The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0900
TTY:617-973-0988
http://www.mass.gov/dph/boards/rn

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

March 5, 2015

Cynthia Dolph-McKenna
redact

Certified mail 7014 0510 0001 0374 9923

I do hereby certify the foregoing to be a true and certified copy of the document on file with the Massachusetts Board of Registration in Nursing.

3/6/15

Authorized Signature Date

RE: In the Matter of Cynthia Dolph-McKenna
License No. LN48300
NUR-2015-0035

FINAL NOTICE OF SUSPENSION

Dear Ms. Dolph-McKenna:

On July 11, 2011, you entered into a Consent Agreement for SARP Participation ("Agreement") with the Board of Registration in Nursing ("Board"). A copy of the Agreement is enclosed with this letter. The Board's investigation of the complaint against your nursing license provided enough information to confirm the allegations made against you and, as a result, the Board could have suspended your license to practice nursing in Massachusetts. However, the Board offered you the opportunity to participate in the SARP Program as an alternative to discipline. The Agreement obligates you to comply with specific requirements during the period of time that you participate in the SARP Program.

On February 24, 2015, the Board sent you a Notice of Violation and Further Discipline ("Notice"). A copy of the Notice is enclosed with this letter. The Notice informed you that you are in violation of the Agreement and listed the facts supporting the determination that you are in violation. The Notice also informed you that the Board intended to exercise its discretion under the Agreement and suspend your license. The Notice informed you that you had a right to a hearing on the limited issue of whether you are in compliance with, or in violation of, the terms of the Agreement. Lastly, the Notice informed you that to claim your right to a hearing, you needed to submit a written statement of facts and request for a hearing within 7 days.

As of the date of this letter, the Board has not received from you a written statement of facts and request for a hearing. Accordingly, you have waived your right to a hearing.

Effective today, March 5, 2015, pursuant to paragraph 7 of the Agreement, the Board **SUSPENDS your license to practice nursing for no less than three (3) years. You may not practice as a nurse in Massachusetts until the Board provides you written notice that it has reinstated your license.**

This notice constitutes a final agency action. You are hereby notified that you have a right to appeal this *Final Notice of Suspension* within thirty (30) days of your receipt of this notice, either to the Superior Court for Suffolk County or the county where you reside pursuant to M.G.L. c. 30A, § 14, or to the Supreme Judicial Court pursuant to M.G.L. c. 112, §64.

You may petition the Board to reinstate your license in three (3) years and when you can provide documentation of your full and sustained recovery. Please review paragraph 9 of the Agreement for guidance on information and documents that you will need to include with your petition. You may also contact Traci Westgate at (617)973-0894 if you have any questions regarding license reinstatement.

Sincerely,

Rula Harb, MS, RN
Executive Director, Board of Registration in Nursing

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, Boston, MA 02114

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MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

February 24, 2015

Cynthia Dolph-McKenna
redact

COPY

Certified mail 7014 0510 0001 0374 9619

RE: In the Matter of Cynthia Dolph-McKenna
License No. LN48300
Self-Referral

NOTICE OF VIOLATION AND FURTHER DISCIPLINE

Dear Ms. Dolph-McKenna:

On July 11, 2011, you entered into a Consent Agreement ("Agreement") for SARP Participation with the Board of Registration in Nursing ("Board"). A copy of the Agreement is enclosed with this letter for your review.

You are in violation of the Agreement. Under Paragraph seven (7) of the Agreement, the Board may impose further discipline against your license in the event that you violate any provision of the Agreement. You are hereby notified that the Board will exercise its discretion under the Agreement and **SUSPEND your license, effective in 7 days.**

The basis for the Board's contention that you are in violation of the agreement are as follows:

1. Per Paragraph four (4)i of the Consent Agreement, you were required to attend all SAREC monitoring meetings as scheduled and notify the SARP coordinator in writing if unable to attend.
   - *On January 27, 2015, you informed SARP Coordinator, Valerie Iyawe, that you have decided to withdraw from SARP.*
   - *On February 5, 2015, you faxed a letter to Valerie Iyawe which stated that you have decided to withdraw from SARP.*

