

COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

**IN THE MATTER OF
A HEARING UNDER *THE HEALTH PROFESSIONS ACT*,**

**AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF TAMMY BECKER**

**DECISION OF THE HEARING TRIBUNAL
OF THE
COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA**

**IN THE MATTER OF A HEARING UNDER THE *HEALTH PROFESSIONS ACT* REGARDING THE
CONDUCT OF TAMMY BECKER, LPN #23246, WHILE A MEMBER OF THE COLLEGE OF LICENSED
PRACTICAL NURSES OF ALBERTA (“CLPNA”)**

DECISION OF THE HEARING TRIBUNAL

(1) Hearing

The hearing was conducted via Videoconference on September 5, 2024, with the following individuals present:

Hearing Tribunal:

Sarah Kawaleski, Licensed Practical Nurse (“LPN”) Chairperson
Kelly Anesty, LPN
Andrew Otway, Public Member
Emeka Ezike-Dennis, Public Member

Staff:

Gregory Sim, Legal Counsel for the Complaints Director, CLPNA
Susan Blatz, Complaints Director, CLPNA
Sanah Sidhu, Director of Professional Conduct, CLPNA

(2) Preliminary Matters

The hearing was open to the public.

At the commencement of the hearing, legal counsel for the Complaints Director advised the Hearing Tribunal that the Investigated Member was not in attendance nor did the Investigated Member plan on attending the Hearing. Legal counsel for the Complaints Director then made an application pursuant to section 79(6) of the *Health Professions Act*, RSA 2000, c H-7 (the “Act”) for the hearing to proceed in the absence of the Investigated Member.

In support of that application, the Hearing Tribunal was provided with the documents included in Exhibit #1, the Proof of service of Notice to Attend to the Investigated Member. As attachments to that document, the Hearing Tribunal reviewed the letter, proof of unclaimed mail, as well as an email from Ms. Becker’s AUPE representative that she will not partake in the Hearing.

Given that Ms. Becker had signed the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, the Hearing Tribunal understood that Ms. Becker was aware of this complaint and the upcoming hearing and had discussions with her union representative and ultimately chose to enter into the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct as evidenced by her signature.

On the morning of the hearing, Ms. Blatz, Complaints Director for CLPNA, gave testimony that Ms. Becker had advised Ms. Blatz that she had no intention of attending the hearing.

Having accepted evidence of good service pursuant to the Act, the signed Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and noting the public-policy rationale in not allowing a non-responsive member to frustrate a regulatory body's ability to undertake disciplinary proceedings, the Hearing Tribunal directed that the hearing proceed in the absence of the member pursuant to section 79(6) of the Act.

There were no objections to the members of the Hearing Tribunal hearing the matter, and no Hearing Tribunal member identified a conflict. There were no objections to the jurisdiction of the Hearing Tribunal.

The Hearing was conducted by way of an Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.

(3) Background

Ms. Becker was an LPN within the meaning of the Act at all material times, and more particularly, was registered with the CLPNA as an LPN at the time of the complaint. Ms. Becker was initially licensed as an LPN in Alberta on January 1, 1993.

By letter dated August 3, 2023, the College of Licensed Practical Nurses of Alberta ("CLPNA") received a complaint (the "Complaint") from Taralie Young, Unit Manager, West Edmonton Kidney Care Unit in Edmonton, Alberta pursuant to s. 57 of the *Health Professions Act* (the "Act"). The Complaint stated that Ms. Young received an allegation that Ms. Becker, LPN, had engaged in sexual abuse towards a patient.

In accordance with s. 55(2)(d) and s. 20(1) of the Act, Ms. Sanah Sidhu, Complaints Director for the CLPNA (the "Complaints Director") appointed Neal York (the "Investigator") to conduct an investigation into the Complaint. The Complaints Director also delegated her authority and powers under Part 4 of the Act regarding the Complaint to Ms. Susan Blatz, Complaints Officer for the CLPNA (the "Complaints Officer"), pursuant to s. 20 of the Act. Ms. Becker received notice of the Complaint and the investigation by letter dated August 8, 2023.

