

Respondent's vocational nursing employment continued:

01/98 - 06/99	LVN	Cogdell Memorial Hospital Snyder, Texas
07/99 - 01/05	LVN	Covenant Health System Community Clinic, Snyder, Texas
02/05 - present	unknown	

6. On or about April 10, 2007, Respondent was issued an Order requiring her successfully complete the Texas Peer Assistance Program for Nurses (TPAPN), by the Board of Nurse Examiners for the State of Texas. A copy of the Findings of Fact, Conclusions of Law, and Order dated April 10, 2007, is attached and incorporated by reference as part of this Order.
7. On or about May 28, 2007, Respondent became non-compliant with the Agreed Order issued to her by the Board of Nurse Examiners for the State of Texas on April 10, 2007. Non-compliance is the result of Respondent's failure to be accepted into the Texas Peer Assistance Program for Nurses (TPAPN) due to being deemed ineligible.
8. On or about May 24, 2007, Respondent underwent a Substance Abuse Assessment, conducted by Beverly Robertson, L.C.D.C. of The Springboard Center, Midland, Texas. It was the determination of Ms. Robertson that Respondent was not appropriate or eligible for the Intensive Outpatient Substance Abuse program provided by The Springboard Center, based on the fact that Respondent reported no use or abuse of controlled substances in the twelve (12) months preceding the assessment. Additionally, Ms. Robertson administered a SASSI III screening which indicated a Low Probability of Respondent having a Substance Abuse Disorder.
9. 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.
10. Formal Charges were filed on November 2, 2007.
11. Formal Charges were mailed to Respondent on November 14, 2007.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.555, the Board has jurisdiction over this matter.

2. Notice was served in accordance with law.
3. The evidence received is sufficient to prove violation of Section 301.452(b)(1)&(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §217.12(9)&(11)(B).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against License Number 159643, heretofore issued to STEPHANIE MICHELLE PARHAM, including revocation of Respondent's license to practice vocational nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, subject to ratification by the Texas Board of Nursing, that Vocational Nurse License Number 159643, previously issued to STEPHANIE MICHELLE PARHAM, to practice vocational nursing in Texas is hereby SUSPENDED for a period of two (2) years with the suspension STAYED and Respondent is hereby placed on PROBATION for two (2) years with the following agreed terms of probation:

IT IS FURTHER AGREED and ORDERED that this Order SHALL be applicable to Respondent's multistate privilege, if any, to practice vocational nursing in the State of Texas.

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

(1) RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Revised Civil Statutes of Texas as amended, Texas Occupations Code, §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.01 *et seq.* and this Order.

(2) RESPONDENT SHALL deliver the wallet-sized license issued to STEPHANIE MICHELLE PARHAM, to the office of the Texas Board of Nursing within ten (10) days of the date of this Order for appropriate notation.

(3) RESPONDENT SHALL, within one (1) year of the suspension being stayed, successfully complete a course in Texas nursing jurisprudence and ethics. RESPONDENT SHALL obtain Board approval of the course prior to enrollment only if the course is not being offered by a pre-approved provider. Home study courses and video programs will not be approved. In order for the course to be approved, the target audience shall include nurses. It shall be a minimum of six (6) contact 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 Chemical Dependency, and Lying and Falsification. Courses focusing on malpractice issues will not be accepted. RESPONDENT SHALL CAUSE the sponsoring institution to submit a Verification of Course Completion form, provided by the Board, to the Office of the Board to verify RESPONDENT's successful completion of the course. This course shall be taken in addition to any other courses stipulated in this Order, if any, and in addition to any continuing education requirements the Board has for relicensure. *Board-approved courses may be found at the following Board website address: <http://www.bon.state.tx.us/about/stipscourses.html>.*

(4) RESPONDENT SHALL pay a monetary fine in the amount of three hundred fifty dollars (\$350). RESPONDENT SHALL pay this fine within forty-five (45) days of the suspension being stayed. Payment is to be made directly to the Texas Board of Nursing in the form of cashier's check or U.S. money order. Partial payments will not be accepted.

