

Certified True Copy

By [Signature]
Virginia Board of Nursing



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DEC 13 2013

VA BD OF NURSING

COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
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

December 12, 2013

Kimberly Sebastian, a.k.a. Kimberly Jo Burton
P.O. Box 443
Stollings, WV 25646

CERTIFIED MAIL

DUPLICATE COPY
VIA FIRST CLASS MAIL

RE: License No.: 0001-247691

DATE 12/12/13

Dear Ms. Sebastian:

Pursuant to Section 54.1-2409 of the Code of Virginia (1950), as amended, ("Code"), you are hereby given notice that your license to practice nursing in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered December 12, 2013. You are hereby advised that, pursuant to Section 54.1-2409.1 of the Code, any person who practices a profession or occupation after having their license or certificate to do so suspended shall be guilty of a felony. Please return your license to Jay P. Douglas, Executive Director of the Virginia Board of Nursing, at the above address, immediately upon receipt of this letter.

Section 54.1-2409 of the Code further provides that you may apply to the Board of Nursing ("Board") for reinstatement of your license, and shall be entitled to a hearing not later than the next regular meeting of the Board after the expiration of sixty days from the receipt of such reinstatement application. You have the following rights, among others: to be represented by legal counsel, to have witnesses subpoenaed on your behalf, to present documentary evidence and to cross-examine adverse witnesses. The reinstatement of your license shall require the affirmative vote of three-fourths of the members present of the Board of Nursing.

Should you wish to petition the Board of Nursing for reinstatement of your license, contact Jay P. Douglas, Executive Director, at the above address or (804) 367-4599.

Sincerely,

[Signature]

Dianne L. Reynolds-Cane, M.D., Director
Department of Health Professions

Enclosures
Case # 153671

VIRGINIA:

BEFORE THE DEPARTMENT OF HEALTH PROFESSIONS

IN RE: KIMBERLY SEBASTIAN, R.N., a.k.a. KIMBERLY JO BURTON, R.N.
License No.: 0001-247691

ORDER

In accordance with Section 54.1-2409 of the Code of Virginia (1950), as amended, ("Code"), I, Dianne L. Reynolds-Cane, M.D., Director of the Virginia Department of Health Professions, received and acted upon evidence that Kimberly Sebastian, R.N., a.k.a. Kimberly Jo Burton, R.N., was convicted of felony charges in the Monroe Circuit Court for the State of Indiana, to wit:

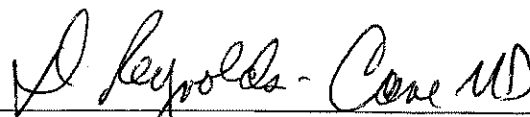
1. One (1) Count of Forgery; and
2. One (1) Count of Theft.

Certified copies of the Sentencing Orders are attached to this Order and are marked as Commonwealth's Exhibit No. 1.

WHEREFORE, by the authority vested in the Director of the Department of Health Professions pursuant to Section 54.1-2409 of the Code, it is hereby ORDERED that the license of Kimberly Sebastian, R.N., to practice nursing in the Commonwealth of Virginia be, and hereby is, suspended.

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

Pursuant to Sections 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 a public record and shall be made available for public inspection and copying upon request.



Dianne L. Reynolds-Cane, M.D., Director
Department of Health Professions

ENTERED: _____

12-12-13



COMMONWEALTH of VIRGINIA

Dianne L. Reynolds-Cane, M.D.
Director

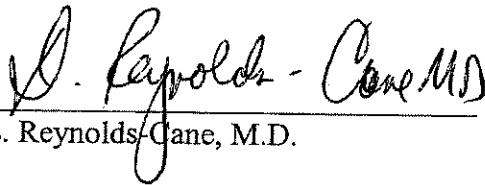
Department of Health Professions

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FAX (804) 527- 4475

CERTIFICATION OF DUPLICATE RECORDS

I, Dianne L. Reynolds-Cane, M.D., Director of the Department of Health Professions, hereby certify that the attached Sentencing Orders entered May 20, 2002, regarding Kimberly Sebastian, R.N., a.k.a. Kimberly Jo Burton, R.N., are true copies of the records received from the Monroe Circuit Court for the State of Indiana.



Dianne L. Reynolds-Cane, M.D.

Date: 12-12-13

ORDER OF CHANGE OF PLEA, SENTENCING, PROBATION AND COMMITMENT

STATE OF INDIANA

IN THE MONROE CIRCUIT COURT

VS KIMBERLY JO BURTON

CAUSE 53CO 60109CF00726

ADDRESS: 550 NATIONAL ROAD, COLUMBUS, IN 47203

TELEPHONE: 812-376-6216

DATE OF BIRTH:

SOCIAL SECURITY:

On 3/14/02 the State of Indiana and the Defendant appear in person (and by counsel Mike Hummer)

Defendant [acknowledges a full understanding of the nature of the [charge(s)/allegation(s)], the relevant constitutional rights, and the full range of penalties upon waiver of such rights, [pleads guilty/enters admission(s)] to [or (after trial is found [guilty of / to have violated])] Forgery

The Court [finds the [plea(s)/admission(s)] to be voluntary, knowing and with a factual basis, and accepts the [pleas(s)/admission(s)] and] finds the Defendant [guilty/to have violated prior orders of the Court], and enters judgment. Class C Infraction / Misdemeanor / Felony

The remaining [count(s)/allegation(s)], if any, are dismissed upon motion of the State.

