

| NAME | LIC # | Lic Type | App Type | Question | Answer | Date of renewal |
|------------------------|-----------|----------|----------|--|--------|-----------------|
| Martin Havener, Pamela | 020888-21 | 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. | Y | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | RN | REN | I have completed 30 contact continuing education hours within 2 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. | Y | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | 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 | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | RN | REN | *Do you have a mental or physical problem that makes you incompetent to practice nursing? | N | 4/1/2015 |

| | | | | | | |
|------------------------|-----------|----|-----|--|---|----------|
| Martin Havener, Pamela | 020888-21 | 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 | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | RN | REN | *Have you previously or currently been impaired by or diverted any chemical substances that have impaired your ability to practice nursing? | N | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | RN | REN | Indicate whether or not you have completed an advanced practice educational program by checking the appropriate box(es): | Nurse practitioner (NP) | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | RN | REN | Choose one that best describes your current employment status. Note that for this question, any position that requires an active nursing license is considered to be a position in nursing. Direct patient care is not a requirement. Skip instruction: <i>If you are actively working in a paid position in nursing, or providing nursing services as a volunteer, please continue with the next item. If you chose any of the other options, please skip to "In what year were you born?"</i> | Actively employed in a paid position in nursing | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | RN | REN | Does your nursing position involve providing direct care services to patients/clients/families? | Y | 4/1/2015 |

| | | | | | | |
|------------------------|-----------|------|-----|--|--|----------|
| Martin Havener, Pamela | 020888-21 | RN | REN | Choose the one setting that best describes where you practice the most hours each week in a typical week. | Public/community health | 4/1/2015 |
| Martin Havener, Pamela | 020888-21 | 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 | 4/1/2015 |
| Martin Havener, Pamela | 020888-23 | 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 | 4/1/2015 |
| Martin Havener, Pamela | 020888-23 | 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 | 4/1/2015 |
| Martin Havener, Pamela | 020888-23 | 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 | 4/1/2015 |
| Martin Havener, Pamela | 020888-23 | APRN | REN | Effective June 30, 2015, pursuant to RSA 318-B:33, II and PH 1503.01(a), I have registered with the NH Prescription Drug Monitoring Program within 90 days of licensure. | Y | 4/1/2015 |

NOV 18 1977

RECEIVED
 TEMP. PERMIT NO. 537
 ISSUED 1-30-78
 EXPIRES 3-30-78
 FEE OF \$1.00 REC'D
 3.00/30/78

NEW HAMPSHIRE
 STATE DEPARTMENT OF EDUCATION



COPY

BOARD OF NURSING EDUCATION
 & NURSE REGISTRATION
 105 Loudon Road, Concord, N H 03301



REGISTERED NURSE ENDORSEMENT APPLICATION

Section I I hereby make application for a license by endorsement as a Registered Nurse with the laws of the State of New Hampshire.

- 1 Name Pamela Jean Martin Havener
 (first) (middle) (maiden) (last) (S.S. No)
- 2 Mailing address _____
 (street) (city) (state) (zip code)
- Permanent address _____
 (street) (city) (state) (zip code)
- 3 Birth: Date _____ Place: USA? Yes ☒ No _____
- 4 High School Niskayuna High School Schenectady 1968 1972
 (name) (location) (year entered) (year graduated)
- 5 I am a graduate of State University College at Brockport School of Nursing
 located in Brockport New York
 (city) (state)
- Type of program: Diploma _____ Associate Degree _____ Baccalaureate Degree ☒
 Entered School of Nursing Sept. 1974 and graduated May 1976
 (date) (date)
- 6 I was originally licensed in the State of New York
 by: Examination ☒ Endorsement _____ Waiver _____ on Oct. 22 No 288124
 (date) 1976 (original)
- 7 I am currently licensed in New York
 (state/s and/or province/s)
- 8 Have you ever had a nursing license denied, suspended, or revoked in another state? Yes _____ No ☒
- 9 Have you ever had a problem with drug addiction, alcohol, or mental illness? Yes _____ No ☒
- 10 Have you ever been convicted of a misdemeanor or a felony? Yes _____ No ☒
- 11 Are you applying for a Temporary Permit? ☒ If "yes" state name and address of your New Hampshire employer, _____
- 12 Signature of Applicant Pamela Martin Havener Date Nov. 8, 1977

State of New Hampshire

AFFIDAVIT

County of Hillsborough

} SS

Pamela Jean Martin Havener personally appearing before me, being duly sworn, says that (he)
 (Name of Applicant)

(she) is the person referred to in the foregoing application for license to practice as a Registered Nurse in the State of New Hampshire, that the statements therein contained are to the best of (his) (her) knowledge and belief true; that the attached photograph is (his) (hers); and that (he) (she) has read and understands this affidavit.

(Seal)

Sworn to before me this 8th
 day of November, 19 77

Theresa D. Thorne

Notary Public

MY COMMISSION EXPIRES
 SEPTEMBER 29, 1981

My Commission expires _____

Section II

12. Post Graduate Education

a. Clinical Nursing Course

Institution---Name and Location

Dates

b. Other Post Graduate Education

1.2 CEUs) Nursing Assessment Judith Whitaker
Director of Continuing Education
State University of N.Y. at Albany June 29 and 30, 1977

13. Employment Experience: (Since graduation or during past 10 years)

Organization

Location

Nature of Work

Dates

Sunnyview Hospital and Rehabilitation Center Belmont Ave Schenectady N.Y. Staff nurse R.N. Oct. 25, 1977-Aug. 10, 1977
Hallmark Nursing Center Altamont Ave. Schenectady nurse's aide June-Aug 1975
Jan 3-23 1976

CERTIFICATION OF SCHOOL OF NURSING

Section III

I hereby certify that PAMELA MARTIN HAVERER was admitted to State University College at Brockport School of Nursing, Brockport, N.Y. 14420
City & State

on May 1976, and was graduated on May 1976, and her moral character and physical and mental health was satisfactory to the officers of the school.

Date: 11/15/77 Signed Dr. J. J. Guss, Ed.D., R.N.
Director, School of Nursing

CHARACTER REFERENCE

Section IV

To be filled in by a practicing nurse registered for the current year:

This certifies that I have been personally acquainted with Pamela M. Haverer for 4 years, that I believe this applicant to be personally and professionally capable and of good moral character as required by the New Hampshire Nursing Practice Act, and I hereby recommend her/him to the New Hampshire Board of Nursing Education and Nurse Registration as worthy to be granted a certificate of registration pursuant to law.

Signature and Address Dr. J. J. Guss, R.N. 199 Viking Way Brockport, N.Y. 14420
Currently registered in N.Y. Number 109500
(State)

For Board Use Only

Cert. No.

20888

FEB 23 1978

Ex. Sec.

Date

7

DEGREE GRANTED:
DATE GRANTED:
MAJOR:
MINOR:

ACCREDITED BY: MIDDLE STATES ASSOCIATION.

ENTERED- 9/72

0.75

DEC 2 1977

GRADUATED FROM:

| | | | | | | | | |
|-----|-----|-----------|--------------|--------|------|------|------|-------|
| HUS | 302 | HUM | DEV | SOC | ENT1 | 3.00 | B | 9.00 |
| NUR | 321 | INTRD | TO | PHARM | 1 | 2.00 | S | 0.00 |
| NUR | 302 | ADAPT | TO | STRESS | 1 | 6.00 | S | 12.00 |
| NUR | 382 | NSG | INTERVENTION | 75 | 4.00 | S | 0.00 | |
| | | | ** | SPRING | ** | ** | | |
| HLS | 311 | NUTRITION | | | | 3.00 | B | 9.00 |
| HLS | 418 | HUMAN | SEXUALITY | | | 3.00 | B | 9.00 |
| NUR | 401 | ADAPT | TO | STRESS | | 6.00 | C | 12.00 |
| NUR | 411 | INTRD | RESEARCH | | | 1.00 | S | 4.00 |
| NUR | 461 | CMPREH | NUR | PRACT. | | 4.00 | S | 0.00 |

| | | | | | |
|--------|---|-------|------------|-----|-----|
| 9.400 | B | 3.000 | NUTRITION | 311 | HLS |
| 9.000 | B | 3.000 | SEXUALITY | 418 | HLS |
| 12.000 | B | 6.000 | ADAPTATION | 401 | NUR |
| 4.000 | C | 1.000 | PREHENSIVE | 461 | NUR |
| 0.000 | S | 4.000 | FALL | | |
| | | *** | | | |
| | | 75 | | | |

[illegible]

| | |
|----------------------|--------|
| SEMESTER GPA | 3.40 |
| CUM AVERAGED IND-TMR | |
| 124.00 | 105.00 |
| FAIL | |
| 290.00 | |
| GPA | 2.76 |
| 1-HRS | 0.00 |

[illegible]

○ ○
○ ○

GRADING SYSTEM:

A = 4 QP
B = 3 QP
C = 2 QP
D = 1 QP
E = 0 QP
S = SATISFACTORY
U = UNSATISFACTORY
I = INCOMPLETE
W = WITHDRAWN
* = NOT IN CURRICULUM

CREDIT TYPE

G = GRADUATE
C = CONTINUING EDUCATION
P = PASS/FAIL

GRADUATION:

120 SEMESTER HOURS
AND 2.00 CUMULATIVE
AVERAGE

UNLESS OTHERWISE
NOTED STUDENT IS
ENTITLED TO
HONORABLE DISMISSAL

I CERTIFY THAT THE
FOREGOING IS A TRUE
COPY OF THIS

STUDENT'S RECORDS COLLEGE

{DATE}

NOV 30 1977

FEB 14 1978

NEW HAMPSHIRE BOARD OF NURSING EDUCATION AND NURSE REGISTRATION
REQUEST FOR VERIFICATION OF LICENSE

PART I. Please complete and Forward to Licensing Agency in State or Country of Original Licensure.

Print or Type:

| | | | | | |
|--|---------------------|---------------------|--------------------|----------------------|---------------------------|
| 1. Name: | Last <u>Havener</u> | First <u>Pamela</u> | Middle <u>Jean</u> | Maiden <u>Martin</u> | Social Security Number |
| 2. Address: | Street | | | | Zip Code |
| Original license under name of: | | | Year | Original Number | Current License Number |
| <u>Pamela J. Martin</u> | | | <u>1976</u> | <u>288124</u> | <u>288124</u> |
| 4. Signature in full: <u>Pamela Martin Havener</u> | | | | | Date: <u>Oct. 2, 1977</u> |

PART II. To be Completed by Licensing Agency and Returned Directly to:

New Hampshire Board of Nursing Education & Nurse Registration
 105 Loudon Road, Concord, N.H. 03301

The Statements below apply to the person named in Part I.

| | | |
|--|--|--------------------------------|
| 1. Is there evidence of high school graduation or equivalency? | <u>Requirement met</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 2. Name and location of School of Nursing: | <u>S.U.N.Y. at Brockport, N.Y.</u> | |
| 3. School is/was approved by the State licensing authority? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> | |
| 4. Program included theory and practice in: | Medical Nursing <u>not available</u> Surgical Nursing <input type="checkbox"/> Obstetrical Nursing <input type="checkbox"/> Nursing of Children <input type="checkbox"/> Psychiatric Nursing <input type="checkbox"/> | |
| 5. Original Registration number: | Date issued: | Current license number: |
| <u>288124</u> | <u>10/22/76</u> | <u>288124</u> <u>see stamp</u> |
| 6. Method of registration: (a) Waiver <input type="checkbox"/> ; (b) Board constructed exam <input type="checkbox"/> ; (c) S B T P Exam, Series: <u>776</u> If licensed after September 1951, list scores: Medical Nursing <u>406</u> Surgical Nursing <u>563</u> Obstetrical Nursing <u>600</u> Nursing of Children <u>493</u> Psychiatric Nursing <u>489</u> | | |
| 7. Has any disciplinary action ever been taken against licensee? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (a) If yes, check appropriate line: censure <input type="checkbox"/> reprimand <input type="checkbox"/> license suspended <input type="checkbox"/> ; revoked <input type="checkbox"/> ; voluntarily surrendered <input type="checkbox"/> | |
| 8. If 7 a is checked, indicate reason: | | |
| 9. Is licensee now in good standing? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

I certify the above to be a true report for the above-named nurse according to records in this office.

Signature of authorized person:

Michael A. Schmitt Executive Secretary,
 New York State Board of Nursing, State
 Education Department, Albany, New York 12210

State:

Date of Signing:

New York2/9/78

LICENSURE IS PERMANENT. *
BIENNIAL REGISTRATION IS REQUIRED
ONLY IF LICENSEE IS ACTUALLY
PRACTICING IN NEW YORK STATE.

(Seal of Board of Nursing)



WALK-IN Kd

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 1-800-735-2904

01 APR 25 PM 12:14

NH STATE BOARD
OF NURSING

For Office Use Only:

FEE: \$ 100.-

REC'D: \$ 4/26/01

Check/Mo# 6816

✓ ARNP 4/26/01
JDL

ursing 603-271-2323

Nurse Asst. 603-271-6282

PAMELA MARTIN-HAVENER

ARNP #: 020888-23-04

Date of Birth

COPY

APPLICATION FOR LICENSE RENEWAL: ADVANCED REGISTERED NURSE PRACTITIONER

FEE: Renewal: \$100.00 Make check payable to "Treasurer, State of New Hampshire."

1. Havener Martin-havener Pamela Jean Martin
(Last) (First) (Middle) (Maiden) TELEPHONE #
NH

(Address) (City) (State) (Zip)

2. Requested Category: A.R.N.P. - Women's Health

3. Current New Hampshire registered nurse license number 020888-21

4. Date first licensed by the Board as an A.R.N.P. in N.H. 04/21/1982

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. Yes (✓) No ()

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. Yes (✓) No ()

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 immediately prior to renewal application. Yes () No (✓)

8. The continuing education hours completed includes 4 contact hours of pharmacological content. Yes (✓) No ()

9. Planned Parenthood of Northern New England 800 287-8188
EMPLOYER EMPLOYER'S TELEPHONE #

183 Talcott Rd Wilton VT. 05495
EMPLOYER'S ADDRESS

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, reprimand, suspension, revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor. (RSA 641:3)

Pamela Martin Havener

Full Signature

4-10-01

Date of Application



The National Certification Corporation
for the Obstetric, Gynecologic and
Neonatal Nursing Specialties
P.O. Box 11082 • Chicago, IL • 60611-0082
(312) 951-0207
www.nccnet.org

MAINTENANCE CARD ENCLOSED!!

May 02, 2001

PAMELA M. HAVENER

G

PAMELA M. HAVENER

Social Security Number: 004-60-5814

has earned a

Certification as a Women's Health Care Nurse Practitioner

from the National Certification Corporation

09/03/1982

Original Certification Date

06/30/2003

Date of Expiration



PAMELA M. HAVENER

has completed all the requirements for the
NCC Maintenance Program and has earned a
Certification as a Women's Health Care
Nurse Practitioner

Original Certification Date: 09/03/1982

Date of Expiration: 06/30/2003

Emily C. Bennett
President, NCC



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

PAMELA MARTIN-HAVENER

ARNP #: 020888-23-04

Date of Birth

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

- | | | | | |
|----------------|---------|--------------|----------|-------------|
| Martin-havener | Pamela | Jean Martin | | |
| (Last) | (First) | (Middle) | (Maiden) | TELEPHONE # |
| | | Hillsborough | NH | |
| Address | (City) | (County) | (State) | (Zip) |
- Requested Category: A.R.N.P. - Women's Health
- Current New Hampshire registered nurse license number 020888-21
- Date first licensed by the Board as an A.R.N.P. in N.H. 04/25/1995 ⁸¹⁻ ? 1982
- 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. Yes (☒) No ()
- 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. Yes (☒) No ()
- 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 immediately prior to renewal application. Yes () No ()
- The continuing education hours completed includes four contact hours of pharmacological content. Yes (☒) No ()
- Planned Parenthood of Northern New England (802) 878-7232
 EMPLOYER EMPLOYER'S TELEPHONE #
183 Talcott Rd. Suite 401 Williston, VT 05495
 EMPLOYER'S ADDRESS

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, reprimand, suspension, revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor. (RSA 641:3)

Pamela Martin-Havener
Full Signature

4-14-99

Date of Application



The National Certification Corporation
for the Obstetric, Gynecologic and
Neonatal Nursing Specialties
P.O. Box 11082 • Chicago, IL • 60611-0082
(312) 951-0207
www.nccnet.org

April 24, 2001

PAMELA HAVENER RNC

VERIFICATION OF CERTIFICATION

PAMELA HAVENER, RNC

Social Security Number: 004605814

is certified by the National Certification Corporation for the Obstetric, Gynecologic and Neonatal
Nursing Specialties as an

WOMEN'S HEALTH CARE NURSE PRACTITIONER

9/03/1982

6/30/2003

Original Certification Date

Date of Expiration

PAMELA HAVENER
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS A

WOMEN'S HEALTH CARE NURSE PRACTITIONER



ORIGINALLY CERTIFIED 09/03/1982
CURRENT CERTIFICATION PERIOD IS EFFECTIVE
7/01/2000 to 6/30/2003

Emily C. Bennett
President, NCC

The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties is an independent certification board, a not-for-profit corporation, established in 1975 for the purposes of development and coordination of a volunteer certification program. The NCC is accredited by the National Commission for Certifying Agencies. For further information, contact the NCC office or visit our web site: www.nccnet.org
F:\NCC\DMG\FORM\LTRSMCARD2.doc



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

APR 16 1997

#4984

100.50

Doris G. Nuttelman, Ed. D.
Executive Director

RECEIVED
APR 16 11:21
Nursing / 603-271-2323
Nurse Asst. 603-271-6282

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

1. Pamela Martin Havener
NAME TELEPHONE #
36
ADDRESS
2. Requested category: OB-GYN
3. Current New Hampshire registered nurse license number 020888-21
4. Date first licensed by the Board as an A.R.N.P. in N.H. 4-82
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.
YES (☒) NO (☐)
6. I have enclosed a copy of my current national certification in my practice category thereby satisfying 30 of the required 60 hours of continuing education within the 2 years immediately prior to this application.
YES (☒) NO (☐)
Or,
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.
YES (☐) NO (☐)
8. The continuing education hours include four contact hours of pharmacological content.
YES (☒) NO (☐)
9. Planned Parenthood of Northern New England
EMPLOYER (603) 669-6668
82 Palomino Lane Bedford N.H. 03110
EMPLOYER'S ADDRESS EMPLOYER'S TELEPHONE NUMBER
Central office #
1-800 287 8188

UNDER PENALTY OF PERJURY, I state that the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, revocation, of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Pamela Martin Havener
Signature

4-10-97

Date

RECEIVED
99 APR 19 AM 9:22
NATIONAL BOARD
OF NURSING

PAMELA M. HAVENER
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS A
WOMEN'S HEALTH CARE NURSE PRACTITIONER



THIS CERTIFICATION IS EFFECTIVE
January 1, 1998 - June 30, 2000

Supreme Chairiere
President, NCC

Over
→

APR 28 1995
*# 3389
\$ 100.00 116.00

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

PAMELA J MARTIN-HAVENER, #020888-23
NEW HAMPSHIRE APPLICATION FOR LICENSE RENEWAL
AS AN ADVANCED REGISTERED NURSE PRACTITIONER

1. NAME Pamela Martin Havenor
ADDRESS [illegible]
2. Requested category: Women's Health Care Nurse Practitioner
3. Current New Hampshire registered nurse license number 020888-21
4. Date first licensed by the Board as an A.R.N.P. in N.H. 1982
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.
- YES (☒) NO (☐)
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 required 60 hours.
- YES (☒) NO (☐)
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 immediately prior to renewal application.
- YES (☐) NO (☐)
8. The completed continuing education hours completed includes four contact hours of pharmacological content.
- YES (☒) NO (☐)
9. EMPLOYER Planned Parenthood of Northern New England 603 669-6668
EMPLOYER'S ADDRESS Bedford Heights 82 Palomino Lane Bedford NH 03110
EMPLOYER'S TELEPHONE NUMBER 603 669-6668

Pamela Martini-Havener
Signature

PAMELA M. HAVENER
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS A
WOMEN'S HEALTH CARE NURSE PRACTITIONER



This certification is effective from
January 1, 1995 to December 31, 1997

Mary Neumann

President, NCC

PAMELA M. HAVENER

**HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC**

AS A

WOMEN'S HEALTH CARE NURSE PRACTITIONER



This certification is effective from
January 1, 1995 to December 31, 1997

Mary Neumann

President, NCC



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, Pamela Martin Haverer, request renewal/reinstatement as an Advanced Registered Nurse Practitioner in the category of OB/GYN.
2. Date first licensed by the Board as an ARNP in New Hampshire. April 1982
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 020888-23
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 B40972237 Expiration Date 10-31-94
(if applicable)

4-12-93
Date

Pamela Martin Haverer
Signature

36 Checkerberry Lane
Street

Goffstown N.H. 03045
City/Town State

PAMELA M. HAVENER, RNC
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS AN
OB/GYN NURSE PRACTITIONER

This certification is effective from
January 1, 1992 to December 31, 1994



Mary Seaman
President, NCC



Dartmouth-Hitchcock Medical Center

Department of Community and Family Medicine

Hanover, New Hampshire 03756

CERTIFICATE OF ATTENDANCE

This is to certify that

Pam Havener

Attended the

DEPRESSION IN PRIMARY CARE:

RECOGNITION AND MANAGEMENT CONFERENCE

June 27, 1991

The Dartmouth-Hitchcock Medical Center designates this continuing medical education activity as meeting the criteria for 6.5 hours in Category I of the Physician's Recognition Award of the American Medical Association. This program has been reviewed and is acceptable for 6.5 prescribed hours by the American Academy of Family Physicians.

James Barrett, M.D.
Program Administrator

The Dartmouth-Hitchcock Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.



NEW HAMPSHIRE
FAMILY
PLANNING
COUNCIL

CONTACT HOUR VALIDATION FORM

Participant Pam Hansen

Address: _____

Title of Activity: Critical Linkage: A Conference on Women,
Chemical Dependency, Domestic and Sexual
Violence

Place: Ramada Inn, Concord, NH

Identification #: 1341

Number of contact hours: 7.4

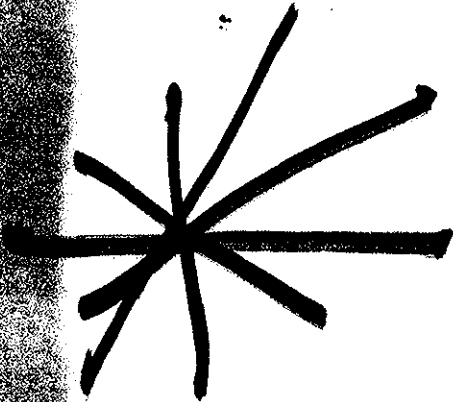
Date: October 29, 1991

Organization: New Hampshire Family Planning Council

Address: 11 South Main Street, Concord, NH

Kate Miller Kelchull, Executive Director
Provider's Signature

This offering has been approved for 7.4 contact hours by the
New Hampshire Nurses Association which is accredited as an
approver of Continuing Education in Nursing by the American
Nurses' Association.



NEW ENGLAND DAIRY & FOOD COUNCIL
Bedford Professional Center
169 South River Road
Suite #18
Bedford, New Hampshire 03102

The New England Dairy and Food Council acknowledges that

Pam Haveman has completed the program entitled

Act Well, Don't Weigh on Jan. 16, 1992

which has been approved for 2 hours of

Continuing Education Credit.

Deirdre Miller MBA, RD
Nutrition Education Consultant

#



RESEARCH & TRAINING INSTITUTE, INC.

210 Lincoln Street, Boston, Massachusetts 02111 • 617/482-9485 • Telex: 200178

REPRODUCTIVE HEALTH: REVIEW AND UPDATE '92 Cambridge, Massachusetts MAY 14 AND 15, 1992

Pam Havener, Soc. Security. No. _____ has accrued the following total contact hours for attendance in this program. (#1538) which has been approved for 12.2 Contact Hours by the Massachusetts Nurses Association which is accredited by the Board on Accreditation of the American Nurses' Association.

| Date and time | Contact Hours | Verification of Attendance for Contact Hours |
|---------------|---------------|---|
|---------------|---------------|---|

5/14/92:

Reproductive Health of Women
and the Conflicts of Maternal
and Child Health Policy:
Finding Common Ground
9:10 - 10:30 am

1.6

XXXX

Innovations in Contraception
10:45 - 12:15 pm

1.8

XXXX

Complying with OSHA Regulations:
Standards Affecting Family Planning
Clinics
1:30 - 3:00 pm

—

—

Facilitating Pregnancy Decision
Making
1:30 - 3:00 pm and 3:15 - 4:45 pm

—

—

Dynamics of Adolescent Substance
Abuse
1:30 - 3:00 pm

1.8

XXXX

CLIA: How the New Regulations Will
Impact upon Family Planning Clinics
3:15 - 4:45 pm

—

—

Empowering Clients Means Letting Go:
Patient Centered Care
3:15 - 4:45 pm

1.8

XXXX

5/15/92:

Diversity in Reproductive Health
9:10 - 10:30 am and 10:45 am - 12:15 pm

3.4

XXXX

(continued)

Access for All: Americans with Disabil- ____
ities Act and the Obligations of your ____
Family Planning Clinic
1:45 - 3:15 pm

Utilizing HIV+ Women In Family 1.8 XXXX
Planning: How Useful?
1:45 - 3:15 pm

Teen Options: A Model for Reaching High ____
Risk Teens ____
1:45 - 3:15 pm

Total Accrued 12.2

Linette A. Liebling

Linette G. Liebling, M.S.E.H., C.H.E.S.
Project Director
REGION I TRAINING CENTER FOR FAMILY PLANNING
JSI Research and Training Institute
210 Lincoln Street
Boston, MA 02111



RESEARCH & TRAINING INSTITUTE, Inc.

210 Lincoln Street, Boston, Massachusetts 02111 • 617/482-9485 • Telex: 200178

CERTIFICATE OF PARTICIPATION

This certifies that

Pam Havener

has completed a program entitled:

A Substance Abuse Training for Family Planning Staff

June 5, 1992

West Lebanon, New Hampshire

Linette G. Liebling, M.S.P.H., C.H.E.S.

Project Director, Region I Family Planning Training Center

This workshop was sponsored by JSI Research & Training Institute and was held at the Whispering Pines Conference Center in West Greenwich, RI. It has been approved for 6.6 Contact Hours by the Massachusetts Nurses Association, which is accredited by the Board on Accreditation of the American Nurses' Association, and for 5.5 Category I Credit Hours from the Collaborative of the National Association of Social Workers and the Boston College and Simmons College Schools of Social Work.



Planned Parenthood of Northern New England

certifies that

Pamela Martin Havenet

has successfully completed a 5 hour training seminar entitled

PRACTITIONER INSERVICE: SEXUAL ABUSE MANDATED REPORTING/COUNSELING CRISES AND EMERGENCIES

given at Concord, New Hampshire on the date(s) November 6 19 92

This program has been approved for 6.0 nursing contact hours by the VT State Nurses' Association
which is accredited by the Eastern Regional Accrediting Committee
of the American Nurses' Association

5 AMA Physician Category I credits by the University of Vermont
Office of Continuing Medical Education

 nurse midwife contact hours by the American College of Nurse Midwives

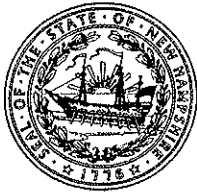
*All of our trainings are appropriate for educational certification
and should be submitted by the individual to their school administrator for consideration.*

Nance Craig Rahmias

Training Coordinator

23 Mansfield Avenue, Burlington, Vermont 05401

(802) 862-9638



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.

RECEIVED
MAY 2 1991
OF NURSING

DEPARTMENT

Harry H. Bird, M.D.
Commissioner

HELP LINE TTY/TDD RELAY
603-225-4033

DIVISION

Susan D. Epstein
Acting Director

BOARD OF NURSING
603-271-2323

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

1. I, Pamela Martin Haverer, request renewal/
reinstatement of legal recognition as an Advanced
Registered Nurse Practitioner in the category of
OB/GYN.
2. Date first legally recognized by the Board as an A.R.N.P.
in New Hampshire. 9-3-82
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. Thirty (30) contact hours per biennium.)

Complete the following:

- | COURSE | DATE(S) | NUMBER OF CONTACT HOURS |
|---|-----------------|-------------------------|
| SEX TALK: SKILLS IN SEXUAL HISTORY TAKING AND COUNSELING | MAY 4, 1990 | 7.2 |
| REPRODUCTIVE HEALTH; REVIEW AND UPDATE | MAY 10-11, 1990 | 12.1 |
| NAACOG UPDATE SERIES | | 13.0 |
5. DEA NUMBER BH0972237 Expiration Date 10-31-91
(if applicable)
 6. Collaborating Physician(s) and addresses: DR STEPHEN KULL
BEDFORD COMMONS OB-GYN
2 RIVERWAY PLACE
BEDFORD N.H. 03102
 7. Location of your practice as an A.R.N.P.: HEALTH OPTIONS
82 PALOMINO LANE SUITE 66
BEDFORD N.H. 03102

4-26-91
Date

Pamela Martin Haverer
Signature

PUBLIC HEALTH

Our Best Resource

2/21/90



RESEARCH & TRAINING INSTITUTE, INC.

210 Lincoln Street, Boston, Massachusetts 02111 • 617/482-9485 • Telex: 200178

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NEW HAVEN CT
MAY 2 1991

OF NURSING

This Certifies That


Pam Havener

has satisfactorily completed

SEX TALK: SKILLS IN SEXUAL HISTORY TAKING AND COUNSELING

May 4, 1990

This Offering has been approved 7.2 Contact Hours by the Massachusetts Nurses Association which is accredited by the Board on Accreditation of the American Nurses Association.


Linette G. Liebling, M.S.P.H.
Project Director

REGION I TRAINING CENTER FOR FAMILY PLANNING
JSI Research and Training Institute
210 Lincoln Street
Boston, MA 02111



RESEARCH & TRAINING INSTITUTE, INC.

210 Lincoln Street, Boston, Massachusetts 02111 • 617/482-9485 • Telex: 200178

This Certifies That

Pam Havener

has satisfactorily completed a workshop entitled:

REPRODUCTIVE HEALTH: REVIEW AND UPDATE

which was held May 10-11, 1990 in Boston, Massachusetts.

This Offering has been approved 12.1 Contact Hours by the Massachusetts Nurses Association which is accredited by the Board on Accreditation of the American Nurses Association.

Linette G. Liebling, M.S.P.H.
Project Director

REGION I TRAINING CENTER FOR FAMILY PLANNING
JSI Research and Training Institute
210 Lincoln Street
Boston, MA 02111



2/01/91 15.16.32

NAACOG update series

81422D

Dear Subscriber:

We are pleased to provide you with your cumulative update report showing your current results for the lessons you have returned during the past month together with your cumulative score and credit hours earned to date.

| LESSON NO | QUESTIONS ANSWERED CORRECTLY | QUESTIONS ANSWERED INCORRECTLY | CORRECT ANSWERS |
|-----------|------------------------------|--------------------------------|----------------------|
| | | | 1 2 3 4 5 6 7 8 9 10 |

| | | | | |
|----|----------------------|-------|-----------------------|--------|
| 14 | 1,2,3,4,5,6,7,8,9,10 | | C,D,A,C,B,E,D,E,B,C | |
| 15 | 1,2,3,4,5,6,7,8,9,10 | | C,D,B,C,C,E,E,E,D,E | |
| 16 | 1,2,5,6,7,9,10 | 3,4,8 | B,C,D,D,A,C,C,D,C,D | |
| 17 | 1,3,4,6,7,8,9,10 | 2,5 | D,B,A,D,E,E,A,B,D,C | |
| 18 | 1,2,3,4,5,6,7,8,9,10 | | D,E,C,A,D,E,C,C,C,C | |
| 19 | 1,3,4,5,6,7,8,9,10 | 2 | C,C,B,A,D,B,D,A,C,D | |
| 20 | 1,2,3,4,5,7,8,9,10 | 6 | D,E,E,E,E,E,B,E,D,C | |
| 21 | 1,2,3,4,5,6,7,8,9,10 | | C,C,B,C,D,A,A,C,B,C | |
| 22 | 1,2,3,4,5,6,7,8,9,10 | | D,A,C,C,C,C,D,D,B,D | |
| 23 | 1,2,3,5,6,7,8,10 | 4,9 | D,C,E,A,E,C,E,D,E,E | |
| 24 | 1,2,3,4,5,6,7,8,10 | 9 | A,C,C,D,B,D,A,B,D,B,C | 81422D |
| 25 | 1,2,3,5,6,7,8,9,10 | 4 | C,E,A,C,A,B,D,C,B,D | |
| 26 | 1,2,3,4,5,6,7,8,9,10 | | A,B,C,C,E,D,C,C,B,E | |

Credits earned during the current reporting period **13.0**
CUMULATIVE RESULTS

To date you have satisfactorily completed 24 lessons earning you 26.0 credit hours for having correctly answered 34 qualifying questions. Twenty-six (26) credit hours are based on satisfactory completion of 26 lessons. Note: Deduct one credit hour for each qualifying lesson not completed.

*Total number of qualifying questions per 26 lessons equals 260. Note: 182 of this 260 must be correctly answered for satisfactory completion.

PAM M HAVENER

WEST LUTHERAN NH 03043

CGN41681 12/31/90

NAACOG is accredited as a provider and approver of CE credits by the Eastern Regional Accrediting Committee of the American Nurse's Association, California CE provider BRN 08550.
The CE credits meet NCC certification maintenance requirements.

RECEIVED
NEW HAMPSHIRE BOARD
MAY - 1989

RECEIVED
NEW HAMPSHIRE BOARD
MAY - 1989

OF NURSING

OF NURSING

Continuing
Professional
Education
Center, Inc.
1101 State Road, Bldg. G
Princeton, NJ 08540

Dear Subscriber:

We are pleased to provide you with your cumulative update report showing your current results for the lessons you have returned during the past month together with your cumulative score and credit hours earned to date.

LESSON NO. QUESTIONS ANSWERED CORRECTLY

QUESTIONS ANSWERED INCORRECTLY

CORRECT ANSWERS

1 2 3 4 5 6 7 8 9 10

11 3,3,4,5,6,7,8,9,10
12 4,3,7,8,10
13 1,4,5,6,7,8,9,10

1
1,4,5,6,9

D,C,A,D,A,E,C,B,D,E
C,B,B,E,D,A,H,C,A,C
B,D,A,B,E,E,C,D,B,A

B1W220

Credits earned during the current reporting period: 13.0
CUMULATIVE RESULTS

To date you have satisfactorily completed 13 lessons earning you 13.0 credit hours for having correctly answered 115 qualifying questions. Twenty-six (26) credit hours are based on satisfactory completion of 26 lessons. Note: Deduct one credit hour for each qualifying lesson not completed.

*Total number of qualifying questions per 26 lessons equals 260. Note: 182 of this 260 must be correctly answered for satisfactory completion.

PAN M. JENSEN
3 CHICAGO, ILLINOIS
CHICAGO, ILL. 60649

UGN21661 3/31/89

NAACOG is accredited as a provider and approver of CE credits by the Eastern Regional Accrediting Committee of the American Nurse's Association, California CE provider BRN 00580.

The CE credits meet NCC certification maintenance requirements.



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

RECEIVED
NEW HAMPSHIRE BOARD

APR 2 01989

OF NURSING

1. I, Pamela Martin Havener, REQUEST RENEWAL OF LEGAL RECOGNITION AS AN ADVANCED REGISTERED NURSE PRACTITIONER IN THE AREA OF obstetric/gynecologic.
2. DATE FIRST LEGALLY RECOGNIZED BY THE BOARD AS AN A.R.N.P. April 1982.
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)

| <u>COURSE</u> | <u>DATE(S)</u> | <u>NUMBER OF CONTACT HOURS</u> |
|---------------------------------------|----------------|--------------------------------|
| Pap Smears/Condyloma | 3-25-88 | 4.8 |
| Breast Disease + Amenorrhea | 6-10-88 | 4.8 |
| Blood Lipids and the Menopausal Woman | 12-16-88 | 4.8 |
| Gynecologic Disorders | 1-20-89 | 4.8 |

5. DEA NUMBER BH0972237 EXPIRATION DATE 10-31-91

6. COLLABORATING PHYSICIAN(S) AND ADDRESS:

Drs Merrill & Rull
Bedford Commons
Bedford Manchester N.H.

3-31-89
DATE

Pamela Martin Havener
SIGNATURE



**Harvard
Medical
School**



**Beth
Israel
Hospital**

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

March 25, 1988

Ms. Pam Havener

Dear Ms. Havener:

Thank you for participating in our seminar on
March 25, 1988 titled Pap Smears/Condyloma.
This offering 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.

Sincerely,

Johanna F. Perlmutter, M.D.

JFP:ab

THE NAACOG CERTIFICATION CORPORATION

attests that

PAMELA M. HAVENER, RNC
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND HAS MAINTAINED
CERTIFICATION STATUS AS A CERTIFIED

OB/GYN NURSE PRACTITIONER

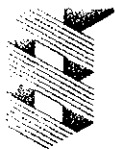
This certification is effective from
January 1, 1989 to December 31, 1991



William H. Smith
President, NAACOG Certification Corporation



**Harvard
Medical
School**



**Beth
Israel
Hospital**

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

August 12, 1988

Ms. Pam Havener

Dear Ms. Havener:

Thank you for participating in our seminar on June 10, 1988 titled "Breast Disease and Amenorrhea. This offering 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.

Sincerely,

Johanna F. Perlmutter, M.D.

JFP/ab



**Harvard
Medical
School**



**Beth
Israel
Hospital**

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

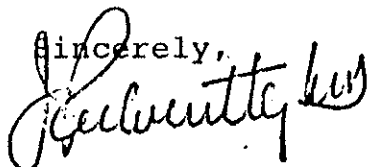
December 16, 1988

Ms. Pam Havener

Dear Ms. Havener:

Thank you for participating in our seminar on December 16, 1988 titled "Blood Lipids and the Menopausal Woman". This offering 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.

Sincerely,


Johanna F. Perlmutter, M.D.

JFP:ab



**Harvard
Medical
School**



**Beth
Israel
Hospital**

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

January 20, 1989

Ms. Pamela Havener

Dear Ms. Havener:

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.

Sincerely,

Johanna F. Perlmutter, M.D.

naacog update series™

The Organization for Obstetric,
Gynecologic & Neonatal Nurses

NAACOG is pleased to announce Volume 4 of the NAACOG UPDATE SERIES, which will begin in September, 1985. Volume 4 will contain 26 all-new topics focusing on **OGN Issues and Controversies**.

The NAACOG UPDATE SERIES is a quality home-study continuing education program that brings the expertise of **top-notch specialists** to you. Each volume of 26 lessons is designed to enhance your clinical awareness through up-to-date topics. Each lesson presents the latest concepts, techniques and procedures in a concise, straightforward format tailored to your daily concerns.

The NAACOG UPDATE SERIES is appropriate for obstetric, gynecologic, and neonatal nurses in any practice setting. Simply choose the volumes that are most applicable for you.

Up to 26 contact hours of NAACOG continuing education credit may be earned by completing the lessons in each volume. Each lesson concludes with a brief self-assessment quiz to be answered on the computerized response cards provided. Return the cards **at your own pace**. We will automatically report the credits you earn to NAACOG and/or your state licensing board as you return the cards to us, so if you want to reserve some of your credits for the next recertification period, simply hold your data cards. Monthly computerized cumulative reports will show your credits earned to date to keep you apprised of your progress confidentially.

You may order one volume or any combination: A subscription to Volume 1 will bring you all 26 lessons. A subscription to Volume 2 or 3 will bring you all of the lessons published to date, with the remaining lessons mailed monthly until the volume is complete. A subscription to Volume 4 will ensure that you are among the first to receive lessons starting in September, 1985.

The NAACOG UPDATE SERIES is an efficient and effective way to participate in continuing education that will help you remain current in the field.

Volume 1 focuses on "The Childbearing Family" and contains lessons on the following topics:

Acute Nursing Care of the Low-Birth-Weight Infant
Antenatal Assessment—Part 1: Maternal Profile;
Part 2: Fetal Well-Being
Application of the Body's Natural Pain Relief
Mechanisms to Reduce Discomfort in Labor and
Delivery
Breast-Feeding Low-Birth-Weight Babies: How to
Help
Common Problems of the Newborn
Disabled Women and Childbearing: The Nurse's
Role
Effects of Long-Term Hospitalization on the
Antepartal Patient
Emergency Delivery
Ethics in Obstetric and Gynecologic Nursing
Grandparents: The Overlooked Support System for
New Parents During the Fourth Trimester
Hemorrhagic Complications of Pregnancy
The Impact of Environmental Hazards on
Reproduction
Intrapartal Measurement of Blood Pressure
Legal Risks and Perinatal Health Care
Management of the Second Stage of Labor
Neonatal Resuscitation
A Nursing Perspective of Obstetrical
Analgesia/Anesthesia
Potential Alterations in Attachment: Maternal
and/or Neonatal Illness
Pregnant Adult Learners
Preterm Labor—Part 1: Preventing Preterm Births;
Part 2: Management
Psychodietetics and the Childbearing Family
Return Transport of Neonates
Siblings in the Childbearing Experience
Trauma in Pregnancy

Volume 2 focuses on "Women's Health" and contains lessons on the following topics:

Battered Women
Cancer Risk Factors and Prevention
Common Breast Conditions
Disorders of Menstruation
Dysfunctional Uterine Bleeding
Eating Disorders in Women
Family Planning and the Decision to Parent
Female Decision Making for Health: Psychology of
Women

Fertility Decisions for the Adolescent and Middle
 Years (2 parts)
 Gynecologic Malignancies
 In Vitro Fertilization-Embryo Transfer
 Menstrual Dysfunction Among Women Athletes
 Nursing and DRGs
 Pain Management
 Pap Smear Interpretation and Follow-Up
 Perimenopausal Transition
 Premenstrual Syndrome
 Recurrent Abortion
 Recurrent Urinary Tract Infections
 Reproductive Surgery
 Sexuality: A Women's Health Issue
 Strategies for Improving the Health Care of Women
 Vaginitis and Sexually Transmitted Diseases
 Voluntary Sterilization
 The Workplace—Postpartum Concerns

**Volume 3 focuses on "Care of the High-Risk Patient"
and contains the following topics:**

Asthma and Pregnancy
 Congenital Heart Defects: Stabilization and Transport
 Diabetes in Pregnancy
 Disseminated Intravascular Coagulation
 Gestational Trophoblastic Disease
 Herpes Infection in Pregnancy
 Home Apnea Monitoring
 Hypertensive Disorders of Pregnancy
 The Infant of a Diabetic Mother
 Intraventricular Hemorrhage in the Preterm Infant
 Isoimmunization
 Legal Aspects of Electronic Fetal Monitoring
 Maternal Nutrition and Infant Outcomes
 Neonatal Sepsis
 Nursing Care of the Neonate with Bronchopulmonary
 Dysplasia
 Nursing Perspectives Related to Intracavitary
 Radiation Therapy
 Obesity in Pregnancy
 Pelvic Inflammatory Disease
 Perinatal Loss: Strategies to Facilitate Bereavement
 Persistent Pulmonary Hypertension of the Neonate
 Postmaturity
 Radical Gynecological Surgery
 Rheumatic Heart Disease and Pregnancy
 Social Interventions for High-Risk Patients
 Special Considerations in the Care of the Pregnant
 and Parenting Adolescent
 Toxic Shock Syndrome

**Meet the Outstanding Editorial Board Members
for Volume 3:**

Editor in Chief

Anne M. McCormick, RN, MS
 Chicago, Illinois

Editorial Board

Susan Blackburn, RN, PhD
 Seattle, Washington

Jean Colls, RNP, MN
 Rancho Palos Verdes, California

Mary E. V. Frank, RN, MSN, MA
 MAJ. U.S. Army Nurse Corps
 Washington, D.C.

Sharon Glass, RNC, NNP
 Bartlesville, Oklahoma

Rae Grad, RN, PhD
 Alexandria, Virginia

JoAnne Jones, RN, MSN
 Hampton, Virginia

Deitra L. Lowdermilk, RN, MEd
 Chapel Hill, North Carolina

Margherita Modica-Hawkins, RN, MS
 New York, New York

Sally Olds, MSN, RNC
 Colorado Springs, Colorado

Lois Salmeron, RN, MAT, MSN
 Oklahoma City, Oklahoma



REPRODUCTIVE HEALTH: REVIEW & UPDATE

May 4 & 5, 1989

GENERAL INFORMATION

CONFERENCE OVERVIEW

The Reproductive Health: Review and Update is an annual conference designed to keep reproductive health personnel up to date with the latest issues and information in the field. A wide variety of topics on medical, counseling, health education and general interest issues are offered. General sessions are presented by noted authorities who will provide information and raise thought provoking questions of concern to all. Workshop sessions are designed to provide in-depth training on specialized topics appropriate to particular disciplines. During each of the concurrent workshop sessions, a medical, counseling, and education interest topic is offered and is coded respectively M, C, or E.

WHO SHOULD ATTEND

All personnel working in reproductive health will benefit from the conference. This includes physicians, nurse practitioners, nurses, physician assistants, managers, counselors, educators, clinic assistants and support staff.

CONTINUING EDUCATION CREDITS

Conference participants are eligible to receive continuing education credits for their participation at the conference pending approval from the granting institutions. The number of credits will depend on the number of hours attended. There is no charge for CEU's.

PHYSICIANS AND PHYSICIAN ASSISTANTS

The Postgraduate Medical Institute designates this continuing medical education activity for 10 credit hours in Category I of the Physician's Recognition Award of the American Medical Association. The Postgraduate Medical Institute is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

NURSES AND NURSE PRACTITIONERS

An application is being submitted to the Massachusetts Nurses Association (MNA) for continuing education units to be awarded to nurses. The MNA is accredited by the Northeast Regional Accrediting Committee of the American Nurses Association and the CEU's it awards are valid in all New England states.

CERTIFIED NURSE - MIDWIVES

An application is being submitted to the American College of Nurse - Midwives for continuing education units to be awarded to certified nurse - midwives.

SOCIAL WORKERS

Persons interested in National Association of Social Workers (NASW) credits should contact JSI to determine if a NASW authorization number has been issued.

PROGRAM DESCRIPTIONS

GENERAL SESSIONS

Family Planning - The National Picture:

A Look at our Past, Present, and Future

Thomas Kring, the recently elected president of the National Family Planning and Reproductive Health Association, will provide an overview of the history of the Title X program and a national update of family planning program and policy development. Mr. Kring is the executive director of both the Los Angeles Regional Family Planning Council and the California Family Planning Council, which oversees the administration of all Title X funds in the State of California.

Adolescent Medical Issues

Many of our clients in family planning are adolescents. John Kulig, M.D., the Director of Adolescent Medicine, Department of Pediatrics at New England Medical Center in Boston, Massachusetts, will address medical issues during the teenage years. His talk will include but not be limited to concerns regarding nutrition, dermatology, substance use, sexuality and psychosocial issues.

Contraceptive Update

Judy Tyson, M.D., Medical Director of Planned Parenthood of Northern New England, will provide an overview of recent developments in contraceptive technology and the latest research findings regarding contraceptives.

Communicating with Adolescents

Peg Neuhauser, a communications specialist, will present strategies for successful communication with adolescents. At various developmental phases in the life cycle, particular strategies are more successful than others. Ms. Neuhauser, a seasoned professional, will present what works best with teens.

LOCATION AND ACCOMMODATIONS

Howard Johnson's Hotel Cambridge
777 Memorial Drive
Cambridge, MA 02139
(617) 492-7777

A block of sleeping rooms has been reserved at the reduced rates of \$95 for a single and \$105 for a double. To assure these group rates ask for the JSI Conference room block. The deadline for reserving rooms at the reduced rate is April 7, 1989.

CONFERENCE AGENDA

THURSDAY, MAY 4, 1989

- 8:30 a.m. Registration, coffee, tea, and muffins
- 9:00 a.m. Welcome and Opening Remarks
- 9:10 a.m. "Family Planning - The National Picture:
A Look at our Past, Present, and Future"
Thomas C. Kring, M.Th.
- 10:15 a.m. Break
- 10:30 a.m. "Adolescent Medical Issues"
John Kulig, M.D.
- noon Lunch (provided)
- 1:30 p.m. Concurrent Workshops - Series 1
- A. "Differentiating Breast Masses"
Mark Weinstein, M.D.
- This workshop, geared toward the experienced family planning clinician, will focus on the differentiation of breast masses. (M)
- B. "HIV and the Family Planning Counseling Session: Answering the Hardest Questions"
Joan Garrity
- As HIV/AIDS has become a more widespread sexually transmitted disease, family planning counselors are faced with addressing clients' fears and concerns. This workshop will focus on practical methods for answering HIV-related questions. (C)
- C. "Helping Today's Teenager in Love: How You Can Be a Voice from the Stars Above"
Jay Friedman
- This workshop will be a demonstration of activities to assist teens to develop their relationship and intimacy skills. Triggers to help them discuss expectations about dating, love, and sex will be emphasized. (E)
- 3:00 p.m. Break
- 3:15 p.m. Concurrent Workshops - Series 2
- D. "Vaginitis"
Diana Parks Forbes, N.P.
- An in-depth review of vaginitis, other common sexually transmitted diseases, dysplasia and warts will be offered in this workshop. (M)
- E. "Sexual History Taking"
Joan Garrity
- Increasingly in the family planning counseling session, counselors are being asked to help assess clients' risk for various sexually transmitted diseases, including HIV. Obtaining a client's sexual history is a learned technique. The focus of this workshop will be on learning and mastering the skills necessary for sexual history taking. (C)
- F. "Safety - Net" - A Model Education Approach for Heterosexual Women on HIV/AIDS"
Jennifer Burgess Wolfrum, M. Ed., C.F.L.E.
- The safety - net parry has become a successful model of an educational intervention designed specifically to inform women about HIV/AIDS and to encourage and support behavioral change necessary to reduce risk. This experiential workshop will describe the model including how to market it. (E)

FRIDAY, MAY 5, 1989

- 8:30 a.m. Late registration/coffee, tea, muffins
- 9:00 a.m. "Contraceptive Update"
Judy Tyson, M.D.
- 10:30 a.m. Break
- 10:45 a.m. "Communicating with Adolescents"
Peg C. Neuhauser
- 12:15 p.m. Lunch
- 1:30 p.m. Concurrent Workshops - Series 3
- G. "Urinary Tract Infections"
Christopher Doyle, M.D.
- This workshop is designed as an advanced track presentation for family planning clinicians. (M)
- H. "Communicating Bad News"
Joy Robinson Lynch, M.A.
- Often in the family planning counseling session, the professional is forced to convey bad news - for example, the diagnosis of an STD or the incompatibility with a particular method of contraception, etc. This workshop is designed to assist the counselor in developing successful communication and counseling skills. (C)
- I. "The Use of Peer Educators as an Educational Tool"
Sandra L. Caron, Ph.D.
- Increasingly, educators are recognizing the merits of using peers in order to provide successful educational interventions. This workshop will discuss the use of peers and designs of proven successful programs. (E)
- 3:00 p.m. Evaluation and Closing

Deborah Lebel

617 482-9485
1-800 521-0132

TRAINING FACULTY

Sandra L. Caron, Ph.D.

University of Maine, Assistant Professor of Family Relations, School of Human Development

Christopher Doyle, M.D.

Longwood Urological Associates, Boston, Massachusetts

Jay Friedman

Director of Education, Planned Parenthood of Northern New England
Director, Institute on Relationships, Intimacy and Sexuality

Joan Garrity

Director of Education and Training
Center for Population Options, Washington, D.C.

Thomas C. Kring, M.Th.

President, National Family Planning and Reproductive Health Association
Executive Director, Los Angeles Regional Family Planning Council
Executive Director, California Family Planning Council

John Kulig, M.D.

Director of Adolescent Medicine, Department of Pediatrics,
New England Medical Center, Boston, Massachusetts;
President, New England Regional Chapter, Society for Adolescent Medicine

Peg C. Neuhauser

Consultant in communications training
Author of *Tribal Warfare in Organizations*

Diana Parks Forbes, N.P. - OB/GYN

Harvard Community Health Plan, Wellesley, Massachusetts

Joy Robinson Lynch, M.A.

Consultant and Therapist, Adams Street Psychotherapists, Newton, Massachusetts

Judy Tyson, M.D.

Medical Director, Planned Parenthood of Northern New England
Faculty Member, Dartmouth College Medical School

Mark Weinstein, M.D.

Beth Israel Hospital, Boston, Massachusetts

Jennifer Burgess Wolfrum, M. Ed., C.F.L.E.

AIDS Coordinator, Cambridge, (Massachusetts) Department of Health and Hospitals;
Formerly, Coordinator of Education and Training, ABCD Family Planning; Co-author,
New View of a Woman's Body and *How to Stay Out of the Gynecologist's Office*

ABOUT JSI

JSI Research and Training Institute is a division of John Snow, Inc., a healthcare and management consulting firm. The Institute is a non-profit organization working in healthcare through government grants and contracts. JSI is dedicated to providing professional training to improve and promote staff and agency excellence. JSI has served as the Regional Training Center for Family Planning in New England since 1978 and in the Rocky Mountain region since 1982. Each year the Centers coordinate and administer programs to train over 1000 paid and voluntary staff of federally funded (Title X) family planning programs.

N.H. Board of Nursing Education
& Nurse Registration
Dept. Health & Human Services
78 Regional Dr., Bldg. B
Concord, N.H. 03301

RECEIVED
NEW HAMPSHIRE BOARD

SEP - 3 1987

OF NURSING

Please complete this form and return to:

N.H. Board of Nursing Education
& Nurse Registration
P.O. Box 7252
Heights Station
Concord, NH 03301

Please type or print clearly

Pamela Martin Havener
Name

OB-GYN
ARNP Category

Duplicate 20,888 5/5/89
Current license/ARNP recognition expires

BH0972237 10-31-88
DEA # and expiration date

Dr. Merrill Dr. Kull Dr. Goldner
Name/s of collaborating physician/s

Assigned DEA #/s of collaborating physician/s

Bedford Commons Bedford N.H. 03102
Address of Collaborating Physician/s

Manchester Area Family Planning Center 20 Merrimack St.
Address of ARNP's current practice Manchester N.H. 03101

7/1/87 geg

ROBERT L. BRUNELLE
COMMISSIONER

NEAL D. ANDREW, JR.
DEPUTY COMMISSIONER



STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

BOARD OF NURSING
EDUCATION AND
NURSE REGISTRATION

RECEIVED
NEW HAMPSHIRE BOARD
STATE OFFICE PARK SOUTH
100 PLEASANT STREET
CONCORD, NH 03301
TEL. 253-2200

SEP - 3 1987

OF NURSING

June 13, 1986

To: All ARNP's currently recognized in New Hampshire

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

Since we anticipate computerizing our records during the summer our office would appreciate your cooperation in providing us with the information outlined below and having it returned as soon as possible.

Name:

Pamela Martin Havener

ARNP Category:

OB-GYN

DEA #

BH 0972237

Expiration date of DEA #: 10-31-88

Collaborator/s:

Raymond
Dr. Merrill
Stephen
Dr. Kull

Office location/s:

Manchester Area Family Planning Center

422 Elm 20 Merrimack St.

Manchester N.H. 03101

MD office - Bedford Commons

Bedford N.H.

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING CONTINUING EDUCATION
Philadelphia, Pennsylvania

| | | | |
|--|-----------------|--------|---|
| NAME—LAST Havener | FIRST Pamela | MIDDLE | SOCIAL SECURITY NO. |
| PROGRAM 11th ANNUAL POST-GRADUATE SEMINAR FOR NURSE PRACTITIONERS IN FAMILY PLANNING | | | CONTINUING EDUCATION UNITS GRANTED 15 contact hours |
| Pamela Havener | | | DATE(S) 2/18- 2/20/87 |

Clara M. Lavin
DEAN, SCHOOL OF NURSING

RECEIVED
NEW HAMPSHIRE BOARD
SEP - 3 1987
OF NURSING



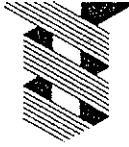
**Harvard
Medical
School**

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**

February 5, 1987

Ms. Pam Havener

Dear Ms. Havener:

Thank you for participating in our seminar on February 6, 1987, titled Herpes/Pelvic Inflammatory Disease. This offering 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.

Sincerely,

Johanna F. Perlmutter, M.D.

JFP/ab

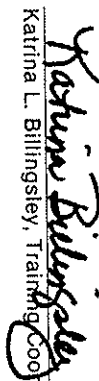
Certificate of Completion of Training

This Certifies That

PAM HAVENER

has satisfactorily completed
REPRODUCTIVE HEALTH REVIEW AND UPDATE

May 7 & 8, 1987
Lebanon, New Hampshire


Katrina L. Billingsley, Training Coordinator

This Offering has been approved for 12.3 Contact Hours by the Massachusetts Nurses Association which is accredited by the Eastern Regional Accrediting Committee of the American Nurses' Association.

REGION I TRAINING CENTER FOR FAMILY PLANNING
JSI Research and Training Institute
210 Lincoln Street
Boston, MA 02111

HHS GRANT
NO. FP-T-100002-07-0



ROBERT L. BRUNELLE
COMMISSIONER
NEAL D. ANDREW, JR.
DEPUTY COMMISSIONER



STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION

BOARD OF NURSING
EDUCATION AND
NURSE REGISTRATION
STATE OFFICE PARK SOUTH
101 PLEASANT STREET
CONCORD 03301
TEL. 271-2323

AUG 07 1986

June 13, 1986

To: All ARNP's currently recognized in New Hampshire

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

Since we anticipate computerizing our records during the summer our office would appreciate your cooperation in providing us with the information outlined below and having it returned as soon as possible.

Name:

Pamela Martin Haverer

ARNP Catagory:

DB-64N

DEA #

Expiration date of DEA #:

awaiting - applied 5/86

*- will send
as soon as
available*

Collaborator/s:

☒ Manchester Area Family Planning Center

20 Merrimack St. Manchester N.H. 03101

Office location/s:

Dr. Raymond Merrill

Dr. Stephen Kull

NEW HAMPSHIRE BOARD OF NURSING
State Office Park South, 101 Pleasant Street
Concord, New Hampshire 03301

MAY 02 1985

1. I, Pamela Martin Havener, request renewal of legal recognition as an Advanced Registered Nurse Practitioner in the area of OB-GYN.

2. Since the original/last renewal, I have had the following continuing education: (Attach photo copies of proof of attendance)

| <u>Course</u> | <u>Number of Contact Hours</u> |
|---|--------------------------------|
| The Breast 3/2/84 | 4.8 |
| Family Planning Training Program 9/23/83 | 4 |
| 3rd Annual Planned Parenthood Practitioner Conference 10/22-23/84 | 16.2 |

3. The physician(s) with whom I am collaborating and the address:

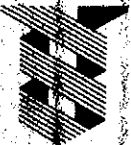
Dr. Robert Lord
150 Tarrytown Rd.
Manchester N. H. 03103

4-18-85
(Date)

Pamela Martin Havener
(Signature)



**Harvard
Medical
School**



**Beth
Israel
Hospital**

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

March 23, 1984

Pamela Martin Havener

Dear Ms. Havener:

Thank you for attending the Family Planning Training Session "The Breast," on March 2, 1984. This offering has been approved for 4.0 elective hours by the American Academy of Family Physicians (CME), and 4.8 contact hours (CEU) by the Massachusetts Nurses Association which is accredited by the New England Regional Accrediting Committee of the American Nurses Association.

Sincerely,

Johanna F. Perlmutter, M.D.



**Harvard
Medical
School**



**Beth
Israel
Hospital**

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

October 21, 1983

Pamela Martin Havener

Dear Ms. Martin Havener:

Thank you for attending the Family Planning Training Program for nurse practitioners held September 23, 1983.

This offering has been approved for 4 contact hours by the Massachusetts Nurses' Association which is accredited by the New England Regional Accrediting Committee of the American Nurses Association.

Sincerely,

Johanna F. Perlmutter, MD
Johanna F. Perlmutter, M.D.

JFP/slo

Document of Completion

THIS IS TO CERTIFY THAT

PAMELA MARTIN HAVENER

HAS SUCCESSFULLY COMPLETED 16.2 HOURS OF TRAINING IN

3rd Annual Planned Parenthood Practitioner Conference

GIVEN AT Burlington, Vermont ON THE DATE(S) Oct. 22-23/9 84

Sal J. Wiggins
Director of Education, Training & Consultation

Nance Arig Nahman
Coordinator of Professional Training Services



Planned
Parenthood
of Vermont

23 Mansfield Avenue
Burlington, Vermont 05401

THIS PROGRAM HAS BEEN APPROVED FOR 16.2 CONTACT HOURS BY THE VERMONT
STATE NURSES ASSOCIATION WHICH IS ACCREDITED BY THE EASTERN REGIONAL
ACCREDITING COMMITTEE OF THE AMERICAN NURSES ASSOCIATION.

AMERICAN ASSOCIATION OF PHYSICIAN ASSISTANTS AWARDS CATEGORY I
CREDITS.

MAY 18 1983

NEW HAMPSHIRE BOARD OF NURSING EDUCATION AND NURSE REGISTRATION
105 Loudon Road
Concord, N.H. 03301

Advanced Registered Nurse Practitioner
Renewal of Legal Recognition

- 1) I, Pamela Martin Havenner, request renewal of legal recognition as an A.R.N.P. - OB/GYN (area).
- 2) Since the original/last renewal, I have had the following continuing education: (photo copies of certificates or other evidence is attached).

| <u>Course</u> | <u>Number of Contact Hours</u> |
|---|--------------------------------|
| 6th Annual Post graduate Seminar N.P.'s in F.P. | 16 |
| Post Graduate Seminar Family Planning Nurse Practitioners | 15 |
| Dermatology Update | 0.5 |

- 3) The physician(s) with whom I am collaborating and the address:

Manchester Family Planning
922 Elm St.
Manchester N.H. 03101

Dr Robert Lord
150 Tarrytown Rd.
Manchester N.H. 03103

5-16-83
(Date)

Pamela Martin Havenner
(Signature)

A.R.N.P. #3
Rev. 4/79

5/24/83

Issued
CC

NEW HAMPSHIRE BOARD OF NURSING EDUCATION AND NURSE REGISTRATION

A.R.N.P. - EVALUATION

Date

2/3

Application:

Name: Pamela Havener

Clinical Area: Chaplyn

Practitioner Program: _____

Length Program: 12 months? Degree: _____ Certificate: X

National Certification: A.N.A. Other: _____

Special Requirements: _____

attached

Transcript: _____

Year of General Practice: Manchester Family Planning
1/78 - 3/81

Collaborating Physician: _____

Manchester Family Planning - Dr Robert Lord

3/23

References (3):

1. Name - Director of Program

Miriam Mamcoff

3/22

2. Name

Bonnie O'Connell

3/15

3. Name

Kate Webster
Robert D Lord

3/23

Comments: _____

Application Completed: _____

Approval Granted: _____

MAG/djl
12/80
ARNP #6

*amp sent
2/10 regarding
transcript
Ref. sent for 3/10*

NEW HAMPSHIRE BOARD OF NURSING EDUCATION AND NURSE REGISTRATION

SPECIAL REQUIREMENTS - A.R.N.P.

Date

NURSE-MIDWIVES

Certificate - American College Nurse Midwives
Examination - American College Nurse Midwives

PEDIATRIC

A.N.A. Program or Masters in Child Health Nursing
Certificate

COMMUNITY HEALTH

Masters - Public Health Nursing or Community Health Nursing
Two (2) years prior experience in Community Health Agency

PSYCHIATRIC MENTAL HEALTH

Masters - Psychiatric Mental Health Nursing
Three (3) years prior supervised experience in Mental
Health Agency

FAMILY NURSE

Duration of Program - 12 months
Theory
Clinical
Preceptorship

One (1) year prior experience in clinic or dispensary
(infirmary)

OBSTETRICAL/GYNECOLOGICAL

Duration of Program (12 months)
Theory
Clinical
Preceptorship

One (1) year prior experience in obstetrics
Certificate

SCHOOL NURSE

Baccalaureate Degree
2 years as school nurse
2 academic semesters School Nurse Practitioner Program
or

Current legal recognition as ARNP in Child Health, Family,
or Community Health Nursing

Academic Credits - Health Management, Role of School Nurse,
Health Education or similar courses

NEW HAMPSHIRE BOARD OF NURSING EDUCATION AND NURSE REGISTRATION
105 Loudon Road
Concord, N.H. 03301

#10¹⁰
FEB 3 1982

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

Name: Pamela Martin Havener Social Security Number: 112

Address: _____
Street City State Zip Code

R.N. Registration in New Hampshire: # 816227 : Current License: # 20,888

Expiration Date: May 5, 1983

A. I am applying for legal recognition as an A.R.N.P. in:

| | |
|--|---|
| <input type="checkbox"/> Nurse Midwifery | <input checked="" type="checkbox"/> Obstetric-Gynecological Nursing |
| <input type="checkbox"/> Child Health Nursing | <input type="checkbox"/> Adult Nursing |
| <input type="checkbox"/> Psychiatric/Mental Health Nursing | <input type="checkbox"/> Geriatric-Gerontological Nursing |
| <input type="checkbox"/> Community Health Nursing | <input type="checkbox"/> School Nursing |
| <input type="checkbox"/> Family Nursing | <input type="checkbox"/> Other _____ |

B. Post-Basic nursing education: attach official transcript(s) and catalog or other official description of course content.

1. School, name and location: OB/GYN Nurse Practitioner Program
Philadelphia, Pennsylvania

2. Date enrolled: March 9, 1981 : Date of completion: June 25, 1981

3. Indicate dates of: Academic & Supervised clinical experience March 9, 1981
through June 25, 1981

Preceptorship: July 1981 through December 1981

4. Indicate type of document awarded: certificate ☒
degree BS/MS _____
degree BS/MS & certificate _____

C. Internship or preceptorship associated with the above:

1. Preceptor, name, address & specialty: Dr. Robert Lord OB/GYN MD.
150 Tarrytown Rd.
Manchester, N.H. 03102

2. Length of preceptorship (if part-time, explain fully):

Mon. through Friday (approximately 35 hours per week)

Saturday 9am - 12noon

(If needed, attach sheet with additional information)

(over)

- D. Work experience in specialty area for which legal recognition is sought:
(If relevant, include experience prior to completing specialty program)

| <u>Location</u> | <u>Inclusive dates</u> |
|---|--|
| Manchester Family Planning 922 Elm St. Manchester, N.H. Dr. Robert Lord | January 1978-March 1981 July 1981-December 1981 |

- E. National certification: If you held national certification in the specialty for which you are applying, identify certificate and date awarded.

- F. Print below the names and addresses of colleagues (nurses or physicians) willing to supply references related to your proficiency in the clinical area in which you are seeking legal recognition as an A.R.N.P.

1. Nurse Director/Chairman of Practitioner Program:

*sent 3/10
recd 3/22*
Miriam Manisoff, R.N., M.A. 810 Seventh Avenue
Program Director New York, New York 10019
(212) 541-7800

2. Preceptor, ARNP/MD:

*sent 3/10
recd 3/15*
Bonnie O'Connell ARNP *sent 3/10
recd 3/23* Dr. Robert Lord, MD.
Manchester Family Planning 150 Tarrytown Rd.
922 Elm St. Manchester, N.H. Manchester, N.H. 03102

3. Other

Kate Webster ARNP, Elizabeth Blackwell Health Center for Women
112 South 16th St. Philadelphia, Penn. 19102

- G. Collaborator (Name and Address):

Manchester Family Planning Center
922 Elm St. Manchester, N.H. 03101

- H. A.R.N.P. Fee to accompany application - \$10.00.

Ramona Martin Havenner
Signature

January 4, 1982

Date

Board Use Only

Date Application Received: _____

Date Fee Received: _____

MAG/djl

12/80

ARNP #1

MAR 23 1982

MANCHESTER OBSTETRICAL ASSOCIATES, P. A.

DRS. LORD & BIDDLE, JR.

150 TARRYTOWN ROAD

MANCHESTER, N. H. 03103

TELEPHONE: 622-3162

March 22, 1982

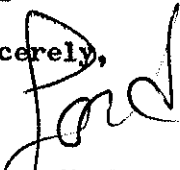
Martha A. Ginty
N. H. Board of Nursing Education
and Nurse Registration
105 Loudon Road
Concord, NH 03301

Dear Ms. Ginty:

Pamela Havener has been working in collaboration with me here at my office and at the Manchester Family Planning Center from July 1, 1981, to the present time. I have found her quite capable of identifying health problems and quite willing to draw my attention to any abnormal findings. The usual screening tests are routinely done, those are height, weight, blood pressure, hematocrit, urinalysis, Pap smears, wet smears for vaginal discharge when indicated. Usual palpations of the breasts and pelvic organs is carried out routinely. Auscultation of heart and lungs is part of the usual examination and Mrs. Havener is quite willing to follow protocols and to advise the patient depending on physical findings and to refer the patient when indicated.

Our nurses at the Family Planning Center do not provide any follow-up nursing care in the home.

Sincerely,



Robert N. Lord, M. D.

Family Planning Council

OF SOUTHEASTERN PENNSYLVANIA

SUITE 616 — 2 PENN CENTER PLAZA
PHILADELPHIA, PA. 19102

(215) 563-7700

Re: Pamela Havener

Dear State Board of Nursing:

This is to verify that the above mentioned nurse has successfully completed the 12 month Obstetric/Gynecology Nurse Practitioner Program sponsored by Planned Parenthood Federation of America; University of Pennsylvania School of Nursing, Division of Continuing Education; the Family Planning Council of Southeastern Pennsylvania and in collaboration with the Medical College of Pennsylvania.

This program has been approved by the Board of Nursing in the State of New Hampshire.

If additional information is required, please contact me.

Sincerely yours,

Sandy Worthington

Sandy Worthington
Nurse Practitioner Coordinator

SWD/pcw

CURRICULUM OUTLINE

OB/GYN NURSE PRACTITIONER PROGRAM
PHILADELPHIA, PENNSYLVANIA

| AREA | COMPONENTS | TOTAL HOURS |
|--|---|-------------|
| <p><u>I. Health Promotion and Assessment</u></p> | <ul style="list-style-type: none"> - History, Philosophy and Indications - Concepts of Primary Care - Reproductive Anatomy/Physiology - History-Taking - Laboratory Techniques/Values - Pelvic Examination - Breast Examination - Cardiovascular - HENT - Eye - Skin - Neurological - Musculo-skeletal - Pulmonary - Cardiopulmonary Resuscitation - Student Practice Lab | 62 |
| <p><u>II. Gynecologic Aspects of Health Care</u></p> | <ul style="list-style-type: none"> - Pathophysiology (vulvar, uterine, tubal, ovarian) - Vaginitis - Sexually Transmitted Diseases - Breast Pathology - Infertility - Menopause - Urinary Tract Infection - Pathology Laboratory - Colposcopy and DES | 38 |

CURRICULUM OUTLINE

OB/GYN NURSE PRACTITIONER PROGRAM
PHILADELPHIA, PENNSYLVANIA

| AREA | COMPONENTS | TOTAL, HOURS |
|--------------------------------------|---|--------------|
| III. <u>Contraceptive Management</u> | <ul style="list-style-type: none"> - Oral Contraceptives - IUD's - Barrier Methods - Natural Family Planning - Sterilization - Pharmacology of Oral Contraceptives - Research Methods | 20 |
| IV. <u>Pregnancy Care</u> | <ul style="list-style-type: none"> - Early Pregnancy Diagnosis - Physiology of Pregnancy - Antepartum Care - Pelvimetry - Nutrition: Pregnancy and Lactation - Preparation for Lactation/Breast Feeding - Labor and Delivery: (Fetal/Maternal Well-Being, Delivery, Post-Datism) - OB Anesthesia/Analgesia - Assessment of Newborn - Postpartum Care - Complications of Pregnancy <ul style="list-style-type: none"> Anemia Toxemia/Hypertension Rh Disease Third Trimester Bleeding Diabetes Perinatology Techniques Trophoblastic Disease Ectopic Pregnancy - Abortion, Spontaneous and Induced - Prepared Childbirth - Genetics | 43 |

CURRICULUM OUTLINE

OB/GYN NURSE PRACTITIONER PROGRAM PHILADELPHIA, PENNSYLVANIA

| AREA | COMPONENTS | TOTAL HOURS |
|---|--|-------------|
| V. <u>Psychosocial Aspects of Health Care</u> | <ul style="list-style-type: none"> - Factors affecting Contraceptive Behavior - Adolescent Development <ul style="list-style-type: none"> Physical Psychosocial - Problem Pregnancy Counseling - Human Sexual Response - Sexual Counseling - Family Dynamics - Parenting - Emotional Aspects of Pregnancy and Prenatal Counseling - Rape Counseling - Psychological Implications of Women's Health Care | 30 |
| VI. <u>Teaching/Learning Principles</u> | <ul style="list-style-type: none"> - Communication/Interviewing - History-Taking (Practice) - Group Education and Laboratory - Staff Training - Preparation for Knowledge Testing | 12 |
| VII. <u>Professionalism</u> | <ul style="list-style-type: none"> - Legal/Professional Concerns of Nurse - Role Reorientation - Assertiveness Training - Student Conferences - Population Issues - Program Planning and Evaluation and Quality Assurance - Case Presentations - Stress Management - Patient Care Guidelines/Protocols - Nursing Research - Federal Funding | 38 |

Manchester Area Family Planning Center, Inc.

922 Elm Street
Manchester, New Hampshire 03101
(603) 669-6668

MAR 15 1982

March 11, 1982

Martha A. Ginty, Executive Director
N.H. Board of Nursing Education &
Nurse Registration
105 Loudon Road
Concord, NH 03301

Dear Ms. Ginty:

I have known Pam Havener and have worked with her for four years. She has been functioning in an expanded nursing role (R.N.N.P.) since June of 1981. Her ability to assess and identify physical and emotional health problems is excellent. She is conscientious and thorough in her work, having no difficulty discriminating between normal and abnormal findings. Her ability to implement health instructions is without question. She is comfortable in her role as a Nurse Practitioner and can appropriately assess the need for consultation and referral. She does not provide follow-up nursing care in the home.

I highly recommend that Pamela Havener be granted the legal recognition in New Hampshire as an A.R.N.P. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,



Bonnie O'Connell, A.R.N.P.



**Planned Parenthood®
Federation of America, Inc.**

MAR 22 1982

810 Seventh Avenue
New York, New York 10019
(212) 541-7800

March 16, 1982

Ms. Martha A. Ginty
Executive Director
New Hampshire Board of Nursing Education
and Nurse Registration
105 Loudon Road
Concord, NH 03301

RE: Pamela Havener

Dear Ms. Ginty:

Ms. Pamela Havener, who has applied for recognition as an A.R.N.P.-
Ob/Gyn Nursing, successfully completed our educational program for
Ob/Gyn Nurse Practitioners. This program is approved by the New
Hampshire Board of Nursing Education and the American Nurses
Association.

Ms. Havener was an excellent student and can effectively assess and
identify health problems and discriminate between normal and abnormal
findings, as well as consult and refer and provide appropriate
health instruction.

She is certainly able to implement the functions of an advanced
registered nurse practitioner.

Sincerely yours,

Miriam Manisoff, R.N., M.A.
Director, Department of
Professional Education

MM/es