



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.
William O. Thomas
Executive Director of the Board

BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of Permanent Certificate §
Number 559368 issued to §
JAE OK SHIN §

CONSENT ORDER

Following receipt of information, a hearing was held on August 24, 1993, at the office of the Board of Nurse Examiners, hereinafter referred to as the Board, in accordance with Article 4525(b), Revised Civil Statutes of Texas, as amended. JAE OK SHIN, license number 559368, hereinafter referred to as Respondent, was in attendance. The Executive Director of the Board presided at the hearing and makes the following:

FINDINGS OF FACT

1. Respondent is currently licensed to practice professional nursing in the State of Texas.
2. Respondent, on or about November 5, 1992, while employed at Ben Taub General Hospital, Houston, Texas, administered the incorrect blood to patient #166 32 33 3 2285.
3. Respondent desires to continue her career in professional nursing.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter.
2. Based upon the evidence received, Respondent is in violation of Article 4525(a)(9), Revised Civil Statutes of Texas, as amended.
3. The evidence presented constitutes sufficient evidence to take action under powers granted by Article 4525(b), Revised Civil Statutes of Texas, as amended.

RESPONDENT'S STATEMENT OF AGREEMENT

By signature on this Order, I agree to entry of this Order dispensing with the need for further disciplinary action in this matter. I understand that:

1. This Order is subject to ratification by the Board at their next regularly scheduled meeting;
2. If this Order is ratified by the Board, my license to practice professional nursing in the State of Texas will be issued a reprimand with stipulations; and
3. I have the right to legal counsel prior to entering into this Order.

I have reviewed this Order. I consent to the issuance of a reprimand on my license to practice professional nursing in the State of Texas.

I agree to return my current certificate of re-registration (wallet size) to the office of the Board for appropriate notation with ten (10) days of the date of entry of the Board Order.

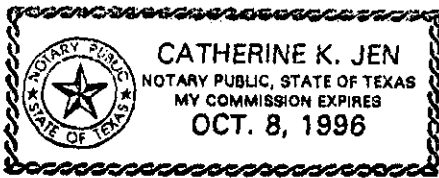
I further consent to adhere to the following stipulations for one (1) year:

(1) RESPONDENT shall, within one (1) year of entry of this Order, successfully complete a course in Medication Administration which includes Administration of Blood Transfusions and a clinical component. RESPONDENT shall obtain Board approval of course prior to enrollment. RESPONDENT shall cause the sponsoring institution to submit a Verification of Completion form to verify RESPONDENT's successful completion of the course.

Dated the 1st day of September, 1993.

Jae Ok Shin
JAE OK SHIN

Sworn to before me this 1st day of September, 1993.

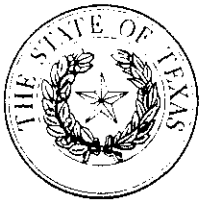


Notary Public Catherine K. Jen
In and for the State of Texas

WHEREFORE, PREMISES CONSIDERED, the Board of Nurse Examiners for the State of Texas does hereby ratify and adopt the Consent Order signed by JAE OK SHIN, license number 559368, on the 1st day of September, 1993, and said Order is final.

Entered this 22nd day of September, 1993.

Louise Waddill
Louise Waddill, Ph.D., R.N.
Executive Director on behalf of said Board



**BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS**

**Mailing Address:
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AUSTIN, TEXAS 78714**

**9101 BURNET ROAD, SUITE 104
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**LOUISE WADDILL, Ph.D., R.N.
EXECUTIVE DIRECTOR**

June 29, 1994

Jae Ok Shin
6601 Harbor Town, #1702
Houston, Texas 77036

Dear Ms. Shin:

This office is in receipt of your verification of successful completion of "Medication and Blood Administration". Our file reflects that all requirements of the Order of the Board entered on September 22, 1993 have been met.

Please return your current certificate of re-registration with a copy of this letter. We will then issue you a certificate without the stipulated designation.

If you have any questions, please contact me at (512) 835-8673.

Sincerely,

A handwritten signature in cursive script that reads "Korena Schaaf".

**Korena Schaaf
Administrative Technician II
Department of Practice and Compliance**

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