond to ensure they are receiving the best care possible.
- 8.5. Letter of support dated January 10, 2018, from Michelle Tremblay, Sponsor. She states she has the privilege of writing this letter of recommendation for Petitioner. She has known Petitioner for over two (2) years. While serving as Petitioner's sponsor, she has enjoyed their meetings together and the growth Petitioner has exhibited while working the program. Petitioner attends meetings regularly and is a constant reminder to her of what it means to be honest and willing to go to any lengths to stay sober. She is committed to the program and demonstrates discipline, commitment and responsibility. It is a pleasure to be her sponsor.
- 8.6. Letter of support dated January 23, 2018, from Lori Heaney, RN, Executive director of Alaska Cardiovascular Research Foundation, Anchorage, Alaska. She states she has worked with Petitioner for the last three years and found her to be an excellent nurse. Petitioner has become very proficient in the care of Heart Failure patients and participating in clinical research as a research coordinator. Petitioner is a self starter and is very reliable and dependable to get whatever the task she is assigned to completed. She has a large knowledge base for many different types of nursing and is an asset for any hospital or physician that she works for.
- 8.7. Documentation of Support group attendance from November 15, 2014 through September 4, 2017.
- 8.8. A letter of compliance from the State of Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business Professional Licensing Documentation Probation Monitor/Investigator, Amber Whaley, which states she has been assigned to monitor Petitioner's license probation according to the conditions of her 2015 Consent Agreement. This notification that as of April 20, 2018, Petitioner is currently in compliance with her 2015 Consent Agreement. I have spoken with Ms. Whaley and she states respondent has completed 2 years of testing and they have all been negative.
- 8.9. Documentation of a discharge Note from her therapist David Houston, who treated Petitioner from September 23, 2015 to December 15, 2015

- 8.10. Documentation of the required 20 contact hours of continuing education.
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 CONNIE LYNN BONILLA for reinstatement of license to practice nursing in the state of Texas be **GRANTED** and Registered Nurse License Number 572448

and Vocational Nurse License Number 107991 are 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. PETITIONER SHALL pay all re-registration fees, if applicable, and PETITIONER'S licensure status in the State of Texas will be updated to reflect the applicable conditions outlined herein.
- B. This Order SHALL be applicable to PETITIONER's nurse licensure compact privileges, if any, to practice nursing in the State of Texas.
- C. 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. 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.*

IV. 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 four (4) quarterly periods [one (1) year] of employment. This requirement will not be satisfied until four (4) 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 four (4) quarters [one (1) year] of employment as a nurse.

V. 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 [1st 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 [2nd quarter] period, random screens shall be performed at least twice per month.
- For the next six (6) month period [3rd & 4th 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
Butobarbital	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.

VI. 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.

PETITIONER'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Reinstatement Agreed Order. I waive representation by counsel. 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.

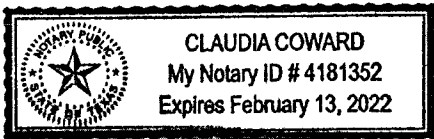
Signed this 17 day of May, 2018

Connie Lynn Bonilla
CONNIE LYNN BONILLA, Petitioner

Sworn to and subscribed before me this 17 day of May, 2018.

SEAL

Claudia Coward
Notary Public in and for the State of Texas



WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Reinstatement Agreed Order that was signed on the 17th day of May, 2018, by CONNIE LYNN BONILLA, Registered Nurse License Number 572448 and Vocational Nurse License Number 107991, and said Order is final.

Effective this 19th day of July, 2018.



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

1 STATE OF ALASKA
2 DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
3 DEVELOPMENT
4 DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
5 BEFORE THE BOARD ON NURSING

6
7 In the Matter of:)
8)
9 Connie L. Bonilla, RN)
10)
11 Respondent)
12 Case No. 2014-002184

13 CONSENT AGREEMENT

14
15 IT IS HEREBY AGREED by the Department of Commerce, Community and
16 Economic Development, Division of Corporations, Business and Professional Licensing
17 (Division) and Connie L. Bonilla (Respondent) as follows:

- 18 1) **Licensure.** Respondent is currently licensed as a Registered Nurse (RN) in the State
19 of Alaska and holds License No. NUR-R-22536. This license was first issued on
20 1/21/2003 and will lapse unless renewed by 11/30/2016.
- 21 2) **Admission/Jurisdiction.** Respondent admits and agrees that the Board of Nursing
22 (Board) has jurisdiction over the subject matter of her license in Alaska and over this
23 Consent Agreement.
- 24 3) **Admission/Facts.** Respondent admits to the following facts:
- 25 a) On 11/5/2014, Respondent admitted to diverting and using Fentanyl at Alaska
26 Regional Hospital, Anchorage, Alaska while employed through Med Source
27 Travelers, Inc. based in Florida.
- 28 b) On 11/7/2014, Respondent admitted to diverting Fentanyl and Zophran for about
29 one year. Respondent's travel contract was terminated with Alaska Regional
30 Hospital, as a result of her admission of drug diversion.
- 31 c) On 11/14/2014, Respondent entered intensive substance abuse treatment at
32 Providence Alaska Medical Center Breakthrough Program. Respondent is
33 currently participating in the program.
- 34 d) On 1/9/2015, Respondent admitted failing to disclose major depressive disorder on
35 her original Alaska RN application and renewals since 2003.

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

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- 1 Respondent admits that as a result of the above facts, grounds exist for possible
2 suspension, revocation, or other disciplinary sanctions of her license pursuant to AS
3 08.01.075 and AS 08.68.270(1)(3)(7) and 12.AAC 44.720(a)(5) and
4 12 AAC 44.770(1)(8)(9)(22).
- 5 4) **Formal Hearing Process.** It is the intent of the parties to this Consent Agreement to
6 provide for the compromise and settlement of all issues that could be raised by an
7 Accusation to revoke, suspend, or impose disciplinary sanctions against Respondent's
8 license through a formal hearing process.
- 9 5) **Waiver of Rights.** Respondent understands she has the right to consult with an
10 attorney of her own choosing and has a right to an administrative hearing on the facts
11 in this case. Respondent understands and agrees that by signing this Consent
12 Agreement, Respondent is waiving her rights to counsel and to a hearing. Further,
13 Respondent understands and agrees that she is relieving the Division of any burden it
14 has of proving the facts admitted above. Respondent further understands and agrees
15 that by signing this Consent Agreement she is voluntarily and knowingly giving up her
16 right to present oral and documentary evidence, to present rebuttal evidence, to cross-
17 examine witnesses against Respondent, and to appeal the Board's decision to Superior
18 Court.
- 19 6) **Effect of Non-Acceptance of Consent Agreement.** Respondent and the Division
20 agree that this Consent Agreement is subject to the approval of the Board. They agree
21 that, if the Board rejects this Consent Agreement, it will be void, and an Accusation
22 may be filed. If this Consent Agreement is rejected by the Board, it will not constitute
23 a waiver of Respondent's right to a hearing on the matters alleged in an Accusation and
24 the admissions contained herein will have no effect. Respondent agrees that, if the
25 Board rejects this Consent Agreement, the Board may decide the matter after a
26 hearing, and its consideration of this Consent Agreement shall not alone be grounds
27 for claiming that the Board is biased against Respondent, that it cannot fairly decide
28 the case, or that it has received ex parte communication.
- 29 7) **Consent Agreement, Decision, and Order.** Respondent agrees that the Board has the
30 authority to enter into this Consent Agreement and to issue the following Decision and
31 Order.