2. Per paragraph (4)j and Attachment A of the Consent Agreement, you were required to have results of random, supervised, urine tests for substances of abuse, all of which are required to be negative, submitted directly to the SARP Coordinator.
   - *In 2011, you missed ten calls to FirstLab.*
   - *In 2012, you missed twelve calls to FirstLab.*
   - *In 2013, you missed twelve calls to FirstLab.*
   - *In 2014, you missed nineteen calls to FirstLab.*
   - *On August 19, 2014, you missed a call to FirstLab which resulted in a missed test.*
   - *On January 16, 2015, you stopped calling FirstLab.*

You have a right to a hearing on the limited issue of whether you are in compliance with, or in violation of, the terms of the Agreement. You may claim your right to a hearing by submitting a written statement to the Board within 7 days of receipt of this letter. Your written statement must include specific facts which support the determination that you are in compliance, and not in violation, with the provisions of the agreement identified above. Your written statement must also include a request for a hearing. Please send your written statement to me at:

Olajumoke Atueyi
Board Counsel
Board of Registration in Nursing
239 Causeway Street, Suite 500
Boston, MA 02114

Failure to submit a written statement of facts and request for a hearing within 7 days shall constitute a waiver of your right to a hearing on the issue of your violation of the Agreement.

Sincerely,

Olajumoke Atueyi, Board Counsel
Board of Registration in Nursing

CONFIDENTIAL UNLESS VIOLATED

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of
Cynthia A. Dolph-McKenna
LN License No. 48300
Expires: 2/18/13

Self-Referral
SARP Reference No. R-11-027

CONSENT AGREEMENT FOR SARP PARTICIPATION

The Massachusetts Board of Registration in Nursing (Board) and Cynthia A. Dolph-McKenna (Licensee), a Licensed Practical Nurse (LN) licensed by the Board, License No. 48300, do hereby stipulate and agree that the following information shall be entered into the Licensee's record maintained by the Board:

1. The Licensee admits that she has a substance abuse problem and that while employed as a Licensed Practical Nurse at Northeast Clinical Services in Danvers, MA she was abusing opioids medication. The Licensee acknowledges that her conduct constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03 (5) and (47) and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112 § 61 and Board regulations at 244 CMR 7.04, Disciplinary Actions.

2. Pursuant to Massachusetts General Laws ("G.L.") Chapter 112, section 80F, the Board established the Substance Abuse Rehabilitation Program ("SARP") as an alternative to standard disciplinary action. The Board and the Licensee agree that she will participate in SARP as a voluntary alternative to the Board seeking prosecution for the immediate suspension of her license.

3. During the time that the Licensee is participating in SARP, the Licensee further agrees that she shall comply with all of the following requirements to the Board's satisfaction:

    a. Abstain from the use of alcohol and all substances of abuse or substances with potential for abuse.

    b. Provide written verification from each treatment provider, including, but not limited to primary care physicians, dentists, psychiatrists, and therapists that she has reviewed this document.

    c. If prescribed any controlled substance, or when taking over-the-counter (OTC) medications, notify the SARP and the Drug Testing Management Company (DTMC) within five (5) days and submit directly to the SARP Coordinator and the

DTMC a written statement of the identity and amount of each controlled substance prescribed, and medical necessity for said prescription, and agree to follow medical advice to minimize the risk of relapse.

d. Participate in individual therapy/substance abuse counseling at least twice per month for two years or until such time as Licensee is discharged by the attending therapist in collaboration with the SARP Coordinators. The Licensee understands that all therapists and treatment providers must be approved by SARP and acknowledge in writing his/her willingness to regularly report to SARP on the Licensee's progress. In addition, the Licensee understands that she is responsible for the timely submission of all progress reports by her treatment provider(s), utilizing the standardized SARP form, to the Substance Abuse Rehabilitation Evaluation Committee (SAREC). Licensee further understands that her therapist will notify SARP immediately with concerns.

e. Advise SARP in writing within ten (10) days of any change in treatment provider(s), therapist(s), or counselor(s).

f. Notify SARP in writing within ten (10) days in any change of name, address or other personal data pursuant to Board regulations at 244 CMR 9.03 (27).