IT IS FURTHER AGREED, SHOULD RESPONDENT PRACTICE AS A NURSE IN THE STATE OF TEXAS, RESPONDENT WILL PROVIDE DIRECT PATIENT CARE AND PRACTICE IN A HOSPITAL, NURSING HOME, OR OTHER CLINICAL SETTING AND RESPONDENT MUST WORK IN SUCH SETTING A MINIMUM OF SIXTY-FOUR (64) HOURS PER MONTH UNDER THE FOLLOWING PROBATION CONDITIONS FOR TWO (2) YEARS OF EMPLOYMENT. THE LENGTH OF THE PROBATIONARY PERIOD WILL BE EXTENDED UNTIL SUCH TWENTY-FOUR (24) MONTHS HAVE ELAPSED. PERIODS OF UNEMPLOYMENT OR OF EMPLOYMENT THAT DO NOT REQUIRE THE USE OF A VOCATIONAL NURSE (LVN) LICENSE WILL NOT APPLY TO THIS PROBATIONARY PERIOD:

(5) RESPONDENT SHALL notify each present employer in nursing of this Order of the Board and the probation conditions on RESPONDENT's license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each present employer within five (5) days of receipt of this Order. RESPONDENT SHALL notify all future employers in nursing of this Order of the Board and the probation conditions on RESPONDENT's license. RESPONDENT SHALL present a complete copy of this Order and all Proposals for Decision issued by the Administrative Law Judge, if any, to each future employer prior to accepting an offer of employment.

(6) RESPONDENT SHALL CAUSE each present employer in nursing to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within ten (10) days of receipt of this Order. RESPONDENT SHALL CAUSE each future employer to submit the Notification of Employment form, which is provided to the Respondent by the Board, to the Board's office within five (5) days of employment as a nurse.

(7) For the first year of employment as a Vocational Nurse under this Order, RESPONDENT SHALL be directly supervised by a Registered Nurse or a Licensed Vocational Nurse. Direct supervision requires another professional or vocational nurse to be working on the same unit as RESPONDENT and immediately available to provide assistance and intervention. RESPONDENT SHALL work only on regularly assigned, identified and predetermined unit(s). The RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(8) For the remainder of the probation period, RESPONDENT SHALL be supervised by a Registered Nurse or a Licensed Vocational Nurse who is on the premises. The supervising nurse is not required to be on the same unit or ward as RESPONDENT, 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 Respondent is currently working. RESPONDENT SHALL work only regularly assigned, identified and predetermined unit(s). RESPONDENT SHALL NOT be employed by a nurse registry, temporary nurse employment agency, hospice, or home health agency. RESPONDENT SHALL NOT be self-employed or contract for services. Multiple employers are prohibited.

(9) RESPONDENT SHALL NOT practice as a vocational nurse on the night shift, rotate shifts, work overtime, accept on-call assignments, or be used for coverage on any unit other than the identified, predetermined unit(s) to which Respondent is regularly assigned for one (1) year of employment as a vocational nurse.

(10) RESPONDENT SHALL NOT practice as a vocational nurse in any critical care area for one (1) year of employment as a vocational nurse. Critical care areas include, but are not

limited to, intensive care units, emergency rooms, operating rooms, telemetry units, recovery rooms, and labor and delivery units.

(11) RESPONDENT SHALL NOT administer or have any contact with controlled substances, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates for one (1) year of employment as a vocational nurse.

(12) RESPONDENT SHALL CAUSE each employer to submit, on forms provided to the Respondent by the Board, periodic reports as to RESPONDENT's capability to practice nursing. These reports shall be completed by the Registered Nurse or Licensed Vocational Nurse who supervises the RESPONDENT. These reports shall be submitted by the supervising nurse to the office of the Board at the end of each three (3) months for two (2) years of employment as a nurse.

(13) RESPONDENT SHALL abstain from the consumption of alcohol, Nubain, Stadol, Dalgan, Ultram, or other synthetic opiates, and/or the use of controlled substances, except as prescribed by a licensed practitioner for a legitimate purpose. If prescribed, RESPONDENT 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 RESPONDENT SHALL submit to an evaluation by a Board approved physician specializing in Pain Management or Psychiatry. The performing evaluator will submit a written report to the Board's office, including results of the evaluation, clinical indications for the prescriptions, and recommendations for on-going treatment within thirty (30) days from the Board's request.**

(14) RESPONDENT SHALL submit to random periodic screens for controlled

substances, tramadol hydrochloride (Ultram), and alcohol. For the first three (3) month period, random screens shall be performed at least once per week. For the next three (3) month period, random screens shall be performed at least twice per month. For the next six (6) month period, random screens shall be performed at least once per month. For the remainder of the probation period, random screens shall be performed at least once every three (3) months.

Specimens shall be screened for at least the following substances:

Amphetamines	Meperidine
Barbiturates	Methadone
Benzodiazepines	Methaqualone
Cannabinoids	Opiates
Cocaine	Phencyclidine
Ethanol	Propoxyphene
tramadol hydrochloride (Ultram)	

A Board representative may appear at the RESPONDENT's place of employment at any time during the probation period and require RESPONDENT to produce a specimen for screening.

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. RESPONDENT SHALL be responsible for the costs of all random drug screening during the probation period.

Any positive result for which the nurse does not have a valid prescription will be regarded as non-compliance with the terms of this Order and may subject the nurse to further disciplinary action by this Board. Failure to report for a drug screen may be considered the same as a positive result and may result in further disciplinary action by this Board.

(15) RESPONDENT SHALL attend at least two (2) support group meetings each week, one of which shall be for substance abuse; and 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) months. No duplications, copies, third party signatures, or any other substitutions will be accepted as evidence.

IT IS FURTHER AGREED and ORDERED that if during the period of probation, an additional allegation, accusation, or petition is reported or filed against the Respondent's license, the probationary period shall not expire and shall automatically be extended until the allegation, accusation, or petition has been acted upon by the Board.

IT IS FURTHER AGREED, that upon full compliance with the terms of this Order, RESPONDENT SHALL be issued an unencumbered license and multistate licensure privileges, if any, to practice vocational nursing in the State of Texas.

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RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the violation alleged herein. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, Order, and any conditions of said Order, to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order 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 understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license to practice vocational nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 20 day of Feb, 2008.

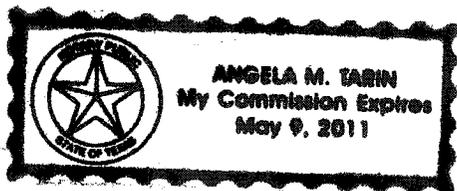
Stephanie Michelle Parham
STEPHANIE MICHELLE PARHAM, Respondent

Sworn to and subscribed before me this 20 day of February, 2008.

SEAL

Angela M. Jarin

Notary Public in and for the State of Texas



WHEREFORE, PREMISES CONSIDERED, the Texas Board of Nursing does hereby ratify and adopt the Agreed Order that was signed on the 20th day of February, 2008, by STEPHANIE MICHELLE PARHAM, Vocational Nurse License Number 159643, and said Order is final.

Effective this 18th day of March, 2008.



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

Respondent's nursing employment history continued:

01/1998 - 06/1999	Staff Nurse	Cogdell Memorial Hospital Snyder, Texas
06/1999 - 01/2005	Clinic Nurse	Covenant Health System Snyder Community Clinic Snyder, Texas
02/2005 - Present	Unknown	

6. On or about September 18, 2003, through January 14, 2005, while employed as a Clinic Nurse with Covenant Health System, Snyder Community Clinic, Snyder, Texas, Respondent transmitted and passed numerous forged and unauthorized prescriptions, for herself and for members of her family, to local pharmacies in order to unlawfully obtain Controlled Substances and Dangerous Medications, as follows:

Date	Pharmacy	Prescription Number	Physician	Medication	Qty
9/18/03	Eckerd Drug	4516933	Kerr	Phentermine 30 mg	30
11/3/03	Eckerd Drug	4521099	Kerr	Phentermine 30 mg	30
12/30/03	Eckerd Drug	4521099	Kerr	Phentermine 30 mg	30
1/5/04	CVS	4524531	Kerr	Phentermine 30 mg	30
1/14/04	McWilliams	30585	Kerr	Hydrocodone BT-Ibupof	20
1/23/04	CVS	3525555	Kerr	B-Tuss Liquid	360
1/23/04	McWilliams	30585	Kerr	Hydrocodone BT-Ibupof	20
1/29/04	McWilliams	30707	Kerr	B-Tuss Liquid	240
2/3/04	CVS	3525555	Kerr	B-Tuss Liquid	360
2/9/04	McWilliams	30777	Kerr	B-Tuss Liquid	240
2/16/04	CVS	3526774	Kerr	B-Tuss Liquid	360
2/23/04	McWilliams	30777	Kerr	B-Tuss Liquid	240
2/27/04	Wal-Mart	4469967	Kerr	Hydrocodone/APAP 5/500	60
3/1/04	Eckerd Drug	4527571	Kerr	Phentermine 30 mg	30
3/1/04	Eckerd Drug	3527563	Kerr	Hydro-Tussin HC Liquid	240
3/12/04	McWilliams	318230	Kerr	Hydro-Tussin HC Liquid	240
3/22/04	Eckerd Drug	3528686	Kerr	Hydro-Tussin HC Liquid	240

Date	Pharmacy	Prescription Number	Physician	Medication	Qty
3/29/04	Wal-Mart	6938988	Kerr	Hydro-Tussin CBX Syrup	180
3/29/04	Wal-Mart	4470331	Kerr	Hydro-Tussin HC Syrup	240
4/2/04	Eckerd Drug	4529310	Kerr	Phentermine 30 mg	30
4/2/04	Eckerd Drug	3529309	Kerr	Hydro-Tussin HC Liquid	240
4/7/04	McWilliams	318230	Kerr	Hydro-Tussin HC Liquid	240
4/12/04	Wal-Mart	4470331	Kerr	Hydro-Tussin HC Syrup	240
4/15/04	CVS	3529925	Kerr	Hydro-Tussin HC Liquid	240
4/19/04	McWilliams	31335	Kerr	Hydromet Syrup	180
4/22/04	Eckerd Drug	3530314	Kerr	Hydro-Tussin HC Liquid	240
4/22/04	Eckerd Drug	4529310	Kerr	Phentermine 30 mg	30
4/26/04	Wal-Mart	4470530	Kerr	Hydro-Tussin HC Syrup	240
5/5/04	CVS	3530984	Kerr	Hydro-Tussin HC Syrup	120
5/7/04	Wal-Mart	4470874	Kerr	Hydrocodone/APAP 5/500	60
5/7/04	Wal-Mart	4470530	Kerr	Hydro-Tussin HC Syrup	240
5/11/04	McWilliams	31335	Kerr	Hydromet Syrup	180
5/25/04	Wal-Mart	4471060	Kerr	Hydrocodone/APAP 5/500	60
5/25/04	Eckerd Drug	4531952	Kerr	Phentermine 30 mg	30
6/2/04	CVS	3532266	Kerr	Hydro-Tussin HC Syrup	120
6/4/04	McWilliams	31617	Kerr	Hydro-Tussin HC Liquid	240
6/14/04	McWilliams	31675	Kerr	Hydro-Tussin HC Liquid	240
6/23/04	Eckerd Drug	3533286	Kerr	Hydro-Tussin HC Liquid	240
6/28/04	Wal-Mart	4471406	Kerr	Hydro-Tussin HC Syrup	240
7/2/04	McWilliams	31675	Kerr	Hydro-Tussin HC Liquid	240
7/8/04	CVS	3533974	Kerr	Hydro-Tussin HC Liquid	240
7/13/04	Wal-Mart	6945598	Kerr	Hydro-Tussin CBX Syrup	180
7/19/04	CVS	3533974	Kerr	Hydro-Tussin HC Liquid	240
7/27/04	Wal-Mart	4469967	Kerr	Hydrocodone/APAP 5/500	60
8/16/04	Wal-Mart	4471727	Kerr	Hydrocodone/APAP 5/500	60

Date	Pharmacy	Prescription Number	Physician	Medication	Qty
8/26/04	Eckerd Drug	4536182	Kerr	Phentermine 30 mg	30
8/26/04	Eckerd Drug	3536183	Kerr	Hydrocodone/APAP 5/500	60
9/13/04	Wal-Mart	4472317	Kerr	Hydrocodone/APAP 5/500	60
9/27/04	Eckerd Drug	0201077	Kerr	Hydrocodone/APAP 5/500	60
10/7/04	McWilliams	32462	Kerr	Hydrocodone/APAP 5/500	60
10/18/04	Wal-Mart	4472758	Kerr	Hydrocodone/APAP 5/500	60
10/29/04	McWilliams	32648	Kerr	Hydro-Tussin HC Liquid	240
11/2/04	Wal-Mart	4472758	Kerr	Hydrocodone/APAP 5/500	60
11/12/04	McWilliams	32462	Kerr	Hydrocodone/APAP 5/500	60
11/15/04	Wal-Mart	4473135	Kerr	Hydro-Tussin HC Syrup	180
11/22/04	Wal-Mart	4473249	Kerr	Hydrocodone/APAP 5/500	60
11/23/04	Wal-Mart	4473248	Kerr	Hydro-Tussin HC Syrup	180
11/29/04	McWilliams	31675	Kerr	Hydro-Tussin HC Liquid	240
12/2/04	CVS	104258	Kerr	Hydro-Tussin HC Liquid	240
12/10/04	McWilliams	31675	Kerr	Hydro-Tussin HC Liquid	240
12/16/04	Wal-Mart	4473648	Kerr	Hydro-Tussin HC Syrup	180
12/20/04	McWilliams	33054	Kerr	Hydro-Tussin HC Liquid	240
12/23/04	CVS	105351	Kerr	Hydro-Tussin HC Liquid	240
12/27/04	Wal-Mart	4473815	Kerr	Hydro-Tussin HC Syrup	180
12/30/04	McWilliams	33054	Kerr	Hydro-Tussin HC Liquid	240
1/14/05	McWilliams	33253	Kerr	Hydro-Tussin HC Liquid	240

Respondent's conduct deceived the pharmacies and possession of controlled substances through the use of fraudulently communicated and/or forged prescriptions is prohibited by Chapter 481 of the Texas Health and Safety Code (Controlled Substance Act).

7. In response to the incidents in Finding of Fact Number Six (6), Respondent admits that she developed a habit of taking Hydrocodone after she obtained a valid prescription and noticed that it gave her energy so that she could get more done both at work and at home. Respondent denies prior history of chemical dependency.
8. Respondent's conduct described in the preceding Finding of Fact was reportable under the provisions of Sections 301.401-301.419, Texas Occupations Code.

9. 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.
10. Respondent's conduct described in Findings of Fact Numbers Six (6) and Seven(7) resulted from or was significantly influenced by Respondent's impairment by dependency on chemicals.
11. Respondent's compliance with the terms of a Board approved peer assistance program should be sufficient to protect patients and the public.

