

**Renewal - 101.0107011**

Name	Meredith H. Tenney
Credential	101.0107011

**Fee Details**

APRN Renewal Fee	\$ 215.00
	<b>\$ 215.00</b>

**Renewal Notice (Email)****IMPORTANT CHANGE**

All future notices from this office will be sent by email.

You will not receive a renewal notice in the postal mail. You will receive multiple email reminders until you renew your license. To ensure you receive all notices, it is important that you keep your information current with us. Please update your addresses on the next page and save your user id and password to update any future changes here.

**Renewal Nursing Licensee Demographic Information - Individual**

Our records indicate your name on file is:

Meredith H. Tenney

1. Is the name displayed correct?

Yes

Our records indicate your Date of Birth is:

07/02/1951

2. Is the Date of Birth displayed correct?

Yes

3. Verify your email address.

4. Your mailing address is shown below, please make any changes as needed.

Address 1 10 Cold Pond Road

Address 2

City Acworth

State NH

Zip 03601

Country United States

Phone

5. Do you currently hold a valid U.S. Social Security #?

Yes

Our records indicate your Social Security Number is:

6. If the Social Security Number displayed is incorrect, please enter the correct Social Security Number:

**Renewal Good Standing Questions**

**Instructions:** Select the answer below as of the date of this renewal application (you must select one).

7. Child Support Orders, 15 V.S.A. § 795(b): "Good standing" for child support is defined by 15 V.S.A. § 795(d). You must check the appropriate box. As of the date of this application:

I am not subject to a child support order.

8. Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b): "Good Standing" for taxes due is defined by 32 V.S.A. § 3113(g). You must check the appropriate box. As of the date of this application:

I am in "good standing" with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.

9. Court judgments for fines or penalties, 4 V.S.A. § 1110(b): "Good standing" for court judgments is defined by 4 V.S.A. § 1110 (c). You must check the appropriate box. As of the date of this application:

I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.

10. Unpaid judgments, 13 V.S.A. § 7043(a): "Good standing" for restitution orders is defined by 13 V.S.A. § 7043a(c). You must check the appropriate box. As of the date of this application:

I have no restitution order.

**Renewal Nursing Mandatory Credential and Fitness Questions**

Please answer Yes or No to each of these questions. If the answer is "Yes," follow the provided instructions.

11. Have you committed acts of abuse, neglect, or misappropriation of patient property?

No

12. *Since your license was last renewed (or since it was issued if within the last two years):* Has Vermont or any other state, federal authority, or any jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation?

No

13. *Since your license was last renewed (or since it was issued if within the last two years):* Has Vermont or any other state, federal authority, or any jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation?

No

14. *Since your license was last renewed (or since it was issued if within the last two years):* Have you surrendered a license, certificate, or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)?

No

15. Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)?

No

16. *Since your license was last renewed (or since it was issued if within the last two years):* Have you been convicted of a crime other than a minor traffic violation? Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations."

No

17. Do you have any criminal charges pending against you in Vermont or any other jurisdiction (US or elsewhere)?

No

18. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety?



19. Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety?



20. Are you currently addicted to or in any way dependent on alcohol or habit forming drugs?

21. Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances?

## Practice & Experience Requirements

### Board of Nursing Administrative Rule 8.19 Renewal Application Requirements

To renew an APRN license the applicant must show:

- (a) graduation from an approved APRN program within the past 2 years; or
- (b) documentation of APRN practice for a minimum of: (1) 50 days (400 hours) in the previous 2 years; or (2) 120 days (960 hours) in the previous 5 years; and
- (c) current certification by a national APRN specialty certifying organization; and
- (d) current practice guidelines (if employed); and,
- (e) current collaborating provider agreement (if required).

22. Your Education and Practice requirement was met via the following method (select one):

I have practiced as an APRN for paid compensation for 50 days (400hrs) within the last 2yrs OR 120 days (960hrs) within the last 5yrs.

## Required Attachments

### Rule 8.13 Practice Guidelines:

Practice guidelines shall include:

- (a) the APRNs name, role, population focus and certification organization;
- (b) when applicable, the collaborators name, specialty, Vermont license number, and phone number;
- (c) the name, address, and phone number of the clinical practice site(s);
- (d) a description of the clinical practice, including role, population focus, and general description of clients served; and
- (e) a description of the APRNs current quality assurance plan.

If employed: Practice guidelines must be signed and dated by you and your collaborating provider (if you are in the transition to practice period.)