g. Participate weekly in a professional Peer Support Group, approved by SARP, for the length of the SARP program.

h. Attend at least four (4) twelve-step meetings each week, and actively participate in said program (i.e., obtain a sponsor, join a group), *or* participate in a SARP approved alternative program, and notify SARP in writing immediately thereafter of participation.

i. Attend all SAREC monitoring meetings as scheduled and notify the SARP Coordinator in writing if unable to attend.

j. Have submitted directly to the SARP Coordinator, according to the conditions and procedures outlined in **Attachment A** of this Agreement, the results of random, supervised urine tests for substances of abuse, all of which are required to be negative.

k. Report to the SARP Coordinator any incident of relapse within twenty-four (24) hours of said incident. In addition, the Licensee understands that she must follow the relapse

protocol as delineated in the SARP Relapse Management Policy. [1]

l. Refrain from practice as a nurse for a minimum of one (1) year and agree to have her paper nursing license held by the SARP Coordinator. Further, Licensee agrees not to return to practice unless and until SARP notifies Licensee that her privilege has been restored.

m. After SARP notifies the Licensee that she may resume nursing practice, the Licensee agrees to comply with all restrictions placed on her practice by the SAREC.[2]

n. Agree to provide a copy of this Consent Agreement and any further Consent Agreement amendments to all nursing supervisors.

o. Agree to obtain and forward progress reports of Licensee's job performance from her employer to the SARP utilizing the standardized SARP form.

p. Notify the SARP Coordinator prior to any change in job description, employer, and provide the name, address and telephone number of each new employer.

q. Request in writing any changes to nursing practice restrictions.

r. Immediately report to SARP any arrest and/or conviction of any offense. Licensee understands that SARP will report any conviction to the Board and that the Board will determine if a new complaint against the Licensee's nursing license will be opened based on that conviction.

4. Licensee understands that her employer will be notified by SARP in the event of a relapse or other inability to practice nursing in a safe manner. The Licensee acknowledges that formal discharge from the SARP will take place only upon completion of the program and recommendation by SAREC and approval of the Board.

5. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of this Agreement, the Licensee's SARP participation will terminate upon written notice to the Licensee from the Board and the Licensee's record will be sealed.

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[1] See SARP Relapse Management Policy, 06-001

[2] Restrictions include, but are not limited to, no patient contact, no access to medications, no overtime, no overnight shifts, no access to narcotics, no double shifts.

6. If the Licensee does ***not*** comply with each requirement of this Agreement, or if the Board opens a subsequent complaint[3] during the Licensee's participation in SARP, the Board, upon written notice to the Licensee, and as warranted to protect the public health, safety, or welfare will IMMEDIATELY SUSPEND the Licensee's nursing license. The Board will SUSPEND the Licensee's nursing license prior to an adjudication of the allegations (1) of noncompliance with this Agreement, and/or (2) as contained in the subsequent complaint and such suspension shall remain in effect until final disposition of the matter in accordance with Paragraph 8.

7. The Licensee agrees that if the Board suspends her nursing license in accordance with Paragraph 6, she will immediately return her current Massachusetts license to practice as a Licensed Practical Nurse to the Board, by hand or certified mail. Upon said suspension, she will no longer be authorized to engage in the practice of nursing in the Commonwealth of Massachusetts and shall not in any way represent herself as a Licensed Practical Nurse until such time as the Board reinstates her nursing license or right to renew such license[4].

8. The Licensee understands that any SUSPENSION of her nursing license in accordance with this Agreement shall be for a minimum of three (3) years, commencing with the Effective Date of the notice of SUSPENSION. After a three (3) year period of license SUSPENSION, the Licensee may petition the Board in writing for reinstatement of her LN license. With such petition, the Licensee shall submit documentation satisfactory to the Board of her ability to practice nursing in a safe and competent manner as delineated in Paragraph 9 below.

