

BEFORE THE BOARD OF NURSE EXAMINERS
FOR THE STATE OF TEXAS

In the Matter of Permanent Certificate
Number 521923 issued to
RENEE L. HAMMOCK

§
§
§

AGREED ORDER

Following receipt of information, an informal hearing was held on February 1, 1994, at the office of the Board of Nurse Examiners, in accordance with Article 4524C, Revised Civil Statutes of Texas, as amended. An investigation by the Board produced evidence indicating that RENEE L. HAMMOCK, hereinafter referred to as Respondent, may have violated Article 4525(a)(9), Revised Civil Statutes of Texas as amended.

An informal hearing was held in the office of the Board with Respondent in attendance as well as Cady Crismon, MSN, RN, CNS, Department Director; Penny Burt, General Counsel; Roy Rawls, Assistant General Counsel; Kathleen S. Lamm, Supervising Investigator; and Anthony L. Diggs, Investigator.

At the aforementioned conference, Respondent was not represented by legal counsel, although having been notified of rights regarding same.

FINDINGS OF FACT

1. Respondent is currently licensed to practice professional nursing in the State of Texas.
2. On or about August 10, 1993, while employed in the position of Director of Nurses with Deaf Smith General Hospital, Hereford, Texas, Respondent failed to insure that appropriate assignments of nursing care were made which resulted in two GNs being left in charge positions without RN supervision and without an RN on the premises. As Director of Nurses, Respondent was administratively responsible for this function.

CONCLUSIONS OF LAW

1. That pursuant to Article 4525, Revised Civil Statutes of Texas, as amended the Board has jurisdiction over this matter.

2. That the evidence received was conclusive to prove unprofessional or dishonorable conduct which, in the opinion of the Board, is likely to deceive, defraud, or injure patients or the public.
3. That the activities of the Respondent constituted sufficient cause pursuant to Article 4525(b)(9), Revised Civil Statutes of Texas as amended, to take disciplinary action against license number 521923, heretofore issued to RENEE L. HAMMOCK.

After discussion of the matters previously outlined in this Order, it was agreed among the parties, subject to ratification by the Board of Nurse Examiners, that Respondent be issued the discipline of remedial education.

Respondent shall, within one (1) year of entry of this Order, successfully complete a course in Nursing Jurisprudence and shall, within two (2) years of entry of this Order, successfully complete a college semester length course in Nursing Management. Both courses must be approved by the Board prior to enrollment. I shall cause the sponsoring institution to submit a Verification of Completion form to verify my successful completion of the course.

I have reviewed this Agreed Order. I consent to the issuance of this Order of the Board and all terms and conditions contained herein. I understand that I have the right to legal counsel prior to entering into this Agreed Order. I hereby waive my right to a hearing and judicial review of this Order. By my signature on this Order, I neither admit or deny the truth of the matters previously set out in this Order. I agree to the entry of an Order dispensing with the need for further disciplinary action in this matter.

Dated this 9 day of Feb, 1994.

Renee L. Hammock
RENEE L. HAMMOCK

Sworn to before me this 7th day of Feb, 1994.

SEAL

Paula L. Fisher
Notary Public 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 Agreed Order signed by RENEE L. HAMMOCK, license number 521923, on the 9th day of February, 1994, and said Order is final.

Entered this 8th day of March, 1994.

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



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



Mailng Address:
BOX 140466
AUSTIN, TEXAS 78714

333 GUADALUPE, SUITE 3-460
AUSTIN, TEXAS 78701-612/305-7400

KATHERINE A. THOMAS, MN, RN
EXECUTIVE DIRECTOR

February 8, 1996

Renee L. Hammock
Rt. 4, Box 232
Hereford, Texas 79045

Dear Ms. Hammock:

This office is in receipt of the Verification of Course Completion form indicating your successful completion of "N430: Professional Roles in Nursing". Our records now reflect your successful completion of the requirements of the Order of the Board issued to you in March of 1994.

Please return your wallet-sized certificate of re-registration to our office, along with a copy of this letter. We will then issue you a certificate without the stipulated designation.

If you should have any questions, do not hesitate to contact this office at (512) 305-6834.