1 **C. Respondent Address**

2 It is the responsibility of the Respondent to keep the Probation Monitor advised, in
3 writing, at all times of her current mailing address, physical address, email address,
4 telephone number, current employment and any change in employment.

5 Failure to provide notice of any changes within 10 calendar days will constitute
6 grounds for suspension of her license in accordance with paragraph 'B' above.

7
8 **D. Compliance with Laws**

9 Respondent shall obey all federal, state and local laws, all statutes and regulations
10 governing the licensee, and remain in full compliance with any court ordered criminal
11 probation, payments and other orders.

12
13 **E. Authorization**

14 Within 10 calendar days of a request by the Probation Monitor, Respondent will
15 sign all authorizations necessary for the release of information required by this Consent
16 Agreement.

17
18 **F. Noncooperation by Reporting Persons**

19 If any of the persons required by this Order to report to the Board, fails or refuses
20 to do so, and after adequate notice to Respondent to correct the problem, the Board may
21 terminate probation and invoke other sanctions as it determines appropriate.

22 All costs are the responsibility of the Respondent.

23
24 **G. Good Faith**

25 All parties agree to act in good faith in carrying out the stated intentions of this
26 Consent Agreement.

27
28 **H. Address of the Board**

29 All required reports or other communication concerning compliance with this
30 Consent Agreement shall be addressed to:
31

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

1 Probation Monitor for Board of Nursing
2 Division of Corporations, Business and Professional Licensing
3 550 West 7th Avenue, Suite 1500
4 Anchorage, Alaska 99501-3567
5 Phone 907-269-8437 / Fax 907-269-8195
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7 **I. Absence from Community of Residence**

8 While under license probation, Respondent shall notify the Probation Monitor in
9 writing in advance of each and every expected absence from community of residence in
10 excess of seven (7) days. Absences from the State of Alaska must be reported pursuant to
11 Paragraph 'A'.
12

13 **J. Periodic Interview with the Board**

14 While under license probation and upon the request of the Board, its Executive
15 Administrator, or Probation Monitor, Respondent shall report in person to the Board,
16 Board of Nursing's Executive Administrator, or Probation Monitor to allow a review of
17 her compliance with this probation. Respondent shall be excused from attending any
18 interview only at the discretion of the person requesting the interview.
19

20 **K. Civil Fine**

21 Respondent shall pay a fine of \$2500, with \$2000 stayed. The actual fine amount
22 of \$500 shall be paid in cash, credit card, certified check, or money order payable to the
23 "State of Alaska" within 90 days after this Consent Agreement is adopted by the Board.
24

25 All payments required by this Consent Agreement shall be addressed to:

26 Chief Investigator
27 Division of Corporations, Business and Professional Licensing
28 550 West 7th Avenue, Suite 1500
29 Anchorage, Alaska 99501-3567
30

31 **L. Reprimand**

32 It is hereby ordered that a public reprimand be issued against Connie L. Bonilla,
33 RN, for diverting drugs, working impaired and failing to report in violation of AS
34 08.68.270(1)(3)(7) and 12.AAC 44.720(a)(5) and 12 AAC 44.770(1)(8)(9)(22).

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M. Rehabilitative Counseling

Respondent is voluntarily participating in a comprehensive substance abuse treatment program with Providence Alaska Medical Center Breakthrough Program in Anchorage, Alaska. She entered the program on 11/14/2014 and has an expected completion date of 2/13/2015.

While under license probation, Respondent shall participate in an ongoing program of rehabilitative counseling with a counselor approved by the Board or its Executive Administrator.

Upon receipt of a written statement from Respondent's substance abuse counselor that her rehabilitation has progressed to the point that continued counseling is no longer important to help Respondent maintain a sober lifestyle, the Board or its Executive Administrator may consider releasing Respondent from the counseling requirement. The Board, or its Executive Administrator, will not do so, however, unless satisfied that releasing Respondent from the requirement is consistent with the public interest.

All costs are the responsibility of the Respondent.

N. Psychotherapy Counseling

Respondent may be required to undergo psychiatric and/or psychological therapy as recommended by her treatment program or counselor. Psychiatric care/counseling shall be from a psychiatrist, psychologist, or counselor licensed in the State of Alaska, approved by the Board or its Executive Administrator, and provided with a copy of this Consent Agreement.

The Board or its Executive Administrator may consider releasing Respondent from the therapy requirement upon receipt of a written statement from Respondent's therapist that her rehabilitation has progressed to the point that continued therapy is no longer necessary to assist in maintaining a drug-free and sober lifestyle. However, the Board or its Executive Administrator will not release Respondent from the therapy requirement until satisfied that doing so is consistent with the public interest.

Respondent's therapist shall submit reports to her probation monitor on a quarterly basis, as specified in paragraph P, indicating that:

- (1) Respondent is continuing in therapy as required by her therapist; and

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

1 (2) Respondent does not pose a danger to the public, Respondent's patients, or
2 Respondent.

3 All costs are the responsibility of the Respondent.

4
5 **O. Counselor/Therapist Reports**

6 Respondent's drug and/or alcohol rehabilitation counselor/therapist shall report to
7 the Probation Monitor in writing regarding Respondent's rehabilitation or lack thereof.
8 Reports shall be provided quarterly, as specified in paragraph P, or as otherwise requested
9 by the Board or its Executive Administrator.

10 Respondent's rehabilitation counselor or psychotherapy therapist shall
11 immediately report to the Probation Monitor if the Respondent fails to present herself for
12 treatment or otherwise fails to comply with the conditions of the treatment program, or if
13 in the counselor's opinion, the Respondent has become a danger to herself or others.

14 All costs are the responsibility of the Respondent.

15
16 **P. Quarterly Reports**

17 Quarterly reports are due for each year of probation and the entire length of
18 probation as follows:

19 <u>Period Covered</u>	<u>Due Date(s)</u>
20 January 1 - March 31	between April 1 and April 7
21 April 1 - June 30	between July 1 and July 7
22 July 1 - September 30	between October 1 and October 7
23 October 1 - December 31	between January 1 and January 7

24 Failure to submit complete and timely reports shall constitute a violation of
25 probation.

26
27 **Q. Consume No Controlled Drugs or Alcohol**

28 While under license probation, Respondent shall consume no controlled drugs or
29 alcohol whatsoever, including foods, medicines, and other substances containing
30 controlled drugs or alcohol. However, if Respondent is hospitalized and receiving
31 inpatient care, or is receiving outpatient care for a medical/dental condition that cannot be
32 adequately treated without medicines containing controlled drugs, Respondent must

1 inform her treating health care provider of her history of substance abuse. Respondent
2 may then take drugs on her health care provider's written prescription in the prescribed
3 dosage for the prescribed duration and for the prescribed purpose.