9. The Licensee agrees that together with any request for license reinstatement she shall provide all of the following to the satisfaction of the Board:

   a. Have submitted directly to the Board, according to the conditions and procedures outlined in **Attachment A**, the results of her random supervised urine tests for substances of abuse, collected no less than fifteen (15) times per year during the two (2) years immediately preceding any petition for reinstatement, all of which are required to be negative.

   b. Documentation that she has obtained a sponsor and has regularly attended Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings at least three (3) times per week during the two (2) years immediately preceding any petition for license reinstatement, such

[3] The term "Subsequent Complaint" applies to a complaint opened after the Effective Date, which (1) alleges that the Licensee engaged in conduct that violates Board statutes or regulations, and (2) is substantiated by evidence, as determined following the complaint investigation during which the Licensee shall have an opportunity to respond.

[4] Any evidence of unlicensed practice or misrepresentation as a Licensed Practical Nurse after the Board has notified the Licensee of her license suspension shall be grounds for further disciplinary action by the Board and the Board's referral of the matter to the appropriate law enforcement authorities for prosecution, as set forth in G.L. c. 112, §§ 65 and 80A.

documentation to include a letter of support from her sponsor and signatures verifying this required attendance.

c. Documentation verifying that she has regularly attended group or individual counseling or therapy, or both, conducted by a licensed mental health provider during the two (2) years immediately preceding any petition for reinstatement. Such documentation shall be completed by each licensed mental health provider seen by the Licensee, and shall be written within thirty (30) days preceding any petition for reinstatement and sent directly by the provider to the Board.

d. Written verification from her primary medical care provider and any other licensed health care professional(s) with whom she may have consulted, written within thirty (30) days preceding any petition for license reinstatement, that the Licensee is medically able to resume the safe and competent practice of nursing, including a list of all prescribed medications and the medical necessity for each.

e. If employed during the year immediately preceding Licensee's petition for license reinstatement, have each employer from said year submit on official letterhead an evaluation reviewing Licensee's attendance, general reliability, and overall job performance[5].

f. Evidence of completion of all continuing education required by Board regulations within the two (2) license renewal cycles immediately preceding any reinstatement petition.

g. Certified Court and/or Agency documentation that there are no pending actions or obligations, criminal or administrative, against the Respondent before any court or Administrative Agency including, but not limited to:

1. Documentation that *at least one (1) year prior to any petition for reinstatement* the Respondent satisfactorily completed all court requirements (including probation) imposed on her in connection with any criminal matter and a description of those completed requirements and/or the disposition of such matters;[6] and

2. Certified documentation from the state board of nursing of each jurisdiction in which the Licensee has ever been licensed to practice as a nurse, sent directly to the Massachusetts Board identifying her license status and discipline history, and verifying

[5] If Licensee wasn't employed at all during this period, submit an affidavit so attesting.

[6] The Licensee shall also provide, if requested, an authorization for the Board to obtain a Criminal Offender Record Information (CORI) Report of the Licensee conducted by the Massachusetts Criminal History Systems Board and a sworn written statement that there are no pending actions or obligations, criminal or administrative, against the Licensee before any court or administrative body in any other jurisdiction.

that her nursing license is, or is eligible to be, in good standing and free of any restrictions or conditions.

10. The Board may choose to relicense the Licensee if the Board determines that relicensure is in the best interests of the public at large. The Board's approval of Licensee's petition for relicensure shall be conditioned upon, and immediately followed by, probation of Licensee's nursing license for a minimum of two (2) years, as well as other restrictions and requirements that the Board may then determine are reasonably necessary in the best interests of the public health, safety, and welfare.

11. The Licensee understands that she has a right to formal adjudicatory hearing concerning the allegations against her and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq*. The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the complaints.

12. The Licensee acknowledges that she has been at all times free to seek and use legal counsel in connection with the complaint and this Agreement.

13. The Licensee acknowledges that if the Board SUSPENDS her nursing license pursuant to this Agreement, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.

14. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review

07-08-11
Witness (sign and date)

7/8/11
Cynthia A. Dolph-McKenna
Licensee (sign and date)

Witness (print name)

Caron Robertson, MSN, RN
Deputy Executive Director
Board of Registration in Nursing

July 11, 2011
Effective Date of Agreement

Fully Signed Agreement Sent to Licensee on July 13, 2011 **by Certified Mail No.** 7009 1680 0000 6389 9006

ATTACHMENT A

Guidelines for Nurses' Participation in Random Urine Drug Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

I. Nurses who are required by a Board Agreement or Order to have random, supervised urine drug screens are expected to remain abstinent from all substances of abuse, including alcohol. It is a nurse's responsibility not to ingest any substance(s) that may produce a positive drug screen, including over-the-counter medications. Unless otherwise stated in a nurse's Board Agreement or Order, all nurses shall be randomly tested a minimum of fifteen (15) times per year.

II. The Board designates one Drug Testing Management Company (DTMC).[7] The Board will accept only the results of urine drug screens that are performed under the auspices of the DTMC and reported directly to the Board.

III. All costs related to a nurse's participation in the DTMC urine drug screening program are the responsibility of the participating nurse.

IV. A nurse is expected to sign an agreement with the DTMC and to comply with all of the conditions and requirements of the agreement with the DTMC and any related policies, including without limitation, any requirements related to supervision of urine collection and/or temperature checks.

V. No vacations from calling to test or from testing shall be approved. This does not mean that a nurse cannot take a vacation while participating in random urine screens; arrangements can be made thorough the DTMC to have urine screens done at approved laboratories throughout the continental U.S.

VI. Failure to call the DTMC or failure to test when selected shall be considered non-compliance with the nurse's Board agreement or Order. Calls to the DTMC must be made between the hours of 5:00 a.m. and 1:00 p.m.

VII. Failure to test when selected, and/or a positive drug screen that is confirmed by the Medical Review Officer (MRO) and that is not supported by appropriate documentation of medical necessity and a valid prescription shall be considered as a relapse in the nurse's abstinence. All prescriptions for any medication (including renewal prescriptions) must be submitted to the DTMC within five (5) days.

VIII. Urine drug screen reports that show a low creatinine (<20 mg/dl) may be an indication of an adulterated or diluted specimen; further testing may be required.

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[7] The current DTMC is First Lab. To contact First Lab call (800) 732-3784.

IX. Nurses who do not have a current MA nursing license and who are enrolled in urine drug screening with the DTMC for the purpose of documenting to the Board that they are in stable and sustained recovery from substance abuse, must provide written authorization to the DTMC to release to the Board a complete record of their participation in the drug screening program, including documentation of missed calls, no shows, test results and a full history report at the completion of their DTMC participation. During their DTMC participation, nurses who do not have a current MA nursing license for whatever reason (surrender, suspension, lapse, revocation) are expected to designate a monitor of their choosing (e.g. friend, family member, health care provider, AA sponsor) who will be authorized to receive test results from the DTMC. The Board does not monitor the testing of unlicensed individuals and will evaluate a nurse's participation in the DTMC only when the DTMC testing is completed and the nurse applies for license reinstatement. Unlicensed nurses should identify themselves as such to the DTMC and sign an individual agreement with the DTMC.

X. Random supervised urine tests are done in panels which shall include, but are not limited to, each of the following substances:

Ethanol and all ethanol products
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Cannabinoids
Cocaine (metabolite)
Opiates:
Codeine
Morphine
Hydromorphone
Hydrocodone
Oxycodone
Phencyclidine
Methadone
Propoxyphene
Meperidine
Tramadol
Suboxone

BOARD OF REGISTRATION IN NURSING
Substance Abuse Rehabilitation Program (SARP)
SARP Policy 06-001

