



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

January 19, 2018

T. Christmas
via e-mail: race200@excite.com

VERIFICATION OF LICENSURE

This is to certify that the records of the Connecticut Department of Public Health indicate that:

MICHELLE D CHAPMAN-AVERY, RN

Was issued Connecticut:	Registered Nurse License
Date of Issuance:	02/18/2016
License Number:	132176
Expiration Date:	01/31/2019
Status of License:	ACTIVE, CURRENT
License Granted by:	Exam
Past or Pending Disciplinary History:	No

Sincerely,

A handwritten signature in cursive script that reads "Stephen B. Carragher".

Stephen B. Carragher
Public Health Services Manager
Practitioner Licensing and Investigations Section

Printed by: Meghan Bennett



Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12 APP
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

2018 License Renewal

Renewal - 10.132176

Name	MICHELLE D CHAPMAN-AVERY
Credential	10.132176

Fee Details

Renewal Fee	\$110.00
	\$110.00

Demographic Information-Renewal

-
1. Please provide your Date of Birth
01/15/1967
 2. Gender
Female
 3. Ethnicity: Please choose one
Not Hispanic or Latino
 4. Race:
White

Email Address Verification

Please be advised that the Department no longer mails hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date.

Current Work Force Status

-
5. What is your current work status in your licensed profession?
Part-time (less than 30 hours per week)

Practice Location

Please identify the location of the primary site where you spend the most time in the practice of your profession.

6. Address 1
Hartford GYN
7. Address 2
1 MAIN ST
8. City
HARTFORD
9. State
CT
10. Zip Code
06105

Educational Information

-
11. What is the name of the school (education program) you graduated from that qualified you for your first US license?
THREE RIVERS COMMUNITY COLLEGE
 12. In what city was this education program located?
NORWICH
 13. In what state was this education program located? (Two-letter abbreviation)

CT

14. What is your highest level of education?
Baccalaureate Degree - Other Field
15. Are you currently licensed/certified as a . . .
Not licensed/certified as any of the above.
16. What is your employment status?
Actively employed in nursing or in a position that requires a nurse license - Per diem
17. In what country did you receive your entry-level education?
UNITED STATES (USA)

Employment Setting

18. How many hours do you work during a typical week in all your nursing positions?
10
19. Please indicate the zip code of your primary employer.
20. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
Ambulatory Care Setting
21. Please identify the position title that most closely corresponds to your primary nursing practice position.
Staff Nurse
22. Please list all states in which you hold an active license to practice as an RN or LPN/VN.
Connecticut

States Where You Practice

23. List all states in which you are currently practicing.
Connecticut

Practice Specialty

24. If unemployed, please indicate the reason
25. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
26. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
27. Please identify the position title that most closely corresponds to your secondary nursing practice position.
28. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

Ethnicity

29. What is your race/ethnicity? (Check all that apply)
White/Caucasian

Attestation

30. Within the last year, have you been convicted of a felony?

No

31. If yes, please provide details here

32. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

33. If yes, please provide details here

34. **By completing this renewal application online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my profession.**

01/15/2018

35. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

01/15/2018

Important Note

To continue processing your transaction, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).

On the top right of the invoice screen, select "**Pay Invoice**".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your application online.

Review

2017 License Renewal

Renewal - 10.132176

Name	MICHELLE D CHAPMAN-AVERY
Credential	10.132176

Fee Details

Renewal Fee	\$110.00
	\$110.00

Demographic Information-Renewal

1. Please provide your Date of Birth
01/15/1967
2. Gender
Female
3. Ethnicity: Please choose one
Not Hispanic or Latino
4. Race:
White

Email Address Verification

Please be advised that the Department will no longer be mailing hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date. After you complete this transaction, please select the 'My Account' link at the top right of the homepage and make sure that your email address on file is correct. If it is not correct, please update it. Thank you.

5. By entering a date in this field, I confirm that I will verify that the Department has my correct email address on file.
01/18/2017

Current Work Force Status

6. What is your current work status in your licensed profession?
Inactive in the profession

Practice Location

Please identify the location of the primary site where you spend the most time in the practice of your profession.

7. Address 1
113 Salem Tnpk
8. Address 2
9. City
Norwich
10. State
cCT
11. Zip Code

Educational Information

12. What is the name of the school (education program) you graduated from that qualified you for your first US license?
tThree Rivers Community College

13. In what city was this education program located?
Norwich
14. In what state was this education program located? (Two-letter abbreviation)
CT
15. What is your highest level of education?
Baccalaureate Degree - Other Field
16. Are you currently licensed/certified as a . . .
Not licensed/certified as any of the above.
17. What is your employment status?
Unemployed - seeking work as a nurse
18. In what country did you receive your entry-level education?
UNITED STATES (USA)

Employment Setting

19. How many hours do you work during a typical week in all your nursing positions?
20. Please indicate the zip code of your primary employer.
21. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
Ambulatory Care Setting
22. Please identify the position title that most closely corresponds to your primary nursing practice position.
Nurse Faculty
23. Please list all states in which you hold an active license to practice as an RN or LPN/VN.
Connecticut

States Where You Practice

24. List all states in which you are currently practicing.
Connecticut

Practice Specialty

25. If unemployed, please indicate the reason
Other
26. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.
Other
27. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
Ambulatory Care Setting
28. Please identify the position title that most closely corresponds to your secondary nursing practice position.
Staff Nurse
29. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.
No Secondary Practice Position

Ethnicity

30. What is your race/ethnicity? (Check all that apply)

White/Caucasian

Attestation

31. Within the last year, have you been convicted of a felony?

No

32. If yes, please provide details here

33. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

34. If yes, please provide details here

35. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

01/18/2017

36. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

01/18/2017

Important Note

To continue processing your renewal, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).

