



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

May 22, 2006

Colleen F. Longmuir, R.N.  
64 Elm Street  
Newport, ME 04953

Dear Ms. Longmuir:

This will confirm that pursuant to your meeting with the Board's subcommittee May 10, 2006 that you have agreed to arrange for the Oregon Nursing Monitoring Program to send quarterly reports to the Maine State Board of Nursing.

Please sign below and return to this office.

Do not hesitate to contact me if you have any questions.

Sincerely,

Myra A. Broadway, J.D., M.S., R.N.  
Executive Director

Read and agreed.

Colleen F. Longmuir, R.N.

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MAINE STATE  
BOARD OF NURSING



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OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME  
<http://www.maine.gov/boardofnursing/>

PHONE: (207) 287-1133

FAX: (207) 287-1149



# Oregon

Theodore R. Kulongoski, Governor

State Board of Nursing  
800 NE Oregon St. Ste 465  
Portland, Oregon 97232-2162  
(503) 731-4745  
FAX (503) 731-4755  
Oregon.BN.INFO@state.or.us  
www.osbn.state.or.us

MARCH 3, 2005

VICKY SWANSON  
MAINE STATE BOARD OF NURSING  
158 STATEHOUSE STATION  
AUGUSTA MAINE 04333-0158

Dear Ms. Swanson:

Colleen Longmuir, RN entered the Nurse Monitoring Program in Oregon on February 10, 2005 as a way to resolve a concern related to chemical dependency issues.

Ms. Longmuir came to the attention of the Oregon State Board of Nursing in August 2004 when her then DNS reported narcotic discrepancies. Narcotic counts were off and Ms. Longmuir corrected the counts without a witness. It was further reported that on previous occasions, Ms. Longmuir had arrived at work smelling of alcohol. Ms. Longmuir was counseled by her DNS and admitted to drinking every night after work and being in a bad relationship. Ms. Longmuir was terminated from this facility in August 2004 after the narcotic discrepancies.

Ms. Longmuir met with Board staff on November 10, 2004. She admitted to showing up a couple of times at work with alcohol on her breath. She further admitted to a DUI on April 13, 2004. Ms. Longmuir was given diversion and received level one treatment at Change Point Treatment Center. Ms. Longmuir did not inform the treatment center about her previous treatment in Maine or the narcotic discrepancies. She explained that omission to Board staff by saying it was too hard to think about her dead child.

Ms. Muir agreed to sign a release of information with change when so that the Board of nursing can obtain her chemical dependency evaluation. After a second request to Ms. Longmuir Board staff received this document on January 3, 2005. It diagnosed Ms. Longmuir as alcohol dependent with a "guarded" prognosis.

Ms. Longmuir met again with Board staff on January 26, 2005. At that time she said she was attending 12 step meetings and that she had a temporary sponsor. During November 2004 interview with Board staff Ms. Longmuir denied having an active Maine license. Discussion with the Maine Board of Nursing in February 2005 showed that she has an active nursing license that does not expire until June 2006.

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MAINE STATE  
BOARD OF NURSING

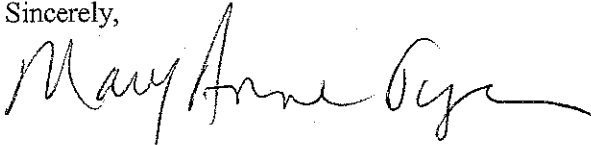
Ms. Longmuir was offered the Nurse Monitoring Program at the January 2005 meeting with the Board staff. There was a long discussion about her desire to move to Newport Maine and what actions the Maine Board of Nursing might take. Ms. Longmuir was given until February 10, 2005 to decide if she wished enter the Board's Nurse Monitoring Program. Ms. Longmuir signed contracts to enter the Board's Nurse Monitoring Program in February 10, 2005. At that time Ms. Longmuir was planning to return to Maine on February 25, 2005.

She reported that her address would be 64 Elm St.  
Newport, ME 04953  
She did not have a phone number at that time.

I am enclosing copies of the contracts that Ms. Longmuir signed to enter the Board's Nurse Monitoring Program.

I can be reached at 503-731-4745 extension 261 if you have questions. My business hours are 8 a.m. to 4 p.m. (PST) Monday through Friday.

Sincerely,



Mary Anne Joyce, RN, MSN CNS  
Coordinator, NMP

**OREGON STATE BOARD OF NURSING**

800 NE Oregon St., Suite 465, Portland OR 97232-2162 (503) 731-4745 ext 262

**ENTRY INTO THE NURSE MONITORING PROGRAM CONTRACT**

I, Colleen Longmuir, RN, do hereby request admission to the Nurse Monitoring Program in the State of Oregon, as provided for in OAR 851-46-000 through 851-46-040.

I understand that my participation in the Nurse Monitoring Program is on a voluntary basis and that during my participation in the Nurse Monitoring Program I will be expected to comply with the terms and conditions of my contracts with the Nurse Monitoring Program.

I further understand that failure to comply with the terms and conditions of the Nurse Monitoring Program may be reported to the Oregon State Board of Nursing. Upon receiving a report of non-compliance, the Oregon State Board of Nursing will review the situation and determine if a violation of the Nurse Practice Act has occurred and if disciplinary sanctions will be placed on my license.

My participation in the Nurse Monitoring Program will remain in effect for a total of five years, three of which must be monitored nursing practice. Yearly review of the terms and conditions of participation will occur and modification made as agreed to by me and the Coordinator for the Nurse Monitoring Program.

I understand that my participation in the Nurse Monitoring Program will remain confidential and only those in the employment setting who require the information will be advised of my status in the Nurse Monitoring Program.

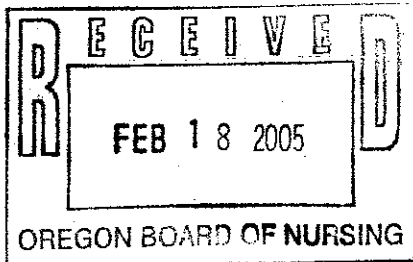
I have been provided a copy of OAR 851-46-000 through 851-46-040 and have read it and discussed any questions or concerns I may have with the Nurse Monitoring Program Coordinator.

Colleen Longmuir  
Colleen Longmuir, RN

2/10/05  
Date

Mary Anne Joyce  
Mary Anne Joyce, RN, MSN, CNS  
Coordinator, Nurse Monitoring Program

2/18/05  
Date

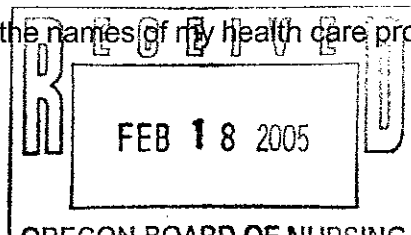


**PLEASE SIGN AND RETURN TO THE NURSE MONITORING PROGRAM**

**TERMS AND CONDITIONS  
FOR PARTICIPATION IN THE NURSE MONITORING PROGRAM**

I, Colleen Longmuir, RN, agree to comply with the following terms and conditions of the Nurse Monitoring Program:

- I confirm that I have received an evaluation by a chemical dependency expert. I will comply with the recommendations for treatment. Such recommendations may include, but are not limited to, recommendations for inpatient treatment, outpatient treatment, continuing care, medication therapy, private counseling and attendance at support groups.
- I agree that I will maintain a current release of information with my treatment counselors to facilitate communication between them and the Nurse Monitoring Program.
- I agree that I will notify the Nurse Monitoring Program of any changes in my treatment regimes.
- I will not resume nursing practice until approved by my counselor and the Nurse Monitoring Program. I further agree to enter into a nursing practice contract with my employer and the Nurse Monitoring Program.
- I will not look for, accept or begin a new nursing position without the approval of my Nurse Monitoring Program coordinator.
- I agree to cease nursing practice, if there are concerns about my ability to practice safely or at the request of the Nurse Monitoring Program coordinator.
- I will remain abstinent from intoxicating, mind-altering, or potentially addictive drugs, including both over-the-counter and prescription drugs unless I am taking medication for a documented medical condition. Such medication must be obtained by legal prescription written by a person authorized by law to write such a prescription. Also, I will notify the Nurse Monitoring Program within twenty-four hours of the use of prescription drugs.
- I will notify the Nurse Monitoring Program of the use of any intoxicating or mind-altering drugs within twenty-four hours, whether the use is a result of relapse or authorized medication.
- I will submit to random body fluid testing to detect the presence of unauthorized substances at the request of the Nurse Monitoring Program within twenty-four hours of the request. I understand that I am financially responsible for the costs of this testing.
- I will notify my health care providers of the nature of my chemical dependency diagnosis to ensure that my health history is complete before receiving any treatments. I further agree to provide the Nurse Monitoring Program with the names of my health care providers and to sign releases of information if requested.



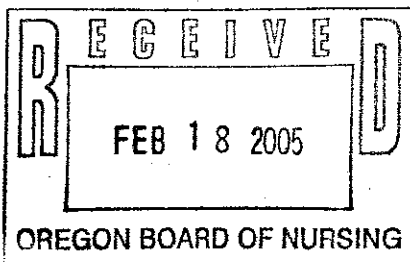
- I will notify the Nurse Monitoring Program if I am hospitalized or undergo any surgical procedure.
- I will notify the Nurse Monitoring Program before applying for licensure in any other states.
- I will notify other State Boards of Nursing of my participation in the Nurse Monitoring Program should I seek licensure in their state.
- I shall report to the Nurse Monitoring Program monthly through personal and telephone interviews.
- I will notify the Nurse Monitoring Program if I will be out of town for three or more days.
- I will notify the Nurse Monitoring Program of any change of address or telephone number within 5 days.
- I understand that this contract will be reviewed annually from date of signature and no changes will be made to this contract without prior approval of the Nurse Monitoring Program.

Colleen Longmuir  
Colleen Longmuir, RN

2/10/05  
Date

Mary Anne Joyce  
Mary Anne Joyce, RN, MSN, CNS  
Coordinator, Nurse Monitoring Program

2/18/05  
Date



PLEASE SIGN AND RETURN TO THE NURSE MONITORING PROGRAM