

Certified True Copy

By [Signature]
Virginia Board of Nursing



RECEIVED

NOV 01 2017

COMMONWEALTH of VIRGINIA VA BD OF NURSING

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

November 1, 2017

DUPLICATE COPY
VIA FIRST CLASS MAIL

DATE 11/1/17

Kari Allison Smith, R.N.
20187 Jeb Stuart Hwy
Abingdon, VA 24211

RE: License Number: 0001-221097
Case Number: 171529

Dear Ms. Smith:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice professional nursing in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered October 31, 2017. You are hereby advised that you may not practice professional nursing or hold yourself out as a licensed professional nurse unless and until the Board of Nursing has notified you in writing that your license has been reinstated. Please return your license to Jay P. Douglas, Executive Director of the Virginia Board of Nursing ("Board"), at the above address, immediately upon receipt of this letter.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. The reinstatement application can be found at www.dhp.virginia.gov/Nursing.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

[Signature]

Anne Joseph, Deputy Director
Administrative Proceedings Division

cc: Jay P. Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director, Virginia Board of Nursing
Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: KARI ALLISON SMITH, R.N.
License Number: 0001-221097
Case Number: 171529

ORDER OF MANDATORY SUSPENSION


In accordance with Virginia Code § 54.1-2409, I, David E. Brown, D.C., Director of the Virginia Department of Health Professions, received and acted upon evidence that Kari Allison Smith, R.N., was convicted of two felony offenses, to wit: forgery and aggravated perjury, in the Criminal/Circuit Court for Sullivan County, Tennessee. Certified copies of the Judgments in these cases are attached hereto as Commonwealth's Exhibits 1 and 2.

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Kari Allison Smith, R.N., to practice professional nursing in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Kari Allison Smith, R.N., will be recorded as suspended and no longer current and valid. Should Ms. Smith seek reinstatement of her license pursuant to Virginia Code § 54.1-2409, she shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

This Order shall be applicable to Ms. Smith's multistate licensure privilege, if any, to practice professional nursing in the Commonwealth of Virginia.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.



David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:

10/31/17

CERTIFICATION OF DUPLICATE RECORDS

I, David E. Brown, D.C., Director of the Department of Health Professions, hereby certify that the attached Judgments entered April 16, 2017, regarding Kari Allison Smith, R.N., are true copies of the records received from the Criminal/Circuit Court for Sullivan County, Tennessee.



David E. Brown, D.C.

10/31/17

Date

**MINUTES, the 19th day September, 2017
IN THE CRIMINAL/CIRCUIT COURT FOR SULLIVAN COUNTY, TENNESSEE**

Case Number: S65716 Count: 1 Counsel for the State: JOSEPH E. PERRIN
 Judicial District: 2nd Judicial Division: Criminal I Counsel for the Defendant: ASHLEY D. BOYER
 State of Tennessee vs. Retained Pub Def Appt Private Atty Appt
 Counsel Waived Pro Se
 Defendant: KARI A SMITH Alias: _____ Date of Birth: _____ Sex: Female
 Race: White SSN: _____ Driver License #: _____ Issuing State: _____
 State ID #: _____ County Offender ID # (if applicable): _____ TOMIS/TDOC #: 00569635
 Relationship to Victim: _____ Victim's Age: _____
 State Control #: _____ Arrest Date: 12/03/2015 Indictment Filing Date: 11/10/2015

JUDGMENT Original Amended Corrected

Come the parties for entry of judgment.

On the 16th day of April, 2017, the defendant:

<input checked="" type="checkbox"/> Pled Guilty <input type="checkbox"/> Dismissed/Nolle Prosequi <input type="checkbox"/> Pled Nolo <input type="checkbox"/> Pled Guilty - Certified Question Findings Incorporated by Reference Is found: <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury Verdict <input type="checkbox"/> Not Guilty by Reason of Insanity <input type="checkbox"/> Bench Trial	Indictment: Class (circle one) 1 st A B C <u>D</u> E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Mi Indicted Offense Name <u>AND TCA §: 39-16-703 - AGGRAVATED PERJURY</u> Amended Offense Name <u>AND TCA §:</u> Offense Date: <u>06/23/2015</u> County of Offense: <u>SULLIVAN</u> Conviction Offense Name <u>AND TCA §: 39-16-703 - AGGRAVATED PERJURY</u> Conviction: Class (circle one) 1 st A B C <u>D</u> E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Is this conviction offense methamphetamine related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sentence Imposed Date: <u>09/08/2017</u>
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After considering the evidence, the entire record, and in the case of sentencing, all factors in Tennessee Code Annotated Title 40, Chapter 35, all of which are incorporated by reference herein, it is ORDERED and ADJUDGED that the conviction described above is imposed hereby and that a sentence and costs are imposed as follows:

Offender Status (Check One) <input type="checkbox"/> Mitigated <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Multiple <input type="checkbox"/> Persistent <input type="checkbox"/> Career	Release Eligibility (Check One) <input type="checkbox"/> Mitigated 20% <input type="checkbox"/> Mitigated 30% <input checked="" type="checkbox"/> Standard 30% <input type="checkbox"/> Multiple 35% <input type="checkbox"/> Persistent 45% <input type="checkbox"/> Career 60% <input type="checkbox"/> Agg Rob 85% <input type="checkbox"/> 40-35-501(i) 100% <input type="checkbox"/> 39-13-518 100%	<input type="checkbox"/> Agg Rob w/Prior 100% <input type="checkbox"/> Multiple Rapist 100% <input type="checkbox"/> Child Rapist 100% <input type="checkbox"/> Child Predator 100% <input type="checkbox"/> Agg Rapist 100% <input type="checkbox"/> Mult 39-17-1324 100% <input type="checkbox"/> 39-17-1324(a), (b) 100% <input type="checkbox"/> Agg Assault w/Death 75% <input type="checkbox"/> Att 1 st Degree Murder w/SBI 85%	<input type="checkbox"/> 1 st Degree Murder <input type="checkbox"/> Drug Free Zone <input type="checkbox"/> Gang Related <input type="checkbox"/> Repeat Violent Off <input type="checkbox"/> Agg Child Neg/En 70% <input type="checkbox"/> Agg Child Neg/En 85% <input type="checkbox"/> Meth 100%	Concurrent with: Count 2 Consecutive to:	Pretrial Jail Credit Period(s): From <u>12/03/2015</u> to <u>12/03/2015</u> From _____ to _____ From _____ to _____ From _____ to _____
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Sentenced To: TDOC County Jail Workhouse
 Sentence Length: 2 Years _____ Months _____ Days _____ Hours Life Life w/out Parole Death
 Mandatory Minimum Sentence Length: 39-17-417, 39-13-513, 39-13-514, or 39-17-432 in Prohibited Zone or 55-10-409 DUI 4th offense
 or 39-17-1324 Possession/Employment of Firearm or 40-39-208, -211 Violation of Sex Offender Registry or Meth (39-17-434, -417, -418)
 Period of incarceration to be served prior to release on probation or Community Corrections: 6 Months _____ Days _____ Hours
 Minimum service prior to eligibility for work release, furlough, trusty status and rehabilitative programs: _____ % (Misdemeanor Only)
 Alternative Sentence: Sup Prob Unsup Prob Comm Corr (CHECK ONE BOX) 2 Years _____ Months _____ Days Effective: _____
 WAS DRUG COURT ORDERED AS A CONDITION OF THE ALTERNATIVE SENTENCE? Yes No

Court Ordered Fees and Fines: \$ _____ Court Costs \$ <u>500.00</u> Fine Assessed \$ _____ Traumatic Brain Injury Fund (68-55-301 et seq.) \$ _____ Drug Testing Fund (TN Drug Control Act) \$ _____ CICF \$ _____ Sex Offender Tax \$ _____ Other: _____	Costs to be Paid by <input checked="" type="checkbox"/> Defendant <input type="checkbox"/> State	Restitution: Victim Name _____ Address _____ Total Amount \$ _____ Per Month \$ _____ <input type="checkbox"/> Unpaid Community Service: _____ Hours _____ Days _____ Weeks _____ Months
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The Defendant having been found guilty is rendered infamous and ordered to provide a biological specimen for the purpose of DNA analysis.
 Pursuant to 39-13-521 the defendant is ordered to provide a biological specimen for the purpose of HIV testing.
 Pursuant to 39-13-524 the defendant is sentenced to community supervision for life following sentence expiration.
 Pursuant to Title 68, Chapter 11, Part 10, the clerk shall forward this judgment to the Department of Health.

Special Conditions

Payment of fines, restitution, and costs, as a condition of supervision by the Tennessee Department of Probation and Parole, based upon the defendant's ability to pay.

JAMES F. GOODWIN

Judge's Name

Judge's Signature

Date of Entry of Judgment

Counsel for State/Signature (optional)

Defendant/Defendant's Counsel/Signature (optional)

I, Shirley Munn, clerk, hereby certify that, before entry by the court, a copy of this judgment was made available to the party or parties who did not provide a signature above.

PENGAD 800-631-6391
EXHIBIT

FILED
 2017 SEP 19 PM 3:09
 2017 OCT 18 PM 1:35
 CLERK

MINUTES, the 19th day September, 2017 IN THE CRIMINAL/CIRCUIT COURT FOR SULLIVAN COUNTY, TENNESSEE

Case Number: S65716 Count: 2 Counsel for the State: JOSEPH E. PERRIN
 Judicial District: 2nd Judicial Division: Criminal I Counsel for the Defendant: ASHLEY D. BOYER
 State of Tennessee vs. Retained Pub Def Appt Private Atty Appt
 Counsel Waived Pro Se
 Defendant: KARI A SMITH Alias: _____ Date of Birth: _____ Sex: Female
 Race: White SSN: _____ Driver License #: _____ Issuing State: _____
 State ID #: _____ County Offender ID # (if applicable): _____ TOMIS/TDOC #: 00569635
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 State Control #: _____ Arrest Date: 12/03/2015 Indictment Filing Date: 11/10/2015

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<input checked="" type="checkbox"/> Pled Guilty <input type="checkbox"/> Dismissed/Nolle Prosequi <input type="checkbox"/> Pled Nolo <input type="checkbox"/> Pled Guilty - Certified Question Findings Incorporated by Reference Is found: <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty <input type="checkbox"/> Jury Verdict <input type="checkbox"/> Not Guilty by Reason of Insanity <input type="checkbox"/> Bench Trial	Indictment: Class (circle one) 1 st A B C D E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Mis Indicted Offense Name AND TCA §: <u>39-14-114 ~ FORGERY</u> Amended Offense Name AND TCA §: _____ Offense Date: <u>06/23/2015</u> County of Offense: <u>SULLIVAN</u> Conviction Offense Name AND TCA §: <u>39-14-114 ~ FORGERY</u> Conviction: Class (circle one) 1 st A B C D E <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor Is this conviction offense methamphetamine related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sentence Imposed Date: <u>09/08/2017</u>
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Offender Status (Check One)	Release Eligibility (Check One)	Concurrent with:	Pretrial Jail Credit Period(s):
<input type="checkbox"/> Mitigated <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Multiple <input type="checkbox"/> Persistent <input type="checkbox"/> Career	<input type="checkbox"/> Mitigated 20% <input type="checkbox"/> Mitigated 30% <input checked="" type="checkbox"/> Standard 30% <input type="checkbox"/> Multiple 35% <input type="checkbox"/> Persistent 45% <input type="checkbox"/> Career 60% <input type="checkbox"/> Agg Rob 85% <input type="checkbox"/> 40-35-501(i) 100% <input type="checkbox"/> 39-13-518 100%	Count 1 <input type="checkbox"/> 1 st Degree Murder <input type="checkbox"/> Drug Free Zone <input type="checkbox"/> Gang Related <input type="checkbox"/> Repeat Violent Off Consecutive to: <input type="checkbox"/> Agg Child Neg/En 70% <input type="checkbox"/> Agg Child Neg/En 85% <input type="checkbox"/> Meth 100%	From <u>12/03/2015</u> to <u>12/03/2015</u> From _____ to _____ From _____ to _____ From _____ to _____

Sentenced To: TDOC County Jail Workhouse
 Sentence Length: 1 Years _____ Months _____ Days _____ Hours Life Life w/out Parole Death
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Special Conditions
 Payment of fines, restitution, and costs, as a condition of supervision by the Tennessee Department of Probation and Parole, based upon the defendant's ability to pay.

JAMES F. GOODWIN
 Judge's Name _____ Judge's Signature _____ Date of Entry of Judgment _____
 Counsel for State Signature (optional) _____ Defendant/Defendant's Counsel/Signature (optional) _____
 Clerk, hereby certify that, before entry by the court, a copy of this judgment was made available to the party or parties who did not provide a signature above.

PENGAD 800-831-6
EXHIBIT
2

2017 SEP 19 PM 3:03
 JAMES R. PERRIN
 CLERK OF COURT
 SULLIVAN COUNTY, TN