4 The Probation Monitor will be notified of any prescription for controlled drugs at
5 the time Respondent receives it, and a copy of the prescription will be promptly sent to the
6 Probation Monitor. Further, Respondent shall not self-medicate with any other drug. If a
7 condition exists which requires drugs, they must be prescribed by Respondent's approved
8 health care provider.

9 As with controlled drugs, Respondent shall notify the Probation Monitor of any
10 other drug prescriptions at the time Respondent receives it, and Respondent shall promptly
11 send a copy of the prescription to the Probation Monitor.

12 Under no circumstances shall Respondent be prescribed or consume Fentanyl
13 unless this drug is absolutely necessary for Respondent's treatment, and then the
14 prescribing health care provider shall contact the Probation Monitor prior to using this
15 drug and must justify necessity.

16
17 **R. Support Group Meetings (In-Person)**

18 While under license probation, Respondent must attend substance abuse related
19 support group meetings for accountability. These in-person meetings may consist of the
20 following: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), impaired nurse
21 group meetings, or other support group meetings approved by the Board or its Executive
22 Administrator. During the first and second year of her probation, Respondent shall attend
23 no less than 3 meetings per week. During the third and fourth year of her probation,
24 Respondent shall attend no less than 2 meetings per week. During the fifth year of her
25 probation, Respondent shall attend at least 1 meeting per week. Respondent shall keep a
26 calendar or other record indicating the dates of attendance at such meetings and shall
27 obtain the signature or initials of the leader of each meeting verifying Respondent's
28 attendance at the meetings.

29 Such records shall be presented by Respondent to the Probation Monitor quarterly as
30 specified in paragraph P. Respondent must obtain a sponsor and within 10 calendar days
31 disclose her sponsor's first name and contact information to the Probation Monitor.

1 Respondent must maintain either a substance abuse sponsor or substance abuse counselor
2 through her 5 years of probation.

3
4 **S. Self Evaluation Report**

5 While under license probation, Respondent shall submit quarterly reports, as
6 specified in paragraph P, to the Probation Monitor regarding her method(s) of handling
7 stress, mental and physical health, professional responsibilities and activities, and personal
8 activities.

9
10 **T. Drug Testing**

11 While under license probation, Respondent shall submit to random urinalysis,
12 blood, breath, and hair tests as may be ordered by the Board or its Executive
13 Administrator. All urinalysis shall be provided in a controlled (witnessed) setting, and
14 shall be subjected to a comprehensive screening for drugs and alcohol.

15 Respondent must obtain the urine, blood, breath, and/or hair test no later than 2
16 hours after being instructed to do so. Failure to respond as instructed is a violation of this
17 Consent Agreement. If Respondent is not able to provide the relevant samples within the
18 2 hours, Respondent will immediately notify the Probation Monitor, and has the burden of
19 showing why compliance was not possible. If Respondent is unable to provide a urine
20 specimen, a blood specimen must be provided.

21 Respondent shall also submit to a urinalysis, blood, breath, and/or hair test within
22 24 hours of Respondent's return to the community of residence after any absence in
23 excess of 7 days. Respondent shall arrange for the results of each test to be provided
24 directly to the Probation Monitor.

25 All costs are the responsibility of the Respondent.

26
27 **U. Personal Health Care Provider**

28 While under license probation, Respondent shall be under the care of a health care
29 provider licensed in Alaska, identified to, and approved by the Board or its Executive
30 Administrator. The health care provider shall be provided with a copy of this Consent
31 Agreement. Within 10 calendar days, Respondent shall advise the Probation Monitor in

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

1 writing of any change of Respondent's health care providers. Respondent may not receive
2 medical care from her spouse, significant other, family members and relatives, or
3 associates.

4 Respondent will also obtain a primary pharmacist, who must be licensed and
5 practicing in the State of Alaska, and subject to prior approval by the Board or its
6 Executive Administrator.

7 Respondent shall have all prescriptions filled by her primary pharmacist with the
8 exception of emergencies, which will promptly be reported to the Probation Monitor.

9 All costs are the responsibility of the Respondent.

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V. Restriction on Remote Employment

While under license probation, Respondent shall work only in communities that have adequate facilities for Respondent to comply with support group meetings (in-person), the urinalysis, blood, breath, and/or hair tests, and other requirements as set forth in this Consent Agreement.

While under license probation, Respondent shall not work as a traveling nurse; must remain in one nursing jurisdiction for probation monitoring.

Respondent shall give the Probation Monitor prior written notice of each change of employment or residence within 10 calendar days of occurrence.

W. Limitation of Access to Controlled Drugs

For the first year of probation, Respondent shall not practice in any location where she has access to any Schedule I, II or III controlled drugs. If Schedule I, II or III drugs are kept or administered at such a location, that location must have procedures and controls which reasonably ensure that Respondent will not handle or have access to such drugs. The adequacy of such procedures and controls shall be subject to the prior approval of the Board or its Executive Administrator.

After the first year of probation, upon approval of the Board or its Executive Administrator, this access restriction may be modified.

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

1 **X. Employer Reports**

2 Within 10 calendar days of the effective date of this Consent Agreement, and for
3 the duration of probation, Respondent must provide her employer with a copy of the
4 Consent Agreement and understands that the Probation Monitor will be free to discuss
5 with Respondent's employer the subject matter of this Consent Agreement.

6 Respondent's supervisor shall report quarterly to the Probation Monitor as to
7 Respondent's employment performance and attendance. The report shall include a
8 statement of whether Respondent is suspected of violating any condition of this license
9 probation.

10
11 **Y. Employment Must Be Supervised**

12 While under license probation, Respondent may not be employed in her licensed
13 profession unless supervised by a physician, physician's assistant, advanced nurse
14 practitioner, or registered nurse licensed in Alaska. The supervisor shall be provided a
15 copy of the Consent Agreement within 10 calendar days of the effective date of this
16 Consent Agreement. This does not require that Respondent be under constant, direct
17 observation by her supervisor.

18
19 **Z. Suspension of License**

20 When this Consent Agreement is adopted, Respondent's license shall be
21 automatically suspended for one year, with six months of the suspension stayed as long as
22 sobriety is maintained during the suspension period. Respondent shall remain compliant
23 with the entire Consent Agreement or the stayed portion of suspension shall be
24 immediately lifted and in effect.

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State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

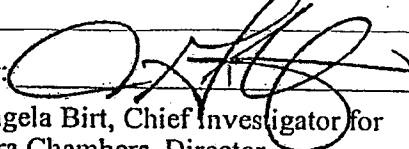
1 IT IS FURTHER ORDERED that upon satisfactory completion of Respondent's
2 license probation, the following permanent conditions shall apply: permanent total
3 abstinence. Respondent shall totally abstain from consuming drugs and/or alcohol other
4 than in accordance with this Order.

5 IT IS FURTHER ORDERED that this Adopted Decision and Order shall take
6 effect immediately upon its adoption by the Board and is a public record of the Board and
7 the State of Alaska. The State of Alaska may provide a copy of it to any person or entity,
8 professional licensing board, federal, state, or local government, or other entity making a
9 relevant inquiry.

10 The action taken by the Board in this Consent Agreement will be reported to the
11 National Council of State Boards of Nursing (NCSBN/NURSYS) as required by law.

