The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

Tel: 617-624-6000
www.mass.gov/dph

January12, 2024

Via First Class & Certified Mail No. 7020 0090 0000 1273 3862, Return Receipt Requested
Rebecca Fournier
36 Rosalind Road
Weymouth, MA 02191

RE: In the Matter of Rebecca Fournier
License No. RN2265671
NUR-2020-0021

FINAL NOTICE: SUSPENSION

Dear Rebecca Fournier:

On July 5, 2022, 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 for your review.

On June 14, 2023 the Board accepted your notice to Withdraw from the program. Prior to receiving this notice on January 11, 2023, the Board decided to reset your Agreement for 3 years from your last violation on 10/13/2022.

On December 22, 2024, the Board sent a Notice of Violation and Further Discipline ("Notice") to your address of record. A copy of the Notice is enclosed. 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 seven (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 January 12, 2024__.... __, pursuant to paragraph 8 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.** You are also terminated from SARP.

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 your Agreement for guidance on documents that you will need to include with your petition. You may also contact Lisa Ferguson at (617)973-0994 if you have any questions regarding license reinstatement.

This notice constitutes a final agency action. You are hereby notified that you have a right to appeal this *Final Notice: Suspension* within thirty (30) days of your receipt of this notice to the Supreme Judicial Court pursuant to M.G.L. c. 112, §64.

Sincerely,

Heather Cambra BSN, RN, JD

Heather Cambra, BSN, RN, JD
Acting Executive Director
Board of Registration in Nursing

Enclosures

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
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KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD Commissioner

Tel: 617-624-6000
www.mass.gov/dph

December 22, 2023

Via First Class & Certified Mail No. 9589 0710 5270 0684 6979 13, Return Receipt Requested
Rebecca Fournier
36 Rosalind Road
Weymouth, MA 02191

RE: In the Matter of Rebecca Fournier
License No. RN2265671
NUR-2020-0021

NOTICE OF VIOLATION AND INTENT TO SUSPEND

Dear Rebecca Fournier:

On July 5, 2022, 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 for your review.

On June 14, 2023 the Board accepted your notice to Withdraw from the program. Prior to receiving this notice on January 11, 2023, the Board decided to reset your Agreement for 3 years from your last violation on 10/13/2022.

You are in violation of the Agreement. Under Paragraph 12 of the Agreement, the Board may impose further discipline against your license if 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 seven (7) days**

The basis for the contention that you are in violation of the Agreement are as follows:

15 missed check-ins

[redacted]

1 missed test

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:

Judith Bromley, Esq.
Board Counsel
Department of Public Health
Office of General Counsel
250 Washington Street
Boston, MA 02108

Your 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,

Heather Cambra BSN, RN, JD

Heather Cambra, BSN, RN, JD
Acting Executive Director
Board of Registration in Nursing

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MARGRET R. COOKE
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

USPS Certified Mail: 7021 1970 0002 1578 0499

July 6, 2022

Rebecca Fournier
56 West Water Street
Rockland, MA 02370

Dear Ms. Fournier:

You have been approved for admission to the Substance Abuse Rehabilitation Program (SARP) effective July 5, 2022. Please be aware that your admission to SARP will remain confidential and that any related complaints against your license will be dismissed and your SARP record will be sealed upon your successful completion of the SARP.

Enclosed you will find a signed copy of your Consent Agreement for SARP Participation (CASP) and Individual Rehabilitation Program (IRP) for your records. Please take note that in order to achieve success in the SARP for nurses you must adhere to all the stipulations set forth in your CASP and IRP.

Please contact SARP Staff on the confidential SARP phone line at (617) 973-0904, if you have any questions.

Thank you,

The SARP Program
Substance Abuse Rehabilitation Program (SARP)
Board of Registration in Nursing

USPS Certified Mail: 7021 1970 0002 1578 0499

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of
Rebecca Fournier
RN License No. 2265671
Expires: 4/24/2024

Complaint No. NUR-2020-0021

CONSENT AGREEMENT FOR SARP PARTICIPATION

The Massachusetts Board of Registration in Nursing (Board) and Rebecca Fournier (Licensee), a RN (Registered Nurse) licensed by the Board, License No. 2265671, do hereby stipulate and agree that the following information shall be entered into the Licensee's record maintained by the Board:

1. The Licensee agrees that this Consent Agreement for SARP Participation (SARP Agreement) is entered into in resolution of the Board's investigation of a complaint filed against the Licensee, Complaint No. NUR-2020-0021.

