



STATE OF MAINE
 BOARD OF NURSING
 158 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0158

JOHN ELIAS BALDACCI
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

IN RE: VIRGINIA A. SCHURMAN)
 of Sebago, Maine)
)
)
)

**CONSENT AGREEMENT
 FOR PROBATION
 WITH CONDITIONS**

INTRODUCTION

This document is a Consent Agreement regarding Virginia A. Schurman’s license to practice registered professional nursing in the State of Maine. The parties enter into this Consent Agreement pursuant to 10 M.R.S.A. § 8003(5)(A-1)(4) and 10 M.R.S.A. § 8003(5)(B). The parties to this Consent Agreement are Virginia A. Schurman (“Applicant”), Maine State Board of Nursing (“Board”) and the Office of the Attorney General, State of Maine. The Board met with Ms. Schurman on June 7, 2006 to consider her application for licensure as a registered professional nurse by endorsement. The parties reached this Consent Agreement based on a Consent Order from the Rhode Island Board of Nurse Registration and Nursing Education dated May 10, 2004. The Consent Order is currently effective in the State of Rhode Island.

FACTS

1. Virginia A. Schurman filed an application for licensure as a registered professional nurse by endorsement with the Maine State Board of Nursing on February 2, 2006. Attached to her application is a copy of a Consent Order signed by Ms. Schurman and the Rhode Island Board of Nurse Registration and Nursing Education dated May 10, 2004. The Consent Order is for a three year probationary period with conditions, which commenced upon the execution of the Consent Order. The Application and Consent Order is attached to this Consent Agreement and marked as Exhibit A.
2. Virginia A. Schurman graduated from Orange County Community College, located in Middletown, New York, with an Associates Degree in Nursing in 1989. She was formerly licensed in the State of Rhode Island as a registered professional nurse (License No. RN 33826), which expired March 1, 2006; in New Jersey as a registered professional nurse (License No. 26NR07875900), which expired December 1996. Ms. Schurman was originally licensed in the State of New York September 15, 1989 (License No. 416350).
3. On June 7, 2006, the Board voted to approve Ms. Schurman’s application for licensure by endorsement and to place her license on probation with conditions for the duration of her probationary period in the State of Rhode Island.



PRINTED ON RECYCLED PAPER

OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
<http://www.maine.gov/boardofnursing/>

PHONE: (207) 287-1133

FAX: (207) 287-1149

AGREEMENT WITH CONDITIONS OF PROBATION

4. Virginia A. Schurman agrees and understands that the Board is taking reciprocal action on her Maine license as a registered professional nurse with that of Rhode Island with additional conditions, stated-below, for the State of Maine.

5. Virginia A. Schurman's license to practice registered professional nursing in the State of Maine will be placed on probationary status commensurate with Rhode Island's probation. Exhibit A. In addition, Ms. Sherburne agrees and understands that her Maine license will have the following additional terms and conditions:
 - a. Virginia A. Schurman will notify any health care providers of her substance abuse history.

 - b. Virginia A. Schurman will continue in her treatment program to such an extent and for as long as her treatment provider(s) recommend and will arrange for and ensure the submission to the Board copies of the same reports from her treatment providers in Rhode Island.

 - c. Virginia A. Schurman will notify any and all of her nursing employers and notify faculty involved in any clinical studies if she is enrolled in a nursing educational program, of the terms of this Consent Agreement and shall provide them with a copy of it.

 - d. Virginia A. Schurman will arrange for and ensure the submission to the Board of quarterly reports from her nursing employer or clinical faculty regarding her nursing practice.

 - e. Virginia A. Schurman will immediately notify the Board in writing regarding any material change in her nursing employment or entry into an educational program in the field of nursing. Notification under this section shall include the place and position of employment or the educational program and the same notification shall apply to any subsequent change in employment or change in educational program.

 - f. Virginia A. Schurman's employment is restricted during the period of probation to structured settings, which shall not include assignments from temporary employment agencies, school nursing or working within the correctional system.

 - g. Virginia A. Schurman understands and agrees that her multistate privileges are suspended during the pendency of this Consent Agreement, which prohibits her from practicing in any other compact state. If Ms. Schurman wishes to practice in any other party state within the compact she shall petition the Board for written authorization. In addition, Ms. Schurman will arrange to have the party state in which she intends to practice provide the Board with written authorization that she has been approved to practice in that state.

6. Virginia A. Schurman agrees and understands that her license will remain on probationary status and subject to the terms of this Agreement indefinitely beyond the probationary period established by the Rhode Island Consent Order, until and unless the Board, at Ms. Schurman's written request, votes to terminate Ms. Schurman's probation. When considering whether to terminate the probation, the Board will consider the extent to which Ms. Schurman has complied with the provisions of this Consent Agreement.
7. Virginia A. Schurman understands that this document is a Consent Agreement that affects her rights to practice nursing in Maine. Ms. Schurman understands that she does not have to execute this Consent Agreement and that she has the right to consult with an attorney before entering into the Consent Agreement.
8. If Virginia A. Schurman fails to meet any of the obligations of this Consent Agreement, the Board may take any disciplinary action, which it deems appropriate and impose any of the sanctions, including but not limited to that found in Title 10 M.R.S.A. § 8003 and Title 32 M.R.S.A. § 2105-A.
9. Virginia A. Schurman affirms that she executes this Consent Agreement of her own free will.
10. Modification of this Consent Agreement must in writing and signed by all the parties.
11. This Consent Agreement is not subject to appeal or review by the Licensee but may be enforced by an action in the Superior Court.
12. This Consent Agreement becomes effective upon the date of the last necessary signature below.

I, VIRGINIA A. SCHURMAN, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.

DATED: 7/6/06

Virginia A. Schurman
VIRGINIA A. SCHURMAN

**FOR THE MAINE STATE
BOARD OF NURSING**

DATED: July 18, 2006

Myra Broadway
MYRA A. BROADWAY, J.D., M.S., R.N.
Executive Director

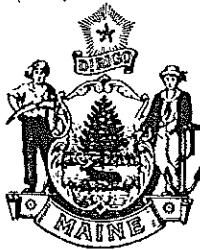
FOR THE OFFICE OF THE
ATTORNEY GENERAL

DATED:

7/18/06



JOHN W. RICHARDS
Assistant Attorney General



MAINE STATE BOARD OF NURSING

158 State House Station • Augusta, Maine 04333-0158
(207) 287-1133

EXHIBIT

tabbies

A

APPLICATION FOR LICENSE AS A REGISTERED PROFESSIONAL NURSE BY ENDORSEMENT

Application Received 2/2/06 **DO NOT WRITE IN THIS SPACE** Application Approved by Board of Nursing: _____

Fee: Cash _____ Check 60,324 MO _____ Chair _____

Receipt # 751547 Executive Director _____

License Date _____ Date _____

LICENSE NUMBER _____ Date _____

INSTRUCTIONS. An applicant must submit to the Board of Nursing office the following:

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$60.00 in the form of U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (not more than two years old), signed and dated, and enclosed with the application form, and
4. photocopy of a current (active) license in another state.

It is imperative that you supply us with your entire name, including any and all previously used names. If you do not have middle, maiden, or previous names, then you must write NONE in the appropriate space.

The Board of Nursing in the State which issued your original license by examination will be requested to verify your original licensure. You will be informed if a fee is required for this service. **YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE.**

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION I. PROFILE INFORMATION

Print legal name Virginia Anne Nolan Schurman
(first) (middle) (maiden) (last)

List any other names used previously Virginia A. McNulty Virginia A. Hendrickson

Residential address 684 Sebago Rd. #6 P.O. Box 301
(street and number or route)

Sebago Maine 04029
(city) (county) (state and zip code)

Mailing address (if different from above) _____

Telephone Number 207-787-4487 Social Security Number _____

Birthplace Bronx N.Y. Date of Birth 9-9-1951
city/state month/day/year

High School The Thorpe Secretarial HS - NY, NY.
name and location

Date of Graduation 1969 G.E.D. Yes No Date of G.E.D. Diploma _____

SECTION II. BASIC NURSING EDUCATION

School of Nursing Orange County Community College
(name)
 South St., Middletown, NY 10940
(address)
 Date of Entrance 1/85 Date of Graduation 6/89 Length of Program 2 yrs
 Diploma Associate Baccalaureate Masters Doctoral Certificate

SECTION III. LICENSURE HISTORY

Original registration: State/Country New York / USA Year ^{9/15} 1989 License No. 416350
 By: Examination Yes No

Do you now hold or have you ever held a license to practice nursing (registered or practical) in Maine, in any other state, or in any other jurisdiction or country? If yes, indicate below the state(s), license number(s), type of license, and dates held. Attach additional sheet if necessary: Yes No

State(s) or country:	License No(s):	RN or LPN?	Date of Issue	Date of Expiration
<u>New Jersey</u>	<u>26NR07875900</u>	<u>RN</u>	<u>1992</u>	<u>12/96</u>
<u>Rhode Island</u>	<u>RN 33826</u>	<u>RN</u>	<u>1999</u>	<u>3/1/06</u>

Have you completed a program preparing nurse practitioners, nurse anesthetists, nurse-midwives or clinical nurse specialists? Yes No

SECTION IV. EMPLOYMENT INFORMATION

A. List employment in nursing for the past five years.

Name of Agency	City and State	Dates of Employment
<u>Sstar of RI</u>	<u>N. Kingstown RI</u>	<u>2000-2002</u>
<u>Npt. City Mental Health</u>	<u>Newport RI</u>	<u>2002-2003</u>
<u>Heatherwood Nay Rehab</u>	<u>Newport RI</u>	<u>2003-2005</u>

B. If you have not been employed in nursing in the last five years, please explain I have been in nursing sporadically in the past 5 yrs due to illness, family problems - terminally ill parent, and divorce.

C. Are you currently employed in nursing? Yes No
 If yes, indicate name and address of employer

D. Where in Maine do you plan to work? hopefully in patient subacute nursing center

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
D E P A R T M E N T O F H E A L T H



Safe and Healthy Lives in Safe and Healthy Communities

March 8, 2006

State of Maine
Board of Nursing
158 State House Station
Augusta, ME 04333-0158

Re: Virginia Schurman, RN
DOB: 09/09/1951

To Whom It May Concern:

Please find enclosed a true and certified copy of the Orders entered between Ms. Schurman and the Rhode Island Board of Nurse Registration and Nursing Education.

If we can be of further assistance do not hesitate to contact me.

Sincerely,

Charles Alexandre, MS, RN
Chief, Health Professions Regulation
(401) 222-2828

enclosure(s)

RECEIVED

MAR 13 2006

MAINE STATE
BOARD OF NURSING

SECTION V. DISCIPLINARY INFORMATION

- A. Has any Board of Nursing ever fined, warned, censured, or reprimanded you? Yes No
- B. Have you ever had a nursing license placed on probation, denied, suspended or revoked in any state? Yes No
- C. Is there any complaint pending against your license in any state or jurisdiction? Yes No
- D. Have you ever been disciplined for problems resulting from a physical illness or condition? Yes No
- E. Have you ever been disciplined for problems resulting from mental illness? Yes No
- F. Have you ever been disciplined for problems resulting from chemical dependency? Yes No
- G. Have you ever been convicted of a crime other than minor traffic violations? Yes No

If you answered "YES" to any of the above questions, indicate all state(s) or jurisdiction(s) involved and attach an explanation.

SECTION VI. RESIDENCE INFORMATION

What state (or country if you are not from the U.S.) do you claim as your legal residence?

Maine

THIS FORM MUST BE NOTARIZED



I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understand this affidavit.

Signature of Applicant Virginia Schurman

Sworn to before me this 2nd day of Feb, 2006.

(SEAL)

Notary Public Michele Buboveckas *Michele Buboveckas*

My commission expires 7/13/10 in and for the State of Maine

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH
AND BOARD OF NURSE
REGISTRATION AND
NURSING EDUCATION

vs.

VIRGINIA SCHURMAN, RN

ORDER

Pursuant to Section 5-34-25 of the General Laws of the State of Rhode Island, 1956, as Amended, a complaint was filed with the Board of Nurse Registration and Nursing Education (hereinafter referred to as "Board") charging Virginia Schurman, RN, Respondent, with violation of Chapter 5-34 of the General Laws of the State of Rhode Island, 1956, as Amended.

After consideration by the Investigating Subcommittee of the Board, the following constitutes the Findings of Fact with respect to the professional performance of the Respondent.

1. Respondent is a registered nurse and licensed to practice nursing in the State of Rhode Island.
2. That on or about 16 November 1999 you altered a prescription for Vicodin .5mg to Vicodin 7.5 mg and presented said prescription to the Stop & Shop Pharmacy to be filled.
3. That the conduct described in paragraph two (2) above constitutes unprofessional conduct as defined in Section 5-34-24 (6) (v) in that Respondent's actions fail to conform to the standards established by the nursing profession.

Based upon the foregoing, the Board hereby enters the following Order:

1. That the registered nurse license issued to the Respondent is hereby suspended for a period of at least three (3) years effective December 11, 2000.

2. At the time Respondent seeks reinstatement of the registered nurse license, she shall submit documentation to the Board evidencing that she is capable and competent to engage in the practice of nursing.
3. That this Order shall remain in full force and effect pending further Order of the Board.

Entered as an Order of the Board of Nurse Registration and Nursing Education at a meeting held on November 6, 2000.

Date: _____

Nov 14, 2000

Charles Alexander Jr.

President, Board of Nurse Registration
and Nursing Education

**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH
HEALTH SERVICES REGULATION
BOARD OF NURSE REGISTRATION
AND NURSING EDUCATION**

vs.

Virginia Schurman, RN (RN33826)

CONSENT ORDER

This matter is before the Board of Nurse Registration and Nursing Education (hereinafter "Board") upon request submitted by Virginia Schurman, Respondent, that her license, having been suspended, be reinstated. That on or about 14 November 2000 the Board did issue an Order suspending Respondent's registered nurse license for unprofessional conduct, in that, on or about 16 November 1999 you altered a prescription for Vicodin .5mg to Vicodin 7.5mg and presented said prescription to the Stop & Shop Pharmacy to be filled.

After consideration by the Investigating Committee of the Board, it was agreed by an between the parties:

1. Respondent is a registered nurse and able to conduct business under and by virtue of the laws of the State of Rhode Island.
2. Respondent admits to the jurisdiction of the Board and hereby agrees to remain under the jurisdiction of the Board.
3. Respondent has read this Consent Order and understands that it is a proposal of the Board and is subject to final ratification by the Board. This Consent Order and the contents thereof are not binding on Respondent until final ratification by the Board.

4. Respondent hereby acknowledges and waives:
 - a) The right to appear personally or by counsel or both before the Board;
 - b) The right to produce witnesses and evidence in her behalf at a hearing;
 - c) The right to cross-examine witnesses;
 - d) The right to have subpoenas issued by the Board;
 - e) The right to further procedural steps except for those specifically contained herein;
 - f) Any and all rights of appeal of this Consent Order;
 - g) Any objection to the fact that this Consent Order will be presented to the Board for consideration and review;
 - h) Any objection to the fact that it will be necessary for the board to become acquainted with all evidence pertaining to this matter in order to adequately review this Consent Order;
 - i) Any objection to the fact that the Board reviewing this Consent Order may be the same as the Hearing Committee presiding over this matter should it later be brought to an administrative proceeding;
 - j) Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Consent Order to the Board.
5. This Consent Order shall become part of the public record of this proceeding once it is accepted by all parties and accepted by the Board and Respondent's license shall reflect that the status is probationary.
6. Acceptance by the Respondent and approval by the Board of this Consent Order constitutes an admission of the facts contained herein.

7. Failure to comply with the Consent Order, once signed and accepted, shall subject the Respondent to further disciplinary action.
8. That the Respondent's license to practice as registered nurse is reinstated and that Respondent shall serve at least a three (3) year period of probation subject to the terms and conditions set forth in this order.
9. That said probationary period shall commence upon the date of the execution of this Consent Order by all the parties and will abate for the duration of any period in which Respondent ceases to be employed as a nurse. Upon employment as a registered nurse Respondent shall notify the Board as to the name and address of her employer and the date she commenced employment.
10. That, during the period of probation, Respondent's shall submit to the Board evaluations from her employer at three (3) month intervals and that at the expiration of the period of probation, Respondent's employer shall submit to the Board reports relating to Respondent's conduct and performance; that it shall be the responsibility of Respondent to have her employer submit said reports.
11. That during the period of probation Respondent shall notify the Board forthwith of any changes in her employment, including the name and address of the new employer(s) and the reason for said change.
12. That, during the period of probation, Respondent shall not work in a staffing agency and/or pool or in a home health environment. That Respondent shall not work in a supervisory capacity
13. That should Respondent comply with the laws and regulations governing the practice of nursing during the period of probation and comply with the requirements of this Consent

Order, she may apply to the Board for an unrestricted license to practice as a registered nurse.

14. Respondent shall continue counseling and/or treatment for drug and/or alcohol abuse with a healthcare professional specializing in substance abuse approved by the Board, and shall continue such counseling and/or treatment programs as the healthcare professional rendering her care deems appropriate including but not limited to, attendance at AA and NA meetings, nursing assistance, and nurse support groups as needed.
15. Respondent waives confidentiality of her treatment and will direct the Assistance Program and/or other health care professional rendering treatment to release any progress reports to the Board including, but not limited to, monthly progress reports, and random urine and drug screening reports for the duration of the Respondent's contract with the Assistance Program.
16. This Consent Order will be transmitted forthwith to the Assistance Program, which is hereby directed by the Respondent to notify the Board of any breach or termination by the Respondent of her treatment.
17. That should Respondent fail to comply with the laws and regulations governing the practice of nursing and/or fail to comply with the terms of this Order, her license as a licensed practical nurse shall be subject to suspension or other appropriate disciplinary action.

Virginia Schurman, RN
Virginia Schurman, RN

Mary Dowd Street
President, Board of Nurse Registration
and Nursing Education

Ratified as an order of the Board of Nurse Registration and Nursing Education at a meeting held

on this 10th day of May 2004.