On the top right of the invoice screen, select "**Pay Invoice**".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your renewal online.

Review

Application - Registered Nurse

Name	MICHELLE D CHAPMAN-AVERY
Credential	Registered Nurse

Fee Details

Initial Application Fee	\$180.00
	\$180.00

Application Instructions

Thank you for applying for your license online. Please note that as part of this application, you will be required to upload a recent picture of yourself. Please make sure you have one available on the device you are using to file this application.

Applicants for examination are reminded to arrange for their school of nursing to submit a transcript directly to this office verifying completion of a nursing program. Once the transcript is received, this office will notify the examination service of your eligibility. Please make sure you are registered with the examination vendor. Foreign trained applicants need only arrange for the submission of current certification by the Commission on Graduates of Foreign Nursing Schools (CGFNS).

Applicants who are currently licensed in another state must arrange for a transcript to be submitted directly to this office from the nursing school (foreign trained applicants may substitute verification of current CGFNS certification in lieu of the transcript) and license verifications from all states in which you hold or have held a license.

Applicants who hold a current out-of-state license and indicate that they wish to be issued a 120 calendar day temporary permit will be issued the permit within 15 business days of receipt of this application.

For detailed information regarding eligibility and documentation requirements, please visit www.ct.gov/dph/license and select Registered Nurse.

APPLICANTS WHO HAVE HELD A CT RN LICENSE IN THE PAST SHOULD NOT USE THIS SERVICE AND NEED TO MAIL IN AN APPLICATION FOR REINSTATEMENT.

Demographic Information - Initial App

8. First Name
MICHELLE

9. Middle Initial
D

10. Last Name
CHAPMAN-AVERY

7. Maiden Name
Michelle Maston

1. Please provide your Date of Birth
01/15/1967

2. U.S. Social Security Number
[REDACTED]

3. Gender
Female

4. Race:
White

5. Ethnicity: Please choose one
Not Hispanic or Latino

6. Please attach a recent photo of the applicant.
[REDACTED]

Basis of Licensure

Please select a basis for licensure.

Please note the following definitions:

Endorsement: Select this basis of licensure if you were educated in the United States and are, or have been, licensed in any other U.S. state or Canadian province.

Endorsement - FT: Select this basis of licensure if you completed your educational preparation outside of the U.S. and you are, or have been, licensed in any U.S. state or Canadian province.

Exam: Select this basis of licensure if you were educated in the U.S. and this is the first time you are applying for a license in any jurisdiction.

Exam - FT: Select this basis of licensure if you completed your educational preparation outside of the U.S. and this is the first time you are applying for a license in any jurisdiction.

11. Select Basis for Licensure
Exam

Nursing Education

Please enter the following information with regard to your school of nursing

12. Name of Nursing School
Three Rivers Community College
17. Enter NCLEX Program Code (exam applicants only)
13. City
Norwich
14. State
CT
15. Month Graduated
December
16. Year Graduated
2015

Temporary Permit

Applicants who are currently licensed in another U.S. state are eligible for a 120 calendar day, non-renewable temporary permit.

18. Do you wish to be issued a 120 calendar day, non-renewable temporary permit (out of state licensed applicants only)?
No

Examination

19. Do you plan to take the National Council of State Boards of Nursing (NCLEX) as a Connecticut candidate?
Yes
21. At the examination administration, do you require a special accommodation pursuant to the Americans with Disabilities Act?
No
20. Enter a brief description of the accommodation you are requesting. Please note that you are required to arrange for the submission of documentation from your healthcare provider supporting your request to include a description of the disability and suggested accommodation(s).

Other State Licenses

Below, add all of the U.S. states or Canadian provinces in which you hold or have held a license to practice in the profession for which you are applying.

22. Please list all states in which you hold or have held a license, current or expired.

State	Disciplinary Action
Connecticut	No

Statement of Professional History

Please answer the following questions. If you answer yes to any of the questions regarding your professional history, please provide details in the space available below and arrange for the submission of supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review. Applicant's answering affirmatively to any question below may be contacted for additional information.

23. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?

No

24. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

No

25. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

No

30. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

No

26. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

No

27. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?

No

28. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

No

29. Provide details regarding any question(s) above that you may have answered affirmatively.

Application Attestation

31. By filing this application online on the date indicated below, I attest that I am the person referred to in this application and that the photograph attached hereto is a true picture of me and that the statements made herein are true in every respect.

01/15/2016

Review