2. The Licensee [redacted] impairs her ability to practice nursing in a safe and competent manner. Specifically, the Licensee admits that while employed and on duty as a Registered Nurse at UMass Memorial Medical Center in Worcester, MA on or about November 5, 2019, November 25, 2019, November 30, 2019, December 10, 2019, and December 16, 2019, she diverted eight Fioricet tablets. The Licensee acknowledges that her conduct, as documented in Complaint No NUR-2020-0021, constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03 (5), (9), (37), (44), 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.

3. 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 he/she will participate in SARP as a voluntary alternative to the Board pursuing disciplinary action against his/her license.

4. The Licensee agrees to participate in SARP for a minimum of three (3) years (SARP Period) commencing with the date on which the Board signs this Agreement (Effective Date).

5. The Licensee agrees to renew his/her license in a timely manner while participating in SARP. The license status will be changed to "Non-Disciplinary Restriction" when nursing practice is restricted. When nursing practice privileges are restored, the license status will be changed to "Non-Disciplinary Conditions."

6. The Licensee agrees to comply with the requirements set forth in Individual Rehabilitation Program (IRP) executed concurrently with this Agreement and incorporated into this Agreement. The Licensee agrees that the specific requirements of the IRP are subject to change by the Board, or by the SARP staff as authorized by the Board, as necessary to protect the public health, safety and welfare. The Licensee further agrees to comply with the requirements of the IRP as may be amended from time to time pursuant to the terms of this Agreement and the Licensee's progress through the SARP program.

7. The Licensee agrees that SARP staff may, pending review by the SAREC or the Board, take immediate action to restrict nursing practice privileges following:
   a. A self-report of unauthorized substance use by the Licensee;
   b. A positive toxicology screening result that are not supported by a current and valid prescription provided to the SARP staff prior to the toxicology test date;
   c. A third party report that the Licensee has engaged in unauthorized substance use or has been impaired, provided that such report is supported by statement or documentation by a person to whom the Licensee has admitted such use or impairment or a person who has observed such use or impairment.

   Immediate action that SARP staff may take includes notifying the Licensee, and any employer where the Licensee may be engaged in nursing practice, that the Licensee's nursing practice privileges have been restricted. SARP staff shall inform the Licensee of the factual basis for taking immediate action. In the event that the Licensee disputes the factual basis, the Licensee agrees to refrain from nursing practice until such time as the Board either determines that there is no violation, or takes an action pursuant to paragraph 12.

8. The Licensee may petition the Board for modifications to nursing practice restrictions when the Licensee meets the requirements for re-entry into monitored practice in accordance with SARP Policy, 18-01.

9. The Licensee agrees to be subject to the terms of SARP policies in effect at the time of the Effective Date of the SARP Agreement and any changes to the policies as the Board may thereafter adopt.

10. The Licensee may petition the Board for formal discharge from SARP. The Petition must be in writing, must include 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 and 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. The petition will be granted only upon:

i. Three (3) consecutive years of full and sustained recovery from a substance abuse disorder as evidenced by complete compliance with the terms and conditions of the SARP Agreement;

ii. At least one (1) year of safe and competent monitored nursing practice, which must include medication management, as evidenced by submission of *Nursing Supervisor Reports*; and

ii. Approval of the petition by the Board.

11. The Board agrees that in return for the Licensee's execution of this SARP Agreement it will not prosecute the allegations contained in Complaint No. NUR-2020-0021. In addition, if the Licensee has complied to the Board's satisfaction with all the requirements contained in this Agreement, and the Board discharges Licensee from SARP pursuant to paragraph 10 above the Licensee's record will be sealed.

12. If the Licensee violates any requirement of this SARP Agreement or if the Board opens a subsequent complaint[1] during the SARP period, the Licensee agrees to the following:

a. The Board may upon written notice to the Licensee, as warranted to protect the public health, safety, or welfare:

i. EXTEND the SARP Period; and/or

i. MODIFY the SARP Agreement; and/or

ii. IMMEDIATELY SUSPEND the Licensee's nursing license and TERMINATE the Licensee from SARP.

b. If the Board suspends the Licensee's nursing license pursuant to Paragraph 12(a)(iii), the suspension shall remain in effect until:

i. the Board gives the Licensee written notice that the SARP Period is to be resumed and under what terms; or

ii. the Board and the Licensee sign a subsequent agreement; or

iii. the Board issues a written final decision and order following adjudication of the allegations of noncompliance with this Agreement and/or following adjudication of the allegations contained in the Subsequent Complaint.

