## **NCLEX-PN™ CANDIDATE REPORT**

## National Council Licensure Examination for Practical Nurses

Test Date: 02/20/99 Test Center: \$0200

Candidate Number:

076-50-855 Date of Birth: 04/16/76 Social Security Number: 1 - DOH Licensee...

Program Code:

29-158

Program Name:

SPOKANE COMMUNITY COLLEGE

SPOKANE, WA

EVETT ANN VAUGHN 3010 S PINES 38 SPOKANE, WA 99206 5775



National Council

of State Boards of Nursing, Inc.

EVETT ANN VAUGHN, an applicant for licensure by the WASHINGTON STATE BOARD OF NURSING, HAS PASSED the National Council Licensure Examination for Practical Nurses.

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## WASHINGTON STATE NURSING COMMISSION

# CERTIFICATE OF COMPLETION OF LPN PROGRAM (to be completed <u>after</u> program completion)

I certify that the individual listed below HAS completed all requirements for the degree/diploma for the approved Licensed Practical Nurse program as outlined in WAC 246-840-575. I understand that my signature on this form will allow this individual to sit for the practical nurse licensure examination. An official transcript with the degree/diploma posted will follow as soon as it is available.

| Last Name of Graduate VAUGHN  |
|---|
| First Name <u>EVETT</u> <u>Middle Name/Initial</u> <u>AVV</u>                                   |
| Date of Birth 4-16-76 Social Security Number 1-DOH Licensee Social Security Number-RCW 42.56.35 |
| Date of Program Completion 8-18-98  |
|   |
| Signature of Authorized Person Caral Melson RN MSN  |
| Title Director Nursing Education school   |
| Name of School of Nursing Spokane Community College   |
| Dated this 18th day of August 1998  |
|   |
| An Official Transcript is attached or will follow as soon as possible.                          |

Please send completed form to:

Washington Nursing Commission PO Box 1099 Olympia WA 98507-1099

\*\*\*\*45

REGISTRAR

VAUGHN EVETT A

76 SPRING NURSING

SPOKANE COMMUNITY COLLEGE 1810 N GREENE ST -- 2150 SPOKANE WA 99207

## TRANSCRIPT/GRADE RECORD

OFFICIAL TRANSCRIPT WHEN SIGNED AND SEALED BY REGISTRAR

INFORMATION FROM THIS RECORD MAY NOT BE RELEASED TO ANY OTHER PARTY WITHOUT OBTAINING CONSENT OF THE STUDENT

SPOKANE Wa

| COURSE   | COURSE TITLE  | 200  | GRADE CREDITHAS. GRADE   | POINT COURSE   | COURSE TITLE  | GRADE CF                                | REDIT HRS. GRADE POINT                                    |
|--|---|--|--|--|---|---|---|
| BIOL 101<br>ENG 101<br>MATH 096<br>QUARTER:  | GEN BIOL LA<br>ENGLISH CO                             | MP /   | Z 5.0  | 0.0  | NURS FOUNDS<br>P/S CR CR ERN  |   | 9.0 19.8<br>GPTS GPA<br>19.8 2.20                         |
| CHEM 161<br>PSYCH 210<br>QUARTER:  | ***** FAL<br>CHEM*HLTH I<br>DEVLOP PSY(<br>**P/S CR   | _ 95 *****<br>_AB<br>CH<br>CR ERN GPA CR<br>0.0 0.0                          | 1 5R 0.0<br>0 0R 0.0<br>GPTS 0   | NURS 131<br>0.0<br>0.0, QUARTER:<br>PA<br>0.00                     | 0.0 9.0  ***** WINTER 98 INTRO MDSRG IV CONCEPTS P/S CR CR ERN 0.0 9.0  ***** SPRING 98 | GPA CR 3 0 9 0 9 0 9 0                  | 1.0 3.0<br>GPTS GPA<br>21.4 2.38                          |
| BIOL 101<br>ENG 101<br>QUARTER:  | ******WINTI<br>GEN BIOLOG<br>ENGLISH COI<br>P/S CR    | LREERN GPA'LR  | 3.0 5.0 1<br>3.1 5.0 1<br>GPTS 6   | HED 121<br>NURS 135<br>5.0 NURS 136<br>15.5<br>PA QUARTER:<br>3.05 |   | Y '-23'                                 | 1 0 14 0<br>5 0 14 0<br>6 0 13 2<br>GPTS GPA<br>29 8 2:48 |
| . 1900 and the second of the control | ***** SPRI  | NG 96 ****<br>B  | ,2.4° 5.0° 1   | NUDE 141   | ***** SUMMER 98<br>PRO RELATION<br>MEDSURG NSG<br>P/S CR CR ERN<br>10.0 13.0            | 5. 200 Sh. 200 Trans 1 4 4 8 8 18 19 19 | 1.0<br>12.0<br>28.8<br>GPTS GPA<br>31.6                   |
| QUARTER:<br>HED 125<br>MBIOL 231   | 0.0   | 11.0   | 34.5   | 3.14,  | P/S CR CR ERN   |   | GPTS GPA<br>49.1 2.65<br>39.1 2.69                        |
| QUARTER:<br>A-P 242<br>PSYCH 210   | P/S CR<br>0 0<br>***** WINTI<br>A-P-LAB<br>DEVLOP PSY | CR ERN GPA CR<br>5 0 5 5 0<br>ER 97 ****<br>CH<br>CR ERN GPA CR<br>10 0 10.0 | GP195 8  | 3 10 01 COLLE<br>02 IDA  | GÉS ATTENDED<br>Ho state universi   | ΤΥ                                      |   |
| A-P 243  | **** SPRI   | NG 97 ****   |  | 9 A 3  | 1   |   |   |
| MBIOL 231 QUARTER: THIS COLLEGE IS ACCREDIT  | P/S CR **<br>0 0 0                                    | GY<br>CR ERN GPA CR<br>1,0 0 1,0 0   | ***** ****** <b>***</b> ** <b>***</b> ** ***** ****** ****** ****** ****** | 4 0<br>PA<br>. 45  | 10:   |   |   |
| NAME<br>VAUGHN EV<br>BIRTH YEAR OTR  | ETT A   | STUSENT IN 1 - DOH Licensee So DEGR  | VIOUS NAME HIGH  | ISCHOOL<br>JNIVERSITY HIG  | YEAR<br>H SCH 94 VAUGHN<br>YEAR 3010 S  | EVETT A<br>PINES RD APT                 | 38) 🚛   |

NURSING

ADVISOR

## **COMMUNITY COLLEGES OF SPOKANE**

## **GUIDE TO TRANSCRIPT INTERPRETATION**

## **ACCREDITATION**

Spokane Community College and Spokane Falls Community College are accredited by the Northwest Association of Schools and Colleges and operate under the jurisdiction of the Washington State Board for Community and Technical Colleges. Many individual programs also are accredited by professional accrediting associations.

The district colleges are members of the American Association of Community and Junior Colleges and the Washington Association of Community Colleges.

### **QUARTER SYSTEM**

Community Colleges of Spokane operates on a quarter calendar: fall (12 weeks), winter (11 weeks), spring (11 weeks), and summer (8 weeks).

### **COURSE NUMBERS**

Courses numbered below 100 are not considered college level and are not designed for transfer.

Academic courses numbered 100-199 inclusive are normally taken by first-year students.

Courses numbered 200-299 inclusive are normally taken by second-year students.

### **GRADING POLICY**

#### Numeric Grades

Grades at CCS are reported in numerical fractions to the nearest tenth. The numerical grades are based on the letter grade system used prior to the 1986-87 academic year, and general equivalents are as follows:

| Numeric Grade | Letter Grade Equivalent       |
|---------------|-------------------------------|
| 3.8-4.0       | A (superior achievement)      |
| 3.5-3.7       | A -                           |
| 3.2-3.4       | B+                            |
| 2.9-3.1       | B (above average achievement) |
| 2.6-2.8       | B –                           |
| 2.3-2.5       | C +                           |
| 2.0-2.2       | C (average achievement)       |
| 1.6-1.9       | C -                           |
| 1.3-1.5       | D+                            |
| 1.0-1.2       | D (minimum achievement)       |
| 0.7-0.9       | D –                           |
| Below 0.7     | F (failure) <sup>-</sup>      |

### **Grade Symbols**

- I Incomplete-0.0 grade points; no credit.
- P Passing—0.0 grade points; credit not calculated in GPA.
- N Audit—Special registration. 0.0 grade points: no credit.
- W Official withdrawal-0.0 grade points; no credit.
- Z Special withdrawal—0.0 grade points; no credit.
- \* Missing grade.

### Grade Point Average (GPA)

Grade point averages are calculated by dividing grade points earned by the credit(s) attempted. The following is an example of a grade point average computation:

| Credit(s)<br>Attempted | Numeric<br>Grade | Grade Points<br>Earned |
|------------------------|------------------|------------------------|
| 5                      | 3.0              | 15.0                   |
| 3                      | 4.0              | 12.0                   |
| 4                      | 2.0              | 8.0                    |
| 5                      | 1.0              | 5.0                    |
| 1                      | 0.0              | 0.0                    |
| 18                     |                  | 40.0                   |

Dividing 40.0 by 18 computes to a grade point average (GPA) of 2.22.

## **AUDITING A COURSE**

To audit a course, the student must enroll as an auditor at the time of registration. An auditor does not take final tests or receive a grade or credit.

## **REPEATING A COURSE**

If a student repeats a course, the highest grade earned is used for computing the grade point average.

## TRANSCRIPTS OF CREDITS

In compliance with the Family Educational Rights and Privacy Act of 1974, a student's grade transcript will be released only upon written request to the Transcript Office and must include the student's full name, maiden name if applicable, approximate last date of attendance, student identification number (Social Security number), student's signature, and address(es) where the transcript(s) should be sent.

This service requires 48 hours for processing. Official, sealed transcripts are required by other institutions when a student transfers. Transcripts will not be released if the student has not fulfilled all financial obligations to the college.

## **CREDIT HOUR AND LOAD**

The "quarter credit hour" represents one class hour per week for the entire quarter. Laboratory and activity courses usually meet an additional hour each week per credit hour.

Most academic courses carry a credit range of 1-5 credits. Some professional/technical courses exceed 5 credits because of program requirements.

## TRANSFER CREDIT

Spokane Community College and Spokane Falls Community College follow the statewide policy for transfer of credits as endorsed by the State Board for Community and Technical Colleges. Credits from other accredited institutions in degree, diploma and certificate programs may be transferred upon college approval.

## WRITING INTENSIVE CLASSES

TO TEST FOR AUTHENTICITY: The face of this document has a blue background and the name of the system appears in small print. Apply fresh liquid bleach to the sample background printed below. If authentic, the paper will turn brown.

WASHINGTON COMMUNITY COLLEGE SYSTEM • WASHINGTON COMMUNITY COLLEGE SYS

ADDITIONAL TEST: When photocopied, the word COPY appears prominently across the face of the entire document. ALTERATION OR FOR-GERGY 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 SCC at (509) 533-8005 or SFCC at (509) 533-3508.

@SCRIP-SAFE™ Security Products. Inc. 1990

Vally 11, EVECT

| IDAHO STATE UNIVERSI<br>POCATELLO, IDAHO 83209-000   |  | in accordance with the Family Flights and Privacy Act of 1974, it is the ex-<br>press condition of this institution that the enclosed transcript not be re-<br>leased to any party other than yourself without the written consent of the<br>student  |
|--|--|---|
| NAME: VAUGHN, EVETT A ID: 005209813  | 05 DOB: 04/16/76   | DATE PRINTED: 01/30/95 PAGE 1   |
| DEPT COURSE DESCRIPTION  | CREDIT POINTS GRADE  | DEPT COURSE DESCRIPTION CREDIT POINTS GRADE   |
| ACADEMIC FALL SEMESTER 1994 BIOS 101 GENERAL ZOOLOGY BIOS 301 ANATOMY AND PHYSIOLOGY HCA 210 MEDICAL TERM & COMM MATH 051 DEVELOPMENTAL ALGEBRA PSYC 111 INTRODUCTORY PSYCHOLOGY R S 105 INTRO RADIOGRAPH SCI ACAD PROBATION DEC. 16, 1994 | 3.00 3.00 D<br>4.00 F<br>2.00 4.00 C<br>(.0) 1<br>3.00 6.00 C<br>1.00 2.00 C |   |
| ACADEMIC PROGRAM   CR ATT   CR PSD   ISU   13.00   9.00   TRANSFERRED   .00   .00   TOTAL   13.00   9.00   | POINTS GPA<br>15.00 1.15<br>.00 .00<br>15.00 1.15                            |   |
| END OF TRANSCRIPT  |  |   |
|  |  | FEB - 1 1995  |
| TAN (20) 100 F   |  | RECEIVED  |
| UAN 30 1995 Honorable Dismissal Granted Unless Otherwise   | Stated   | GRADING SYSTEM AS FOLLOWS:  |
| Official With Signature and Multi-color Se   |  | GRADING SYSTEM AS FOLLOWS:  ** Allowed to remove from GPA  R original grade for a class that is repeated  # grade for a repeated class  [) original grade for a transfer class that was repeated at that institution  () on grade indicates grade not included in GPA. On credits indicates credits  and points not included in total |

