

Certified True Copy

By [Signature]  
Virginia Board of Nursing



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JAN 15 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

January 14, 2013

Neeka Deneen Barrow  
2407 Azalea Garden Drive  
Dunwoody, GA 30338

CERTIFIED MAIL  
DUPLICATE COPY  
VIA FIRST CLASS MAIL  
DATE 1/14/13

RE: License No.: 0001-223470

Dear Ms. Barrow:

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 January 14, 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]

Arne W. Owens, Chief Deputy Director  
Department of Health Professions

Enclosures  
Case # 148490

**VIRGINIA:**

**BEFORE THE DEPARTMENT OF HEALTH PROFESSIONS**

**IN RE:       NEEKA DENEEN BARROW, R.N.**  
**License No.: 0001-223470**

**ORDER**

In accordance with Section 54.1-2409 of the Code of Virginia (1950), as amended, ("Code"), I, Arne W. Owens, Chief Deputy Director of the Virginia Department of Health Professions, received and acted upon evidence that the North Carolina Board of Nursing accepted the voluntary surrender, in lieu of further disciplinary action, from Neeka Deneen Barrow, R.N., of her license to practice nursing in the State of North Carolina by a Consent to Surrender License/Privilege to Practice dated January 2, 2013. A certified copy of the Consent to Surrender License/Privilege to Practice is attached to this Order and is 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 Neeka Deneen Barrow, R.N., to practice nursing in the Commonwealth of Virginia be, and hereby is, SUSPENDED.

Upon entry of this Order, the license of Neeka Deneen Barrow, R.N., will be recorded as suspended. Should Ms. Barrow 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.



Arne W. Owens, Chief Deputy Director  
Department of Health Professions

ENTERED: 1-14-2013



# 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, Arne W. Owens, Chief Deputy Director., Director of the Department of Health Professions, hereby certify that the attached Consent to Surrender License/Privilege to Practice dated January 2, 2013, regarding Neeka Deneen Barrow, R.N., is a true copy of the records received from the North Carolina Board of Nursing.

  
Arne W. Owens

Date: 1-14-2013

**NORTH CAROLINA BOARD OF NURSING  
CONSENT TO SURRENDER LICENSE/PRIVILEGE TO PRACTICE**

I, Neeka Deneen Barrow, Registered Nurse, Certificate # 238031, from the state of North Carolina, having been advised by a Representative of the North Carolina Board of Nursing (hereafter known as the Board) of pending charges against me and also my waiver of the following (as shown by my initials):

*nb*

My right to receive a letter of charges that recites the following allegations:  
- Drug Diversion - controlled substances

*nb*

My right to an Administrative Hearing under G.S. 90-171.37 and G.S. 90-171.37A where I am afforded notice and an opportunity to confront witnesses against me; in exchange for ending this matter and no further investigation will be conducted.

*nb*

My right to judicial review of the Board's Decision because of my Voluntary Surrender.

*nb*

This surrender shall constitute my consent to all conditions as explained to me by Kathleen Privette RN, MSN Board Representative, for the Board on December 19, 2012.

*nb*

This surrender of my license will be considered by the Board to be a disciplinary action and will be reported to the appropriate entities as outlined by Board policy, and as required by state and/or federal guidelines. Those entities include, but may not be limited to: NURSYS, National Practitioner Data Bank (NPDB), the Office of the Inspector General (OIG), Health Care Integrity and Practitioner Data Bank (HIPDB) and any other state/jurisdiction in which the licensee is or has been licensed.

*nb*

While I may deny these allegations, I am voluntarily surrendering my license/privilege to practice. Based on my waiver of these rights, I hereby surrender, to the Board, my license/privilege to practice as a Registered Nurse/Licensed Practical Nurse for a minimum of one (1) year.

*nb*

I fully understand and agree, that I shall not practice nursing or use any card, title or abbreviation to represent my status as a licensed nurse during the time my license is held by the Board; and, in turn, the Board agrees to consider my petition for review of my status at some point in the future.

*nb*

Prior to requesting reinstatement of my license, I agree to contact the Board in order to determine what type of evidence will be needed, in order that my petition for reinstatement will be considered. Such requested evidence shall be submitted with the request for reinstatement and all fees required by law. I understand at the time of reinstatement, the license may have sanctions or restrictions imposed.

Dec 28, 2012  
Date  
12-31-12  
Date  
1/2/2013  
Date

*Neeka Barrow*  
Licensee Signature

*Kathleen Privette*  
Board Representative

*Donna H. Mooney*  
Manager, Discipline Proceedings

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**CERTIFIED TRUE COPY**