

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
131 AIRLINE DRIVE, SUITE 301  
METAIRIE, LOUISIANA 70001-6266  
(504) 838-5791  
FAX (504) 838-5279  
www.lsbpne.com

PAID  
RECEIVED  
JAN 16 2015

In the matter of: **Joshua Heigle**  
**4209 Chateau Blvd., Unit P**  
**Kenner, LA 70065**

License #20132453

Date offered: **December 16, 2014**

Date offer expires: **January 16, 2015**

### CONSENT AGREEMENT/ORDER

The Louisiana State Board of Practical Nurse Examiners does hereby offer this consent agreement/order to Joshua Heigle, license #20132453, based on the following:

#### FINDINGS OF FACT

The respondent indicated on his 2014 renewal application, that he was actively employed full-time as an LPN for John J. Hainkel and that he last practiced as an LPN on 11/6/2014. However, his practical nursing license expired on 1/31/2014. Thus he worked without a current license to do so.

#### CONCLUSIONS OF LAW

Based on the evidence submitted, the board has concluded that Mr. Heigle is in violation of the following provisions of Louisiana Revised Statutes, Title 37, Chapter 11. Nurses, Part II. Practical Nurses, Section 969 A. (4):

- (f) is guilty of unprofessional conduct;
- (g) has violated any provisions of this Part; and

§978 A.

- (3) Practice practical nursing unless duly licensed to do so under the provisions of this Part;
- (4) Use in connections with his name any designation tending to imply that he is a practical nurse, unless licensed to practice under the provisions of this Part;
- (5) Practice practical nursing during the time his license has lapsed because of his intentional failure to renew the license;
- (8) Violate any provisions of this Part; and B.

Witness  
1: Carole Hamilton 1-12-15  
2: Shanel Jackson 1-12-15

JH

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FILED  
JAN 14 2015  
METairie, LA

**CONSENT AGREEMENT/ORDER ACCEPTANCE**

I, **Joshua Heigle**, the undersigned respondent, agree that the board has jurisdiction over the matter and specifically waive my right to contest these findings in any subsequent proceedings before the board. I understand that this agreement shall constitute as public record and is considered disciplinary action by the board. I also understand that this action will be reported as mandated to all state and federal agencies.

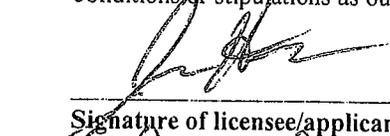
I further acknowledge and attest that I have fully cooperated with the Louisiana State Board of Practical Nurse Examiners in resolving this matter and intend to comply with all stipulations of this agreement.

I voluntarily agree to sign and have witnessed the terms of this agreement for the purpose of avoiding a formal hearing with the Louisiana State Board of Practical Nurse Examiners.

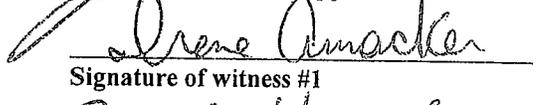
I do say that I freely, knowingly and voluntarily enter into this agreement. I understand that I have a right to a hearing in the matter and I freely waive such right. I understand that I have a right to legal counsel prior to entering into this agreement.

I understand that this agreement is effective immediately upon signature of the executive director and will become an order of the board. It is understood that this agreement does not preclude the Board of Practical Nurse Examiners from requiring a formal hearing of my case. I further understand that should this agreement not be accepted by the board, I agree that presentation to and consideration of this agreement, the documenting evidence and information obtained by the board shall not unfairly or illegally prejudice the board or any of its members from participation in hearings or other proceedings pertaining to these or other matters.

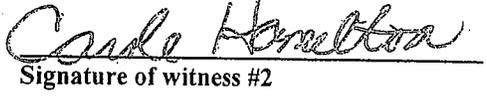
I further agree that if at any point during the execution of this agreement, I violate the stipulations set forth, my license will be suspended. In order for my license to be reinstated, I must demonstrate, to the satisfaction of the board that I pose no danger to the practice of nursing or to the public and that I can safely and competently perform the duties of a practical nurse. The board, in reinstating my license, will require a period of probation, along with supportive conditions or stipulations as outlined in this agreement to ensure that patients and the public are protected.

  
\_\_\_\_\_  
Signature of licensee/applicant

1-12-15  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of witness #1

1-12-15  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of witness #2

1-12-15  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
M. LYNN ANSARDI, RN  
EXECUTIVE DIRECTOR

1/15/15  
\_\_\_\_\_  
Date