CONCLUSIONS OF LAW

1. Pursuant to Texas Occupations Code, Sections 301.451-301.455, the Board has jurisdiction over this matter.
2. Notice was served in accordance with law.
3. The evidence received is sufficient to prove violations of Sections 301.452(b)(9)&(10) and 302.402(a)(9)&(10), Texas Occupations Code, and 22 TEX. ADMIN. CODE §§ 217.12(10)(A),(10)(B),(10)(E)&(11)(B)[*effective 9/28/04*] and 239.11(5)&(28).
4. The evidence received is sufficient cause pursuant to Section 301.452(b), Texas Occupations Code, to take disciplinary action against Vocational Nurse License Number 159643, heretofore issued to STEPHANIE MICHELLE PARHAM, including revocation of Respondent's license to practice vocational nursing in the State of Texas.
5. The Board may, in its discretion, order a nurse to participate in a peer assistance program approved by the Board if the nurse would otherwise have been eligible for referral to peer assistance pursuant to Section 301.410, Texas Occupations Code.

ORDER

IT IS THEREFORE AGREED and ORDERED that RESPONDENT, in lieu of the sanction of Revocation under Section 301.453, Texas Occupations Code, SHALL comply with the following conditions for such a time as is required for RESPONDENT to successfully complete the Texas Peer Assistance Program for Nurses (TPAPN):

(1) RESPONDENT SHALL, within forty-five (45) days following the date of entry of this final Order, apply to and be accepted into the TPAPN, which SHALL include payment of a non-refundable participation fee in the amount of three hundred fifty dollars (\$350) payable to TPAPN.

(2) Upon acceptance into the TPAPN, RESPONDENT SHALL waive confidentiality and provide a copy of the executed TPAPN contract to the Board of Nurse Examiners.

(3) RESPONDENT SHALL comply with all requirements of the TPAPN contract during its term.

(4) RESPONDENT SHALL CAUSE the TPAPN to notify the Board of Nurse Examiners of any violation of the TPAPN contract.

IT IS FURTHER AGREED and ORDERED, RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Revised Civil Statutes of Texas as amended, Texas Occupations Code, Section §§301.001 *et seq.*, the Rules and Regulations Relating to Nurse Education, Licensure and Practice, 22 TEX. ADMIN. CODE §211.01 *et seq.* and this Order.

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

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

IT IS FURTHER AGREED, SHOULD RESPONDENT fail to comply with this Order or the terms of the participation agreement with the TPAPN, such noncompliance will result in further disciplinary action including revocation of Respondent's license and multistate licensure 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 violations alleged herein. I do acknowledge possessing a diagnosis that deems me eligible to participate in the Texas Peer Assistance Program for Nurses. By my signature on this Order, I agree to the Findings of Fact, Conclusions of Law, and Conditions One (1) through Four (4) of this Order to obtain disposition of the allegations through peer assistance and to avoid further disciplinary action in this matter. I waive judicial review of this Order. I understand that this Order becomes effective upon acceptance by the Executive Director on behalf of the Board of Nurse Examiners, and a copy will be mailed to me. I understand that if I fail to comply with all terms and conditions of this Order, I will be subject to investigation and disciplinary sanction, including revocation of my license to practice nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 4 day of April, 2007.

Stephanie Michelle Parham
STEPHANIE MICHELLE PARHAM, Respondent

Sworn to and subscribed before me this 4 day of April, 2007.

SEAL

Bobby Joe Garcia

Notary Public in and for the State of Texas



WHEREFORE PREMISES CONSIDERED, the Executive Director, on behalf of the Board of Nurse Examiners for the State of Texas, does hereby accept and enter the Agreed Order that was signed on the 4th day of April, 2007, by STEPHANIE MICHELLE PARHAM, Vocational Nurse License Number 159643, and said Order is final.

Entered and effective this 10th day of April, 2007.



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