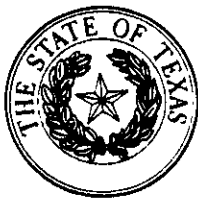


11779-

00175777

Texas Lic #

FOR OFFICE USE ONLY



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE, SUITE 3-400
AUSTIN, TEXAS 78701
512/305-8100



Investigation
Copied 8-2-99

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

APPLICATION FOR LICENSURE BY EXAMINATION

Application must be completed in black ink or typewritten. All blanks must be filled in.

- (1) Social Security No. 451-21-9520 (2) EXAMINATION
- (3) Last Name CORLEY (4) First Name TAMEBA
- (5) Middle Name JEAN (6) Maiden Name WILSON (7) Suffix (Jr., II) (NA)
- Other names you have been known by _____
- (8) Current Mailing Address 4505 MATHIS Apt.# (NA)
City MIDLAND State (abbrev.) Tx Zip+4 79707-4137
- (9) Permanent Address (if different from above) 4505 MATHIS Apt.# (NA)
- (10) City MIDLAND (11) State (abbrev.) Tx (12 & 13) Zip+4 79707-4137 3133
- (14) County of Residence MIDLAND (15) Telephone No. (915) 699 0729
- (16) Birthdate 05 / 11 / 58 (17) Sex F (Enter M or F)
- (18) Ethnic Group 1 (1=White 2=Black 3=American Native/Aleutian 4=Asian/Filipino 5=Hispanic 6=Other) (Enter the appropriate number)
- (19) Driver's License # 04986450 State TEXAS
- (20) Basic General Education Prior to Nursing Education 1 1=High school graduate 2=Associate Degree 3=Bachelor's Degree 4=G.E.D. (Enter the appropriate number)
- Name and Location of Nursing Program Attended MIDLAND COLLEGE LVN PROGRAM
School Name
MIDLAND Tx 79705
City State Zip Code
- (21) Nursing School Code 27-218



(23) Nursing Program Graduation/*Completion Date 08-19-99
(*If you are a student in a RN program, enter date that you completed the nursing courses required to apply for VN examination.)

(24) BASIC NURSING EDUCATION: 1
(1) VN/PN Program
(2) (RN) Associate Degree
(3) (RN) Baccalaureate Degree
(4) (RN) Diploma Program
(5) RN Program-Enrolled Student/Undergraduate
(6) Other _____
Specify _____

(25) EDUCATED IN: 1
(1) Texas
(2) California
(3) Other States Within USA
(4) U.S. Army (91-C PNC)
(5) Foreign Country

(a) Have you ever been licensed to practice nursing? No X Yes _____
Where? _____

(b) Have you written a licensing examination in any other state(s) or country? No X Yes _____

If yes checked, which exam: LVN/LPN _____ RN _____

If yes checked, in which state(s) or country: _____ Date(s) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING "YES" OR "NO": Any errors must be initialed by the applicant. Your application will be automatically returned to you if you: (1) fail to answer any of the questions or (2) fail to have errors properly initialed. If the response to any of these questions is "yes", you must submit the proper documentation, or the application will be considered incomplete.

****BEFORE ANSWERING THE FOLLOWING QUESTIONS, PLEASE READ THE EXCLUSION INFORMATION****

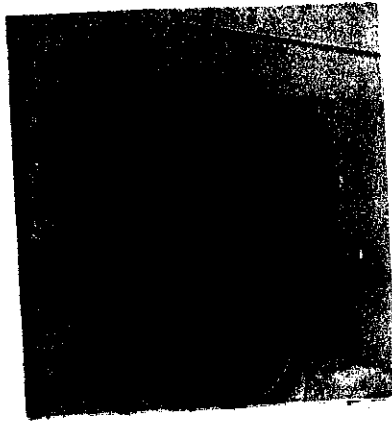
Have you ever been convicted of a felony?
(If yes, attach certified copies of the complaint/indictment;judgment of conviction; and sentence/probation.) Yes _____ No X

