

## WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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The status of an appeal may be found on court access websites at:

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STATE OF WISCONSIN  
BEFORE THE BOARD OF NURSING

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IN THE MATTER OF THE	:	ORDER TERMINATING SUSPENSION
DISCIPLINARY PROCEEDINGS AGAINST	:	AND IMPOSING LIMITATIONS
	:	
AMANDA ADDISON, R.N., A.P.N.P.,	:	ORDER0004904
RESPONDENT.	:	

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TO: AMANDA ADDISON RN, APNP  
10043 COUNTY ROAD K  
LANCASTER WI 53813

On September 8, 2016, the Wisconsin Board of Nursing ("Board") issued a Final Decision and Order suspending Respondent's Registered Nurse license (#156419-30) and Advanced Practice Nurse Prescriber certificate (#5675-33) indefinitely. Pursuant to the terms of the Order, Respondent may petition the Board to terminate the suspension upon completion of a fitness to practice evaluation. Upon review of the completed fitness to practice evaluation, if the Board determines that Respondent is fit to practice, the Board may nonetheless limit Respondent's license in a manner to address any concerns the Board has as a result of the conduct set out in the Findings of Fact and to address any recommendations resulting from the assessment.

On December 8, 2016, the Board considered Respondent's request for termination of the suspension. Based upon the information of record, the Board finds and makes the following:

ORDER

1. The Board finds, based on the Fitness to Practice evaluation dated October 18, 2016, Respondent is fit to practice and therefore Respondent's request to terminate the suspension of her Registered Nurse license (#156419-30) and Advanced Practice Nurse Prescriber certificate (#5675-33) is hereby GRANTED.

2. Although the Board finds Respondent is fit to practice, the Board nonetheless places limitations on Respondent's nursing credentials to address the Board's concerns as a result of the conduct set out in the Findings of Fact and to address recommendations resulting from the assessment. Therefore, Respondent's Registered Nursing license (#156419-30) and Advanced Practice Nurse Prescriber certificate (#5675-33) are hereby LIMITED as follows:

Practice Limitations

- a. Respondent shall provide a copy of this Order, all previous Orders and any future Order(s) to her employer's human resources department and supervisor(s)

at all settings where Respondent works as a Registered Nurse, Advanced Practice Nurse Prescriber, care giver, or provides health care, currently or in the future, during the duration of the limited license. Respondent shall provide the Department of Safety and Professional Services Monitor (Department Monitor) with written acknowledgement from each employer that a copy of this Order has been received. Such acknowledgement shall be provided to the Department Monitoring within fourteen (14) days of beginning new employment and/or within fourteen (14) days of the date of this Order for employment current as of the date of this Order.

b. It is Respondent's responsibility to arrange for written reports from her direct supervisor to be provided to the Department Monitor on a quarterly basis. These reports shall assess Respondent's work performance, attendance and include the number of hours of active nursing practice worked during that quarter.

c. Respondent shall practice only in a work setting pre-approved by the Board or its designee and only under the general supervision of a licensed nurse or other licensed health care professional approved by the Board or its designee. General supervision means the supervisor regularly coordinates, directs, and inspects employee's work.

#### Treatment Required

d. Pursuant to Dr. Sarah Romens's recommendations, Respondent shall continue consistent and appropriate medication management to maintain her functioning. This includes attending appointments and following recommendations of her prescribing physician, as well as increased monitoring during any medication changes.

e. Within 30 days from the date of this order, Respondent shall provide proof to the Department Monitor that she has begun or continued treatment with a psychotherapist whose credential is in good standing and who is experienced in utilizing Dialectical Behavior Therapy. Respondent shall immediately provide the psychotherapist with a copy of this Order, a copy of Dr. Sarah Romens's evaluation report, and a release authorizing the psychotherapist to discuss the progress of Respondent's treatment with the Board, its designee and the Department Monitor.

i. The psychotherapist shall be pre-approved by the Board or its designee.

ii. The frequency of sessions shall be determined by the Board approved psychotherapist but not less than bi-weekly. Therapy shall address the issues identified in Dr. Romens's October 18, 2016, report, and shall focus on developing skills to improve sleep, manage interpersonal problems, manage other stressors, maintain medication compliance, and facilitate coping changes in symptoms or medications so they do not lead to further impairment in work function.

iii. The psychotherapist shall submit quarterly reports as directed by the Department Monitor. It is Respondent's responsibility to ensure the reports are submitted when due. The psychotherapist shall immediately report any unprofessional conduct or suspected violation of this order.

f. If the Board or its designee determines the psychotherapist has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Respondent continue treatment under the direction of another Board-approved psychotherapist.

#### Required Reporting by Respondent

g. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order.

h. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five days of the date of the change. Additionally, every three months, Respondent shall notify the Department Monitor of Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

#### Department Monitor

i. Any requests, petitions, reports and other information required by this Order shall be mailed, emailed, faxed or delivered to:

Department Monitor  
Department of Safety and Professional Services  
1400 E. Washington Ave.  
P.O. Box 7190, Madison, WI 53707-7190  
Telephone (608) 267-3817; Fax (608) 266-2264  
DSPSMonitoring@wisconsin.gov

#### Petitions for Modification of Limitations or Termination of Order

j. Respondent may petition the Board for modification or termination of the terms of this order after completion of one (1) year in compliance with all terms and conditions of this Order. "Practice incompliance" includes the submission of work reports, and psychotherapist reports, the content of which are satisfactory to the Board. Any petition for termination shall be accompanied by a written recommendation from Respondent's psychotherapist supporting the specific modification or termination of treatment.

Costs

k. Respondent shall be responsible for all costs and expenses associated with compliance with the terms of this Order.

Suspension/Additional Discipline

1. In the event that Respondent violates any term of this Order, Respondent's Registered Nurse license (#156419-30) and Advanced Practice Nurse Prescriber certificate (#5675-33) may, in the discretion of the Board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of the Order. The Board may, in addition and/or in the alternative, refer any violation of this Order to the Division of Legal Services and Compliance for further investigation and action.

3. This Order is effective the date of its signing.

WISCONSIN BOARD OF NURSING

By: Sheryl Krause  
A Member of the Board of Nursing

12/28/16  
Date