

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE • PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable money order only, no cash)

First: Veronica Middle: Niki Last: James
 Home Address: - Green which Village ave
 City: Las Vegas State: NV Zip Code: 89123
 SS#: C Date of Birth: _____ Sex: M or F
 Telephone: 877-875-37 E-mail address: apence@kypimedical.com
 Board of Nursing APRN Certificate #: 002551 Issued: 5-8-17 Expires: 5-8-18

PRACTICING LOCATION (Required)

Practice Name (if any): Las Vegas Pain Institute & Medical Center
 Physical Address: 3835 J. Jones blvd Suite #: 104
 City: Las Vegas State: NV Zip Code: 89103
 Telephone: (702) 880-4193 Fax: (702) 880-4197

		Yes	No		
<p>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... <input type="checkbox"/> <input checked="" type="checkbox"/></p>					
1.	Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.	Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.	Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<p>If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:</p>					
Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

By checking this box, no collaborating physician is required per my Nursing Board license.

Veronica James _____ Date: 07/18/2017
 Original Signature of APRN, no copies or stamps accepted

COLLABORATING PHYSICIAN's name (If required): Godwin Maduka M.D.
 _____ Date: 07/18/2017
 Original Signature of Supervising Physician, no copies or stamps accepted

Board Use Only: Date Processed _____	Amount <u>97901</u> \$ <u>80.00</u>
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Section 2. Eligibility Screening Questions.

(If you answer "Yes" to any of Questions 1 through 5 below, you **MUST** submit the required documents to avoid delays in processing your application.)

Yes <input checked="" type="radio"/> No <input type="radio"/> <i>See attached explanation of reprimand.</i>	No <input type="radio"/>	1. Has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration): a. Ever been denied or <u>disciplined</u> by a regulatory Board including but not limited to <u>reprimanded</u> , censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring? b. Ever been subject to a non-disciplinary probation or monitoring program? AND/OR c. Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction? If any answer is Yes, you must submit the following: 1. A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and 2. Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.
Yes <input type="radio"/> No <input checked="" type="radio"/>	No <input checked="" type="radio"/>	2. Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is Yes, you must submit the following: 1. A detailed letter of explanation including the events leading to your conviction; and 2. Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole or Probation Officer, etc.) or a letter/form from the court indicating no records are available.
Yes <input type="radio"/> No <input checked="" type="radio"/>	No <input checked="" type="radio"/>	3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing? If the answer is Yes, you must submit: 1. A letter of explanation that addresses the impairment or limitations of practice; and 2. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.
Yes <input type="radio"/> No <input checked="" type="radio"/>	No <input checked="" type="radio"/>	4. Are you currently in recovery for chemical dependency, chemical abuse or addiction? If the answer is Yes, you must submit: 1. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan; 2. Documentation from knowledgeable individual(s) documenting your length of sobriety; and 3. Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).
Yes <input type="radio"/> No <input checked="" type="radio"/>	No <input checked="" type="radio"/>	5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing? If the answer is Yes, you must submit: 1. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and 2. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.
Yes <input type="radio"/> No <input checked="" type="radio"/>	No <input checked="" type="radio"/>	6. Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you? If the answer is Yes, you must submit: 1. A detailed letter of explanation regarding the events leading to the suit; and 2. A copy of the complaint and current status of the case.

Section 3. Child Support Information.

Yes <input type="radio"/>	No <input checked="" type="radio"/>	I am subject to a court order that requires me to pay for the support of one or more children.
Yes <input type="radio"/>	No <input type="radio"/>	N/A <input checked="" type="radio"/> I am in compliance with that court order. (If you answered No to the question above, mark N/A.)

Section 4. Safe Injection Practices.

Yes <input checked="" type="radio"/>	No <input type="radio"/>	I affirm (swear) that I have knowledge of and am in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.
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Section 5. Military Status (You must submit a copy of your/your spouse's military issued DD214 or identification card in order to qualify for the reduced application fee. All applicants must answer the questions below, the reduced application fee applies to endorsement applications only)

Yes <input type="radio"/>	No <input checked="" type="radio"/>	I am an active United States military member or the spouse of an active United States military member.
Yes <input type="radio"/>	No <input checked="" type="radio"/>	I am a United States military veteran.
Yes <input type="radio"/>	No <input checked="" type="radio"/>	I am the spouse or the surviving spouse of a veteran.

Affirmation

I affirm (swear) that I have read this application and the statements made are true and correct.
 If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.

Signature *Vern James*

Date 12/16/16

Fee Schedule

RN by endorsement (Includes \$5 fee for national database check)	\$105
RN by endorsement with military discount (Military discount applies to endorsement applications only and proper documentation must be included with the application)	\$52.50
RN by examination	\$100
RN Interim Permit (For examination applications only)	\$25
LPN by endorsement (includes \$5 fee for national database check)	\$95
LPN by endorsement with military discount (Military discount applies to endorsement applications only and proper documentation must be included with the application)	\$47.50
LPN by examination	\$90
LPN Interim Permit(For examination applications only)	\$25

You may pay by credit card (MasterCard, Visa, Discover, American Express) personal or cashier's check, or money order, payable to the Nevada State Board of Nursing (NSBN). U.S. Funds only. Please note: If you do not submit the required fees, your application will not be processed. All Fees are non-refundable. There is a \$25 fee for checks returned by your bank.

Before you submit your application, please make sure you:

- Have answered ALL the questions in the top portion and sections 1 through 5.
- Signed the Affirmation.
- Have submitted all required documentation (see attached instructions for list of documents).
- Have submitted the correct fee.
- Have verified your current mailing address.
- Completed the fingerprint requirement

If Paying By Credit Card, Please Complete

Visa MasterCard Discover American Express Card Number _____ Expiration Date _____ Amount \$ _____ Name on card _____

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF NURSING

1
2
3 IN THE MATTER OF
4 VERONICA JAMES
5 LICENSED PROFESSIONAL NURSE
6 APPLICANT
7 RESPONDENT

AGREEMENT FOR
PROBATION

CASE NO. 1245-16Y

8
9 This Agreement is hereby entered into between VERONICA JAMES, (RESPONDENT)
10 and the NEVADA STATE BOARD OF NURSING, (BOARD).

11 It is hereby stipulated and agreed, by and between the parties to the above-entitled matter,
12 that the following statements are true:

13 1. Respondent is aware of, understands, and has been advised of the effect of this
14 Agreement, which Respondent herein has carefully read and fully acknowledges. No coercion
15 has been exerted on the Respondent. Respondent acknowledges her right to an attorney at her
16 own expense. The Respondent has had the benefit at all times of obtaining advice from
17 competent counsel of her choice.

18 2. Respondent understands the nature of the allegations under investigation by the
19 Nevada State Board of Nursing. Respondent freely admits that her Texas RN license is currently
20 placed on probation regarding a practice incident. Respondent acknowledges this conduct
21 constitutes a violation of the Nevada Revised Statutes 632.347 (1)(m) action in another state.
22 Respondent further acknowledges that such acts and admissions subject her to disciplinary action
23 by the Board.

24 3. Respondent is aware of the Respondent's rights, including the right to a hearing
25 on any charges and allegations, the right to an attorney at her own expense, the right to examine
26 witnesses who would testify against her, the right to present evidence in her favor and call
27 witnesses on her behalf, or to testify herself, the right to contest the charges and allegations, the
28 right to reconsideration, appeal or any other type of formal judicial review of this matter, and any

1 other rights which may be accorded to her pursuant to the Nevada Administrative Procedures Act
2 and the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada
3 Administrative Code. **Respondent agrees to waive the foregoing rights upon acceptance of**
4 **this Agreement by the Board.**

5 4. Respondent understands that the Board is free to accept or reject this Agreement,
6 and if rejected by the Board, a disciplinary proceeding may be commenced. It is agreed that
7 presentation to and consideration by the Board of such proposed Agreement, shall not disqualify
8 the Board, or any of its members, from further participation, consideration, adjudication or
9 resolution of these proceedings, and that no Board member shall be disqualified or challenged
10 for bias therefore. This Agreement shall only become effective when both parties have duly
11 executed it and unless so executed, this Agreement will not be construed as an admission.

12 5. This Agreement shall not be construed as excluding or reducing any criminal or
13 civil penalties or sanction or other remedies that may be applicable under federal, state or local
14 laws.

15 6. This Agreement shall cover any nursing license or certificate issued by the State
16 of Nevada. Based upon the foregoing stipulations and recitals, it is hereby agreed that the Board
17 may issue the following decision and order:

18 **DECISION AND ORDER**

19 IT IS HEREBY ORDERED that upon completion of all licensure requirements, a Nevada
20 Licensed Professional Nurse license may be issued in the name of VERONICA JAMES, and the
21 license is placed on probation with an Active/Restricted licensure status for a minimum of one
22 (1) year with the following terms and conditions:

23 1. **COMPLETION OF COURSES**

24 Respondent shall take, and submit documentation of successful completion of the Nevada Nurse
25 Practice Act web based course **within 30 days** of acceptance of this Agreement. Respondent
26 shall submit documentation of successful completion to the Board within the designated
27 timeframe **or the license is automatically suspended** without further proceedings until all
28 requirements are completed.

1 2. **SUBMISSION OF QUARTERLY REPORTS TO THE BOARD**

2 Respondent shall cause all reports to be submitted in writing to the board on a quarterly basis as
3 follows. These reports must be submitted no later than the last day of March, June, September
4 and December. The Executive Director or the Compliance Coordinator and/or the Professional
5 Evaluation Group may evaluate and approve or deny changes in the frequency of reporting.

6 Respondent shall:

- 7 a. Submit self reports in a detailed format as provided by the Board, **whether**
8 **working or not;**
- 9 b. Cause her direct nursing supervisor to submit written reports to the
10 Board addressing work attendance, reliability, nursing competence, and
11 any other information the supervisor identifies as appropriate to report to
12 the Board for evaluation of compliance.

13 3. **LIMITATIONS AND RESTRICTIONS ON EMPLOYMENT**

14 The Board shall approve all employment sites requiring a nursing license (including changes
15 within the same worksite or unit) **prior to commencement of work.** Respondent shall:

- 16 a. Provide a complete copy of this Agreement to her employer and
17 direct supervisor **prior to commencement of work.**
- 18 b. Be employed in a setting in which direction is provided by a Registered
19 Nurse. Direction shall mean: the intermittent observation, guidance and
20 evaluation of the nursing practice by a licensed professional nurse who
21 may only occasionally be physically present;
- 22 c. Cause her direct nursing supervisor to submit a job description and an
23 initial written report on a form provided by the Board **prior to the**
24 **commencement of employment,** and by each additional or subsequent
25 supervisor;
- 26 d. Work only day or evening shift that ends prior to midnight. Respondent
27 may not work for a nursing registry, work in home health, for a traveling
28 agency, or any other temporary employing agencies, float pool, or position
 that requires on-call status;
- e. Not work more than ninety (90) hours in nursing in a two (2) week period
 for a **minimum of one (1) year;**

1 f. Not function as a supervisor, including as a head nurse or charge nurse for
2 a **minimum of one (1) year**;

3 g. Notify the Board in writing within seventy-two (72) hours after
4 termination of any nursing employment for any reason and include a full
5 explanation of the circumstances surrounding it;

6 4. **REQUIREMENT TO ATTEND ORIENTATION AND MEET WITH THE
7 BOARD OR STAFF**

8 Respondent shall attend a **mandatory orientation** meeting within thirty days of execution of this
9 Agreement by the Board to facilitate understanding and accountability of the terms and
10 conditions of this Agreement as scheduled by the Compliance Coordinator.

11 Upon request, Respondent shall meet with the Board or its representatives and cooperate with
12 representatives of the Board in their supervision and investigation of Respondent's compliance
13 with the terms and conditions of this Agreement.

14 5. **FINANCIAL RESPONSIBILITIES AND MONITORING FEES (DUE
15 MONTHLY)**

16 Respondent shall be financially responsible for all requirements of this Agreement, including any
17 financial assessments by the Board for the cost of monitoring her compliance with this
18 Agreement. Respondent may be assessed a late fee for monitoring fees that are received more
19 than ten (10) calendar days after the due date.

20 6. **NOTIFICATION OF ACTION AND REPORTING TO NATIONAL
21 DISCIPLINARY DATA BANKS**

22 Respondent shall notify any other state Board of Nursing or other regulatory agency in whose
23 jurisdiction she has been issued a nursing license (current or not), or has applied or will apply for
24 a license of this disciplinary action by the Board. This Agreement will become part of the
25 Respondent's permanent record, will become public information, will be published with the list
26 of disciplinary actions the Board has taken, and will be reported to any national repository which
27 records disciplinary action taken against licensees or holders of certificates; or any agency or
28 another state which regulates the practice of nursing. The Board may use the Agreement in any
subsequent hearings.

1 7. **VIOLATIONS OF THIS AGREEMENT - CONSEQUENCES**

2 Respondent acknowledges that if she violates any of the terms and conditions of this Agreement,
3 the Board may revoke, or invoke other appropriate discipline against her license to practice
4 nursing, subject to a hearing in accordance with the Nevada Nurse Practice Act for the purpose
5 of establishing that there has, in fact, been a violation of the stipulations of this Agreement.

6 Respondent acknowledges that any violation of the Nevada Nurse Practice Act shall be
7 considered a violation of this Agreement.

8 8. **AGREEMENT TO SURRENDER LICENSE**

9 In the event that a violation of the terms and conditions of this Agreement is alleged, Respondent
10 agrees to surrender her license to the Executive Director, or the Compliance Coordinator, if they
11 so request, and refrain from practicing nursing until requirements have been met, violations
12 resolved, or entry of a final order of the Board or a court of competent jurisdiction, whichever
13 last occurs, regarding a potential violation.

14 9. **COMPLETION AND TERMINATION OF PROBATION**

15 Respondent shall only receive credit toward service of her probation period while employed in a
16 capacity for which nursing licensure is required and subject to adequate supervision approved by
17 the Board. Respondent is not eligible for early termination of this Agreement. Upon completion
18 of the terms and conditions of this Agreement, Respondent shall apply for termination of
19 probation and unrestricted licensure on forms supplied by the Board. Respondent shall meet
20 with the Compliance Coordinator and/or the Professional Evaluation Group for evaluation of
21 compliance and recommendation for termination of probation. The probation shall continue
22 until terminated by the Board.

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1 The NEVADA STATE BOARD OF NURSING retains jurisdiction in this case until all
2 conditions have been met to the satisfaction of the Board.

3
4 Dated this 21 day of Feb, 2017

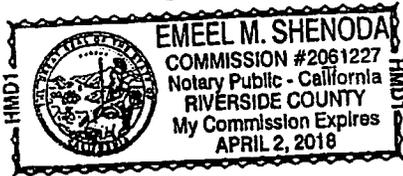
Veronica James
RESPONDENT
VERONICA JAMES

6
7 State of ~~Nevada~~ California

8 County of Riverside

9 This instrument was acknowledged before me on 2/21, 2017, by

10 Veronica James



Emeel M. Shenoda
Notary Public

14
15 Accepted and approved this 23rd day of March, 2017

17 NEVADA STATE BOARD OF NURSING

18
19
20 By:

Rhigel Tan
Rhigel Tan, DNP, RN, APRN
Board President