Have you ever been convicted of a misdemeanor other than a minor traffic violation?
(If yes, attach certified copies of the complaint/indictment;judgment of conviction; sentence/probation and your explanation of the circumstances.) Yes _____ No X

Have you been hospitalized with a psychiatric occurrence within the past three (3) years?
(If yes, include a current [within the last 6 months] psychiatric or psychological evaluation of your cognitive and affective emotional stability, and your explanation of the circumstances.) Yes X No _____

Have you engaged in the intemperate use of drugs within the past three (3) years?
(If yes, include certified treatment/rehabilitation documentation and verification of current support group attendance, and your explanation of the circumstances.) Yes X No _____

Have you engaged in the intemperate use of alcohol within the past three (3) years?
(If yes, include certified treatment/rehabilitation documentation and verification of current support group attendance, and your explanation of the circumstances.) Yes X No _____



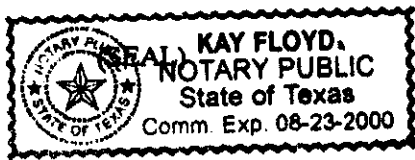
AFFIDAVIT OF APPLICANT: (Sign before a notary public.)

I have read and understand the board's investigation process and the exclusions to the investigation questions on application for licensure by examination/endorsement contained in the "Exam/Endorsement Information Sheet". I understand that failure to respond correctly to any of the questions contained in this application may result in ineligibility for a Texas vocational nurse license and a loss of all fees submitted for the application process.

I hereby swear under oath and under penalty of perjury that I am the person named in this application and that all of the facts, statements and answers contained herein are true.

James J. Corley
Applicant Signature

SUBSCRIBED AND SWORN TO before me this 12th day of July A.D. 19 99



Kay Floyd
Notary Signature

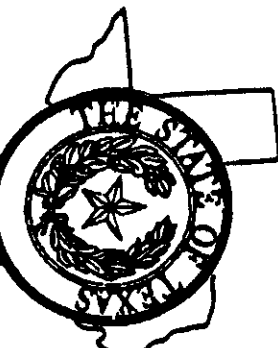
In and for Medford County, Texas State.

RETURN COMPLETED APPLICATION AND FEE (cashier's check or money order only) DIRECTLY TO:

BOARD OF VOCATIONAL NURSE EXAMINERS
333 GUADALUPE, SUITE 3-400
AUSTIN, TEXAS 78701

**FEEES ARE NONREFUNDABLE
NO PERSONAL CHECKS**

THIS PAGE FOR BVNE USE ONLY
 (Note to applicants: Do not write on this page)



MAIL/ACCOUNTING
 PAYMENT INFORMATION: **947264**

Payment Number: _____
 Date Received: JUL 3 01999
 Payment Number: _____
 Date Received: _____
 TYPE OF PAYMENT: _____

CA 88.00
 CCK/MO
 ITV _____
 NO FEE _____
 RETURN/INITIALS _____

LICENSE NUMBER: _____
 DATE LICENSED: _____
 NAME: _____

EDUCATION DIVISION

Permit: Yes _____ No _____
 Issue TP from grad date? Yes _____ No _____

If no, specify issue date: _____

Issue To: School: _____
 Individual: _____
 Date: _____ By: _____

EXAMINATION:

Approved: _____ Denied: _____
 Reason: _____
 Date: _____ By: _____

MODIFICATIONS: _____

Date/Initials	Eligibility Status	Results

ELIGIBILITY EXPIRES: _____

INVESTIGATION DIVISION

A. _____ OK for TP, Exam, Licensure
 Date: _____ By: _____
 B. _____ OK for TP, Exam NOW;
 Licensure AFTER: _____
 Date: _____ By: _____

