BEFORE THE MAINE STATE BOARD OF NURSING

IN THE MATTER OF LICENSE NO. R017718 ISSUED TO:

MAXINE F. NICHOLSON

To practice registered professional nursing in the State of Maine

ORDER TERMINATING PROBATION

WHEREAS, on April 26, 2004, License No. R017718 issued to MAXINE F. NICHOLSON was placed on "probation" pursuant to 32 M.R.S.A. Section 2105-A (1-A); and

WHEREAS, on September 29, 2005, the Board of Nursing duly considered all evidence presented to it concerning MAXINE F. NICHOLSON'S) compliance with the conditions of said probation; and

WHEREAS, the Board found that MAXINE F. NICHOLSON has completed all of the Order;

NOW, THEREFORE, it is ordered that the Order of Probation executed on April 26, 2004 is hereby terminated.

DATED this 5th day of October 2005.

MAINE STATE BOARD OF NURSING

BY: Myra A. Broadway, J.D., M.S., R.N.
   Executive Director
IN RE: MAXINE F. NICHOLSON, R.N. )  
               of Princeton, Maine )  
               License #R017718 )  
CONSENT AGREEMENT  
FOR CENSURE AND  
PROBATION  

INTRODUCTION  
This document is a Consent Agreement regarding Maxine F. Nicholson’s license to practice 
registered professional nursing in the State of Maine. The parties enter into this Agreement 
pursuant to 10 M.R.S.A. § 8003(5)(A-1)(1) and (4), § 8003(5)(B) and 32 M.R.S.A. 
§ 2105-A(1-A)(A) and (B). The parties to this Consent Agreement are Maxine F. Nicholson 
(“Licensee”), Maine State Board of Nursing (“Board”) and the Office of the Attorney 
General, State of Maine. An informal conference was held on February 27, 2004. The 
parties reached this Agreement on the basis of information submitted by Seaside 

FACTS  
1. Maxine F. Nicholson has been a registered professional nurse since 1964 and licensed 
to practice in Maine since 1971.  
2. Maxine F. Nicholson admits that she drank a beer at lunch while on duty and admits 
this was a lapse in judgment.  

AGREEMENT  
3. Maxine F. Nicholson agrees and understands that based upon the above stated facts 
her conduct constitutes grounds for discipline under Title 32 M.R.S.A. § 2105- 
A(2)(F), (2)(H) and Chapter 4.1.A.6., 4.3.F. and 4.3.O. Maxine F. Nicholson is 
hereby CENSURED for unprofessional conduct and practicing nursing when her 
physical or mental ability to practice may have been impaired by alcohol.  
4. Maxine F. Nicholson’s license to practice registered professional nursing in the State 
of Maine is placed on a probationary status with conditions. The period of probation 
will be for a period of one year. Ms. Nicholson’s probationary license will be subject 
to the following conditions:  
   a. Maxine F. Nicholson will arrange for and undergo a comprehensive substance 
   abuse evaluation by a licensed substance abuse counselor.  

OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME.  
TDD: (207) 287-1151  
PHONE: (207) 287-1133  
http://www.maine.gov/boardofnursing/  
FAX: (207) 287-1149
b. Maxine F. Nicholson will arrange for and provide a report of the evaluation to the Board within one year for the Board’s review and agrees that she will abide by any recommendations, if any, that the substance abuse evaluation provides. In the event that Ms. Nicholson undergoes any recommended treatment for substance abuse, she will arrange for and ensure that the Board receives a report prior to her termination from probation.

5. Maxine F. Nicholson understands that this Consent Agreement imposes discipline regarding her license to practice registered professional nursing in the State of Maine. Ms. Nicholson 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 this Consent Agreement.

6. Maxine F. Nicholson affirms that she executes this Consent Agreement of her own free will.

7. Modification of this Consent Agreement must be in writing and signed by all the parties.

8. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.

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

I, MAXINE F. NICHOLSON, R.N., 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: 4-22-04

MAXINE F. NICHOLSON, R.N.
Consent Agreement for Censure & Probation
Maxine F. Nicholson, R.N.
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FOR THE MAINE STATE
BOARD OF NURSING

DATED: 4/26/04

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

FOR THE OFFICE OF THE
ATTORNEY GENERAL

DATED: 4/26/04

JOHN H. RICHARDS
Assistant Attorney General