



PAUL R. LEPAGE
GOVERNOR

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

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

August 31, 2012

BRONWEN BERLEKAMP O'WRIL
17 VICTORIA ST.
PORTLAND, ME 04103-5423

Dear Ms. O'WRIL:

This is a reminder that your national certification for license # CNP81402 we have on file for your Family Nurse Practitioner certification expires on November 30, 2012. The office must receive a copy of your renewed certification on or before that date.

Renewal of your national certification may take several weeks, it is important for you to start the process early.

If you have any questions, please do not hesitate to contact me.

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/>

PHONE: (207) 287-1133

FAX: (207) 287-1149



STATE OF MAINE
BOARD OF NURSING
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04333-0158

PAUL R. LEPAGE
GOVERNOR

MYRA A. BROADWAY, JD., M.S., R.N.
EXECUTIVE DIRECTOR

Wednesday, January 11, 2012

BRONWEN BERLEKAMP O'WRIL
17 VICTORIA ST
PORTLAND, ME 04103-5423

Dear Mr./Ms. O'Wril:

This will respond to the continuing education materials received by the Board office on Tuesday, January 10, 2012 .

Your continuing education materials have been reviewed and you have met the requirement of 75 contact hours of continuing education in advanced practice nursing during the 2 year period of licensure.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

Virginia E. deLorimier, MSN, RN
Assistant Executive Director



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STATE OF MAINE
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 EXECUTIVE DIRECTOR

AUDIT

BRONWEN BERLEKAMP O'WRIL
 17 VICTORIA ST
 PORTLAND, ME 04103

APRN-NP
 AP081402

APPLICATION DEADLINE
 02/28/2012

**ADVANCED PRACTICE REGISTERED NURSE LICENSE
 NURSE PRACTITIONER
 RENEWAL CYCLE: 2012-2014**

TO RENEW: RETURN COMPLETED APPLICATION (SIGNED AND QUESTIONS ANSWERED) WITH A **\$100.00** CHECK, MONEY ORDER, OR CREDIT CARD INFORMATION (VISA OR MASTERCARD) BEFORE BIRTHDATE. PLEASE MAKE REMITTANCE PAYABLE TO THE TREASURER, STATE OF MAINE. THE FEE FOR THE LICENSE INCLUDES YOUR PRIMARY SPECIALTY; IF YOU WANT TO REGISTER ADDITIONAL SPECIALTIES, THE FEE IS **\$50.00** PER SPECIALTY.

TO PLACE YOUR RN LICENSE ON INACTIVE STATUS: CHECK HERE _____ It is **not mandatory** that you renew your RN license. If you choose to maintain your RN license you may renew your RN license at the following website www.maine.gov/boardofnursing or you may request a paper application.

TO PLACE YOUR APRN LICENSE ON INACTIVE STATUS: CHECK HERE _____, SIGN APPLICATION, ANSWER QUESTIONS, AND RETURN WITHOUT FEE BEFORE BIRTHDATE.

TO PLACE A SPECIFIC SPECIALTY ON INACTIVE STATUS: CHECK HERE _____, AND INDICATE SPECIALTY(IES) TO GO INACTIVE _____

A LICENSE BECOMES LAPSED WHEN IT IS NOT RENEWED OR PLACED ON INACTIVE STATUS BY THE BIRTHDATE. A LAPSED LICENSE MAY BE REINSTATED BY THE BOARD UPON:

1. RECEIPT OF SATISFACTORY EXPLANATION OF FAILURE TO RENEW BY BIRTHDATE, EMPLOYMENT HISTORY, AND
2. PAYMENT OF REINSTATEMENT FEE OF _____ IN ADDITION TO THE CURRENT RENEWAL FEE OF _____.

PLEASE VERIFY YOUR NAME, ADDRESS(ES), TELEPHONE NUMBER(S), AND E-MAIL:

NAME Bronwen Berlekamp O'wri TELEPHONE #_(H)_____ (W) 207 797 8881
 CELL# [REDACTED] E-MAIL bberlekamp@gmail.com

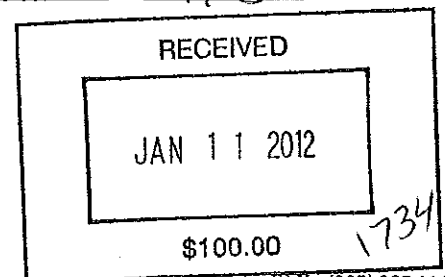
MAILING ADDRESS 17 Victoria St
 CITY Portland STATE ME ZIP 04103



PRINTED ON RECYCLED PAPER

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

PHONE: (207) 287-1133



FAX: (207) 287-1149

RESIDENTIAL ADDRESS 17 Victoria Street
CITY Portland STATE ME ZIP 04103

- 1. HAVE YOU PRACTICED AS A NURSE PRACTITIONER FOR 1500 HOURS IN THE PAST FIVE YEARS? Yes No
- 2. HAVE YOU MET THE 75 CONTACT HOUR REQUIREMENT OF APRN CONTINUING EDUCATION IN THE PAST TWO YEARS?
SPECIALTY FNP Yes No
SPECIALTY _____ Yes No
- 3. DO YOU HOLD CURRENT NATIONAL CERTIFICATION(S) IN YOUR SPECIALTY (IES)? Yes No
(ENCLOSE PHOTOCOPY OF YOUR NATIONAL CERTIFICATION(S))
- 4. HAVE YOU PRESCRIBED MEDICATIONS WITHIN THE LAST TWO YEARS? Yes No
- 5. DO YOU HAVE A CURRENT DEA NUMBER? Yes No
(ENCLOSE A PHOTOCOPY OF YOUR DEA CERTIFICATE)

IF YOU ANSWER NO TO ANY QUESTIONS, YOU MUST PROVIDE A LETTER OF EXPLANATION.

- 6. HAVE YOU BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION(S) SINCE THE LAST RENEWAL OF YOUR MAINE LICENSE? Yes No
- 7. HAS ANY BOARD OF NURSING TAKEN DISCIPLINARY ACTION AGAINST YOUR LICENSE IN THAT STATE(S) OR JURISDICTION(S) SINCE THE LAST RENEWAL OF YOUR MAINE LICENSE? Yes No
- 8. IS THERE ANY COMPLAINT PENDING AGAINST YOUR LICENSE IN ANY STATE OR JURISDICTION? Yes No
- 9. WHAT STATE DO YOU DECLARE AS YOUR LEGAL RESIDENCE: Maine

IF YOU ANSWER YES TO ANY QUESTIONS, YOU MUST PROVIDE A LETTER OF EXPLANATION.

SIGN HERE Bronwen Bertekamp O'Neil
(I affirm by my signature that the information I am providing is correct.)
Bronwen Bertekamp O'Neil

AMERICAN NURSES CREDENTIALING CENTER

The Commission on Certification
Grants

Board Certification to

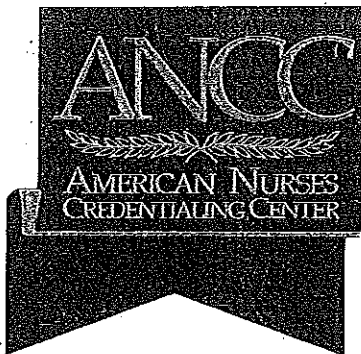
Bronwen Berlekamp O'Wril, APRN, BC

as a

Family Nurse Practitioner

valid

December 01, 2007 to November 30, 2012



ABNS
American Board of Nursing Specialties

Karen Macdonald

Karen Macdonald MS, APRN, BC
Chair, Commission on Certification

Debbie D. Hatmaker

Debbie D. Hatmaker, PhD, RN, SANE-A
President, American Nurses Credentialing Center

The ANCC Commission on Certification and our examinations
are accredited by the National Commission for Certifying
Agencies and the American Board of Nursing Specialties

American Nurses Credentialing Center
Commission on Certification
The Commission on Certification
Grants
Board Certification to
Bronwen Berlekamp O'Wrl, APRN,BC
as a
Family Nurse Practitioner
valid
December 01, 2007 to November 30, 2012
Certification Number 0375184-22

*Simply peel card at corner to detach
Self-laminate for better preservation*

00782

O'WRIL, BRONWEN B NP
 PLANNED PARENTHOOD
 443 CONGRESS AVE
 2ND FLOOR
 PORTLAND, ME 04104-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2012	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MLP-NURSE PRACTITIONER	07-17-2009
O'WRIL, BRONWEN B NP PLANNED PARENTHOOD 443 CONGRESS AVE 2ND FLOOR PORTLAND, ME 04104-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

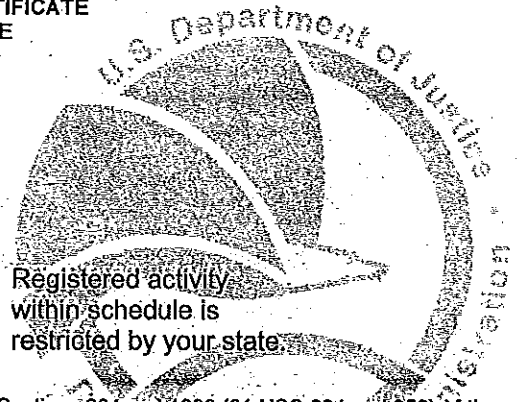
Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2012	\$551
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MLP-NURSE PRACTITIONER	07-17-2009
O'WRIL, BRONWEN B NP PLANNED PARENTHOOD 443 CONGRESS AVE 2ND FLOOR PORTLAND, ME 04104-0000		



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

JOHN ELIAS BALDACCI
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

APRN-NP

AP081402

BRONWEN BERLEKAMP O'WRIL
 17 VICTORIA ST
 PORTLAND, ME 04103

APPLICATION DEADLINE
 02/28/2010

ADVANCED PRACTICE REGISTERED NURSE LICENSE
 NURSE PRACTITIONER
 RENEWAL CYCLE: 2010-2012

TO RENEW: RETURN COMPLETED APPLICATION (SIGNED AND QUESTIONS ANSWERED) WITH A **\$100.00** CHECK, MONEY ORDER, OR CREDIT CARD INFORMATION (VISA OR MASTERCARD) BEFORE BIRTHDATE. PLEASE MAKE REMITTANCE PAYABLE TO THE TREASURER, STATE OF MAINE. THE FEE FOR THE LICENSE INCLUDES YOUR PRIMARY SPECIALTY; IF YOU WANT TO REGISTER ADDITIONAL SPECIALTIES, THE FEE IS **\$50.00** PER SPECIALTY.

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TO PLACE YOUR APRN LICENSE ON INACTIVE STATUS: CHECK HERE _____, SIGN APPLICATION, ANSWER QUESTIONS, AND RETURN WITHOUT FEE BEFORE BIRTHDATE.

TO PLACE A SPECIFIC SPECIALTY ON INACTIVE STATUS: CHECK HERE _____, AND INDICATE SPECIALTY(IES) TO GO INACTIVE _____

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1. RECEIPT OF SATISFACTORY EXPLANATION OF FAILURE TO RENEW BY BIRTHDATE, EMPLOYMENT HISTORY, AND
2. PAYMENT OF REINSTATEMENT FEE OF _____ IN ADDITION TO THE CURRENT RENEWAL FEE OF _____.

PLEASE VERIFY YOUR NAME, ADDRESS(ES), TELEPHONE NUMBER(S), AND E-MAIL:

NAME Bronwen Berlekamp O'Wril TELEPHONE # (H) [REDACTED] (W) 207 482 5000

CELL# see home # E-MAIL bberlekamp@gmail.com

MAILING ADDRESS 17 Victoria St

CITY Portland STATE ME ZIP 04103



PRINTED ON RECYCLED PAPER

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

PHONE: (207) 287-1133

RECEIVED
FEB 10 2010
1609
\$100.00: (207) 287-1149

RESIDENTIAL ADDRESS Same as above
CITY _____ STATE _____ ZIP _____

1. HAVE YOU PRACTICED AS A NURSE PRACTITIONER FOR 1500 HOURS IN THE PAST FIVE YEARS? Yes No

2. HAVE YOU MET THE 75 CONTACT HOUR REQUIREMENT OF APRN CONTINUING EDUCATION IN THE PAST TWO YEARS?

SPECIALTY FNP Yes No
SPECIALTY _____ Yes No

3. DO YOU HOLD CURRENT NATIONAL CERTIFICATION(S) IN YOUR SPECIALTY (IES)? Yes No
(ENCLOSE PHOTOCOPY OF YOUR NATIONAL CERTIFICATION(S))

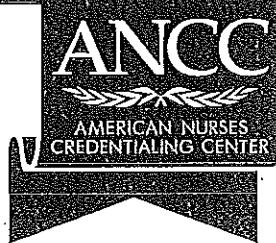
4. HAVE YOU PRESCRIBED MEDICATIONS WITHIN THE LAST TWO YEARS? Yes No

5. DO YOU HAVE A CURRENT DEA NUMBER? Yes No
(ENCLOSE A PHOTOCOPY OF YOUR DEA CERTIFICATE)

IF YOU ANSWER NO TO ANY QUESTIONS, YOU MUST PROVIDE A LETTER OF EXPLANATION

6. WHAT STATE DO YOU CLAIM AS YOUR LEGAL RESIDENCE? Maine

SIGN HERE [Signature]
(I affirm by my signature that the information I am providing is correct.)



The Commission on Certification
grants Board Certification to

Bronwen Berlekamp O'Wril, FNP-BC

as a

Family Nurse Practitioner

valid from December 1, 2007 to November 30, 2012

Certification Number: 375184



Karen Macdonald

Karen Macdonald, MS, FNP-BC
Chair, Commission on Certification

Debbie D. Hatmaker

Debbie D. Hatmaker, PhD, RN, SANE-A
President, American Nurses Credentialing Center



ABNS
American Board of Nursing Specialties

This ANCC certification examination is accredited by the National Commission for Certifying Agencies and the American Board of Nursing Specialties.

O'WRIL, BRONWEN B NP
PORTLAND COMMUNITY HEALTH CENTER
17 VICTORIA ST
PORTLAND, ME 04103-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2012	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MLP-NURSE PRACTITIONER	07-17-2009
O'WRIL, BRONWEN B NP 180 PARK AVE PORTLAND, ME 04102-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Registered activity within schedule is restricted by your state.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2012	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MLP-NURSE PRACTITIONER	07-17-2009
O'WRIL, BRONWEN B NP 180 PARK AVE PORTLAND, ME 04102-0000		

Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Bronwen Berlekamp O'Wril
17 Victoria St
Portland, ME 04103

Virginia deLorimier, MSN
Assistant Executive Director
State of Maine Board of Nursing
158 State House Station
Augusta, ME
04333-0158

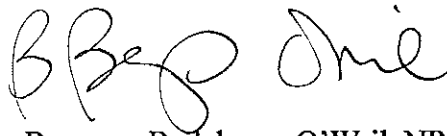
November 8, 2007

Dear Ms. deLorimier,

Please find enclosed a copy of my Official Notice of Certification Renewal from the ANCC.

Let me know if you will need further documentation of the renewed certification, and I will provide it as soon as it becomes available.

Sincerely,

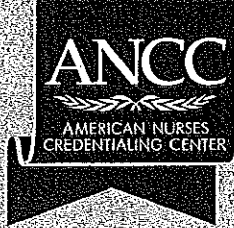


Bronwen Berlekamp O'Wril, NP

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NOV 09 2007

MAINE STATE
BOARD OF NURSING



8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492

1-800-284-2378
301-628-5000 tel
301-628-5004 fax
www.nursecredentialing.org

Bronwen Berlekamp O'Wril APRN,BC
17 Victoria Street
Portland, ME 04103

October 29, 2007

OFFICIAL NOTICE OF CERTIFICATION RENEWAL

Congratulations! This is official notice of your Family Nurse Practitioner certification renewal which is effective from December 1, 2007 to November 30, 2012. Certification is valid for five years provided that your state registration for professional licensure is maintained. Your renewal number is 0375184. Please use this number in any future communication with the American Nurses Credentialing Center. A new certificate and wallet card will be ordered and will be mailed to you in 6-8 weeks.

It is your professional responsibility to check the dates during which your certification is valid and to make sure you have the materials necessary to renew your certification before the expiration date.

We request that you notify us directly of any name or address changes. Our certification records are maintained separately from American Nurses Association records.

Again, congratulations on becoming certified in your specialty. You should be proud of this significant personal and professional accomplishment, and ANCC wishes you continued success in your career. If you need any assistance during your next 5-year certification, please call us at 1-800-284-2378. We look forward to hearing from you.

Sincerely,

Mary C. Smolenski, EdD, APRN, BC
Director, Certification Services

RECEIVED

NOV 09 2007

MAINE STATE
BOARD OF NURSING



JOHN ELIAS BALDACCI
GOVERNOR

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

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

October 18, 2007

TO: Bronwen O'Wril
FROM: Virginia deLorimier, MSN, Assistant Executive Director
RE: National certification

Your national certification as a Family Nurse Practitioner issued by the American Nurses Credentialing Center that we have on file expires on November 30, 2007. The office must receive a copy of your renewed certification on or before November 30, 2007 or your approval to practice as a Family Nurse Practitioner will be null and void.

If you have any questions, please do not hesitate to contact me at this office.



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PHONE: (207) 287-1133

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

FAX: (207) 287-1149



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

JOHN ELIAS BALDACCI
GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

January 19, 2007

Bronwen J. Berlekamp O'Wril
17 Victoria Street
Portland, ME 04103

Dear Ms. Berlekamp O'Wril:

Your credentials for practice as a **FAMILY NURSE PRACTITIONER** have been reviewed and approved in accordance with the **LAW REGULATING THE PRACTICE OF NURSING**, 32 M.R.S.A. Chapter 31, Sections 2102(2-A), (5-A); 2201-A, and 2205-B(3).

Section 2102(2-A) Advanced practice registered nursing. "Advanced practice registered nursing" means the delivery of expanded professional health care by an advanced practice registered nurse that is:

- A. Consistent with advanced educational qualifications as set forth in section 2201-A, subsection 2;
- B. Within the advanced registered nurse's scope of practice as specified by the board rulemaking, taking into consideration any national standards that exist; and
- C. In accordance with standards of practice for advanced practice registered nurses as specified by the board rulemaking, taking into consideration any national standards that may exist. Advanced practice registered nursing includes consultation with or referral to medical and other health care providers when required by client health needs.

Section 2102(5-A) Advanced practice registered nurse. "Advanced practice registered nurse" means an individual who is currently licensed under this chapter and approved by the board to practice advanced practice registered nursing as defined in subsection 2-A. "A.P.R.N." is the abbreviation for the title of "advanced practice registered nurse." An advanced practice registered nurse may use the abbreviation "A.P.R.N." or the title or abbreviation designated by the national certifying body.



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

PHONE: (207) 287-1133

FAX: (207) 287-1149

Section 2205-B(3) **Delegated performance of services.** A certified nurse midwife or certified nurse practitioner who is approved by the board as an advanced practice registered nurse may choose to perform medical diagnosis or prescribe therapeutic or corrective measures when these services are delegated by a licensed physician.

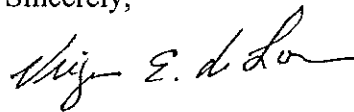
Under the conditions set forth by law, this letter serves as your authorization to practice as an advanced practice registered nurse, within the scope of practice for which you are approved by the Board as a **FAMILY NURSE PRACTITIONER** and should be filed in a secure place. This letter must be provided to any prospective employer as part of the credentialing process.

If you plan to practice with a physician under Section 2205-B(3), the Board of Licensure in Medicine and Osteopathic Examination and Registration require that the physician formally registers this relationship with their offices.

If you plan to prescribe controlled drugs from schedules II, III, IIIN, IV and V, you must contact the Drug Enforcement Agency (D.E.A.) at (617) 557-2200 and obtain a D.E.A. number.

Renewal of this approval shall be biennially, concurrent with renewal of your registered professional nurse license. This means you will renew your approval to practice as an advanced practice registered nurse at the same time you renew your registered professional nurse license. You will complete two separate applications as part of this process. THE LAW REGULATING THE PRACTICE OF NURSING and Chapter 8 Regulations Relating to Advanced Practice Registered Nursing are available on our WEB PAGE ADDRESS:
www.maine.gov/boardofnursing.

Sincerely,



Virginia E. deLorimier, M.S.N., R.N.
Assistant Executive Director

VED:vlc

Delorimier, Virginia E

To: Bronwen Berlekamp
Subject: RE: supervision documentation

I received it this morning. I am going to issue you an indepent letter now. This information will be on the web site tomorrow.

Virginia E. deLorimier, MSN, RN
Assistant Executive Director
Maine State Board of Nursing
161 Capitol Street
158 SHS
Augusta, ME 04333-0158
207-287-1133
virginia.e.delorimier@maine.gov

-----Original Message-----

From: Bronwen Berlekamp [mailto:bronwenb@ppnne.org]
Sent: Friday, January 19, 2007 8:19 AM
To: Delorimier, Virginia E
Subject: RE: supervision documentation

Dear Ginny,

When you receive this, would you mind replying and letting me know whether you received the supervisory letter from Cheryl Gibson and all is well?

If you need to reach me today, you can do so at work: 207 797 8881.

Thanks,
Bronwen

From: Delorimier, Virginia E [mailto:Virginia.E.Delorimier@maine.gov]
Sent: Wednesday, January 17, 2007 11:56 AM
To: Bronwen Berlekamp
Subject: RE: supervision documentation

No. We have not seen anything from her.

-----Original Message-----

From: Bronwen Berlekamp [mailto:bronwenb@ppnne.org]
Sent: Wednesday, January 17, 2007 11:35 AM
To: Delorimier, Virginia E
Subject: supervision documentation

Hello Ginny,

I am wondering if you received a fax from Dr. Cheryl Gibson of Planned Parenthood documenting hours of supervision.

I was told she faxed it yesterday afternoon.

Could you just reply to confirm one way or the other?

Thanks,
Bronwen Berlekamp O'Neil



S E R V I N G M A I N E N E W H A M P S H I R E A N D V E R M O N T

CENTRAL OFFICE

183 Talcott Road, Suite 101
 Williston, VT
 05495
 Phone 802.878.7232
 Fax 802.878.8001

January 16, 2007

State of Maine
 Board of Nursing
 Attn: Virginia De Lorimier
 158 State House Station
 Augusta, ME 04333-0158

To Whom It May Concern:

I am the supervising physician of Planned Parenthood of Northern New England. I am writing to confirm that Bronwen Berlekamp O'Wril has been employed as a Nurse Practitioner in our Portland office since June 2006. Bronwen has been providing family planning services, performing routine gynecological exams and managing common gynecological problems. Her work has included the appropriate prescription of medications. She has spent a total of 736.25 hours doing clinical work under my supervision.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cheryl Gibson'.

Cheryl Gibson
 MD

PLANNED PARENTHOOD
Of Northern New England

183 Talcott Road, Suite 101
Williston, Vermont 05495-2075

Phone No. (800) 287-8188 ext. 8432 ***** Fax No. (802) 878-8001

Date:

~~1/16/2007~~

1/18/07

From:

Bev Dion

To:

Maine Board of Nursing ~ Attn: Virginia DeLorimier

Fax #

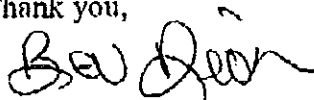
207-287-1149

Number of pages including cover: 2

Regarding: Letter of supervision for Bronwen Berlekamp O'Wril.

Please contact me if you have any questions.

Thank you,



Bev Dion

Credentialing Coordinator

STATEMENT OF CONFIDENTIALITY: This facsimile transmittal sheet and any documents that may be transmitted with it may contain information, which is confidential and/or privileged, and is intended solely for the use of the addressee. Any disclosure, photocopying, distribution or other use of the contents of this facsimile information is prohibited. If you receive this facsimile in error, please notify us by telephone immediately and arrangements will be made for retrieval of the original documents at no cost to you.



