OHS/LNR-041 (1/99)

BOARD USE ONLY	
License Number	224847
Date of Licensure	5.22.00

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

1/10/00

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.

I AM APPLYING FOR LICENSURE ON THE FOLLOWING BASIS (Check One):

☒ Application by Registered Nurse Endorsement Fee: $40.00
☐ Application by Practical Nurse Endorsement Fee: $40.00

Daytime Phone Number: (415) 668-7824
Previous License Number: (CA) 425562

(Last Name) KINT (First Name) MARY (Middle Name) LOUISE

All Previous Names and/or Birth Name Used (if applicable): MARY KINT JORDAN

Date of Birth: [redacted]
U.S. Social Security Number: [redacted]

Street Address: 1965 PAGE ST. #104

City: SAN FRANCISCO, State: CA ZIP Code: 94117

School of Nursing: University of San Francisco City and State: San Francisco, CA Date of Completion: 12/1987

Check the appropriate answer to each of the following questions. Attach a detailed explanation for any Yes answer you check.

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 2 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 had a nursing license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ YES ☒ NO
8. Have you previously made application to the Michigan Board? ☐ YES ☒ NO
9. On what examination basis did you obtain licensure? SBTPE/NCLEX: ☒ YES ☐ NO
   STATE CONSTRUCTED: ☐ YES ☒ NO
10. Do you hold or have you ever held a nursing license in Michigan or any other state? If yes, list each state, the license number, the date issued, and the basis for licensure. **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** ☒ YES ☐ NO

State	*License/Registration Number*	*Date of Issue*	*Basis for Licensure/Registration*
California	425562	4/30/1988	NCLEX Exam

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 Klunt	Date 4/10/00

OHSA-NR-820 (1/99)

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

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 state of original licensure for completion of Part II.

Full Name (Last, First, Middle) ~~Klaff~~ Kint Mary Louise	
Complete Address 1905 Page St. #104 San Francisco CA. 94117	
School of Nursing University of San Francisco City San Francisco State CA.	Completion Date 12/1987
In which states have you written the licensing examination? California	Original License Number 425562 (CA)
Signature Mary Kint	Date 4/10/00

PART II: To be completed by state of original licensure in nursing.

1. This is to certify that the person identified above was granted a registration/license in the State of California by:

   ☒ NCLEX ☐ SBTPE ☐ Waiver ☐ Endorsement ☐ Other (indicate method) ________

2. Original License Number RN 425562 Date Issued 4/30/88

3. License Status: ☒ Current ☐ Lapsed ☐ Inactive

4. Has license been surrendered, suspended, or revoked? If yes, please attach certified copies of any action. ☐ Yes ☒ No

5. Is any disciplinary action pending? If yes, please explain on reverse side. ☐ Yes ☒ No

6. Has license been reinstated? ☐ Yes ☒ No

7. SBTPE Information:

	Score
Medical Nursing	
Psychiatric Nursing	
Obstetrical Nursing	
Surgical Nursing	
Pediatric Nursing	
Series Number	
Date of Examination	

8. NCLEX Information:

	Score
Exam Date	3/8-9/88
Exam Series	388
Exam Score	[redacted]

9. Was the Nursing Program approved by your Board when licensee completed program? ☒ Yes ☐ No

10. Program included theory and practice in: ☒ Medical Nursing ☒ Surgical Nursing ☒ Obstetrical Nursing ☒ Pediatric Nursing ☒ Psychiatric Nursing

Signature [signature]	Title OA	Date 4/19/2000

OHS/LNR-050 (4/98)

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

40.00

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 separate application and fee must be filed for each certification desired.

- ☐ Nurse Anesthetist
- ☐ Nurse Midwife
- ☒ Nurse Practitioner

If your RN License Expires:

in 0-4 Months the Fee is $40.00*
in 5-12 Months the Fee is $30.00
in 13-24 Months the Fee is $40.00

*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.

Michigan RN License Number	Expiration Date	Daytime Phone Number
Application pending		(415) 668-7834

(Last Name)	(First Name)	(Middle Name)
KINT	MARY	LOUISE

All Previous Names and/or Birth Name Used (if applicable)

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

Street Address: 1965 PAGE St. #104

City	State	ZIP Code
SAN FRANCISCO	CA.	94117

SPECIALTY EDUCATION INFORMATION

Name of Specialty Education Program Attended: Women's Health Nurse Practitioner; University of CA - S.F.

Location (City and State): SAN FRANCISCO, CA.

Dates of Attendance: 9/92 - 6/94

NURSE PRACTITIONER APPLICANTS ONLY:
Do you hold a Bachelor of Science degree in Nursing?

☒ Yes ☐ No If Yes, Please List

Name of school granting this degree: University of San Francisco

CERTIFICATION

I hereby make application for specialty certification in the State of Michigan and submit the statements above regarding my qualifications as true.

Signature of Applicant	Date
Mary Kint	4/10/00

OHS/LNR-054 (8/98)

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

APR 20 00

NURSE PRACTITIONER SPECIALTY CERTIFICATION

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

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.

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle) KINT MARY LOUISE		
Street Address 1965 PAGE St. #104		
City SAN FRANCISCO	State CA.	Zip Code 94117
Date of Birth [redacted]	Social Security Number [redacted]	
Michigan RN License Number Application pending	Expiration Date	

Indicate Agency of National Certification:

- ☐ AMERICAN NURSES CREDENTIALING CENTER
  - ☐ Acute Care Nurse Practitioner
  - ☐ Adult Nurse Practitioner
  - ☐ Family Nurse Practitioner
  - ☐ School Nurse Practitioner
  - ☐ Gerontological Nurse Practitioner
  - ☐ Pediatric Nurse Practitioner
  - ☐ Clinical Specialist in Home Health Nursing
  - ☐ Clinical Specialist in Medical/Surgical Nursing
  - ☐ Clinical Specialist in Adult Psychiatric & Mental Health Nursing
  - ☐ Clinical Specialist in Child & Adolescent Psychiatric & Mental Health Nursing
  - ☐ Clinical Specialist in Community Health Nursing
  - ☐ Clinical Specialist in Gerontological Nursing
- ☐ ONCOLOGY NURSING CERTIFICATION CORPORATION
- ☒ NATIONAL CERTIFICATION CORP. FOR THE OBSTETRIC, GYNECOLOGIC AND NEONATAL NURSING SPECIALTIES
  - ☐ Neonatal Nurse Practitioner
  - ☒ OB/GYN Nurse Practitioner/Women's Health Care Nurse Practitioner
- ☐ NATIONAL CERTIFICATION BOARD OF PEDIATRIC NURSE PRACTITIONERS AND NURSES
- ☐ AMERICAN ACADEMY OF NURSE PRACTITIONERS FOR ADULT & FAMILY NURSE PRACTITIONERS

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the above address.

SECTION II - CERTIFICATION OF LICENSURE

This is to certify that the person identified above has met the requirements for certification by the

The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties
P.O. Box [illegible] • Chicago, IL • 60611-0032

Name of Certifying Agency

as a Women's Health Care Nurse Practitioner

12/08/99 — Date of Certification
482608000 — Certification Number
12/31/02 — Expiration Date

Renee' Hickman — Authorized Signature of Certifying Agency
4/18/00 — Date

Renee' Hickman — Print or Type Name

SEAL

OHS/LNR-053 (8/98)

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

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MAY 05 2000
DEPT. of CIS

CERTIFICATION OF NURSE PRACTITIONER EDUCATION

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

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.

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle): KINT MARY LOUISE		
Street Address: 1965 PAGE ST #104		
City: SAN FRANCISCO	State: CA	ZIP Code: 94117
Date of Birth: [redacted]	Social Security Number: [redacted]	
Michigan Permanent I.D. Number: Application pending	Expiration Date	
Signature of Applicant: Mary L Kint		Date: 4/10/00

EDUCATIONAL INSTITUTION INSTRUCTIONS: Please complete the following information, noting any exceptions to the information requested. Return this certification, **along with a copy of the applicant's transcript or record of 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

I certify that Mary Louise Kint
Name of Applicant

completed a formal advanced nursing program at the above named educational institution that consisted of a combination of didactic and clinical training with a minimum of 120 hours or 30% of the program's hours devoted to classroom theory and a minimum of 360 or 30% of the program's hours devoted to supervised clinical practice in the specialty area and encompassed a minimum of one academic year or nine months.

Sally H. Rankin, RN-C, PhD, FAAN — 4/28/2000
Signature of Program Administrator — 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 LOUISE	STUDENT NUMBER	[redacted]	NURSING
FORMER NAME				GRAD AC

ADMISSION CREDENTIALS			DATE ADMITTED	090792	GRADUATION
LAWRENCE U	BA	1982	SUBJECT A		
U OF SAN FRANCISCO	BS	1987	AMERICAN HIST		061294 MS
			AMERICAN INST		

TRANSCRIPT SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
CUMULATIVE GPA

Fall 92

DEPARTMENT	COURSE	UNITS	GRADE	CODES
FAM CM MED	170.01A			
NURSING	211A			
NURSING	258A			
NURSING	270			
NURSING	292A			
NURSING	406			

TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA

Winter 93

DEPARTMENT	COURSE	UNITS	GRADE	CODES
LAB MED	160.02			
NURSING	211.29B			
NURSING	241A			
NURSING	245			
NURSING	292B			
NURSING	406			

TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA

NOT OFFICIAL WITHOUT
SIGNATURE SEAL

Spring 93

DEPARTMENT	COURSE	UNITS	GRADE	CODES
NURSING	232			
NURSING	246			
NURSING	246.05			
NURSING	404			
NUTRITION	200			
PSYCHIATRY	170.19			

TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA

Fall 93

DEPARTMENT	COURSE	UNITS	GRADE	CODES
NURSING	220.02			
NURSING	247			
NURSING	248			
NURSING	248			
NURSING	404			
NUTRITION	249			

TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA

Winter 94

DEPARTMENT	COURSE	UNITS	GRADE	CODES
NURSING	248			
NURSING	404			

TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA

Spring 94

DEPARTMENT	COURSE	UNITS	GRADE	CODES
FAM CM MED	170.01A			
NURSING	259.03			
NURSING	404			

TERM SUMMARY TO DATE

UNITS COMPLETED
OPT GD COMPLETED
GPA

NOT OFFICIAL WITHOUT SIGNATURE SEAL