[1] 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.

13. The Licensee agrees that if the Board suspends his/her nursing license in accordance with Paragraph 12, he/she will immediately return the current Massachusetts license to practice as a Registered Nurse to the Board, by hand or certified mail. Upon said suspension, the Licensee will no longer be authorized to engage in the practice of nursing in the Commonwealth of Massachusetts and shall not in any way represent himself/herself as a Registered Nurse until such time as the Board reinstates his/her nursing license or right to renew such license[2].

14. The Licensee agrees that if he/she provides written notice of his/her voluntary withdrawal from SARP, his/her nursing license shall be suspended for a minimum of three (3) years in accordance with paragraph 15 of this Agreement. Upon said suspension, the Licensee will no longer be authorized to engage in the practice of nursing in the Commonwealth of Massachusetts and shall not in any way represent himself/herself as a Registered Nurse until such time as the Board reinstates his/her nursing license or right to renew such license[3].

15. The Licensee understands that any SUSPENSION of his/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 his/her Registered Nurse license. With such petition, the Licensee shall submit documentation satisfactory to the Board of his/her ability to practice nursing in a safe and competent manner as delineated in Paragraph 16 below.

16. The Licensee agrees that together with any request for license reinstatement he/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 **the IRP and Attachment A**, the results of random observed 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 he/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 documentation to include a letter of support from the sponsor and signatures verifying this required attendance.

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[2] Any evidence of unlicensed practice or misrepresentation as a Registered Nurse after the Board has notified the Licensee of his/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 80.

[3] Any evidence of unlicensed practice or misrepresentation as a Registered Nurse after the Board has notified the Licensee of his/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 80.

c. Documentation verifying that he/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 his/her primary medical care provider and any other licensed health care professional(s) with whom he/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 licensee reinstatement, have each employer from said year submit on official letterhead an evaluation reviewing Licensee's attendance, general reliability, and overall job performance[4].

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 him/her in connection with any criminal matter and a description of those completed requirements and/or the disposition of such matters;[5] 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 Licensee, sent directly to the Massachusetts Board identifying the license status and discipline history, and verifying that his/her nursing license is, or is eligible to be, in good standing and free of any restrictions or conditions.

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

[5] 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.

17. The Board may choose to relicense the Licensee if the Board determines that license reinstatement is in the best interests of the public at large. The Board's approval of Licensee's petition for license reinstatement 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.

18. The Licensee understands that she/she has a right to formal adjudicatory hearing concerning the allegations against him/her and that during said adjudication he/she would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on his/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 he/she is knowingly and voluntarily waiving the right to a formal adjudication of the complaint(s).

19. The Licensee acknowledges that he/she has been at all times free to seek and use legal counsel in connection with the complaint[s] and this Agreement.

20. The Licensee acknowledges that if the Board SUSPENDS his/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.

21. The Licensee certifies that he/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.

6/16/22
Rebecca Fournier (sign and date)

Witness (print)

Witness (sign and date)

Patricia McNamee on behalf of:
July 5, 2022
Claire L. MacDonald DNP, RN
Executive Director
Board of Registration in Nursing

7/5/2022
Effective Date of Agreement

Fully Signed Agreement Sent to Licensee on 7/6/2022 by ~~UPS~~ USPS

Certified Mail No:
~~Overnight Tracking No.~~ 7021 1970 0002 1578 0499

Substance Abuse Rehabilitation Program (SARP)
ATTACHMENT A

Guidelines for Licensees' Participation in Random Toxicology Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

I. Licensees who are required by a SARP Agreement to have random, observed toxicology screens must abstain from all substances of abuse, including alcohol, and other substances, including but not limited to over-the counter (OTC) medication, supplements, products, and food items which metabolize as substances listed in Section X[6].

II. Licensees shall comply with random, observed toxicology screens a minimum of fifteen (15) times per year. The Licensee will comply with additional random toxicology screening, including but not limited to testing of urine, blood and hair as determined necessary by the SARP Program.

III. The Board designates one Drug Testing Management Company (DTMC).[7] The Board will accept only the results of toxicology screens that are performed by the DTMC and reported directly to the Board.

IV. All costs related to a Licensee's participation in the DTMC toxicology screening program are the responsibility of the participating Licensee.

