



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: SABRINA A. LORING, R.N., A.N.P.) CONSENT AGREEMENT
of South Portland, Maine) FOR INACTIVE STATUS
License No. R029171) OF LICENSE

INTRODUCTION

This document is a Consent Agreement regarding Sebrina A. Loring’s license to practice as a registered professional nurse and as an advanced practice nurse in the State of Maine. The parties enter into this Agreement pursuant to 32 M.R.S.A. § 2153-A (1) and Chapter 4.1.C.2.a. of the Rules and Regulations of the Maine State Board of Nursing. The parties to this Consent Agreement are Sabrina A. Loring (“Licensee” or “Ms. Loring”), Maine State Board of Nursing (“Board”) and the Office of the Attorney General, State of Maine. The parties entered this Agreement for the purpose of placing the Licensee on inactive status while the Board investigates a Provider Report from Casco Bay Gastroenterology dated May 31, 2007, and resolves this matter with the Licensee.

FACTS

1. Sabrina A. Loring was originally licensed as a registered professional nurse to practice in Maine on January 6, 1986.
2. Sabrina A. Loring was originally approved to practice as an adult nurse practitioner on August 17, 2004.
3. Sabrina A. Loring self reported to the Board that she has a substance abuse problem and is currently in treatment for opiate addiction.

AGREEMENT

4. The Board and Ms. Loring have agreed that until the matter in the above Provider Report is resolved Ms. Loring’s license will remain on inactive status. This Agreement for inactive status is not discipline.
5. Modification of this Consent Agreement must be in writing and signed by all parties.
6. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
7. Sabrina A. Loring affirms that she executes this Consent Agreement of her own free will.



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Sabrina A. Loring
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8. This Consent Agreement becomes effective upon the date of the last necessary signature below.

I, SABRINA A. LORING, R.N., A.N.P., 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.

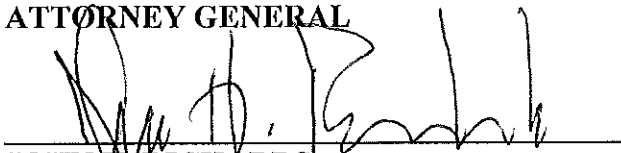
DATED: 8/14/07 
SABRINA A. LORING, R.N., A.N.P.

DATED: 8/14/07 
KENNETH W. LEHMAN, ESQ.
Attorney for Sabrina A. Loring

**FOR THE MAINE STATE
BOARD OF NURSING**

DATED: 8/17/07 
MYRA A. BROADWAY, J.D., M.S., R.N.
Executive Director

**FOR THE OFFICE OF THE
ATTORNEY GENERAL**

DATED: 8/21/07 
JOHN W. RICHARDS
Assistant Attorney General