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Gabrielson, Christie Lee

RIN 4704311244

November 20, 2014

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OTHER

Michigan Department of Licensing and Regulatory Affairs

Board of Nursing

PO Box 30193

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

Tran Info:470401 19971026-1 11/20/14

Chk#: 6941804888 Amt: \$46.00

ID: [Redacted]

Tran Info:470456 19971026-2 11/20/14

Chk#: 6941804888 Amt: \$8.00

ID: [Redacted]

FOR BOARD USE ONLY
License Number: H704311244
Temp. License Issue Date:
Perm. License Issue Date: 2/17/2015

APPLICATION FOR REGISTERED NURSE LICENSE

Please select the license type you are applying for from the drop down list below:

RN by Examination Fee: \$54.00 71-4704-0156

Michigan Graduate Out-of-State Graduate Canadian Graduate Foreign Graduate

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.

1. Demographic Information

First Name: Christie	Middle Name: Lee	Last Name: Gabrielson
U.S. Social Security #: [Redacted]	Birth Date: [Redacted]	
Street Address: 7435 Cardwell		Apt/Bldg. #:
City: Westland	State: Michigan	Zip Code: 48185
Country: USA		
Phone Number: 313-460-4494	Email Address: christieaaro@yahoo.com	
Have you ever held a health professional license in any profession in Michigan?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was the health professional license issued after 2008?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent I.D./License Number:	[Grid]	Expiration Date:
Have you ever been known under any other name?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name(s): Christie Lee Aaro		
Will documents be received in any other name?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, list name(s):		

Full Name: Christie Lee Gabrielson**2. Personal Data Questions**

1. Have you ever been convicted of a felony?

 Yes
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

 Yes
 No

If yes, please explain

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

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period?

 Yes
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements totaling \$200,000 in any consecutive 5 year period?

 Yes
 No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

 Yes
 No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

 Yes
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

 Yes
 No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: Christie Lee Gabrielson

9. Have you been approved for or written the R.N. Exam for another U.S. Jurisdiction?	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No
10. Have you ever filed an R.N. or P.N. application in Michigan?	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> No

3. Professional Education

Name of RN Nursing Program	Location of Nursing Program	Graduation Date	Certificate/Diploma/Degree Granted
Henry Ford College	Dearborn, MI	12/19/2014	ADN

4. License(s) in Other State(s) and/or Province(s)

Do you hold or have you held a permanent RN license or registration in any state or Canadian province? Yes

 No

If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either endorsement or examination).

DO NOT LIST TEMPORARY LICENSES. (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Exam or Endorsement)

The Department of Licensing and Regulatory Affairs 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.

Full Name: Christie Lee Gabrielson

5. CERTIFICATION

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

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that 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 Christie Gabrielson Date 11/14/2014

**AFFIDAVIT FOR CANADIAN LICENSEES
SEEKING MICHIGAN TEMPORARY LICENSURE**

A registered nurse temporary license is available to individuals who are currently licensed as a registered nurse in the Dominion of Canada. This license is valid for one year from the date of issue or until failure of the National Council Licensure Examination (NCLEX-RN). If you have already failed this examination, you do not qualify for the Michigan temporary license.

Sign this affidavit if you are a Canadian registered nurse and are seeking temporary licensure in Michigan.

I, _____, certify that I have not failed the NCLEX-RN examination prior to applying for a registered nurse temporary license in Michigan.

Signature of Applicant

Date

The Department of Licensing and Regulatory Affairs 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.

FAW

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

MICHIGAN NURSING SCHOOL CERTIFICATION

Authority: Public Act 388 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS FOR COMPLETION:

Dean, Director or Registrar of the nursing program please complete the following information. Return this completed certification directly to the Michigan Board of Nursing at the address shown above.

I certify that Christie Lee Gabrielson
(Applicant's Name)

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

matriculated in the HENRY FORD COLLEGE NURSING PROGRAM
Name of School of Nursing

DEARBORN MICHIGAN
City State

1/7/2013, and completed the program on 12/21/2014.

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

- | | |
|--|---|
| L.P.N. | R.N. |
| <input type="checkbox"/> a Certificate | <input type="checkbox"/> a Diploma |
| | <input checked="" type="checkbox"/> an Associate Degree |
| | <input type="checkbox"/> a Baccalaureate Degree |

which will be conferred December 21, 2014.

Holly A. Diamond
Holly A. Diamond
Director of Registration and Records
Signature of Dean or Registrar

January 2015
Date of Signature

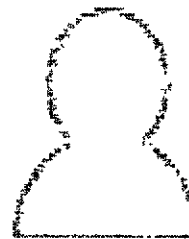
**HOLLY DIAMOND, DIRECTOR OF
REGISTRATION AND RECORDS**

Title

SEAL

Test Date: 02/13/15
Test Center: 47040 - Troy

Christie Lee Gabrielson
7145 Dudley St
Taylor, MI 48180
United States



Candidate Number: 22868347
Date of Birth: [REDACTED]
Social Security Number: XXX-XX-XXXX
Program Code: US09407400
Program Name: HENRY FORD COLLEGE - ADN
A: DEARBORN,MI

Christie Lee Gabrielson, an NCLEX examination applicant for Michigan Board of Nursing, HAS PASSED the National Council Licensure Examination for Registered Nurses