Alaska Board of Nursing Discipline Database

| | Memorandum of Agreement Violation | | | | | | | | | |
|---------------|-----------------------------------|-------------|----------------------------|--|--|--|--|--|--|--|
| Board Meeting | Name | | License/ Certificate | Violation | Discipline | | | | | |
| July-07 | Nannapat Dycus | 2306-06-012 | Certified Nurse Aide | Failure to comply with MOA | Reinstate full amount of the fine of \$2000 | | | | | |
| January-09 | August R Whitekiller | | License Practical Nurse | Failure to comply with MOA. Had 2 positive UA's | License on probation for 5 yrs, rehab counseling, Counselor/therapist reports submitted quarterly, consume no controlled drugs or alcohol, attend AA or NA mtgs, have health care provider support group, submit self evaluation report quarterly, UA or bld tests randomly submitted within 2 hrs of request, within 30 days of order Respondent health care provider shall submitt satisfactory evidence in writing confirming Respondent's physical and mental capacity in performing prof duties. Personal health care provider shall have copy of AMOA and shall have a primary pharmacist, restriction of remote employment. Employer shall have AMOA and report quarterly to BON Respondent's employment performance and attendance. Employment must be supervised. Shall submit in writing in advance of each and every expected absense from community of residence in excess of 7 days. Periodic interview with BON, Noncooperation by reporting persons may lead BON to terminate probation or invoke sanctions. Shall totally abstain from consuming drugs and/or alcohol. | | | | | |

Alaska Board of Nursing Discipline Database

| Board Meeting | Name | Case Number | License/ Certificate | Violation | Discipline |
|---------------|-------------------------|-------------|-------------------------|---|--|
| • | Patricia M. Morrison | 2300-04-028 | Registered Nurse | On August 7, 2006 her license was suspended due to non- compliance with previous MOA. Respondent suffers from a drug addiction. | License on probation for 5 yrs, rehab counseling, Counselor/therapist reports submitted quarterly, consume no controlled drugs or alcohol, attend 3AA or NA mtgs/wk, have health care provider support group, submit self evaluation report quarterly, UA or bld tests (witnessed) randomly submitted within 2 hrs of request, within 30 days of order Respondent healt care provider shall submitt satisfactory evidence in writing confirming Respondent's physical and menta capacity in performing prof duties. Personal health care provider shall have copy of AMOA and shall have a primary pharmacist, restriction of remote employment. Employer shall have AMOA and report quarterly to BON Respondent's employment performance and attendance. Employment must be supervised. Shall submit in writing in advance of eac and every expected absense from community of residence in excess of 7 days. Periodic interview wit BON, Noncooperation by reporting persons may lear to BON/commission may terminate probation or invoke sanctions. Shall totally abstain from consuming drugs and/or alcohol. |