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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	
STEPHEN H. LARSON, R.N., RESPONDENT	:	FINAL DECISION AND ORDER 94 NUR 016

The parties to this action for the purposes of Wis. Stats. sec. 227.53 are:

Stephen H. Larson
1752 Edgewood Road
Winona, MN 55987

Board of Nursing
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Stephen H. Larson (D.O.B. 7/18/52) is duly licensed in the state of Wisconsin as a registered nurse (license # 202157). This license was first granted on July 21, 1989.

2. Respondent's latest address on file with the Department of Regulation and Licensing is 1752 Edgewood Road, Winona, MN 55987

3. While employed as a registered nurse (CRNA) at Community Memorial Hospital, Winona, Minnesota, Respondent engaged in the following unlawful conduct:

a. On October 8, 1992, Respondent took, other than in the course of legitimate practice, and for his own personal use, 26 Fioricet tablets from a bottle containing the drug which was located in the hospital pharmacy;

b. On October 10, 1992, Respondent took, other than in the course of legitimate practice, and for his own personal use, 16 Fioricet tablets from a bottle containing the drug which was located in the hospital pharmacy.

4. Respondent has admitted that he is chemically dependent. An evaluation of Respondent conducted July 21, 1995 resulted in a diagnosis of barbiturate and narcotic analgesic abuse, in remission.

5. On December 2, 1993, a disciplinary order was issued by the Minnesota Board of Nursing against Stephen H. Larson as a result of his admission of diversion of Fioricet, a controlled substance, and his chemical dependence, which interfered with his ability to safely engage in the practice of nursing.(copy attached). On February 2, 1995, the Minnesota Board of Nursing restored an unconditional license to the Respondent.

6. Since December 2, 1993, Respondent has submitted urine screens for drug testing on the following occasions: 3/22/94, 4/22/94, 6/10/94, 9/29/94, 11/22/94, 2/17/95 , 5/24/95 and 10/27/95. The result of the screens was negative.

7. Respondent is currently employed as a CRNA with access to controlled substances.

CONCLUSIONS OF LAW

By the conduct described above, Stephen H. Larson is subject to disciplinary action against his license to practice as a registered nurse in the state of Wisconsin, pursuant to Wis. Stats. sec. 441.07(1)(c) and (d), and Wis. Adm. Code secs. N7.03(2) and 7.04(1),(2) and (15).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the license of the Respondent, Stephen H. Larson, shall be SUSPENDED for an INDEFINITE PERIOD of time.

(A) STAY OF SUSPENSION

IT IS FURTHER ORDERED that the SUSPENSION shall be STAYED for a period of three (3) months, conditioned upon compliance with the conditions and limitations outlined in paragraph (b), below.

i. Respondent may apply for consecutive three (3) month extensions of the stay of suspension, which shall be granted upon acceptable demonstration of compliance with the conditions and limitations imposed upon Respondent's practice during the prior three (3) month period.

ii. If the Board denies the petition by Respondent for an extension, the Board shall afford an opportunity for hearing in accordance with the procedures set forth in Wis. Adm. Code Ch. RL 1 upon timely receipt of a request for hearing.

iii. Upon a showing by Respondent of complete, successful and continuous compliance for a period of two (2) years with the terms of paragraph (b), below, the Board shall grant a petition by Respondent for return of full licensure. The Board may, in its discretion, require that Respondent complete at least six (6) months of nursing employment monitored under the conditions of paragraph (b) prior to the Board's issuance of a complete and unrestricted license.

iv. In consideration of Respondent's completion of monitoring and treatment under the order of the Minnesota Board of Nursing beginning on December 2, 1993, the Board reduces the two (2) year compliance period by 14 months.

(B) CONDITIONS OF STAY

REHABILITATION, MONITORING AND TREATMENT

Treatment Required

1. Respondent shall continue successful participation in all components of a drug and alcohol treatment program at a treatment facility acceptable to the Board. As a part of treatment, Respondent must attend therapy on a schedule as recommended by his supervising health care provider; attendance however, shall be required at least one (1) time per month. In addition, Respondent must attend Alcoholics or Narcotics Anonymous or another self-help group acceptable to the Board at least one (1) time per week.

Sobriety

2. Respondent shall remain free of alcohol and prescription drugs and controlled substances not prescribed for valid medical purposes during the period of limitation.

3. Respondent shall in addition refrain from the consumption of over-the-counter medications or other substances which may mask consumption of controlled substances or create false positive screening results, or which may interfere with respondent's treatment and rehabilitation.

Respondent shall report all medications and drugs, over-the-counter or prescription, taken by respondent to his supervising health care provider within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs for the respondent. Within 24 hours of a request by his supervising health care provider or the Board of Nursing or its designee, Respondent shall provide releases which comply with state and federal laws authorizing release of his health care records by the person who prescribed, dispensed, administered or ordered this medication for the respondent. These releases shall also authorize the supervising health care provider and the Board of Nursing (or its designee) to discuss the Respondent's health care with the person who prescribed, dispensed, administered or ordered this medication. The terms of this paragraph shall not be deemed to modify or negate Respondent's obligation to maintain sobriety as set forth in this Order.

Department monitor

4. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including receiving and coordinating all reports and petitions, and requesting additional monitoring and surveillance. The Department Monitor may be reached as follows:

Department Monitor
Department of Regulation Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935
FAX (608) 266-2264
TEL. (608) 267-7139

Releases

5. Respondent shall provide and keep on file with all treatment facilities and personnel, laboratories, and collections sites current releases which comply with state and federal laws authorizing release of all of Respondent's urine, blood and hair specimen screen results and his medical and treatment records and reports to, and permitting his treating physicians and therapists to disclose and discuss the progress of his treatment and rehabilitation with the Board of Nursing or any member thereof, or with any employee of the Department of Regulation and Licensing acting under the authority of the Board of Nursing. Copies of these releases shall be filed simultaneously with the Department Monitor.

