



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: **DIANNE M. LUCK**)
 of Great Pond, Maine)
 License #R039470) **CONSENT AGREEMENT**
FOR VOLUNTARY
SURRENDER OF LICENSE

INTRODUCTION

This document is a Consent Agreement regarding Dianne M. Luck’s license to practice registered professional nursing in the State of Maine. The parties enter into this Agreement pursuant to 32 M.R.S.A. § 2105-A(1-A)(C) and 10 M.R.S.A. § 8003(5)(B), (5)(D). The parties to this Consent Agreement are Dianne M. Luck (“Licensee”), Maine State Board of Nursing (“Board”) and the Office of the Attorney General, State of Maine. The parties reached this Agreement on the basis of the licensee’s offer to voluntarily surrender her registered professional nurse license.

FACTS

1. Dianne M. Luck has been a registered professional nurse licensed to practice in Maine since 1996.
2. Dianne M. Luck was terminated from her employment at Maine Coast Memorial Hospital as a registered professional nurse because of her diversion of Schedule II narcotics.
3. Dianne M. Luck admits that she diverted Vicodin on four separate occasions for her own use.
4. Dianne M. Luck has offered to voluntarily surrender her registered professional nurse license.

AGREEMENT

5. The Maine State Board of Nursing will accept Dianne M. Luck’s voluntary surrender of her registered professional nurse license.
6. Dianne M. Luck understands that this document imposes discipline regarding her license to practice registered professional nursing in the State of Maine under 32 M.R.S.A. § 2105-A(2)(A), (2)(F), (2)(H) and Chapter 4, sections 1(A)(1), 1(A)(6) and Chapter 4, sections 3(K), 3(P) and 3(Q) of the Rules and Regulations of the Maine State Board of Nursing.



PRINTED ON RECYCLED PAPER

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

TDD: (207) 287-1151

PHONE: (207) 287-1133

FAX: (207) 287-1149

<http://www.maine.gov/boardofnursing/>

Consent Agreement for Voluntary Surrender of License

Dianne M. Luck

Page 2

7. Dianne M. Luck 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. Luck's written request, votes to reinstate Ms. Luck's license. Ms. Luck agrees and understands that if the Board reinstates her license, it will be for a probationary period.
8. Dianne M. Luck understands that this document is a Consent Agreement that affects her rights to practice registered professional nursing in Maine. Ms. Luck 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. Dianne M. Luck 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, in a veterinarian's office, while her nursing license is surrendered. In addition, Ms. Luck is not to seek employment where the handling or dispensing of drugs is part of the job responsibility.
10. If Ms. Luck 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.
11. Modification of this Consent Agreement must be in writing and signed by all parties.
12. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
13. Dianne M. Luck affirms that she executes this Consent Agreement of her own free will.

Consent Agreement for Voluntary Surrender of License

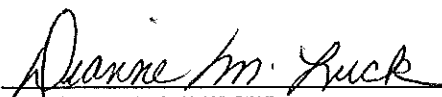
Dianne M. Luck

Page 3

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

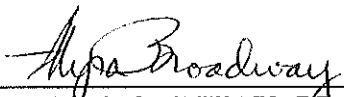
I, DIANNE M. LUCK, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.

DATED: 0-11-05


DIANNE M. LUCK

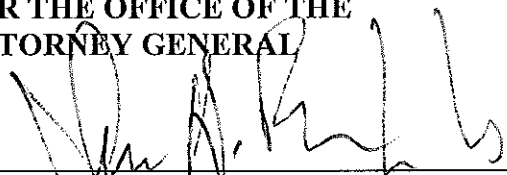
FOR THE MAINE STATE
BOARD OF NURSING

DATED: Jan 14, 2005


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

FOR THE OFFICE OF THE
ATTORNEY GENERAL

DATED: Jan. 19, 2005


JOHN H. RICHARDS
Assistant Attorney General