



Paul R. LePage
GOVERNOR

STATE OF MAINE
BOARD OF NURSING
158 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0158

KIM ESQUIBEL, PhD, M.S.N., R.N.
EXECUTIVE DIRECTOR

July 31, 2015

JOHANNA STANTON MILBURN



Dear Ms. Milburn:

You have been issued a **LICENSE** as a Nurse Practitioner. Your license number is CNP151105 with an expiration date of March 16, 2017. You may verify/download this information from the Board's web site at <http://www.maine.gov/boardofnursing>.

You must practice for a minimum of 24 months (based on a regular work week) under the supervision of a licensed physician, or a supervising nurse practitioner, or be employed by a clinic or hospital that has a medical director who is a licensed physician. You must submit written evidence to the Board upon completion of the required clinical experience.

You must notify the Board of any changes in physician or nurse practitioner supervision. You may obtain the **Application for Approval of a Supervising Relationship with a Licensed Physician or Nurse Practitioner** at our web site.

Enclosed is your Maine Advanced Practice Registered Nursing License Certificate, with your name, license number, and original date of licensure. Please safeguard this document as it will not be reissued upon future license renewals!

You will note there is no expiration date. This does not mean that you will never have to renew again! You will receive an application to renew your advanced practice registered nursing license. This application is mailed at least 30 days before your birth month. Please be advised there is no "grace period" after your birthday; if you fail to renew by that date, your license will lapse and there will be a \$10 reinstatement fee. If you have worked as an advanced practice registered nurse while your license is in the lapsed status, there will be a fine associated with your reinstatement fee. You must maintain an active registered professional nursing license as well as an advanced practice registered nursing license. Be advised that the expiration dates of these licenses may not be the same.

For further information regarding our new "paperless" initiative, please refer to the Maine State Board of Nursing Summer 2006 Bulletin. It is available on our web site, which is listed above.

If you plan to prescribe controlled drugs from schedules II-V, you must contact the Drug Enforcement Agency (D.E.A.) at (617) 557-2200 or complete the application on-line at <http://www.deadiversion.usdoj.gov/>.

The Law Regulating the Practice of Nursing and Chapter 8 Regulations Relating to Advanced Practice Registered Nursing are available on our web site at: <http://www.maine.gov/boardofnursing>.

Sincerely,

Virginia E. deLorimier, MSN, RN
Assistant Executive Director



PRINTED ON RECYCLED PAPER

OFFICES LOCATED AT: 161 CAPITOL ST., AUGUSTA, ME
<http://www.maine.gov/boardofnursing/>

Mail this document to:
JOHANNA S. MILBURN



Maine State Board of Nursing
certifies that

Johanna S. Milburn

is licensed to practice as an
ADVANCED PRACTICE REGISTERED NURSE
NURSE PRACTITIONER

License Number: CNP151105
License Issue Date: 7/31/2015

Maine State Board of Nursing

ADVANCED PRACTICE REGISTERED NURSE

This is to certify that

Johanna S. Milburn

LICENSE NUMBER: CNP151105

Having fulfilled the requirements of the laws of Maine
and possessing the prescribed qualifications is hereby
licensed as an Advanced Practice Registered Nurse
to practice in the State of Maine as a

Nurse Practitioner

License Issue Date: 7/31/2015

Continued authorization to practice is dependent upon compliance with applicable laws.
Current licensure status may be verified on the Maine State Board of Nursing website.



MAINE STATE BOARD OF NURSING
 161 Capitol Street • 158 State House Station
 Augusta, Maine 04333-0158
 (207) 287-1133

2055810

APPLICATION FOR LICENSE AS A NURSE PRACTITIONER

DO NOT WRITE IN THIS SPACE

Application Approved by Board of Nursing:

Application Received 7/15/2015 [Redacted]

Fee: CC Cash Check MO \$100

Patricia J. Fuller Chair

License Date JUL 31 2015

Kim Esquirel Executive Director

LICENSE NUMBER CNP 15/105

JUL 24 2015 Date

INSTRUCTIONS An applicant must submit to the Board of Nursing office the following:

1. application form completed in ink or typewritten, with signature in applicant's handwriting, properly notarized; and
2. fee of \$100 in the form of Visa/Mastercard, U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine. (If adding more than one specialty to this license, a fee of \$50 per additional specialty is required.)
3. recent passport type photograph (2x2 and not more than two years old), **signed and dated**, and enclosed with the application form, and
4. verification of authority to test from your certifying body (*N/A if already certified*), and
5. receipt verifying your scheduled test date (*N/A if already certified*), and
6. verification of certification as a nurse practitioner from your national certifying body (other than ANCC and NCC which can be downloaded), and
7. a nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician or nurse practitioner practicing in the same practice category as the applicant. Please submit an Application for Approval of a Supervising Relationship with a licensed Physician or Nurse Practitioner, appropriate fee, and letter (on letterhead with a brief description of services you will be providing, including prescriptive practice) signed by your primary and secondary supervisors, and
8. final nursing transcript with degree or post master's certificate conferred directly from your advanced practice nursing program, and
9. Applicants legally residing in, and licensed as a registered professional nurse in another compact state, are required to:
 - a. Complete verification of basic nursing licensure from original state of licensure (either through NURSUS at www.nursys.com if the state is a participating member, or request for paper verification from non-participating NURSUS states).
 - b. complete a basic nursing information form.

It is imperative that you supply us with your entire name, including any and all previously used names. If you do not have middle, maiden, or previous names, then you must write NONE in the appropriate space.

YOU MAY NOT PRACTICE NURSING IN MAINE UNTIL YOU RECEIVE AUTHORIZATION FROM THIS OFFICE.

THE APPLICATION FEE IS NOT REFUNDABLE

SECTION I. PROFILE INFORMATION

Print legal name JOHANNA STANTON (N/A) MILBURN
(first) (full middle) (maiden) (last)

List any other names used previously N/A

Mailing address* (street) [REDACTED]
 *This is considered your public contact address.
(city) (county) (state and zip code)

Residential address (if different from above) same

Telephone Number(s) [REDACTED]
(home) (mobile) (business)

Email address [REDACTED]

Birthplace [REDACTED]
(city/state)

SECTION II. ADVANCED PRACTICE NURSING EDUCATION

School of Advanced Practice Nursing MGH Institute for Health professionals
(name)

36 1st Ave Boston, MA 02129
(address)

Date of Entrance 9/2011 Date of Graduation 9/2014

Accrediting Agency (e.g. NLNAC or CCNE) ANCC and NCC

Certificate Baccalaureate Masters Doctoral Post Masters

List Nurse Practitioner Specialty(ies) you are requesting to add as part of your Nurse Practitioner license: (e.g. FNP, ANP, PNP)

AGPCNP-BC
WHNP-BC

SECTION III. LICENSURE HISTORY

Do you hold, or have you ever held, a license to practice nursing (Registered Professional - RN) in the State of Maine? YES NO in process

If you have been issued an RN license, please enter: License Number: _____ and Expiration Date: _____

SECTION IV. EMPLOYMENT INFORMATION

A. List employment in nursing for the past five years.

Name of Agency	City and State	Dates of Employment
Ideal healthcare solutions	Canton MA	12/2014 - 1/2015
Planned Parenthood League of MA	Boston, MA	1/2015 -
Planned Parenthood of Northern New England	NH/ME	4/2015 - present present

B. If you have not been employed as a nurse practitioner in the last five years, please explain. _____

C. Are you currently employed as a Nurse Practitioner? YES NO

If yes, indicate name, address and phone number of employer planned parenthood
of Northern New England - various

D. Where in Maine do you plan to work? (if known, please list name of facility and phone number)

Portland, Topsham, Biddeford, Sanford
office locations
Direct Boss's phone #

SECTION V. NURSE PRACTITIONER CERTIFICATION

Are you currently certified in a specialty(ies) as a nurse practitioner by a national certifying body? (e.g. ANP, FNP, PMHP)

If YES, indicate the specialty(ies) and certifying body(ies): AGPCNP - ANCC
WHNP - NCC

If NO, indicate name of qualifying examination(s) and date(s) scheduled to test:

SECTION VI. PHARMACOLOGY & PRESCRIPTIVE PRACTICE

A. Did you have a course in pharmacology in your nurse practitioner program? YES NO

IF YES, how many credits and/or contact hours? 6 credits (45 contact hours/3 credits required)

IF NO, but pharmacology was integrated, please have your program send a letter explaining how integration was accomplished and how much pharmacology was included. Please have your program include information regarding the following in its explanation:

1. Number of contact hours and/or credits (45 contact hours/3 credits required)
2. Applicable state and federal laws
3. Prescriptive writing
4. Drug selection, dosage, and route
5. Information resources
6. Clinical application of pharmacology related to specific scope of practice

IF NO, but you have obtained contact hours or credits in pharmacology in a formal academic setting or non-credit continuing education offerings, please provide certificates and documents that verify the offering covered in the information numbers 1-6 or have your program send official transcripts directly to the Board.

B. Have you prescribed in the last two years? YES NO New NP Graduate

IF YES, please provide documentation from your current/former employer that you prescribed medications in the last two years. see letter

IF NO, please provide the Board with documentation of 15 contact hours of recent (within the last two years) continuing education in pharmacology.

Have you prescribed in the last five years? YES NO N/A

IF NO, Please provide the Board with documentation of 45 contact hours (3 credits) of recent (within the last two years) continuing education in pharmacology.

SECTION VII. DISCIPLINARY INFORMATION

- A. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? YES NO
- B. Is there any complaint pending against your license in any state or jurisdiction? YES NO
- C. Have you ever been disciplined for problems resulting from a physical illness or condition? YES NO

- D. Have you ever been disciplined for problems resulting from mental illness?
- E. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
- F. Have you ever been disciplined for problems resulting from chemical dependency?
- G. For any criminal offense, including those pending appeal, have you: (please circle below all that apply)
 - a. Been convicted of a misdemeanor?
 - b. Been convicted of a felony?
 - c. Pled nolo contendere, no contest, or guilty?
 - d. Received deferred adjudication?
 - e. Been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
 - f. Been sentenced to serve jail or prison time? court ordered confinement?
 - g. Been granted pre-trial diversion?
 - h. Been arrested or have any pending criminal charges?
 - i. Been cited or charged with any violation of the law? (except for parking and/or traffic violations)
 - j. Been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
- H. Are you currently the target or subject of a grand jury or governmental agency investigation?

<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO

YES NO

NOTE: If you answered "YES" to questions A-G listed above, attach a letter of explanation that is dated and signed indicating the circumstance you are reporting to the Board. If you answered "YES" to questions G or H, you must also attach the document(s) showing the disposition of the case(s).

SECTION VIII. DECLARATION OF LEGAL RESIDENCE

- A. I declare that the State of Massachusetts is my primary state of residence as of 6/15/2015 (date) and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.)
- B. Upon licensure in Maine, in which state(s) do you intend to practice?
MA, NH & ME
- C. Are you currently employed in the U.S. Military (Active Duty) or the U.S. Federal Government? YES NO

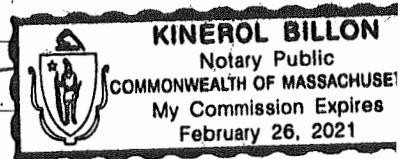


I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have read and understand this affidavit.

Signature of Applicant Johan M

Sworn to before me this 15 day of JUNE 20 15.

Notary Public [Signature]



(SEAL)

My commission expires 2/26/21 in and for the State of MASSACHUSETTS



1055 Commonwealth Avenue
Boston, MA 02215
p: 800.258.4448 · f: 617.616.1665
www.pplm.org

Planned Parenthood League of Massachusetts

6/19/2015

Maine Board of Nursing
161 Capital Street
Augusta, ME 04330

Dear Maine Board of Nursing,

I am Johanna Milburn's direct supervisor. I'm writing to confirm that she has been employed as a Nurse Practitioner at Planned Parenthood League of Massachusetts since January 2015. And she has been prescribing medication under her DEA number/license # MM3477115 since March 2015.

Sincerely,

A handwritten signature in black ink, appearing to read 'Colleen Pinch' followed by 'FNP' in a separate, slightly larger script.

Colleen Pinch, FNP
Health Services Director

ncc National Certification Corporation

JOHANNA MILBURN, WHNP-BC

has earned the following certification(s) from the National Certification Corporation:

Women's Health Care Nurse Practitioner

From December 5, 2014 to December 31, 2017

NCC ID: MIL104389113 **Verified on** 7/23/2015



Catherine A Witt

Catherine Witt, Ph.D, NNP-BC
NCC President



ANCC

AMERICAN NURSES CREDENTIALING CENTER
CERTIFICATION

The Commission on Certification grants

Johanna Stanton Milburn

the credential of

Adult-Gerontology Primary Care
Nurse Practitioner
AGPCNP-BC

valid from October 22, 2014 to October 21, 2019

Certification Number: 2014021925



Theresa A. Kessler

Theresa A. Kessler, PhD, ACNS-BC
Chair, Commission on Certification

Michael L. Evans

Michael L. Evans, PhD, RN, NEA-BC, FAAN
President, American Nurses Credentialing Center



Accreditation Board for
Specialty Nursing Certification

Formerly the ABNS Accreditation Council

This ANCC certification is accredited by the Accreditation Board for Specialty Nursing Certification.

Maine Board of Nursing
161 Capitol Street
Augusta, ME 04330


July 9, 2015


To Whom It May Concern:

Please note that Johanna Milburn NP has been working as an Advanced Practice Clinician (APC) for Planned Parenthood of Northern New England (PPNNE) in New Hampshire since April 3, 2015. Johanna has been supervised by Donna Burkett MD, Medical Director of PPNNE. Johanna is working part-time for PPNNE (10-30) hours per week. A synopsis of the services Johanna will join the other PPNNE APCs in providing includes prescribing birth control, sexually transmitted infection screening and treatment, conducting well woman visits and school physicals, treating vaginal and urinary tract infections, providing hormone therapy for transgender patients and providing limited primary care within the PPNNE protocol. Johanna will be working per diem in Maine, variable hours, at all of the PPNNE Maine offices, locations in Biddeford, Sanford, Portland, and Topsham starting August 10, 2015.

At PPNNE, the Medical Director, Donna Burkett, oversees the quality and safety of the work of Advanced Practice Clinicians (APCs) through direct and indirect supervision. There is an established period of standardized and individualized orientation and sign-off. After the initial proctoring and sign-off, the Regional Clinical Director (RCD) recommends privileging to the Medical Director, who grants such privileges as are recommended. The Clinician then receives ongoing supervision in the form of observation by the RCD regularly and Medical Director on an ad hoc basis. Charts are reviewed regularly by the RCD, the medical director and the clinical Field Surveyor for clinical quality and management according to PPNNE Medical Standards and Guidelines. The clinician has access to the RCD and Medical Director for clinical questions at all times, with back-up arrangements when this is not possible.

If anything further is needed to substantiate Johanna's supervision please contact Donna Burkett MD, PPNNE's Medical Director or Johanna Milburn NP directly. Thank you!

Signed: 
Donna Burkett MD
Medical Director


Date

Confidential information enclosed



Maine State Board Of Nursing
Attention: Virginia DeLorimier
158 State House Sta
Augusta, ME 04333-0158

July 23, 2015

VERIFICATION OF CERTIFICATION

Johanna Stanton Milburn AGPCNP-BC

Please accept this letter of verification that the above-named clinician, certified by the American Nurses Credentialing Center, holds the certification of **Adult-Gerontology Primary Care Nurse Practitioner**. The certification dates are **October 22, 2014 to October 21, 2019**. The identification number for this certification is **2014021925**. For inquiries regarding this verification notice, please call 1.800.284.2378 and ask to speak with a Verification Specialist.

Sincerely,

A handwritten signature in black ink, appearing to read "M Horahan", is written over a light blue horizontal line.

Marianne Horahan, MBA, MPH, BSN, RN, CPHQ
Director, Certification Services



RECEIVED

JUL 15 2015

2

MAINE STATE BOARD OF NURSING

205 5813
\$50 MD. 7/23/15

Please Type or Print All Information Clearly

Johanna Milburn
Name of Nurse Practitioner Applicant

in process
Maine License #



Donna BURKETT, MD
Primary Supervising Physician/Nurse Practitioner
Planned Parenthood of Northern New England

MD19833
Maine License #

Secondary Supervising Physician/ Nurse Practitioner

Maine License #

Secondary Supervising Physician/ Nurse Practitioner

Maine License #

(attach a separate page if more space needed)

Attach letter of supervision (synopsis of the services you will be providing) signed and dated by a licensed physician or nurse practitioner in the same practice category and all secondary supervisors participating in the process.

1. Name(s)/Address(s) of Practice Setting(s)
(Start date and hours per week must be completed.
If the start date is pending please indicate that)

281 Main St
Biddeford, ME 04405

Tel: 207-282-6620

Start date: _____ Hours per week: _____

Practice Type
(Please circle one)

Office Practice
 Clinic
Hospital
Other (Explain) _____

2. Name(s)/Address(s) of Practice Setting(s)
(Start date and hours per week must be completed.
If the start date is pending please indicate that)

443 Congress St
2nd Floor
Portland, ME 04101

Tel: 207-797-8881

Start date: _____ Hours per week: _____

Practice Type
(Please circle one)

Office Practice
 Clinic
Hospital
Other (Explain) _____

3. Name(s)/Address(s) of Practice Setting(s)
 (Start date and hours per week must be completed
 If the start date is pending please indicate that)

886 Main St
Ste 302
Sanford, ME 04073
 Tel: 207-324-9385
 Start date: _____ Hours per week: _____
 (attach a separate page if more space needed)

Practice Type
 (Please circle one)

- Office Practice
- Clinic
- Hospital
- Other (Explain) _____

4. 4 Bowdoin Mill Island
Ste 101
Topsham, ME 04086
 T: (207) -725-8264

clinic

Registration Fees

Please check the appropriate box:

- | | Fee |
|--|---------|
| <input checked="" type="checkbox"/> First time registration with a Primary Supervising Physician or Nurse Practitioner | \$50.00 |
| <input type="checkbox"/> Change of Primary Supervising Physician or Nurse Practitioner Relationship | \$50.00 |
| <input type="checkbox"/> Registration of multiple work sites with same supervisor and organization | \$25.00 |
| <input type="checkbox"/> Registration of additional work sites for the same organization and adding a new primary supervisor for the sites | \$50.00 |

You must submit a check or money order payable to the Treasurer of the State of Maine or attach a separate page with the following credit card information pertaining to your Visa/Mastercard (credit card number, expiration date, billing address, and signature).

N/A Check appropriate box if supervisory relationship has ended.

- () Termination of a Primary Supervising Relationship during the twenty four month supervisory period.

Please attach a letter signed by the Primary Supervising Physician or Nurse Practitioner indicating the time frame (beginning and ending dates) and hours per week or total hours of supervision.

Name of Primary Supervising Physician or Nurse Practitioner:

Effective Date: _____

Reason for Termination: _____

- () Completion of the required twenty four month supervision requirement.

Please attach a letter signed by the Primary Supervising Physician or Nurse Practitioner indicating the time frame (beginning and ending dates) and Hours per week or total hours of supervision.

N/A

Johann [Signature]
Signature of Applicant

6/16/15
Date