

**VIRGINIA:**

**BEFORE THE BOARD OF NURSING**

**IN RE:**

**SHIRLEY L. JACKSON, R.M.A.  
Registration No.: 0031-002827**

**CONSENT ORDER**

The Virginia Board of Nursing ("Board") and Shirley L. Jackson, R.M.A., as evidenced by her signature hereto, enter into the following Consent Order affecting Ms. Jackson's registration to practice as a medication aide in Virginia.

The Board adopts the following Findings of Fact and Conclusions of Law.

**FINDINGS OF FACT**

1. Shirley L. Jackson, R.M.A., was issued Registration Number 0031-002827 by the Board to practice as a medication aide in the Commonwealth of Virginia on March 30, 2009. Said registration expired on April 30, 2015.
2. When she renewed her registration on April 14, 2014, for the period May 1, 2014 to April 30, 2015, Ms. Jackson failed to attest to the fact that in 2013-2014, she had completed the continuing education hours required for the renewal of her registration.
3. By letter dated April 21, 2014, the Board required Ms. Jackson, pursuant to 18 VAC 90-60-100(B)(3) of the Regulations Governing the Registration of Medication Aides ("Regulations"), to provide proof that she had complied with the continuing education requirements for the renewal of her license. A second letter was sent on July 24, 2014.
4. Ms. Jackson failed to submit evidence that she had completed CE requirements in 2013-2014.
5. On May 5, 2015, Ms. Jackson indicated to the Board that that she wished to voluntarily surrender her registration.

**CONCLUSIONS OF LAW**

The Board concludes that Findings of Fact Nos. 2 through 4 constitute a violation of 18 VAC 90-60-100(B) of the Regulations Governing the Registration of Medication Aides.

**CONSENT**

Shirley L. Jackson, R.M.A., by affixing her signature hereon, agrees to the following:

1. She has been advised to seek advice of counsel prior to signing this document;
2. She acknowledges that without her consent, no legal action can be taken against her except pursuant to the Virginia Administrative Process Act, § 2.2-4000(A) *et seq.* of the Code of Virginia (1950), as amended (“Code”);
3. She acknowledges that she has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses against her;
4. She waives all such right to an informal conference;
5. She admits to the Findings of Fact and Conclusions of Law contained herein and waives her right to contest such Findings of Fact and Conclusions of Law in any subsequent proceeding before the Board;
6. She consents to the entry of the following Order affecting her right to practice as a medication aide in Virginia.

**ORDER**

WHEREFORE, on the basis of the foregoing, the Virginia Board of Nursing, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. The Board ACCEPTS the VOLUNTARY SURRENDER for INDEFINITE SUSPENSION of the right of Shirley L. Jackson to renew her registration to practice as a medication aide in the Commonwealth of Virginia.

- 2. The registration will be recorded as suspended.
- 3. At such time as Ms. Jackson shall petition the Board for reinstatement of her registration, an administrative proceeding will be convened to determine whether she is capable of resuming the safe and competent practice as a medication aide. Ms. Jackson shall be responsible for any fees that may be required for the reinstatement and renewal of the registration prior to issuance of the registration to resume practice.

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

FOR THE BOARD

*Joyce A. Hahn*  
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 Joyce A. Hahn, PhD, RN, NEA-BC, FNAP  
 President, Virginia Board of Nursing

ENTERED: July 14, 2015

SEEN AND AGREED TO:

*Shirley Jackson*  
 \_\_\_\_\_  
 Shirley L. Jackson

Certified True Copy  
 By *[Signature]*  
 \_\_\_\_\_  
 Virginia Board of Nursing

COMMONWEALTH OF VIRGINIA  
COUNTY/CITY OF Madison, TO WIT:

Subscribed and sworn to before me, Shelly Aylor Galasso Notary Public, this 30<sup>th</sup> day of June, 2015.

My commission expires \_\_\_\_\_  
 Registration Number \_\_\_\_\_  
 My Commission Expires May 31, 2016



*Shelly Aylor Galasso*  
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 NOTARY PUBLIC