Judgment of conviction may/shall be reduced to a Class A Misdemeanor upon application and successful completion of probation without violation

SENTENCE: 3 yrs + 6 mos. consecutive to 53CO60110 DF 00758, suspended 3 yrs, leaving 180 days credit @ 94 days, leaving no executed balance and 2 yrs + 11 mos + 22 days suspended. CREDIT 94

IN LIEU OF INCARCERATION: CASP ROAD CREW PUBLIC RESTITUTION

Defendant's driver's license is suspended for N/A from the date of administrative suspension; suspension stayed, with probationary license issued (see separate order). You shall not drive unless properly licensed.

PROBATION TERM 3 yrs. (consecutive) TO END SUPERVISED TERM all until restitution + fees paid in full.

LEAH BAKER

STANDARD CONDITIONS OF PROBATION

- 1. You shall not commit a criminal offense. You shall report any arrest or criminal charge to your Probation Officer within 24 hours.
2. You shall report to the Probation Department immediately following your sentencing hearing or. Thereafter, you shall report as directed to the Probation Department and provide truthful information. You shall permit authorized representatives of the Probation Department to visit you in your home and elsewhere at reasonable times, and shall abide by any curfew imposed.
3. You shall notify your Probation Officer in writing within 48 hours of any change in address or telephone from that listed above and shall not the State of Indiana without written permission of your Probation Officer.
4. You shall not carry, use or possess any firearm, destructive device, or dangerous weapon if convicted of a felony.
5. You shall not consume alcohol and shall not consume, inhale or inject controlled substances unless prescribed to you by a physician. You submit to drug/alcohol tests at your own expense at the request of the Probation Department or when otherwise directed.
6. You shall maintain or seek suitable employment or pursue a course of study or vocational training and shall attend GED or other classes as directed. You shall notify your Probation Officer in writing of any changes in employment or educational status within 48 hours.
7. You shall successfully complete, at your own expense, and provide proof of completion of any inpatient/outpatient treatment, counseling, education and/or victim impact program directed by your Probation Officer.

COMMUNITY CORRECTIONS: You shall successfully complete, subject to Community Corrections rules, including the payment of fees, and pursuant to standing orders, the following: days CASP days Day Reporting hours Public Restitution days Road Crew

RESTITUTION: You shall pay monetary restitution through the Clerk's Office as directed by your Probation Officer pursuant to the Order of Restitution

MONETARY CONDITIONS: Fine: \$ Fine Suspended YES NO Costs: \$ 129.00 by 10/15/02

FEES: Countermeasures / Drug Interdiction: \$ Public Defender: \$ Alcohol/Drug Program: \$ Initial PUF: \$ 100.00 Monthly PUF: \$ 15.00 Other: \$ transfer fees

The Clerk shall apply any cash bond to the payment of costs, fines, fees and restitution.

ADDITIONAL ORDERS/INSTRUCTIONS: Defendant shall have no checking accounts. Defendant shall obtain valid Indiana Operator's license w/in 6 months

Pursuant to IC 35-38-2.2.3(b), if you violate a condition of probation during the probationary period, a Petition to Revoke may be filed before the earlier of the following: 1) One year after the term of probation OR 2) 45 days after the State receives notice of the violation.

SO ORDERED this 20th day of May, 2002.

JUDGE, MONROE CIRCUIT COURT

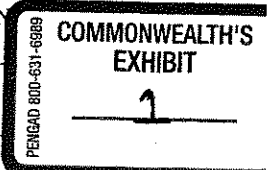
I, the undersigned, have read and/or had explained to me the above conditions of my probation and by my signature, do acknowledge and agree to all conditions and acknowledge that I have received a copy of this order. I hereby knowingly, intentionally and specifically waive my rights against self-incrimination and search and seizure as provided for in the Constitution of the United States and the State of Indiana as to any action initiated by the Monroe Circuit Court and/or Probation personnel. I further agree that if I am arrested on a warrant issued for violation of my probation, I hereby waive extradition to the State of Indiana and this Court.