Title	**Management of SARP Participants' Relapse in Substance Abuse Recovery**
Purpose	The Board of Registration in Nursing (Board) adopts this policy pursuant to Massachusetts General Laws, Chapter 112, section 80F, to identify its requirements for management of a SARP participant's relapse in recovery from substance abuse by the Coordinators of the Board's Substance Abuse Rehabilitation Program (SARP) and its Substance Abuse Rehabilitation Evaluation Committee (SAREC).
Date Adopted/Revised	April 12, 2006, October 22, 2008 (corrected)[8], May 12, 2010 (revised), May 11, 2011 (revised)
General Statement of Policy	The Board authorizes a SARP Coordinator who receives substantial evidence[9] of a SARP participant's relapse from substance abuse recovery or failure to demonstrate continuous and sustained recovery, or both, to initiate and impose the relapse management steps that are described in this policy.
Evidence of Relapse	A SARP Coordinator may rely on, but shall not be limited to, the following evidence to conclude that a SARP participant has relapsed from substance abuse recovery or does not demonstrate continuous and sustained recovery from substance abuse, or both: 1. A SARP participant's self-report, treatment provider report, employer report, or legal report of actual physical use of any substance of abuse after the participant enrolled in the SARP. 2. Information received from any person or entity about the SARP participant's use of any substance of abuse after the participant enrolled in the SARP. 3. SARP participant's failure to have a valid urine screen after being randomly selected for testing through the Board's designated Drug Testing Management Company (DTMC), unless excused with prior written approval of a SARP

[8] The policy was corrected to insert the generic term "Drug Testing Management Company (DTMC") and remove the name of a particular vendor.
[9] As defined in the State Administrative Procedures Act at Mass. Gen. Laws, ch. 30A, §1(6), substantial evidence is "such evidence as a reasonable mind might accept as adequate to support a conclusion."

Coordinator.

4. SARP participant's positive urine screen for any substance of abuse confirmed by the MRO, unless excused with prior written approval of a SARP Coordinator

Relapse Management Protocol

A SARP participant who relapses from substance abuse recovery or does not demonstrate continuous and sustained substance abuse recovery, or both, after enrolled in SARP shall be subject to the following SARP relapse management protocol.

1. The SARP Coordinator, upon determination of a SARP participant's relapse from recovery or failure to demonstrate continuous and sustained recovery from substance abuse, or both, shall:

   a. Notify the SARP participant that the participant must:
      i. Immediately cease all nursing practice and notify his or her employer of the relapse or failure to sustain recovery from substance abuse.
      ii. Deliver his or her nursing license to the SARP Coordinator within 72 hours of notification from the Coordinator.
      iii. Immediately schedule an appointment to have a relapse assessment by a SARP-approved addiction specialist. The relapse assessment must be completed within ten (10) days of notification from the Coordinator.
      iv. Schedule with the SARP Coordinator to appear before SAREC within 4 weeks for its determination subject to the Board's approval of the participant's eligibility for continued participation in SARP, and of any corresponding SARP contract changes with which the participant shall be required to agree as a condition of his or her continued SARP participation, including, but not limited to, a SARP contract extension, practice restrictions, additional urine screening, increased AA/NA attendance, additional counseling, or completion of continuing education about addiction.

   b. Within two (2) hours verify with the participant's employer that the participant notified the employer of his or her relapse or failure to sustain recovery, and that the participant is no longer working in any nursing position.

Relapse Management

Protocol (continued)

2. Any SARP participant who is notified that the SARP Coordinator has determined that he or she has relapsed or does not demonstrate continuous and sustained recovery from substance abuse, or both, shall immediately cease all nursing practice and shall not resume any such practice until and unless the participant is notified by the SARP Coordinator that nursing practice may be resumed.

3. Any SARP participant who relapses or fails to demonstrate continuous and sustained recovery from substance abuse after the participant has been enrolled in SARP for two (2) years or longer, and whom the SAREC, with the Board's approval, determines is eligible for continued participation in SARP, shall, as a condition for such continued participation, agree to the extension of his or her CASP to a date that is three (3) years from the date that his or her continued SARP participation is approved. This extension corresponds with the SARP requirement that a SARP participant must be in continuous and sustained recovery from all substances of abuse throughout the three (3) year period immediately preceding a participant's successful discharge from SARP.

4. Any SARP participant whose CASP has been extended due to a relapse or failure to demonstrate continuous and sustained recovery from substance abuse after the participant has been enrolled in SARP for two (2) years or longer, and who thereafter again relapses or fails to demonstrate sustained recovery shall be evaluated by SAREC for its determination of the participant's eligibility for continued participation in the SARP

5. Any SARP participant who fails to comply with the requirements of SARP's relapse management protocol in effect during his/her CASP shall be terminated from SARP and the Board will suspend his/her nursing license.