12
13 DATED this 13th day of JANUARY, 2015 at Anchorage,
14 Alaska.

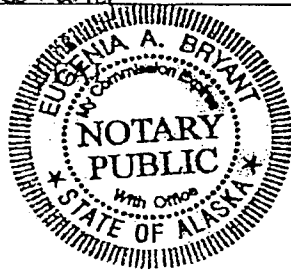
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16 FRED PARADY, ACTING COMMISSIONER

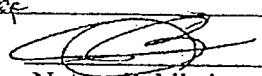
17
18 By: 
19 Angela Birt, Chief Investigator for
20 Sara Chambers, Director
21 Division of Corporations, Business and
22 Professional Licensing

23
24 I, Connie L. Bonilla, RN, have read the Consent Agreement, understand it, and
25 agree to be bound by its terms and conditions.
26

27 DATED: 1/9/15 Connie Bonilla

28 SUBSCRIBED AND SWORN TO before me this 9th day of
29 January, 2015, at Anchorage, Alaska.



30
31 
32 Notary Public in and for Alaska.

33
34 Eugenia Bryant
35 Notary Printed Name

36 My commission expires: w/office
37

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
Telephone 907-269-8160 Fax 907-269-8195

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STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE BOARD OF NURSING

In the Matter of:)
)
Connie L. Bonilla, RN)
)
Respondent)
Case No. 2014-002184

ORDER

The Board of Nursing for the State of Alaska, having examined the Consent Agreement and Proposed Decision and Order, Case No. 2014-002184, Connie L. Bonilla, License No. NUR-R-22536, adopts the Consent Agreement and Decision and Order in this matter.

This Consent Agreement takes effect immediately upon signature of this Order in accordance with the approval of the Board of Nursing.

The Division may enforce the Consent Agreement by immediately suspending Respondent's license, without an additional order from the Board of Nursing or without a prior hearing, for a violation of the Consent Agreement.

DATED this 29 day of January, 2015, at
Anchorage, Alaska.

Board of Nursing

By: Denise C. Valentine ANR
Chairperson

BEFORE THE TEXAS BOARD OF NURSING

In the Matter of	§	AGREED
Registered Nurse License Number 572448	§	
& Vocational Nurse License Number 107991	§	
issued to CONNIE LYNN BONILLA	§	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.
 Executive Director of the Board

On this day the Texas Board of Nursing, hereinafter referred to as the Board, considered the matter of CONNIE LYNN BONILLA, Registered Nurse License Number 572448 and Vocational Nurse License Number 107991, hereinafter referred to as Respondent.

This action was taken in accordance with Section 301.453(c), Texas Occupations Code.

Respondent waived 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 served on Respondent and Respondent was given an opportunity to show compliance with all requirements of the law for retention of the license(s).
2. Respondent waived notice and hearing, and agreed to the entry of this Order.
3. Respondent's license to practice as a vocational nurse in the State of Texas is in delinquent status. Respondent's license to practice as a professional nurse in the State of Texas is in current status.
4. Respondent received a Certificate in Vocational Nursing from Victoria College-Port Lavaca, Port Lavaca, Texas, on August 31, 1984. Respondent was licensed to practice vocational nursing in the State of Texas on December 17, 1984. Respondent received an Associate Degree in Nursing from Victoria College, Victoria, Texas, on May 10, 1991. Respondent was licensed to practice professional nursing in the State of Texas on August 26, 1991.
5. Respondent's nursing employment history is unknown.

6. On or about January 29, 2015, Respondent's Alaska registered nurse license was Suspended by the State of Alaska Board of Nursing, Juneau, Alaska. A copy of the State of Alaska Board of Nursing's Consent Agreement dated January 29, 2015, is attached and incorporated, by reference, as part of this order.
7. Regarding the conduct outlined in Finding of Fact Number Six (6), Respondent states that it was due to diversion and use of Fentanyl and Zofran. Respondent states that in November 2014, she entered an intensive substance abuse program and is currently participating on an outpatient basis.
8. Respondent, by her signature to this Order, expresses her desire to voluntarily surrender her license(s) to practice nursing in the State of Texas.
9. The Board policy implementing Rule 213.29 in effect on the date of this Agreed Order provides discretion by the Executive Director for consideration of conditional reinstatement after proof of twelve (12) consecutive months of abstinence from alcohol and drugs followed by licensure limitations/stipulations and/or peer assistance program participation.
10. The Board finds that there exists serious risks to public health and safety as a result of impaired nursing care due to intemperate use of controlled substances or chemical dependency.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555 , the Board has jurisdiction over this matter.
2. Notice was served in accordance with law.
3. The evidence received is sufficient cause pursuant to Section 301.452(b)(8), Texas Occupations Code, to take disciplinary action against Registered Nurse License Number 572448 and Vocational Nurse License Number 107991, heretofore issued to CONNIE LYNN BONILLA, including revocation of Respondent's license(s) to practice nursing in the State of Texas.
4. Pursuant to Section 301.463(d), Texas Occupations Code, this Agreed Order is a settlement agreement under Rule 408, Texas Rules of Evidence, in civil or criminal litigation.
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.

TERMS OF ORDER

NOW, THEREFORE, IT IS AGREED and ORDERED that the VOLUNTARY SURRENDER of Registered Nurse License Number 572448 and Vocational Nurse License Number 107991, heretofore issued to CONNIE LYNN BONILLA, 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 professional/registered nursing, use the title "registered nurse" or the abbreviation "RN" or wear any insignia identifying herself/himself as a registered nurse or use any designation which, directly or indirectly, would lead any person to believe that RESPONDENT is a registered nurse during the period in which the license is surrendered.
2. RESPONDENT SHALL NOT practice vocational nursing, use the title "vocational nurse" or the abbreviation "LVN" or wear any insignia identifying herself/himself 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.
3. RESPONDENT SHALL NOT petition for reinstatement of licensure until:
 - A. One (1) year has elapsed from the date of this Order; and
 - B. RESPONDENT has obtained objective, verifiable proof of twelve (12) consecutive months of sobriety immediately preceding the petition for reinstatement.
4. Upon petitioning for reinstatement, RESPONDENT SHALL satisfy all then existing requirements for relicensure.

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

RESPONDENT'S CERTIFICATION

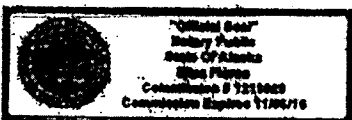
I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violation(s) alleged herein. By my signature on this Order, I agree to the entry of this Order, and any conditions of said 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 April, 2015.

Connie Lynn Bonilla
CONNIE LYNN BONILLA, Respondent

Sworn to and subscribed before me this 14th day of April, 2015.

SEAL



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

WHEREFORE, PREMISES CONSIDERED, the Executive Director, on behalf of the Texas Board of Nursing, does hereby accept the voluntary surrender of Registered Nurse License Number 572448 and Vocational Nurse License Number 107991, previously issued to CONNIE LYNN BONILLA.

Effective this 20th day of April, 20 15.



