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CHRISTMAN, JANET MARIE 10/17/94
RN EXAM ✓ TEMP

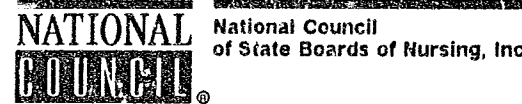
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10/17/94

NCLEX-RN™ CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses

Test Date: 01/11/92
Test Center: S2300

Candidate Number: 018-52-400
Date of Birth: [REDACTED]
Social Security Number: [REDACTED]
Program Code: 09-585
Program Name: WAYNE STATE UNIVERSITY
A DETROIT, MI



**PHOTO
IMAGE SUSPENDED
AT THE BOARD'S REQUEST**

JANET MARIE CHRISTMAN
8164 STONEHEDGE
GREGORY, MI 48137 9622

JANET MARIE CHRISTMAN, an applicant for licensure by the MICHIGAN BUREAU OF OCCUPATIONAL AND PROFESSIONAL REGULATION, HAS PASSED the National Council Licensure Examination for Registered Nurses.

Shaded Areas: Board Use Only
Lic. No. 198938

Board of Nursing

P.O. Box 30193
Lansing, Michigan 48909
(517) 335-0918

REC'D \$50.00

Authority: Public Act 368
of 1978, as amended

APPLICATION FOR REGISTERED NURSE LICENSE

OCT 17 94

I am Applying for Licensure on the Following Basis (Check One):

LICENSURE BY EXAMINATION - \$40.00

LICENSURE BY EXAMINATION AND TEMPORARY LICENSE - \$50.00
(Temporary licenses are valid for 18 months OR until failure of the examination)

Daytime Phone Number: (313) 475 5905

Previous License Number: _____

Name (Last, First, Middle): Christman Janet Marie

List All Previous Names: Janet Marie Dobry

Date of Birth: [Redacted]

Issue Date (Board Use Only): 11-10-94

Street Address: 8104 Stonehedge

ZIP Code: 48137

City: Gregory

State: MI

School of Nursing: Wayne State Univ

City and State: Detroit MI

Date of Completion: 10-28-94

Check the appropriate answers to each of the following questions. Provide a detailed explanation for any Yes answer you check. (Attach an additional sheet if necessary.)

1. Have you ever been convicted of a felony? YES NO

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? YES NO

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? YES NO

4. Have you been treated for substance abuse in the past 5 years? YES NO

5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? YES NO

6. Have you had one or more settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? YES NO

7. Have you ever filed an R.N. or P.N. application in Michigan? YES NO

8. Have you ever applied for or written a R.N. exam in another U.S. jurisdiction? YES NO

9. Have you ever had a nursing license or registration revoked, suspended, or otherwise disciplined; been denied a nursing license; or currently have disciplinary action pending against you? YES NO

Sign and date your application in front of a NOTARY PUBLIC as the date you sign and the date your signature is notarized must be the same.

Signature and Affidavit

I understand that it is the policy of this agency to secure conviction criminal history as part of their pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant: Janet Marie Christman

Date: 9-30-94

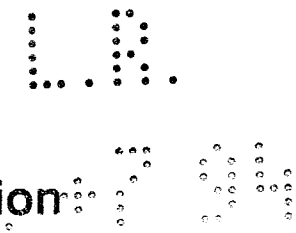
Subscribed and sworn to before me this 30 day of September, 19 94

Notary Public: [Signature]

My Commission Expires: 2-5-99

County/State: Oakland, MI

STATE OF MICHIGAN
BOARD OF NURSING
P.O. BOX 30193
LANSING, MICHIGAN 48909
(517) 335-0918



Michigan Nursing School Certification

Authority: P.A. 368 of 1978, as amended

Instructions: Dean, Director or Registrar of the nursing program please complete and return to the address shown above.

I certify that Janet Marie Christman
(Applicant's Name)

Social Security Number [REDACTED] and Date of Birth [REDACTED]

matriculated in the WAYNE STATE UNIVERSITY COLLEGE OF NURSING
(Name of School of Nursing)

Detroit Michigan
(City) (State)

September 7, 19 93, and completed the program on October 28, 19 94.

I further certify that the applicant has fulfilled all requirements for:

L.P.N.

a Certificate

R.N.

a Diploma

an Associate Degree

a Baccalaureate Degree

which will be conferred December 15, 19 94.

Vickie Radoye
Authorized Signature of Program Dean/Director/Registrar

Vickie Radoye
Administrative Assistant Dean
Title

November 3, 1994
Date of Signature

(SEAL)

Subscribed and sworn to before me this 3th day of November, 19 94.

Constance P. Dostie
Notary Public

Constance P. Dostie

Oakland County, Michigan
County/State

My Commission Expires: January 28, 1997



Michigan Department of Community Health
 Board of Nursing
 P.O. Box 30193
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH/LNR-050 (04/07)

**APPLICATION FOR NURSE SPECIALTY
 CERTIFICATION**

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, certification will not be issued.

Tran Info: 470458 13275833-1 09/23/07
 Chk#: 8485 Amt: \$2.00
 ID: 4704198938
 Tran Info: 470411 13275833-2 09/23/07
 Chk#: 8485 Amt: \$36.00
 ID: 4704198938

Type or Print Only

I AM APPLYING FOR THE FOLLOWING : Note: A separate application and fee must be filed for each certification desired

- Nurse Practitioner
- Nurse Midwife
- Nurse Anesthetist

If your R.N. License Expires:

- In 12-24 Months the Fee is \$52.00 71-4704-021156
- In 5-12 Months the Fee is \$38.00 71-4704-011156
- In 0-4 Months the Fee is \$52.00 71-4704-021156

*If your current RN license expires within 120 days, you must pay the larger fee and your certification will be issued with your renewed, 2 year license.

Your check or money order drawn on a U.S. Financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH**. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Board Use Only	
License Number	4704198938
Date of Licensure	10-8-07

First Name Janet	Middle Name Marie	Last Name Christman
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Michigan RN Permanent I.D. Number and Expiration Date 4704198938 3/31/2009
Street Address 81104 Stonehedge		E-Mail Address detrnide@med.umich.edu
City Gregory	State Michigan	ZIP Code 48137
Daytime Phone Number 734 475 5965	All Previous Names and/or Birth Name Used (if applicable) —	

SPECIALTY EDUCATION INFORMATION

Name of Specialty Education Program Attended Wayne State University College of Nursing
Location (City and State) Detroit, Michigan
Date of Attendance Summer 2004 → Winter 2007

NURSE PRACTITIONER APPLICANTS ONLY:

Name of school granting your Bachelor of Science degree in Nursing: Wayne State University, Detroit MI

CERTIFICATION

I certify that the above statements about my qualifications for a Michigan nurse specialty certification are true.

Signature of Applicant Janet Marie Christman	Date 9/20/2007
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



The National Certification Corporation
PO Box 11082
Chicago, Illinois 60611
312-951-0207
October 1, 2007

VERIFICATION OF NCC CREDENTIAL

JANET CHRISTMAN, RNC

ID Number: CHR104331807

has earned a

Certification as a/an Women's Health Care Nurse Practitioner

from the National Certification Corporation
September 6, 2007 September 30, 2010

Original Certification Date Date of Expiration

Corporation Official

Frances H. Byrd, RNC, MPH, NNP
NCC President

