



STATE OF MAINE
 BOARD OF NURSING
 158 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0158

JOHN ELIAS BALDACCI
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

IN RE: ELIZABETH FORSLEY-PLATA)	CONSENT AGREEMENT
of Portland, Maine)	FOR VOLUNTARY
License #R037493)	SURRENDER OF
#P010634)	LICENSE

INTRODUCTION

This document is a Consent Agreement regarding Elizabeth A. Forsley-Plata's license to practice professional nursing and licensed practical nursing in the State of Maine. The parties enter into this Consent Agreement pursuant to 10 M.R.S.A. § 8003(5)(B) and 32 M.R.S.A. § 2105-A(1-A) and (2). The parties to this Consent Agreement are Elizabeth A. Forsley-Plata, Maine State Board of Nursing ("Board") and the Office of the Attorney General, State of Maine. The parties met in an informal conference and reached this Agreement on January 7, 2004.

FACTS

1. Elizabeth A. Forsley-Plata has been licensed to practice registered professional nursing since 1994 and was originally licensed as a practical nurse in 1991.
2. Elizabeth A. Forsley-Plata admits that she used cocaine and has multiple addictions. She was convicted for "Unlawful Possession of a Scheduled Drug," Class D misdemeanor on November 19, 2003 and was placed on probation for a period of one year with conditions. The Judgment and Commitment is attached as Exhibit A.
3. Elizabeth A. Forsley-Plata is currently in counseling at Catholic Charities and is attending Al-an-on meetings and A.A. meetings.
4. Elizabeth A. Forsley-Plata has not worked in the State of Maine as a nurse since November 2002; she has also not worked in the State of Rhode Island since October 21, 2003. Ms. Forsley-Plata has offered to surrender her registered professional nursing license.
5. Elizabeth A. Forsley-Plata also holds a Maine licensed practical nurse license to which this Consent Agreement will also apply.

AGREEMENT

6. The Maine State Board of Nursing, based upon the above stated facts, will accept Elizabeth A. Forsley-Plata's voluntary surrender of her license, and Ms. Forsley-

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OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME.

TDD: (207) 287-1151

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<http://www.maine.gov/boardofnursing/>

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Elizabeth A. Forsley-Plata

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Plata agrees and understands that the voluntary surrender of her license will be for a period of one year.

7. Elizabeth A. Forsley-Plata understands that this document imposes discipline regarding her license to practice professional nursing and licensed practical nursing in the State of Maine under 32 M.R.S.A. § 2105-A(2)(B), (2)(F), (2)(H) and Chapter 4, sections 1(A)(2) and (A)(6) of the Rules and Regulations of the Maine State Board of Nursing.
8. Ms. Forsley-Plata agrees and understands that her license will remain on a voluntary surrender status and subject to the terms of this Consent Agreement until Ms. Forsley-Plata petitions the Board for reinstatement of her license and the Board determines whether she has complied with the terms and conditions of this Consent Agreement.
9. Ms. Forsley-Plata understands that this document is a Consent Agreement that affects her rights to practice professional nursing and licensed practical nursing in Maine. Ms. Forsley-Plata understands that she does not have to execute this Consent Agreement and that she has the right to consult with an attorney before entering the Consent Agreement.
10. If Ms. Forsley-Plata fails to meet any of the obligations of this Consent Agreement, the Board may take any disciplinary action, which it deems appropriate and impose any of the sanctions, including but not limited to that found in Title 10 M.R.S.A. § 8003 and Title 32 M.R.S.A. § 2105-A.
11. Ms. Forsley-Plata agrees and understands that when she petitions the Board for reinstatement of her license, it will be for a probationary period.
12. Ms. Forsley-Plata understands and agrees that as a condition of reinstatement of her registered professional nurse or licensed practical nurse license she will continue treatment and counseling for substance abuse to such an extent and for as long as recommended by her treatment providers. Ms. Forsley-Plata will arrange for and ensure the submission to the Board of quarterly reports from her treatment providers. In addition, Ms. Forsley-Plata agrees and understands that the Board shall have access to any and all medical records and all otherwise confidential or medically privileged information pertaining to her treatment and therapy which the Board deems necessary to evaluate Ms. Forsley-Plata's compliance with this Consent Agreement and her continued recovery. Ms. Forsley-Plata shall notify her health care physician (providers) of her substance abuse problem.

Ms. Forsley-Plata shall provide such information, shall authorize any release of such records and information, and shall authorize any such discussions and communications with any and all persons involved in her care as may be

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requested by the Board for the purpose of evaluating Ms. Forsley-Plata's compliance with this Consent Agreement.

13. Elizabeth A. Forsley-Plata shall not work or volunteer, in any capacity, for a health care provider as defined by Title 24 M.R.S.A. § 2502 (2) or in any position holding herself out as a registered professional nurse or licensed practical nurse or with the designation, R.N. or L.P.N. including, in a veterinarian's office, while her nursing license is surrendered. In addition, Ms. Forsley-Plata is not to seek employment where the handling or dispensing of drugs is part of the job responsibility.
14. Modification of this Consent Agreement must be in writing and signed by all parties.
15. Elizabeth A. Forsley-Plata affirms that she executes this Consent Agreement of her own free will.
16. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
17. This Consent Agreement becomes effective upon the date of the last necessary signature below.

I, ELIZABETH A. FORSLEY-PLATA, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.

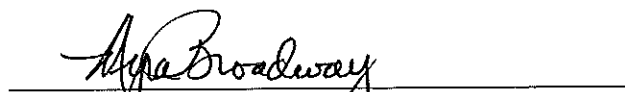
DATED: 2/27/04



ELIZABETH A. FORSLEY-PLATA

FOR THE MAINE STATE BOARD OF NURSING

DATED: 3/7/04



MYRA A. BROADWAY, J.D., M.S., R.N.
Executive Director

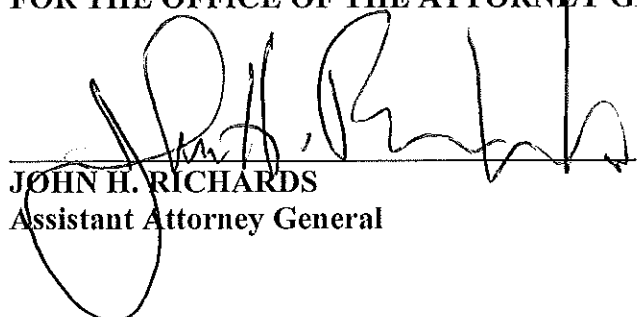
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FOR THE OFFICE OF THE ATTORNEY GENERAL

DATED: 3/10/04



A handwritten signature in black ink, appearing to read "John H. Richards", is written over a horizontal line. The signature is stylized and somewhat cursive.

JOHN H. RICHARDS
Assistant Attorney General

STATE OF MAINE
DISTRICT COURT

JUDGMENT AND COMMITMENT

Docket No. PORDC-CR-2003-08702	County/location PORTLAND	Date 11/19/2003	DOB 12/13/1954
State of Maine v. ELIZABETH A FORSLEY-PLA		Residence: 428 ST JOHN STREET #1 PORTLAND ME 04102	

Offense charged:Charged by: CRIMINAL COMPLAINT
Charge: 1

UNLAWFUL POSSESSION OF SCHEDULED DRUG

Class: B DOV: 11/11/2003 OBTN:
Seq #: 8571 Title: 17-A / 1107-A / 1 / C
Plea: GUILTY**Offense convicted:**

UNLAWFUL POSSESSION OF SCHEDULED DRUG

Charge: 1

Class: D DOV: 11/11/2003 OBTN:
Seq #: 8571 Title: 17-A / 1107-A / 1 / CPLEA: GUILTY
FNDG: GUILTY

IT IS ADJUDGED THAT THE DEFENDANT IS GUILTY OF THE OFFENSE AS SHOWN ABOVE AND CONVICTED.