C. _____ Other _____
 Date: _____ By: _____

LICENSING DIVISION

Permit Issued: _____
 Date: _____



00175777

BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/

2 582 967 154

August 20, 1999

TAMERA CORLEY
4505 MATHIS
MIDLAND TX 79707

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Tamera Corley	
Street & Number 4505 Mathis	
Post Office, State, & ZIP Code Midland, TX 79707	
Postage	\$

Dear Applicant:

Your Application for Licensure has been referred for investigation due to your acknowledgment of:

- felony(s)
- misdemeanor conviction(s)
- psychiatric episodes
- intemperate use of drugs
- intemperate use of alcohol
- disciplinary action against your nursing license in the State of _____

We have initiated an investigation into this matter to determine if you have violated any of the provisions of the Vocational Nurse Act of Texas, (Article 4528, V.A.C.S.). We are affording you the opportunity to respond to this matter and show compliance with all requirements of law, i.e., Article 4528c, Section 10, V.A.C.S., for the issuance of a license to practice vocational nursing in the State of Texas.

We have enclosed Order Forms for a copy of the Vocational Nurse Act and Rules and Regulations.

It will be necessary for you to submit the following documentation (and any other documentation listed, but not specified, if applicable to your particular situation).

- _____ Written explanation or response.
- _____ Certified copies of the Complaint, Information or Indictment, Judgments(s) of Conviction, Sentence, Order(s) of Probation and Order(s) Revoking Probation (if applicable), and Dismissal or Discharge of criminal charges.
- _____ Current status report from probation or parole officer.
- _____ Certified copy (ies) of Commitment Order(s).
- _____ Certified copy (ies) of admission/discharge summaries.
- _____ Current psychological or psychiatric evaluation.
- _____ Current status report from counselor/therapist.

Page 2

- _____ Current physician's statement, which includes: diagnosis, treatment, including current medications; prognosis, including affective and cognitive emotional stability; and aftercare recommendations
- _____ Documentation of participation/completion of a drug or alcohol rehabilitation program and/or AA/NA participation.
- Current status report from AA/NA sponsor or other 12-step program sponsor.
- _____ Certified copy (ies) of the Complaint and Board Order from the _____ Board of Nursing.
- Notarized letter of reference/progress report from the Director of your vocational nursing program.
- Three (3) notarized letter of reference, as to your character.
- _____ Letter of reference from past two (2) nursing employers.
- _____ Other) _____
- _____ You have submitted the necessary documentation. Your Application is pending review.

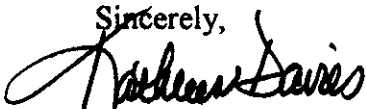
Your prompt response will facilitate the investigation. All correspondence should be addressed to the "Board of Vocational Nurse Examiners" and reference "Dear Board Members".

Also, please note that completion of your application is pending receipt of documents requested in your application packet. All questions relating to the application packet should be directed to the Education Division.

Pursuant to Board Rule 235.17 (e), temporary permits are not issued to applicants under investigation.

Contact the Investigation Division only if you have questions concerning the information/documents requested. Notification of the disposition of the investigation will be sent to you by letter at a later date. **DO NOT TELEPHONE THE BOARD OFFICE TO INQUIRE ABOUT THE STATUS OF THE INVESTIGATION.**

Sincerely,



Kathleen S. Davies, Supervisor
Regulatory Law Enforcement

Enclosure: Order Forms

(Certified Mail - RRR)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:

Tamera Corley
4505 Mathis
Midland, TX 79707

AUG 26 1999

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

TAMERA CORLEY

4a. Article Number

2 582 967 154

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

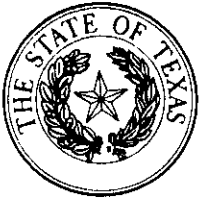
7. Date of Delivery

8-23-99

8. Addressee's Address (Only if requested and fee is paid)

KD

Thank you for using Return Receipt Service.



