

Consent Agreement for Voluntary Surrender of License

Della A. Orsmond

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6. Della A. Orsmond understands that based upon the above-stated facts this document imposes discipline regarding her license to practice registered professional nursing in the State of Maine. The grounds for discipline for violations under 32 M.R.S.A. § 2105-A(2)(B), (2)(F), (2)(H) and Chapter 4, sections 1(A)(1), 1(A)(2), 1(A)(6), 1(A)(8) and Chapter 4, sections 3(F), 3(P) and 3(Q) of the Rules and Regulations of the Maine State Board of Nursing.
7. Della A. Orsmond agrees and understands that her license will remain on surrender status and subject to the terms of this Consent Agreement indefinitely until and unless the Board, at Ms. Orsmond's written request, votes to reinstate Ms. Orsmond's license. Ms. Orsmond agrees and understands that if the Board reinstates her license, it will be for a probationary period.
8. Della A. Orsmond understands that this document is a Consent Agreement that affects her rights to practice registered professional nursing in Maine. Ms. Orsmond 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.
9. Della A. Orsmond 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 with the designation, R.N., including a veterinarian's office while her nursing license is surrendered. In addition, Ms. Orsmond is not to seek employment where the handling or dispensing of drugs is part of the job responsibility.
10. Modification of this Consent Agreement must be in writing and signed by all parties.
11. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
12. Della A. Orsmond affirms that she executes this Consent Agreement of her own free will.

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13. This Consent Agreement becomes effective upon the date of the last necessary signature below.

I, DELLA A. ORSMOND, 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: 1/19/2007

Della Ann Orsmond
DELLA A. ORSMOND

**FOR THE MAINE STATE
BOARD OF NURSING**

DATED: 1/25/07

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

**FOR THE OFFICE OF THE
ATTORNEY GENERAL**

DATED: 2/21/07

John H. Richards
JOHN H. RICHARDS
Assistant Attorney General