S E R V I N G M A I N E , N E W H A M P S H I R E A N D V E R M O N T

CENTRAL OFFICE

183 Talcott Road, Suite 101
Williston, VT
05495
Phone 802.878.7232
Fax 802.878.8000

6/21/2006

Maine State Board of Nursing
24 Stone Street
State House Station #158
Augusta, Maine 04333

To Whom It May Concern:

Please note that I will be the Primary Supervising Physician for Bronwen Berlekamp (FNP), while she is working at our Portland Health Center. Bronwen will be providing services in Woman's Health Care such as IUD inserts, will be trained to do endometrial biopsies and other services related to Woman's Health Care.

If you have any questions you may reach Beverly Dion, our Credentialing Coordinator at (802) 878-7716 x 241.

Sincerely,

Cheryl Gibson, M.D.
Medical Director
Planned Parenthood of Northern New England
Maine State license # 013193

PLANNED PARENTHOOD
Of Northern New England

183 Talcott Road, Suite 101
Williston, Vermont 05495 2075

Phone No. (800) 287-8188 ext. 8432 ***** Fax No. (802) 878-8001

Date: 6/29/2006

From: Bev Dion

To: Maine State Board of Nursing

Fax # 207-287-1149

Regarding: Letter of supervision for Bronwen Berlekamp, N.P.
Please feel free to contact me if you have any questions.

Number of pages including cover: 2

Thank you.



Bev Dion
Credentialing Coordinator

STATEMENT OF CONFIDENTIALITY

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

JOHN ELIAS BALDACCI
GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

June 13, 2006

Bronwen Berlekamp, RN, MS, FNP
17 Victoria Street
Portland, ME 04103

Dear Ms. Berlekamp:

This will reply to your letter dated June 8, 2006 and the letter received from Jean Curran, MD dated June 8, 2006.

I have reviewed the information in the two letters and will place them in your file. Please have the physician that will be supervising you at Planned Parenthood's Portland office submit a letter to this office.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Virginia E. deLorimier'.

Virginia E. deLorimier, MSN, RN
Assistant Executive Director



PRINTED ON RECYCLED PAPER

Bronwen Berlekamp
17 Victoria Street
Portland, Maine 04103
207.415.5890

Virginia E. deLorimier, MSN, RN
Assistant Executive Director
State of Maine
Board of Nursing
158 State House Station
Augusta, Maine 04333

June 8, 2006

Dear Virginia,

I am writing to update you on my progress towards the required 4,000 hours of physician-supervised practice.

So far, I have completed the following amount of supervised time:

Supervisor	Location	Hours
Dr. Jean Curran	Portland, Maine	2588
Dr. Paul Bayard	Oakland, California	316
Dr. Charles Bookoff	San Rafael, California	327
TOTAL		<u>3231</u>

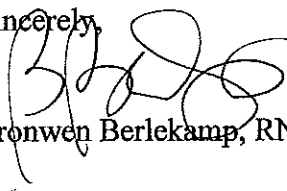
I have resigned my position at New England WomenCenter effective June 8. As of June 21, 2006, I will be working at Planned Parenthood's Portland office

As I plan to work 30 hours per week at Planned Parenthood, I expect to fulfill the 4,000 hours of supervised practice by mid-January of 2007.

Signed letters from Dr. Bayard and Dr. Bookoff are already in my file at the Board of Nursing. I submitted them in 2002 when I applied for licensure in Maine. I will also submit a signed letter from Dr. Jean Curran, who has supervised me since 2003. I will submit a letter from my new supervising physician as soon as possible.

Please call my personal cell phone [REDACTED] with any questions.

Sincerely,


Bronwen Berlekamp, RN, MS, FNP

RECEIVED

JUN 13 2006

MAINE STATE
BOARD OF NURSING

State of Maine
Board of Nursing
158 State House Station
Augusta, ME 04333-0158

June 8, 2006

To Whom It May Concern:

Since May 1st, 2003 I have been the supervising physician for Bronwen Berlekamp, NP, in her position at New England WomenCenter in South Portland, Maine.

Bronwen has been providing family planning services, performing routine gynecological exams and managing common gynecological problems. Her work has included the appropriate prescription of medications. She has spent a total of 2588 hours in the practice, working between 16 and 20 hours per week.

Effective June 8, 2006, I will no longer be Bronwen's supervising physician. She has taken a job with Planned Parenthood of Northern New England and will receive supervision there.

Sincerely,



Jean Curran, MD

RECEIVED

JUN 13 2006

MAINE STATE
BOARD OF NURSING



JOHN ELIAS BALDACCI
GOVERNOR

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

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

TO: Bronwen Berlekamp
FROM: Virginia E. deLorimier, M.S.N., R.N.
Assistant Executive Director
DATE: February 8, 2006
RE: Twenty-four month physician supervision requirement **Third Memo**

You were approved to practice as a Family Nurse Practitioner on April 14, 2003. If you have been employed full time as a Family Nurse Practitioner under physician supervision for twenty-four months **on or after April 14, 2005**, please have your physician(s) send a letter to the Board office verifying your completion of this requirement (This may include physician supervision in another state). The letter should include the beginning and ending dates of supervision, hours per week that you were employed/supervised, and should be mailed/faxed on or after the above date.

If you are employed per diem or part time, the supervisory period must be extended until you have met the equivalent of twenty-four months of full time employment.

Please contact me at this office and provide your progress toward completing this requirement.



PRINTED ON RECYCLED PAPER

Bronwen Berlekamp
51 Olympia Street
Portland, Maine 04103
207.415.5890

Virginia E. deLorimier, MSN, RN
Assistant Executive Director
State of Maine
Board of Nursing
158 State House Station
Augusta, Maine 04333

September 18, 2005

Dear Virginia,

Thank you for your recent inquiry as to my progress towards the required equivalent of two years (4,000 hours) of full time physician supervision.

So far, I have completed the following amount of supervised time:

Supervisor	Location	Hours
Dr. Jean Curran	Portland, Maine	1888
Dr. Paul Bayard	Oakland, California	316
Dr. Charles Bookoff	San Rafael, California	327
TOTAL		2531

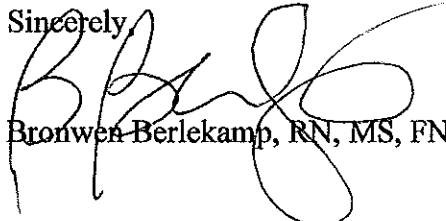
In order to complete the 4,000 hour requirement, I expect to work part time under physician supervision until the summer of 2007.

I plan to continue working with Dr. Jean Curran of Portland as my physician supervisor.

Signed letters from Dr. Bayard and Dr. Bookoff are already in my file at the Board of Nursing. I submitted them in 2002 when I applied for licensure in Maine.

Please call me at work with any questions: 207 761 4700 ext 21.

Sincerely,


Bronwen Berlekamp, RN, MS, FNP

RECEIVED

SEP 26 2005

MAINE STATE
BOARD OF NURSING



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

JOHN ELIAS BALDACCI
GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

SECOND NOTICE

TO: Bronwen Berlekamp
FROM: Virginia E. deLorimier, M.S.N., R.N.
Assistant Executive Director
DATE: September 9, 2005
RE: Twenty-four month physician supervision requirement

You were approved to practice as a Family Nurse Practitioner on April 14, 2003. If you have been employed full time as a Family Nurse Practitioner under physician supervision for twenty-four months on or after April 14, 2005, please have your physician(s) send a letter to the Board office verifying your completion of this requirement (This may include physician supervision in another state). The letter should include the beginning and ending dates of supervision, hours per week that you were employed/supervised, and should be mailed/faxed on or after the above date.

If you are employed per diem or part time, the supervisory period must be extended until you have met the equivalent of twenty-four months of full time employment.

Please contact me at the Board office and report on your progress toward fulfilling this requirement and identify your current supervising physician.

If you have any questions, please do not hesitate to call this office.



PRINTED ON RECYCLED PAPER

2-28-2004

MAINE STATE BOARD OF NURSING
24 STONE STREET • 158 STATE HOUSE STATION • AUGUSTA, MAINE 04333
APPLICATION TO PRACTICE AS ADVANCED PRACTICE REGISTERED NURSE

R 47900

APPLICATION DEADLINE

RENEW: RETURN SIGNED APPLICATION WITH A \$25.00 CHECK OR MONEY ORDER BEFORE BIRTHDATE.
AFFIRM BY MY SIGNATURE THAT THE INFORMATION I AM PROVIDING IS CORRECT.

BE PLACED ON INACTIVE STATUS: CHECK HERE _____, SIGN APPLICATION,
QUESTIONS ON THE BACK AND RETURN WITHOUT FEE BEFORE BIRTHDATE.

REMINDER: PLEASE COMPLETE QUESTIONS ON REVERSE SIDE AND WRITE LICENSE NUMBER ON CHECK.

BRONWEN J BERLEKAMP FNP
51 OLYMPIA STREET
SO PORTLAND ME 04103

PRINT ONLY CORRECTION OF NAME OR ADDRESS IN THIS SPACE
NAME _____
ADDRESS _____
CITY Portland STATE _____ ZIP _____

SIGN HERE B. Berlekamp RN MS FNP

MAKE REMITTANCE PAYABLE TO TREASURER OF STATE

Please respond to the following questions.

1. HAVE YOU PRACTICED AS AN ADVANCED PRACTICE NURSE FOR 1500 HOURS IN THE PAST FIVE YEARS?
Yes No

2. HAVE YOU MET THE BOARD'S CONTINUING EDUCATION REQUIREMENT IN THE PAST TWO YEARS?
Yes No

3. HAVE YOU ENCLOSED A COPY OF YOUR CURRENT NATIONAL CERTIFICATION?
(Nurse Midwives must include documentation of enrollment in a current cycle of the Continuing Competency Assessment (CCA) or Certificate Maintenance Program (CMP))
Yes No

4. FOR NURSE PRACTITIONERS AND NURSE MIDWIVES ONLY:

a. HAVE YOU PRESCRIBED DRUGS WITHIN THE LAST TWO YEARS?
Yes No

b. DO YOU HAVE A CURRENT DEA NUMBER?
IF YES, PLEASE SUBMIT A COPY OF THE CERTIFICATE.
Yes No

RECEIVED
JAN 21 2004
\$25.00

'04 JAN 26 4:52
IF YOU ANSWER "NO" TO ANY OF
THE QUESTIONS, PLEASE
ATTACH AN EXPLANATION.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

DEA REGISTRATION
NUMBER

THIS REGISTRATION
EXPIRES

FEE
PAID

07-31-2006

\$210.00

SCHEDULES

BUSINESS ACTIVITY


DATE ISSUED

272N, 3, 3M, 4, 5 MID-LEVEL PRAC 05-20-2003

BERLEKAMP, BRONWEN J NP
66 PEARL STREET
SUITE 202
PORTLAND, ME 04101

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP. CONTROL LOCATION BUSINESS ACTIVITY OF VALID AFTER THE EXPIRATION DATE.

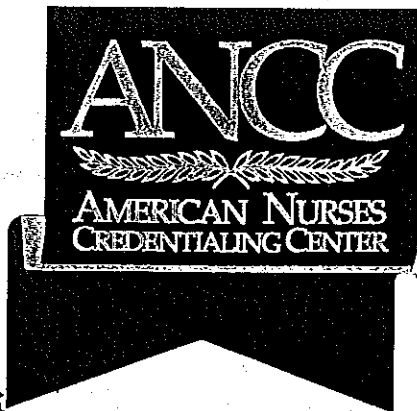
Form DEA-223 (10/95)

DEA # : 

AMERICAN NURSES CREDENTIALING CENTER

The Commission on Certification
Grants
Board Certification to
Bronwen J. Berlekamp, APRN, BC
as a
Family Nurse Practitioner
valid

December 1, 2002 to November 30, 2007



ABNS
American Board of Nursing Specialties

A handwritten signature in black ink that reads "Joanne V. Hickey".