On August 17, 2023, Ms. Becker and the Complaints Officer entered an interim agreement to impose a suspension of Ms. Becker's Practice Permit pending the conclusion of the professional conduct process relating to the Complaint.

On August 21, 2023, Ms. Becker contacted Ms. Young and advised that she was resigning from her position at the Facility. In this email, Ms. Becker referenced that she had asked to "permanently end" her license with the CLPNA.

On August 24, 2023, Ms. Becker contacted the Complaints Officer and indicated she was "voluntarily retiring from [her] CLPNA license," that she "admitted to the complaint and allegations," and that she would not participate in the CLPNA's investigation or attend a disciplinary hearing.

Prior to completion of the investigation, the Investigator contacted Ms. Becker and her representative Mr. Watson to confirm that she did not wish to participate in an investigation interview in relation to the Complaint. Ms. Becker and her representative confirmed that she did not wish to participate in the investigation.

On October 6, 2023, the Investigator concluded the investigation.

Following the conclusion of the Investigation, the Complaints Director determined there was sufficient evidence that the matter should be referred to the Hearings Director in accordance with s. 66(3)(a) of the Act. Ms. Becker received notice that the matter was referred to a hearing as well as a copy of the Statement of Allegations and the Investigation Report under cover of letter dated January 22, 2024.

(4) Allegations

The Allegations in the Statement of Allegations (the “Allegations”) are:

“It is alleged that **TAMMY BECKER, LPN**, while practising as a Licensed Practical Nurse engaged in unprofessional conduct by:

1. Between January 2022 and June 2023, engaged in conduct of a sexual nature towards a patient, VN, including but not limited to sexual intercourse with VN, thereby committing sexual abuse.

It is further alleged that this conduct constitutes “unprofessional conduct” as defined in s. 1(1)(pp)(ii) and (xii) of the *Health Professions Act*, RSA 2000, c H-7, and in particular that this conduct breaches one or more of the following:

1. *Standards of Practice for Licensed Practical Nurses on Boundary Violations: Protecting Patients from Sexual Abuse and Misconduct*, Standards 1, 2, and 3;
2. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 1: Professional Accountability and Responsibility, Indicators 1.5, 1.6, 1.8 and 1.9;
3. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 3: Protection of the Public and Self Regulation, Indicators 3.1, 3.3, and 3.5;
4. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 4: Professional and Ethical Practice, Indicators 4.4, 4.6;
5. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 1: Responsibility to the Public, Ethical Responsibility, Indicators 1.1;
6. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 2: Responsibility to Clients, including Indicators 2.7, 2.9;

7. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 3: Responsibility to the Profession, including Indicator 3.1, 3.3;
8. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 5: Responsibility to Self, Indicators 5.1, 5.7.”

(5) Admission of Unprofessional Conduct

Section 70 of the Act permits an investigated member to make an admission of unprofessional conduct. An admission under s. 70 of the Act must be acceptable in whole or in part to the Hearing Tribunal.

Ms. Becker pled guilty to all the Allegations as evidenced by her signature on the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct. This non-verbal admission of guilt was accepted by the Hearing Tribunal Panel.

Legal Counsel for the Complaints Director submitted, where there is an admission of unprofessional conduct, the Hearing Tribunal should accept the admission absent exceptional circumstances.

(6) Exhibits

The following exhibits were entered at the hearing:

- Exhibit #1: Proof of service of Notice to Attend to the Investigated Member
- Exhibit #2: Statement of Allegations
- Exhibit #3: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct

(7) Evidence

The evidence was adduced by way of Agreed Statement of Facts, and no witnesses were called to give *viva voce* testimony. The Hearing Tribunal accepts the evidence set out in the Agreed Statement of Facts which was admitted as Exhibit #3.

(8) Decision of the Hearing Tribunal and Reasons

The Hearing Tribunal is aware it is faced with a two-part task in considering whether a regulated member is guilty of unprofessional conduct. First, the Hearing Tribunal must make factual findings as to whether the alleged conduct occurred. If the alleged conduct occurred, it must then

proceed to determine whether that conduct rises to the threshold of unprofessional conduct in the circumstances.

The Hearing Tribunal has reviewed the documents included in Exhibit #3 and finds as facts the events as set out in the Agreed Statement of Facts.

The Hearing Tribunal also accepts Ms. Becker's admission of unprofessional conduct as set out in the Agreed Statement of Facts as described above. Based on the evidence and submissions before it, the Hearing Tribunal did not identify exceptional circumstances that would justify not accepting the admission of unprofessional conduct from Ms. Becker

Allegation 1

Ms. Becker admitted that between January 2022 and June 2023, she engaged in conduct of a sexual nature towards a patient, VN, including but not limited to sexual intercourse with VN, thereby committing sexual abuse.

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- iii. Contravention of another enactment that applies to the profession, and
- xii. Conduct that harms the integrity of the regulated profession.

Consideration of this matter includes, to some extent, the need to follow the Act through the definitions of "sexual abuse" and "patient" as well as the CLPNA's Standards of Practice on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct.

Section 1(1)(nn.1) of the Act sets out the following definition of sexual abuse:

"sexual abuse" means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

- (i) sexual intercourse between a regulated member and a patient of that regulated member; ...

Section 1(1)(x.1) of the Act sets out that the definition of a "patient" as it relates to sexual abuse is determine by each college in its Standards of Practice.

The CLPNA Standards of Practice on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct (“Standards of Practice on Boundary Violations”) sets out the definition of “patient” as it relates to sexual abuse. This document states that the term “patient” is defined as “an individual to whom the nurse provides a professional nursing service.” “Professional nursing service” is further defined as “a service that comes within the practice of a regulated profession” and for LPNs includes “the application of nursing knowledge, skills and judgment to assess patients’ needs and the provision of nursing care for patients and families.”

There is no doubt that VN was under Ms. Becker’s care and that she was providing professional nursing services to him at the time the two had a sexual relationship. During this same period of time, the two engaged in consensual sexual intercourse. Accordingly, Ms. Becker’s conduct contravened the Act and a CLPNA Standard of Practice.

Further, the Hearing Tribunal is cognizant of the imbalance between those seeking and receiving medical treatment and those administering it. While the relationship between Ms. Becker and VN was consensual, its existence undermines the integrity of the profession by reason of the nurse-patient relationship.

The conduct breached the following principles and standards set out in CLPNA’s Code of Ethics (“CLPNA Code of Ethics” and CLPNA’s Standards of Practice for Licensed Practical Nurses in Canada (“CLPNA Standards of Practice”)):

CLPNA Code of Ethics:

Ms. Becker breached the following requirements in the Code of Ethics for Licensed Practical Nurses in Canada adopted by the CLPNA on June 3, 2013:

Principle 1: Responsibility to the Public - LPNs, as self-regulating professionals, commit to provide safe, effective, compassionate and ethical care to members of the public.

Principle 1 specifically provides that LPNs:

1.1 Maintain standards of practice, professional competence and conduct.

Principle 2: Responsibility to Clients – LPNs provide safe and competent care for their clients. Principle 2 specifically provides that LPNs:

2.7 Develop trusting, therapeutic relationships, while maintaining professional boundaries.

Principle 3: Responsibility to the Profession – LPNs have a commitment to their profession and foster the respect and trust of their clients, health care colleagues and the public. Principle 3 specifically provides that LPNs:

1.1 Maintain the standards of the profession and conduct themselves in a manner that upholds the integrity of the profession.

3.3 Practice in a manner that is consistent with the privilege and responsibility of self-regulation.

Principle 5: Responsibility to Self, Ethical Responsibilities – LPNs recognize and function within their personal and professional competence and value systems. Principle 5 specifically provides that LPNs:

5.3 Accept responsibility for knowing and acting consistently with the principles, practice standards, laws and regulations under which they are held accountable.

It is obvious this conduct did not reflect an appropriate professional boundary. Regulated professionals are called to hold themselves to a high standard and in a manner which reflects the undertaking of the responsibility of self-regulation. By engaging in a sexual relationship with someone under her care, Ms. Becker failed to meet the high standard required and conducted herself in a manner inconsistent with the privilege of self-regulation.

CLPNA Standards of Practice:

Ms. Becker breached the Standards of Practice for Licensed Practical Nurses on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct, which was approved by the Council and came into force on March 19, 2019:

Standard 1.1: An LPN must not engage in behaviour towards a patient that can be considered sexual abuse. A sexual relationship between an LPN and a patient is considered sexual abuse. Sexual intercourse or sexual touching as described in the definition of sexual abuse is considered sexual abuse.

Standard: 2.1: An LPN must not threaten, attempt or engage, in any of the following conduct with a patient:

- Sexual intercourse

Again, there is no doubt Ms. Becker engaged in sexual intercourse with a patient and thereby breached the clear prohibition against this in the Standards of Practice for Licensed Practical Nurses on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct.

Ms. Becker breached the following Standards of Practice for Licensed Practical Nurses in Canada adopted by the CLPNA on June 3, 2013:

- a. Standard 1: Professional Accountability and Responsibility – LPNs are accountable for their practice and responsible for ensuring that their practice and conduct meet both the standards of the profession and legislative requirements. Standard 1 specifically provides that LPNs:
 - o 1.1 Practice to their full range of competence within applicable legislation, regulations, by-laws and employer policies.
 - o 1.9 Practice in a manner consistent with ethical values and obligations of the Code of Ethics for Licensed Practical Nurses.
- b. Standard 3: Service to the Public and Self-Regulation – LPNs practice nursing in collaboration with clients and other members of the health care team to provide and improve health care services in the best interests of the public. Standard 3 specifically provides that LPNs:
 - o 3.6 Demonstrate an understanding of self-regulation by following the standards of practice, the code of ethics and other regulatory requirements.
- c. Standard 4: Ethical Practice – LPNs uphold, promote and adhere to the values and beliefs as described in the Canadian Council for Practical Nurse Regulators (CCPNR) Code of Ethics. Standard 4 specifically provides that LPNs:
 - o 4.1 Practice in a manner consistent with ethical values and obligations of the Code of Ethics for LPNs.
 - o 4.6 Maintain professional boundaries in the nurse/client therapeutic relationship at all times
 - o 4.10 Practice with honesty and integrity to maintain the values and reputation of the profession.

Ms. Becker's conduct also breached these further Standards for many of the same reasons articulated above. In addition to those reasons previously provided, the Hearing Tribunal would note that engaging in a sexual relationship with one's patient presents the possibility of significant harm to the patient and undermines the therapeutic relationship which is not in the best interests of the patient.

Ms. Becker acknowledges that her conduct also breached one or more of the CLPNA's Standards of Practice for Licensed Practical Nurses on Boundary Violations adopted by the CLPNA on March 19, 2019 which states as follows:

- a. Standard 1: The LPN-Patient Relationship - An individual is considered to be an LPN's patient for the purposes of the sexual abuse and sexual misconduct provisions in the HPA while receiving a professional nursing service provided by the LPN and for a minimum of one year from the last day professional nursing services were provided.
 - o 1.1 An LPN must not engage in behaviour towards a patient that can be considered sexual abuse. A sexual relationship between an LPN and a patient is considered sexual abuse. Sexual intercourse or sexual touching as described in the definition of sexual abuse is considered sexual abuse.
 - o 1.3 It is the LPN's responsibility to ensure that termination of the LPN-patient relationship is communicated to the patient; that the termination is documented at the time of discharge from care in the patient's record; and that a minimum of one year from the last day of providing professional nursing services has occurred before engaging in a sexual relationship with a former patient.
 - o 1.4. If the LPN has a sexual relationship with the patient before the one year is over, this behaviour will be considered sexual abuse and the LPN's registration, and practice permit will be subject to cancellation.
- b. Standard 2: Prohibited Sexual Conduct.
 - o 2.1 An LPN must not threaten, attempt or engage, in any of the following conduct with a patient:
 - Sexual intercourse;
 - Genital to genital, genital to anal, oral to genital, or oral to anal contact between an LPN and a patient of that LPN;
 - masturbation of an LPN by, or in the presence of, a patient of that LPN;
 - masturbation of an LPN's patient by that LPN;

- encouraging an LPN's patient to masturbate in the presence of that LPN; or
 - touching of a sexual nature of a patient's genitals, anus, breasts or buttocks.
- c. Standard 3: Sexual Relations with Former Patients - Sexual relations between LPNs and former patients raise concerns about breach of trust and power imbalance. As provided in Standard 1, an individual is considered to be an LPN's patient for the purposes of the sexual abuse and sexual misconduct provisions in the HPA for a minimum of one year from the last day professional nursing services were provided. However, there are circumstances when it is never appropriate for the LPN to engage in a sexual relationship with a former patient.
- o 3.2 Where the LPN provided nursing interventions to a patient that are not considered psychotherapeutic treatment, such as giving information and providing advice to enhance personal development, providing emotional support or guidance on lifestyle choices, one year may still not be sufficient time for a sexual relationship with a former patient to be considered appropriate.

Again, for the reasons provided above, Ms. Becker's conduct also breached these Standards. There is no doubt the conduct constitutes unprofessional conduct as discussed.

(9) Submission on Penalty

While Ms. Becker agreed to the conduct alleged in the Agreed Statement of Facts, she did not make any agreement with respect to the proposed sanction arising from unprofessional conduct. As previously noted, Ms. Becker did not attend the hearing and, as such, the only submissions on sanction presented to the Hearing Tribunal were from the Complaints Director.

The Complaints Director proposed the following sanctions to the Hearing Tribunal for consideration:

1. The Hearing Tribunal's written reasons for decision (the "Decision") shall serve as a reprimand.
2. Ms. Becker's registration and practice permit with the CLPNA shall be cancelled immediately as required by s. 82(1.1) of the *Health Professions Act*.
3. Ms. Becker shall pay 25% of the costs of the investigation and hearing, to be paid in full within 36 months of the date that Ms. Becker is served with the Decision. Should Ms. Becker be unable to comply with the deadline for completion of this costs order, the

deadline may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.

4. Should Ms. Becker fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:
 - (a) Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty; or
 - (b) Treat Ms. Becker's non-compliance as information under s. 56 of the *Health Professions Act*.

Legal Counsel for the Complaints Director submitted the primary purpose of orders from the Hearing Tribunal is to protect the public. The Hearing Tribunal is aware that s. 82 of the Act sets out the available orders the Hearing Tribunal is able to make if unprofessional conduct is found.

Section 81.1(2) requires that in the event a Hearing Tribunal determines the conduct of an investigated member is unprofessional conduct on the basis of sexual abuse that the patient concerned must be provided an opportunity to present a statement describing the impact the sexual abuse had on the patient. VN decided not to provide a victim impact statement.

(10) Decision on Penalty and Conclusions of the Hearing Tribunal

The Hearing Tribunal recognizes its orders with respect to penalty must be fair, reasonable and proportionate, taking into account the facts of this case. Further, the Hearing Tribunal recognizes that s 82(1.1) requires that where a decision in respect of unprofessional conduct is based in whole or in part on sexual abuse, it is required to order the cancellation of the investigated person's practice permit and registration.

The orders imposed by the Hearing Tribunal must protect the public from the type of conduct Ms. Becker engaged in. In making its decision on penalty, the Hearing Tribunal considered a number of factors identified in *Jaswal v Newfoundland Medical Board* [1986] NJ No 50 (NLSC-TD), specifically the following:

- The nature and gravity of the proven allegations
- The age and experience of the investigated member
- The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions
- The age and mental condition of the victim, if any
- The number of times the offending conduct was proven to have occurred
- The role of the investigated member in acknowledging what occurred
- Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made
- The impact of the incident(s) on the victim, and/or

- The presence or absence of any mitigating circumstances
- The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice
- The need to maintain the public's confidence in the integrity of the profession
- The range of sentence in other similar cases

The nature and gravity of the proven allegations: This conduct constitutes a serious breach.

The age and experience of the investigated member: Ms. Becker was first enrolled as an LPN in 1993, she was a very experienced LPN at the time in question.

The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions: Ms. Becker has no previous record of discipline.

The age and mental conditions of the victim: The Hearing Tribunal did not receive specific details in respect of this factor.

The number of times the offending conduct was proven to have occurred: The Hearing Tribunal was not made aware of the number of times that the conduct occurred between January 2022 and June 2023.

The role of the investigated member in acknowledging what occurred: Ms. Becker did acknowledge her conduct which is somewhat mitigating.

Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made: The Hearing Tribunal was not made aware of any such information.

The impact of the incident(s) on the victim, and/or: No information was provided to the Hearing Tribunal in this regard.

The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice: The CLPNA handles allegations of unprofessional conduct by its members seriously. The penalties imposed needs to ensure that both Ms. Becker is aware that the proven conduct will not be tolerated as well as ensuring the other members of the profession that conduct such as that in the proven allegation will be taken seriously.

The need to maintain the public's confidence in the integrity of the profession: The public needs to feel confident that the CLPNA takes unprofessional conduct of their members very seriously. The consequences of such breaches of the Standards of Practice as well as the Code of Ethics in a manner that reflects the seriousness of the conduct.

The range of sentences in other similar cases: The Hearing Tribunal notes, again the non-discretionary requirement to cancellation of Ms. Becker’s practice permit and registration in light of the fact that the proven conduct related to sexual abuse of a patient.

It is important to the profession of LPNs to maintain the Code of Ethics and Standards of Practice, and in doing so to promote specific and general deterrence and, thereby, to protect the public. The Hearing Tribunal has considered this in the deliberation of this matter, and again considered the seriousness of the Investigated Member’s actions. The penalties ordered in this case are intended, in part, to demonstrate to the profession and the public that actions and unprofessional conduct such as this is not tolerated and it is intended that these orders will, in part, act as a deterrent to others.

After considering the proposed orders for penalty, the Hearing Tribunal finds the proposed penalty is appropriate, reasonable and serves the public interest and therefore accepts the proposed penalties.

(11) Orders of the Hearing Tribunal

The Hearing Tribunal is authorized under s. 82(1) of the Act to make orders in response to findings of unprofessional conduct. The Hearing Tribunal makes the following orders pursuant to s. 82 of the Act:

1. The Hearing Tribunal’s written reasons for decision (the “Decision”) shall serve as a reprimand.
2. Ms. Becker’s registration and practice permit with the CLPNA shall be cancelled immediately as required by s. 82(1.1) of the *Health Professions Act*.
3. Ms. Becker shall pay 25% of the costs of the investigation and hearing, to be paid in full within 36 months of the date that Ms. Becker is served with the Decision. Should Ms. Becker be unable to comply with the deadline for completion of this costs order, the deadline may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.
4. Should Ms. Becker fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:
 - (a) Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty; or
 - (b) Treat Ms. Becker’s non-compliance as information under s. 56 of the *Health Professions Act*.

The Hearing Tribunal believes these orders adequately balances the factors referred to in Section 10 above and are consistent with the overarching mandate of the Hearing Tribunal, which is to ensure that the public is protected.

Under Part 4, s. 87(1)(a),(b) and 87(2) of the Act, the Investigated Member has the right to appeal:

“87(1) An investigated person or the complaints director, on behalf of the college, may commence an appeal to the council of the decision of the hearing tribunal by a written notice of appeal that

- (a) identifies the appealed decision, and
- (b) states the reasons for the appeal.

(2) A notice of appeal must be given to the hearings director within 30 days after the date on which the decision of the hearing tribunal is given to the investigated person.”

DATED THE 30th DAY OF OCTOBER, 2024 IN CALGARY, ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA



Sarah Kawaleski, LPN
Chair, Hearing Tribunal