STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	FINAL DECISION AND ORDER
MARISA L. ASLESON, L.P.N., RESPONDENT.	:	LS # 0904221NUR

Division of Enforcement Case # 06NUR077

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Marisa L. Asleson, L.P.N.
165 5th Street
Bonita Springs, FL 34134

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Board of Nursing
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

A disciplinary proceeding was commenced in this matter by the filing of a Notice of Hearing and Complaint with the Wisconsin Board of Nursing on 4/22/09. Prior to the hearing on the Complaint, the parties in this matter agreed to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Marisa L. Asleson, Respondent herein, date of birth 5/29/81, is duly licensed as a licensed practical nurse in the state of Wisconsin, license #305151-31. This license was first granted on 7/15/04.

2. Respondent's most recent address on file with the Wisconsin Board of Nursing is 165 5th Street, Bonita Springs, Florida 34134.

3. At all times relevant to this action, Respondent was working as a licensed practical nurse in the state of Wisconsin.

COUNT I

4. On or about 11/15/05, the Respondent contacted the Walgreen Pharmacy in Chippewa Falls, Wisconsin by telephone and falsely identified herself to the person at the pharmacy as Cathy from Dr. Shepick's office. The Respondent indicated that she was calling in an oral refill prescription from Dr. Shepick for Marisa L. Asleson for 90 10 mg. tablets of Vicodin (hydrocodone). In truth and in fact, neither Dr. Shepick nor any other person acting under Dr. Shepick's direction had authorized the prescription for Vicodin or had placed the telephone call to the Walgreen Pharmacy for a refill of a prescription for Vicodin for Marisa L. Asleson on 11/15/05. The refill prescription was filled by the pharmacist at the Walgreen Pharmacy and dispensed to the Respondent on 11/15/05.

5. Vicodin (hydrocodone) is a Schedule II controlled substance as defined in Wis. Stat. §961.16(2)(a)(7) and a prescription drug as defined in Wis. Stat. §450.01(20)(b).

6. Respondent by engaging in the conduct described in paragraph 4 obtained a prescription drug by fraud, deceit and willful misrepresentation in violation of Wis. Stat. §450.11(7)(a).

7. On 2/28/06, pursuant to a plea of guilty, the Respondent was convicted of a violation of Wis. Stat. §450.11(7)(a) and a Judgment of Conviction was entered by the Circuit Court for Chippewa County, State of Wisconsin.

8. Respondent was convicted of a crime substantially related to the practice of licensed practical nursing.

COUNT II

9. On or about 11/15/05, the Respondent contacted the Walgreen Pharmacy in Chippewa Falls, Wisconsin by telephone and falsely identified herself to the person at the pharmacy as Cathy from Dr. Shepick's office. The Respondent indicated that she was calling in an oral refill prescription from Dr. Shepick for Marisa L. Asleson for 90 10 mg. tablets of Vicodin (hydrocodone). In truth and in fact, neither Dr. Shepick nor any other person acting

under Dr. Shepick's direction had authorized the prescription for Vicodin or had placed the telephone call to the Walgreen Pharmacy for a refill of a prescription for Vicodin for Marisa L. Asleson on 11/15/05. The refill prescription was filled by the pharmacist at the Walgreen Pharmacy and dispensed to the Respondent on 11/15/05.

10. Vicodin (hydrocodone) is a Schedule II controlled substance as defined in Wis. Stat. §961.16(2)(a)(7) and a prescription drug as defined in Wis. Stat. §450.01(20)(b).

11. Respondent by engaging in the conduct described in paragraph 9 obtained a prescription drug by fraud, deceit and willful misrepresentation in violation of Wis. Stat. §450.11(7)(a) and possessed said prescription drug in violation of Wis. Stat. §450.11(7)(h).

12. On 2/28/06, pursuant to a plea of guilty, the Respondent was convicted of a violation of Wis. Stat. §450.11(7)(h) and a Judgment of Conviction was entered by the Circuit Court for Chippewa County, State of Wisconsin.

13. Respondent was convicted of a crime substantially related to the practice of licensed practical nursing.

14. Respondent is currently licensed as a licensed practical nurse in the state of Florida and is participating in an Impaired Practioners Program/Intervention Project for Nurses in the state of Florida. A copy of the contract for participation in this program is attached hereto and incorporated herein. Respondent is in full compliance with the terms of this program as verified by a letter from her case manager dated 6/2/09, a copy of which is attached hereto and incorporated herein.

CONCLUSIONS OF LAW

1. The Wisconsin Board of Nursing has jurisdiction to act in this matter, pursuant to Wis. Stat. § 441.07, and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).

2. The conduct described in paragraphs 4 through 8 above, constitutes a violation of Wis. Stat. §441.07(1)(d) and Wis. Admin. Code §N 7.04(1) in that Marisa L. Asleson was convicted of a crime substantially related to the practice of licensed practical nursing.

3. The conduct described in paragraphs 9 through 13 above, constitutes a violation of Wis. Stat. §441.07(1)(d) and Wis. Admin. Code §N 7.04(1) in that Marisa L. Asleson was convicted of a crime substantially related to the practice of licensed practical nursing.

4. The Wisconsin Board of Nursing has the authority pursuant to Wis. Stat. § 440.22 to assess the costs of this proceeding against the Respondent.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. Marisa L. Asleson is hereby REPRIMANDED.

IT IS FURTHER ORDERED that:

2. The license of Marisa L. Asleson to practice as a licensed practical nurse in the state of Wisconsin is hereby limited as follows:

a. Marisa L. Asleson shall continue to participate in the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida and shall remain in full compliance with the terms of the contract for participation in this program or any amendments, revisions or renegotiations thereof.

b. Marisa L. Asleson's case manager for the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida shall file quarterly reports with the Wisconsin Board of Nursing reporting on Ms. Asleson's current status and progress in the program. The case manager shall include with each quarterly report copies of all drug and alcohol screening results from drug and alcohol screens conducted during the quarter preceding the quarterly report. Ms. Asleson shall be responsible for the timely filing of these quarterly reports and drug and alcohol screening results with the Wisconsin Board of Nursing. Marisa L. Asleson shall provide current consents to the case manager permitting the case manager to comply with this quarterly reporting requirement and shall file copies of these consents with the Wisconsin Board of Nursing.

c. Marisa L. Asleson's case manager shall within 3 calendar days of identifying a violation or potential violation of the contract for participation in the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida give written notice of the violation or potential violation to the Wisconsin Board of Nursing with a description of the violation or potential violation. Marisa L. Asleson shall have an independent responsibility to give written notice of any violations or potential violations of the contract for participation in the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida to the Wisconsin Board of Nursing within 3 calendar days of the date on which the violation or potential violation of the contract occurred.

d. Marisa L. Asleson shall maintain with the Wisconsin Board of Nursing current consents authorizing the Wisconsin Board of Nursing and any member thereof and the Wisconsin Department of Regulation and Licensing and any employee thereof to have access to and to obtain copies of all drug and alcohol screening results and all drug and alcohol treatment records generated in connection with the contract for participation in the Impaired Practitioner

Program/Intervention Project for Nurses in the state of Florida. These consents shall initially be provided to the Wisconsin Board of Nursing within 10 days of the effective date of this Final Decision and Order with current consents maintained with the Wisconsin Board of Nursing thereafter.

e. Any violations of the contract for participation in the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida or any violations of this Final Decision and Order shall constitute a basis for the summary suspension of Marisa L. Asleson's license to practice as a licensed practical nurse in the state of Wisconsin.

f. Marisa L. Asleson shall not practice or attempt to practice practical nursing in the state of Wisconsin while this Final Decision and Order remains in effect except upon prior written notice to the Wisconsin Board of Nursing and then only on such terms and conditions as the Wisconsin Board of Nursing shall determine.

g. Marisa L. Asleson may petition the Wisconsin Board of Nursing for termination of this limited license and for reinstatement of a full and unrestricted license to practice as a licensed practical nurse in the state of Wisconsin after she has satisfactorily completed and fully complied with all of the terms of the contract for participation in the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida and after all of the terms of this Final Decision and Order have been satisfied. The Wisconsin Board of Nursing, upon receipt of said petition, may require Marisa L. Asleson to provide documentation to establish compliance with the terms of this Final Decision and Order and may require Marisa L. Asleson to make a personal appearance before the Wisconsin Board of Nursing to review compliance with the terms of this Final Decision and Order and the contract for participation in the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida and to discuss the current status of her drug and alcohol rehabilitation.

h. All quarterly reports, copies of drug and alcohol screening results, reports of violations or potential violations of the contract for participation in the Impaired Practitioner Program/Intervention Project for Nurses in the state of Florida, consents or other documents or correspondence submitted pursuant to the terms of this Final Decision and Order shall be mailed, faxed or delivered to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, Wisconsin 53708-8935
Tel. no. (608) 267-3817
Fax no. (608) 266-2264

3. Marisa L. Asleson shall on or before 6/1/2013 pay the costs of this proceeding in the amount of $2,556.33. Payment of the costs shall be made payable to the Wisconsin Department of Regulation and Licensing and shall be mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, Wisconsin 53708-8935

Marisa L. Asleson shall not be eligible to practice practical nursing in the state of Wisconsin until these costs are paid in full.

4. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Marisa L. Asleson's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Marisa L. Asleson fails to timely submit payment of the costs as required by the terms of this Final Decision and Order, Marisa L. Asleson's license #305151-31 SHALL BE SUSPENDED, without further notice or hearing, until Marisa L. Asleson has complied with the terms of this Final Decision and Order.

5. This Order is effective on the date of its signing.

Wisconsin Board of Nursing

By: Marilyn Kaufmann
A Member of the Board

10/1/09
Date

I:\Asleson06NUR077\Legal\FD&OAsleson090804.doc

IPN *Intervention Project for Nurses*

(904) 270-1620
(800) 840-2720

IMPAIRED PRACTITIONER PROGRAM OF FLORIDA
Intervention Project for Nurses
Advocacy Contract
Part I
Individual Requirements

IPN Case Number:	**64549**
Name:	**Marisa Asleson**
Address:	**165 5th Street** **Bonita Springs, FL 34134**
Telephone:	**(239) 495-6444**
FL Nursing License:	**LPN**
IPN Case Manager:	**Jeanne King**
Color code:	**Navy**

Monitoring Reports due to IPN (see Page 4 of this Contract):

First Report Due: 05/25/08

Then every three (3) months thereafter by the 25th of that month.

Projected Active Monitoring

02/25/08 through 02/24/13

Contract # 1

YOUR COPY

IMPAIRED PRACTITIONER PROGRAM OF FLORIDA
Intervention Project for Nurses

Your IPN Advocacy Contract includes five (5) Sections, as outlined below:

PART I: ADVOCACY CONTRACT (Individual requirements)

There are two (2) copies of this section, one for your files and one to be returned to IPN. Please complete any missing information and the signature page, including both your signature and that of a witness. Until this contract is signed and returned to the IPN office with your $50.00 cashier's check or money order, if required, your participation in IPN is "pending". Please address any concerns or contract-related questions to your Intake Case Manager Assistant or Case Manager Assistant. When this contract is signed and received in the IPN office, your case becomes "active. At that time your case manager is identified on page 2 of this contract.

Within 14 days, send one copy of the Advocacy Contract (including the signature page):

Intervention Project for Nurses (IPN)
P.O. Box 49130
Jacksonville Beach, FL 32240-9130

PART II: IPN PARTICIPANT MANUAL (General requirements)

Please carefully review the IPN Participant Manual and if you have any questions regarding any of the requirements, please contact your IPN Case Manager for clarification. These conditions are subject to modification to ensure public health and safety.

PART III: MONITORING REPORTS/ADDITIONAL FORMS

These reports will be utilized to provide ongoing monitoring documentation to IPN. Please make copies of the enclosed forms and submit to IPN, as outlined in Part I of this Contract.

PART IV: IPN DRUG SCREEN ID CARD/APPROVED COLLECTION SITE LISTING AND OTHER FORMS

The approved collection site listing provides specific information on collection sites across the state. Please review this to determine sites available in your local area. If there are no sites listed for your area, please call IPN Urine Drug Screen Specialist to discuss additional options.

* The Drug Screen ID Card must be presented at the time of drug screen collection. You may obtain a replacement Drug Screen ID Card by sending $5.00 to IPN with a written request.

PART V: RELAPSE PREVENTION PROGRAM

IPN participants, depending on diagnoses, may be required to participate in a structured relapse prevention program. There will be an **annual fee** of $50.00 to include a Relapse Prevention Manual and 12 continuing education credits per year. A workbook will be mailed to you upon receipt of your **cashier's check or money order** in the amount of $50.00.**We cannot accept personal checks**. You will be completing a module each month in your nurse support group (if required to attend). A Flow Chart is included for your convenience. If you have any questions regarding the Relapse Prevention Program you may contact your IPN Case Manager.

CONTINUING CARE

TREATMENT

- **NOT REQUIRED**

Chemical dependency (CD) treatment is not required at this time. If you are unable to remain abstinent from mood-altering chemicals, this will be re-evaluated.

II. AFTERCARE

- **NOT REQUIRED**

You are not required to participate in Aftercare at this time. Please disregard all references to same in Participant Manual.

III. FACILITATED SUPPORT GROUP (FSG)

- **REQUIRED**

You are required to call your facilitator prior to attending your nurse support group. You are to attend the following Support Group weekly, facilitated by:

Sheri Mangueira
Wednesday
8-9am
(239) 348-5919
1000 Lely Palms Drive

IV. MUTUAL SUPPORT GROUP

- **REQUIRED**

You are required to attend the following:

AA/NA	3 Times Weekly

V. DRUG TESTING

- **REQUIRED**

"You will need to begin calling for your urine drug screen color the day you mail your contract back to the IPN office."

Random drug testing is required as outlined in Participant Manual, PART II of this Contract – Please review carefully.

VI. RELAPSE PREVENTION PROGRAM

- **REQUIRED**

Send **certified check or money order** for $50.00 made payable to IPN with your signed contract. **We cannot accept personal checks.** Please refer to your participant manual for instructions.

VII. MISCELLANEOUS

The correct forms are enclosed with this Contract. These reports are subject to change as directed by your IPN case manager. Please duplicate these forms as needed or download them from our website at http://www.ipnfl.org.

MONITORING REPORTS LEGEND

Form	Description	Frequency
PE1	Progress Evaluation to be completed by NSGF	Quarterly
WPE1	Work Performance Evaluation to be completed by Employer	Quarterly
SELF	Personal Letter if not employed in nursing or medical/healthcare	Quarterly

EMPLOYMENT

I. EMPLOYMENT EXPECTATIONS

1. Upon entry into nursing practice:
   a) Prior to accepting a nursing position, you are required to inform the prospective supervisor that you are an IPN participant.
   b) Your nursing position must include **direct supervision** by another licensed healthcare professional (LPN cannot supervise RN) who is:
      1) aware of your IPN participation
      2) working in the same area or on the same unit
      3) readily available to provide assistance and intervention
2. Unless you have specific approval from IPN:
   a) You may not be self-employed or work for multiple employers.
   b) You may not work for more than 40 hours per week and/or more than 84 hours bi-weekly, if working 12-hour shifts.
   c) You may not work for an agency, in chemical dependency nursing, home hospice, home health, or float outside the areas supervised by your manager.

II. CURRENT STATUS

- **APPROVED**

You have been approved for employment in a supervised nursing position contingent on return of this Advocacy Contract. **Prior to accepting employment in nursing, you must have a valid nursing license that allows you to practice in Florida.** Please see your IPN Participant Manual. You must:

a. give your supervisor a copy of this Contract and supply blank work performance evaluations for completion by your supervisor.

b. provide your Case Manager with the name, address, and phone number of your current place of employment and the name of your immediate supervisor. You must inform IPN of any changes in employment immediately by phone and in writing within 10 business days. Please complete all blank areas.

Employer: _____ Unit: _____

Facility: _____ Shift: _____

Supervisor name: _____ Date of Hire: _____

Title _____ Your Work Phone: _____

Credentials: _____ _____ ext. _____

Address: _____

_____

Supv. Phone: _____ ext. _____

III. NARCOTIC ACCESS

- **RESTRICTED**

You may not have access to or administer any controlled/locked (Schedules I-V) medication that is mood/mind-altering for a period of one year after you return to clinical nursing. Please see your IPN Participant Manual.

COMPLETION OF ACTIVE MONITORING

- **PRIOR TO COMPLETION**

IPN requires that a nurse demonstrate the ability to safely provide patient care while being monitored by IPN.

BON-REFERRED

You were referred to the IPN by the Florida Board of Nursing (FBON). Please review your Final FBON Order carefully.

If you were assessed an Administrative Fine by the FBON, the fine is to be paid directly to the FBON Office. Information related to any fine will be in your Final Board order, as well as when fine payment is due. IPN is unable to discontinue active monitoring of any participant who has not satisfied any financial obligation to the FBON. Please provide IPN with validation of payment when the fine is paid.

Please contact the FBON at (850) 488-0595 regarding licensure issues, including, but not limited to CEUs, re-instatement, fees, applications, mandatory educational requirements, Board appearances, refresher courses or any questions you may have about your Final Order.

- **STAYED SUSPENSION**

Contract noncompliance may result in dismissal from IPN. Upon IPN dismissal, your nursing license will be suspended per your Board of Nursing Final Order. In the event you have not yet been licensed in nursing in Florida, the FBON will be informed of your IPN dismissal as well as any other applicable state board of nursing.

Included in this contract is a provision that automatically adopts or incorporates any updates in applicable statutes, administrative code rules, policies and procedures, and participant manuals upon receipt of same from the Intervention Project for Nurses.

SIGNATURE SECTION

Please sign below verifying that you have read, understand and agree to abide by the conditions of IPN program including each part of the IPN Program listed below:

a. **PART I: ADVOCACY CONTRACT**

b. **PART II IPN PARTICIPANT MANUAL**

c. **PART III: MONITORING REPORTS/ADDITIONAL FORMS**

d. **PART IV: IPN DRUG SCREEN ID CARD/APPROVED COLLECTION SITE LISTING AND OTHER FORMS**

e. **PART V: RELAPSE PREVENTION PROGRAM**

Please ensure the dates of signature for both Participant and Witness are the same. **If required to participate in the Relapse Prevention Program, please include a certified check or money order for $50.00 made payable to IPN.**

Participant's Signature	2/27/08 Date
Witness Signature	Date
Jean D'Aprix, IPN Executive Director Consultant – DOH	2/26/08 Date
Linda L. Smith, IPN Program Consultant	2/26/08 Date

INTERVENTION PROJECT
IPN
FOR NURSES
IPN is an affiliate of The Florida Nurses Association

June 2, 2009

Marisa Asleson
165 5th Street
Bonita Springs, FL 34134

Dear Ms. Asleson:

The purpose of this letter is to verify that you have been an active participant with the Intervention Project for Nurses and in total compliance.

Your Contract dates are 02/25/08 through 02/24/13. Your paperwork has been received in this office in a timely fashion without noncompliance letters being sent.

You have been selected to randomly submit urine drug screens approximately one time per month and all urine drug screen results submitted have returned negative.

For clarification purposes, IPN drug testing protocol is as follows:

Each IPN participant is assigned a color code for drug testing and is required to call a designated 800 number Monday through Friday. If the participant color is selected for testing, the participant is required to report to an approved LabCorp collection site that day for drug testing. It is the participant's responsibility to submit the specimen for drug testing as required.

All lab results are forwarded directly to IPN. IPN also requires that all drug testing be chain of custody maintained. The participant is responsible for ensuring that chain of custody for the specimen is maintained, until sealed, per required procedure.

It is the responsibility of the participant to have the funds available for drug screening.

Please contact me with any questions or if further clarification is needed. As always my best wishes for your continued success in progress in recovery.

Sincerely,

Jeanne King +140

Jeanne King, BS, MS
FBON Case Manager
JK/jra

P.O. Box 49130 ~ Jacksonville Beach, FL 32240-9130
Phone: 904-270-1620 | Fax: 904-270-1633
WWW.IPNFL.ORG

STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST	:	
	:	STIPULATION
MARISA L. ASLESON, L.P.N., RESPONDENT.	:	LS#0904221NUR

Division of Enforcement Case # 06NUR077

It is hereby stipulated between Marisa L. Asleson; and Gilbert C. Lubcke, for the Department of Regulation and Licensing, Division of Enforcement, as follows:

1. This Stipulation is entered into as the result of a pending formal disciplinary proceeding involving Marisa L. Asleson's license by the Wisconsin Board of Nursing, case # 06NUR077. Marisa L. Asleson consents to the resolution of this formal disciplinary proceeding by stipulation.

2. Marisa L. Asleson understands that by signing this Stipulation she voluntarily and knowingly waives her rights, including: the right to a hearing on the allegations against her, at which time the state has the burden of proving those allegations by a preponderance of the evidence; the right to confront and cross-examine the witnesses against her; the right to call witnesses on her behalf and to compel their attendance by subpoena; the right to testify herself; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to her under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, the Wisconsin Administrative Code, and any other provisions of state or federal law.

3. Marisa L. Asleson has been provided an opportunity to obtain advice of legal counsel prior to signing this Stipulation.

4. Marisa L. Asleson agrees to the adoption of the attached Final Decision and Order by the Wisconsin Board of Nursing. The parties to the Stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Marisa L. Asleson waives all rights to any appeal of the Board's order, if adopted in the form as attached.

5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings. In the event that this Stipulation is

not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by consideration of this attempted resolution.

6. The parties to this Stipulation agree that the attorney or other agent for the Division of Enforcement and any member of the Wisconsin Board of Nursing ever assigned as a case advisor in this investigation may appear before the Board in open or closed session, without the presence of Marisa L. Asleson or her attorney, for purposes of speaking in support of this agreement and answering questions that any member of the Board may have in connection with the Board's deliberations on the Stipulation. Marisa L. Asleson understands that the attorney or other agent for the Division of Enforcement or the case advisor, in responding to questions asked by the Board, may be required to provide information to the Board which may be construed by the Board as not weighing in favor of accepting this proposed Stipulation and Final Decision and Order. Marisa L. Asleson will not contend that any responses made by the attorney or other agent for the Division of Enforcement or by the case advisor in response to questions posed by the Board constitute a failure by the attorney or other agent for the Division of Enforcement or by the case advisor to speak in support of this agreement. Additionally, any such case advisor may vote on whether the Board should accept this Stipulation and issue the attached Final Decision and Order.

7. Marisa L. Asleson is informed that should the Board adopt this Stipulation, the Board's Final Decision and Order is a public record and will be published in accordance with standard Department procedure.

8. The Division of Enforcement joins Marisa L. Asleson in recommending the Board adopt this Stipulation and issue the attached Final Decision and Order.

Marisa L. Asleson
165 5th Street
Bonita Springs, FL 34134

Date 8/10/09

Gilbert C. Lubcke, Attorney
Division of Enforcement
Wisconsin Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935

Date 8/21/09

Case # 06NUR077
Costs: $2,556.33
Forfeiture: $0.00

I:\Asleson06NUR077\Legal\StipAsleson090804.docx