Joanne V. Hickey, PhD, APRN, BC, FAAN
Chair, Commission on Certification

A handwritten signature in black ink that reads "Cecilia F. Mulvey".

Cecilia F. Mulvey, PhD, RN
President, American Nurses Credentialing Center

The ANCC Commission on Certification and our examinations
are accredited by the National Commission for Certifying
Agencies and the American Board of Nursing Specialties



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

JOHN ELIAS BALDACCI
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

OFFICIAL APPROVAL TO PRACTICE LETTER

April 14, 2003

Bronwen J. Berlekamp
 51 Olympia Street
 So. Portland, Maine 04103

COPY

Dear Ms. Berlekamp:

The Maine State Board of Nursing has reviewed your credentials for practice as a **FAMILY NURSE PRACTITIONER**. The Law Regulating the Practice of Nursing, 32 M.R.S.A., Chapter 31, Section 2102(2)(A) states the following:

A certified nurse practitioner who qualifies as an advanced practice registered nurse must practice, for at least 24 months, under the supervision of a licensed physician or must be employed by a clinic or hospital that has a medical director who is a licensed physician. **The certified nurse practitioner must submit written evidence to the Board upon completion of the required clinical experience.**

The minimum 24 month required supervised clinical experience is based on a regular work week.

Under the conditions set forth by law, this letter serves as your approval to practice as an advanced practice registered nurse, within the scope of practice for which you are approved by the Board as a **FAMILY NURSE PRACTITIONER** and should be filed in a secure place. This letter must be provided to any prospective employer as part of the credentialing process.

If you plan to prescribe controlled drugs from schedules II, III, IIIIN, IV and V, you must contact the Drug Enforcement Agency (D.E.A.) at (617) 557-2200 and obtain a D.E.A. number.

Renewal of this approval will be biennially, concurrent with renewal of your registered professional nurse license. The enclosed rule, Chapter 8 Regulations Relating to Advanced Practice Registered Nursing, is provided for your reference and information.

Sincerely,

Virginia E. deLorimier, M.S.N., R.N.
 Assistant Executive Director

VED/kad



PRINTED ON RECYCLED PAPER

OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME.

PHONE: (207) 287-1133

FAX: (207) 287-1149

TDD: (207) 287-1151

<http://www.maine.gov/boardofnursing/>

MARGARET J. SCHOELLER, M.D.
JEAN CURRAN, M.D.

1355 CONGRESS STREET
PORTLAND, MAINE 04102
Telephone (207) 761-2587
FAX (207) 773-1230

State of Maine
Board of Nursing
158 State House Station
Augusta, Maine 04333-0158

April 1, 2003

To Whom It May Concern:

I have agreed to serve as a supervising physician for Bronwen Berlekamp, RN, NP
(Maine Nursing License #47900).

While under my supervision, Bronwen will be working at New England Women Center,
an outpatient gynecology practice in Portland. Bronwen will provide preventive and
acute gynecological care for women of all ages, including family planning services,
routine gynecological exams and management of common gynecological problems. Her
practice will include the judicious prescription of appropriate medications. She will
initially work 16 hours per week, and is eventually expected to work 24 hours per week.

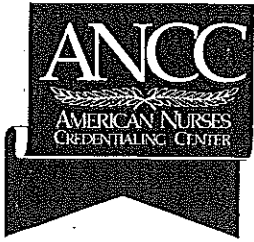
Sincerely,



Jean Curran, M.D.

JC/pjr

RECEIVED
APR 10 2003
MAINE STATE
BOARD OF NURSING



AMERICAN NURSES CREDENTIALING CENTER COMMISSION ON CERTIFICATION

Cecilia F. Mulvey, PhD, RN
ANCC President

Jeanne M. Floyd, PhD, RN, CAE
ANCC Executive Director

Joanne Hickey, PhD, APRN, BC, FAAN
Chair, Commission on Certification

Mary C. Smolenski, EdD, APRN, BC
Director, Certification Services

December 9, 2002

ME State Board of Nursing

VERIFICATION OF CERTIFICATION

BRONWEN J. BERLEKAMP APRN, BC


Please accept this letter as verification that the above named candidate is certified AS A FAMILY NURSE PRACTITIONER with the American Nurses Credentialing Center. The certification dates are December 01, 2002 to November 30, 2007. The identification number for this certification is 0375184. If additional information is required please contact our office at 800-284-2378.

Sincerely,

Lorna Ford
Verification Specialist

RECEIVED

DEC 11 2002

MAINE STATE
BOARD OF NURSING



The ANCC Commission on Certification and our examinations are accredited by the National Commission for Certifying Agencies and the American Board of Nursing Specialties



600 Maryland Avenue, SW, Suite 100 West, Washington, DC 20024-2571
(202) 651-7000 (800) 284-CERT FAX: (202) 651-7004

University of California
San Francisco



School of Nursing
Department of Family Health Care Nursing

Room N411-Y, Box 0606
San Francisco, CA 94143-0606
tel: 415/476-4668
fax: 415/753-2161

September 30, 2002

State of Maine
Board of Nursing
158 State House Station
Augusta, ME 04333-0158

To Whom It May Concern:

I am writing to confirm that Bronwen Berlekamp completed the following coursework in pharmacology while she was a family nurse practitioner student. Her coursework and training included material pertaining to pharmacological care across the lifespan.

If you have any further questions, please feel free to contact me at 415-502-7662.

Course number	Title	Quarter units	Semester units/Contact hours
N204	Contraception	1	10 contact hours (10)
N232	Pharmacology	2	20 contact hours (20)
N232.04	Pediatric Pharmacology	2	20 contact hours (20)
TOTAL		5	50 contact hours

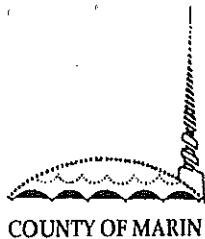
Sincerely,

Sally H. Rankin, RN, FNP, PhD
Associate Professor and Director, FNP Program

RECEIVED

OCT 03 2002

MAINE STATE
BOARD OF NURSING



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Larry Meredith, Ph.D.
Director

DIVISION OF HEALTH SERVICES
WOMEN'S HEALTH SERVICES

361 3RD STREET, STE. E
SAN RAFAEL, CA 94901
PHONE: (415) 507-4030
FAX: (415) 507-4018

State of Maine
Board of Nursing
158 State House Station
Augusta, ME 04333-0158

August 26, 2002

To Whom It May Concern:

I am the supervising physician of Family Planning for Women's Health Services of Marin County in San Rafael, California.

I am writing to confirm that Bronwen Berlekamp has been employed on a per diem basis as a nurse practitioner in this clinic since December, 2001. Bronwen has provided family planning services, performed routine gynecological exams and managed common gynecological problems. Her practice has included the supervised prescription of appropriate medications. She has spent a total of 327 hours in the clinic, working between 0 and 31 hours per week. We expect her employment with us to end in September of 2002, when she moves to Maine.

Sincerely,

Charles Bookoff, MD

RECEIVED

SEP 13 2002

MAINE STATE
BOARD OF NURSING



La Clínica

**La Clínica
de La Raza**
1515 Fruitvale Ave.
Oakland, CA 94601
Tel 510-535-4000
Fax 510-535-4189

**San Antonio
Neighborhood
Health Center**
1030 International Blvd.
Oakland, CA 94606
Tel 510-238-5400
Fax 510-238-5437

Clínica Alta Vista
3022 International Blvd.
Oakland, CA 94601
Tel 510-535-4230
Fax 510-535-4019

Family Optical
3060 B. East 9th St.
(Fruitvale Station
Shopping Center)
Oakland, CA 94601
Tel 510-535-4141

**Pittsburg
Medical Clinic**
2240 Gladstone Dr., Ste. 4
Pittsburg, CA 94565
Tel 925-431-1230
Fax 925-431-1234

**Pittsburg
Dental Clinic**
335 E. Leland Road
Pittsburg, CA 94565
Tel 925-431-1250
Fax 925-431-1247

www.laclinica.org

A member of
California Primary Care Assoc.
COSSMHO
Alameda Health Consortium
National Council of La Raza
United Way

State of Maine
Board of Nursing
158 State House Station
Augusta, ME 04333-0158

August 30, 2002

To Whom It May Concern:

I am Associate Medical Director of La Clínica de La Raza, a community primary care practice in Oakland, California. I am writing to confirm that Bronwen Berlekamp has been employed as a substitute nurse practitioner in this clinic since February, 2002.

During her tenure at La Clínica, Bronwen has worked in our family medicine department under the supervision of family practice physicians. Her practice has included triage, routine exams, management of common primary care problems and prescription of appropriate medications. She has spent a total of 316 hours in the clinic, working between 0 and 24 hours per week. We expect her employment with us to end in September of 2002, when she plans to move to Maine.

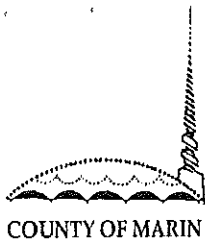
Sincerely,

Paul Bayard, MD

RECEIVED

SEP -3 2002

MAINE STATE
BOARD OF NURSING



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Larry Meredith, Ph.D.
Director

DIVISION OF HEALTH SERVICES
WOMEN'S HEALTH SERVICES
361 3RD STREET, STE. E
SAN RAFAEL, CA 94901
PHONE: (415) 507-4030
FAX: (415) 507-4018

State of Maine
Board of Nursing
158 Sate House Station
Augusta, ME 04333-0158

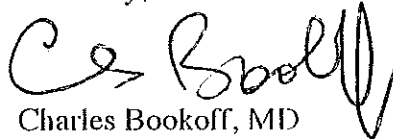
August 1, 2002

To Whom It May Concern:

I am the supervising physician of Family Planning for Women's Health Services of Marin County.

I am writing to confirm that Bronwen Berlekamp has been employed on a per diem basis as a nurse practitioner in this clinic since December, 2001. Bronwen has been providing family planning services, performing routine gynecological exams and managing common gynecological problems. She has spent a total of 300 hours in the clinic, working between 0 and 31 hours per week. We expect her employment with us to end in September of 2002, when she moves to Maine.

Sincerely,



Charles Bookoff, MD

RECEIVED

AUG 22 2002

MAINE STATE
BOARD OF NURSING

2.28.06

MAINE STATE BOARD OF NURSING
24 STONE STREET • 158 STATE HOUSE STATION • AUGUSTA, MAINE 04333
APPLICATION TO PRACTICE AS ADVANCED PRACTICE REGISTERED NURSE

R 47900

APPLICATION DEADLINE

TO RENEW: RETURN SIGNED APPLICATION WITH A \$25.00 CHECK OR MONEY ORDER BEFORE BIRTHDATE.
I AFFIRM BY MY SIGNATURE THAT THE INFORMATION I AM PROVIDING IS CORRECT.

TO BE PLACED ON INACTIVE STATUS: CHECK HERE _____, SIGN APPLICATION,
DO QUESTIONS ON THE BACK AND RETURN WITHOUT FEE BEFORE BIRTHDATE.

REMINDER: PLEASE COMPLETE QUESTIONS ON REVERSE SIDE AND WRITE LICENSE NUMBER ON CHECK.

BRONWEN J. BERLEKAMP
51 OLYMPIA STREET
PORTLAND, ME 04103

FNP

PRINT ONLY CORRECTION OF NAME OR ADDRESS IN THIS SPACE
NAME _____
ADDRESS 17 Victoria St
CITY Portland STATE ME ZIP 04103

SIGN HERE B. Berlekamp NP

MAKE REMITTANCE PAYABLE TO TREASURER OF STATE

Please respond to the following questions.