Drug and alcohol screens

6. Respondent must participate in a program of random witnessed monitoring for controlled substances and alcohol in his urine, blood and/or hair on a frequency acceptable to the Board. The Board, via its designated agent, shall determine an acceptable minimum frequency of screens. [It is anticipated that the Board will set an initial minimum frequency of screens of not less than four (4) times per month.] If the Board, the physician or therapist supervising his plan of care, or his employer deems that blood or urine screens are warranted in addition to the base frequency established under this paragraph, Respondent shall submit to such additional screens.

7. Respondent shall be responsible for obtaining a monitoring facility and reporting system acceptable to the Board, as well as for all costs incurred in conjunction with the monitoring and reporting required and any other expenses associated with compliance with this Order.

8. Respondent shall keep his supervising health care provider and monitoring facility informed of Respondent's location and shall be available for contact by his supervising health care provider at all times.

9. To be acceptable, specimen requests shall be random with respect to the hour of the day and the day of the week. In addition, the Board of Nursing or its designee may at any time request a random monitored urine, blood or hair specimen from Respondent by directing the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement to contact Respondent and request Respondent provide a specimen.

10 All requested urine, blood or hair specimens shall be provided by Respondent within five (5) hours of the request for the specimen. All urine specimen collections shall be a split sample accomplished by dividing urine from a single void into two specimen bottles. The total volume of the split sample shall be at least 45 ml. of urine. All split sample urine specimens, blood specimens and hair specimens shall be collected, monitored and chain of custody maintained in conformity with the collection, monitoring and chain of custody procedures set forth in 49 CFR Part 40. Urine specimen collections shall be by direct observation if:

a. The Respondent must provide an additional specimen because Respondent's initial specimen was outside of the normal temperature range (32.5 - 37.7°C/90.5 - 99.8°F) and he refuses to have an oral body temperature measurement; or he does provide an oral body temperature measurement, and the reading varies by more than 1°C/1.8°F from the temperature of the urine specimen;

b. Respondent's last provided specimen was determined by the laboratory to have a specific gravity of less than 1.003 and creatinine concentration below 0.2 g/l;

c. The collection site person observes Respondent acting in such a manner to provide reason to believe that Respondent may have attempted or may attempt to substitute or adulterate the specimen. The collection site person, if he or she believes that the initial urine specimen may have been adulterated or a substitution made, shall direct Respondent to provide an additional observed urine specimen;

d. The last provided specimen resulted in a positive or suspected positive test result for the presence of controlled substances; or

e. The Board of Nursing (or any member of the Board), the Department Monitor, or Respondent's supervising health care provider directs that the urine specimen collection be by direct observation.

If either of the above conditions (a) or (c) requires collection of an additional observed urine specimen, the collection of the subsequent specimen shall be accomplished within the required five (5) hours of the request for the initial specimen; the collection of the initial specimen shall not satisfy the requirement that the urine specimen be collected within five (5) hours of the request for the initial specimen.

11 The drug and alcohol treatment program in which Respondent is enrolled shall at all times utilize a United States Department of Health and Human Services certified laboratory for the analysis of all specimens collected from Respondent.

12 The drug and alcohol treatment program in which Respondent is enrolled shall utilize only those urine, blood and hair specimen collection sites for collection of Respondent's urine, blood or hair specimens as comply with the United States Department of Transportation collection and chain of custody procedures set forth in 49 CFR Part 40.

13 The supervising health care provider, treatment facility, laboratory and collection site shall maintain a complete and fully documented chain of custody for each urine, blood or hair specimen collected from Respondent.

14 Every urine specimen collected from Respondent shall be analyzed at the time of collection for tampering by measurement of the temperature of the specimen and the oral temperature of Respondent. Every urine specimen collected from Respondent shall be further analyzed at the laboratory for tampering by measuring the creatinine concentration and the specific gravity of the specimen. The laboratory may at its discretion or at the direction of a supervising health care provider or the Board of Nursing or any member thereof conduct additional tests to evaluate the urine specimen for tampering including, but not limited to, pH, color and odor.

15 Every urine, blood or hair specimen collected from Respondent shall be analyzed for alcohol, amphetamine, cocaine, opiates, phencyclidine, marijuana, methadone, propoxyphene, methaqualone, barbiturates, benzodiazepines or the metabolites of these substances. The Board of Nursing or its designated agent may at any time direct that screens for additional substances and their metabolites be conducted by scientific methods and instruments appropriate to detect the presence of these substances. The laboratory shall conduct confirmatory tests of positive or suspected positive test results by appropriate scientific methods and instruments including, but not limited to, gas chromatography and mass spectrometry.

16 All urine, blood or hair specimens remaining after testing shall be maintained in a manner necessary to preserve the integrity of the specimens for at least seven (7) days; and all positive or suspected positive urine, blood or hair specimens remaining after testing shall be so maintained for a period of at least one (1) year. The supervising health care provider or the Board of Nursing or any member thereof may direct that the urine, blood or hair specimens be maintained for a longer period of time.

17 For the purpose of further actions affecting Respondent's license under this Order, it shall be presumed that all confirmed positive reports are valid. Respondent shall have the burden of proof to establish that the positive report was erroneous and that the respondent's specimen sample did not contain alcohol or controlled substances or their metabolites.

18 If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or examinations as the supervising health care provider shall determine to be appropriate to clarify or confirm the positive or suspected positive urine, blood or hair specimen test results.

Required reporting

19 The supervising health care provider and Monitoring Facility shall report **immediately** to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement by FAX or telephonic communication: any failure of Respondent to provide a urine, blood or hair specimen within five (5) hours from the time it was requested; or of any inability to locate Respondent to request a specimen. The laboratory shall **immediately** report all urine specimens suspected to have been tampered with and all urine, blood or hair specimens which are positive or suspected positive for controlled substances or alcohol to the Department Monitor, and to the supervising health care provider.

20 The laboratory shall within 48 hours of completion of each drug or alcohol analysis mail the report from **all** specimens requested of Respondent under this Order to the Department Monitor (regardless of whether the laboratory analysis of the specimen was positive or negative for controlled substances, their metabolites or alcohol). Each report shall state the date and time the specimen was requested; the date and time the specimen was collected; the results of the tests performed to detect tampering; and the results of the laboratory analysis for the presence of controlled substances and alcohol.

21 The supervising health care provider shall submit formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in his drug and alcohol treatment program, evaluate the respondent's level of participation at NA/AA meetings, and summarize the results of the urine, blood or hair specimen analyses. The supervising health care provider shall report **immediately** to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264, telephone no. (608)267-7139] any violation or suspected violation of the Board of Nursing's Final Decision and Order.

22 The Monitoring Facility shall submit formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall summarize the results of the urine, blood or hair specimen analyses. The Monitoring Facility shall report **immediately** to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264, telephone no. (608)267-7139] any violation or suspected violation of the Board of Nursing's Final Decision and Order.

Reporting by respondent

23 Respondent shall be responsible for compliance with all of the terms and conditions of this Final Decision and Order. It is the responsibility of Respondent to promptly notify the Department Monitor, of any suspected violations of any of the terms and conditions of this Order, including any failures of the supervising health care provider, treatment facility, laboratory or collection sites to conform to the terms and conditions of this Order.

Facility approval

24 If the Board of Nursing determines that the supervising health care provider, treatment facility, monitoring facility, laboratory or collection sites have failed to satisfy the terms and conditions of this Final Decision and Order, the Board may, at its sole discretion, direct that Respondent continue his treatment and rehabilitation program under the direction of another supervising health care provider, treatment facility, laboratory or collection site which will conform to the terms and conditions of this Final Decision and Order.

SCOPE OF PRACTICE: LIMITATIONS AND CONDITIONS

Disclosure

25 Respondent shall provide any current or prospective nursing employers with a copy of this Final Decision and Order immediately upon issuance of a stay of suspension under this Order, and upon any change of employment during the time in which a stay of suspension is in effect. In addition, Respondent shall provide his employer with a copy of any order granting an extension of stay under this Order within five (5) days of Respondent's receipt of an order granting a stay.

Respondent shall immediately provide his employer with a copy of any denial of an extension of stay under this Order.

Required reporting

26 Respondent shall arrange for quarterly reports from his nursing employer(s) reporting the terms and conditions of his employment and evaluating his work performance. These reports shall be submitted to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a schedule as directed by the Department Monitor. An employer shall report **immediately** to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264, telephone no. (608)267-7139] any violation or suspected violation of the Board of Nursing's Final Decision and Order.

27 Respondent shall report to the Board any change in employment status, change of residence address or phone number, within five (5) days of any such change.

Practice restrictions

28 Respondent shall refrain from access to or the administration of controlled substances in his work setting until such time as access or administration is approved by the Board; except as set forth in the following protocol, which shall be permitted only in the present employment of the Respondent:

PROTOCOL

1) All functions by Respondent as a CRNA shall be conducted under the general supervision of the anesthesiologist assigned to the case.

2) The medical supervisor assigning Respondent to each case shall specify in writing, in advance, the identity and quantity of each drug to be dispensed to the Respondent for use on the case.

3) The dispensing of any drug to Respondent shall be witnessed and signed for by Respondent and another individual who must be a registered nurse, CRNA, or physician.

4) At the conclusion of each case, the wasting of any unused drug that has been in the access or control of Respondent shall be witnessed and documented by the Respondent and the medical supervisor assigned to the case. On a random basis, on at least one occasion each month, following conclusion of a case, unused drugs dispensed to Respondent shall be subjected to laboratory testing to determine whether tampering or alteration of the drug has occurred. A written report of the result of each such test shall be maintained and shall be submitted to the Board on a quarterly basis.

5) Any variation in this protocol, and any discrepency in the dispensing, use, or accounting of any drug in any case to which the Respondent is assigned shall be immediately reported to the Board of Nursing by Respondent's employer.

6) Respondent's employer must agree in writing to accept responsibility for following this protocol and for the monitoring and reporting required.

29 If respondent's supervising health care provider recommends work restrictions in the field of nursing in addition to the restrictions included in this order, Respondent shall restrict his practice in accordance with such recommendations.

(C) PETITIONS FOR MODIFICATION OF TERMS

Respondent may petition the Board in conjunction with any application for an additional stay to revise or eliminate any of the above conditions. Denial in whole or in part of a petition under this paragraph shall not constitute denial of a license and shall not give rise to a contested case within the meaning of Wis. Stats. §§227.01(3) and 227.42.

(D) SUMMARY SUSPENSION

Violation of any of the terms of this Order shall be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license; the Board in its discretion may in the alternative deny an extension of the stay of suspension or impose additional conditions and limitations other additional discipline for a violation of any of the terms of this Order.

(E) EFFECTIVE DATE OF ORDER

This Order shall become effective upon the date of its signing.

BOARD OF NURSING

By: Pamela A Morrison, RN/CP 1-12-96
A Member of the Board Date

jh

doc: 230

Form 1315 574

GUNDERSEN CLINIC, LTD.

HISTORY NO. 63 24 54-5 NAME Stephen Larson SHEET NO. 4.

July 21, 1995, INTERNAL MEDICINE Note continued...

The patient's drugs of choice are Fioricet and Codeine. The problem began with a history of migraine type headaches treated with Fioricet. This escalated to the point where he was fired from his job as a nurse anesthetist at the hospital in Winona on October 12, 1992, for diverting narcotic analgesics from the hospital pharmacy. He was apparently filmed on a remote television monitor removing medications from the pharmacy. Up until then, he tells me he was engaged in "mini binging," which would mean he would hoard his prescribed medication and then take it for recreational purposes when he had enough on hand. He would therefore wait until he had perhaps 10 or 12 doses and then use them on a weekend. He has no experience with physiologic withdrawal, since he has never used on a daily basis to the extent necessary to become tolerant or physically dependent. He denies at any time using intravenous drugs. He denies being in any legal trouble, since the hospital apparently did not press charges. His experience with Codeine was using medication from his mother's supply when he would visit her in Minnesota.