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

Z 582 968 582

January 13, 2000

TAMERA CORLEY
4505 MATHIS
MIDLAND TX 79707

Certified Mail No. Z 582 968 582

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	Tamera Corley
Street & Number	4505 Mathis
Post Office, State, & ZIP Code	Midland, TX 79707
Postage	\$

Dear Ms. Corley:

Enclosed please find a sworn Complaint which has been filed against you alleging one or more statutory violations or grounds to take disciplinary action against you as an applicant for licensure under the Texas Occupations Code Chapter 302.

Pursuant to the Board of Vocational Nurse Examiners Rules, you are hereby offered the opportunity to schedule a prehearing conference, to be conducted at the Board's office to discuss possible agreed resolution of this matter, in whole or in part, and to determine your eligibility for licensure as a vocational nurse in Texas. You may be represented by an attorney at the prehearing conference, or you may appear without an attorney. The dates of the prehearing conference are February 7-9, 2000. You must contact Kathleen S. Davies, Supervising Investigator, at (512) 305-7663, **no later than** January 27, 2000 to schedule your prehearing conference. Docket times are assigned by the Board staff. Be advised that conferences **may not** be held on the last day indicated, if we anticipate that we will not have enough to fill the docket.

You must arrive at the Board office at least thirty (30) minutes prior to the scheduled time in order to meet with your case Investigator. Please bring with you a valid form of picture identification (Drivers License, I.D. Card, etc.).

Should you choose not to schedule an appearance at the prehearing conference, the enclosed Complaint will be presented to an Administrative Law Judge with the State Office of Administrative Hearings at a regularly scheduled public meeting, for which you will receive advance notification.

A copy of the Board's rules pertaining to prehearing conferences is enclosed. The proceedings relating to the prehearing conference are confidential and your statements made at the hearing will not be offered as evidence to support the allegations in the Complaint. However, if an Agreed Order is proposed as a result of the prehearing conference, it will become a public record if accepted and endorsed by the Board of Vocational Nurse Examiners.

Due to security concerns, purses, briefcases, backpacks, etc., will not be allowed into the conference chambers. (Attorneys are exempt from this requirement).

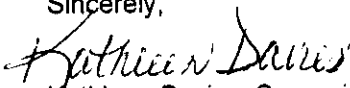
Tamera Corley
January 13, 2000
Page 2

Please make prior arrangements for the safekeeping of your personal belongings, as the Board will not be responsible for these items.

FIREARMS ARE NOT PERMITTED IN THE BOARD OF VOCATIONAL NURSE EXAMINERS OFFICES AND/OR HEARING CHAMBERS.

Should you have questions regarding the prehearing conference procedure, please contact the Investigation Division.

Sincerely,


Kathleen Davies, Supervisor
Regulatory Law Enforcement

KD/ch

Enclosure: Complaint, Prehearing Conference Rules, Board Location Map

cc: Regular Mail

BOARD OF VOCATIONAL NURSE
EXAMINERS

VS.

TAMERA JEAN CORLEY,
EXAM APPLICANT

*
*
*
*
*
*

STATE OF TEXAS

COUNTY OF TRAVIS

COMPLAINT

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared Kathleen S. Davies, who after being by me duly sworn, did depose and say:

As an Investigator for the Board of Vocational Nurse Examiners, I, Kathleen S. Davies, do hereby present to the Executive Director of the Board of Vocational Nurse Examiners, the following complaint against TAMERA JEAN CORLEY, an applicant for licensure by Examination, in the State of Texas, hereinafter called Applicant.

I.

a. On or about July 30, 1999, Applicant submitted her Application for Licensure by Examination to the Board of Vocational Nurse Examiners for the State of Texas. On said Application, Applicant answered "yes" to the question(s) asking: "Have you been hospitalized with a psychiatric occurrence within the past three (3) years?"; "Have you engaged in the intemperate use of drugs within the past three (3) years?" and "Have you engaged in the intemperate use of alcohol within the past three (3) years?".

b. On or about May 20, 1998, Applicant was admitted to La Hacienda Treatment Center for approximately thirty-seven (37) days for treatment of Alcohol/Drug abuse, wherein, she gained insight and understanding of her disease.

c. With said application for licensure, Applicant submitted a written statement acknowledging her past intemperate use of Alcohol/Drugs, and supportive documentation referencing her continuing efforts towards rehabilitation.

COMPLAINT
RE: TAMERA JEAN CORLEY, EXAMINATION APPLICANT
PAGE 2

II.

Applicant is lacking in fitness to practice as a vocational nurse because of a mental or physical health that could result in injury to a patient or the public, in violation of the Texas Occupations Code, Chapter 302, Section 302.402 (a) (12).

III.

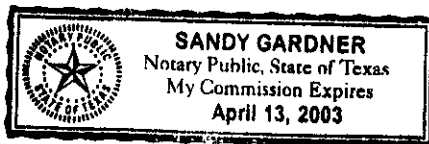
The foregoing acts constitute grounds for the Board of Vocational Nurse Examiners to take disciplinary action as provided under the Texas Occupations Code, Chapter 302, Licensed Vocational Nurse, Section 302.403 and Section 302.451, relief such as revocation, suspension, suspension with probation, reprimand, warning, denial of licensure and/or imposition of administrative penalties (fines), may be recommended by the Board. Pursuant to Board Rule 239.19 the Board may assess penalties (fines), in the minimum amount of two hundred fifty dollars (\$250.00), not to exceed two thousand dollars (\$2,000.00).

WHEREFORE, PREMISES CONSIDERED, I, Kathleen S. Davies, do hereby suggest and request the Board of Vocational Nurse Examiners take disciplinary action against TAMERA JEAN CORLEY, an applicant for licensure by examination in accordance with the provisions of the laws of the State of Texas.

Kathleen S. Davies
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME by the said Kathleen S. Davies on this the 13th day of January 2000.

Sandy Gardner
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS



COMPLAINT
RE: TAMERA JEAN CORLEY, EXAMINATION APPLICANT
PAGE 3

Filed with the Board of Vocational Nurse Examiners on the 13th day of January 2000.



Mary M. Strange, RN
Executive Director
Board of Vocational Nurse Examiners

00175777

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Tamera Corley
4505 Mathis
Midland, TX 79707

2. Article Number (Copy from service label)


Z 582 968 582

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

1-15-00

C. Signature

X 

- Agent
- Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Feb PH



BOARD OF VOCATIONAL NURSE EXAMINERS

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

00175777

April 11, 2000

TAMERA CORLEY
4505 MATHIS
MIDLAND TX 79707

Dear Ms. Corley:

Our Licensing Division has notified us that you have been issued a license to practice vocational nursing in the State of Texas.

By Order of the Board, your license is placed on probation, effective April 11, 2000 through April 11, 2002.

The reports that are due from your nursing supervisor(s), Chemical Dependency Support Group program sponsor, and Counselor on a monthly basis for the first six (6) months of probation are due on the following dates:

May 11, 2000 – October 11, 2000

Thereafter and throughout the remainder of said probation, reports are due from your nursing supervisor(s), Chemical Dependency Support Group program sponsor, and Counselor on a quarterly basis on the following dates:

January 11, 2001, 2002

April 11, 2001, 2002

July 11, 2001

October 11, 2001

It is also stipulated that that you pay a probation monitoring fee in the amount of thirty (\$30.00) dollars on a quarterly basis on the 15th of each quarter on the following dates to-wit:

July 15, 2000, 2001

October 15, 2000, 2001

January 15, 2001, 2002

April 15, 2001, 2002

It is your responsibility to insure that you comply with all stipulations outlined in your Board Order, and that you submit all requested reports on time, and without reminders.

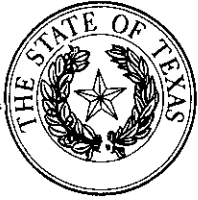
If you have any questions concerning compliance with this Board Order, please contact me Monday through Friday, 8:00a.m. - 4:30p.m., at 512/305-7667.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Hudson".

Carolyn Hudson
Investigator

Enclosure: Probation Documentation
/ch

**BOARD OF VOCATIONAL NURSE EXAMINERS**

333 GUADALUPE STREET, SUITE 3-400

AUSTIN, TEXAS 78701

512/305-8100

March 10, 2000

TAMERA CORLEY
4505 MATHIS
MIDLAND TX 79707

Dear Ms. Corley:

The enclosed Agreed Board Order has been endorsed by the Board of Vocational Nurse Examiners, and it is now in effect.

After you are licensed, our Investigation Division will send you additional information concerning the reports or documentation required during the course of your probation.

If you have any questions concerning this matter, please contact the Investigation Division.

Sincerely,

A handwritten signature in cursive script that reads "Mary M. Strange".

Mary M. Strange, RN
Executive Director

MMS/saw

Enclosure

BOARD OF VOCATIONAL
NURSE EXAMINERS

VS.

TAMERA JEAN CORLEY

* STATE OF TEXAS
*
*
*
* COUNTY OF TRAVIS

AGREED BOARD ORDER

On this day came to be considered by the Board of Vocational Nurse Examiners for the State of Texas, hereinafter referred to as the Board, the matter of TAMERA JEAN CORLEY, an Applicant for Licensure by EXAM, hereinafter called Applicant.

A sworn Complaint has been filed and served on the Applicant, which alleges violations of the Texas Occupations Code, Chapter 302, and grounds to take disciplinary action against Applicant.

A prehearing conference was held on February 8, 2000 at the office of the Board of Vocational Nurse Examiners. The conference was conducted by Mary M. Strange, R.N., Executive Director of the Board, assisted by Ginger M. Brenner, member of the Board of Vocational Nurse Examiners. Applicant was present and was not represented by counsel.

The conference was attended by Kathleen S. Davies, Investigator for the Board, and Kay Johnsonius, Assistant Attorney General.

By their notarized signature on this Order, Applicant does hereby waive the right to Notice of Formal Hearing and a Formal Hearing of the Complaint before the Board, and to judicial review of this disciplinary action after this Order is ratified by the Board.

AGREED BOARD ORDER
RE: TAMERA JEAN CORLEY, EXAM APPLICANT
PAGE 2

After reviewing the Complaint and information provided at the prehearing conference, Applicant agrees to the entry of an Order dispensing with the need for further proceedings on the Complaint. By Applicant's signature on this Order, Applicant neither admits nor denies the truth of the allegations stated in the Complaint. By Applicant's signature on this Order, Applicant acknowledges that they have read and understood this Order and have approved it for consideration by the Board. Notice of this disciplinary action will appear in the Board's newsletter sent to Texas employers.

ORDER OF THE BOARD

NOW THEREFORE, IT IS ORDERED that TAMERA JEAN CORLEY is hereby allowed to take the examination for licensure, and upon obtaining a passing score, be issued a license to practice vocational nursing in the State of Texas. Said license shall be suspended, with said suspension stayed and placed on probation for a period of two (2) years.

The probation of said license is subject to the following stipulations, to wit:

1. That is Applicant's place of employment, name, address or telephone number changes, Applicant is to notify the Board office immediately, or no later than ten (10) days after said change has occurred. Said notification shall be in the form of a written letter or report.
2. That Applicant shall comply with Federal, State, and local laws, and all the provisions of the Texas Occupations Code and Rules and Regulations of the Board.
3. That by copy of this Board Order Applicant shall provide notice of Board disciplinary action to his/her immediate nursing supervisor(s) and Director(s) of Nursing, throughout the term of probation.
4. That Applicant shall be responsible for causing his/her immediate nursing supervisor(s) to submit satisfactory reports directly to the Board office on a monthly basis for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Applicant shall be responsible for causing his/her immediate nursing supervisor(s) to submit satisfactory reports directly to the Board office on a quarterly.
5. That any period(s) of nursing unemployment must be documented in writing by Applicant and submitted to the Board office, as provided in Stipulation No. four (4).