If you do not require a Collaborative provider, practice guidelines must still be signed and dated by you. Please be sure you have submitted your "APRN Attestation of Completion to Transition to Practice" form.

Please scan and upload your documents below:

- 1.) National Certification
- 2.) Signed Practice Guidelines (If employed in Vermont)

23. File Upload.

RUT20150318120408.pdf

24. Have you uploaded your practice guidelines?

Yes

## Census

Since 1999, the State of Vermont has been conducting a census of some professions every two years as part of relicensing. This has allowed us to monitor changes in Vermonts health care workforce. These findings have been used in the State Health Plan, the Health Resources Allocation Plan, and the designation of underserved areas.

In 2012, the Legislature enacted a law to make work force data collection mandatory for all health care professions at license renewal as a necessary part of health care reform and planning for our health care future. This information is very important if we are to accurately assess the current situation and predict the need for health care providers in Vermont. We would like to thank you for your participation in this census.

Please note that the census form will open in a new browser window. For best results, widen or maximize that window after it opens.

Please Click Here to Complete the Census Form

25. Have you completed the 2015 workforce census form and successfully reached the submit button?

Yes

### Renewal Survey - Individual

This section is OPTIONAL. If you answer "Yes" to any of the questions below, please submit a letter of intent and resume to the Office for consideration.

26. Would you be willing to serve as a *Board/Advisor* member of the Board/Commission/Advisory panel for your profession?

No

27. Would you be willing to serve as an *Ad Hoc* member of the Board/Commission/Advisory panel for your profession?

28. Would you be willing to serve as an Expert Witness for a licensing case(s) associated with your profession?

No

29. If you answered Yes to the question above, what is your area of expertise (100 character maximum)?

### Affirmation - Individual

30. I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Yes

31. Indicate the **First and Last Name** of the person completing this online application and affirming its accuracy:

Meredith Tenney

32. Please enter the date you are completing this application:

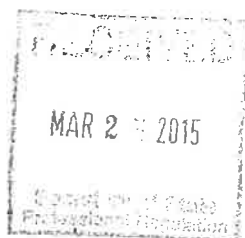
03/18/2015


### Renewal Paperless License Notification

**You will no longer receive a paper license certificate in the mail.**

**You will be able to print a copy of your license in 4 business days from the date you renewed.**

### Review





849 International Drive  
Suite 120  
Linthicum, Maryland 21090

Certificant: Meredith Tenney, CNM  
Certification Number: 4815  
Certification Date: 11/9/1985  
Cycle Length: 01/01/2015 - 12/31/2019

american midwifery certification board

**APRN Practice Guidelines****Section A:****Personal Data**

Name: Meredith H. Tenney CNM

Role/credentials: APRN

Population focus: Patients age 12 and older

Specialty: CNM

Certification Organization: American Midwifery Certification Board

VT License number: 101.0107011

**Section B:****Collaborating APRN or MD**

Name: Donna Burkett MD

Specialty: Family Medicine

VT License Number: 042.0012729

Practice Name: Planned Parenthood of Northern New England

Practice Address: 183 Saint Paul Street, Burlington, VT 05401

Contact Phone: 802-448-9717

**Section C:****Clinical Practice**

Name: Planned Parenthood of Northern New England

Address: 6 Roberts Avenue, Rutland, VT 05701

Phone: 802-775-2333

Client population served: Patients age 12 and older

Type of care provided: Sexual and reproductive health care and limited primary care

**Section D:****Standards of Clinical Practice**

Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England, as well as references used for clinical practice guidelines.

- PPNNE Manual of Standards and Guidelines (Medical Protocol) as developed by The Planned Parenthood Federation of America (Manual of Standards and Guidelines reference list already on file with the VT BON)
- USPSTF guidelines
- CDC STD treatment guidelines
- UpToDate
- Job description for Advanced Practice Clinician. (already on file with the VT BON)
- Practitioner Clinical Performance Evaluation (already on file with the VT BON)

**Criteria for consultation and referral are as follows:**

- Interoffice consults are conducted daily between practitioners and medical services team for consultation of patient management issues not covered by practice standards.

Patients are referred to specialty practice for health care outside of PPNNE's practice. If in the rare case an emergency situation were to arise at one of PPNNE's health centers 911 would be called and if need be the patient would be transported to the local hospital.

PPNNE also has a 24/7 on call service; if a patient were to call in with an emergency situation they would be directed to call 911 or to go to their local hospital for immediate care.

Continued next page:

**APRN Practice Guidelines continued**


**Section E:**

**Quality Assurance Plan**

- 10 charts per practitioner throughout the year are audited for (among other outcomes): appropriate referral and follow-up of abnormal finding; for age-appropriate screenings and testing; and for... appropriate prescribing of birth control methods. Occurrence Report data are continuously observed to ensure adherence to quality care.
- 10 Charts per practitioner are audited on a routine basis by the Medical Director and/or a designee of the Medical Director (see Regional Clinical Director note, below) at the time of practitioner evaluation to ensure adherence to PPNNE protocols.
- Each practitioner's charts are audited quarterly by Health Center Filed Surveyor (APRN). In addition, each practitioner has a designated Regional Clinical Director - an experienced APRN or PA - who directly observes the practitioner's work on a regular basis. Direct feedback is given to each practitioner by his or her supervising Regional Clinical Director and/or the Medical Director. The audit program is overseen by the Director of Risk Quality Management and the Medical Director.
- PPNNE also performs multiple audits throughout the year on a rolling basis including: Coding, Customer Satisfaction, On-Call Follow Up, Ultrasound, and Service Specific Audits.
- All documentation and records are kept on file for the duration of the APRN's employment. All records are maintained by the Human Resource department.
- When indicated, Performance Improvement Plans are completed with the Practitioner, the Regional Clinical Director and Human Resources: the action required for continued employment with PPNNE is documented and attested to by all parties and is kept on record in the Human Resource Department.


**Section F:**

**Signatures**

  
Meredith H. Tenney CNM

APRN

3/18/15  
Date



Donna Burkett MD  
Medical Director

3/16/15  
Date

101.0167011

Vermont Secretary of State  
Office of Professional Regulation  
89 Main Street, 3<sup>rd</sup> Floor  
Montpelier VT 05620-3402



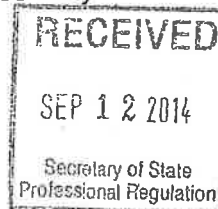
Licensing Board Specialist  
(802) 828-2396  
[www.vtprofessionals.org](http://www.vtprofessionals.org)

Vermont Board of Nursing  
Advanced Practice Registered Nurse Application



Application Fee: \$75.00 (non-refundable)

Office Use Only



(Use Ink or Typewriter Only)

First Name (Legal name; no nicknames)	Middle	Last Name
MEREDITH	HARTT	TENNEY
Previous Name(s) (Maiden)		SKINNER

**Social Security Number:** [REDACTED] \*\* (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request).

Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).

Mailing Address:	P.O. Box	7
	Street/Apt #	10 COLD POND RD.
	City/State/Zip	ACWORTH, NH. 03601
	Country	USA
911 Address: (if different than mailing)	Box Street/Apt #	
	Suite/Department/Floor	
	City/State/Zip	

Phone:	( [REDACTED] ) [REDACTED]	Cell Phone:	( ) -
Work:		E-Mail:	[REDACTED]

Date of Birth	Gender: (Circle One)	Place of Birth (city, state, country)
7/2/1951	Female Male	DETROIT, MI



## Section B: Vermont Mandatory "Good Standing" Declarations

### CHILD SUPPORT:

**Child Support Orders, 15 V.S.A. § 795(b):** "Good standing" for child support is defined by 15 V.S.A. § 795(d). You must check the appropriate box. As of the date of this application:

<input checked="" type="checkbox"/>	I am not subject to a child support order.
<input type="checkbox"/>	I am subject to a child support order and I am in "good standing" or in full compliance with a plan to pay any and all child support.
<input type="checkbox"/>	I am subject to a child support order and I am NOT in "good standing" or in full compliance with a plan to pay any and all child support. Please contact the Office of Child Support at (802) 241-2319. OCS must report your compliance to this office before you may be issued a license.

### TAXES:

**Taxes Due to the State of Vermont, 32 V.S.A. § 3113(b):** "Good Standing" for taxes due is defined by 32 V.S.A. § 3113(g). You must check the appropriate box. As of the date of this application:

<input checked="" type="checkbox"/>	I am in "good standing" with respect to, or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes.
<input type="checkbox"/>	I am NOT in "good standing"* with respect to or in full compliance with a plan to pay any and all taxes due to the Vermont Department of Taxes. Please contact the Vermont Department of Taxes at (802) 828-2515 for more information. The Tax Department must report your compliance to this office before you may be issued a license.

### DISTRICT COURT FINES/JUDICIAL BUREAU:

**Court judgments for fines or penalties, 4 V.S.A. § 1110(b):** "Good standing" for court judgments is defined by 4 V.S.A. § 1110(c). You must check the appropriate box. As of the date of this application:

<input checked="" type="checkbox"/>	I have no unpaid judgments issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am in "good standing" with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense.
<input type="checkbox"/>	I am NOT in "good standing" with respect to any unpaid judgment issued by the judicial bureau or criminal division of the superior court for fines or penalties for a violation or criminal offense. You must provide this office documentation of compliance before you may be issued a license.

### RESTITUTION ORDERS:

**Unpaid Judgments, 13 V.S.A. § 7043a:** "Good standing" for restitution orders is defined by 13 V.S.A. § 7043a(c). You must check the appropriate box. As of the date of this application:

<input checked="" type="checkbox"/>	I have no restitution order.
<input type="checkbox"/>	I am in "good standing" with respect to any restitution order.
<input type="checkbox"/>	I am NOT in "good standing" with respect to any restitution order. You must provide this office documentation of compliance before you may be issued a license.

## Section C: Vermont Mandatory Credential and Fitness Questions

Circle Yes or No for each of these questions. If the answer is Yes, follow the instructions provided.

Have you committed acts of abuse, neglect, or misappropriation of patient property? <i>If "Yes," provide a detailed written explanation and attach all related documents.</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) taken any disciplinary action (restricted, suspended, revocation or conditioned) against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
Have you ever surrendered a license, certificate or registration to a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and copies of any applicable documentation.</i>	Yes	No
Are you currently under investigation by a licensing authority in Vermont or any other state, federal authority or other jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
Have you EVER been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents (i.e., affidavit of probable cause, the information and/or the docket report.)</i>	Yes	No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No

**Note:** Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. § 129a(a)(11).

The answers to the following questions are not subject to public disclosure:

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>
Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>
Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>
Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If "Yes," please provide the contract/stipulation under which you are practicing.</i>

**Section D:**

VT RN License Number <u>026 0010158</u>	Expiration Date: <u>1981</u> (mm/dd/yyyy)
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**Section E:**

If you have completed a MASTER's program provide the name and location.	Name	City, State
	COLUMBIA UNIVERSITY NY, NY	NEW YORK, NY
Area of Study: <u>NURSE-MIDWIFERY</u> Date Awarded: <u>5/1986</u> mm/dd/yyyy		

Provide the name and location of your APRN Program ↑ ABOVE	Name	City, State
Area of Concentration		
Circle One: Degree Certificate Date Awarded: _____ mm/dd/yyyy		

Provide the name and location of your APRN Program	Name	City, State
Area of Concentration		
Circle One: Degree Certificate Date Awarded: _____ mm/dd/yyyy		

Did your program include:

Advanced Assessment Yes ☒ No ☐  
Advanced Pharmacotherapeutics Yes ☒ No ☐  
Advanced Pathophysiology Yes ☒ No ☐

SEP 24 2014

How many supervised clinical hours were included in your program? ~ 700 HRS

What was the clinical specialty focus of your program? NURSE-MIDWIFERY

**Section F: PRACTICE REQUIREMENTS**

1. I graduated from my entry level APRN education program within the last two years. Yes ☐ No ☒

If "Yes" date of graduation \_\_\_\_\_ (MM/DD/YYYY)

Name of Nursing Program \_\_\_\_\_

If "No" complete the questions below.

2. I have practiced as an advanced practice registered nurse as defined in (Administrative Rules Section 15.8) for at least 50 days (400 hours) within the last 2 years or 120 days (960 hours) within the last five years:

Yes ☒ No ☐

3. Provide the following information for all APRN employment within the last 5 years (paid, volunteer, or private duty work); attach additional sheets if necessary:

**Position # 1 (most recent)**

Name of Employer: NONNIE M. ESTELLA MD PC Telephone Number (978) 459 8300

Employers

Mailing Address: 10 RESEARCH PL AL SUITE 205

(Street/PO Box)

N CHELMSFORD MA

USA

(City)

(State)

(Country)

(Zip/Postal Code)

Supervisors Name NONNIE ESTELLA Title: MD

Supervisors Telephone Number (978) 459 8300 Email address: nonnieestellamd.

Job Title: NURSE-MIDWIFE Paid or Volunteer PD

Full Time or Part Time: FULLTIME

Dates of Employment: From 08/10/09 To 9/1/11

(MM/DD/YYYY)

(MM/DD/YYYY)



Once your license as an APRN has been approved, a new license will be sent to you. Your RN license will be placed on inactive status.

#### Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

*Meredith Tennyson CNM*  
Signature of Applicant

*9/24/14*  
Date

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquillity,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT  
PASSERORT  
PASAPORTE

# USA

UNITED STATES OF AMERICA

Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. de Pasaporto

1

USA

420174223

Surname / Nom / Apellidos

TENNEY

Given Names / Prénoms / Nombres

MEREDITH HARTT

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

02 JUL 1951

Place of birth / Lieu de naissance / Lugar de nacimiento

MICHIGAN, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

17 NOV 2006

Date of expiration / Date d'expiration / Fecha de caducidad

16 NOV 2016

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

1

Authority / Autorité / Autoridad

United States

Department of State

P<USATENNEY<<MEREDITH<HARTT<<<<<<<<<<<<<<<<<  
4201742239USA5107029F1611162105343794<226404



# NEW HAMPSHIRE Online Licensing

**Name:** MEREDITH JANE HARTT TENNEY

**Specialty:** Certified  
Nurse  
Midwife

**License No:** 022112-23 **Profession:** Nursing **License Type:** APRN  
**License Status:** Active **Issue Date:** 8/28/2007 **Expiration Date:** 7/2/2016

All APRN license numbers have been converted to xxxxxx-23. There will no longer be a category distinct license number (xxxxxx-23-xx). Any questions, please contact the Board office.

## Discipline Information

No Discipline Information

## Board Action

No Related Documents

**Disclaimer:** The JCAHO and the NCQA consider on-line status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards.



849 International Drive  
Suite 120  
Linthicum, Maryland 21090

Certificant: Meredith Hartt Tenney, CNM  
Certification Number: 4815  
Effective Date: 11/9/1985  
Expiration Date: 12/31/2014

american **midwifery** certification board





VERMONT STATE BOARD OF NURSING  
130 State Street  
Montpelier, Vermont 05602

License No. 10158

Date 8/1/73

Do not write in this space

Rec. 1522 5/1/73

for LICENSE BY EXAMINATION as a Registered Nurse in accordance  
mont.

1. MISS MEREDITH JANE HARTT SKINNER  
Mr. First Name Middle Name Maiden Name Last Name

2. Address after graduation BOX 261 STOWE, VERMONT 05672  
Street City and State Zip Code

3. Permanent Address SAME  
Street City and State Zip Code

4. Place of Birth DETROIT MICHIGAN Date of Birth 7.2.51  
City State

5. High School NORTHVILLE H.S. NORTHVILLE, MICHIGAN 1969  
Name City and State Year of Graduation

6. I am a graduate of CORNELL UNIVERSITY School of Nursing located in  
NEW YORK, NEW YORK Type of Program ☒ Baccalaureate Degree  
City and State ☐ Associate Degree  
☐ Diploma

7. Entered School of Nursing SEPT 71 (will graduate) MAY 73  
Month Year and (graduated) Month Year

8. Have you ever applied for a license in another state? Yes ( ) No (✓)

9. Have you ever been denied a license in another state? Yes ( ) No (✓)

AFFIDAVIT

STATE OF NEW YORK  
COUNTY OF NEW YORK

I, MEREDITH SKINNER, being duly sworn, declare that I am in good mental and physical health with no disabilities which would preclude me from giving safe nursing care at all times; that I am the person referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit.

MEREDITH SKINNER  
Signature of Applicant

Subscribed and sworn to before me this 24th day of April, 1973

Meimi J. J. My Commission Expires (Seal)  
MEIMI JOKI  
Notary Public, State of New York  
No. 31 1990800  
Qualified in New York County  
Commission Expires March 30, 1973

MAY 1973

SCHOOL OF NURSING CERTIFICATION

I hereby certify that Meredith Jane Skinner was admitted to the  
Cornell University-New York Hospital School of Nursing in New York, New York  
City and State  
(will be)  
on September 2, 1971 and (~~was~~) duly graduated on May 30, 1973, his/her moral and  
Date Date  
scholastic standing was satisfactory to the officers of this school and is to the best of my knowledge in  
good mental and physical health.

Date 4/26/73

Signed

*Eleanor C. Admire*

Authorized Officer of the School

(Attach transcript of school record)



**State of Vermont  
Office of the Secretary of State**

[phone] 802-828-2396  
[fax] 802-828-2484

**James C. Condos, Secretary of State  
Christopher D. Winters, Deputy Secretary  
Colin R. Benjamin, Director**

**Office of Professional Regulation  
Board of Nursing**  
89 Main St., 3<sup>rd</sup> Floor  
Montpelier, VT 05620-3402

[www.sec.state.vt.us](http://www.sec.state.vt.us)

March 26, 2015

Meredith H. Tenney  
10 Cold Pond Road  
Acworth, NH 03601

License #: 101.0107011

Dear Meredith Tenney:

Thank you for submitting your practice guidelines for Planned Parenthood of Northern New England. The updated practice guidelines have been approved and added to your file.

Please notify us in writing if this place of employment is terminated. You will need to resubmit practice guidelines at renewal, if additional sites are added to this job or if you will be starting a new job. Any new practice guidelines must be approved prior to beginning at the new sites or new place of employment.

If you have questions please do not hesitate to call the Board office.

Sincerely,

Jennifer Silverwood  
[jennifer.silverwood@sec.state.vt.us](mailto:jennifer.silverwood@sec.state.vt.us)  
(802) 828-5924



State of Vermont  
Office of the Secretary of State

[phone] 802-828-2396  
[fax] 802-828-2484

James C. Condos, Secretary of State  
Christopher D. Winters, Deputy Secretary  
Colin R. Benjamin, Director

Office of Professional Regulation  
Board of Nursing  
89 Main St., 3<sup>rd</sup> Floor  
Montpelier, VT 05620-3402

[www.sec.state.vt.us](http://www.sec.state.vt.us)

March 23, 2015

Meredith H. Tenney  
10 Cold Pond Road  
Acworth, NH 03601

Re: Certification Deficiency

Dear Meredith Tenney:

Your practice guidelines have been received by this office. A review of the submitted documentation shows the deficiencies noted below. These deficiencies must be satisfied before any further action is taken.

Below you will find the specific requirements for licensure, followed by an explanation of why your application is deficient.

**Requirement:** Provided evidence of current certification by a board approved national certifying organization (Rule 8.6(c))

**Information Needed:** Your advanced practice certification is not current.

**Comment:** You must submit a current copy of your national certification. You can send this in as a pdf via email, by postal mail, or by fax.

It is your responsibility to determine the status of your application. You can see that status online at [www.vtprofessionals.org](http://www.vtprofessionals.org) by using your online login information to access your licensing record.

User ID: [REDACTED]

Password: [REDACTED]

Please feel free to contact me if you have any questions.

Sincerely,

Jennifer Silverwood  
[jennifer.silverwood@sec.state.vt.us](mailto:jennifer.silverwood@sec.state.vt.us)  
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Brian H. Leven, Deputy Secretary

Office of Professional Regulation  
Board of Nursing  
89 Main Street, 3rd Floor  
Montpelier, VT 05620-3402

Christopher D. Winters, Director

October 20, 2014

Meredith H. Tenney  
10 Cold Pond Road  
Acworth, NH 03601

Dear Ms. Tenney,

Thank you for submitting your new practice guidelines Planned Parenthood of New England in Brattleboro, Vermont. The practice guidelines have been approved and added to your file.

Please notify us in writing if this place of employment is terminated. You will need to resubmit practice guidelines at renewal, if additional sites are added to this job or if you will be starting a new job. Any new practice guidelines must be approved prior to beginning at the new sites or new place of employment.

If you have questions please do not hesitate to call the Board office.

Sincerely,

Jennifer Silverwood

Administrative Assistant



State of Vermont  
Office of the Secretary of State

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[fax] 802-828-2484  
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Brian H. Leven, Deputy Secretary

Office of Professional Regulation  
Board of Nursing  
89 Main St., 3<sup>rd</sup> Floor  
Montpelier, VT 05620-3402

Christopher D. Winters, Director

September 16, 2014

Meredith H. Tenney  
10 Cold Pond Road  
Acworth, NH 03601

Application #: 101.0107011

Dear Meredith Tenney:

Your **Advanced Practice Registered Nurse** application has been received by this office. A review of the submitted documentation shows that there is either missing or additional information needed as noted below. These issues must be satisfied before any further action is taken.

Below you will find specific requirements for licensure and an explanation of what is missing from your application.

**Requirement:** Completed application form

**Information Needed:** Your application is incomplete. See comment(s) below. You must provide this information before your application can be processed.

**Comment:** Under Section E of your application you did not list whether your program at Columbia included Advanced Assessment, Advanced Pharmacotherapeutics, and advanced Pathophysiology. You also did not list how many clinical hours were in your program or the specialty of the program. Please fill in this information and return it to our office along with the statement of applicant page including your signature and the date.

**Requirement:** Completed a formal education program approved by the Board which prepares nurses to function in advanced nursing practice (Rule 15.6 (a)(b))

**Information Needed:** Your transcripts from Columbia University do not list Advanced Pathophysiology and Advanced Pharmacology.

**Comment:** Please have Columbia University submit a letter stating whether these courses were integrated in your APRN program.

**Requirement:** Practice guidelines must comply with Administrative Rules 15.12 and 15.13

**Information Needed:** Your Practice guidelines have not been approved.

**Comment:** You cannot list pending for your Vermont APRN license, please put in your APRN number, which will be 101.0107011 and resubmit your practice guidelines along with all signatures and the date.

It is your responsibility to determine the status of your application. You can see that status online at [www.vtprofessionals.org](http://www.vtprofessionals.org) by using your online login information to access your licensing record.

User ID:

[REDACTED]

Password:

[REDACTED]

Please feel free to contact me if you have any questions.



**State of Vermont**  
**Office of the Secretary of State**

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**Brian H. Leven, Deputy Secretary**

**Office of Professional Regulation**  
**Board of Nursing**  
89 Main St., 3<sup>rd</sup> Floor  
Montpelier, VT 05620-3402

**Christopher D. Winters, Director**

Sincerely,

Jennifer Silverwood  
[jennifer.silverwood@sec.state.vt.us](mailto:jennifer.silverwood@sec.state.vt.us)  
(802) 828-5924



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Brian H. Leven, Deputy Secretary

Office of Professional Regulation  
Board of Nursing  
89 Main St., 3<sup>rd</sup> Floor  
Montpelier, VT 05620-3402

Christopher D. Winters, Director

September 12, 2014

Meredith H. Tenney  
10 Cold Pond Road  
Acworth, NH 03601

License #: 026.0010158

Dear Meredith Tenney:

Your **Registered Nurse** renewal application has been received by this office. A review of the submitted documentation shows the deficiencies noted below. These deficiencies must be satisfied before your license is renewed.

Below you will find specific requirements for renewal and an explanation of what is missing from your application.

**Requirement:** Verified practicing for a minimum of 120 days (960 hours) in the previous 5 years or 50 days (400 hours) in the previous 2 years as an RN OR graduated from an approved RN educational program within the past 5 years OR Successfully completed Board approved RN Re-Entry Program (26 V.S.A. §1576(c); Rule 7.6(b))

**Information Needed:** Your documentation to verify your practice as a RN has not been received as of this date.

**Comment:** You must have your employer submit verification of your employment on their letterhead that includes the date range of your employment (mm/dd/yyyy-mm/dd/yyyy) and the total number of hours worked within the past 5 years. You can submit this document by postal mail or by email at the address below.

It is your responsibility to determine the status of your application. You can see that status online at [www.vtprofessionals.org](http://www.vtprofessionals.org) by using your online login information to access your licensing record.

User ID: [REDACTED]

Password: [REDACTED]

If the completed renewal is not received in the Office by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty will increase by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.

Please note that our receipt of payment does not constitute renewal of your license. Practicing without a valid license is grounds for unprofessional conduct and may result in disciplinary action.

When returning required documentation to the Office – please address to the attention of: RENEWAL CLERK.

Please feel free to contact me if you have any questions.

Sincerely,

Jennifer Silverwood  
[jennifer.silverwood@sec.state.vt.us](mailto:jennifer.silverwood@sec.state.vt.us)  
(802) 828-5924



## **APRN Practice Guidelines**

### **Section A:**

#### **Personal Data**

Name: Meredith Tenney

Role/credentials: APRN

Population focus: Patients age 12 and older

Specialty: Certified Nurse Midwife

VT License number: 101.0107011

### **Section B:**

#### **Collaborating APRN or MD**

Name: Donna Burkett MD

Specialty: Family Medicine

VT License Number: 042.0012729

Practice Name: Planned Parenthood of Northern New England

Practice Address: 183 Saint Paul Street, Burlington, VT 05401

Contact Phone: 802-863-6326

### **Section C:**

#### **Clinical Practice**

Name: Planned Parenthood of Northern New England

Address: 402 Canal Street, Brattleboro, VT 05301

Phone: 802-257-0534

Client population served: Patients age 12 and older

Type of care provided: Sexual and reproductive health care and limited primary care

### **Section D:**

#### **Standards of Clinical Practice**

**Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England, as well as references used for clinical practice guidelines.**

- PPNNE Manual of Standards and Guidelines (Medical Protocol) as developed by The Planned Parenthood Federation of America (Manual of Standards and Guidelines reference list already on file with the VT BON)
- USPSTF guidelines
- CDC STD treatment guidelines
- 50Minute Clinical Consult
- Job description for Advanced Practice Clinician. (already on file with the VT BON)
- Practitioner Clinical Performance Evaluation (already on file with the VT BON)

#### **Criteria for consultation and referral are as follows:**

- Interoffice consults are conducted daily between practitioners and medical services team for consultation of patient management issues not covered by practice standards.

Patients are referred to specialty practice for health care outside of PPNNE's practice. If in the rare case an emergency situation were to arise at one of PPNNE's health centers 911 would be called and if need be the patient would be transported to the local hospital.

PPNNE also has a 24/7 on call service; if a patient were to call in with an emergency situation they would be directed to call 911 or to go to their local hospital for immediate care.

**Continued next page:**



## APRN Practice Guidelines continued


### Section E:

#### Quality Assurance Plan

- 10 charts per practitioner throughout the year are audited for (among other outcomes) appropriate referral and follow-up of abnormal finding; for age-appropriate screenings and testing; and for appropriate prescribing of birth control methods. Occurrence Report data are continuously observed to ensure adherence to quality care.
- 10 Charts per practitioner are audited on a routine basis by the Medical Director and/or a designee of the Medical Director (see Regional Clinical Director note, below) at the time of practitioner evaluation to ensure adherence to PPNNE protocols.
- Each practitioner's charts are audited quarterly by Health Center Filed Surveyor (APRN). In addition, each practitioner has a designated Regional Clinical Director - an experienced APRN or PA - who directly observes the practitioner's work on a regular basis. Direct feedback is given to each practitioner by his or her supervising Regional Clinical Director and/or the Medical Director. The audit program is overseen by the Director of Risk Quality Management and the Medical Director.
- PPNNE also performs multiple audits throughout the year on a rolling basis including: Coding, Customer Satisfaction, On-Call Follow Up, Ultrasound, and Service Specific Audits.
- All documentation and records are kept on file for the duration of the APRN's employment. All records are maintained by the Human Resource department.
- When indicated, Performance Improvement Plans are completed with the Practitioner, the Regional Clinical Director and Human Resources: the action required for continued employment with PPNNE is documented and attested to by all parties and is kept on record in the Human Resource Department.

### Section F:

#### Signatures

  
Meredith Tenney  
APRN

9/27/14  
Date

  
Donna Burkett MD  
Medical Director

9/22/14  
Date



849 International Drive  
Suite 120  
Linthicum, Maryland 21090

Certificant: Meredith Hartt Tenney, CNM  
Certification Number: 4815  
Effective Date: 11/9/1985  
Expiration Date: 12/31/2014

american midwifery certification board

## Silverwood, Jennifer

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**From:** Honig, Judy C. <jch3@cumc.columbia.edu>  
**Sent:** Thursday, October 16, 2014 9:35 PM  
**To:** Silverwood, Jennifer  
**Cc:** tania; TANIA PILAR QUISPE  
**Subject:** Meredith Tenney



Dear Jennifer Silverwood,

This letter is written to certify that Meredith Jane Skinner (known now as Meredith Tenney) was enrolled in the Nurse Midwifery program from September 1984 through August 1985. She was awarded a Master of Science degree on May 14, 1986.

Columbia University School of Nursing was accredited by the American College of Nurse Midwives (ACNM) during this time. Pathophysiology content was integrated into the Nurse Midwifery curriculum to meet the criteria of ACNM core competencies.

If you should have any questions or concerns, please do not hesitate to call me at (212) 305-5451.

Sincerely,

Judy Honig, EdD, DNP, CPNP  
Associate Dean, Academic and Student Affairs  
Dorothy M. Rogers Professor of Nursing at CUMC  
jch3@columbia.edu