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



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov
Louise R. Bailey, MEd, RN, Executive Officer

September 2, 2015

Connie Bonilla
2140 E. 56th Avenue K105
Anchorage, AK 99507

Dear Ms. Bonilla:

Enclosed is a Decision and Order accepting the Voluntary Surrender of your California Registered Nurse License No. 761492 effective **September 2, 2015**.

You are required to return your current licenses/certificates and original licenses issued **October 13, 2009** to the Board. Enclosed is a self-addressed return envelope for your convenience. These documents must be returned immediately and any use of them would constitute a violation of law.

Failure to surrender upon demand your license/certificate is a violation of Section 119 (d) of the Business and Professions (B&P) Code. If the board has not received your license/certificates after 30 calendar days from the effective date of the decision (September 2, 2015), you will be subject to a citation and fine of up to \$2,500. Any use of the license/certificate is a violation of Section 2725 of the B & P Code, and subject to criminal prosecution and additional fines.

Enclosed is explanatory material on reinstatement and criteria for rehabilitation. Although your license is surrendered, you may take nursing continuing education courses if you do not use your surrendered RN license number to do so. Proof of continuing education may be beneficial as part of your rehabilitation evidence if you petition the Board for reinstatement in the future.

Sincerely,

Amy Pacheco
Legal Support Analyst
Board of Registered Nursing

Encl: Copy of Board decision, Form BRN 925, self-addressed return envelope
Cc: Amanda Dodds, Senior Legal Analyst

BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against :

CONNIE LYNN BONILLA

Registered Nurse License No. 761492

Case No. 2016-74

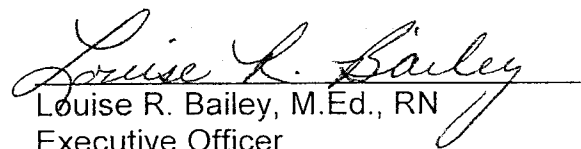
Respondent.

DECISION AND ORDER

Pursuant to Title 16 of the California Code of Regulations, section 1403, the attached Stipulated Settlement is hereby adopted by the Board of Registered Nursing as its Decision and Order in the above-entitled matter.

This Decision shall become effective on September 2, 2015.

IT IS SO ORDERED this 2nd day of September, 2015.


Louise R. Bailey, M.Ed., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California

1 KAMALA D. HARRIS
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 State Bar No. 132645
AMANDA DODDS
4 Senior Legal Analyst
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 645-2141
7 Facsimile: (619) 645-2061
Attorneys for Complainant
8

9 **BEFORE THE**
10 **BOARD OF REGISTERED NURSING**
DEPARTMENT OF CONSUMER AFFAIRS
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2016-74

13 **CONNIE LYNN BONILLA**
2140 E. 56th Avenue K105
14 **Anchorage, AK 99507**

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 **Registered Nurse License No. 761492**

16 Respondent.
17

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Louise R. Bailey, M.Ed., RN (Complainant) is the Executive Officer of the Board of
22 Registered Nursing. She brought this action solely in her official capacity and is represented in
23 this matter by Kamala D. Harris, Attorney General of the State of California, by Amanda Dodds,
24 Senior Legal Analyst.

25 2. Connie Lynn Bonilla (Respondent) is representing herself in this proceeding and has
26 chosen not to exercise her right to be represented by counsel.

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CONTINGENCY

10. This stipulation shall be subject to approval by the Board of Registered Nursing. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Registered Nursing may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

12. This Stipulated Surrender of License and Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Surrender of License and Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Registered Nurse License No. 761492, issued to Respondent Connie Lynn Bonilla, is surrendered and accepted by the Board of Registered Nursing.

1. The surrender of Respondent's Registered Nurse License and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent.

1 This stipulation constitutes a record of the discipline and shall become a part of Respondent's
2 license history with the Board of Registered Nursing.

3 2. Respondent shall lose all rights and privileges as a registered nurse in California as of
4 the effective date of the Board's Decision and Order.

5 3. Respondent shall cause to be delivered to the Board her pocket license and, if one was
6 issued, her wall certificate on or before the effective date of the Decision and Order.

7 4. If Respondent ever files an application for licensure or a petition for reinstatement in
8 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
9 comply with all the laws, regulations and procedures for reinstatement of a revoked license in
10 effect at the time the petition is filed, and all of the charges and allegations contained in
11 Accusation No. 2016-74 shall be deemed to be true, correct and admitted by Respondent when
12 the Board determines whether to grant or deny the petition.

13 5. If Respondent's license is reinstated, she shall pay to the Board costs associated with
14 its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the
15 amount of \$402.50. Respondent shall be permitted to pay these costs in a payment plan approved
16 by the Board. Nothing in this provision shall be construed to prohibit the Board from reducing
17 the amount of cost recovery upon reinstatement of the license.

18 6. If Respondent should ever apply or reapply for a new license or certification, or
19 petition for reinstatement of a license, by any other health care licensing agency in the State of
20 California, all of the charges and allegations contained in Accusation, No. 2016-74 shall be
21 deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
22 Issues or any other proceeding seeking to deny or restrict licensure.

23 7. Respondent shall not apply for licensure or petition for reinstatement for two (2)
24 years from the effective date of the Board of Registered Nursing's Decision and Order.

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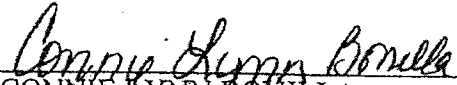
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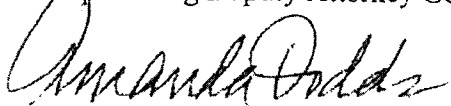
ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Registered Nurse License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

DATED: 8/21/15 
CONNIE LYNN BONILLA
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

Dated: 8/26/15 Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
JAMES M. LEDAKIS
Supervising Deputy Attorney General

AMANDA DODDS
Senior Legal Analyst
Attorneys for Complainant

SD2015700991
81126179.doc

Exhibit A

Accusation No. 2016-74

1 KAMALA D. HARRIS
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 State Bar No. 132645
AMANDA DODDS
4 Senior Legal Analyst
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 645-2141
7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 2016-74

13 **CONNIE LYNN BONILLA**
2572 Hwy. 238
14 Port Lavaca, TX 77979

ACCUSATION

15 **Registered Nurse License No. 761492**

16 Respondent.

17
18 Complainant alleges:

19 **PARTIES**

20 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
21 official capacity as the Executive Officer of the Board of Registered Nursing, Department of
22 Consumer Affairs.

23 2. On or about October 13, 2009, the Board of Registered Nursing issued Registered
24 Nurse License Number 761492 to Connie Lynn Bonilla (Respondent). The Registered Nurse
25 License was in full force and effect at all times relevant to the charges brought herein. The
26 Registered Nurse License expired on March 31, 2015, and has not been renewed.

27 ///

28 ///

1 CAUSE FOR DISCIPLINE

2 (Out-of-State Discipline Against Respondent's Alaska RN License)

3 8. Respondent has subjected her license to disciplinary action under section 2761(a)(4)
4 of the Code in that her Alaska registered nurse license was disciplined by the State of Alaska's
5 Department of Commerce, Community and Economic Development, Division of Corporations,
6 Business and Professional Licensing, Board on Nursing (Alaska Board). The circumstances are
7 as follows:

8 9. Respondent was issued a registered nurse license by the Alaska Board on January 21,
9 2003. In a disciplinary proceeding entitled *In the Matter of: Connie L. Bonilla, RN*, case number
10 2014-002184, Respondent admitted to the following facts:

11 10. On November 5, 2014, while employed as a traveling nurse, Respondent diverted and
12 used Fentanyl at an Anchorage, Alaska hospital. On November 7, 2014, Respondent admitted
13 she had been diverting Fentanyl and Zophran for about one year. Respondent's employment
14 contract was terminated as a result of her admission of drug diversion. On November 14, 2014,
15 Respondent entered a substance abuse treatment program. On January 9, 2015, the Alaska Board
16 learned that Respondent failed to disclose her mental health status on her application for
17 licensure, and on subsequent renewals.

18 11. As a result of Respondent's admissions, the Alaska Board found that grounds existed
19 for the suspension, revocation, or other disciplinary sanctions against her license as follows:

20 Alaska Statutes 08.68.270: The board may deny, suspend, or revoke the license of a person
21 who – (1) has obtained or attempted to obtain a license to practice nursing by fraud or deceit;
22 (3) habitually abuses alcoholic beverages, or illegally uses controlled substances; (7) is guilty of
23 unprofessional conduct as defined by regulations adopted by the board.

24 Title 12 Alaska Administrative Code 44.720: (a) The board will, in its discretion, revoke a
25 license if the licensee (5) habitually abuses alcoholic beverages, or illegally uses a controlled
26 substance, as defined in AS 11.71.900 (4), to the extent that the abuse or use interferes with
27 nursing functions, and if the licensee fails or refuses to participate in a rehabilitation program
28 acceptable to the board.

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3. Taking such other and further action as deemed necessary and proper.

DATED: July 21, 2015

Louise R. Bailey
LOUISE R. BAILEY, M.ED., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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- (d) The Board itself shall hear the petition and the administrative law judge shall prepare a written decision setting forth the reasons supporting the decision.
- (e) The Board may grant or deny the petition, or may impose any terms and conditions that it reasonable deems appropriate as a condition of reinstatement or reduction of penalty.
- (f) The petitioner shall provide a current set of fingerprints accompanied by the necessary fingerprinting fee.
- (g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole, or subject to an order of registration as a mentally disordered sex offender pursuant to Section 290 of the Penal Code. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner.
- (h) Except in those cases where the petitioner has been disciplined for violation of Section 822, the Board may in its discretion deny without hearing or argument any petition that is filed pursuant to this section within a period of two years from the effective date of a prior decision following hearing under this section.

California Code of Regulations 1445: Criteria for Rehabilitation

“(b) When considering the suspension or revocation of a license on the grounds that a registered nurse has been convicted of a crime, the Board, in evaluating the rehabilitation of such person and his/her eligibility for a license will consider the following criteria:

- (1) Nature and severity of the act(s) or offense(s).
- (2) Total criminal record.
- (3) The time that has elapsed since the commission of the act(s) or offense(s).
- (4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.
- (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.
- (6) Evidence, if any, of rehabilitation submitted by the licensee.”

The above is to inform you of the earliest date that you may ask the Board to reinstate your license and the criteria the Board will consider when hearing your request for reinstatement.

TEXAS BOARD OF NURSING
333 Guadalupe Street, Suite 3-460, Austin, Texas 78701

REINSTATEMENT NOTICE

Please be informed that the following information relates to the monitoring of your compliance with the enclosed Board Order:

- I. The effective date of the Order is the date the Order was ratified by the Board and can be located on the Executive Director's signature page contained in your Order.

- II. Refresher Courses
 - o If a refresher course is required by your Reinstatement Order, the appropriate application for a six (6) month temporary permit for you to complete the refresher course has been enclosed along with the form to be completed verifying your successful completion of the refresher course. Once the refresher course is completed, you will need to contact the licensing department to request a reactivation application. It takes approximately 7-10 business days to complete the reactivation process.

 - o If a refresher course is not required, the appropriate reactivation application has been enclosed. You will need to answer all questions correctly, regardless if the information has already been submitted. Please notate on the reactivation application that you have a Reinstatement Agreed Order so that the licensing department will not require additional documentation in order to process your application.

- III. All required remedial education courses must be completed within one (1) year from the date your license is reactivated.

- IV. Notification of Employment Forms
 - o A Notification of Employment form is enclosed if your Reinstatement Order requires you to have your employer complete and submit this form to our office. Notification of Employment forms are to be used by employers who employ you as a nurse in the State of Texas and cannot be accepted prior to the effective date of the order.

 - o It is your responsibility to ensure your employer has been provided a copy of your Order and the appropriate personnel at your place of employment have been notified of your Order.

 - o When you become employed as a nurse, your employer must submit the Notification of Employment form within five (5) days of your becoming employed as a nurse. If you change employers during the term of your Order, your employer must submit the Notification of Employment form within five (5) days of your new employment as a nurse.

- V. Report Forms
 - o We will send your first set of report forms to be used to document your compliance with the stipulations of your Board Order once we receive your completed Notification of Employment form. Each report form will indicate the date on which it must be received in the Board's office.

 - o It is your responsibility to ensure each required report is mailed to the Board's office before its due date. Please be aware that reports received more than two (2) weeks prior to their due date will NOT be accepted and that all reports, except for Support Group attendance logs, must be submitted directly from the individual completing the report. Only reports verifying your compliance with your stipulations during periods of time in which you are employed as a nurse are credited toward meeting the requirements of your Order.

You will be responsible for compliance with the Order of the Board without further notice from our office. Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance. Review the enclosed Board Order carefully. If you have any questions, please call (512) 305-6838.

TEXAS BOARD OF NURSING
333 Guadalupe Street, Suite 3-460, Austin, Texas 78701
(512) 305-6838

NOTIFICATION OF EMPLOYMENT FORM

This form cannot be accepted prior to the effective date of the Order.

Regarding: Connie Lynn Bonilla
License Number(s): RN 572448, LVN 107991

(Name of Facility) _____, which is a
(Type of Facility) _____ in the position of
(Position) _____ since the date of (Date) _____.

I have received a complete copy of the Order of the Board/Agreed Order and am aware of the stipulations placed on this license by the Texas Board of Nursing. **I agree to notify the Board's office and provide information to the Board regarding this nurse's resignation or termination.**

Supervisor's Signature: _____ *Date:* _____

Printed Name and Title: _____

Facility Name and Address: _____

Telephone #: _____

If the Board's Order requires that the nurse cause his/her employer to submit a periodic Nursing Performance Evaluation, and that Evaluation will be signed by someone other than the above Supervisor, please list that individual's name and title below.

Name: _____

Title: _____

Please call (512) 305-6838 with any questions.