As far as treatment is concerned, he did complete a six week evening program known as "First Step," which was affiliated with the Winona Hospital, followed by six months of outpatient visits. He has been counseling with Bill Scowcroft since about February of 1994. As far as other substance use is concerned, he says there is only a remote history of THC, some amphetamine use which ceased when he was about 22 or 23 years old, similar remote use of cocaine and LSD.

Socially, he has a wife and a 12-year-old son. His parents do not have a problem with substance abuse as far as he knows. He took his first drink of alcohol at about the age of 14 but denies alcohol abuse or dependency.

Impression: 1. Barbiturate and narcotic analgesic abuse, in remission.

His satisfactory progress to date is confirmed by his counselor. The only change I would make would be to assure that his urine screens are truly random. The patient reports that he has come to expect a urine screen requested about two or three days after his appointment with Mr. Scowcroft, and these need to be made truly random so the patient does not know when he will be asked to come in. I discussed the use of Naltrexone, which has a good record with professional patients in terms of helping them abstain from narcotic analgesics. The Fioricet, however, contains a barbiturate for which the Naltrexone would not be effective. In any case, his problem seems in full remission at this point. I would require him to continue his counseling with Mr. Scowcroft and remain 100% compliant with the counselor's recommendations on an ongoing basis along with the random urine screens. If he is compliant, I do not see any reason why he should not be maintained in his present employment as a nurse anesthetist. DEWhiteway/ml

INTERNAL MEDICINE

July 21, 1995. This 43-year-old nurse anesthetist working at Lutheran Hospital since about March of 1993 comes in on referral from Paul Robinson, corporation counsel for Gundersen Clinic, for chemical dependency evaluation. This has apparently been requested by state licensing officials in an ongoing process of evaluation whether this nurse continues to have a problem with substance abuse or dependency. His chemical dependency counselor is William Scowcroft, whom he sees approximately once a month. He has random urine screening done through Mr. Scowcroft's office. Mr. Scowcroft advises me that his client has been compliant with his appointments and treatment plan and has been doing well and is in remission.

December 24, 1995

Dear Board Members:

Let me introduce myself, I am Stephen Larson, RN, recovering drug abuser, Certified Registered Nurse Anesthetist, Wisconsin Association of Nurse Anesthetists Peer Assistance Advisor, husband, father and many other things. My intention is not to write a lengthy letter outlining my positives qualities, rather I want to give you a window on who I am since I began my recovery from Fioricet abuse on October 13, 1992. Enclosed is a letter I sent Attorney Harris in response to a phone call he and I had shortly after I was first contacted by his office. This letter details information I felt established my credibility as a person committed to recovery. What I will attempt to demonstrate in the following paragraphs is that I am a person committed to my program of recovery. A program that has allowed me to practice as a safe anesthesia provider in the State of Wisconsin since March 1, 1993.

My first contact with the Wisconsin Board of Nursing was a letter from Attorney James Harris dated February 10, 1994. Near the end of February, 1994 I provided Attorney Harris with every piece of documentation of my recovery I possessed at the time along with a letter of support from Mary Dudly, CRNA, Chief Nurse Anesthetist at Gundersen Clinic. I did not hear from Attorney Harris again until May 31, 1994. During that three month interim I initiated the essences of the original Conditions and Stipulations sent to me by Attorney Harris. I had an evaluation by Mr. William Scowcroft a Chemical Dependency Counselor at Lutheran Hospital in La Crosse, Wisconsin. I began monthly sessions with him, as well as, random urine drug screens. My attendance at Alcoholics Anonymous continued on a weekly basis, as it has since I began my recovery. I continued my monthly visits with Mr. Carlos Ratliff, CRNA, Regional Liaison Person for the Minnesota Nurses Association Peer Assistance. I also participated in monthly meetings of recovering CRNAs' in Minneapolis. After reviewing Attorney Harris' letter of May 18, 1994 I felt more comfortable having legal counsel.

During the ensuing twenty two months I have followed every suggestion and complied with every request Mr. Harris has made. I have submitted signed releases of information so my chemical dependency treatment records and medical records could be accessed. In July of 1995 I had an evaluation by Dr. Dean Whiteway, MD a board certified Addictionologist who reported to Attorney Harris that I am doing well and that my addiction is in full remission. At Mr. Scowcrofts discretion drug screens were submitted nine times over a twenty two month period beginning March 28, 1994 with the last specimen provided on December 22, 1995. All screens were "found negative".

Today my personal recovery program consists of taking one day at a time. Attending weekly Alcoholics Anonymous meetings. Volunteering as the Wisconsin Association of Nurse Anesthetists Peer Assistance Advisor. I have an on going relationship with and continue to see Mr. Scowcroft nearly every month and continue to be subject to random drug screens. Additionally, I have volunteered to

assist any nurse in the hospital who is struggling with chemical dependency issues. I take very seriously the consequences of addiction and the potential for relapse. I am especially responsible with narcotics in my possession. I am careful, almost to extreme, to follow all hospital protocols regarding the handling of controlled substances. Not only as part of my program but to help protect other potentially susceptible individuals.

As I am sure you are aware my discovery occurred while I was employed as a Nurse Anesthetist at Community Memorial Hospital in Winona, Minnesota. After I had been terminated for theft I sought voluntary treatment for chemical dependency on the recommendation of a very kind person on the Peer Assistance Hot Line through the Minnesota Association of Nurse Anesthetists. In my involvement with other recovering nurses from many different states I have found a commonality in how respective Boards of Nursing deal with the disease of substance abuse. First and foremost they are charged with the responsibility of protecting the public. But, they too have a responsibility to support the recovering person as they "work their program of recovery" and reenter the work place. Once the recovering individual has demonstrated a track record as a safe practitioner they have been allowed to pursue their careers unencumbered.

I have signed the Stipulations that Attorney Harris had agreed to with my attorney, Steven Callum with the sole wish to put this part of my life behind me. I respectfully request you accept this document as signed.

Sincerely yours in recovery,

Stephen Larson

Stephen Larson

February 23, 1994

James W. Harris
Wisconsin Department of Regulation & Licensing
1400 E. Washington Avenue
Madison, Wisconsin 53708

Dear Mr. Harris:

I apologize for my slow response since our telephone conversation last week, but I am only now beginning to feel like myself again after last weeks surgery. You asked me at that time to submit to you my reasons for altering the stipulations regarding access to narcotic drugs. Before doing that I would like to tell you how I came to this particular point in my life and professional career.

