

6. Paula Johnson affirms that she executes this Consent Agreement of her own free will.
7. Modification of this Consent Agreement must be in writing and signed by all the parties.
8. This Consent Agreement is not subject to review or appeal by the Licensee.
9. This Consent Agreement becomes effective upon the date of the last necessary signature below.

I, PAULA JOHNSON, R.N., 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: 2/15/05 Paula L. Johnson RN
PAULA JOHNSON, R.N.

**FOR THE MAINE STATE
BOARD OF NURSING**

DATED: Feb 22, 2005 Myra Broadway
MYRA A. BROADWAY, J.D., M.S., R.N.
Executive Director

**FOR THE OFFICE OF THE
ATTORNEY GENERAL**

DATED: Feb 23, 2005 John H. Richards
JOHN H. RICHARDS
Assistant Attorney General