Courses Approved to Meet BON Stipulations

Texas Board of Nursing Phone: 512-305-6844 Email: workshops@bon.texas.gov Website: https://www.bon.texas.gov/catalog/ Course offered at various times and locations in Texas	Jurisprudence and Ethics (Protecting Your Patients and Your Practice)
A & P Healthcare Training, LLC Carolyn D. Perry, 1200 Pigeon Hawk Drive, Little Elm, TX 75068 Phone: 214-708-8878 Email: cperry@aandphealthcaretraining.com Website: www.aandphealthcaretraining.com/ Courses offered at various times in Carrollton and the Dallas-Fort Worth Metroplex	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
Absolute Direction for Nursing Professionals Leah Montoya, MSN, RN, CNOR, PO Box 164111, Austin, TX 78716 Phone: 512-766-7725 or 512-797-4250 Email: absolutedirectionnp@gmail.com Website: www.absolutedirectionnp.com Course offered at various times in Austin	Nursing Documentation
A Professional Healthcare Education Service, Inc. Yvette Cheeks, RN, MSN, 3727 Greenbriar, # 403, Stafford, TX 77477 Phone: 877-313-7437 (toll free) or 281-313-7437 Email: phes@windstream.net Website: www.phesonline.com Courses offered at various times in Houston, Dallas, San Antonio, San Marcos, and Texarkana	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment Pharmacology
ACE Nursing Education Services Rachel M. Lozano, MSN, RN, 609 Drummer Boy, El Paso, TX 79932 Phone: 915-204-6733 Email: accnurseed@gmail.com Website: www.acenursingeducation.com	Jurisprudence and Ethics Nursing Documentation
AMES HIGH - A Continuing Education Company Dierdre D. Fisher, MSN, RN, PMHCNS-BC, PO Box 691175, San Antonio, TX 78269-1175 Phone: 210-694-0625 Email: dfisher@ameshigh.com Website: www.ameshigh.com Courses offered at various times in San Antonio	Jurisprudence and Ethics Nursing Documentation Medication Administration
A N G Felicia Edoghotu, RN, BSN, MHA, P.O. Box 270161, Dallas, TX 75227 Phone: 469-744-6246 Email: associatednursesgroup@yahoo.com Website: www.angcares.com Courses offered at various times in Dallas, Tyler, Ft. Worth, and Houston	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
Bracey's Nursing Solutions Patsy Bracey, RN, BS, 1301 Leader Drive, Killeen, TX 76549 Phone: 800-688-6149 Email: nurse.PB1963@gmail.com Website: www.braceynursingsolutions.com Courses offered at various times in Killeen, Lubbock, Pflugerville	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
CPR Stat of Texas Laurie Foley, RN, MSN, CEN, 6335 Camp Bullis Rd, STE 35B, San Antonio, TX 78257 Phone: 832-647-1003 Email: cprstatoftexas@yahoo.com Website: www.cprstat-tx.com	Jurisprudence and Ethics Nursing Documentation Medication Administration Physical Assessment
Dinah Lewis Dinah Lewis, MSN, RN, 2004 7th Ave, Canyon, TX 79015 Phone: 806-212-0703 Email: dinah.lewis@bsahs.org	Jurisprudence and Ethics
JMA - Nursing Consultant Jeanette Anderson, RN, MSN, PO Box 24971, Fort Worth, TX 76124-1971 Phone: 817-845-1937 Email: jmanc101@sbcglobal.net Website: www.jmanursingconsultant.com	Jurisprudence and Ethics Nursing Documentation
Lolly Lockhart, Health Care Consultant Lolly Lockhart, PhD, RN, 3520 Killingsworth Lane, Pflugerville, TX 78660 Email: Lollylock@gmail.com Course offered in Central Texas	Jurisprudence and Ethics
San Antonio Nursing Education Associates, LLC Felecia Washington, 1777 NE Loop 410, STE 600, San Antonio, TX 78217 Phone: 210-678-3080 or 210-781-9489 Email: info@satxnea.com Website: www.satxnea.com	Jurisprudence and Ethics Nursing Documentation
National Council of State Boards of Nursing (NCSBN) Learning Extension Website: http://learningext.com/nurses/default.aspx	Delegating Effectively Patient Privacy Respecting Professional Boundaries Sharpening Critical Thinking Skills
Texas Department of Aging and Disability Services Website: http://www.dads.state.tx.us/providers/Training/jointraining.cfm	Dehydration and Weight Loss Detecting and Preventing Abuse & Neglect Infection Control Pressure Ulcers

The above information is current as of October 5, 2017.

Please refer to the Board's website (https://www.bon.texas.gov/discipline_and_complaints_courses.asp#t0) for current additional information.



Texas Board of Nursing

333 Guadalupe Street, Ste. 3-460, Austin, Texas 78701
Phone: (512) 305-7400 Fax: (512) 305-7401 www.bon.texas.gov
Katherine A. Thomas, MN, RN, FAAN
Executive Director

Dear Participant,

Under the terms of your Board Order, you will be required to submit to periodic random drug screens with RecoveryTrek during employment as a registered/vocational nurse. It is our goal for each RecoveryTrek drug testing participant to maintain compliance with the requirements of the program and successfully complete his/her Board Order. Pursuant to this goal, I am writing to provide you with information relating to the requirements of your Board Order and the drug testing procedures utilized by RecoveryTrek.

- **Testing for Alcohol Consumption - You are required under the terms of your Board Order to abstain from the consumption of alcohol. The Board is now utilizing a more sensitive testing procedure to detect the presence of metabolites produced by the body following the consumption of alcohol. This testing process is capable of detecting smaller amounts of alcohol consumption than the testing utilized by the Board in the past. Further, this testing process is also capable of detecting alcohol consumption that occurred further in the past than the testing previously utilized by the Board.**

Under the terms of your Board Order, you are required to abstain completely from the consumption of alcohol. This includes alcoholic beverages, as well as any product containing alcohol. To eliminate the risk of testing positive for alcohol consumption, you are directed to abstain from using all products which contain alcohol, including certain over-the-counter medications such as liquid Nyquil and other cough medications, alcohol-based mouthwashes, vanilla extract, "non-alcoholic" beer (which may contain up to .5% alcohol), alcohol-based hand sanitizer, and any other product which contains alcohol. It is your responsibility to ensure that you refrain from the use of such products. A positive test for alcohol or alcohol metabolites will not be excused by the use of these products. Please be advised that a positive screen for alcohol could lead to the immediate suspension of your nursing license.

- **Drug Testing - Read your Board Order carefully. You are required under the terms of your Order to abstain from the use of controlled substances, Nubain, Stadol, Dalgan, Ultram, and other synthetic opiates, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed any of these substances, you are required to notify the Board of the prescription and cause your healthcare provider to submit a written report identifying the medication, dosage, and the date the medication was prescribed to you within 10 days of the date of the prescription. Failure to submit this notification to the Board may be considered a violation of your Board Order and could result in further disciplinary action. Furthermore, a positive screen for any of these substances without a legitimate prescription could lead to the immediate suspension of your license.**
- **Randomized Screening and Missed Screens - You are required to check in with RecoveryTrek every day to determine whether you have been selected to test, and to submit to drug screens the**

Members of the Board

Kathleen Shipp, MSN, RN, FNP
Lubbock, *President*

Nina Almasy, MSN, RN Austin	Deborah Bell, CLU, ChFC Arlene	Patricia Clapp, BA Dallas	Laura Disque, MN, RN Edinburg	Allison Edwards, DrPH, MS Bellaire	Diana Flores, MN, RN Helotes
Monica Hanby, LVN Amarillo	Doris Jackson, DHA, (ABD), MSN, RN Pearland	Kathy Leader-Horn, LVN Granbury	Beverly Jean Nutall, LVN Weatherford	David Saucedo, II El Paso	Francis Stokes Port Aransas

same day on which you have been selected. It is your responsibility to be aware of the testing hours at your chosen lab, and to leave enough time after your check-in to submit a test.