| <ol> <li>PERSONAL DATA</li> <li>Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill</li> </ol>   |   | NO            | 5. LICENSURE IN OTHER STATE(S) OR COUNTRY(IES)  List all states/countries you have held an RN or an LPN license in. List these lithey were issued to you (1st, 2nd, 3rd, etc.)   | List all states/countries you have held an RN or an LPN license in. List these licenses in the order |  |  |
|--|---|---------------|--|--|--|--|
| and safety? If yes, please explain.  |   | , .           |  |  |  |  |
| "Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthope- 'dic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism. |   |               | STATE/COUNTRY  CHECK ONE  CURRENT  AS RN  AS LPN  EXPIRATION DATE  |  |  |  |
| la. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).   |   |               |  |  |  |  |
| 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.  |   |               | State or country in which originally licensed by examination.  | 1:30   |  |  |
| (If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an   |   |               | Year license first issued as an □RN as an □LPN   | <u> </u>   |  |  |
| individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)   |   |               | Have you taken the State Board Test Pool Examination (SBTPE) or NCLEX in the United Sta  | ites? 🗖 Yes 🗖 No   |  |  |
| 2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.  | □ | Ø             | If yes, state as a $\square$ RN $\square$ LPN  Have you ever applied for licensure in Washington prior to this application? $\square$ Yo   | os 🗖No   |  |  |
| "Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.  |   |               | If yes, under the name of as a DRN DLPN  |  |  |  |
| "Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.   |   |               |  |  |  |  |
| 3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?   |   |               | 6. APPLICANT'S ATTESTATION   |  |  |  |
| 4. Are you currently engaged in the illegal use of controlled substances?  |   | ×             | I, Evet A - Vaughn , certify that I am the person descr  | ibed and identified in   |  |  |
| "Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and  |   | ,             |  |  |  |  |
| includes at least the past two years.  |   |               | this application; that I have read RCW 18.130.170 and 180 of the Uniform Discipanswered all questions truthfully and completely and the documentation prov   |  |  |  |
| "Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.   |   |               | cation is, to the best of my knowledge, accurate. I further understand that the require additional information from me prior to making a determination regar   | Department of Health may   |  |  |
| Note: If you must answer "yes" to any of the remaining questions, provide an explanation and copies of all judgments, decisions, orders, agreements and surrenders.  |   |               | I hereby authorize all hospitals, institutions or organizations, my references, emp  |  |  |  |
| 5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:  |   |               | business and professional associates (past and present), and all governmental ties (local, state, federal or foreign) to release to the Department any informat the Department in connection with processing this application. |  |  |  |
| a. the use or distribution of controlled substances or legend drugs?   |   | ď             |  |  |  |  |
| b. a charge of a sex offense?  |   | Ø             | I further affirm that I will keep the Department informed of any criminal charge conditions which jeopardize the quality of care rendered by me to the public.   | es and/or physical or mental   |  |  |
| c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)   |   | Þ             |  |  |  |  |
| 6. Have you ever been found in any civil, administrative or criminal proceedings to have:  |   |               | Should I furnish any false or misleading information on this application, I hereby constitute cause for the denial, suspension or revocation of my certification to  |  |  |  |
| a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or<br>therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances<br>for yourself?  |   | Ø             | Washington.  | )  |  |  |
| b. committed any act involving moral turpitude, dishonesty or corruption?  |   | Ø             | Signature of Applicant   | Date 10/2(0/9  |  |  |
| c. violated any state or federal law or rule regulating the practice of a health care professional?  |   | Ø             |  | • 1  |  |  |
| 7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements.   |   | Þ             | Subscribed and sworn to before me this   |  |  |  |
| 8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked,   |   | ጆÍ<br>IL, EVE | STATE SEAL Notary in and for the State <u>Washingt</u> VETT LP_00049031 PAGE 7 Notary Public's Signature   | teel   |  |  |