- HAVE YOU PRACTICED AS AN ADVANCED PRACTICE NURSE FOR 1500 HOURS IN THE PAST FIVE YEARS?
Yes No
- HAVE YOU MET THE BOARD'S CONTINUING EDUCATION REQUIREMENT IN THE PAST TWO YEARS?
Yes No
- HAVE YOU ENCLOSED A COPY OF YOUR CURRENT NATIONAL CERTIFICATION?
(Nurse Midwives must include documentation of enrollment in a current cycle of the Continuing Competency Assessment (CCA) or Certificate Maintenance Program (CMP))
Yes No
- FOR NURSE PRACTITIONERS AND NURSE MIDWIVES ONLY:
a. HAVE YOU PRESCRIBED DRUGS WITHIN THE LAST TWO YEARS?
Yes No
b. DO YOU HAVE A CURRENT DEA NUMBER?
IF YES, PLEASE SUBMIT A COPY OF THE CERTIFICATE.
Yes No

RECEIVED
APR 11 2006
1300

IF YOU ANSWER "NO" TO ANY OF THE QUESTIONS, PLEASE ATTACH AN EXPLANATION.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

DEA REGISTRATION NUMBER

THIS REGISTRATION EXPIRES

REGISTRATION FEE PAID

07-31-2006 \$210.00

SCHEDULES

BUSINESS ACTIVITY

DATE ISSUED

272N333M45 MID-LEVEL PRAC 05-20-2003

BERLEKAMP, BRONWEN J. NP
66 PEARL STREET
SUITE 202
PORTLAND, ME 04101

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP CONTROL LOCATION BUSINESS ACTIVITY OR VALID AFTER THE EXPIRATION DATE

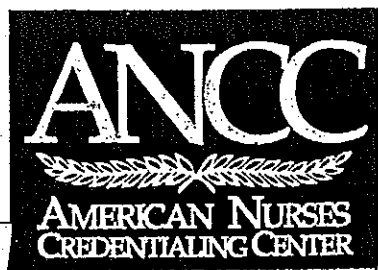
Form DEA-223 (10/98)

DEA # : 

AMERICAN NURSES CREDENTIALING CENTER

The Commission on Certification
Grants
Board Certification to
Bronwen J. Berlekamp, APRN, BC
as a
Family Nurse Practitioner
valid

December 1, 2002 to November 30, 2007



ABNS
American Board of Nursing Specialties

A handwritten signature in cursive script that reads "Joanne V. Hickey".

Joanne V. Hickey, PhD, APRN, BC, FAAN
Chair, Commission on Certification

A handwritten signature in cursive script that reads "Cecilia F. Mulvey".

Cecilia F. Mulvey, PhD, RN
President, American Nurses Credentialing Center

The ANCC Commission on Certification and our examinations
are accredited by the National Commission for Certifying
Agencies and the American Board of Nursing Specialties

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

University of California San Francisco
Office of Admission and Registrar
500 Parnassus Ave., MU 200 West
San Francisco, CA 94143-0244

Batekamp, Bronwen Janie
Nursing (MS)

STUDENT NAME Bronwen Janie Batekamp **STUDENT NUMBER** [REDACTED] **Nursing (MS)**
FORMER NAME [REDACTED] **Masters**
Graduate Academic

ADMISSION CREDENTIALS YALE U 1996 BS **ADMISSION DATE** 6/10/1998 **GRADUATION**
SUBJECT A MS 6/10/2001
AMERICAN HIST
AMERICAN INST

TRANSCRIPT SUMMARY TO DATE
UNITS COMPLETED 125.50
OPT UNITS COMPLETED 27.00
GPA 3.80

Summer 98

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 140		3.00	A	
NURSING 141		3.00	A	
NURSING 142		11.00	A	
NURSING 145		4.00	A	

NURSING 149 5.50 A
NURSING 151 3.00 A
TERM SUMMARY TO DATE
UNITS COMPLETED 16.00
OPT GD COMPLETED 0.00
GPA 4.00

TERM SUMMARY TO DATE
UNITS COMPLETED 21.00
OPT GD COMPLETED 0.00
GPA 4.00

Fall 99

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 204		1.00	S	
NURSING 257		2.00	B	
NURSING 270		2.00	A	
NURSING 279		3.00	A	
NURSING 406		1.00	S	
NURSING 406		1.00	S	
NUTRITION 249		2.00	A	

TERM SUMMARY TO DATE
UNITS COMPLETED 9.00
OPT GD COMPLETED 3.00
GPA 3.77

Fall 98

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 147		7.50	B	
NURSING 150		8.50	A	

TERM SUMMARY TO DATE
UNITS COMPLETED 16.00
OPT GD COMPLETED 0.00
GPA 3.53

Winter 99

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 143		3.00	B	
NURSING 144		12.50	B	
NURSING 148		2.00	A	

TERM SUMMARY TO DATE
UNITS COMPLETED 17.50
OPT GD COMPLETED 0.00
GPA 3.11

Winter 00

COURSE	TITLE	UNITS	GRADE	CODE
EPIDEMIOLOG 180.08		2.00	S	
NURSING 205		2.00	A	
NURSING 232		2.00	A	
NURSING 245		2.00	A	
NURSING 246.02		1.00	A	
NURSING 245.04		2.00	A	
NURSING 262A		2.00	A	
NURSING 406		1.00	S	
NURSING 406		2.00	S	

Spring 99

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 146		7.50	A	

NOT OFFICIAL WITHOUT SIGNATURE SEAL

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Nursing (MS)

TERM SUMMARY TO DATE

UNITS COMPLETED 11.00
 OPT. GD. COMPLETED 5.00
 GPA 4.00

TERM SUMMARY TO DATE

UNITS COMPLETED 11.00
 OPT. GD. COMPLETED 6.00
 GPA 4.00

Spring 00

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 246		3.00	A	
NURSING 246.02		1.00	A	
NURSING 259.01		2.00	A	
NURSING 262.02		2.00	A	
NURSING 263B		3.00	A	
NURSING 406		3.00	S	

TERM SUMMARY TO DATE

UNITS COMPLETED 11.00
 OPT. GD. COMPLETED 3.00
 GPA 4.00

Fall 00

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 241		2.00	A	
NURSING 247		3.00	A	
NURSING 247.02A		2.00	A	
NURSING 404		5.00	S	

TERM SUMMARY TO DATE

UNITS COMPLETED 7.00
 OPT. GD. COMPLETED 5.00
 GPA 4.00

Winter 01

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 222A		2.00	A	
NURSING 247.02B		2.00	A	
NURSING 259.02		2.00	A	
NURSING 404		5.00	S	

TERM SUMMARY TO DATE

UNITS COMPLETED 6.00
 OPT. GD. COMPLETED 5.00
 GPA 4.00

Spring 01

COURSE	TITLE	UNITS	GRADE	CODE
NURSING 222B		2.00	A	
NURSING 232.04		2.00	A	
NURSING 259.03		2.00	A	
NURSING 271.02		2.00	A	
NURSING 404		5.00	S	
NURSING 405		1.00	S	
SOCIOLOGY 222		3.00	A	

Janie
 Inter...

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

MEMO



Janet

NOT OFFICIAL WITHOUT
SIGNATURE SEAL

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SCHOOL OF NURSING
MASTERS ENTRY PROGRAM IN NURSING

Pre-licensure Segment of Program

For BRN transfer In: Anatomy and Physiology - 6U
Communications - 6U (in addition to 3 in program)
Natural, behavioral, and social sciences - 21U (in addition to 3 in program)

SUMMER Quarter I June-August	FALL Quarter II September-December		WINTER Quarter III January-March		SPRING Quarter IV March-June			
	T	C	T	C	T	C		
140 - Integrated Science	3		SCHEDULE A: 143 - Effective Communication 144 - Nursing Care of Medical/Surgical Patients/Geri [#]				SCHEDULE A: 147 - Childbearing Families 150 - Comm. Health Nrsng 151 - Issues in Nursing	
141 - Pharmacology	3		3		4	3.5	4 3.5	
142 - Introduction to Professional Nursing	3	8	3	9.5	2		3 5.5	
145 - Pathophysiology	4		SCHEDULE A: 146 - Parent/Child Nursing 148 - Socio-cultural Issues in Health and Illness 149 - Psychiatric/Mental Health Nursing				3	
					3	2.5		
			SCHEDULE B: 147 - Childbearing Families 150 - Comm. Health Nrsng					
			4	3.5	3		4 3.5	
			3	5.5	3		3 2.5	
			SCHEDULE B: 143 - Effective Communication 144 - Nursing Care of Medical/Surgical Patients/Geri [#] 148 - Socio-cultural Issues in Health and Illness				2	3
					3	9.5	3 2.5	
					3		3	
					2			
TOTAL UNITS:			15.5		15		19	
CLOCK HOURS PER WEEK:			34.5		27		37	
SCHEDULE A								
TOTAL UNITS:			16		17.5		16	
CLOCK HOURS PER WEEK:			34		36.5		28	

#1.5 clinical units will be devoted to a post-session experience.

FNP CURRICULUM
Academic Year 2000-2001

FALL-YEAR ONE		WINTER-YEAR ONE		SPRING-YEAR ONE	
Wednesday N257 A&M of Psych S&S Weiss N270 Health Assessment Jackson N1101 Preview of Research* Lee Thursday N406 Family Practicum Humphreys N406 ProSeminar Scott N406 Health Assessment Lab Hollinger/Bernal Other N279 Family Neg Theory/ Practice Humphreys N204 Contraception Lommel Nu249 Nutrition Levine N246 Symptom Assess/ Mgmtmnt Searr	(2) 10-12 (2) 1-3 (2) 3:30-5:30 (1) 9-11 (COOW) 9-11 (COOW) (1) 12-5 (3) Web (1) Module (2) 9-5 (10/7, 11/4) (Web-Fresno)	Seminar: Family Primary Care Hollinger Seminar: Family Primary Care Hubbard (Lommel) Concepts of Chronic Illness Chesla Wednesday N262A Research Methods Health Protection Alkon N245 & Promotion Collins/Wright N406 Family Lab Rankin/Scott N232 Pharmacology Eschaves Other Nu249 Nutrition Levine N404 Clinical Residency Scott N246 Symptom Assess/ Mgmtmnt Searr	(1) 10-12 (2) 1-3 (2) 3-5 (2) 8-10 (2) 10-12 (1) 1-3 (2) 3-5 (2) TBA (2) TBA (Web-Fresno)	Seminar: Family Primary Care Bernal/Hollinger Pathophysiology Duderstadt (Hollinger) Symptom Assess/ Mgmtmnt Searr Family Research Utilization Juarbe Clinical Residency Scott Womens' Reproductive Health Bernal Symptom Assess/ Mgmtmnt Searr	(1) 10-12 (3) 1-4 (3) 8-11 (2) 12-2 (3) TBA (2) Web (Web-Fresno)
10 units/+2 units for Nu249/+2 units for N101 *Optional		12 units/+2 units for Nu249/+2 units for N205		9-10 units/+2 units for N259.03/+2 units for N2xx	
FALL-YEAR TWO		WINTER-YEAR TWO		SPRING-YEAR TWO	
Tuesday N247.02A Seminar: Family Primary Care Monasterio N247 Complex Health Problem Mgmt. Capaldini Wednesday N247.02A Seminar: Family Primary Care Searr Group Comp Advising Lommel Dimensions of APN Froelicher N241 Clinical Residency Scott Other N404 Nutrition Levine Nu249	(2) 9-12 (3) 1-4 (2) 9-12 (2) 12-1 (3) 1-3 (or Web) (4-5) TBA (2) 9-5 (10/7, 11/4)	Womens' Health: Special Problems Bernal Clinical Mgmtmnt in Chronic Illness I Searr Seminar: Advance Family Primary Care Monasterio Clinical Residency Scott Concepts in Nursing Practice Carreri	(2) 9-11 (2) 12-2 (2) 2-4 (4-5) TBA (2) Web	Clinical Mgmtmnt in Chronic Illness II Searr/Monasterio Special Problems: Family Primary Care Humphreys/Scott ProSeminar Lommel/Hollinger Health Economics Harrington Advanced Womens' Health Seminar Juarbe/Lommel Clinical Residency Scott	(2) 9-11 (2) 11-1 1-2 (3) 2-5 (2) 8:30-12:30 (Weeks 4-9) (4-5) TBA
11-12 units/+2 units for Nu249		10-11 units/+2 units for N259.02		9-10 units/+2 units for N259.03/+2 units for N2xx	

Total FNP units: 68-71 Additional Women's Health units: 4 Additional FOCI units: 4 Optional units: 2 Required Sociocultural units: 2



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

ANGUS S. KING, JR.
 GOVERNOR

AUG 12 2002

MYRA A. BROADWAY, J.D., M.S., R.N.
 EXECUTIVE DIRECTOR

MAINE STATE
 BOARD OF NURSING
 Ad \$25.00
 515913

We have received your request for approval to practice as a Family Practice
CERTIFIED NURSE PRACTITIONER. (category)

The LAW REGULATING THE PRACTICE OF NURSING states that:

A certified nurse practitioner who qualifies as an advanced practice registered nurse must practice, for at least 24 months, under the supervision of a licensed physician or must be employed by a clinic or hospital that has a medical director who is a licensed physician. The certified nurse practitioner must submit written evidence to the Board upon completion of the required clinical experience.