Board Orders typically identify quarterly time periods during which testing frequency decreases over time. For instance, the most common testing schedule is: "For the first three month period, random screens shall be performed *at least* once per week. For the next three month period, random screens shall be performed *at least* twice per month. For the next six month period, random screens shall be performed *at least* once per month."

Please note the added emphasis on the term "at least". The process used to select testing dates is random, and may result in more than one selection within any given period. For instance, it is possible that, during a period of monthly testing, more than one random test date may be scheduled. Therefore, it is important that you continue to check in with RecoveryTrek every day and provide a sample whenever you are selected, regardless of whether a test has previously been scheduled in the testing period. **Remember, failure to submit a sample for testing on a selected day is grounds for further disciplinary action under your Board Order, including the immediate suspension of your nursing license.**

The Board's mission is to protect and promote the welfare of the people of Texas. Because non-compliance with Board-ordered drug testing may be considered to be a serious threat to the public health and safety, the Board is authorized under the Nursing Practice Act¹ to temporarily suspend the license of a nurse who submits a positive drug screen for alcohol or a prohibited drug or fails to submit to a drug test under a Board Order. The Board is authorized to initiate suspension proceedings without any prior notice to you.

The consequences that could result from a positive drug screen or missed test are serious. Therefore, you should carefully avoid **any** products containing alcohol, provide the Board with timely notification of any prescriptions you have received, and submit to drug testing on each day you are selected. Doing so will help you to successfully complete your Board Order. If you have any questions regarding this information or any other issue related to your Board Order or drug testing, please contact your Board monitor.

Sincerely,



Katherine A. Thomas, MN, RN, FAAN
Executive Director
Texas Board of Nursing

¹ Texas Occupations Code §301.4551.

INSTRUCTIONS FOR BON URINE DRUG SCREEN COLLECTION

1. As a result of the Order ratified by the Board (BON), you will be required to submit to periodic random drug screens **during employment as a nurse**. The BON has contracted with RecoveryTrek and you will be submitting random urine specimens through this vendor. No other drug screens will be accepted toward meeting your Board Ordered requirements unless pre-authorized by your Board compliance officer.
2. Enrollment in RecoveryTrek is required before testing can begin. Once you are employed as a nurse, and your Notification of Employment form has been received by the Board, **you have two (2) weeks to complete and submit your registration information on the RecoveryTrek website** according to the following steps:

Step 1 - Creating Your Secure Online Account

- a. Go to <http://recoverytrek.com> and click the "contact" link. Enter your contact information in the contact form. For Program Name/ID, enter Texas Board of Nursing and enter "new enrollment" for subject.
- b. RecoveryTrek will then send you an email from greatsupport@recoverytrek.com titled "Your RecoveryTrek New Participant Account" containing your username, temporary password and log in instructions.
- c. **The temporary password is valid for 24 hours.** Once received, go to www.recoverytrek.com/txbon and use your email address as the username and the temporary password to log in. The password will need to be changed during the initial log in.
- d. If you have not received an email from RecoveryTrek after 36 hours, check your spam folder. If you still do not have an email, send an email to greatsupport@recoverytrek.com requesting enrollment information.

Step 2 - Log In and Enter Your Contact and Billing Information

- a. Once logged in, click the "profile" tab.
- b. *Be sure to complete all fields in the Details and Address sections on the Participant Profile Page. Please make sure any pre-populated contact information is correct so RecoveryTrek can contact you if needed.*
- c. **Make sure to enter your credit card number, expiration date, and CVV number, then click "Save" when finished.**
- d. You will see a "Test Status" button once you log in. You will use this to check your daily test status.

Step 3 - Sign Your RecoveryTrek Monitoring Agreement Online

- a. Find the "Agreement" tab in the top menu and locate the RecoveryTrek Monitoring Agreement.
- b. Read the agreement and click the checkbox at the bottom to acknowledged you agree with the RecoveryTrek terms.

Step 4 - Account Activation

A participant Account Activation email will be sent within 2 business days with instructions and the date you should begin checking in. If you do not receive the Participation Account Activation email within 2 business days, log into the Participant Portal and confirm that all steps have been completed. If all steps were completed, send an email with the Subject: Account Activation to greatsupport@recoverytrek.com, include your name, your Program Name and Case ID or the last 4 digits of your SSN or call your RecoveryTrek Success Manager at (757) 943-9800.

3. If you are unable to enroll online, you can enroll over the phone with your RecoveryTrek Success Manager. This method may take longer and may require that the RecoveryTrek Success Manager schedule a time to take your enrollment details.
 - a. With your contact and billing information ready, call the Success Manager at: **757-943-9800 (Option 4)**.
 - b. The Success Manager will collect your information and provide you with instructions on how to sign and send the RecoveryTrek Monitoring Agreement.
 - c. You may send the signed agreement via email or US Mail:

Via Email: greatsupport@recoverytrek.com

Via USPS Mail: RecoveryTrek, PO Box 11635, Norfolk, Virginia 23517
4. Credit or Debit cards are required to be kept on file for testing fees.
5. RecoveryTrek contracts with MedTox collection sites throughout the state of Texas. You will be receiving Chain of Custody Forms (CCF) once you are enrolled in the RecoveryTrek System. When your supply gets low (less than 3), please order more from the RecoveryTrek online system and you will be sent a supply. All collection fees are to be paid at the time of collection if you are not using an authorized collection site. RecoveryTrek will NOT pay any of these fees. **Pricing may vary based on the specific panel selected for testing.**
6. **You will be required to login to the RecoveryTrek website or call every day to verify if you have been chosen to provide a specimen for screening. Failure to login or call every day could result in further action taken by the Board.** You may be required to submit to a random drug screen even during your time out of town or on vacation.
7. If, due to an emergency, you are unable to report to the collection site on the day you are requested to provide a urine specimen, or if you do not have the proper chain of custody form, you must immediately contact the Compliance Case Manager or call the Board's office at (512) 305-6838. **Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action being taken against your license(s) to practice nursing in the state of Texas for your failure to comply with the Order of the Board.**
8. If you are prescribed any controlled substance, you must immediately submit a legible copy of the prescription, including the prescribing practitioner's full name and address, to the attention of your Compliance Case Manager by email (compliance@bon.texas.gov) or facsimile (512-305-6870).
9. If your specimen tests positive, you may have your results reviewed by a Medical Review Officer (MRO) for an additional fee. In addition, you must notify the Compliance Case Manager or call the Board's office at (512)305-6838 prior to making the request, so that it may be approved with RecoveryTrek. (During this time period, the result will be treated as a positive result until determined otherwise).
10. **While you are being monitored by the Board, your employer or a representative from the Texas Board of Nursing may require you to submit to a random drug screen at any time.**