Board of Nurse Examiners For the State of Texas

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August 5, 2002

Certified Mail No. 7002 0860 0001 0935 4296
Return Receipt Requested

Stephen J. Your
Rt. 1 Box 87D
Brookshire Texas 77423

Dear Mr. Your:

This office is in receipt of your paid fine and continuing education hours, submitted by you in order to comply with the requirements of the proposed Order of the Board recently sent to you. Enclosed, please find a copy of your Order of the Board issued August 5, 2002. Please keep these copies for your record.

THIS IS A FINAL ORDER OF THE BOARD. READ THE ORDER CAREFULLY. CONTACT THIS OFFICE AT (512) 305-6838 IF YOU HAVE ANY QUESTIONS OR DO NOT UNDERSTAND ANY PART OF THE ORDER.

Sincerely,

Katherine A. Thomas

Katherine A. Thomas, MN, RN
Executive Director

KAT/AC/dg

Enclosure: Order of the Board

Location Address: William P. Hobby Building, Ste. 3-460, 333 Guadalupe Street, Austin, Texas 78701; Mailing Address: P.O. Box 430, Austin, Texas 78767-0430; Phone: (512) 305-7400 (voice), (512) 305-7401(fax); Web Address: www.bne.state.tx.us

BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of License Number 564829	§	AGREED
Issued to: STEPHEN YOUR	§	ORDER

On this day, the Board of Nurse Examiners for the State of Texas, hereinafter referred to as the Board, considered the matter of STEPHEN YOUR, License Number 564829, hereinafter referred to as Respondent.

Information received by the Board produced evidence that Respondent may have violated Section 301.303 and Section 301.452(b)(1), Texas Occupations Code and 22 Texas Administrative Code, §216.

Respondent waived representation by counsel, informal conference, notice, hearing and agreed to the entry of this Order offered by Katherine A. Thomas, MN, RN, Executive Director, on behalf of the Board.

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.

2. Respondent waived representation by counsel, informal conference, notice and hearing, and consented to the entry of this Order.

3. Respondent is currently licensed to practice professional nursing in the State of Texas.

4. Respondent failed to make full and timely compliance with the Board's requirements for continuing education for the period ending 7/99 through 7/01.

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. Evidence received was sufficient to prove violation of Section 301.303 and Section 301.452(b)(1) Texas Occupations Code, and 22 Texas Administrative Code §216.3.

4. Respondent's failure to comply with Continuing Education requirements is sufficient cause pursuant to Section 301.452(b) Texas Occupations Code to take disciplinary action against License Number 564829, heretofore issued to STEPHEN YOUR, including revocation of Respondent's professional license to practice nursing in the State of Texas.

ORDER

IT IS THEREFORE AGREED and ORDERED, that RESPONDENT SHALL receive the sanction of a Fine in the amount of One Hundred Dollars ($100), and RESPONDENT SHALL comply in all respects with the Nursing Practice Act, Revised Civil Statutes of Texas, Annotated, as amended, Texas Occupations Code §§301.001 *et seq.*, the Rules and Regulations Relating to Professional Nurse Education, Licensure and Practice, 22 Texas Administrative Code, §211.01 *et seq.*, and this Order.

IT IS FURTHER AGREED, that RESPONDENT SHALL submit, with this signed Agreed Order and the fine, documentation of successful completion of 18 Type I contact hours of continuing education. Documentation shall include copies of certificates of program attendance. These contact hours are to be taken in addition to any continuing education requirements the Board may have for relicensure.

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CONTINUED ON NEXT PAGE.

RESPONDENT'S CERTIFICATION

I understand that I have the right to legal counsel prior to signing this Agreed Order. I waive representation by counsel. I have reviewed this Order. I neither admit nor deny the 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 becomes final and effective when entered by the Executive Director and that 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 professional nursing in the State of Texas, as a consequence of my noncompliance.

Signed this 12 day of July, 2002.

STEPHEN YOUR, Respondent

WHEREFORE, PREMISES CONSIDERED, the Board of Nurse Examiners for the State of Texas ratifies and acknowledges satisfaction of the requirements of the Agreed Order that was signed on the 12th day of July, 20 02, by STEPHEN YOUR, License Number 564829, and said Order is final.

Signed this 5th day of August, 20 02.

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