My career in health care started in 1971 when I began work as an orderly in a twin cities hospital. There I quickly discovered my love for patient care and knew that nursing was the path for me. In 1976 I graduated as an Associate Degreed Registered Nurse and my professional career had begun. During the following nine years I felt I needed more challenge and completed my Bachelors Degree in 1985 in preparation for Nurse Anesthesia training. The fall of 1987 I graduated from the Minneapolis School of Anesthesia with a Masters Degree and subsequently relocated to Keokuk, Iowa for my first anesthesia position. While working there I was diagnosed with migraine headaches and prescribed Fioricet which worked well to relieve my pain.

The summer of 1989 brought my return to Minnesota for a better position at Community Memorial Hospital in Winona. My family and I fell in love with the area. Our new neighbors had quickly become our extended family. We felt we belonged.

My position at the hospital was one of considerably greater autonomy and responsibility. I loved it. But, in hindsight I was not ready for it. I became very self centered and self seeking. It was not a pretty picture. My behavior was a heavily veiled cover for my feelings of inadequacy and insecurity.

The frequency of my headaches increased and so did my "skill" with preemptive self medication. Prior to roughly the fall of 1991 I had used my Fioricet prescription only as directed. At some point during this time I began to lose the ability to distinguish between a tension headache and a migraine. It did not really matter though because the Fioricet relieved all my discomforts. The abuse of my prescription was well under way but, I had no clue what was happening. In total denial I innocently plotted how long was appropriate between refills so as not to appear that I was abusing drugs. Around the first or second week of September, 1992 my addiction had progressed to where my bottle of 30 tablets was gone in less than a week.

One of my responsibilities at my hospital was maintaining the anesthesia pharmacy. This was essentially a small pharmacy specifically stocked with medication used in the practice of anesthesia. To keep the necessary medications on hand required daily trips to the main pharmacy where I had been invited to come and go as needed. I became fairly close to the director as well as the other employees. My presence there was not unusual and my movements were never monitored. The addict in me easily convinced me that helping myself to a few additional Fioricet was okay. I had a legal prescription, it simply wasn't large enough to accommodate the number of headaches I had. So, I stole 30-40 tablets. I felt tremendous guilt but a few Fioricet made everything better.

A bridge was crossed that day. I had effectively convinced myself that it was okay to steal; I still had no clue I was a drug addict. I was just a guy with a lot of headaches. On October 8 and 10 I stole a total of 42 more tablets and was video taped in the act. On October 13, 1992 I was terminated for theft and escorted from the building.

I was in shock. My life seemed over. I did not realize then that on October 13, 1992 my life was just beginning. I made a phone call to Minnesota Association of Nurse Anesthetists Peer Assistance for chemical dependency. It was suggested that I voluntarily seek treatment for drug addiction. On October 19, 1992 I entered a seven week out patient treatment program at First Step Center in Winona. I participated in a seventeen week after care program at the same facility. During treatment I came to understand and to believe that I am an addict and in order to survive the disease of addiction I continually need to work a 12-Step program of recovery. During treatment I grew in my recovery, slowly gaining the necessary tool to live life on its' own terms.

In January of 1993 I was part of a small group that established a Narcotics Anonymous support group in Winona where none previously existed. I have held positions as secretary/treasurer and later as group service representative as well as served as chairman on many occasions. I do occasionally attend Alcoholics Anonymous meetings as well. In March of 1993 I entered a contract with the Minnesota Association of Nurses Peer Assistance Program. Under this contract I have agreed to abide by a set of guidelines mutually established between myself and their Regional Liaison Person, Rusty Ratliff, CRNA. Mr. Ratliff and I have at least weekly telephone conversations and monthly fact-to-face meetings where recovery is the focus. If at any time Mr. Ratliff feels that my recovery is faltering, thereby jeopardizing patient safety he will make the appropriate report to the Minnesota Board of Nursing. To date I do not believe he has had any reason for concern. Mr. Ratliff will be submitting a letter on my behalf.

March 1, 1993 is also the date I began employment as a CRNA for Gundersin Clinic Ltd. in LaCrosse, Wisconsin. I was hired with their full knowledge of my addiction. This was not an especially easy task as they had never hired a recovering person.

After a lengthy period I was hired and as my first anniversary quickly approaches I know they are pleased with their decision. I have worked under an agreement that at any time I am subject to drug screening. To date they have not chosen to exercise that option. However, I am confident they would be willing to work with the Wisconsin Board of Nursing to satisfy any conditions.

As part of the conditions outlined in your letter of February 10, 1994 I have had an initial evaluation of my recovery by William Scowcroft, a specialist in addiction at Lutheran Hospital, LaCrosse. His report will follow. Please also expect a letter from my sponsor, Gregg Fox as further testimony of my active recovery. Additionally I am enclosing copies of my support group attendance records I have submitted in my quarterly report to the Minnesota Board of Nursing.

Mr. Harris, I have survived and flourished as a result of a great many ordeals in the last 16 months. I will grow from this experience as well because my way of dealing with challenge is basically to find how each one can benefit and strengthen my recovery. The longer I work my program the more I have grown. That is not to say that life has become a bowl of cherries, on the contrary, life continues to have its ups and downs only now I no longer feel I need to escape through inappropriate self centered behavior or the use of drugs.

I encourage you to evaluate my statements and the forthcoming letters from my supporters and consider me as an individual. Someone who became addicted to medication innocently begun for headaches. I can honestly state I have never used any of the i.e. narcotics, barbituates etc. used in the practice of anesthesia. I recognize that addiction is a cunning and powerful disease and that cross addiction is a documented problem. I sympathize with the Board of Nursing and their responsibility to protect the public. I also strongly believe the best way for a recovering person to safely practice in nursing is to seriously be involved in a 12 Step program of recovery. I am working a strong program of recovery in addition to being monitored by the Minnesota Board of Nursing, The Minnesota Nurses Association Peer Assistance, and Gundersen Clinic. I sincerely hope after your considerate review that you will recommend the least possible restrictions on my practice. If you feel a meeting with you and or the Board of Nursing would be helpful, I would welcome the opportunity.