IT IS ADJUDGED THAT THE DEFENDANT BE HEREBY COMMITTED TO THE SHERIFF OF THE WITHIN NAMED COUNTY OR AUTHORIZED REPRESENTATIVE WHO SHALL WITHOUT NEEDLESS DELAY REMOVE THE DEFENDANT TO:

The custody of CUMBERLAND COUNTY JAIL, to be punished by imprisonment for a term of 364 day(s).

Defendant to receive credit for time served.

IT IS ORDERED THAT ALL BUT 5 DAY(S) OF THE SENTENCE AS IT RELATES TO CONFINEMENT BE SUSPENDED AND THE DEFENDANT BE PLACED ON A PERIOD OF PROBATION FOR A TERM OF 1 YEAR(S) UPON CONDITIONS ATTACHED HERETO AND INCORPORATED BY REFERENCE HEREIN.

SAID PROBATION TO COMMENCE UPON COMPLETION OF THE UNSUSPENDED TERM OF IMPRISONMENT.

IT IS ORDERED THAT THE DEFENDANT FORFEIT AND PAY THE SUM OF \$ 500.00 AS A FINE TO THE CLERK OF THE COURT, PLUS APPLICABLE SURCHARGES AND ASSESSMENTS.

10% GOV'T OPERATION SURCHARGE FUND \$ 50.00
\$ 10 VICTIMS COMPENSATION FUND
100% GENERAL FUND \$ 500.00
1% COUNTY JAIL \$ 3.00
4% MAINE CRIMINAL JUSTICE ACADEMY \$ 20.00
TOTAL DUE: \$ 585.00

Execution/payment stayed to pay in full by 02/25/2004 or warrant to issue.

IT IS FURTHER ORDERED THAT THE CLERK DELIVER A CERTIFIED COPY OF THIS JUDGMENT AND COMMITMENT TO THE SHERIFF OF THE ABOVE NAMED COUNTY OR AUTHORIZED REPRESENTATIVE AND THAT THE COPY SERVE AS THE COMMITMENT OF THE DEFENDANT. REASONS FOR IMPOSING CONSECUTIVE SENTENCES ARE CONTAINED IN THE COURT RECORD OR IN ATTACHMENTS HERETO.

A TRUE COPY, ATTEST:

Penny S. Whitney
Clerk

151 Wheeler
Judge / Justice

I UNDERSTAND THE SENTENCE IMPOSED HEREIN AND ACKNOWLEDGE RECEIPT OF A COPY OF THIS JUDGMENT AND COMMITMENT. I HEREBY ACKNOWLEDGE THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS FORM IS MANDATORY UNDER 36 M.R.S.A Sec. 5276-A. MY SOCIAL SECURITY NUMBER WILL BE USED TO FACILITATE THE COLLECTION OF MY FINE THAT HAS BEEN IMPOSED UPON ME IN THIS ACTION IF THAT FINE REMAINS UNPAID AS OF THE TIME I AM DUE A STATE OF MAINE INCOME TAX REFUND. MY SOCIAL SECURITY NUMBER ALSO MAY BE USED TO FACILITATE THE COLLECTION OF MONEY I MAY OWE THE STATE OF MAINE AS A RESULT OF HAVING HAD AN ATTORNEY APPOINTED TO REPRESENT ME. COLLECTION OF ANY FINE OR REIMBURSEMENT OF MONEY WHICH I OWE TO THE STATE OF MAINE WILL BE ACCOMPLISHED BY OFFSETTING MONEY I OWE TO THE STATE AGAINST MY STATE OF MAINE INCOME TAX REFUND.

Social Security Number _____

Date: _____

Defendant _____

Address _____

RETURN

By virtue of the within JUDGMENT AND COMMITMENT I have this day delivered the within named Defendant to the _____

Date: _____

Deputy _____

By virtue of this warrant, the within-named Defendant has been removed to and received at the _____ on this day.

Date: _____

Authorized Officer/Supt., M.C.C./Warden M.S.P.

CR-121 Rev 02/1999