AGREED BOARD ORDER
RE: TAMERA JEAN CORLEY, EXAM APPLICANT
PAGE 3

6. That Applicant shall work only under the supervision of a licensed medical professional (M.D., R.N., L.V.N.) who is physically present on the work premises during Applicant's shift assignment(s), throughout the term of probation.
7. That Applicant shall not be employed by a nurse registry, temporary nurse employment agency, home Texas agency, or as a private duty nurse, throughout the term of probation.
8. That Applicant shall not be the only licensed medical professional in the facility throughout the term of probation.
9. That Applicant shall not have access to mood altering medications in the workplace during the first six (6) months of probation working as an LVN.
10. That Applicant shall attend weekly meetings of a Chemical Dependency Support Group (AA/NA), and shall be responsible for causing his/her program sponsor to submit satisfactory reports directly to the Board office on a monthly basis for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Applicant shall be responsible for causing his/her program sponsor to submit satisfactory reports directly to the Board office on a quarterly basis.
11. That Applicant shall and hereby agrees to remain free of alcohol and all unprescribed controlled substances. Any controlled or legend medication must be prescribed by a physician knowledgeable about the disease of addiction, as well as Applicant's history, and it is incumbent upon Applicant to insure such physician knowledge. In all such cases, the prescribed drugs must be verified in writing to the Board by the prescribing physician.
12. That Applicant shall submit to monthly blood alcohol and urine drug screen(s) upon demand of the Board staff for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation, Applicant shall submit to random periodic blood alcohol and urine drug screen(s) upon demand of the Board staff throughout the term of probation. Applicant shall submit to a drug screening panel consisting of the following: Alcohol, Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine, Hydrocodone, Meperidine, Opiates, Propoxyphene, PCP, Morphine, Codeine, Methadone, and Methaqualone. Said screen(s) shall be properly monitored with adherence to chain of custody procedures. A positive result shall be legally confirmed by Gas Liquid Chromatography/Mass Spectrometry (GCMS). The results of said screen(s) shall be borne by Respondent. The report of a positive drug screen shall be considered a violation of probation.
13. That Applicant shall provide the Board a telephone number by which Applicant may be contacted between the hours of 8:00 a.m. and 5:00 p.m. on weekdays. Applicant must maintain with the Board, during the term of this probation, a current telephone number in order for the Board to request random blood alcohol and urine drug screens, as provided in Stipulations No. twelve (12). An inability to contact Respondent by telephone to request said required drug screens shall be considered a violation of probation.
14. That Applicant shall obtain counseling and shall be responsible for causing his/her counselor to submit satisfactory reports directly to the Board office on a monthly basis for the first six (6) months of probation. Thereafter, and throughout the remainder of said probation or until counselor determines that counseling is no longer required, Applicant shall obtain counseling and

AGREED BOARD ORDER
 RE: TAMERA JEAN CORLEY, EXAM APPLICANT
 PAGE 4

be responsible for causing his/her counselor to submit satisfactory reports directly to the Board office on a quarterly basis. The receipt of an unfavorable and/or untimely report shall be considered a violation of probation.

15. That Applicant shall pay a Probation Monitoring fee in the amount of thirty (\$30.00) dollars in the form of a cashier's check or money order, payable to the Board of Vocational Nurse Examiners. Said fee shall be paid quarterly, due on the 15th of each quarter, commencing the quarter following the date of the Board's endorsement of the Order, and continuing thereafter until the successful completion of Applicant's probation. Said fee shall be sent to the Board office, addressed to the "Board of Vocational Nurse Examiners, 333 Guadalupe, Suite 3-400, Austin, TX 78701". Failure by Respondent to make any quarterly payment on time shall constitute a violation of probation.

This Agreed Order shall not be effective or take effect and become enforceable in accordance with its terms until ratified by a majority of the Board present and voting, at its next regularly called session.

Dated this the 8 day of February, 2000.

Tamera Corley
 Signature of Applicant

4505 Mothie
 Current Address

Midland, Texas 79707-3133
 City, State and Zip

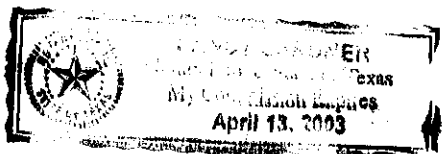
915,699,0229
 Area Code and Telephone Number

The State of Texas
 County of TRAVIS

Before me, the undersigned authority, on this day personally appeared TAMERA JEAN CORLEY who being duly sworn by me stated that he or she executed the above for the purpose therein contained, and that he or she understood same.

AGREED BOARD ORDER
RE: TAMERA JEAN CORLEY, EXAM APPLICANT
PAGE 5

SWORN TO AND SUBSCRIBED before me this the 8th day of February, 2000.

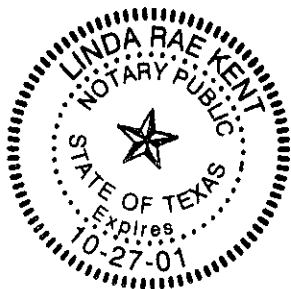


Sandy Gardner
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS
My Commission Expires 4/13/03



Mary M. Strange
Mary M. Strange, RN
Agent for the Board of
Vocational Nurse Examiners

SWORN TO AND SUBSCRIBED before me, the undersigned authority, on this the 14th day of February, 2000.

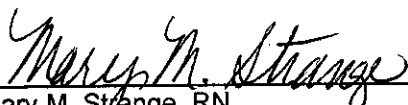


Linda Rae Kent
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AGREED BOARD ORDER
RE: TAMERA CORLEY, EXAM APPLICANT
PAGE: 6

WHEREFORE, PREMISES CONSIDERED, the Board of Vocational Nurse Examiners for the State of Texas does hereby ratify and adopt the Agreed Order that was signed on the 8th day of February, 2000 by TAMERA CORLEY, EXAM Applicant and that Said Order is Final.

Effective this 6th day of March, 2000.



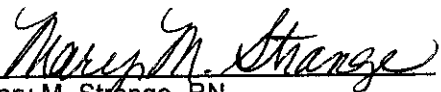
Mary M. Strange, RN
Executive Director
On Behalf of Said Board

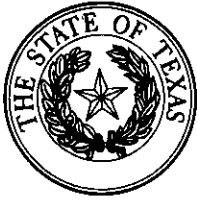
BOARD ORDER
RE: TAMERA CORLEY, EXAM APPLICANT
PAGE: 7

CERTIFICATE OF SERVICE

I hereby certify that on the 10th day of March, 2000, a true and correct copy of the foregoing **BOARD ORDER** was served by placement in the U.S. Mail, first class, and addressed to the following person(s):

TAMERA CORLEY
4505 MATHIS
MIDLAND TX 79707


Mary M. Strange, RN
Executive Director
Agent for the Board of Vocational Nurse Examiners



00175777

BOARD OF VOCATIONAL NURSE EXAMINERS
333 GUADALUPE STREET, SUITE 3-400
AUSTIN, TEXAS 78701
512/305-8100

April 16, 2002

TAMERA CORLEY
4505 MATHIS
MIDLAND TX 79707

Dear Ms. Corley:

You have successfully completed your term of probation as stipulated by the Board of Vocational Nurse Examiners.

All pertinent information will remain in your permanent records. We urge you in the future to promote and uphold the ethical standards a Licensed Vocational Nurse should practice.

If you have any questions concerning this matter, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Hudson".

Carolyn Hudson
Probation Monitor, Enforcement Division

/ch