Dated Probationer's Signature Witness

TO THE SHERIFF: ACTUAL DAYS TO SERVE BASED ON

[X] STRAIGHT TIME: Report Date: Time: Release Date: [] WORK RELEASE ELIGIBLE WITH CASP [] WORK RELEASE ELIGIBLE WITHOUT CASP

PA DEPT CR TAPE



ORDER OF CHANGE OF PLEA, SENTENCING, PROBATION AND COMMITMENT

STATE OF INDIANA

IN THE MONROE CIRCUIT COURT

VS KIMBERLY JO BURTON

CAUSE 53C0 60110DF00758

ADDRESS: 550 NATIONAL ROAD, COLUMBUS, IN 47203

TELEPHONE: 812-376-6216

DATE OF BIRTH:

SOCIAL SECURITY:

On 3/14/02 the State of Indiana and the Defendant appear in person (and by counsel Mike Summers). The Defendant acknowledges a full understanding of the nature of the [charge(s)/allegation(s)], the relevant constitutional rights, and the full range of penalties, and upon waiver of such rights, [pleads guilty/enters admission(s) to] or [after trial is found [guilty of / to have violated]]

The Court finds the [plea(s)/admission(s)] to be voluntary, knowing and with a factual basis, and accepts the [pleas(s)/admission(s)] and finds the Defendant [guilty/to have violated prior orders of the Court], and enters judgment. Class 0 Infraction / Misdemeanor / Felony

The remaining [count(s)/allegation(s)], if any, are dismissed upon motion of the State.

Judgment of conviction may/shall be reduced to a Class A Misdemeanor upon application and successful completion of probation without violation.

SENTENCE: 2 yrs, suspended to 53C06 0109 CF00726, all suspended

CREDIT none (applied in # 726)

IN LIEU OF INCARCERATION: CASP ROAD CREW PUBLIC RESTITUTION

Defendant's driver's license is suspended for N/A from the date of administrative suspension; of such suspension stayed, with probationary license issued (see separate order). You shall not drive unless properly licensed.

PROBATION TERM 2 yrs when to LEAH BAKER TO END SUPERVISED TERM all until restitution costs & fees paid in both cases

STANDARD CONDITIONS OF PROBATION

- 1. You shall not commit a criminal offense. You shall report any arrest or criminal charge to your Probation Officer within 24 hours.
2. You shall report to the Probation Department immediately following your sentencing hearing or Thereafter, you shall report as directed to the Probation Department and provide truthful information. You shall permit authorized representative of the Probation Department to visit you in your home and elsewhere at reasonable times, and shall abide by any curfew imposed.
3. You shall notify your Probation Officer in writing within 48 hours of any change in address or telephone from that listed above and shall not leave the State of Indiana without written permission of your Probation Officer.
4. You shall not carry, use or possess any firearm, destructive device, or dangerous weapon if convicted of a felony.
5. You shall not consume alcohol and shall not consume, inhale or inject controlled substances unless prescribed to you by a physician. You shall submit to drug/alcohol tests at your own expense at the request of the Probation Department or when otherwise directed.
6. You shall maintain or seek suitable employment or pursue a course of study or vocational training and shall attend GED or other classes as directed. You shall notify your Probation Officer in writing of any changes in employment or educational status within 48 hours.
7. You shall successfully complete, at your own expense, and provide proof of completion of any inpatient/outpatient treatment, counseling, education and/or victim impact program directed by your Probation Officer.

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RESTITUTION: You shall pay monetary restitution through the Clerk's Office as directed by your Probation Officer pursuant to the Order of Restitution

MONETARY CONDITIONS: Fine: \$ pursuant to restitution order incurred today Fine Suspended: YES NO Costs: \$ 129.00 by 12/15/02

FEES: Countermeasures / Drug Interdiction: \$ Public Defender: \$ Alcohol/Drug Program: \$ Initial PUF: \$ 100.00 Monthly PUF: \$ 15.00 Other: \$ only transfer fees

The Clerk shall apply any cash bond to the payment of costs, fines, fees and restitution.

ADDITIONAL ORDERS/INSTRUCTIONS: Defendant shall have no checking accounts. Defendant shall obtain valid Indiana Operator license w/in 6 months.

Pursuant to IC 35-38-2.2.3(b), if you violate a condition of probation during the probationary period, a Petition to Revoke may be filed before the earlier of the following 1) One year after the term of probation OR 2) 45 days after the State receives notice of the violation.

SO ORDERED this 20th day of May, 2002

I, the undersigned, have read and/or had explained to me the above conditions of my probation and by my signature, do acknowledge and agree to all conditions. acknowledge that I have received a copy of this order. I hereby knowingly, intentionally and specifically waive my rights against self-incrimination and search and seizure as provided for in the Constitution of the United States and the State of Indiana as to any action initiated by the Monroe Circuit Court and/or Probation personnel. I further agree that if I am arrested on a warrant issued for violation of my probation, I hereby waive extradition to the State of Indiana and this court. Dated Probationer's Signature Witness

TO THE SHERIFF: ACTUAL DAYS TO SERVE BASED ON CLASS ONE CREDIT

STRAIGHT TIME: Report Date: Time: Release Date: Time: WORK RELEASE ELIGIBLE WITH CASP WORK RELEASE ELIGIBLE WITHOUT CASP TAPE: