

BEFORE THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE
AND SUPERVISION
STATE OF OKLAHOMA

STATE OF OKLAHOMA, *ex rel.*)
THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
vs.)
)
JON MARCUS OLIVE,)
LICENSE NO. RC975,)
)
Defendant.)

FILED

MAR 12 2015

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 14-03-4922

**VOLUNTARY SURRENDER OF LICENSE
IN LIEU OF PROSECUTION**

State of Oklahoma)
) ss:
Oklahoma County)

I, Jon Marcus Olive, being of lawful age and after first being duly sworn, depose and state as follows:

1. I hereby voluntarily surrender my respiratory care therapist license, license no. RC975.
2. The surrender of my license is freely and voluntarily made. I have not been subject to any coercion or duress, and I am fully aware of the consequences of the surrender of my license.
3. I am the subject of an investigation by the Oklahoma State Board of Medical Licensure and Supervision involving allegations that, if proven, would constitute grounds for disciplinary action by the Board.
4. The allegations taken from the Complaint to which I plead guilty are as follows::

STATE OF OKLAHOMA
DEPARTMENT OF HEALTH
DIVISION OF PROFESSIONAL REGULATION

FILED

MAR 1 2 2012

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

TO: THE BOARD OF MEDICAL LICENSURE & SUPERVISION
FROM: [Illegible Name]
SUBJECT: [Illegible Subject]

THE BOARD OF MEDICAL LICENSURE & SUPERVISION
STATE OF OKLAHOMA

[Illegible body text]

A. On the Defendant's Respiratory Care Licensure renewal dated February 25, 2014, the Defendant answered "Yes," and gave the explanations for his affirmative answer, to the following questions:

"B. Have you surrendered a license or had any disciplinary action taken on any license?"

The Defendant included the following explanation: "I have surrendered my RN license."

"C. Have you been investigated by or requested to appear before a licensing or disciplinary agency?"

The Defendant included the following explanation: "I was investigated by the State Board of Nursing, OK."

"F. Have you been addicted to or abused any drug or chemical substance including alcohol?"

The Defendant included the following explanation: "I have abused marijuana in the past."

"G. Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?"

The Defendant included the following explanation: "Assessment through the Peer Assistance Program, Nursing."

"Q. Have you been reported to the National Practitioner Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)?"

The Defendant included the following explanation: "I have been reported to the (NPDB) Nursing."

B. On or about April 30, 2014, Board Investigator RR interviewed the Defendant. The Defendant admitted that while he was employed as an RN for Hastings Hospital in 2011 he was required to take a random urine analysis which tested positive for marijuana. The Defendant was suspended for twenty (20) days and was required to

submit an additional urine analysis. The Defendant's additional urine analysis also tested positive for marijuana. The Defendant was allowed to resign and voluntarily enter the Peer Assistance Program.

C. The Defendant admitted he relapsed on marijuana again and on June 24, 2013, the Nursing Board suspended his license indefinitely.

5. The Defendant is guilty of unprofessional conduct in that he:

- a) Is addicted to, or has improperly obtained, possessed, used or distributed habit-forming drugs or narcotics in violation of 59 O.S. 2011, §2040(4);
- b) Has been guilty of unprofessional conduct as defined by the rules established by the Board, or of violating the code of ethics adopted and published by the Board in violation of 59 O.S. 2011, §2040(9);
- c) Engaged in habitually intemperate or addicted use of a drug, chemical or substance which could result in behavior that interferes with the practice of respiratory care and the responsibilities of the licensee in violation of Okla. Admin. Code § 435:45-5-3(1);
- d) Used an illegal or controlled substances or pharmacologic agents without lawful authority or prescription by an authorized and licensed independent practitioner of the state of Oklahoma in violation of Okla. Admin. Code § 435:45-5-3(2); and
- e) Violating any provision of the Respiratory Care Practice Act or the rules promulgated by the Board in violation of Okla. Admin. Code § 435:45-5-3 (21).

6. I hereby submit my wallet card and wall certificate as evidence of my intent to surrender my license.

7. I hereby agree that I will not apply for reinstatement of my Oklahoma respiratory care therapist license for a minimum of one year from the entry of the Order Accepting Voluntary Surrender in Lieu of

Prosecution, and that if the Board ever reinstates my Oklahoma respiratory care therapist license, it will be under terms of probation to be set by the Board at the time of reinstatement.

8. As a condition to accepting my surrender of license in lieu of prosecution, I acknowledge that the Board may require me to pay all costs expended by the Board for any legal fees and costs, and any investigation, probation and monitoring fees, including but not limited to staff time, salary and travel expense, witness fees and attorney fees.

DATED this 26 day of Feb, 2015.

Jon Marcus Olive
Jon Marcus Olive

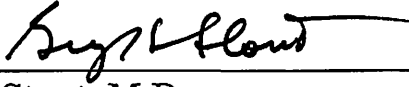
Subscribed and sworn before me this 27th day of February, 2015.

Shelley Crowder
Notary Public

My commission expires on 8-1-2016.



ACCEPTED:



Billy Stout, M.D.
Secretary Oklahoma State Board of Medical
Licensure and Supervision

Date: MARCH 12, 2015