In order to initiate the process for approval, please provide the information listed below and a U.S. check or money order for \$25.00 made payable to Treasurer, State of Maine.

1. Name and address of educational program: University of California, San Francisco
Dept of Family Health Care Nursing, N411Y Box 0606, San Francisco, CA, 94143
 Accrediting Agency: California Board of Registered Nursing
2. Dates of attendance: 9/99 - 6/01
3. Name of National Qualifying Examination: ANCC
 Date: to be determined

4. VERIFICATION OF CERTIFICATION:

- A. If you are not yet certified but are scheduled to take the certifying examination. Please have the certifying body complete question #1 on the enclosed verification form and submit directly to the Board.
- B. If you are certified or when you become certified, please have the certifying body complete question #2 on the enclosed verification form and submit directly to the Board.
The national certifying body may charge a fee for this service.

5. TRANSCRIPT Please have a final, official transcript sent directly to the Board from your program. If you have completed a post master's certificate program, please have your program send final master's and post master's transcript.



PRINTED ON RECYCLED PAPER

OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME
 PHONE: (207) 287-1133

6. SUPERVISORY LETTER

- A. If you are a recent nurse practitioner graduate and/or have not completed a minimum of 24 months supervision with a physician, please have your supervising physician send a letter on official letterhead **directly** to this Board documenting that he or she is your supervisor, anticipated beginning and end dates of employment, hours/week and scope and content of services you will be providing.
- B. If you have been practicing as a nurse practitioner and have completed all or part of the required minimum 24 month supervision with a physician, please have your supervising physician(s) send a letter on official letterhead **directly** to this Board documenting that he or she supervised you, beginning and end dates of employment, hours/week of practice and scope and content of services you provided including current (within the last 2 years) prescriptive privileges and practice.

7. PHARMACOLOGY Did you have a course in pharmacology in the nurse practitioner program?
Yes No *68 quarter units = 45.3 (contact hours (semester))*

- A. If Yes, how many credits and/or contact hours? *45.3 (45 contact hours/3 credits required)*
- B. If No, but pharmacology was integrated, please have your program send a letter **directly** to this Board to explain how the integration was accomplished and how much pharmacology was included. Have your program address the following requirements:
1. Number of contact hours and/or credits (45 contact hours /3 credits required)
 2. Applicable Federal/State laws
 3. Prescriptive writing
 4. Drug selection, dosage, and route
 5. Information resources
 6. Clinical application of pharmacology related to specific scope of practice
- C. 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/or have your program send official transcripts **directly** to the Board. Please have the program verify whether the information listed under 7.B. was included.

8. PRESCRIPTIVE PRACTICE

- A. Have you prescribed medications in the last 2 years? Yes No If No provide the Board with documentation of 15 contact hours of recent (within the last 2 years) continuing education in pharmacology.
- B. Have you prescribed medications in the past 5 years? Yes No If No provide the Board with documentation of 45 contact hours (3 credits) of recent (within the last 2 years) continuing education in pharmacology.

9. Do you hold a baccalaureate degree? Yes No

10. Do you hold a master's degree? Yes No

11. Are you currently practicing as a certified nurse practitioner? Yes No

-certified by California Board of Registered Nursing

12. If No, how long have you not been practicing as a nurse practitioner? _____

Please provide all the required documents and answer all questions to prevent delay of your approval to practice. You must receive an approval to practice letter from the Board prior to beginning employment in Maine.

- A. A TEMPORARY APPROVAL TO PRACTICE LETTER will be mailed to advanced practice registered nurses scheduled for a national certifying exam or awaiting examination results if all documents specified by the application process have been received, reviewed and approved.
- B. AN APPROVAL TO PRACTICE LETTER will be mailed to advanced practice registered nurses who are certified by a national certifying body, if all documents specified by the application process have been received, reviewed and approved.

Print Name: Bronwen J. Berlekamp Signature: [Signature]
 Print Address: current: 120 Hazel Lane Piedmont CA 94611
as of 10/1/02: 51 Olympia St. Portland ME 04103
 Maine RN License #: pending Social Security #: [Redacted]
 Telephone number(s): [Redacted] (H) [Redacted] (W) [Redacted]
 Date: 8/8/02 CA ME

RECEIVED
 AUG 12 2002
 MAINE STATE
 BOARD OF NURSING



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

JOHN ELIAS BALDACCI
GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

June 30, 2006

Bronwen Berlekamp, RN, MS, FNP
17 Victoria Street
Portland, ME 04103

Dear Ms. Berlekamp:

This will reply to the FAX from Planned Parenthood of Northern New England received June 29, 2006.

I have reviewed the letter of supervision from Cheryl Gibson, M.D. and will add this to your file.

If you have any questions, please do not hesitate to contact me at this office.

Sincerely,

A handwritten signature in cursive script that reads "Virginia E. deLorimier".

Virginia E. deLorimier, MSN, RN
Assistant Executive Director



PRINTED ON RECYCLED PAPER



JOHN ELIAS BALDACCI
GOVERNOR

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

MYRA A. BROADWAY, J.D., M.S., R.N.
EXECUTIVE DIRECTOR

January 4, 2007

Dear Nurse Practitioner:

Chapter 8 Regulations Relating to Advanced Practice Registered Nursing Section .2.2 states:

- A. A nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or be employed by a clinic or hospital that has a medical director who is a licensed physician.
- B. The applicant shall identify and provide a statement of agreement from the licensed physician practicing in the same practice category who will provide oversight for the nurse practitioner.
- C. The nurse practitioner must submit to the Board written evidence of completion of the required clinical experience.

You have been in practice as a nurse practitioner in Maine for more than two years. The office does not have evidence that you have met the twenty four month physician supervision (based on a full time work week) requirement. Please provide documentation, signed by a physician, that you have met this requirement.

If you have any questions, please do not hesitate to contact me at this office.

Sincerely,
Virginia E. deLorimier
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/>

PHONE: (207) 287-1133

FAX: (207) 287-1149

Bronwen Berlekamp O'Wril
17 Victoria Street
Portland, Maine 04103
207.415.5890

Virginia E. deLorimier, MSN, RN
Assistant Executive Director
State of Maine
Board of Nursing
158 State House Station
Augusta, Maine 04333

January 6, 2007


Dear Virginia,

I am writing to inform you that I married in 2006 and I have had a legal name change. My new name is Bronwen Berlekamp O'Wril. I am enclosing the supporting court documentation.

Also, I received your letter regarding fulfillment of 2 years/4000 hours of clinical supervision. I expect to reach that benchmark by the end of January, and I will ask my supervising physician to send you a letter at that time.

Please call my personal cell phone [REDACTED] with any questions.

Sincerely,


Bronwen Berlekamp O'Wril, RN, MS, FNP

RECEIVED

JAN 09 2007

MAINE STATE
BOARD OF NURSING

R.047900

2-28-2008

MAINE STATE BOARD OF NURSING

158 STATE HOUSE STATION • AUGUSTA, MAINE 04333

APPLICATION TO PRACTICE AS ADVANCED PRACTICE REGISTERED NURSE

ROY7900

APPLICATION DEADLINE

TO RENEW: RETURN SIGNED APPLICATION WITH A \$25.00 CHECK OR MONEY ORDER BEFORE BIRTHDATE. I AFFIRM BY MY SIGNATURE THAT THE INFORMATION I AM PROVIDING IS CORRECT.

TO BE PLACED ON INACTIVE STATUS: CHECK HERE _____, SIGN APPLICATION, DO QUESTIONS ON THE BACK AND RETURN WITHOUT FEE BEFORE BIRTHDATE.

REMINDER: PLEASE COMPLETE QUESTIONS ON REVERSE SIDE AND WRITE LICENSE NUMBER ON CHECK.

BRONWEN J BERLEKAMP FNP
17 VICTORIA ST
PORTLAND ME 04103

PRINT ONLY CORRECTION OF NAME OR ADDRESS IN THIS SPACE

NAME Bronwen Berlekamp O'Neil

ADDRESS No change

CITY _____ STATE _____ ZIP _____

SIGN HERE

Bronwen O'Neil

MAKE REMITTANCE PAYABLE TO TREASURER OF STATE

Please respond to the following questions.

1. HAVE YOU PRACTICED AS AN ADVANCED PRACTICE NURSE FOR 1500 HOURS IN THE PAST FIVE YEARS?

Yes No

2. HAVE YOU MET THE BOARD'S CONTINUING EDUCATION REQUIREMENT IN THE PAST TWO YEARS?

Yes No

3. HAVE YOU ENCLOSED A COPY OF YOUR CURRENT NATIONAL CERTIFICATION?

(Nurse Midwives must include documentation of enrollment in a current cycle of the Continuing Competency Assessment (CCA) or Certificate Maintenance Program (CMP))

Yes No

4. ^{\$25.00} FOR NURSE PRACTITIONERS AND NURSE MIDWIVES ONLY:

a. HAVE YOU PRESCRIBED DRUGS WITHIN THE LAST TWO YEARS?

Yes No

b. DO YOU HAVE A CURRENT DEA NUMBER?

Yes No

IF YES, PLEASE SUBMIT A COPY OF THE CERTIFICATE.

RECEIVED

2008 JAN 18 PM 2:29

IF YOU ANSWER "NO" TO ANY OF THE QUESTIONS, PLEASE ATTACH AN EXPLANATION.

American Nurses Credentialing Center
Commission on Certification

The Commission on Certification
Grants

Board Certification to
Bronwen Berlekamp O'Neil, APRN, BC
as a

Family Nurse Practitioner
valid

December 01, 2007 to November 30, 2012
Certification Number 0375184-22

*Simply peel card at corner to detach
Self-laminate for better preservation*

00782

O'WRIL, BRONWEN BERLEKAMP NP
970 FORREST AVENUE

PORTLAND ME 04101-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2009	PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MID-LEVEL PRACTITIONER	06-21-2006
O'WRIL, BRONWEN BERLEKAMP NP 970 FORREST AVENUE		
PORTLAND	ME	04101-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2009	PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	MID-LEVEL PRACTITIONER	06-21-2006
O'WRIL, BRONWEN BERLEKAMP NP 970 FORREST AVENUE		
PORTLAND	ME	04101-0000

Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.



MAINE STATE BOARD OF NURSING

158 State House Station • Augusta, Maine 04333-0158
(207) 287-1133

APPLICATION FOR LICENSE AS A REGISTERED PROFESSIONAL NURSE BY ENDORSEMENT

DO NOT WRITE IN THIS SPACE

Application Received REC'D AUG 12 2002

Application Approved by Board of Nursing:

Fee: Cash _____ Check 60. MO _____

Richard L. Stuber

Chair

Receipt # 515 912

Maryl Broadway

Executive Director

License Date SEP 13 2002

LICENSE NUMBER 47900

SEP 13 2002

Date

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

1. application form completed in ink or typewritten and properly notarized with signature in applicant's handwriting, and
2. required fee of \$60.00 in the form of U.S. check or money order in U.S. funds, made payable to the Treasurer of State of Maine, and
3. recent passport type photograph (not more than two years old), signed and dated, and enclosed with the application form, and
4. photocopy of a current (active) license in another state.