Sincerely,

Korena Schaaf
Administrative Technician III
Monitoring

1094/142

MEMBERS OF THE BOARD

NANCY BOSTON
TEMPLE, TEXAS

ROSE M. CABALLERO, BSN, RN
CORPUS CHRISTI, TEXAS

PAT Y. CROWE
FORT WORTH, TEXAS

MARY V. FENTON, D-PM, RN
GALVESTON, TEXAS

ROSELYN MOLLOWAY, MSN, RN
LUBBOCK, TEXAS

KENNETH W. LOWRANCE, MS, RN, CS, FNP-C
CLIFTON, TEXAS

DORIS PRICE-NEALY, MSN, RN
BEAUMONT, TEXAS

ROBERT J. PROVAN, J.D.
AUSTIN, TEXAS

IRIS L. SNELL, RN
DALLAS, TEXAS

NATIONAL COUNCIL LICENSURE EXAMINATION FOR REGISTERED NURSES

NCLEX-RN 285 FEBRUARY 5-6, 1985

CANDIDATE NO. 8-27-10283
DATE OF BIRTH 09/10/57
OCL. SECRTY. NO. 453-29-8414

RENEE HAMMOCK
603 STAR
HEREFORD, TX 79045

TOTAL NCLEX SCORE 1993

PASSING SCORE 1600

CANDIDATE PASSED

27-400
AMARILLO COLLEGE
AMARILLO TX

03/19/85 TX/P

0200

BOARD OF NURSES EXAMINERS
FOR THE STATE OF TEXAS
1300 E. Anderson Lane
Suite 225
Austin, Texas 78702

OFFICE USE ONLY

Application Filed _____

Approved by gob

DEC 14 1984 / M 95-ND

Permit No. 34920

Registration by Examination

I hereby make application for Registration as a Professional Nurse in accordance with the Laws of the State of Texas.
(Must be typewritten)

1. Renee First Name Leta Middle Name Hammock Last Name
Porch Maiden Name (if applicable)

2. Present Address 603 Star Street Address Hereford City Texas State 79045 Zip Code

3. Permanent Address 603 Star Street Address Hereford City Texas State 79045 Zip Code

4. Your Social Security Number 453-29-8414

5. Place of Birth Hereford, Texas Date of Birth 9-10-57 Citizenship yes

6. Name and location of high school you attended Hereford High School.
Hereford City Texas State GED 2-5-76 Date of Diploma

7. Graduate of Baccalaureate Program
 Diploma Program of Amarillo College School of Nursing.
 Associate Degree Program

Located in the City of Amarillo State of Texas

Entered School of Nursing on 17 day of Jan., 19 83. Completed all requirements for graduation on 11 day of December, 19 84.

8. Name(s) of College(s) and date(s) of attendance prior to or following nursing program: Amarillo College
7-8-82 thru 1-17-83

9. Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No x. If yes, attach a copy of the charges and disposition papers.

AFFIDAVIT

Renee Leta Hammock, being duly sworn according to law, deposes and says that he/she is the person referred to in this application for certificate as a Registered Nurse in the State of Texas, that the statements herein contained are true in every respect; and that he/she has read and understands this affidavit.

Signature of Affiant: Renee First Name Leta Middle Name Hammock Last Name

Sworn to before me this 4th day of December, 19 84.

(SEAL)

James L. Hollan
Notary Public

My Commission expires: 10/5/85 in and for the State of Texas

Registration No. 521923
Date Registered MAR 20 1985

CERTIFICATION OF GRADUATION

I hereby certify that Renee Leta Hammock
First Name Middle Name Last Name
Boarch
Mother Name (if applicable)
entered the Amarillo College School of Nursing, located

at Amarillo Texas on January 17 1983
City State Month Day Year

and completed all requirements for graduation on December 11 1984
Month Day Year

The applicant will receive a Diploma ; an Associate Degree ; a Baccalaureate Degree ;
on May 10, 1985
Date of Award

This certification includes the fact that the applicant named above has successfully completed the prescribed course of study, including clinical practice, of an accredited program of professional nursing education.

NOTE: This Certification must be signed before a notary public.

The State of Texas §
County of Potter §

Before me the undersigned authority on this date personally appeared _____

Naomi Brack, R.N. who being duly sworn by me stated that he or she
Dean/Director of Nursing Program

executed the above for the purpose therein contained and that he or she understood same.

Signature of Affiant Naomi Brack M.S.N., R.N.
Dean/Director of Nursing Program

Sworn to before me this the 11th day of December, 1984.

(SEAL) James A. Hollan
Notary Public

My Commission expires: 10/31/85 in and for the State of Texas