V. Licensees must sign an agreement with the DTMC and 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 observation of urine collection and/or temperature checks.

VI. Arrangements can be made through the DTMC to have toxicology screens done at approved laboratories throughout the continental U.S.

VII. Failure to check in with the DTMC daily between the hours of 4:00 AM and 2:00 PM, or failure to test when selected is a violation of the Licensee's SARP agreement.

VIII. A toxicology report that is positive for a tested substance is a violation, unless the substance is supported by a valid prescription provided to the SARP staff prior to the toxicology test date.

IX. Urine toxicology reports that show a low creatinine (<20 mg/dl) indicate an adulterated or diluted specimen and is a violation, unless the Licensee's treatment providers provide documentation demonstrating a medical condition causing the result. The Board may require additional testing of blood or hair.

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[6] This includes but is not limited to, OTC cold medications, hand sanitizers, oils, poppy seeds, fermented teas, and vanilla extract.

[7] The current DTMC is Affinity. To contact Affinity call (877) 267-4304.

A toxicology report that indicates the use of an adulterant, or a substitute, is a violation.

X. Random observed toxicology screening shall test for the following substances:

Ethanol and all ethanol products
Amphetamines
Barbiturates
Benzodiazepines
Buprenorphine
Cocaine (metabolite)
Carisoprodol
Diphenhydramine
Gabapentin
Opiates
Fentanyl
Codeine
Morphine
Hydromorphone
Hydrocodone
Oxycodone
Phencyclidine
Methadone
Propoxyphene
Meperidine
Pseudoephedrine
THC
Tramadol
Sedative-Hypnotics (e.g., zolpidem, eszopiclone, zalepon)
Sedative-Antidepressants (e.g., trazadone, mirtazapine, amitryiptyline)
Substances identified by the National Institute of Drug Abuse (NIDA) as a substance of abuse or misuse [https://www.drugabuse.gov/drugs-abuse]
Substances identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a substance of abuse or misuse [https://www.samhsa.gov/atod]

Individual Rehabilitation Program (IRP) for Rebecca Fournier, RN2265671

1. LICENSEE shall:

   a. Abstain from unauthorized use of alcohol and ***all*** substances of abuse or substances with potential for abuse, including, but not limited to, over-the counter (OTC)-medication, supplements, products, and food items which metabolize as substances listed in Attachment A, Section X. Unauthorized use of substances includes use of prescribed substances that does not meet the requirements of paragraph 6b.

   b. Refrain from taking any prescribed controlled substance, or prescribed over-the-counter (OTC) medications, that may metabolize as substances listed in Attachment A, Section X *until after* providing SARP staff a copy of the prescription and a written statement from the Provider/Prescriber of the identity and amount of each controlled substance prescribed, and medical necessity for said medication[1].

   c. Report immediately to the SARP staff the unauthorized use of any substances of abuse or substances with potential for abuse, including, but not limited to, over-the counter (OTC) -medication, supplements, products, and food items which metabolize as substances listed in Attachment A, Section X.

   d. Identify all treatment providers, including primary care physicians, prescribers, therapist(s) and counselor(s), upon admission and report any change of existing treatment providers or addition of new treatment new treatment providers within ten (10) days. Upon admission and upon request, thereafter, provide an Authorization for Release of Information for each current treatment provider. Provide documentation from each treatment provider in which the provider verifies that he is aware of Licensee's participation in SARP.

   e. Provide authorization, upon request, for SARP staff to obtain the Licensee's Prescription Monitoring Program (PMP) report. Identify all pharmacies where the Licensee has filled prescriptions within the last year and report any new pharmacies where the Licensee fills prescriptions during the SARP participation. Upon admission and upon request, thereafter, provide an Authorization for Release of Information for each pharmacy.

   f. Participate in individual therapy/substance use disorder counseling at least twice per month or until such time as the Licensee is discharged by the attending therapist and provides written documentation to the SARP Program. All therapists and treatment providers must acknowledge in writing his willingness to regularly report to SARP on the Licensee's progress. In addition, the Licensee is responsible for the timely submission of all progress reports. The Licensee further understands that his therapist will notify SARP immediately with concerns, if appropriate, regarding SARP compliance.

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[1] In the event of a hospitalization or medical emergency, the Licensee must within one (1) day of discharge or one (1) day of the emergency provide to SARP staff a copy of the prescription and a written statement from the Provider/Prescriber of the identity and amount of each controlled substance prescribed, and medical necessity for said medication, and the nature of the hospitalization or medical emergency.