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.

The Board of Nursing in the State which issued your original license by examination will be requested to verify your original licensure. You will be informed if a fee is required for this service. **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 Bronwen Janie Berlekamp
(first) (middle) (maiden) (last)

List any other names used previously _____

Residential address 120 Hazel Lane
until _____ (street and number or route)

10/01/02 : Piedmont Alameda CA 94611
(city) (county) (state and zip code)

Mailing address (if different from above) 51 Olympia Street

and Residential address starting Portland, Cumberland County, ME 04103
October 1st, 2002 :

Telephone Number [REDACTED] Social Security Number [REDACTED]
local :

Birthplace Oakland, CA Date of Birth [REDACTED]
city/state month/day/year

High School The Head Royce School Oakland, CA
name and location

Date of Graduation 5/91 G.E.D. Yes No Date of G.E.D. Diploma _____

* Please see attachment for complete education.

SECTION II. BASIC NURSING EDUCATION

School of Nursing University of California, San Francisco. Masters Entry Program in Nursing
(name)

office of Student Affairs, 2 Koret Way Rm N319X, San Francisco, CA
(address) 94143

Date of Entrance 6/98 Date of Graduation 6/99 Length of Program 1 year

Diploma Associate Baccalaureate Masters Doctoral Certificate

SECTION III. LICENSURE HISTORY

Original registration: State/Country California Year 1999 License No. 557970
ok for entry

By: Examination Yes No

Do you now hold or have you ever held a license to practice nursing (registered or practical) in Maine, in any other state, or in any other jurisdiction or country? If yes, indicate below the state(s), license number(s), type of license, and dates held. Attach additional sheet if necessary. Yes No

State(s) or country: License No(s): RN or LPN? Date of Issue Date of Expiration

.....
.....

Have you completed a program preparing nurse practitioners, nurse anesthetists, nurse-midwives or clinical nurse specialists?

Yes No

SECTION IV. EMPLOYMENT INFORMATION

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

Name of Agency	City and State	Dates of Employment
Planned Parenthood	Concord, CA	07/02 - present
La Clinica de la Raza	Oakland, CA	02/02 - present
County of Marin	San Rafael, CA	12/01 - present
County of San Francisco	San Francisco, CA	11/99 - 02/02

B. If you have not been employed in nursing in the last five years, please explain

.....
.....

C. Are you currently employed in nursing? Yes No

If yes, indicate name and address of employer Women's Health services of Marin County
361 3rd St Suite E San Rafael, CA, 94901. supervisor: Jan Johanson

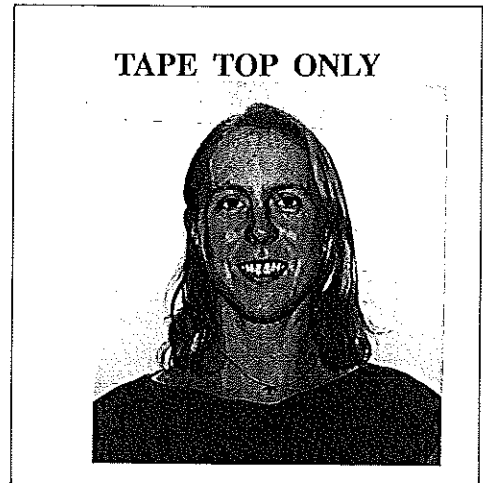
D. Where in Maine do you plan to work? Portland area

SECTION V. DISCIPLINARY INFORMATION

- A. Has any Board of Nursing ever fined, warned, censured, or reprimanded you? Yes No
- B. Have you ever had a nursing license placed on probation, denied, suspended or revoked in any state? Yes No
- C. Is there any complaint pending against your license in any state or jurisdiction? Yes No
- D. Have you ever been disciplined for problems resulting from a physical illness or condition? Yes No
- E. Have you ever been disciplined for problems resulting from mental illness? Yes No
- F. Have you ever been disciplined for problems resulting from chemical dependency? Yes No
- G. Have you ever been convicted of a crime other than minor traffic violations? Yes No

If you answered "YES" to any of the above questions, indicate all state(s) or jurisdiction(s) involved and attach an explanation.

THIS FORM MUST BE NOTARIZED



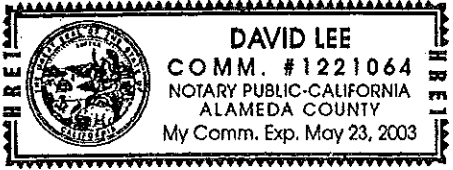
I, the undersigned, being duly sworn, say that I am the person referred to in this application for licensure in the State of Maine, that the statements contained herein and on all attachments are true and correct in every respect, that I have complied with all requirements of the law, and that I have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

Signature of Applicant *[Handwritten Signature]*

Sworn to before me this 08 day of AUGUST, 2002.

(SEAL) Notary Public *[Handwritten Signature]*

My commission expires 05/23/03 in and for the State of CA



YALE COLLEGE TRANSCRIPT

NAME: Berlekamp, Bronwen Janie
 SOC SEC NO: [REDACTED]
 MAJOR: Biology
 CLASS YEAR: 1996
 DEGREE: BS

ID: [REDACTED]
 RES COL: Silliman
 DATE CONFERRED: 05-27-96

Dept	Number	Course Title	Grade	Sem	hrs	Dept	Number	Course Title	Grade	Sem	hrs
all Term 1991											
Chem	115	CmprhnsvGnr1Chemistry1	A-		3						
Chem	116L	General ChemistryLab 1	A-		1.5						
Music	210a	ElemAnalysis&CmpsitiI	B		4.5						
Psychl	110a	Intro to Psychology	A-		3						
English	120a	ModrnProse;Adv Writing	A-		3						
pring Term 1992											
Anthro	190b	Human BiolgY & Culture	B		3						
Chem	115	CmprhnsvGnr1Chemistry2	W		(3)						
Chem	116L	General ChemistryLab 2	B		1.5						
Music	211b	ElemAnalysis&CmpsitiII	B+		4.5						
English	129	EuropeanLtryTradition2	A		3						
Acceleration credits awarded for equiv. of											
Biology	121	Introduction to Biology	#		(6)						
English	115	Literary Expression	#		(6)						
French	130	Inter & Adv French	#		(6)						
HsArt	114	Intro History of Art	#		(6)						
Music	111	Intro Theory of Music	#		(6)						
all Term 1992											
Chem	220a	Organic Chemistry	B		3						
F&ES	555a	Biology of the Insects	A		3						
Music	130	Intro-History of Music1	B+		3						
Physics	150a	General Physics	B+		3						
Chem	222La	Lab for Organic Chem	B+		1.5						
Acceleration by two terms											
pring Term 1993											
Biology	241b	EvoluthEcology&BehavrI	B+		3						
Chem	223b	OrganicChemLifeProcess	B		3						
Histry	171b	Women in Amer The20thC	CR		3						
Physics	151b	General Physics	A-		3						
Chem	223Lb	Lab forOrganicChem221b	B+		1.5						
all Term 1993											
Biology	242a	Evltn, Eclyg&BehaviorII	B		3						
Biology	265a	Plant Physiology	B+		3						
F&ES	540a	Hydrology	A		3						
G&G	110a	Dynamics of the Earth	B		4						
Acceleration by two terms cancelled											
pring Term 1994											
Biology	305b	Genetics	B		3						
CSBR	441b	Environmental Educ Sem	A		3						
F&ES	541b	Advanced Hydrology	A		3						
G&G	307b	Envrnmt&NtrlResources	B+		3						
Biology	306Lb	Lab for Genetics	B+		1.5						
Math	115b	CalculusF(1variable),2	B+		3						
Fail	Term 1994	Leave of Absence									
Spring	Term 1995	Leave of Absence									
term course credits awarded for - University of California, Santa Cruz, CA, Summer 1995											
Music	080E	History of Jazz			3						
PolSci	020	Intro Amer Politics			3						
all Term 1995											
Biology	255a	Field Ecology	A		3						
Biology	495	Intensive Research	1 A		6						
Spanish	115	Elementary Spanish	1 A-		4.5						
pring Term 1996											
Biology	495	Intensive Research	2 A		6						
Spansh	115	Elementary Spanish	2 B		4.5						
END OF RECORD											

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This transcript is printed over a reproduction, in blue ink, of A Front View of Yale College, from a woodcut printed by Daniel Bowen in 1786. The building on the right survives as Connecticut Hall on Yale's Old Campus.

K/ml August 8, 2002

Barry S. Kahn, Registrar
 Not official without the Registrar's signature and the Seal of the University, printed and embossed.



Yale College is the undergraduate division of Yale University, and this document is a transcript of the student's undergraduate record at Yale. Yale University is accredited by the New England Association of Schools and Colleges. Federal law prohibits release of information from this transcript to a third party without the express written consent of the student.

REQUIREMENTS FOR THE BACHELOR'S DEGREE

For the class of 1970 and subsequent classes, a student must successfully complete at least 36 semester courses or their equivalent in Yale College to qualify for the degree of Bachelor of Arts (B.A.) or Bachelor of Science (B.S.). Semester credit hours only appear on the transcript for the convenience of other institutions. The student must also fulfill the Distributional Requirements, including the Foreign Language Requirement (beginning with students entering in Fall 1984), and complete the requirements of a major program, including a departmental examination or its equivalent, such as a senior essay. Some programs offer an intensive major as well as a standard major. A student may normally complete no more than eight terms of enrollment in order to fulfill these requirements.

For the Class of 1969, at least 38 semester courses or their equivalent must have been satisfactorily completed for the Bachelor's degree in the standard major.

For the Classes of 1934 to 1968, at least 40 semester courses or their equivalent must have been satisfactorily completed for the Bachelor's degree in the standard major.

For the Classes of 1927 to 1933, at least 120 semester hours were required for graduation.

For the Classes of 1926 and prior classes, 60 year hours were required for graduation.

Students who enter Yale College with advanced preparation may be awarded credit in those subjects at the conclusion of the freshman year (college credit for students who entered prior to September 1975; acceleration credit for students who entered subsequently). Such credit may be counted toward the requirements for graduation if the student accelerates - that is, if the student concludes his or her studies in fewer than eight semesters.

A limited number of students enroll as Degree Special Students, usually completing degree requirements on a part-time basis over a period not exceeding seven years. Such enrollment may lead to the Bachelor of Arts, Bachelor of Science, or the Bachelor of Liberal Studies (B.L.S.) degree. The B.L.S. degree has the same requirements as the B.A. and B.S. degrees except that in place of the requirements of a major program, a student completes 15 semester courses or their equivalent in an area of concentration.

SUMMER PROGRAMS

From 1975 through 1978, Yale College offered a summer term, the equivalent of a regular fall or spring term. Students could participate in a summer term as regular enrollment if the term was intended to be one of eight terms of attendance, or as supplementary enrollment if the term was not to be one of the eight required terms. Part-time participation in a summer term was permitted under supplementary enrollment.

Yale Summer Programs (1979 to the present) is currently an independent division of Yale University. In both content and method, most Summer Programs courses are identical to courses offered in Yale College during the regular academic year. Summer session courses are, however, smaller in size and are both more concentrated and intensive than courses offered during the regular fall and spring semesters. Summer Programs courses are taught by regular faculty of Yale University, by visiting professors who receive temporary appointments at Yale, and by Yale graduate students. Summer courses are approved by the Yale College faculty for credit toward the bachelor's degree.

NUMBERING OF COURSES

Beginning in 1977-78, undergraduate courses are numbered from 100 to 499. Course numbers do not necessarily correlate with course level. Courses taken in the Yale Graduate School of Arts and Sciences are numbered from 500 to 999. Courses offered through the various Yale Professional schools are numbered according to the systems of those respective schools.

Fall term courses carry the letter *a* in the course number, while spring term courses carry the letter *b*. Year-long courses, whose numbers appear without the letters *a* or *b*, may appear with identical abbreviated titles for the two terms in which the courses were taken. In some year-long courses, failure to complete the second term results in no credit for either term. During the period from 1975 through 1978, the letter *c* appeared in the course number for courses completed during a summer term.

