# WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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### STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE LICENSE OF

ORDER GRANTING LIMITED LICENSE

JAMES WHELAN, RN APPLICANT ORDEROTOO392

TO: James Whelan 625 West Pine Street Gilman, WI 54433

On March 24, 2011, the Board of Nursing considered the applicant's request for a registered nurse license. Based upon the information of record which shows previous discipline taken on September 2, 2010 and felony conviction, the Board now finds and makes the following:

#### **ORDER**

NOW, THEREFORE, IT IS ORDERED that James M. Whelan is GRANTED a registered nurse license.

IT IS FURTHER ORDERED THAT the granted registered nurse license is LIMITED by the same requirements as his licensed practical nurse credential pursuant to Order0000382 dated September 2, 2010:

- 1. Applicant shall not work in any setting where his duties include the handling of money or negotiable instruments which are the property of any other person or entity.
- 2. Applicant may prepare or file claims to third party payers on behalf of patients and his employer which will result in payments directly to patients or his employer; he shall not prepare or file any such claim which would result in any payment directly to him. Applicant may file personal claims for care provided to him by another provider.
- 3. Applicant shall not accept or receive, directly or indirectly any gratuity, loan or other benefit from any patient other than his normal compensation, nor shall he enter into any investment, financial venture, or other business with any patient.
- 4. Applicant shall provide his nursing employers with a copy of this Order before engaging or continuing in any nursing employment.

IT IS FURTHER ORDERED THAT the license is LIMITED by the following terms and conditions:

- A. Applicant shall practice only in a work setting pre-approved by the Board or its designee. Syverson Lutheran Home in Eau Claire, Wisconsin is an approved work setting.
- B. Applicant shall not work in a home health care, hospice, pool nursing or agency setting.
- C. Applicant shall on an annual basis submit his annual reviews from his employer to the Department Monitor.

This order is effective on the date signed below.

STATE OF WISCONSIN BOARD OF NURSING

Lou Ann Weix, R.N., A.P.N.P.D.

Chairperson

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