Modification:

☐ Decrease in therapy: _____ per month/week (circle one); effective_____

☐ Discharge from therapy; effective:_____

g. Attend at least three (3) 12-Step Meetings (such as Alcoholics Anonymous/Narcotics Anonymous) and One (1) additional AA/NA or an Alternate SARP-Approved Self-Help Meeting of their choice (such as Rational Recovery, Smart Recovery, Women for Sobriety, LifeRing, and Secular Organizations for Sobriety) per week. The Licensee is required to submit quarterly meeting attendance records to SARP.

h. Notify the SARP staff in writing within ten (10) days in any change of name, address or other personal data, and also report such changes to the Board in compliance with Board regulations at 244 CMR 9.03 (27).

i. Respond to inquiries from SARP staff in a timely manner.

j. Immediately report to the SARP Program any arrest and/or conviction of any offense.

k. Comply with random observed toxicology screening, including but not limited to testing of urine, blood or hair as determined necessary by the SARP Program, for a *minimum* of fifteen tests annually. Compliance requires that the Licensee enroll with and maintain a current account with the Board's Drug Testing Management Company (DTMC) identified in Attachment A of this Agreement, and that the Licensee meet the conditions and procedures outlined in **Attachment A**, including but not limited to:

   a. Call the DTMC daily, during the hours of 4:00 AM – 2:00 PM to determine whether the licensee has been selected to test on that day;
   b. When selected to test, appear at a lab identified by the DTMC as appropriate for collecting observed toxicology samples for the type of test that has been scheduled, during the hours of collection, and provide a sample; and
   c. Agree that the DTMC shall provide the results of random toxicology screening to the SARP program.

   Positive toxicology screening results that are not supported by a valid prescription provided to the SARP staff prior to the toxicology test date are a violation of this Agreement.

l. Obtain approval from the Board prior to any international travel and arrange in advance of any travel within the United States, the ability to test if selected at a site identified DTMC[2].

m. Report the name and location of any and all employers to the SARP staff.

n. Refrain from employment in a position or setting where there is access, or potential access to controlled substances. Such employment includes but is not

[2] The DTMC can identify labs appropriate for collecting observed toxicology samples throughout the continental U.S.

limited to employment as an Emergency Medical Technician, Physician Assistant, Dental Hygienist, Pharmacist, Pharmacy Technician or Pharmacy Technician in Training.

o. Refrain from practice as a Licensee for a minimum of six (6) months. Further, Licensee agrees not to return to practice unless and until he or she petitions the Board pursuant to SARP Policy, 18-01 and SARP Staff provides the Licensee with an updated IRP and CASP Amendment which specifies the conditions placed on nursing practice.

Modification to Practice Privileges (check privilege being granted):

- ☐ CASP Amendment 1 (No Medication) effective: _____
- ☐ CASP Amendment 2 (Basic Medication) effective: _____
- ☐ CASP Amendment 2A (Advanced Practice) effective: _____
- ☐ CASP Amendment 3 (Full Medication) effective: _____
- ☐ CASP Amendment 3A (Advanced Practice) effective: _____

p. Comply with all restrictions placed on his practice by SARP staff in accordance with paragraph 7 of the SARP Agreement.

q. Provide a copy of this Consent Agreement and any Consent Agreement Amendments to all nursing supervisors.

r. Arrange for each nursing supervisor to submit directly to the Board:
(i) A completed and signed "Supervisor Verification Form"
(ii) Quarterly written reports[3], using the "Nursing Supervisor Report", attesting to the quality of the Licensee's nursing practice, reliability and attendance and specifically addressing Licensee's documentation, administration, and wasting of controlled substances, including any errors and incidents.

s. Obtain written approval from SARP Program prior to any change in nursing job description and/or employer.

2. This IRP was authorized as follows:
   - ☐ SARP Policy 19-01, implemented by SARP staff:_____
   - ☐ SAREC/Board action effective on:_____

3. Licensee sent a copy of this IRP on [date]

Revised IRP Sent by SARP Staff:_____
Revised IRP Sent by SARP Staff:_____

SARP Staff: _____

[3] The Licensee is responsible for ensuring that these reports on the required form are received by the Board on a quarterly basis, according to the Licensee's monitoring documentation submission due dates.