

Elliott, Haroletta Marie.

RN 4704169927

NOV 14 1994  
NOV - 8 1994  
DEPT. OF COMMERCE

I wish to report a  
name and address  
change.

Harolletta Marie Sanders  
1451 Flamingo Dr.  
MT MORRIS, MA 48458

Has been changed to  
Harolletta Marie Elliott  
2723 Sloan St.  
Flint, Mi. 48504

RN license # 4704169927

Exp date 3/31/95

Thank you

Harolletta Elliott

ELLIOTT, HAROLETTA MARIE  
PRACTITIONER

RN  
08/24/97

47-04-169927

*Harlette  
Elliott*

BOARD USE ONLY  
 License Number:  
 Date of Licensure:

Michigan Department of Consumer and Industry Services  
 Board of Nursing  
 P.O. Box 30193  
 Lansing, Michigan 48909  
 (517) 335-0918  
 TDD (517) 335-4478

CONSUMER & INDUSTRY SERV  
 AMT. REC'D. *210.00*  
 JUN 23 97

### 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.

RN Michigan Permanent I.D. Number <i>47-04-169927</i>	Expiration Date <i>3-31-99</i>	Daytime Phone Number <i>(810)238-3632</i>
Name (Last, First, Middle) <i>Elliott, Haroletta Marie</i>	Previous Name Used (if applicable) <i>Sanders, Haroletta</i>	
Date of Birth [REDACTED]	Issue Date (Board Use Only)	
Street Address <i>2723 Sloan St.</i>	Zip Code <i>48504</i>	
City <i>Flint</i>	State <i>Mich.</i>	Social Security Number [REDACTED]

#### SPECIALTY EDUCATION INFORMATION

Name of Specialty Education Program Attended  
*Womens Health Nurse Practitioner former OB/Gyn N.P.*

Location (City and State)  
*Milwaukee, Wisconsin*

Dates of Attendance

**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:  
*Michigan State University*

#### CERTIFICATION

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

Signature of Applicant <i>Haroletta M. Elliott</i>	Date <i>6/23/97</i>
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Michigan Department of Consumer and Industry Services  
Board of Nursing  
P.O. Box 30193  
Lansing, Michigan 48909  
(517) 335-0018

RECEIVED  
JUN 30 1997  
DEPT. OF COMMUNITY - BOPB

### 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) <i>Elliott, Haroletta Marie</i>		
Street Address <i>2723 Sloan St.</i>		
City <i>Flint</i>	State <i>Mich</i>	Zip Code <i>48504</i>
Date of Birth [REDACTED]	Social Security Number [REDACTED]	
Michigan License Number <i>470A169927</i>	Expiration Date	

Indicate Agency of National Certification:

- AMERICAN NURSES ASSOCIATION
  - Adult Nurse Practitioner
  - Family Nurse Practitioner
  - School Nurse Practitioner
  - Gerontological Nurse Practitioner
  - Pediatric Nurse Practitioner
  - Clinical Specialist in Medical/Surgical Nursing
  - Clinical Specialist in Adult Psychiatric & Mental Health Nursing
  - Clinical Specialist in Child & Adolescent Psychiatric & Mental Health Nursing
- NATIONAL CERTIFICATION CORP. FOR THE OBSTETRIC, GYNECOLOGIC AND NEONATAL NURSING SPECIALTIES
  - OB/GYN Nurse Practitioner/Women's Health Care Nurse Practitioner
  - Neonatal Nurse Practitioner
- NATIONAL CERTIFICATION BOARD OF PEDIATRIC NURSE PRACTITIONERS AND NURSES

Signature of Applicant <i>Harolletta M. Elliott</i>	Date <i>6/23/97</i>
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**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

*NCC*  
Name of Certifying Agency

as a *Women's Health Nurse Practitioner*

<u><i>5/2/97</i></u> Date of Certification	<u><i>N/A</i></u> Certification Number	<u><i>6/30/2000</i></u> Expiration Date
<u><i>Cheryl Young</i></u> Authorized Signature of Certifying Agency		<u><i>6/26/97</i></u> Date
<u><i>Cheryl Young</i></u> Print or Type Name		SEAL

Michigan Department of Consumer and Industry Services  
 Board of Nursing  
 P.O. Box 30193  
 Lansing, Michigan 48909  
 (517) 335-0918  
 TDD (517) 335-4478

RECEIVED  
 JUL - 8 1997  
 DEPT. OF COMMERCE

**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) Elliott (Sanders) Harolotta Marie		
Street Address 2723 Sloan St.		
City Flint	State Mich.	ZIP Code 48504
Date of Birth	Social Security Number	
Michigan Permanent I.D. Number 47-04-169927	Expiration Date 3-31-99	
Signature of Applicant Harolotta M. Elliott		Date 6/23/97

**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 Women's Health Nurse Practitioner Program; Planned Parenthood of W. Inc.	
I certify that <u>Harolotta Marie Elliott (Sanders)</u> 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.	
I further certify that this program met the guidelines of the United States Department of Health, Education and Welfare or Nurse Practitioner Training Programs of November 29, 1977 (see reverse).	
Signature of Program Administrator <u>Rosemary A. Smith</u>	Date <u>7-3-97</u>
Print or Type name Rosemary A. Smith	(SEAL)

**H.E.W. GUIDELINES FOR NURSE PRACTITIONER TRAINING PROGRAMS**  
**REPRINTED FROM THE FEDERAL REGISTER, PART III, VOLUME 42, NO. 229**  
**TUESDAY, NOVEMBER 29, 1977**

**Organization and administration.**

1. A nurse practitioner training program shall have active collaboration with nurses and physicians who have expertise relevant to the nurse practitioner role and primary health care, to assist in the planning, development, and operation of such a program. In addition, where the institution or organization conducting the program is other than a school of nursing, medicine, or public health, such collaboration shall be with nurses and physicians who are affiliated with either a collegiate school of nursing, school of medicine, or school of public health.
2. Co-program directors from nursing and medicine are recommended.

**Student enrollment.**

1. A nurse practitioner training program shall have an enrollment of not less than eight full-time students in each class.
2. Only registered nurses who have received their initial nursing preparation from a school of nursing as defined in section 353 of the Public Health Service Act and who are currently licensed to practice nursing are eligible for enrollment.
3. The policies for the recruitment and selection of students shall be consistent with the requirements of the sponsoring institution and developed in cooperation with the faculty responsible for conducting the training. Admission criteria shall take into consideration the educational background and work experience of applicants.

**Length of program.**

A nurse practitioner training program shall be a minimum of one academic year (or nine months) in length and shall include at least four months (in the aggregate) of classroom instruction.

**Curriculum.**

1. A nurse practitioner training program shall be a discrete program consisting of classroom instruction and faculty-supervised clinical practice designed to teach registered nurses the knowledge and skills needed to perform the functions of a nurse practitioner specified in the definition of that term as set forth in these guidelines. The curriculum shall be developed and implemented cooperatively by nurse educators, physicians, and appropriate representatives of other health disciplines. The following are examples of broad areas of program content which should be included.

- Communications and interviewing (history taking)
- Basic physical examination including basic pathophysiology
- Positive health maintenance
- Care during acute and chronic phases of illness
- Health teaching and counseling
- Role realignment and establishment of collaborative roles
- Community resources
- Management and chronic illness

The program content, both classroom instruction and clinical practice, should be developed so that the nurse practitioner is prepared to provide primary health care as defined in these guidelines.

2. The curriculum may include a preceptorship, in which the student is assigned to a designated preceptor (a nurse practitioner or physician) who is responsible for teaching, supervising, and evaluating the student and for providing the student with an environment which permits observation and active participation in the delivery of primary health care. If a preceptorship is included, it shall be under the direction and supervision of the faculty.

**Faculty qualifications.**

A nurse practitioner training program shall have a sufficient number of qualified nursing and medical (and other related profession) faculty with academic preparation and clinical expertise relevant to their areas of teaching responsibility and with demonstrated ability in the development and implementation of education programs.

**Resources.**

1. A nurse practitioner training program shall have available sufficient educational and clinical resources including a variety of practice settings, particularly in ambulatory care.
2. Clinical practice facilities shall be adequate in terms of space and equipment, number of clients, diversity of client age and need for care, number of students enrolled in the program, and other students using the facility for training purposes.
3. Where the institution or organization conducting the program does not provide the clinical practice settings itself, it shall provide for such settings through written agreements with other appropriate institutions or organization.
4. Where the institution or organization conducting the program is other than a school of nursing, medicine, or public health, it shall provide for sufficient educational expertise through written agreements with a collegiate school of nursing, school of medicine, or school of public health.

**PLANNED PARENTHOOD OF WISCONSIN, INC.**  
**Women's Health Nurse Practitioner Program**

**ACADEMIC RECORD**

Obstetric-Gynecologic and/or Women's Health Nurse Practitioner Program

Name: Haroletta Marie Sanders (Elliott) Social Security Number: ██████████

Address: 2723 Sloan Street; Flint, MI 48504 (city) (state) (zip)

Nursing Credential Information: Academic Standing at Matriculation/Date of Degree: BSN 1988

Institution Name/City/State: Michigan State University - East Lansing, MI

PPV Program Title: Obstetric-Gynecologic Nurse Practitioner Length of Program: 10 months

Date of Entry: 8/30/93 Date of Completion: 6/24/94

**PHASE I:** Didactic & Supervised Clinical Instruction at Program Site: Milwaukee, Wisconsin

Length of Course	Didactic Hours	Competency of learning activities	Written examinations (80% minimum)	Supervised Practice Labs & Clinical Hours	Client Assessment and Management	Gynecologic/Family Planning Visits	Obstetric Visits	Optional Learning Experiences
	15 weeks							
	259	X	Pass	258.75	89	26		
		X	Pass					
			Fail					



Name: Harolletta Marie Sanders (Elliot)

Social Security Number: [REDACTED]

**PHASE II:**

Preceptorship at sponsoring agency/clinic

Site of Preceptorship: (OB) Jack Price M.D.

(GYN) Flint Community-Planned Parenthood

Preceptorship Length: 6 months

**Client Assessment and Management:**

Gynecologic/Family Planning Visits	<u>1619</u>	(minimum no. required <u>250</u> )
Gynecologic/Family Planning Clinical Hours	<u>784</u>	(minimum no. required <u>300</u> )
Obstetric Visits	<u>112</u>	(minimum no. required <u>100</u> )
Obstetric Clinical Hours	<u>101</u>	(minimum no. required <u>100</u> )

Continuing Education Contact Hours earned through Planned Parenthood of WI, Inc., approved as a provider of continuing education in nursing by the Continuing Education Approval Program Committee of the Wisconsin Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

Number of Contact Hours: 584.4 Date: 12/10/93

Cervical Cap Placement Certification Awarded: \_\_\_\_\_ (date) 12/10/93

Natural Family Planning Instructor Certification Awarded: \_\_\_\_\_ (date) 12/10/93

Harolletta Sanders  
Signature of Registrar Date 7/3/97

08/24/07  
DATE OF APPLICATION  
**SEP 18 2007**  
DATE CERTIFICATE FILED

STATE FILE NO.  
**20077111**  
LOCAL FILE NO.



# Marriage License

State of Michigan

To any person, legally authorized to solemnize marriage in the State of Michigan,  
Marriage must be solemnized In The State Of Michigan on or before September 26, 2007  
DATE

between  
and

**DON KIRKLAND LILLY**  
FULL NAME OF MALE (First, Middle, Last)

**HAROLETTA MARIE ELLIOTT**  
FULL NAME OF FEMALE (First, Middle, Last)

**JOHNSON**

LAST NAME BEFORE FIRST MARRIED, IF DIFFERENT

PRESENT AGE DATE OF BIRTH

PRESENT AGE DATE OF BIRTH

**637 E PHILADELPHIA BLVD**  
RESIDENCE NO. STREET

**637 E PHILADELPHIA BLVD**  
RESIDENCE NO. STREET

**FLINT MI 48505**  
CITY, STATE, AND ZIP CODE

**FLINT MI 48505**  
CITY, STATE, AND ZIP CODE

**GENESEE** **1**  
RESIDENCE COUNTY NUMBER OF TIMES PREVIOUSLY MARRIED

**GENESEE** **3**  
RESIDENCE COUNTY NUMBER OF TIMES PREVIOUSLY MARRIED

BIRTHPLACE - CITY AND STATE

BIRTHPLACE - CITY AND STATE

FATHER'S FULL NAME

FATHER'S FULL NAME

MOTHER'S FULL NAME BEFORE FIRST MARRIED

MOTHER'S FULL NAME BEFORE FIRST MARRIED

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

FATHER'S BIRTHPLACE

MOTHER'S BIRTHPLACE

An affidavit has been filed in this office by which it appears that said statements are true. This marriage license authorizes the marriage of the parties named above within the State of Michigan by any person authorized to perform a marriage ceremony under the laws of the State of Michigan.

In witness whereof,

I have signed and sealed these presents, this 27 day of August 20 07 ;

**Michael J. Carr**  
COUNTY CLERK

**GENESEE**  
COUNTY

*[Signature]*  
DEPUTY CLERK

## \*Certificate of Marriage

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, in Flint City, county of Genesee MICHIGAN,  
CITY, VILLAGE, OR TOWNSHIP

on the Eighteenth (18th) day of September A.D. 20 07, in the presence of

*[Signature]*  
SIGNATURE OF GROOM

*[Signature]*  
SIGNATURE OF BRIDE

*[Signature]*  
SIGNATURE OF WITNESS

*[Signature]*  
SIGNATURE OF WITNESS

**Terrilyn Lemon**

**Norman Wilson**

NAME OF WITNESS (TYPE OR PRINT)

NAME OF WITNESS (TYPE OR PRINT)

*[Signature]*  
SIGNATURE OF MAGISTRATE OR CLERGY

**Magistrate Tanille M. Brooks**

NAME AND TITLE OF MAGISTRATE OR CLERGY (TYPE OR PRINT)

**630 S. Saginaw St. Flint, MI 48502**

POST OFFICE ADDRESS OF MAGISTRATE OR CLERGY



Except for signature, spaces left blank must be completed by typewriter or printed legibly.

By Authority of MCL 333.2B13

This Space Reserved for Binding