

**STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH  
HEALTH SERVICES REGULATION  
BOARD OF NURSING ASSISTANTS**

**IN THE MATTER OF:  
TAMMY TOLER, MAD 00824  
C12-445**

**VOLUNTARY SURRENDER ORDER**

Pursuant to Rhode Island General Laws Section 23-17.9-8 and the Rules and Regulations promulgated thereunder, the Department of Health, the Nursing Assistant Advisory Board (hereinafter "Department") has investigated a complaint charging Tammy Toler (hereinafter "Respondent"), with violations of RIGL § 23-17.9-8 and the *Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs*. After consideration by the Department, the following constitutes the Findings of Fact with respect to the professional performance of the Respondent.

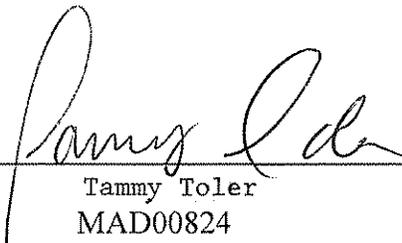
1. Respondent is a Medication Aide licensed to practice in the State of Rhode Island.
2. That all pertinent times, Respondent was employed as a Medication Aide.
3. Respondent wishes to surrender its Medication Aide license.

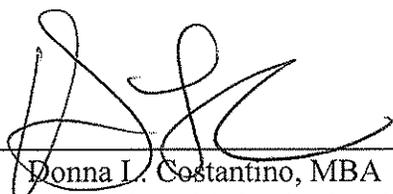
The parties agree as follows:

1. Respondent is a medication aide and able to conduct business under and by virtue of the laws of the State of Rhode Island.

2. Respondent admits to the jurisdiction of the Department and hereby agrees to remain under the jurisdiction of the Department.
3. Respondent hereby acknowledges and waives:
  - a) The right to appear personally or by counsel or both before the Department;
  - b) The right to produce witnesses and evidence in its behalf at a hearing;
  - c) The right to cross-examine witnesses;
  - d) The right to have subpoenas issued by the Department;
  - e) The right to further procedural steps except for those specifically contained herein;
  - f) Any and all rights of appeal of this Voluntary Surrender Order;
  - g) Any objection to the fact that this Voluntary Surrender Order will be presented to the Department for consideration and review;
  - h) Any objection to the fact that it will be necessary for the Department to become acquainted with all evidence pertaining to this matter in order to adequately review this Voluntary Surrender Order;
  - i) Any objection to the fact that the Department reviewing this Voluntary Surrender Order may be the same as the hearing committee presiding over this matter should it later be brought to an administrative hearing.
  - j) Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Voluntary Surrender Order to the Department.

4. This Voluntary Surrender Order shall become part of the public record of this proceeding once it is accepted by all parties and accepted by the Department.
5. Acceptance by the Respondent and approval by the Department of this Voluntary Surrender Order constitutes an admission of the facts contained herein.
6. Respondent hereby voluntarily surrender its medication aide license in the State of Rhode Island for an indefinite period of time.
7. Respondent shall, in writing, request reinstatement of its license as a medication aide in the event that Respondent desires to resume practice in the State of Rhode Island. Once Respondent's request is approved by the Department, Respondent shall submit a new application to the Department and fulfill any and all requirements and fees of the application.
8. In the event that Respondent applies or re-applies to the Department for licensure as a medication aide in this State, Respondent shall be subject to any disciplinary action that may arise when the facts contained herein are presented to the Board or delegated hearing officer upon submission of Respondent's application.

  
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Tammy Toler  
MAD00824

  
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Donna L. Costantino, MBA  
Chief of Health Professionals Regulation

Date: \_\_\_\_\_

Date: 4/22/13