NAME	LIC#	Lic Type	App Type	Question	Answer	Date of renewal
FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	I have used nursing knowledge, judgment and skills for a minimum of 400 hours within four years immediately prior to the date of this application OR I successfully completed the RN/LPN NCLEX exam within the 2 years immediately prior to this application.	Υ	11/21/2014
FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	I have completed 30 contact continuing education hours within 2 years immediately prior to the date of this application b>OR I successfully completed the RN/LPN NCLEX exam within the 2 years immediately prior to this application.	Y	11/21/2014
FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	*Have you ever received disciplinary action against any nursing assistant license, certification or nursing license, in any state or jurisdiction including reprimand, probation, suspension, revocation, educational or practice stipulations, fines or voluntary surrender?	N	11/21/2014
FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	*Do you have a mental or physical problem that makes you incompetent to practice nursing?	N	11/21/2014

FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	*Have you ever been convicted of a felony, or any criminal act, not including traffic offenses? (Note: Driving While Intoxicated and Driving Under the Influence are not "traffic violations.") 	N	11/21/2014
FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	*Have you previously or currently been impaired by or diverted any chemical substances that have impaired your ability to practice nursing?	N	11/21/2014
FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	Indicate whether or not you have completed an advanced practice educational program by checking the appropriate box(es):	Nurse practitioner (NP)	11/21/2014
FRIES, MARIBETH OLIVIA, Ms	022577-21	RN	REN	Choose the one position that best describes the nursing role in which you practice the most hours per week in a typical week.	NP, midwife, clin nurse spec, nurse anesth	11/21/2014
FRIES, MARIBETH OLIVIA, Ms	022577-23	APRN	REN	I have used advanced nursing knowledge, judgment and skills for a minimum of 400 hours of active in practice in my APRN category within the four years immediately prior to the date of application.	Y	11/29/2014
FRIES, MARIBETH OLIVIA, Ms	022577-23	APRN	REN	I have forwarded a copy of my current certification from a national certifying association in my practice category, which counts for 30 of the 60 educational hours, for this renewal process.	Y	11/29/2014

FRIES, MARIBETH OLIVIA, Ms	022577-23	APRN	REN	I have successfully completed 60 educational contact hours, 5 of which must be in the area of pharmacology, earned within the 2 years immediately prior to the application date.	Y	11/29/2014
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JUN 11 1979,		a 1 2
Pagained	NEW HAMPSHIRE	
Transcript received clarifile JUN 11 1979	STATE DEPARTMENT OF EDUCATION	
Temp. Permit No. 4.0.3	COP	
issued . 6. 1.26.179		
expires 9.1.301.79	State Board of Nursing Education	Canada
expires . 9/30/79 Fee of \$ 5/23 09 . rec'd	and Nurse Registration	
60-73	105 Loudon Road, Concord, New Hampshire 03301	monday Moia
Application for	Certificate of Registration as Registered Nurse b	y Examination
SECTION I	;e	
	ertificate of Registration as Registered Nurse in the Sowing evidence of my qualifications for such certifications	
(Miss) no	21	3 =
1. Mrs. MARIBETH	Clivia	R165
Mr. (First Name)	(Middle Name) . (Maiden Name)	Last Name) (S.S.No.)
2. Mailing Address		(Sip Couc)
Permanent Address:	(City) (Star	te) ' (zip coue)
3. Birth: Date	,	No
4. EDUCATION PRIOR TO NU		
High School Plum Ser	VIOR HIGH SCHOOL, PHSOURGH, (Name and Location) Diploma? Yes No Da	PA JUNE 1975
College or University Ed	INBORO STATE COLLEGE, Edi	who PA 16412
	(Name and Location) or, Degree D. Date /	_
		•
	ame Edinboro State College	
	boro, PA 16412	
	UNE 1976 Date of Completion: ./	
	iploma Associate degree	
	ed, indicate degree	,
6. Have you ever filed for, or ta	aken any licensing examination in nursing in any sta	te? Yes No
If Yes, indicate	(Type of Examination) (State)	(Date)
7. Have you ever been convicte	ed of a misdemeanor or felony? If "yes" explain.	Yes No
8. Have you ever had a problem If "yes" explain, and prov	with drug addiction, alcohol, or mental illness? Yide name and address of physician.	/es No
9. Do you plan to work in New	W Hampshire pending examination? If so, where?	100
10. Date	Hampshire pending examination? If so, where? Signature of Applicant. Man.	LD LUNG JULL

SECTION II		•	AFFII	DAVIT		
lo etasts	PA	SS				
County of	Erie) .				
Maribe	th Olivi	a Fries	ersonally appearing	g before me, being	g duly sworn, says	that (he) (she) is
shire, that the	statements	applicant) he foregoing applicatio therein contained are t and that (he) (she) has	on for license to proto be the best of ()	actice as a Regis	stered Nurse in the lge and belief true;	State of New Hamp
1.		- 4845	Sworn	to before me this	18th	
			day of	. May		10 79
		:	day or	10 × 20h	Bur Car	··· • 17 ·····
(Seal)			· · · · · · · · · · · · · · · · · · ·	seen. 16. 1 Digentering	Notony Public	H. H
My Commission	expires	5-25-81		~	Notary Pupile	
	• •					
		CDDMID	CAMION OF SOUR			
		CERTIFIC	CATION OF SCHO	OL OF NURSING	ì	
SECTION III			·			
I hereby certify	that	narrheth (alivia S	Free		was admitted
toE.	dischar	a State Ca	elleze Sch	ool of Nursing .	Eduloro	, Pa
<i>f</i>	10 1 2	19.75		in ma	1476	110
and scholastic	Standing w	as satisfactory to the	. , and was gradua	ited on //./	friff Skill Vigin	, and her moral
		irsing, maternal-infant			-	cimear experi-
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Date: (./. F.Q	чд ,.	1.9.7.9	Signed ./\	Director, School	Y LAM MOUL	KA.K.IV. JAK
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		CA	ARACTER REFER	DENCE		
SECTION IV		Chr	ARACIER REFER	LENCE		•
Mahasillas in b				•		
		ing registered nurse lic ve been personally acqu			al for 7: you	una that I baliana
this applicant to	be persona	illy and professionally	capable and of go	od moral characte	er as required by th	e New Hampshire
Nursing Practice	Act, and I	hereby recommend her	him to the New H	ampshire Board o	of Nursing Education	n and Nurse Reg-
		anted a certificate of re	-			
Signature a	nd Address	Martha S	pendles	ldl.3. Leoch	rantered, P. A.	
Currently re	ni haratsin	Penna	N	umber R.N.	145881	7
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			For Board U	se Only		
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Cert. No	X.Z.	577 Tango 1			9 g 1070	
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	.in i/ #155 /7				,	

EDINBORO STATE COLLEGE EDINBORO, PENNSYLVANIA

FRIES MARIBETH DETVIA

UNDER-GRADUATE RECORD PAGE

ACHELOR OF SCIENCE IN NURSING S: BIRTH DATE DEGREE GRANTED **COURSE SEMESTERS** FINAL **CREDITS** QUALITY May 26, 1979 NUMBERS GRADES EARNED **POINTS** AND COURSE TITLES STROUDSBURG FROM GEN SC141 JUN CHEMISTRY MU101 GE220 HP050 INTRO TO MUSIC 23134 DATE REGIST A PHYS GEOGRAPHY FULLY ACCREDITED BY THE NATIONAL PHYSICAL ED EC100 SC140 ELEMENTS OF E COUNCIL FOR ACCREDITATION OF ECON TEACHER EDUCATION HUMAN BIOLOGY FIRST COURSE/GERM 3 **SB101** GL 101 76 PRE/SUMMER SESS HUMAN PHYS/ANAT 1 1976 This is to certify that the student here-in **SB244** 4 Α 16 named has satisfactorily completed the 1976 SUMMER SESSION regular NCATE accredited program of this in-PS101 SB245 GEN PSYCHOLOGY A 3 12 stitution for the preparation of teachers and is HUMAN PHYS/ANAT 2 1976/77-1ST SEMESTER 4 Α 16 specifically prepared to teach ES101 WRITING SKIL В 3 COLL INTRO TO PHILOS CHILD PSYCHOLOGY PH200 PS317 3 B 9 ģ \$B220 \$0200 MICROBIOLOGY 43 12 В ĕ PRINC OF SOCIO grade level and/or subject 1976/77-2ND SEMESTER NUTRITION This applicant has met all other appropriate SN200 C 331343 **ES102** SP WRIT/RESEARCH Ā 12 standards of this institution which are required HP174 MA260 NU202 PS318 SWIM & LIFESAVING ELEM STATISTICS FOUND OF PROF NSG A for full recommendation for teaching. 12 A B C DEV ADOL/ADULT 1977/78-1ST SEMESTER
INT TO FICTION
PATHOPHYSIOLOGY 1 ES251 NU301 12 3329 A B B Date Edinboro State College NU303 PHARMACOLOGY NU305 PROF NURSING A 36 NO DEGREE GRANTED () 1977/78-2ND SEMESTER PATHOPHYSIOLOGY 2 NU302 В 3 NU306 PROF ğ 27 NURSING ₿ **Grading System** 1978/79-1ST SEMESTER US SINCE 1945 SÍNCE 1945 ITAL ILLNESS **HI398** A - Excellent P - Pass 36 12 BB **HI550** U - Unsatisfactory B - Above Average NÜ401 `ÑUŔŜĬNG PROF 18 C - Average N - Audit NU403 RESEARCH 16 D - Below Average TOTAL 112 298 F - Failing 1978/79-2nd Semester Y - Withdrawal, Passing NU404 Prof Nursing 5 В 5 15 Z - Withdrawal, Failing PH397 Medicine & Mort 3 В 9 HP105 Health 2 A 8 ES397 Lit/Sci Fiction 3 A 12 NU402 Prof Nursing 4 A semester consists of a minimum of 15 12 В 4 teaching weeks or its equivalent. TOTAL 129 354 One credit is earned upon satisfactory completion of 50 minutes of classroom work, or 100 minutes of laboratory/studio work per week, during a semester or its equivalent. This transcript was () was not () mailed directly to the student concerned. Verification is available, if required. Asterisk (*) indicates course repeated, when shown in course number column.

MARIBETH O. FRIES



Present Address:

Permanent Address:

EDUCATION

University of California, San Francisco M.S.N., June 1987

University of California, San Diego Family Nurse Practitioner Certificate, June 1987

Edinboro State University, Edinboro, PA 16412 B.S.N., June, 1979 Honors: Dean's List

WORK EXPERIENCE

Clinical Residency Various facilities, San Diego, CA 9/86 - 6/87

Provided health care for a variety of clientele, spanning all age groups, with a wide range of health-illness states. Emphasis was on physical assessment, health promotion, developmental assessments, and health education. Primary clinical setting was a family practice site, with additional training in pediatrics, geriatrics, antepartum and family planning. Location of residency sites included community clinics, health maintenance organizations, and private practices. Supervision was provided by both nurse practitioners and physicians.

Coordinator of Health Care Services
Wediko Children's Services, Boston, MA
6/86-9/86; 6-85-9/85;
6/83-9/83; 6/81-9/81

Directed an infirmary which serviced 130 professional staff and 150 seriously emotionally disturbed children in an intensive, short-term psychotherapeutic setting. Combined the management of acute and chronic illnesses with programs for health promotion and health education. Collaboration with local health practitioners, psychiatrist, administrators and clinical staff was instrumental in accomplishing this role.

RECEIVED NEW HAMPSHIRE BOARD

JUN 24 1987

OF NURSING

University of California, San Francisco, CA

Collected and organized data regarding the health of families, developed and tested a new research tool specifically for single parents.

Public Health Nurse

9/85-6/86

Saint Mary's Home Care, San Francisco, CA

Functioned as part of a health care team to provide direct care to clients with various illnesses and health care needs at home. Provided support and instruction for the families of the clients.

<u>Hospice Nurse - Public Health Nurse</u> Visiting Nurse Association, Alameda County, CA

Managed home care for clients at home, coordinating direct nursing care with supportive services and family resources.

Public Health Nurse - Evening Nurse

Newton Wellesley Weston Visiting Nurses, Waban, MA

Provided primary nursing care to clients at home. As the evening nurse was responsible for the agency case load and the community hospice patients on an on-call basis.

Staff Nurse - Medical Intensive Care Beth Israel Hospital, Boston, MA

10/80 - 6/81

Functioned as a staff nurse within a nine-bed intensive setting of acutely ill patients.

Staff Nurse, Charge Nurse 9/79 - 9/81 North Carolina Memorial Hospital, Chapel Hill, NC

Provided primary care to patients on this general medicine and neurology unit.

ADDITIONAL CERTIFICATES

American Red Cross CPR Instructor Shapedown Instructor

(Intervention program for obese adolescents)

RECEIVED NEW HAMPSHIRE BOARD

COMMUNITY ACTIVITIES

1984 Volunteer for educational development at the American Cancer Society

JUN 24 1987

OF NURSING

NEW HAMPSHIRE BOARD OF NURSING EDUCATION AND NURSE REGISTRATION
State Office Park South, 101 Pleasant Street Concord, N.H. 03301

NEW HELEPSIE

Application for Legal Recognition as an Advanced Registered Nurse Practitioner in New Hampshire JUN 24 1907

OF NURSING

me: MAR	CIBETH FRIE	<u>্</u> ড	Social	Security 1	Number:	,40 ,0	
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dress.	Street	Cit	y	Sta	ate.	Zip Code	
				-	-		~
rrent R.N	I. Registration N	umber: <u>047</u>	900 1011		State	2/20	lan
	Expir	ation Date:	1/1989	•	• ,	2/28	187
		:					
_				ar no since			
I am ap	oplying for legal	recognitio	n as an A.K.I	N.P. Alli			
Nurs	se Midwifery		Obstetric-	-Gynecolog:	ical Nu	rsing	
		-		. :			
Chil	ld Health Nursing		Adult Nur	sing			
Psvc	chiatric/Mental E	lealth	Geriatric	-Gerontolo	gical N	ursing	
	Nursing					•	
			School Nu	rsing .			
Com	nunity Health Nur	sing	Other		-		
Rami	ily Nursing	_		· .			
		•		•			
: :				5 0584-		neorint and	a Cata
Post-Ba	esic Nursing Educ	ation: Att	ach a Copy o	I an Olitic	167 116	macripe un	
		or	Other Offici	al Descrip	tion of	Course Co	atent
1. Scl	nool: Universion	ly of Cal	Jania, t	San Iran	rusc	0 9919	15
		Name and i	Location				
່າ ກ _{ອາ}	te Enrolled: 9/85	- 6/87	Det	e of Compl	erion:	6/87	
-	1/ 00				-		
3. Do	rument Awarded:	Certificate	<u> </u>		a san	ertificate	X
		Degree ES/		Degree 22(er had reade.	
		Degree Do/r	<u> </u>				
*	NOTE: If your !	Nurse Pract:	itioner Progr	am is list	ed on	the attache	d lis
	you need	only submit	t a copy of y	your diplor	na or c	ertificate	of "
	completi					•	
	*#	Museum Despe	itioner Progr	ram is not	on the	attached 1	ist,
	TI YOUT	nurse rract: mit officia	l transcript	(s), and ca	atalog	or other of	ficia
	musi sub.				_		

requested transcript to be sent to you Please submit current resume.

of Program: Clinical Portion of Program:	Dates 9/85 - 4/87 Hours/Week 10-5/0 hrs Months 10	
of Program:		
of Program:	Months /O	
of Program:		
	Dates 9/86 - 6/87	
	Hours/Week 480 hrs total 24 hr/wh	
Preceptorship: (Ple	ease submit evaluation by Preceptor)	
	a local de la companya de la company	•
	es: 10/86 - 4/87	
Hour	rs/Week 16 hr/wk ation Kaiser-Bonita 3955 Bonita Rd, Bonita Ca 9	120
Loca	action Raiser - Doniera 5135 Suring Roger	•
	ceptor - Drant Kohler /	
Add bbA	ame &dress)	•
•	REE (3) MONTHS REQUIRED IN ALL THREE AREAS	
Mandamal Campifiantia	on: will take in Sept 1987	
Marional Gerbilicatio	Oil.	
1. Agency		
2. Specialty		٠.
3. Date Awarded		
	t a copy of above Certification)	
	Nurse Practitioner Program. Also, submit a current res	, fTIII
Dates: 10/83	3 (1/88)	•
Location Visu	fing worse assn - alameda Co	
Hours/Week 4	7000	
Maria Maria Collabo	oorator: (If applicable)	
New Hampshire Corrabc	oracor. (ir appricable)	
Name at	ind Address	
Name at	nd Address	
	and Address	01
A.R.N.P. Fee to Accor	ompany Application - \$25.00. Please make check or money	03
A.R.N.P. Fee to Accor		03
A.R.N.P. Fee to Accor	ompany Application - \$25.00. Please make check or moneyer, State of New Hampshire".	
A.R.N.P. Fee to Accor	ompany Application - \$25.00. Please make check or moneyer, State of New Hampshire".	
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A.R.N.P. Fee to Accor	ompany Application - \$25.00. Please make check or moneyer, State of New Hampshire".	

MAG/djl ARNP #1 Rev. 4/83 12/80 1/84 7/84

NURSE PRACTITIONER PRECEPTOR EVALUATION

Name of Student MARIBETH FRIES			· .	
Date Completed Formal Training $\frac{5/30/87}{}$				
Name of Preceptor Diane Kahler ARNP (Must be licensed physician or A.R.N.P.)	Site	Kaiser	-Boni	fa
	Out- Standing	Above Average	Average	Needs Im- provement
1. Knowledge of didactic material	X			
2. Application of Material to clinical practice	X			
3. Progress & ability in history-taking	X			***
4. Progress & ability in physical examination	. X	•		
5. Ability to make clinical judgment	X	/////////////////////////////////////		71 120-20-20-20-20-20-20-20-20-20-20-20-20-2
6. Efficiency of effort	X			
7. Confidence in self as Nurse Practitioner	X'	·		
8. Ability to establish rapport with patient	χ'			
Brief statement of overall assessment of student correctly, need for supervision, etc.	t as to ab	ility to	manage pa	tients
Both require welle or to a fully aware of appropriate number of patient examinations observed		4	beet confre 700+	feral
		- 6		
Approximate number of hours per week spent with in teaching, discussions, evaluation (must be a 20 hours a week for 12 weeks)	the stude	ent	,	g to Stefuts SX 36ce
I consider his/her significant strengths to be:			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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accepted and liked by a	el po	alien	Loa	nd
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Min Kley Ren piza	ש מינ מינא			

The	areas	needing	improvement	are:
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Done

List any restrictions on the nurse practitioner function and reasons for them:

None

Comments, Suggestions as to Preceptorship:

On the basis of your evaluation of the preceptorship, do you recommend he/she be granted legal recognition as an Advanced Registered Nurse Practitioner?

	ies <u>x</u>	
	No	
·		•
Preceptor Signature	Siene Kaller FRP	Date <u>6-19-87</u>
/ Student Signature		Date
•		

Return to: The New Hampshire Board of Nursing Scate Office Park South 101 Pleasant Street Concord, N.H. 03301

Tarm was sent to your after this indenderal left san breego, Calif. Thees, no segrature.



STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 REGIONAL DRIVE, BLDG. B PO BOX 3898 CONCORD NH 03302-3898

TDD ACCESS: RELAY NH 1-800-735-2964

Doris G. Nuttelman, Ed. D. Executive Director

Nursing 603-271-2323 Nurse Asst. 603-271-6282

MARIBETH O. FRIES

DIRECTIONS FOR RENEWAL OF ADVANCED REGISTERED NURSE PRACTITIONER LICENSE

Pursuant to RSA 326-B:10, and Nur 306.01 (b), Advanced Registered Nurse Practitioners requesting renewal of A.R.N.P. status must complete the application forms and submit the renewal fees for both the Registered Nurse (R.N.) and the Advanced Registered Nurse Practitioner (A.R.N.P.) licenses.

	Submit the completed renewal application for the New Hampshire registered nurse license.
<u>/</u>	Submit a completed renewal application for A.R.N.P. license(s).
<u> </u>	Include a check or money order made payable to "Treasurer, State of NH" for \$60.00 for the R.N. license and \$100.00 per requested A.R.N.P. category.
_	Verify continued advanced nursing practice competence using 900 hours active in the practice in your A.R.N.P. category within 4 years immediately prior to date of application.
<u>/</u>	A.R.N.P.s licensed after September 1984 shall fulfill continuing education requirements by:
	Verifying completion of 30 continuing educational contact hours per category within 2 years immediately prior to application date.*
	Providing a copy of your current national certificate, that fulfills the 30 contact hour registered nurse licensure requirement.
	A.R.N.P.s licensed prior to September 1984 if not certified shall verify 60 educational contact hours completed within 2 years immediately prior to application date.*
* Note:	Beginning January 1, 1995, continuing education documentation must contain 4 of pharmacological content.
	Attached are copies of your R.N. and A.R.N.P. renewal forms to be completed and returned to the Board with the required fees noted in item #3 above.



oris G. Nuttelman, Ed. D.

xecutive Director

STATE OF NEW HAMPSHIRE
NEW HAMPSHIRE BOARD OF NURSING

For Office Use Only:

FEE:\$ \[\int 0 \int - \]

REC'D:\$ \[\frac{12-20}{20} \]

Check/N/# \[\frac{12}{20} \]

2/24/00

78 REGIONAL DRIVE, BLDG. B PO BOX 3898 CONCORD NH 03302-3898

TDD ACCESS: RELAY NH 1-800-735-2964

12/2/21/00

Nursing 603-271-2323 Nurse Asst. 603-271-6282

MARIBETH O. FRIES 111 ADAM STREET KEENE NH 03431

ARNP #: 022577-23-03

Date of Birth

(Last) (First) (Middle) (Maiden) TELEPHONE # (Address) (City) (State) (Zip) 2. Requested Category: A.R.N.P Family 3. Current New Hampshire registered nurse license number 022577-21 4. Date first licensed by the Board as an A.R.N.P. in N.H. 02/18/1988 5. I have used advanced nursing knowledge, judgment and skills for a minimum of 900 hours in my A.R.N.P. category within the four years immediately prior to renewal application. 6. In the 2 years immediately prior to application I have met the 60-hour continuing education requirement by completing 30 contact hours and have enclosed a copy of current national certification in my practice category thereby satisfying 30 of the 60 hours. 7. For A.R.N.P.s licensed in the state before 1984 if not nationally certified: I completed 60 contact hours of continuing education pertinent to my license category during the two years	1.	Fries	Maribeth	Olivia				
2. Requested Category: A.R.N.P Family 3. Current New Hampshire registered nurse license number 022577-21 4. Date first licensed by the Board as an A.R.N.P. in N.H. 02/18/1988 5. I have used advanced nursing knowledge, judgment and skills for a minimum of 900 hours in my A.R.N.P. category within the four years immediately prior to renewal application. 6. In the 2 years immediately prior to application I have met the 60-hour continuing education requirement by completing 30 contact hours and have enclosed a copy of current national certification in my practice category thereby satisfying 30 of the 60 hours.		(Last)	(First)	(Middle)	(Maiden)	TELEPHONI	3.#	
 Current New Hampshire registered nurse license number 022577-21 Date first licensed by the Board as an A.R.N.P. in N.H. 02/18/1988 I have used advanced nursing knowledge, judgment and skills for a minimum of 900 hours in my A.R.N.P. category within the four years immediately prior to renewal application. In the 2 years immediately prior to application I have met the 60-hour continuing education requirement by completing 30 contact hours and have enclosed a copy of current national certification in my practice category thereby satisfying 30 of the 60 hours. For A.R.N.P.s licensed in the state before 1984 if not nationally certified: I completed 60 		and the second s			(State)	(Zip)	
 Current New Hampshire registered nurse license number Date first licensed by the Board as an A.R.N.P. in N.H. 02/18/1988 I have used advanced nursing knowledge, judgment and skills for a minimum of 900 hours in my A.R.N.P. category within the four years immediately prior to renewal application. In the 2 years immediately prior to application I have met the 60-hour continuing education requirement by completing 30 contact hours and have enclosed a copy of current national certification in my practice category thereby satisfying 30 of the 60 hours. For A.R.N.P.s licensed in the state before 1984 if not nationally certified; I completed 60 	2.	Requested Category: A.R.N.I	P Family				***************************************	
5. I have used advanced nursing knowledge, judgment and skills for a minimum of 900 hours in my A.R.N.P. category within the four years immediately prior to renewal application. 6. In the 2 years immediately prior to application I have met the 60-hour continuing education requirement by completing 30 contact hours and have enclosed a copy of current national certification in my practice category thereby satisfying 30 of the 60 hours. 7. For A.R.N.P.s licensed in the state before 1984 if not nationally certified: I completed 60	3.	Current New Hampshire regis	stered nurse license number	022577-21				
my A.R.N.P. category within the four years immediately prior to renewal application. 6. In the 2 years immediately prior to application I have met the 60-hour continuing education requirement by completing 30 contact hours and have enclosed a copy of current national certification in my practice category thereby satisfying 30 of the 60 hours. 7. For A.R.N.P.s licensed in the state before 1984 if not nationally certified: I completed 60	4.	Date first licensed by the Boa	rd as an A.R.N.P. in N.H	02/18/1988				
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7. For A.R.N.P.s licensed in the state before 1984 if not nationally certified: I completed 60 contact hours of continuing education pertinent to my license category during the two years		requirement by completing 30	contact hours and have encl	losed a copy of curr	ing education ent national	Yes (X)	No	(
immediately prior to renewal application.	7.	contact hours of continuing ed	ucation pertinent to my lice	onally certified: I co nse category during	mpleted 60 the two years	Yes ()	No	(
8. The continuing education hours completed includes 4 contact hours of pharmacological content. Yes (X) N	8.	The continuing education hour	s completed includes 4 cont	tact hours of pharma	acological content.	Yes (X)	No	(
9. Planned Parenthood 603 352-6898	9.	Planned Par	ent hood		403 35	52-189	F	
EMPLOYER EMPLOYER'S TELEPHO		EMPLOYER	,	(eene				#

11-29-60

Date of Application

AMERICAN NURSES CREDENTIALING CENTER

The Board on Certification for

Primary Care in Adult and Family Health Nursing

grants

Board Certification to

Maribeth O. Fries, RN, CS

as a

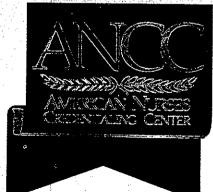
Family Nurse Practitioner

Valid

January 1, 1998 to December 31, 2002

arol a. Romano

Carol Romano, PhD,RN,C,FAAN Chair, Commission on Certification



Karen Anderson Keith, PhD,RN,CS,FNP

Chairperson, Board on Certification for Primary Care in Adult and Family Health Nursing

Margietta Madden Styles

Margretta Madden Styles, EdD, RN, FAAN President, American Nurses Credentialing Center



TDD ACCESS: RELAY NH 1-800-735-2964

STATE OF NEW HAMPSHIRE

NEW HAMPSHIRE BOARD OF NURSING OF THE DEGIONAL DRIVE, BLDG. B

TO DEGIONAL DRIVE, BLDG. B

AM 11: 04 Nurse Asst. 603-271-6282

Doris G. Nuttelman, Ed. D. Executive Director

MARIBETH O. FRIES

Full Signature

ARNP #: 022577-23-03

Date of Application

Date of Birth

15-18.98 100 +60 K

NEW HAMPSHIRE APPLICATION FOR LICENSE RENEWAL

1.	Fries	Maribeth	Olivia						
	(Last)	/E:40+1	(Middle)	(Maiden)	TEL	EPHO	NE#		-
	li	Keene					00 40	1	
	Address	(City)	(County)	(State)			(Zip)	
<u>.</u>	Requested Category:	A.R.N.P Family							
;.	Current New Hampsh	ire registered nurse license number_	022577-21						
	Date first licensed by	the Board as an A.R.N.P. in N.H	12/29/1996				· · · · · · · · · · · · · · · · · · ·		
	I have used advanced my A.R.N.P. category	nursing knowledge, judgment and sk within the four years immediately p	tills for a minimum rior to renewal app	of 900 hours in lication.		Yes	(X)	No	(
	requirement by comple	tely prior to application I have met teting 30 contact hours and have encletice category thereby satisfying 30 contact hours are satisfying 30 contact the category thereby satisfying 30 contact hours.	osed a copy of curr	ing education ent national		Yes	(X)	No	. (
		l in the state before 1984 if not natio using education pertinent to my licer enewal application.				Yes	()	No	(
	_	ion hours completed includes four co	-	rmacological cont	ent.	Yes	(X)	No	(
	Planned Pa	arenthood		603	<i>3</i> 5 Z	- 68	398		_
	29 Cont	er St Keene	NH 034		EMPLOYER				_
	EMPLOTEKS ADDRESS								
(N)	DER PENALTY OF PERJU	URY, I state the information provided is a y be grounds for denial, reprimand, suspe	ccurate to the best of r ension, revocation of a	ny knowledge and bel license (RSA 326-B:1	ief. I unders 2) and may b	tand kr se grou	owingly ads for (/ convic	tion

American Nurses Credentialing Center



The Board on Certification for
Primary Care in Adult and Family Health Nursing
grants

Board Certification to Maribeth O. Fries, RN,CS

85 &

Family Nurse Practitioner
Valid January 1, 1998 to December 31, 2002
Certification Number 112953-22



STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

Mail: 6 Hazen Drive, Concord NH 03301-6527 Location: 78 Regional Drive, Concord NH 03301 TDD Access: Relay NH 1-800-735-2964

Doris G. Nuttelman, Ed. D. Executive Director JAN 07 1997 JAN 09:

AUT 100.00

Nursing 603-271-2323 Nurse Asst. 603-271-6282

NEW HAMPSHIRE APPLICATION FOR LICENSE RENEWAL AS AN ADVANCED REGISTERED NURSE PRACTITIONER

	MADRET	4 0	EPIES				
	NAME ,	,	FRIES	. 1	TEL	EPHONE #	
	ADDRESS	Family	. Nurse 1	Pactitio	NER	anne an Principle de La Contraction de La Contra	
	Requested category:	1 0(11110	7 0, 00 ,				
	Requested category: Current New Hampshire Date first licensed by th	e registered nur e Board as an A	se license number	22577:2 1988		· · · · · · · · · · · · · · · · · · ·	
	.I have used advanced m						гу
	within the four years im	mediately prior	to renewal applicatio	n.	YES (X)		
	I have enclosed a copy	of my current n	ational certification in	my practice categor	y thereby satisfying 3	0 of the requ	iired 60
	hours of continuing edu	cation within th	e 2 years immediately	prior to this applica	tion. YES (\(\frac{1}{2} \))		
	Or,						
	For A.R.N.P.s licensed education.	I in the state bef	ore 1984 if not nation	ally certified: I com			
	caacation.				YES ()	NO ()
	The continuing education	on hours includ	e four contact hours o	f pharmacological co	ontent. YES (×)	NO ()
	Planned F EMPLOYER 29 Cent on EMPLOYER'S ADDR	Pare wth	ood	Fì	403 352	- 6898 HONE NUM	MBER
	29 Center	5+	Keene	NH 034	3/		
	EMPLOYER'S ADDR	ESS					
DE	ER PENALTY OF PERI stand knowingly providing (RSA 326-B:12) and ma	URY, I state the	nat the information pro ion may be grounds f	ovided is accurate to or denial, probation,	the best of my knowl reprimand, suspension	edge and bel	ief. I
		~					
	Maribeth	ignature			1 - 2 - 9 7 Date		
3H2		·		Page 2 of 2.			



STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

Mail: 6 Hazen Drive, Concord NH 03301-6527 Location: 78 Regional Drive, Concord NH 03301 TDD Access: Relay NH 1-800-735-2964

Doris G. Nuttelman, Ed. D. Executive Director

Nursing 603-271-2323 Nurse Asst. 603-271-6282

DIRECTIONS FOR RENEWAL OF ADVANCED REGISTERED NURSE PRACTITIONER LICENSE

Pursuant to RSA 326-B:10, and Nur 306.01 (b), Advanced Registered Nurse Practitioners requesting renewal of A.R.N.P. status must complete the application form and submit the renewal fees for the registered nurse (R.N.) and the Advanced Registered Nurse Practitioner (A.R.N.P.) licenses.

- 1. Submit a completed renewal application for the New Hampshire registered nurse license;
- 2. Submit a completed renewal application for the A.R.N.P. license;
- 3. Include a check or money order made payable to "Treasurer, State of N.H." for \$60.00 for the R.N. license and \$100.00 per requested A.R.N.P. category.
- 4. Verify continued advanced nursing practice competence using 900 hours active in the practice in your A.R.N.P. category within 4 years immediately prior to date of application.
- 5. A.R.N.P.s licensed after September 1984, shall fulfill continuing education requirements by:
 - Verifying completion of 30 continuing educational contact hours per category within 2 years immediately prior to application date.*
 - Providing a copy of your current national certification, that fulfills the 30 contact hour registered nurse licensure requirement.
- 6. A.R.N.P.s licensed prior to September 1984 if not certified shall verify 60 educational contact hours completed within 2 years immediately prior to application date.*
- * Note: Renewals after January 1, 1995, must indicate 4 hours of pharmacological content.
- 7. Attached are copies of your R.N. and A.R.N.P. renewal forms to be completed and returned to the Board with the required fees noted in item #3 above.

FEES ARE NOT REFUNDABLE.

Change of Address must be reported to: NEW HAMPSHIRE BOARD OF NURSING HEALTH AND WELFARE BUILDING B HAZEN DRIVE, CONGORD, NH 03301-6527



STATE OF NEW HAMPSHIRE
SOARD OF NURSING
HAZEN DR., CONCORD, NH 03301-852
HEGISTERED NURSE LICENSE

MARIBETH

O&FRIES.

Ligende no A 2 2 2 7 2 2

EXPIRES

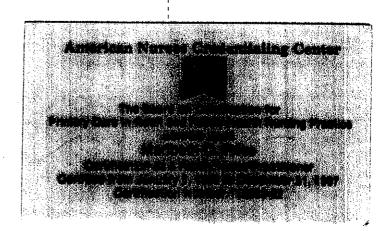
Change of Address must be reported to: NEW HAMPSHIRE BOARD OF NURSING HEALTH AND WELFARE BUILDING 6 HAZEN DRIVE, CONCORD, NH 03301-6527



STATE OF NEW HAMPSHIRE
BOARD OF NURSING
6 HAZEN DR., CONCORD, NH 03301-6
ADVANCED REGISTERED NURSI
PRACTITIONER

MARIBETH O FRIES

A.R.N.P. LICENSE NO. 022577-23 ARNP CATEGORY FAMILY EXPIRES 01/08/97



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MARIBETH O FRI

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STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES NEW HAMPSHIRE BOARD OF NURSING

Ck#1289

Mail: 6 Hazen Drive, Concord, N.H. 03301-6527 Location: 78 Regional Drive, Concord, N.H. TDD Access: Relay NH 1-800-735-2964

Division Charles E. Danielson, M.D., M.P.H Director

RNWLARNP.FRM

11/94

Board of Nursing Doris G. Nuttelman, Ed. D. Executive Director Licensing 603-271-2323 Nurse Asst. 603-271-6282

TELEPHONE #

APPLICATION FOR **RENEWAL**AS AN ADVANCED REGISTERED
NURSE PRACTITIONER IN NEW HAMPSHIRE

	ADDRESS
2.	Requested category: FAMILY
3.	Current New Hampshire Registered Nurse License Number <u>027577-21</u>
4.	Date first licensed by the Board as an A.R.N.P. in N.H. 1989
5.	Please submit a copy of your current national certification.
6.	Attach documents verifying thirty (30) contact hours of continuing education per A.R.N.P. category within the last two years immediately prior to application.
	Document continued advanced nursing practice competence using 900 hours active in the practice in your A.R.N.P. category within 4 years immediately prior to application.
8.	Planned Parenthood
	Planned Parenthood EMPLOYER 29 Center St Keene WH 03431
	EMPLOYER ADDRESS
accu prov repr grou	TR PENALTY OF PERJURY, I state that the information provided is trate to the best of my knowledge and belief. I understand knowingly riding false information may be grounds for denial, probation, rimand, suspension, revocation, of a license (RSA 326-B:12) and may be unds for conviction of a misdemeanor (RSA 641:3). 12-20-94 Date Markhaft Tues Signature

Planned Parenthood of Northern New England

certifies that

MARIBETT FRIES (Please fill in your nameretai		e with a copy of the agenda for your records.)				
has successfully complete						
Practitioner In-service:	Clinical Update on Abortion					
	Genetics of	Common Cancers				
given at Hanover Inn, Hanover,	NH	on the date(s) November 18 , 1994				
This program has been approved for	5	nursing contact hours are approved by the VT State Nurses' Association which is accredited as an approver of continuing education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation (ID #02-93-003) AMA Physician Category I are credited by the University of Vermont College of Medicine which is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians and designates this continuing medical education activity as meeting the criteria.				
	<u> </u>	nurse midwife contact hours by the American College of Nurse Midwives (ID #9394-183)				

All of our trainings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration.

51 Talcott Road, #1, Williston, VT 05495 (802) 878-7232

PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND PRACTITIONER IN-SERVICE NOVEMBER 18, 1994

Hanover	Inn
Hanover	NH

AGENDA

9:00 - 9:30	Welcome, Introductions, and morning refreshments	
9:30 - 12:00	Clinical Update on Abortion - Undy Tyson, MD - Hanna Hauser, PA	
12:00 - 1:00	LUNCH	
1:00 - 1:15	Medical Management Update	
1:15 - 2:00	Protocol Questions: Uterine Fibroids and Adnexal Masses - Judy Tyson, MD	
2:00 - 3:30	Genetics of Common Cancers with emphasis on Breast an Ovarian Cancers Alan Guttmacher, MD	đ
3:30 - 3:45	In-service Evaluation	



Planned Parenthood of Northern New England

certifies that

MARIBETH FA	5 hour training seminar entitled
given at Shaker Inn, Enfield, New Hampshire	on the date(s) February 26 19 93
of the Amer 5 AMA Physic Office of Co	tact hours by the VT State Nurses' Association redited by the Eastern Regional Accrediting Committee ican Nurses' Association cian Category I credits by the University of Vermont ntinuing Medical Education ife contact hours by the American College of Nurse Midwives
	priate for educational certification to their school administrator for consideration.

23 Mansfield Avenue, Burlington, Vermont 05401 (802) 862-9638

Planned Parenthood of Northern New England

certifies that

(Please fill in your name—retain has successfully completed				
Practitioner In-service:	Heart So	unds		
	Manifest	ation of HIV Disease	in Women	
		(ID #02-	-93-003)	
given at Radisson Inn, West Leb	anon, N.H.	_ on the date(s) _	May 13	, 19 94
This program has been approved for	6 nursing contact hours are of Nurses' Association which continuing education in Nurse Credentialing Center's Com		hich is accredite n Nursing by the	ed as an approver of e American Nurses
	5	AMA Physician Catego Vermont College of Me Accreditation Council (ACCME) to sponsor of physicians and design education activity as n	dicine which is for Continuing M ontinuing medica nates this contin	accredited by the fedical Education al education for uing medical
	5	nurse midwife contact Nurse Midwives	thours by the A	merican College of

PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND PRACTITIONER IN-SERVICE MAY 13, 1994

Radisson Inn West Lebanon, NH

AGENDA

9:00 - 9:30	Welcome, Introductions, and morning refreshments
9:30 - 11:30	Heart Sounds - Carol Green Hernandez Ph.D Associate Professor and Nurse Practitioner Program Director, UVM
11:30 - 12:00	Medical Management Team Update
12:00 - 1:00	LUNCH
1:00 - 2:00	Protocol Questions - Judy Tyson M.D. PPNNE Medical Director
2:00 - 3:30	Manifestation of HIV Disease in Women - Deb Kutzko, N.P. Comprehensive Care Clinic University Health Center, Burlington VΓ.
3:30 - 3:45	In-Service Evaluation

NPACE NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION

National Primary Care Conference Boston, MA November 10-13, 1993

Name MARIBETH FRIES Soc.Sec.# 163-48-4285

NPACE is approved as a provider of Continuing Education by the MNA and may grant Continuing Education Contact Hours to RNs. This Continuing Education activity carries a maximum of 30.3 Contact Hours. The MNA is accredited as an approver of Continuing Education by the Board on Accreditation of the ANA.

Total Contact Hours Earned: 17,10

5 Militia Dr., Lexington, MA

Amy Nerks, Director

Planned Parenthood of Northern New England

certifies that

has successfully completed a	name relain for your records.) hour fraining seminar entitled n: Protocol Review and Case Presentations"; ocol Questions"; "Gyn Rxam of Women with a Physical Disability') #02-93-003
given at Hanover Inn. Hanover. NH	on the date(s) February 11 , 19 ⁹⁴
This program has been approved for 6	nursing contact hours are approved by the VT State Nurses' Association which is necredited as an approver of continuing education in Nursing by the American Nurses Gredentialing Center's Commission on Accreditation
<u>.5</u>	AMA Physician Category I are credited by the University of Vermont College of Medicine which is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians and designates this continuing medical education activity as meeting the criteria.
_ 	nurse midwife contact hows by the American College of Nurse Midwives

All of our trainings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration.

51 Talcott Road, #1, Williston, VT 05495 (802) 878-7232

PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND PRACTITIONER IN-SERVICE FEBRUARY 11, 1994

Hanover Inn Hanover, New Hampshire

AGENDA

9:00 + 9:30	Sign-in, morning refreshments and introductions
9:30 - 11:30	Midlife Women: Protocol Review and Case Presentations
	- Cheryl Gibson, MD - Jude Sullivan, PX
11:30 - 12:00	Medical Management Team Update
12:00 - 1:00	Lunch
1:00 - 2:00	<u>Medical Protocol Questions</u> - Judy Tyson, MD
2:00 - 3:30	Gyn Examination of Women with a Physical Disability
	- Katherine McLaughlin, PPNNE Educator

In-service evaluation

American Nurses (

MERICAN NURSES CREDENTIALING CENTER 600 Maryland Avenue, S.W., Suite 100 West, Washington, DC 20024-2571 (202) 554-4444 (800) 284-CERT FAX: (202) 554-0188

Mary M. Germain, EdD, RN, C President

Marie A. Reed, EdD, RN, CNAA Director

VERIFICATION OF CERTIFICATION

•		
<u>December 31. 1992</u>	이 얼마나라는 하다는 사람들이 있다.	
Maribeth Fries		
September Character		sey.
	Market and the second s	
The state of the s		
Please accept this as verification that	¹ Märlbeth Fries	is
Please accept this as verification that		Andrew and market bedresser Angles
and fad as s(s)		
certified as a(n) Family Nurse Pr	CACHIES ONGS	
by the American Nurses Credentialin	ur Center. The certification dates (
by the American Turses Gredentian.		
1/1/93 - 12/31/97	The identification number for this	certification is
1/1/93 - 12/31/9/		
112953		
		
If additional information is required	please contact our office at 800-28	4-2378
	And Market Carlotte	ALL STREET
		orth September
Kathing Holling 2000		A. Cakanting Administra
Kathryne Hollis Lyons		
Associate Registrar		
Associate Registral	The state of the s	
- 1985년 - 1985 - 1985년 - 1985		
(SEAL)		
	a figure of the comment	

A Subsidiary of the American Nurses Association



Harvard Medical School

Johanna F. Perlmutter, M.D.

Assistant Professor
of Obstetrics, Gynecology
and Reproductive Biology



Beth Israel Hospital Boston

Department of Obstetrics Gynecology and Reproductive Biology Director, Division of Human Sexuality Beth Israel Hospital 330 Brookline Avenue Boston, MA 02215

(617) 735-2168

PARTICIPATION CONTACT HOUR AWARD FORM

Beth Israel Hospital Daniels Conference Center 109 Brookline Avenue Boston, Massachusetts 02215

NAME: Maribeth Fries Social Security Number 163-48-4285
Has completed the offering entitled "Endometrial and Ovarian Carcinoma", (#6955) on December 02, 1994. This offering has been approved for 4.8 contact hours by the Massachusetts Nurses Association which is addredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's commission on Accreditation.

Johanna F. Perlmutter, M.D., M.P.H.

603 • 352-6898 FAX: 603 • 352-0682

SERVING MAINE, NEW HAMPSHIRE & VERMONT

12-23-94

To Whom of may Concern -

O am writing to confirm that maribith Fries is employed with to as a nurse Practitioner. Buth works 20 hours a welk (minimum) and has done so since September 1993, incleasing her hours from 8 hours/welk.

If you have any quetions, please don't hesitate to give me a call

Short you -

alison Fischer Site manager



STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES NEW HAMPSHIRE BOARD OF NURSING

Mail: 6 Hazen Drive, Concord, N.H. 03301-6527

Location: 78 Regional Drive, Concord, N.H.

HELP LINE TTY/TDD RELAY 1-800-735-2964

Department Harry H. Bird, M.D. Commissioner

Division Patrick J. Meehan, M.D. Director Board of Nursing Doris G. Nuttelman, Ed. D. Executive Director Licensing 603-271-2323 Nurse Asst. 603-271-6282

APPLICATION FOR RENEWAL/REINSTATEMENT FOR LEGAL RECOGNITION AS AN ADVANCED REGISTERED NURSE PRACTITIONER IN NEW HAMPSHIRE

1.	I, MARIBETH O. FRIES, request renewal/reinstatement as an Advanced Registered Nurse Practitioner in the category of FAMILY NUISE PRACTITIONER
2.	Date first licensed by the Board as an ARNP in New Hampshire. 1488
3.	ARNP's approved after September 21, 1984, please submit a copy of your current national certification.
4.	Current New Hampshire Registered Nurse License number 022577-21
5.	Attach documents verifying thirty (30) contact hours of continuing education per ARNP category within the last two years immediately prior to application.
6.	Please note active-in-practice requirements effective July 1, 1992.
7.	DEA NUMBER BF 1642847 Expiration Date 9-30-94
	12-24-92 Date Maribith Fries Signature 111 Adam St Street
	111 Adam St Street
	Keene N/t 0343/ City/Town State



The Committee of Examiners for Primary Care in Adult and Family Mursing Bractic

Maribeth O. Friest eriffication as a Lamily Nurse Practifiquer

Certified from January 1, 1988 to Becember 31, 1992 Gentification No. 112953

The M. O. Lin

and Mapie

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is

AMERICAN NURSES CREDENTIALING CENTER

600 Maryland Avenue, S.W., Suite 100 West, Washington, DC 20024-2571 (202) 554-4444 (800) 284-CERT FAX: (202) 554-0188

> Mary M. Germain, EdD, RN, C President

Marie A. Rood, EdD, RN, CNAA

Director

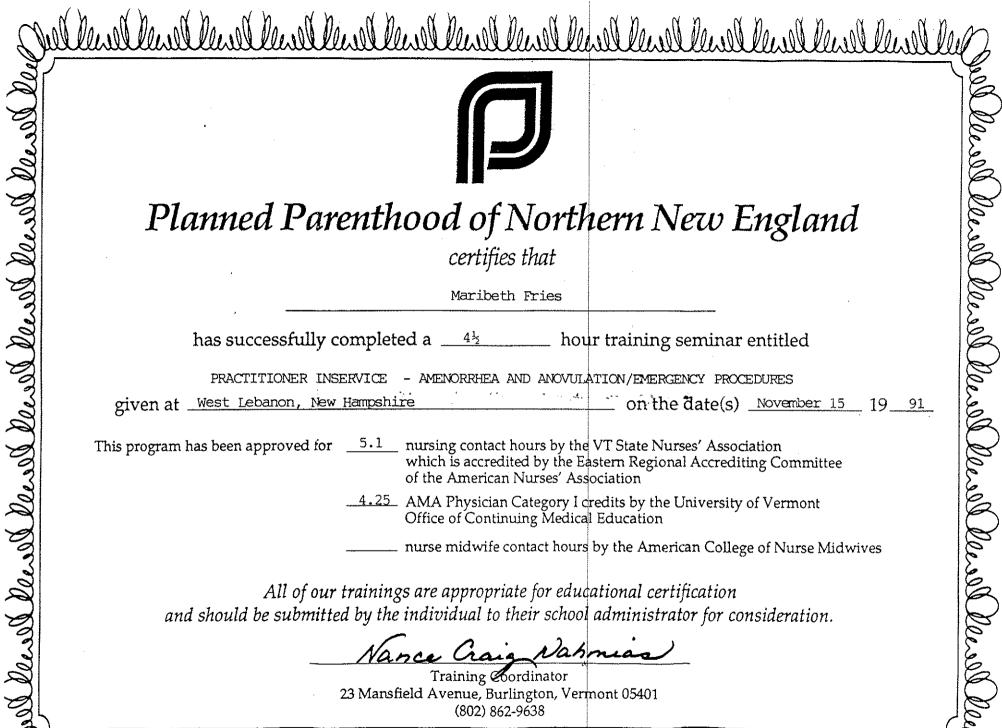
VERIFICATION OF CERTIFICATION

<u>December 31. 1992</u>		
Maribeth Prics		
K		
Please accept this as verification that	Maribeth Fries	is
certified as a(n) Family Nurse Prac	ritioner	
by the American Nurses Credentialing	Center. The certification dates are	
<u>1/1/93 12/31/97</u> . Th	ne identification number for this certi	fication is
112953		
If additional information is required plant	ease contact our office at 800-284-23	78.
Kathuzne Hollia Dyom)		
Kathryne Hollis Lyons Associate Registrar		
	DEC3 1 1992	
(SEAL)	GF NURSING	

NPACE

NORSE PRHOTITIONE	HOSOCIATES FOR CONTINUING EDUCATION				
Clinical Issues in Olde	er Adults/Infectious Diseases Across the A Woburn, MA March 2, 1991	ges			
Name MARIBETH FRIES has completed this	Soc. Sec.# 163-48-4285				
has completed this program which has been approved by the the Massachusetts Nurses Association which is accredited by the Board of Accreditation of the American Nurses' Association					
Total Contact Hour	s Earned: 6.9				
MA Offering #0701 & 0703	Maria A. Tash				
5 Militia Dr., Lexington, MA	Maria A. Tadd, Program Director				

۲.



Office of Continuing Medical Education nurse midwife contact hours by the American College of Nurse Midwives

All of our trainings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration.

Training Coordinator

23 Mansfield Avenue, Burlington, Vermont 05401

(802) 862-9638



Beth Israel Hospital Boston

330 Brookline Avenue Boston, MA 02215

A major teaching hospital of Harvard Medical School

A constituent agency of Combined Jewish
Philanthropies

Mitchell T. Rabkin, MD President

(617) 735-2000

March 1, 1991

Dear Ms. Fries,

Thank you for participating in our seminar "Contraceptives: A Review and a Look Toward the Future" (9566-N), held at 109 Brookline Avenue on March 1, 1991. This offering, sponsored by John Snow Institute, has been approved for 4.8 Contact Hours by the Massachusetts Nurses Association which is accredited by the Board on Accreditation of the American Nurses' Association.

Your comments are appreciated, and I look forward to seeing you at future Family Planning seminars.

Sincerely,

Johanna F. Perlmutter, M.D.

JFP/sk

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Deeroll Deeroll Deeroll Deeroll Deeroll Deeroll Deeroll Deeroll Deeroll



Planned Parenthood of Northern New England

certifies that

Maribeth Fries	
has successfully completed a 5½ h	our training seminar entitled
PRACTITIONER INSERVICE - AT	DS TESTING
given atSheraton Inn, West Lebanon, New Hampshire	on the date(s) <u>May 15</u> 19 92
This program has been approved for 6.6 nursing contact hours by which is accredited by the of the American Nurses' A	Eastern Regional Accrediting Committee
5 AMA Physician Category Office of Continuing Med	I credits by the University of Vermont ical Education
nurse midwife contact hor	ars by the American College of Nurse Midwives
All of our trainings are appropriate for ed	ucational certification
and should be submitted by the individual to their scho	ol administrator for consideration.
Nance Craig Na	homias
Training Coordinator	
23 Mansfield Avenue, Burlington, V	ermont 05401
(802) 862-9638	



Julland level leve well Deers & Deers & Deers & Deers & Deers & Deers & Deers

Planned Parenthood of Northern New England

certifies that

Maribeth Fries	
has successfully completed a5	hour training seminar entitled
PRACTITIONER INSERVICE: SEXUAL ABUSE MANDATED REPORT	ING/COUNSELING CRISES AND EMERGENCIES
given at <u>Concord</u> , New Hampshire	on the date(s) November 6 19 92
This program has been approved for 6.0 nursing contact hours by which is accredited by the of the American Nurses'	the VT State Nurses' Association e Eastern Regional Accrediting Committee Association
AMA Physician Categor Office of Continuing Med	I credits by the University of Vermont dical Education
nurse midwife contact he	ours by the American College of Nurse Midwives
All of our trainings are appropriate for e	ducational certification
and should be submitted by the individual to their sch	
Nance Craig No	hmias
Training Coordinator 23 Mansfield Avenue, Burlington, V (802) 862-9638	





Beth Israel Hospital Boston

Harvard Medical

School

Department of Obstetrics Gynecology and Reproductive Biology Director, Division of **Human Sexuality**

Beth Israel Hospital 330 Brookline Avenue Boston, MA 02215

(617) 735-2168

June 14, 1991

Dear Ms. Fries

Thank you for participating in our seminar "Blood Lipids and the Menopausal Woman" (0583-E), held at 109 Brookline Avenue in Conference Room C on June 14, 1991. This offering, sponsored by John Snow Institute, has been approved for 4.8 Contact Hours by the Massachusetts Nurses Association which is accredited by the Board on Accreditation of the American Nurses' Association.

Your comments are appreciated, and I look forward to seeing you at further Family Planning seminars.

Sincerely

Johanna F. Perlmutter, M.D.

JFP/sk



STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES NEW HAMPSHIRE BOARD OF NURSING

HELP LINE TTY/TDD 1-800-992-3312 or 225-4033

M. Mary Mongan Commissioner

William T. Wallace, Jr., M.D., M.P.H. Director Division of Public Health Services

Health & Welfare Bldg. 6 Hazen Drive Concord, NH 03301-6527

New Hampshire Board of Nursing Mailing Adddress: Division of Public Health Health & Welfare Bldg. 6 Hazen Drive Concord, N.H. 03301-6527

Location: 78 Regional Drive Concord, N.H.

Tel. (603) 271-2323

APPLICATION FOR RENEWAL/REINSTATEMENT FOR LEGAL RECOGNITION AS AN ADVANCED REGISTERED NURSE PRACTITIONER IN NEW HAMPSHIRE

- O. FRIES I. Maribeth ,request renewal/ reinstatement of legal recognition as an Advanced Registered Nurse Practitioner in the category of FAMILY NUISE PRACTITIONER
- 2. Date first legally recognized by the Board as an A.R.N.P. in New Hampshire
- 3. A.R.N.P.'s approved after September 21, 1984 please submit proof of current national certification.
- Since the original/last renewal, I have had the following continuing education: (Attach photocopies of proof of attendance. Thirty (30) contact hours per biennium.

Complete the following:

COURSE	DATE/S	NUMBER OF CONTACT HOURS
PRACTITIONER INSERVICE - TREATING MALES	6-22-90	6.0
MEDICAL ETHICS /HPV	8 - 24 - 90	6.0
WOMEN + SELF ESTEEM	12-1-89	le. G
NPACE	11 - 1 to 11-3-90	18.9
REProductive HEATH	5-4/5-89	11.8
GYNECOlogic disorders HPV + PAP EMEARS	1-20-89 3-17-89	4, 8 4, 8
A # 1 / / /	3-11-81	(10

DEA NUMBER BF / 642847 Expiration Date 9-30-7/If applicable

Date

Collaborating Physician/s and addresses: Judy Tyson MD

Richard Douglass MaINST HILLSBORGNH 03244

Wediko Children's Surve

03244

PLANNED PARENTHOOD CENTRAL OFFICE 23 MANSFIELD AVENUE BURCINGTON VT: 05401

Location of your practice as an A.R.N.P.: PLANNED PARENTHOOD 29 (enter St Keene, NH 17-15-90

BOX 167 RFD +
Hillsborg, NH marketh Frus Signature



merican



urses



ssociation



The Committee of Kxaminers for Primary Care in Adult and Family Nursing Practice confers upon

MARIBETH O. FRIES



ertification as a Family Nurse Practitioner

Certified from January 1, 1988 to December 31, 1992

Frances M. Devlin

Charperson, Committee of Examiners for Primary Care in Adult and Family Nursing Practice Care N. / apil

Board on Certification



The Committee of Examiners for Primary duce in Adult and Family Nursing Practice

Maribeth O. Fries ertification as a Family Nurse Practitioner

Certified from January 1, 1988 to Becember 31, 1992 Gertificston 20. 112953

NURSE PRACTITIONER ASSOCIATES FOR CONTINUING EDUCATION

National Primary Care Conference Boston, MA November 1-3, 1990

Name MARIBETH FRIES	Soc.Sec.#
has completed this program	which has been approved by
 the Massachusetts Nurses Association 	n which is accredited by the
Board of Accreditation of the	American Nurses' Association
Total Contact Hours Earned:	18.9
MA Offering # 0460	0
	Maria a. Lad
5 Militia Dr., Lexington, MA	Maria A. Tadd, Program Director

Certificate of Completion of Training

This Certifies That

Maribeth Fries

has satisfactorily completed

Reproductive Health: Review and Update May 4 and 5, 1989 Cambridge, MA

Linette Liebling, Training Coordinator

This Offering has been approved 11.8 Contact Hours by the Massachusetts Nurses Association which is accredited by the Eastern Regional Accrediting Committee of the American Nurses' Association, and/or ———Contact Hours by the Collaborative of the National Association of Social Workers and Boston College and Simmons College Schools of Social Work

REGION I TRAINING CENTER FOR FAMILY PLANNING

JSI Research and Training Institute 210 Lincoln Street Boston, MA 02111





Harvard Medical School

Johanna F. Perlmutter, M.D.

(617) 735-2168

Director of the Division of Human Sexuality Harvard Medical School Department of Obstetrics and Gynecology Beth Israel Hospital Beth Israel Hospital 330 Brookline Avenue Boston, MA 02215



Beth Israel Hospital January 20, 1989

Maribeth Fries Keene F P

Dear Ms. Fries:

Thank you for participating in our seminar on Friday, January 20, 1989. The course titled "Gynecologic Disorders" has been approved for 4.8 Contact Hours by the Massachusetts Nurses Association which is accredited by the Eastern Regional Accrediting Committee of the American Nurses' Association.

Your comments are appreciated and I look forward to seeing you at further family planning seminars.

Simperely,

Johanna F. Perlmutter, M.D.



Harvard Medical School

Johanna F. Perlmutter, M.D.

(6預元至4695, 1989 Harvard Medical School

Director of the Division of Human Sexuality Harvard Medical School Department of Obstetrics and Gynecology Beth Israel Hospital Beth Israel Hospital 330 Brookline Avenue Boston, MA 02215



Beth Israel Hospital Ms. Maribeth Fries

Dear Ms. Fries:

Thank you for participating in our seminar on Friday, March 17, 1989. The course titled "The Human Papilloma Virus and Pap Smears has been approved for 4.8 Contact Hours by the Massachusetts Nurses Association which is accredited by the Eastern Regional Accrediting Committee of the American Nurses' Association.

Your comments are appreciated and I look forward to seeing you at further family planning semianrs.

SixCerely,

Johanna F. Perlmutter, M.D.

JFP:ab



Planned Parenthood of Northern New England

certifies that

	Maribeth Fries
has successfully completed a5	d a5 hour training seminar entitled
PRACTITIONER INSERVICE -	PRACTITIONER INSERVICE - MEDICAL ETHICS/HPV AND GYNECOLOGIC CANCER
iven at Sharon, Vermont	on the date(s) August 24 1990
This program has been ap	This program has been approved for $\frac{6}{2}$ nursing contact hours

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification Crang Alakania M.C.S.

AMA Category I credits
4.25 nurse midwife contact hours

Coordinator of Professional Training 23 Mansfield Avenue Burlington, Vermont 05401 (802) 862-9637



Planned Parenthood of Northern New England

certifies that

given at			
given at West Lebanon, New Hampshire	红	has successfully complete	MARIBETH
	OMEN A	d a	77)
	ND SELI	5 <u>1</u>	FRIES
on the date(s) December 1	WOMEN AND SELF ESTEEM	has successfully completed a5½ hour training seminar entitled	
19 89			

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

nurse midwife contact hours

AMA Category I credits

This program has been approved for 6.6 nursing contact hours

Nance Craig Clahming M.cd.
Coordinator of Professional Training

23 Mansfield Avenue Burlington, Vermont 05401 (802) 862-9637



Planned Parenthood of Northern New England

certifies that

	given at .			
This program has been app	Burlington, Vermont	PRACTITIONER	has successfully completed	
This program has been approved for $\frac{6}{5.5}$ nursing contact hours $\frac{5.5}{100}$ AMA Category I credits	on the date(s) June 22 19 90	PRACTITIONER INSERVICE - TREATING MALES	has successfully completed a5k hour training seminar entitled	Beth Fries, ARNP
	9			

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

nurse midwife contact hours

Coordinator of Professional Training
23 Mansfield Avenue
Burlington, Vermont 05401
(802) 862-9637

NEW HAMPSHIRE BOARD OF NURS Health and Human Services building 6 Hazen Drive Concord, N.H. 03301-6527 Tel. (603) 271-2323

DEC 26 1990 Maribeth O. Fries Н To the Licensee: Your application: () has not been received. is incomplete where indicated. () needs clarification (see below). was received without required fee. was received with correct fee and is returned (check # 507 dated 12/15/90 () is returned. Your license has expired. The fee for reinstating an expired license is \$90.00. () needs signature. () verification from state of original licensure has not been received. () verification form must be sent to ORIGINAL Board of licensure. A second form is enclosed. indicates that you have not practiced nursing for 900 hours within the past four years. A reentry packet is enclosed. () will be considered abandoned if we do not hear from you within three weeks of the date of this correspondence. Please complete question #3 and return all material as soon as possible.

() $\frac{\text{NOTE:}}{\text{Shall}}$ Persons practicing nursing in New Hampshire without a current license $\frac{1}{\text{Shall}}$ be considered an illegal practitioner and shall be subject to the

penalties provided for violations of this chapter (RSA 326-B:1, RSA 326-B:8 (III).

Tuson Hoodness

Account Clerk



STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES NURSES REGISTRATION BOARD

M. Mary Mongan Commissioner

William T. Wallace, Jr., M.D., M.P.H. Director Division of Public Health Services

Health & Welfare Bldg. 6 Hazen Drive Concord, NH 03301-6527 Tel. (603) 224-5500

Nurses Registration Board Mailing Address: Division of Public Health Health & Welfare Bldg. 6 Hazen Drive Concord, N.H. 03301-6527

Location:

78 Regional Drive Concord, N.H. Tel. (603) 271-2323 February 19, 1988

Ms. Maribeth Fries 3177 Sweetwater Springs Blvd. 297 Spring Valley, CA 92078

Dear Ms. Fries:

At its February 18, 1988 meeting, the New Hampshire Board of Nursing Education and Nurse Registration reviewed the recommendations of the Advanced Registered Nurse Practitioner Liaison Committee.

The Board approved your application as an Advanced Registered Nurse Practitioner in the category of Family.

Please forward your registered nurse license to this office for appropriate stamping. In the interim, this letter will serve for identification purposes.

If you wish to utilize prescriptive privileges as provided for by RSA 326-B:10, please forward the following information to this office:

- a. Your name and specialty area
- b. Your assigned DEA number
- c. The name and DEA number of your collaborating physician

Enclosed please find the following: Nurse Practice Act; Physician Manual (outline of the Controlled Substance Act); DEA application information; ARNP Formulary; Rules and Regulations pertaining to the expanded role and CEU guidelines.

Sincerely,

Doris E. Nay, R.N., M.A. Executive Director

Enclosures





STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES NURSES REGISTRATION BOARD

- 1. I, MARIBETH FRIES, REQUEST RENEWAL OF LEGAL RECOGNITION AS AN ADVANCED REGISTERED NURSE PRACTITIONER IN THE AREA OF FAMILY PRACTICE.
- 2. DATE FIRST LEGALLY RECOGNIZED BY THE BOARD AS AN A.R.N.P
- 3. A.R.N.P.'S APPROVED AFTER SEPTEMBER 21, 1984 PLEASE SUBMIT PROOF OF CURRENT NATIONAL CERTIFICATION.
- 4. SINCE THE ORIGINAL/LAST RENEWAL, I HAVE HAD THE FOLLOWING CONTINUING EDUCATION: (ATTACH PHOTOCOPIES OF PROOF OF ATTENDANCE. FIFTEEN (15) CONTACT HOURS PER YEAR)

adult chnical 4/23phamacology 5/21/88 30.0

- 5. DEA NUMBER BF 164 2847 EXPIRATION DATE 9-30-91
- 6. COLLABORATING PHYSICIAN(S) AND ADDRESS:

 DENNIS Swartout # AS 8653063

 29 Center St

 KEENE, NH 03431

1-17-89 DATE Maribeth Frus SIGNATURE

RECEIVED NEW HAMPSHIRE BOARD

JAN 29 1988

OF NURSING

AMERICAN NURSES ASSOCIATION
2420 PERSHING ROAD
KANSAS CITY, MISSOURI 64108
THE SCORES WHICH YOU ACHIEVED ON THE FAMILY NURSE PRACTITIONER EXAMINATION,
TESTED SEPTEMBER 26, 1987, APPEAR BELOW

SC	SSING YOUR ORE SCORES 160 209 48 72 20 22 31 16	PERCENT SCORES 76.00 82.76 80.90 71.43 68.75 65.96 76.19	MAXIMUM SCORES 275 58 89 28 32 47 21
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017

ID# 1129530722

MARIBETH O FRIES

YOU HAVE PASSED THE EXAMINATION

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY · DAVIS · IRVINE · LOS ANGELES · RIVERSIDE · SAN DIEGO · SAN FRANCISCO



JAN 1 1 1988

SANTA BARBARA • SANTA CRUZ OF NURSING

SCHOOL OF NURSING OFFICE OF STUDENT AFFAIRS, ROOM 319-X Telephone: (415) 476-1435

SAN FRANCISCO, CALIFORNIA 94143-0602

January 4, 1988

Mr. George Gielen Division of Public Health Services Health and Welfare Bldg. 6 Hazen Drive Concord, NH 03301-6527

Dear Mr. Gielen:

Ms. Maribeth Fries has requested that we clarify the discrepancies between the two transcripts that you have received.

Ms. Fries was enrolled in our intercampus Family Primary Care program. Students enrolled in this program register at the University of California, San Diego during their second year of study. For record keeping purposes, the Registrar's Office unofficially withdraws these students for their second year and notes the courses and date of graduation on the UCSF transcript when transcripts from UCSD are received. Thus, on June 19, 1987 Ms. Fries' transcript showed that she had withdrawn. When the grades from UCSD were received, the Registrar's Office reactivated her record to show completion of courses taken at San Diego from Fall 1986 through Spring 1987. This information is noted in the last column of the transcript that was run on September 17, 1987.

We hope that this information will expedite Ms. Fries' application for legal recognition as a nurse practitioner. If we may further clarify her transcript, please contact this office.

Sincerely,

Helen Birkeland

Acting Director of Student Affairs

malshill rolls

HB/n.jw

cc: Maribeth Fries

December, 10, 1987

11 00 011400

George E. Geilen, RN, BS Division of Public Health Health + Welfare Bldg Gerard, MH 03301-4527 RECEIVED
NEW HAMPSHIRE BOARD

DEC 24 1987

OF NURSING

Dear Mr Geilen,

I have applied to be licensed in New Hampshine as a nurse practitioner and am responding to your letter of October 14,1987. I apologize for the delay. I have written to my school to have them send you an official explanation of my transcript, but I will briefly explain

my situation here.

D was enrolled in a 2 year Master's program which had an intercampus arrangement. Our first year was completed at UC san Irancisco and our second year at UC San Diego. That is why san Irancisco shows me as with drawn offer the first year. My final transcript showes my classes and grades from San Irancisco on the left, and those from San Dugo on the right. I am very sorry for this confusion and will have an official inplanation sent. With this letter I have sent a copy of my disloma as prove of my degree (was unsure of what you wanted). How do I go about sending the ava results to you? At this date I have not received the results.

Please confact me for any further information

needed. Thank you.

Suncerely Marketh Fries FNP



The Committee of Examiners for Frimary Care in Adult and Family Nursing Practice

Maribeth O. Frien errification as a Family Nurse Practitioner

Certified from January 1, 1988 to Becember 31, 1992

112953





Director of Nursing Practice



CALIFORNIA NURSES

1855 Folsom Street, Suite 670 • San Francisco, CA 94103

CE	RT	IF	C	4T	E
of CONT	INUING I	EDUCA	TION in	NURSI	NG

ADULT_CLINICAL_PHARMACOLOGY_FOR Course TitleNURSE_PRACTITIONERS	MARI HETH ERIES Name A 360745
<u>4/23/88 - 5/21/8</u> 8	RN License No.
Date STEPHEN ECHANVES PHARM D.	<u> </u>
Instructor CALIFORNIA NURSES ASSOCIATION	Address
Provider MARILYN CHOWA RNA DNS	City, state, Zip

Provider Number 00754 for 30.00 contact hours.

This course has been approved by the California Board of Registered Nursing.

This certificate must be retained for a period of four (4) years after the course concludes.

THE REGENTS OF THE

University of California

ON THE NOMINATION OF THE
GRADUATE COUNCIL OF THE SAN FRANCISCO DIVISION
HAVE CONFERRED UPON

MARIBETH OLIVIA FRIES

THE DEGREE OF MASTER OF SCIENCE

IN NURSING

WITH ALL THE RIGHTS AND PRIVILEGES THERETO PERTAINING

GIVEN AT SAN FRANCISCO
THIS FOURTEENTH DAY OF JUNE IN THE YEAR
NINETEEN HUNDRED AND EIGHTY-SEVEN

GOVERNOR OF CALIFORNIA AND PRESIDENT OF THE REGENTS

PRESIDENT OF THE UNIVERSITY

CHANCELLOW AT SAN FRANCISCO

DEAD OF THE GRADUATE DYSIGN
AT SAN FRANCISCO



STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH SERVICES NURSES REGISTRATION BOARD

M. Mary Mongan Commissioner

William T. Wallace, Jr., M.D., M.P.H. Director Division of Public Health Services

Health & Welfare Bldg. 6 Hazen Drive Concord, NH 03301-6527 Tel. (603) 224-5500

Nurses Registration Board Mailing Address: Division of Public Health Health & Welfare Bldg. 6 Hazen Drive Concord, N.H. 03301-6527

Location: 78 Regional Drive Concord, N.H. Tel. (603) 271-2323 October 14, 1987

Ms. Maribeth Fries

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Dear Ms. Fries:

Please be advised that we have received a second transcript, which was run on September 17, 1987 and received by our office on October 13, 1987.

I have highlighted areas of question on both of your transcripts relating to dates.

Your first transcript received by the Board on June 29, 1987 was run on June 19, 1987, five days after graduation according to your second transcript. Your first transcript indicated that you had withdrawn from the program on June 15, 1986 and there were no courses listed on the transcript for the Fall of 86 or any other semester.

In my original letter of August 28, 1987 I had also requested a copy of your degree, which to date has not been received, to verify graduation.

I would request that you contact your school and have them provide us with an explanation regarding those areas of your transcript which are in question.

Once this information has been received your application for legal recognition as a nurse practitioner will be reconsidered.

Since your original application was submitted to this office the Board of Nursing has ruled that the entire application including the ANA results must be complete before presentation to the Board.

Sincerely,

George E. Gielen, R.N., B.S.
Nursing Practice Coordinator

PUBLIC HEALTH

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NAME FRIES, MAR!	rafih O	LIVI	4		DATE ADM		09-	-D985				A(S AS OF 09-17-87 01
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FRIES, MARIBETH OLIVIA		DATE ADMITTED	ı		AS OF 06-19-87 (
MER NAME			-08-58 NNSYLVANIA		NURSING GRAD AC
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					REGISTRAR AND ADMISSIONS OFFICE

New Hampshire Board of Nursing

State Office Park South 101 Pleasant Street, Concord, N.H. 03301 (603) 271-2323



NURSES REGISTRATION BOARD DIVISION OF PUBLIC HEALTH HEALTH & WELFARE BLDG. 6 HAZEN DRIVE CONCORD NH 03301-6527

August 28, 1987

Ms. Maribeth Fries

Dear Ms. Fries:

Please be advised that we are in receipt of your official school transcript, dated 6/23/87, which indicates that you withdrew from the program on 6/15/86, yet your application indicates that you graduated in June 1987 from University of CA at San Francisco.

Would you please forward a copy of your Masters Degree along with a certified copy of your school transcript so that these may be reviewed by the ARNP Liaison Committee and then forwarded to the Board for final action.

Thank you for your time and cooperation in this request.

George E. Gielen, R.N., B.S. Nursing Practice Coordinator

Enclosures: 1

June minutes

NEW HAMPSHIRE BOARD OF NURSING A.R.N.P. APPLICATION PROCESS

Name: Maribeth Fries	Date applied: 6/24/87
Application and fee received:	6/24/87
Name of school and specialty:	University of CA/San Francisco, CA Family
Date completed program: 6/87	Is the program approved? <u>Yes</u> If "no", are
program descriptions in Board	office? Date licensed in N.H.: 8/28/79
LIAISON COMMITTEE ACTION:	
Category: Family	
Collaborating physician, if a	ppropriate:
Date reviewed: 8/27/87	
ع ۱۱۱ الله ع Prior experience (12 months as	s R.N.): 10/83 - 6/85 VNA - Alameda, CO
National certification by: AN	A Dates of: 9/87 Pending
Application: Recommende	ed Not recommended
Explanation: <u>Need t</u>	ionscript - Need 6/29/87 not complete
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