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Michigan Department of Consumer & Industry Services Board of Nursing P.O. Box 30193

P.O. Box 30193 Lansing, Michigan 48909 (317) 335-0918 TDD (517) 373-7489 10,00

APPLICATION FOR LICENSURE BY ENDORSEMENT

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

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CERTIFICATION

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.

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 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 Mary Mond

Date 4/10/00

OHSA:NR-820 (1/99) E.C. 2000

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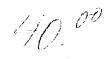
REGISTERED NURSE ENDORSEMENT

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

PART I: To be completed by	applicant and forwarded to st		completion of Part II.	
Full Name (Last, First, Middle)	IJ KINT	MARY Loui	s <i>e</i>	
Complete Address PAGC St.	_	, , , , , , , , , , , , , , , , , , ,	4117	
School of Hursing UNIVERSITY OF SAN	+104 SAN GEAR - HRANGS W SAN	Amasco, CA.	mpletion Date 12/1987	
In which states have you written the licensing	examination? CALI WENCA		iginal License Number 425563 (CA)	
Signature Many Mr.		Da	a warmen state of the factor is the latter of the latter o	
PART II: To be completed by	state of original licensure in r	ursing.		
	son identified above was granted	-	te of SUFORNIA by	
NCLEX SBTPE				
*	N 425.562	1	·	
3. License Status: 🕱 Current	t 🗍 Lapsed 🗍 Inactive			
Has license beer surrenders any action.	ed, suspended, or revoked? If ye	s, please attach certified copies	s of 🗍 Yes 💆 No	
5. Is any disciplinary action pen	ding? If yes, please explain on re	everse side.	☐ Yes Ø No	
6. Has license been reinstated?	?		☐ Yes Ø No	
7. SBTPE Information:	Score	8. NCLEX Informa	ation: Score	
Medical Nursing	Machine Control of Privilegia and State Control of the Control of	Exam Date	3/8-9/88	
Psychiatric Nursing	The state of the s	Exam Series	Annual Color and the Color of t	
Obstetrical Nursing	AND THE PARTY OF T	Exam Score		
Surgical Nursing	annan a kanan a kanan manan kanan dan dan dan dan dan dan dan dan dan			
Pediatric Nursing				
Series Number				
Date of Examination	MPLEASURE POLICE CENTER OF THE MICHIGAN CONTRACTOR OF THE MICHIGAN CONTRACT			
9. Was the Nursing Program ap	oproved by your Board when licer	see completed program?	X Yes ☐ No	
10. Program included theory and practice in: Medical Nursing Surgical Nursing Obstetrical Nursing Pediatric Nursing Systematric Nursing				
Signature Hors'	Title OA	Dat	4/19/2000	

Michigan Department of Consumer and Industry Services Board of Nursing

P.O. Box 30193 Lansing, Michigan 48909 (517) 335-0918 TDD (517) 373-7489



APPLICATION FOR NURSE SPECIALTY CERTIFICATION

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

I AM APPLYING FOR THE FOLLOWING: Note: A sepal desired.	rate application and fee must be filed for each certification
☐ Nurse Anesthetist	If your RN License Expires:
☐ Nurse Midwife	in 0-4 Months the Fee is \$40.00* in 5-12 Months the Fee is \$30.00
Nurse Practitioner	in 13-24 Months the Fee is \$40.00
*If your current RN license expires within 120 days, you must your renewed, 2-year license.	pay the larger fee and your certification will be issued with
Michigan RN License Number Application pending	Expiration Date Daytime Phone Number (415) (068-7834
(Last Name) KINT (First Name) N	ARY (Middle Name) LOUISE
All Previous Names and/or E.ith Name Used (if applicable)	
Date of Birth	Social Security Number
Street Address 1965 PAGE St. #104	Model of the control
City SAN FRANCISCO	State CA. ZIP Code 94117
SPECIALTY EDUCATION INFORMATION	
Name of Specialty Education Program Attended Women's Health Nucse Park Location (City and State)	chtimer; University of CA-S.F.
Location (City and State) SAN ARANCISCO, CA.	
Tates of Attendance 9/92 - 10/94	
NURSE PRACTITIONER APPLICANTS ONLY:	Name of school granting this degree:
Do you hold a Bachelor of Science degree in Nursing? **A Yes	University of SAn Remaisco
Ves U No If Yes, Please List	
CERTIF	ICATION
I hereby make application for specialty certification in thregarding my qualifications as true.	e State of Michigan and submit the statements above
Signature of Applicant Mary Muth	Date 4/10/00

OHS/LNR-054 (8/98)

SECTION I - APPLICANT INFORMATION

Michigan Department of Consumer and Industry Services **Board of Nursing** P.O. Box 30193 Lansing, Michigan 48909

(517) 335-0918 TDD (517) 373-7489



NURSE PRACTITIONER SPECIALTY CERTIFICATION

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

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INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to the appropriate certifying agency for completion of Section II. This certification must be submitted directly to the Michigan Board of Nursing by the appropriate certifying agency.

Applicant's Name (Last, First, Middle)	24 LOL	IISE	
Street Address 1965 PAGE St. #104			A STANDARD AND THE STANDARD
City SAN FRANCISCO	State (1)	Zip Code (94117
Date of Birth	Social Security Number	tons, Salamachardenniana, — Patrid Chicar Salam (sp.), Combinations	
Michigan RN Licence Number Application perding	Expiration Date		
Indicate Agency of National Certification:			
· · · · · · · · · · · · · · · · · · ·	in Child & Adolescent in Community Flealth in Gerontological Nur C, GYNECOLOGIC A Practitioner	ursing Mental Health Nurs Psychiatric & Men Nursing sing	tal Health Nursing
AMERICAN ACADEMY OF NURSE PRACTITIONERS FOR	R ADULT & FAMILY N	URSE PRACTITIO	NERS
CERTIFYING AGENCY INSTRUCTIONS: Please complete the Michigan Board of Nursing at the above address. SECTION II - CERTIFICATION OF LICENSURE The National Confermation Corporation	e following informatio	n. Return this certif	ication directly to
This is to certify that the person identified abdordated met the re Neonatal seconds of certifies P.O. Box 11002 - Consequence 60611-0032	ving Arency	Productive Control of	The Control of the Co
12/08/49 48260800	HOCTITION	<u>12/3//0</u>	2
Date of Certification Gertification Review Luckara Gertification		Expiratio	n Date
Authorized Signature of Certifying Agency Control C		Date /	EAL

OHS/LNR-053 (8/98)

Michigan Department of Consumer and Industry Sections Board of Nursing P.O. Box 30193 Lansing, Michigan 48909 (517) 335-0918 TDD (517) 373-7489



CERTIFICATION OF NURSE PRACTITIONER EDUCATION

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

LOUISE

Social Security Number

Expiration Date

ZIP Code

94117

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the educational institution at which you obtained your nurse practitioner training for completion of Section II. This certification must be submitted directly to the Michigan Board of Nursing by the educational institution along with official transcripts of your nurse practitioner education.

#104

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle)

Street Address

Date of Birth

City

Signature of Applicant Mary Ulms	Date 4/10/00
EDUCATIONAL INSTITUTION INSTRUCTIONS: Please complete the following informat the information requested. Return this certification, along with a copy of the applicant's grades, directly to the Michigan Board of Nursing at the address above.	
SECTION II - CERTIFICATION OF NURSE PRACTITIONER PROGRAM	
Name of Educational Institution University of California, San Francisco School of Nursing	
	okadamining guni (gangga lang manyan danas sajan panggahama mang alam ya banggaha sajan gamaya mangan dan danas
I certify that Mary Louise Kint Name of Applicant	
completed a formal advanced nursing program at the above named educational institution combination of didactic and clinical training with a minimum of 120 hours or 30% of the program theory and a minimum of 360 or 30% of the program's hours devoted to superspecialty area and encompassed a minimum of one academic year or nine months.	rogram's hours devoted to
Signature of Program Administrator Sally H. Rankin	4/28/2000 Date
Sally H. Rankin	
Print or Type name	(SEAL)

University of California San Francisco Office of Admission and Registrar 500 Parnassus Ave, MU 200 West San Francisco, CA 94143 - 0244

Tuesday, April 11, 2000

NAME	KINT, MARY I	OUISE	STUDENT NUMBER	NURSING
FORMER NAME				GRAD AC
ADMISSION CI	REDENTIALS		DATE ADMITTED 090792	GRADUATION
LAWRENCE U	ВА	1982	SUBJECT A	
U OF SAN FRAM	VCISCO E	3S 1987	AMERICAN HIST	061294 MS
			AMERICAN INST	
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TRANSCRIPT SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
CUMULATIVE GPA



Fall 92

URSE	UNITS	GRADE	CODES
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4			
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TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA



Winter 93

DEPARTMENT	COURSE	UNITS	GRADE CODES	
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LAB MED	160.02			A Comment of the Comm
NURSING	211.298			\mathcal{N}
NURSING	241A			
NURSING	245			
NURSING	2928			
NURSING	406			
				N: 1 1 1 201 1

TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA



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Spring 93

DEPARTMENT	COURSE
NURSING	232
NURSING	246
NURSING	246.05
NURSING	404
NUTRITION	200
PSYCHIATRY	170.19



TERM SUMMARY TO DATE

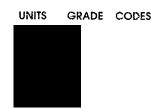
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Fall 93

DEPARTMENT	COURSE
NURSING	220.02
NURSING	247
NURSING	248
NURSING	248
NURSING	404
NUTRITION	249



TERM SUMMARY TO DATE

UNITS COMPLETED OPT GD COMPLETED





Winter 94

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NUPSING

COURSE

UNITS

GRADE CODES

248 NURSING 404

TERM SUMMARY TO DATE

UNITS COMPLETED OPT GD COMPLETED

GPA



Spring 94

DEPARTMENT FAM CM MED

NURSING

NURSING

COURSE

170.01A 259.03 404



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TERM SUMMARY TO DATE

UNITS COMPLETED OPT GD COMPLETED

GPA



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