Washington State Department of

Health
Health Professions Quality Assurance Division
P.O. Box 1099

Olympia. WA 98507-1099

| V-5-405-20-59                 | FOR OFFIC                 | E USE ONLY                   |
|-------------------------------|---------------------------|------------------------------|
| LICENSE DATE                  |                           | CANDIDATE NUMBER             |
| SCHOOL CODE                   |                           | GRADUATE DATE                |
| VALIDATION NUM                | BER                       | -                            |
| □ AIDS<br>□ Scripts<br>□ Cert | □TOEFL<br>□MBOS<br>□Photo | □ Verif (Foreign)<br>□ CGFNS |

|  | Cert                             | □Photo   |                                |          |  |  |  |
|--|----------------------------------|--|--------------------------------|----------|--|--|--|
| APPLICATION FOR LICENSE BY EXAMINATION   |                                  |  |                                |          |  |  |  |
| ☐ Registered Nurse 🔼 Licer   | cad Dractic                      | 001659 10  | )/29/98 6500                   | 03       |  |  |  |
|  |                                  |  |                                |          |  |  |  |
| Nursing: Program: Baccalaureate Degree Diploma: 😼  | K. Erser Sept. April 2           | THE STATE OF THE PARTY OF THE P |                                |          |  |  |  |
| Please Type or Print Clearly - Follow carefully all instructions responsibility of the applicant to submit or request to have sub Failure to do so could result in a delay in processing your appl accompanied by applicable fee which is non-refundable. Pho Moke remittance payable to the Department of Health. | omitted all re<br>ication. All a | quired suppo   | rting documents.<br>Just be    |          |  |  |  |
| I. DEMOGRAPHIC INFORMATION   |                                  |  |                                |          |  |  |  |
|  | VETT                             |  | MIDDLE INITIAL                 |          |  |  |  |
| MAILING ADDRESS  3010 S DIALEC #30   |                                  |  |                                |          |  |  |  |
| 3010 S. PINES #38  | ZIP                              |  | DUNIY                          | _        |  |  |  |
| Spokane WA   | 9                                | 9206   | Spokane                        | ł        |  |  |  |
| TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.)   | SOCIAL SECURITY N                | NUMBER TREQUIRED FO  | R IDENTIFICATION PURPOSES ONLY | 7.)      |  |  |  |
| (509) 891-6593 (509) 891-6593  | 1 - DOH Licensee                 | e Social Security Number -   | RCW 42                         |          |  |  |  |
| GENDER F BIRTHDATE 4-16-76 PLACE OF B  | Billings                         | MT   |                                |          |  |  |  |
| Have you ever been known under any other name(s)?   Yes  No  |                                  |  |                                |          |  |  |  |
| If yes, list   |                                  |  |                                |          |  |  |  |
| 2. EDUCATION  High school graduate?    Yes □No If no, GED? □Yes □No  |                                  |  |                                |          |  |  |  |
| INSTITUTION NAME LOCAT   | ION                              | DATE<br>ENTERED CO   | DATE DIP/DEGREE                |          |  |  |  |
| BASIC PROGRAM Spokane Community College Spokane  | 14/A                             | ·. —   | 1-00 certificate               | 1 .      |  |  |  |
| COLLEGEOR UNIVERSITY   | w/                               | , , ,  | 78 practical i                 | inising- |  |  |  |
| COLLEGE OR UNIVERSITY  |                                  |  |                                |          |  |  |  |

## 3. AIDS EDUCATIONAND TRAINING ATTESTATION

29158

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and the psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my certification may be denied, or if issued, suspended or revoked.

AL, EVETT LP 00049031 PAGE 8

Application File\_42106\_pdf-r.pdf redacted on: Thursday, December 06, 2012

Redaction Summary (6 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (6 instances)

## Redacted pages:

Page 1, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 2, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 3, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance Page 4, DOH Licensee Social Security Number - RCW 42.56.350(1), 2 instances Page 8, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance