

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF
THE LICENSE OF

DOREEN M. DEWILDE, LPN

Respondent

ORDER REINSTATING LIMITED LICENSE

LS0903302NUR

The Board considered the application of Doreen M. DeWilde for reinstatement of her LPN license, number 16693. Because Ms. DeWilde's license expired in 1991, she is subject to the provisions of sec. 440.08(3)(b), Stats. and sec. N 5.08(1), Code. Those sections state as follows:

440.08(3)(b) The department or the interested examining board or affiliated credentialing board, as appropriate, may promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements in order to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, that the department, examining board or affiliated credentialing board determines is necessary to protect the public health, safety or welfare. The rules may not require the holder to complete educational requirements that must be completed in order to obtain an initial credential from the department, the examining board or the affiliated credentialing board.

N 5.08(1) The board may, in the exercise of its discretion, require a credential holder who has failed to renew his or her license within 5 years after its renewal date to demonstrate continued competence in the practice of nursing as a prerequisite to credential renewal.

Based upon the foregoing, and upon other information of record herein,

NOW, THEREFORE, IT IS ORDERED that the license of Doreen M. DeWilde to practice as a licensed practical nurse be, and hereby is, reinstated. The license shall be limited to permit her to practice only as a participant in a board approved LPN refresher course. Upon successful completion of the refresher course, Ms. DeWilde may petition the board for return to full licensure.

PLEASE TAKE NOTICE that this Order constitutes a denial of your renewal application for full and unconditional licensure. You may have a right to a hearing on this denial if you file a written request for hearing within 30 days after the date on which this notice of denial is mailed. Your request must be submitted in writing to the: Department of Regulation and Licensing, Division of Professional Credential Processing, 1400 East Washington Avenue, PO Box 8935, Madison, WI 53708 8935. The request must contain your name and address, the type of credential of which you have applied, a specific description of the mistake in fact or law that you assert was made in the denial of your credential, and a concise statement of the essential facts which you intend to prove at the hearing. You will be notified in writing of the decision on whether or not a hearing will be granted.

Dated this 3rd day of April, 2009.

STATE OF WISCONSIN
BOARD OF NURSING

By Marilyn A. Kaufmann, Ph.D., R.N.
Chair