If you have any questions please feel free to contact me at any time. Additionally, all of the individuals submitting letters on my behalf have expressed the desire to assist you in any way possible. Again, thank you for your consideration.

Gratefully yours in recovery,

Steve

Stephen H. Larson

Terry M Buche

BEFORE THE MINNESOTA

BOARD OF NURSING

2700 University Ave W Suite 108
St Paul, MN 55114

In the Matter of
Stephen H. Larson, RN
License No. 81276-4

STIPULATION AND
CONSENT ORDER

IT IS HEREBY STIPULATED AND AGREED by Stephen H. Larson, RN (hereinafter "Licensee"), and the Minnesota Board of Nursing (hereinafter "Board") that without trial or adjudication of any issue of fact or law herein and without any evidence or admission by any party with respect to any such issue:

1. On August 5, 1993 a Notice of Conference With Board of Nursing Review Panel was duly served upon Licensee, receipt of which is hereby acknowledged by Licensee;

2. On September 29, 1993 Licensee appeared before the Board Review Panel composed of Diane Carlson, Board member, and Shirley A. Brekken, Associate Executive Director of the Board, to discuss allegations made in the notice referenced above. Lindsay R.M. Jones, Assistant Attorney General, represented the Board at the conference. Also present was Len C. Vingers, Personnel Manager for Licensee's employer;

3. Licensee expressly waives the formal hearing and all other procedures before the Board to which he may be entitled under the Minnesota and United States constitutions, statutes, or rules. Although Licensee was reminded of his right to counsel, he voluntarily waived such right stating that he understood his right and his waiver;

4. This Stipulation and Consent Order shall constitute the entire record herein and shall be filed with the Board prior to its next meeting;

5. In the event the Board in its discretion does not approve this settlement or a lesser remedy than indicated in this settlement, this stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced by either party. Licensee agrees that if the Board rejects this stipulation and this case proceeds to hearing, Licensee

will assert no claim that the Board was prejudiced by its review and discussion of this stipulation or of any records relating hereto;

6. Licensee admits the facts referred to below and grants that the Board may, for the purpose of reviewing the record in paragraph 4 above, consider the following as true without prejudice to him in any current or future proceeding of the Board with regard to the allegations that while employed at Community Memorial Hospital, Winona, Minnesota, the following occurred::

a. On October 8, 1992, at 7:04 AM, Licensee was videotaped, while in the hospital pharmacy, taking the sole bottle of Fioricet off the shelf, opening the bottle and dumping some of the contents into his hand. A count of the Fioricet following the incident indicated that 26 tablets were missing from the bottle;

b. On October 10, 1992, at 11:59 AM, Licensee was videotaped, while in the hospital pharmacy, taking the sole bottle of Fioricet off the shelf and walking outside of the camera's range. Within a minute, Licensee returned the bottle to the shelf. A count of the Fioricet following the incident indicated that 16 tablets were missing;

c. On October 13, a conference was held with Licensee. Licensee stated that he "probably" was in the pharmacy on October 8 and October 10, 1992. Licensee was shown the videotape taken on October 8, 1992. When told that the tape clearly showed Licensee taking the Fioricet, Licensee replied, "It looks that way, I don't know what to say". Licensee was terminated from his employment effective immediately for stealing the Fioricet. Licensee responded to the termination by saying, "Okay";

d. On November 2, 1992, an investigation by the hospital pharmacy concluded that between June 1, 1991 and October 10, 1992, the following controlled substances were missing:

2860 Roxicet tablets;

273 Roxicodone tablets;

839 Fiorinal with codeine #3 capsules;

1592 Fioricet tablets; and

252 Esgic Plus tablets.

At the conference, Licensee stated he took only the Fioricet tablets and admitted to being chemically dependent. Licensee also stated that his sobriety date is October 13, 1992, and that since then, he has undergone treatment for his chemical dependency to Fioricet.

7. The Board views Licensee's illness as requiring Board action under Minn. Stat. § 148.261 (1992) and Licensee agrees that his illness constitutes a reasonable basis in law and fact to justify this Board action;

8. Licensee acknowledges and admits that proof at hearing of any one or more of the allegations set forth in the notice, including proof by the Boards's introduction of admissions made by Licensee at the conference, would empower the Board to revoke or take other action against Licensee's license under Minn. Stat. § 148.261;

9. This stipulation shall not in any way or manner limit or affect the authority of the Board to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any act, conduct, or admission of Licensee justifying disciplinary action which occurred before or after the date of this stipulation and which is not directly related to the specific facts and circumstances set forth herein;

10. Upon this stipulation and record, as set forth in paragraph 4 above, and without any further notice of proceedings, the Board places Licensee's license in a CONDITIONAL status. Licensee's retention of his license is conditional upon his demonstrating that he is capable of conducting himself in a fit and competent manner in the practice of professional nursing. In order to sustain his burden of proof, Licensee shall comply with and submit or cause to be submitted at least the following:

a. Licensee shall completely abstain from all mood-altering chemicals, including alcohol, unless expressly prescribed in writing by a physician or dentist who is providing care and treatment to Licensee. Licensee must inform the Board in writing when a physician or dentist prescribes controlled substances and the condition being treated;

b. Report from two persons who can attest to Licensee's sobriety. These reports shall be submitted every three months and at the time Licensee petitions to have

the conditions removed from his license as outlined in paragraph 12. Each report shall provide and address:

1) Licensee's active participation in a chemical dependency rehabilitation program;

2) Licensee's sobriety, including the date he last used mood-altering chemicals, including alcohol;

3) Any other information which the reporter believes would assist the Board in its ultimate review of this matter.

c. Report from Licensee's professional nurse supervisor, if Licensee is employed in nursing. A report shall be submitted every three months and at the time Licensee petitions to have the conditions removed from his license as outlined in paragraph 12. Each report shall provide and address:

1) In the first report, evidence that Licensee's supervisor has received a copy of this Stipulation and Consent Order;

2) Licensee's attendance and reliability;

3) Licensee's ability to carry out assigned functions;

4) Licensee's ability to handle stress;

5) Licensee's sobriety;

6) Number of hours Licensee worked during the reporting period;

7) Any other information which the supervisor believes would assist the Board in its ultimate review of this matter.

d. Report from Licensee's supervisor, if Licensee is not employed in nursing. A report shall be submitted every three months and at the time Licensee petitions to have the conditions removed from his license as outlined in paragraph 12. Each report shall provide and address:

1) Licensee's attendance and reliability;

2) Licensee's ability to carry out assigned functions;

3) Licensee's ability to handle stress;

4) Licensee's sobriety;

5) Any other information which the supervisor believes would assist the Board in its ultimate review of this matter.

e. Report from Licensee himself. A report shall be submitted every three months and at the time Licensee petitions to have the conditions removed from his license as outlined in paragraph 12. Each report shall provide and address:

1) Licensee's sobriety, including the date he last used mood-altering chemicals, including alcohol, and the circumstances surrounding any use while this Stipulation and Consent Order is in effect;

2) Licensee's treatment and/or participation in a chemical dependency rehabilitation program. Evidence of participation shall include, but need not be limited to, attendance sheets (on a form provided by the Board) which have been signed or initialed and dated by a participant who attended the weekly meeting;

3) Licensee's employment, if any;

4) Licensee's future plans for nursing;

5) Any other information which Licensee believes would assist the Board in its ultimate review of this matter.

f. Report from any and all physicians and dentists who have prescribed mood-altering chemicals for Licensee during the period this Stipulation and Consent Order is in effect. A report is due within 30 days of the prescription and shall provide and address:

1) The name, dosage, frequency, and purpose for the mood-altering chemicals for Licensee;

2) Confirmation that the physician and dentist has been informed of Licensee's chemical dependency history;

3) Any other information which the reporter believes would assist the Board in its ultimate review of this matter.

11. All reports shall cover the entire reporting period and provide the basis upon which conclusions were drawn;

12. Licensee may petition to have the conditions removed from his license at any regularly scheduled Board meeting following 2,000 hours of employment as a professional nurse or 3,000 hours of non-nursing employment. At the time of petition, Licensee shall have the burden of proving by clear and convincing evidence that he is capable of conducting himself in a fit and competent manner in the practice of professional nursing, is successfully participating in a program of chemical dependency rehabilitation, has regularly attended a chemical dependency support group, and has maintained sobriety during the 12 months immediately preceding his petition. In order to sustain his burden of proof, Licensee shall submit or cause to be submitted at least the evidence specified in paragraph 4 above;

13. The Board may, at any regularly scheduled meeting at which Licensee has petitioned in accordance with paragraph 12 above and presented evidence, take any of the following actions:

a. Remove the conditions attached to the license of Licensee;

b. Amend the conditions attached to the license of Licensee;

c. Continue the conditions attached to the license of Licensee upon his failure to meet the burden of proof.

14. Licensee's violation of this Stipulation and Consent Order shall be considered a violation of Minn. Stat. § 148.261 (1992) and constitute grounds for further disciplinary action;

15. Any appropriate court may, upon application of the Board, enter its decree enforcing the order of the Board;

16. The Board may direct Licensee to submit to laboratory screening to determine the presence or absence of alcohol or drugs. The Board may order, without prior notice, blood and urine tests of Licensee on a random basis. The blood and urine screens shall be:

a. Observed in their drawing;

b. Handled through legal chain of custody methods;

c. Paid for by Licensee;

d. Results reported directly to the Board.

The biological fluid testing shall take place at Hennepin County Medical Center, 701 Park Avenue South, Minneapolis, Minnesota 55415. If Licensee is further than 30 miles from Hennepin County Medical Center and the blood and urine testing is to be completed through the mail, the drug screening tests used must be those obtained from Hennepin County Medical Center. All blood and urine tests processed through the mail must be directed to the attention of the toxicology supervisor at Hennepin County Medical Center;

17. Licensee shall arrange with his employer for release from work for purposes of fulfilling the requirements of the laboratory screening. The Board may contact Licensee by telephone, letter, or through personal contact by an agent to direct him to submit to the tests within one hour after he is contacted by the Board;

18. At any time while this Stipulation and Consent Order is in effect and at the request of the Board, Licensee shall complete and sign health record waivers and chemical dependency waivers supplied by the Board to allow representatives of the Board to discuss Licensee's case with and to obtain written evaluations and reports and copies of all Licensee's health or chemical dependency records from his physician, chemical dependency counselor, or others from whom Licensee has sought or obtained treatment, support, or assistance;

19. Licensee hereby acknowledges that he has read, understands, and agrees to this Stipulation and Consent Order and has freely and voluntarily signed the stipulation without threat or promise by the Board or any of its members, employees, or agents. When signing the stipulation, Licensee acknowledges that he is fully aware that the Stipulation and Consent Order must be approved by the Board. The Board may either approve the stipulation and order as proposed, approve the order subject to specified change, or reject it. If the changes are acceptable to Licensee, the stipulation will then take effect and the

order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the stipulation, it will be of no effect except as specified herein;

20. If the Board receives evidence that Licensee has violated the terms of the Stipulation and Consent Order, has made misrepresentations to the Board or to those required to submit reports to the Board, and engaged in acts or omissions which would be a violation of Minn. Stat. § 148.261 (1992), the Board shall so notify Licensee in writing at his last known address filed with the Board. Licensee shall have the opportunity to contest the allegations by submitting a written request to so contest within 30 days after service of the Notice Of Opportunity To Contest Allegations:

a. If Licensee does not submit a written request to contest the allegations within 30 days of service of the notice, the issues set forth in the notice may be taken as true or deemed proven without further evidence. Upon a report to the Board of such allegations and of Licensee's failure to contest, the Board may either impose additional disciplinary action, including revocation, or deny any petition submitted by Licensee. Any Board order issued under this paragraph shall be final and binding upon Licensee and shall not be subject to judicial or administrative review or to a judicial stay pending any attempts to seek such review;

b. If Licensee submits a written request to contest the allegations, the Board may initiate either a proceeding conducted pursuant to Minn. Stat. ch. 214 (1992) or a contested case hearing pursuant to Minn. Stat. ch. 14 (1992) to determine whether Licensee can show cause as to why additional disciplinary action should not be imposed. In any such proceeding, the Board shall have the burden of going forward to provide a sufficient factual basis supporting the allegations. The Board shall provide sufficient evidence to meet the substantial evidence standard used by appellate courts in reviewing administrative actions, that is, evidence demonstrating that the Board is not acting unreasonably, arbitrarily, or capriciously and that some reasonable evidence exists to support the allegations. Upon such a showing by the Board, the burden of proof as to why

additional disciplinary action should not be imposed or why any petition for reinstatement should not be denied shall be upon Licensee.

21. This Stipulation and Consent Order is classified as public data pursuant to Minn. Stat. § 13.41, subd. 4 (1992);

22. This stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this stipulation.

CONSENT:

BOARD OF NURSING

REVIEW PANEL

STEPHEN H. LARSON, RN
Licensee

Dated: Oct. 29, 1993

DIANE CARLSON
Board Member

Dated: [illegible], 1993

Upon consideration of this stipulation and all the files, records, and proceedings herein,

IT IS HEREBY ORDERED that the license of Licensee is placed in a CONDITIONAL status and that all other terms of this stipulation are adopted and implemented by the Board this 2nd day of Dec., 1993.

MINNESOTA BOARD

OF NURSING

JOYCE M. SCHOWALTER
Executive Director

BEFORE THE MINNESOTA

BOARD OF NURSING

In the Matter of
Stephen H. Larson, RN
License No. 81276-4

ORDER OF
UNCONDITIONAL LICENSE

The Minnesota Board of Nursing (hereinafter "Board"), having convened on February 2, 1995, to review materials submitted by Stephen H. Larson, RN (hereinafter "Licensee"), and having determined that Licensee complied with and fulfilled all prior orders issued by the Board, does hereby issue the following ORDER:

IT IS HEREBY ORDERED that an unconditional license to practice professional nursing in the State of Minnesota be conferred upon Licensee, such license to carry all duties, benefits, responsibilities, and privileges inherent therein through Minnesota statute and rule.

Dated: February 2, 1995

STATE OF MINNESOTA

BOARD OF NURSING

JOYCE M. SCHOWALTER
Executive Director

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST STEPHEN H. LARSON, R.N., RESPONDENT	: : : :	STIPULATION 94 NUR 016

It is hereby stipulated between Stephen H. Larson, personally on his own behalf and his attorney, Steven J. Caulum, and James W. Harris, Attorney for the Department of Regulation and Licensing, Division of Enforcement, as follows that:

1. This Stipulation is entered in resolution of the pending proceedings concerning Respondent's license. The stipulation and order shall be presented directly to the Board of Nursing for its consideration for adoption.

2. Respondent understands that by the signing of this Stipulation he voluntarily and knowingly waives his rights, including: the right to a hearing on the allegations against him, at which time the state has the burden of proving those allegations by evidence; the right to confront and cross-examine the witnesses against him; the right to call witnesses on his behalf and to compel their attendance by subpoena; the right to testify himself; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to him under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, and the Wisconsin Administrative Code.

3. Respondent is aware of his right to seek legal representation and has obtained legal advice prior to signing this stipulation.

4. Respondent agrees to the adoption of the attached Final Decision and Order by the Board of Nursing. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

6. Attached to this Stipulation is the current licensure card of Respondent. If the Board accepts the Stipulation, Respondent's license shall be reissued in accordance with the terms of the attached Final Decision and Order.

7. Also attached to this Stipulation are copies of Respondent's health care records for review by the Board in conjunction with their consideration of the attached Final Decision and Order.

8. The parties to this stipulation agree that the attorney for the Division of Enforcement may appear before the Board of Nursing for the purposes of speaking in support of this agreement and answering questions that the members of the Board may have in connection with their deliberations on the stipulation.

9. The Division of Enforcement joins Respondent in recommending the Board of Nursing adopt this Stipulation and issue the attached Final Decision and Order.

Stephen H. Larson, R.N. — Date 1/4/96

Steven J. Caulum, Attorney for Respondent — Date 12/18/95

James W. Harris, Attorney
Division of Enforcement — Date January 5, 1996

jh

NOTICE OF APPEAL INFORMATION

Notice Of Rights For Rehearing Or Judicial Review, The Times Allowed For Each, And The Identification Of The Party To Be Named As Respondent.

Serve Petition for Rehearing or Judicial Review on:

STATE OF WISCONSIN BOARD OF NURSING

1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708.

The Date of Mailing this Decision is:

January 17, 1996

1. REHEARING

Any person aggrieved by this order may file a written petition for rehearing within 20 days after service of this order, as provided in sec. 227.49 of the *Wisconsin Statutes*, a copy of which is reprinted on side two of this sheet. The 20 day period commences the day of personal service or mailing of this decision. (The date of mailing this decision is shown above.)

A petition for rehearing should name as respondent and be filed with the party identified in the box above.

A petition for rehearing is not a prerequisite for appeal or review.

2. JUDICIAL REVIEW.

Any person aggrieved by this decision may petition for judicial review as specified in sec. 227.53, *Wisconsin Statutes* a copy of which is reprinted on side two of this sheet. By law, a petition for review must be filed in circuit court and should name as the respondent the party listed in the box above. A copy of the petition for judicial review should be served upon the party listed in the box above.

A petition must be filed within 30 days after service of this decision if there is no petition for rehearing, or within 30 days after service of the order finally disposing of a petition for rehearing, or within 30 days after the final disposition by operation of law of any petition for rehearing.

The 30-day period for serving and filing a petition commences on the day after personal service or mailing of the decision by the agency, or the day after the final disposition by operation of the law of any petition for rehearing. (The date of mailing this decision is shown above.)