Before 1977-78, courses numbered from 10 to 19 were, in general, elementary or first-year courses. Second-year, or intermediate courses, were numbered from 20 to 29. Third-year and advanced courses were numbered from 30 to 99. Courses numbered 100 and above were offered through the Graduate School of Arts and Sciences.

COURSE TITLES AND DESCRIPTIONS

Full course titles and course descriptions are provided in the *Yale College Programs of Study* bulletin. Upon request to the Registrar, copies of relevant pages will be furnished at a cost of \$.50 per page.

GRADING SYSTEMS

Course grades in Yale College are not assigned numerical equivalents. Yale also does not calculate grade point averages or class rank. The College currently operates on a semester system.

Summer 1981 through the present:

A, A-	Excellent	B+, B, B-	Good	C+, C, C-	Satisfactory
D+, D, D-	Passing	F	Fail	CR	Credit (see below*)
W	Withdrew (without prejudice after midterm)				

Fall 1972 through Spring 1981:

A	Excellent	B	Very Good	C	Satisfactory	D	Passing
F	Fail	CR	Credit (see below*)				
W	Withdrew (without prejudice after midterm)						

Fall 1967 through Spring 1972:

H	Honors	HP	High Pass	P	Pass	F	Fail
INP	Incomplete	W	Withdrew (in good standing)				
WF	Withdrew (failing)						

Fall 1932 through Spring 1966:

A 100-point numerical grading system was used at Yale College during this period with the following demarcations:

90-100	A	80-89	B	70-79	C	60-69	D (passing)	50-59	F
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Prior to Fall 1932:

A 400-point numerical grading system was used at Yale College with the following equivalencies established between the 100-point and the 400-point scales:

400 = 100	375 = 95	350 = 90	325 = 85	300 = 80	275 = 75	250 = 70
225 = 65	200 = 60 (passing)					

The following marks may appear on some transcripts:

ABP	Absent from final examination
ABX	Authorized postponement of a final examination
INC or TI	Authorized late submission of work
NM or #	No grade recorded
NS	Unsatisfactory completion of work to date
SAT	Satisfactory completion of work to date
UNC	Unauthorized late submission of work

Beginning with Fall 1976, the transcript shows all courses in which the student was enrolled at midterm.

From Fall 1972 through Summer 1976, the transcript was a record only of courses successfully completed.

The grades of A, A-, B+, B, B-, C+, C, C-, D+, D, D-, CR, H, HP, and P equally contribute course credit toward graduation requirements.

*From Fall 1975 through Spring 1993, students could elect a limited number of courses on the Credit/Fail option; passing grades were converted to CR.

*Beginning with Fall 1993, only grades of C- and above in courses elected on the Credit/D/Fail option were converted to CR.

OFFICIAL RECORD

A transcript *without* the signature of the Registrar of the Faculty of Arts and Sciences and *without* the official imprint of the seal of Yale University is to be considered only as a statement of the student's academic progress toward the bachelor's degree. Without the signature of the Registrar and the seal of Yale University, the transcript is not to be considered as an official document.

TO TEST FOR AUTHENTICITY: The face of this document has a blue background. Apply fresh liquid bleach to the space below. If authentic, the paper will turn brown.

ADDITIONAL TEST: When photocopied, the word COPY appears prominently on the face of the document. ALTERATION OR FORGERY OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE! A black and white document is not an original and should not be accepted as an official institutional document. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have additional questions about this document, please contact our office at (203) 432-2331.

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
SCHOOL OF NURSING

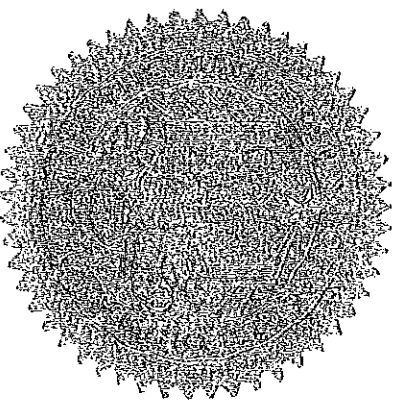
CERTIFIES THAT

Bronwen Janie Berlekamp

HAS COMPLETED THE NURSING ACADEMIC AND CLINICAL REQUIREMENTS
OF PRELICENSURE NURSING EDUCATION

JUNE 8, 1999

Jane S Norbeck
Jane S. Norbeck, RN, DNSc, FAAN
Professor and Dean



Scott R. Ziehm
Scott R. Ziehm, RN, ND
Assistant Dean and Director
Master's Entry Program in Nursing



UNIVERSITY OF CALIFORNIA
BERKELEY
 EXTENSION
 Berkeley, CA 94720

MAIL TO:

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

STUDENT NAME

STUDENT IDENTIFICATION #

BRONWEN BERLEKAMP



DEPARTMENT	COURSE NUMBER	TITLE	DATE BEGAN	DATE ENDED	GRADE	UNITS	CEU
STAT	XB2	STATISTICS INTRODUCTION TO	06/02/97	08/14/97	A	4	

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COPY COPY COPY

Grading system:
 A = excellent; B = good; C = fair; D = barely passed; F = not passed
 P = passed (grade C- or better); NP = not passed
 S = satisfactory; U = unsatisfactory
 I = incomplete (work is satisfactory, but incomplete for good cause)
 IP = in progress
 NC = not for credit
 NR = no grade reported
 W = withdraw, without academic penalty
 Work is shown in semester units unless otherwise noted.

* concurrent
 r repeatable
 q quarter units

ATTEST: Rene Smith, Registrar
 University Extension

GUIDE TO THE TRANSCRIPT OF RECORD

This transcript comprises a record of all academic and ceu coursework taken by the student through University Extension, Berkeley. Credit is shown in semester units. (Exceptions: courses between September 1966 - August 1983, and some correspondence courses, show quarter units). One semester unit equals 1.5 hours of classroom instruction.

Course Numbering:

Course numbers issued by University Extension are classified as follows:

- 1 - 99: Lower Division Undergraduate
- 100 - 199: Upper Division Undergraduate
- 200 - 299: Graduate Division (Concurrent Enrollment Only)
- 300 - 399: Professional courses in Education
- 400 - 499: Professional courses in other departments
- 800 - 899: Non-credit courses

Course Repetition:

Repetition of a course more than once requires in all instances approval by the Dean of the college, School or Division in which the student is enrolled at the time the course is repeated. Without this approval, a course repeated more than once will not be included in the grade-point average, but a passing grade in the repeated course will be accepted in satisfaction of unit requirements for the Certificate or Study Program.

Courses Number Prefixes:

- "X": Courses offered only through University Extension
- "XB, XF": Courses with these designations indicate course topic and title, the same as regular UC courses at the respective campus.
- "XE, XR": (In the case of "UCB" designation, students attending regular UC Berkeley course for credit on a non-matriculation basis, through Concurrent Enrollment)
- "XD, XSB": One ceu (Continuing Education Units) equals ten hours of instruction
- "XSD, XSC": One ceu (Continuing Education Units) equals ten hours of instruction

CEU One ceu (Continuing Education Units) equals ten hours of instruction

Semester-unit equivalents in quarter units

Semester units	1	2	3	4
Quarter units	1.5	3	4.5	6

Applicability to a Degree Program:

UC Berkeley Extension does not grant degrees, but many Extension courses carry credit that may be applied toward a degree or toward completion of an Extension certificate.

In many cases, credit earned in UC Berkeley Extension undergraduate courses numbered X1 - X199 may be applied toward a bachelor's degree at the University of California, by students entering the University. In most cases, courses numbered XB1 - XB199 also may be applied toward a bachelor's degree at the University of California.

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* **Concurrent Enrollment** - is a program whereby students may enroll in certain regular University of California Berkeley courses through University Extension.

** **Fall Freshman** - is a joint program whereby students admitted for Spring Semester at UC Berkeley are allowed to complete Fall Semester requirements through UC Berkeley Extension.

Independent Study - courses completed through correspondence. All other policies and regulations regarding grades and recordkeeping apply.

Applicability to Continuing Education Requirements

Many University Extension courses have been approved to meet specific continuing education requirements for professional licensure. When applicable, this approval is indicated in the catalog course description.

AB141: Some courses meet the requirement of AB141 training for licensure or relicensure of Clinical Psychologists, Clinical Social Workers, and Marriage, Family and Child Counselors.

BBS: Some courses qualify for continuing education for Licensed Clinical Social Workers and Marriage and Family Therapists (provider #PCE 1505)

BRN: Some courses qualify for continuing education for Registered Nurses, Board of Registered Nurses (provider #00226)

CAADAC: Some courses qualify for continuing education for Certified Alcohol and Drug Counselors (provider #4C-99-416-0801)

CPA: Some courses are appropriate for continuing professional education toward renewal of Certified Public Accountant licensure.

CREB: Some courses apply toward mandatory educational requirements for obtaining the California Real Estate Broker license.

DSVIC: Some courses meet requirements for the Designated Subjects Vocational Teaching Credential for Adults.

MCEP: Some courses qualify for continuing education for Psychologists (provider #UCB001)

MCLE: Some courses conform to the standards for approved education criteria prescribed by the rules and regulations of the State Bar of California governing Minimum Continuing Legal Education.

NASW: Some courses qualify as continuing education for nurses and social workers. (NASW provider #84-273)

RYAN: Some courses may be used to fulfill requirements for the Ryan Multiple and/or Single Subject Credential for teachers on direct application to the Commission on Teacher Credentialing.

MAINE STATE BOARD OF NURSING

158 State House Station
Augusta, ME 04333-0158

VERIFICATION OF REGISTERED NURSE LICENSURE

TO California Board of Nursing

Name of Applicant Bronwen Janie Berlekamp
First Middle Maiden Last

Present Address 120 Hazel Lane Oakland CA 94611

License Number 557970 Birth Date [REDACTED] Social Security Number [REDACTED]

Information below to be completed by Board of Nursing in your State of original licensure

High School Diploma: Yes No Equivalency

Nursing Program: Name UNIVERSITY OF SAN FRANCISCO

Location SAN FRANCISCO CALIF.

State Accredited: Yes No Length of Program 4 YR.

Date of entrance 6/98 Date of completion 6/99
NSG REQ MET

Associate degree *PREVIOUS BSN* Baccalaureate degree Diploma

License number RN 557970 Date issued 8.2.1999 Date current license expires 8.2.1999

Issued on the basis of examination ; endorsement ; waiver

Has license ever been suspended, revoked, probated, reprimanded or limited/restricted? Yes No
If yes, please attach explanation.

*Results of State Board Test Pool Examination/NCLEX

Series Number CAT 6/24/99

Scores:

*Please indicate if examination was taken more than one time.

Medical Nursing RECEIVED

**If applicant did not write SBTPE/NCLEX, specify type of test and list subjects and grades on back.

Psychiatric Nursing AUG 19 2002

Obstetric Nursing MAINE STATE

NAME Jong

Surgical Nursing BOARD OF NURSING

TITLE OT

Nursing of Children MAINE STATE

STATE CALIFORNIA

Comprehensive NCLEX PASS

DATE 8/15/02

Canadian Examinations:

CNATS Provincial

(SEAL)

Taken in English French

Bronwen Berlekamp, RN, NP
Education

<u>Dates</u>	<u>Program of Study</u>	<u>Institution</u>
1999-2001	Masters in Nursing	Department of Family Health Care Nursing University of California, San Francisco N411Y Box 0606 San Francisco, CA 94143
1998-2001	Certificate in Nursing	Masters Entry Program in Nursing University of California, San Francisco Office of Student Affairs 2 Koret Way, Room N319X San Francisco, CA 94143
1997	Prerequisites for Nursing	College of Alameda 555 Atlantic Avenue Alameda, CA 94501 UC Berkeley Extension 1995 University Ave, #110 Berkeley, CA 94720
1991-1996	Bachelors in Biology	Yale University PO Box 208321 New Haven, CT 06520