

# NCLEX-PN™ CANDIDATE REPORT

## National Council Licensure Examination for Practical Nurses

Test Date: 02/20/99

Test Center: S0200

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

A SPOKANE, WA

**NATIONAL  
COUNCIL**

National Council  
of State Boards of Nursing, Inc.



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

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 after 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 EVETT Middle Name/Initial ANN

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 Carol Nelson RN MSN

Title Director Nursing Education

school  
seal

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

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

# TRANSCRIPT / GRADE RECORD

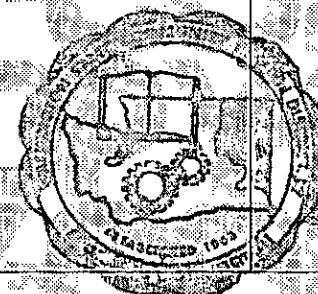
OFFICIAL TRANSCRIPT WHEN SIGNED AND SEALED BY REGISTRAR

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

SPOKANE  
WA

714

COURSE	COURSE TITLE	GRADE	CREDIT HRS.	GRADE POINT	COURSE	COURSE TITLE	GRADE	CREDIT HRS.	GRADE POINT
BIOL 101	***** SPRING 95 ***** GEN BIOL LAB	1 SR	0.0	0.0	NURS 116	***** FALL 97 ***** NURS FOUNDS	2.2	9.0	19.8
ENG 101	ENGLISH COMP	2.0	5.0	10.0	QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA
MATH 096	INTRO ALG					0.0 9.0 9.0	19.8	2.20	
QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA					
	0.0 5.0 5.0		10.0	2.00					
CHEM 161	***** FALL 95 ***** CHEM HLTH LAB	1 SR	0.0	0.0	NURS 125	***** WINTER 98 ***** INTRO MDSRG	2.3	8.0	18.4
PSYCH 210	DEVELOP PSYCH	0.0R	0.0	0.0	NURS 131	IV CONCEPTS	3.0	1.0	3.0
QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA	QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA
	0.0 0.0 0.0		0.0	0.00		0.0 9.0 9.0	21.4	2.38	
BIOL 101	***** WINTER 96 ***** GEN BIOLOGY	3.0	5.0	15.0	HED 121	***** SPRING 98 ***** CULTURAL DIV	2.6	1.0	2.6
ENG 101	ENGLISH COMP	3.1	5.0	15.5	NURS 135	PERINAT NUR	2.8	5.0	14.0
QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA	NURS 136	MENT/HLT NUR	2.2	6.0	13.2
	0.0 10.0 10.0		30.5	3.05	QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA
CHEM 161	***** SPRING 96 ***** CHEM HS LAB	2.4	5.0	12.0		0.0 12.0 12.0	29.8	2.48	
HED 108	HUMAN ANATMY	3.7	5.0	18.5	NURS 141	***** SUMMER 98 ***** PRO RELATION	2.8	1.0	2.8
PE 118	BOWLING BEG	4.0	1.0	4.0	NURS 145	MEDSURG NSG	2.4	12.0	28.8
QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA	QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA
	0.0 11.0 11.0		34.5	3.14		0.0 13.0 13.0	31.6	2.43	
HED 125	***** FALL 96 ***** MEDICAL TERM	3.1	5.0	15.5					
MBIOL 231	MICROBIOLOGY	1.8R	0.0	0.0	CUMULATIVE:	P/S CR CR ERN GPA CR		GPTS	GPA
QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA	COLLEGE LEVEL	0.0 94.0 94.0	249.1	2.65	
	0.0 5.0 5.0		15.5	3.10		0.0 89.0 89.0	239.1	2.69	
A-P 242	***** WINTER 97 ***** A-P LAB	2.5	5.0	12.5	01 COLLEGES ATTENDED				
PSYCH 210	DEVELOP PSYCH	3.8	5.0	19.0	02 IDAHO STATE UNIVERSITY				
QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA					
	0.0 10.0 10.0		31.5	3.15					
A-P 243	***** SPRING 97 ***** A-P LAB	2.1	5.0	10.5					
MBIOL 231	MICROBIOLOGY	2.8	5.0	14.0					
QUARTER:	P/S CR CR ERN GPA CR		GPTS	GPA					
	0.0 10.0 10.0		24.5	2.45					



THIS COLLEGE IS ACCREDITED BY THE NORTHWEST ASSOCIATION OF SCHOOLS AND COLLEGES

NAME: VAUGHN EVETT A  
BIRTH YEAR: 76  
QTR-YR. ENTERED: SPRING 95  
STUDENT TYPE: 1 - DOH Licensee So...  
PREVIOUS NAME: UNIVERSITY HIGH SCH 94  
HIGH SCHOOL: UNIVERSITY HIGH SCH 94  
DEGREE OR CERTIFICATE(S) EARNED: NURSING (LPN)  
YEAR GRAD: SUM98  
PROGRAM: NURSING (RN)  
ADVISOR:

TO: VAUGHN EVETT A  
3010 S PINES RD APT 38  
SPOKANE WA 99206  
REGISTRAR: [Signature]

## GRADWOHL, EVETT LP 00049031 PAGE 5

# IDAHO STATE UNIVERSITY

POCATELLO, IDAHO 83209-0009

In accordance with the Family Rights and Privacy Act of 1974, it is the express condition of this institution that the enclosed transcript not be released to any party other than yourself without the written consent of the student

NAME: VAUGHN, EVETT A

ID: 00520981305

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	3.00	3.00	D						
BIOS	301	ANATOMY AND PHYSIOLOGY	4.00	-	F						
HCA	210	MEDICAL TERM & COMM	2.00	4.00	C						
MATH	051	DEVELOPMENTAL ALGEBRA	(.00)	-	I						
PSYC	111	INTRODUCTORY PSYCHOLOGY	3.00	6.00	C						
R S	105	INTRO RADIOGRAPH SCI	1.00	2.00	C						
ACAD PROBATION DEC. 16, 1994											
ACADEMIC PROGRAM											
		CR ATT	CR PSD	POINTS	GPA						
ISU		13.00	9.00	15.00	1.15						
TRANSFERRED		.00	.00	.00	.00						
TOTAL		13.00	9.00	15.00	1.15						

END OF TRANSCRIPT

FEB - 1 1995  
RECEIVED

JAN 30 1995

Honorable Dismissal Granted Unless Otherwise Stated  
Official With Signature and Multi-color Seal

## 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

4. PERSONAL DATA

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain.

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“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, 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.

1a. 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.

(If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an 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.)
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.

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“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.

“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?

☐

☒
4. Are you currently engaged in the illegal use of controlled substances?

☐

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“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.

“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.

**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.**
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:

a. the use or distribution of controlled substances or legend drugs?

☐

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b. a charge of a sex offense?

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c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)

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☒
6. Have you ever been found in any civil, administrative or criminal proceedings to have:

a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?

☐

☒

b. committed any act involving moral turpitude, dishonesty or corruption?

☐

☒

c. violated any state or federal law or rule regulating the practice of a health care professional?

☐

☒
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.

☐

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8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, or have you ever surrendered such credential to avoid or in

☐

☒

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 licenses in the order they were issued to you (1st, 2nd, 3rd, etc.)

STATE/COUNTRY	CHECK ONE		CURRENT EXPIRATION DATE
	AS RN	AS LPN	

State or country in which originally licensed by examination. \_\_\_\_\_

Year license first issued \_\_\_\_\_ as an ☐ RN as an ☐ LPN

Have you taken the State Board Test Pool Examination (SBTPE) or NCLEX in the United States? ☐ Yes ☐ No

If yes, state \_\_\_\_\_ as a ☐ RN ☐ LPN

Have you ever applied for licensure in Washington prior to this application? ☐ Yes ☐ No

If yes, under the name of \_\_\_\_\_ as a ☐ RN ☐ LPN Approximate date \_\_\_\_\_



6. APPLICANT’S ATTESTATION

I, Evett A. Vaughn, certify that I am the person described and identified in

NAME OF APPLICANT

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my certification to practice in the State of Washington.

Signature of Applicant Evett A. Vaughn Date 10/26/98

Subscribed and sworn to before me this 26<sup>th</sup> day of Oct., 19 98

Notary in and for the State Washington

Notary Public's Signature Teresa Steel

STATE

SEAL

Washington State Department of  
**Health**  
Health Professions Quality Assurance Division  
P.O. Box 1099  
Olympia, WA 98507-1099

FOR OFFICE USE ONLY		
LICENSE DATE	CANDIDATE NUMBER 10662	
SCHOOL CODE	GRADUATE DATE	
VALIDATION NUMBER		
<input type="checkbox"/> AIDS	<input type="checkbox"/> TOEFL	<input type="checkbox"/> Verif (Foreign)
<input type="checkbox"/> Scripts	<input type="checkbox"/> MBOS	<input type="checkbox"/> CGFNS
<input type="checkbox"/> Cert	<input type="checkbox"/> Photo	

### APPLICATION FOR LICENSE BY EXAMINATION

001659 10/29/98 6500  
☐ Registered Nurse ☒ Licensed Practical Nurse  
Nursing Program: ☐ Baccalaureate Degree ☐ Diploma ☒ Associate Degree ☐ GPN Diploma

**Please Type or Print Clearly** - Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application. All applications must be accompanied by applicable fee which is non-refundable. Photo copied applications are not accepted. Make remittance payable to the Department of Health.

#### I. DEMOGRAPHIC INFORMATION

APPLICANT'S NAME		LAST VAUGHN	FIRST EVETT	MIDDLE INITIAL A
MAILING ADDRESS 3010 S. PINES #38				
CITY Spokane	STATE WA	ZIP 99206	COUNTY Spokane	
TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.) (509) 891-6593		RESIDENCE TELEPHONE (509) 891-6593	SOCIAL SECURITY NUMBER (REQUIRED FOR IDENTIFICATION PURPOSES ONLY.) 1 - DOH Licensee Social Security Number - RCW 42....	
GENDER F	BIRTHDATE 4-16-76	PLACE OF BIRTH 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	LOCATION	DATE ENTERED	DATE COMPLETED	DIP/DEGREE GRANTED
BASIC PROGRAM IN NURSING	Spokane Community College	Spokane, WA	9-97	8-98	Certificate of practical nursing
COLLEGE OR UNIVERSITY					
COLLEGE OR UNIVERSITY					

#### 3. AIDS EDUCATION AND TRAINING ATTESTATION

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.

Official Use Only  
Washington State Records  
Center



Redaction Summary ( 6 redactions )

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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