



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

ANGUS S. KING, JR.  
 GOVERNOR

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

IN RE: MELONY M. SHOREY )  
 of Clinton, Maine )  
 License #P010649 )  
 ) **CONSENT AGREEMENT**  
 ) **FOR REINSTATEMENT**  
 ) **AND PROBATION**

**INTRODUCTION**

This document is a Consent Agreement regarding Melony M. Shorey's license to practice practical nursing in the State of Maine. The parties enter into this Agreement pursuant to 10 M.R.S.A. § 8003(5)(A-1)(4), 10 M.R.S.A. § 8003(5)(B) and 32 M.R.S.A. § 2105-A(1-A)(B). The parties to this Consent Agreement are Melony M. Shorey, Maine State Board of Nursing ("Board") and the Office of the Attorney General, State of Maine. Melony M. Shorey has requested that her license as a licensed practical nurse be reinstated. Ms. Shorey met with the Board on April 11, 2002.

**FACTS**

1. Melony M. Shorey has been a licensed practical nurse licensed by the Board to practice in Maine since 1991.
2. Melony M. Shorey admitted that she had a drug addiction and voluntarily surrendered her license as a licensed practical nurse on January 24, 2001.
3. Melony M. Shorey has completed a 28 day substance abuse rehabilitation program at Crossroads for Women. She has remained substance free since August 1, 2000. Ms. Shorey currently sees her substance abuse counselor once every month, attends N.A. and has a family support system.

**REINSTATEMENT WITH CONDITIONS OF PROBATION**

4. Melony M. Shorey's license to practice practical nursing in the State of Maine is reinstated on a probationary status with conditions. The period of probation will commence on Ms. Shorey's return to nursing practice, either through employment or pursuant to an educational program. The period of probation will be for a period of 3- three years, to be effective only while she is employed in nursing practice or enrolled in a nursing education program. For purposes of this Agreement, nursing employment is any employment during which Ms. Shorey performs nursing services. Ms. Shorey's probationary license will be subject to the following conditions:

a. Melony M. Shorey will abstain completely from the use of alcohol or drugs, with the exception of substances used in accordance with a valid prescription from a physician who is aware of Ms. Shorey's substance abuse history.



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

PHONE: (207) 287-1133

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- b. Melony M. Shorey will continue in her aftercare treatment program, A.A. or N.A. as her treatment providers recommend.
  - c. Melony M. Shorey will arrange for and ensure the submission of quarterly reports to the Board by her treatment providers.
  - d. Melony M. Shorey will immediately notify the Board in writing should she return to employment or an educational program in the field of nursing. Notice under this section shall include the place and position of employment or the educational program and any change in employment or educational programs.
  - e. Melony M. Shorey will notify any and all of his nursing employers and notify faculty involved in any clinical studies of the terms of this Consent Agreement and shall provide them with a copy of it.
  - f. Melony M. Shorey will arrange for and ensure the submission to the Board of quarterly reports from her nursing employer or clinical faculty regarding her nursing practice.
  - g. Melony M. Shorey agrees and understands that the Board and the Department of Attorney General shall have access to any and all medical records and all otherwise confidential or medically privileged information pertaining to her treatment for substance abuse which the Board deems necessary to evaluate Ms. Shorey's compliance with the Consent Agreement and her continued recovery. Ms. Shorey shall provide such information, shall authorize the release of such records and information, and shall authorize any such discussions and communications with any and all persons involved in her care, counseling and employment as may be requested by the Board for the purpose of evaluating Ms. Shorey's compliance with the Consent Agreement and her continued recovery.
5. Melony M. Shorey agrees and understands that her license will remain on probationary status and subject to the terms of this Agreement indefinitely beyond the three year probationary period, until and unless the Board, at Ms. Shorey's written request, votes to terminate Ms. Shorey's probation. When considering whether to terminate the probation, the Board will consider the extent to which Ms. Shorey has complied with the provisions of this Agreement.
6. Melony M. Shorey understands that this document is a Consent Agreement that affects her rights to practice nursing in Maine. Ms. Shorey understands that she does not have to execute this Consent Agreement and that she has the right to consult with an attorney before entering into the Consent Agreement.

7. If Ms. Shorey 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.
8. Melony M. Shorey affirms that she executes this Consent Agreement of her own free will.
9. Modification of this Consent Agreement must be in writing and signed by all parties.
10. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
11. This Consent Agreement becomes effective upon the date of the last necessary signature below.

**I, MELONY M. SHOREY, 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: 5/9/02  
ms

Melony M. Shorey  
MELONY M. SHOREY

**FOR THE MAINE STATE  
BOARD OF NURSING**

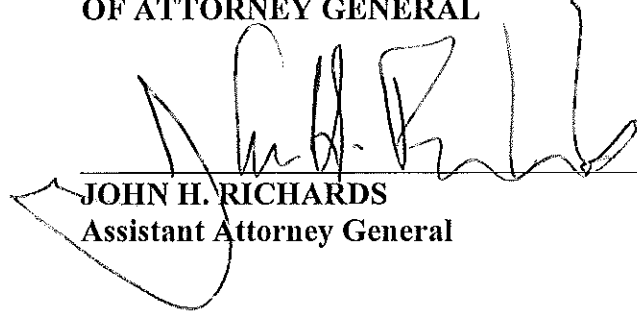
DATED: 5/15/02

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

FOR THE DEPARTMENT  
OF ATTORNEY GENERAL

DATED:

5/16/02



Handwritten signature of John H. Richards in black ink, written over a horizontal line.

JOHN H. RICHARDS  
Assistant Attorney General

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MAY 16 2002

10:00 AM  
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