Vermont Secretary of State
Office of Professional Regulation
<u>Attn: Nancy Morin</u>
National Life Building, North FL 2
Montpelier VT 05620-3402



Board of Nursing (802) 828-5924 www.vtprofessionals.org

Advanced Practice Registered Nurse Renewal Application

Current Expiration 03/31/2013		Renewal Period Covering 04/01/2013 through 03/31/2015 Renewal Application Fee \$145.00 [Non-Refundable Processing Fee			ssing Fee]
00/01/12010			Checks Payable to: Vermont Secretary of State		
You Must Complete The I	For Office U	lse Only			
License #: 101.0016012	Delow.	RECEIVE	MAKES		
Ms. Ellen Welsh Starr 762 North St					
Montpelier VT 05602-9124 Secretary of State					
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to "Vermont Secretary of State." The is not received in the Office by the exthan 30 days late. Thereafter, the per-	e renewal applic piration date you nalty increases b	oney order in the amount indicated, payablation fee is non-refundable. If the complewill be required to pay a late renewal pena y \$5.00 for every additional month or fracticed profession without an active lice	eted renewal, along with all sur ty. The penalty is \$25.00 for re on of a month, not to exceed \$*	porting doc enewals sub 100.00.	umentation,
Has your name changed sir	ice you last r	enewed, or were originally licen	sed?	(Circl	e One)
If "Yes," you must attach a copy of your marriage license, civil union license or section of divorce decree granting you the authority to change your name.				Yes	No
Section A: Demographic In	formation				
If your mailing address has changed, indicate your new address in the box to the					30
right. Street/Apt #					
Note: It is unprofessional conductionsee to fail to notify the Secre	etary of State's	City/State/Zip			
Office of a change of name or ac thirty (30) days (3 V.S.A. §129a(Country			
		Street/Apt #			
If your 911 address has cha	inged,	Suite/Department/Floor			
indicate your new address in the right.		City/State/Zip			
ngn.		Country			
Phone:		Cell Phone:			
Phone:		Cell Filotie.			
E-Mail Address:					
Date of Birth		lace of Birth (City, State, Country	v) Gond	er (Circle	e One)
			Female)	Male
11/05/58	I PRIV	OGTOP PA	emale	0	maic

Social Security Number: _____** (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, and Child Support in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request);

Section B: Vermont Mandatory "Good Standing" Declarations

CHILD SUPPORT:

Child	Support Orders (15 V.S.A. §795(c)): As of the date of this application: (<u>you must check one</u>)
X	Not Applicable – I am not subject to a child support order
	I am in good standing*
	I am in compliance with a payment plan approved by the Office of Child Support
	I am NOT in good standing*

TAXES:

Tax C	Compliance (32 V.S.A. §3113(b)): As of the date of this application: (you must check one)		
	Not Applicable – I have never lived or worked in Vermont and do not owe Vermont taxes		
X	I am in good standing*		
	I am in compliance with a payment plan approved by the Vermont Department of Taxes		
	I am NOT in good standing*		

DISTRICT COURT FINES / JUDICIAL BUREAU

Unpaid Judgments (4 V.S.A. §111	O(b and c)): As of the date of this application: (you must check one)
Not Applicable - I do not have	any unpaid judgments	Ÿ)
I am in good standing* with th criminal offense	e judicial bureau or district court for fines or pe	nalties for a violation or
I am NOT in good standing-*	24	Э.

^{* &}quot;Good standing" is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Name (print): ELLEP STATETL

Section C: Vermont Mandatory Credential and Fitness Questions

Please circle **Yes** or **No** for each of these questions. If the answer is "**Yes**," follow the provided instructions. Since you were originally licensed or since you completed your last renewal application:

Ave you committed acts of abuse, neglect, or misappropriation of patient property? Yes," provide a detailed written explanation and attach all related documents.	Yes	
Yes," provide a detailed written explanation and attach all related documents.		/ No)
Yes," provide a detailed written explanation and attach all related documents.	103	
as Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an		
oplication by you for a license, certificate, or registration to practice a profession or occupation?		
product 2, year of a monthly continued by a graduation to product a product of a consultation.	Yes	No /
"Yes," you must attach a copy of the order or official notification of the action(s).		
res, you must attach a copy of the order of official hotification of the action(s).		
	-	
as Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted,		1
spended, revoked, or taken any other disciplinary action against a license, certificate, or registration		
at you hold or held in any profession or occupation?	Yes	/No /
"Yes," you must provide a copy of the order or official notification of the action.		
	-	
ave you ever surrendered a license, certificate, or registration to a licensing authority?		
we you ever surjetitueted a ticense, certificate, or registration to a ficensing authority:	Yes	(No.)
	168	(No)
"Yes," you must provide a detailed written explanation.		
e you currently under investigation by a licensing authority?		
	Von	Nia
"Yes," you must provide a detailed written explanation and a copy of any available information from the	Yes	(No)
ensing authority.		
		-
ave you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated		1
nd Driving Under the Influence are not "minor traffic violations.")	Yes	No)
"Yes," you must provide a detailed written explanation and attach the official court documents.		
you have any criminal charges pending against you in any jurisdiction (US or elsewhere)?		
you have any criminal charges pending against you in any jurisdiction (US or elsewhere)?	Yes	(No)
	Yes	No
"Yes," you must provide a detailed written explanation and attach a copy of the charging documents.		No
"Yes," you must provide a detailed written explanation and attach a copy of the charging documents. ote: Vermont law requires that you report to the Office of Professional Regulation a felony convictio		No
"Yes," you must provide a detailed written explanation and attach a copy of the charging documents.		No
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Name (print): ELLEP STARR

License Number: 101 0016012

Section D: APRN Nursing Education and Practice Requirements

Vermont Board of Nursing, Administrative Rules, 15.8 &15.31 Practice Requirement

To be licensed or to have an APRN license renewed, an APRN applicant must have:

- (a) graduated from a Board approved graduate nursing program within two (2) years of making the application; or
- (b) practiced as an APRN (or RN*) for 960 hours in the last five (5) years or 400 hours in the last two (2) years; or
- (c) completed a Board approved APRN Refresher Course within two (2) years of making the application.

*RN practice hours worked prior to June 23, 2011 may be used toward the practice requirement for this renewal cycle only. Starting with the next renewal cycle, only APRN practice hours may be used to fulfill the practice requirements. (See Board of Nursing Administrative Rule 15.31(c))

| Check the box that applies to your license.| | I have completed my original/initial APRN program or a Refresher program within the last two (2) years (4/1/2011 – 3/31/2013); therefore I do not have to meet the practice experience requirement. | I have practiced as an APRN -or- RN for paid compensation for 50 days (400 hours) within the last two (2) years -or- 120 days (960 hours) within the last 5 years. | I have NOT met the program or practice experience requirement (You must contact the Board office at 802-828-5924)

Section E: Audit Information

The Office of Professional Regulation reserves the right to verify information submitted by licensees for renewal through a random employment audit. You must retain all names and complete dates of employment for the five years prior to this renewal application. If you are selected for an audit, a form will be sent to you requiring the names and addresses of all employment for the past five years which you have used to satisfy your practice hour requirements.

For Private Duty you will need the following:

- 1. An Official letter from the client/patient's attending Physician or Advanced Practice Registered Nurse (APRN) on their letterhead, stating that APRN -or- RN care was required. The letter must clearly list the Physician's name, title, contact telephone number and have their signature.
- 2. A letter from your Employer or Client, verifying your role and duties as a Private Duty APRN -or- RN. They must verify the number of days, hours and dates worked. The letter must clearly list the Employer/Clients name, contact telephone number, email address, mailing address and have their signature.

For Volunteer Duty you will need the following:

An Official letter from your Employer sent directly to the Vermont Board of Nursing office from the Director of Nursing or Director of Human Resources. A copy of your Job Description as a Volunteer APRN -or- RN, and a letter listing the number of days, hours and dates worked. The letter must clearly list the name of the Physician, Director of Nursing or Director of Human Resources, their telephone number, email address, mailing address and have their signature.

Name (print):	CLUED	STARRE	License Number:	101.00	16012	4
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Section F: Late Renewals

- If you are renewing more than 30 days late, you must submit a completed renewal application and the "APRN Practice History Record" (Go to www.vtprofessionals.org), select Nursing from the drop down list of professions located on the left side, under License Information and Forms, click APRN-Advanced Practice Registered Nurse, under Application Forms click APRN Practice History Record).
- If you met the practice requirement via Private Duty or Volunteer and are renewing more than 30 days late, you must submit a completed renewal application, the "APRN Practice History Record" and the requirements noted in Section E.

Section G: Required Attachments

Submit a copy of your current national advanced nursing practice specialty certification.

If employed:

- Practice guidelines must be original, signed and dated by you and your collaborating provider (if you are in the transition to practice period.)
- If you do **not** require a Collaborative provider, practice guidelines must still be original, signed and dated by you. Please be sure you have submitted your "APRN Attestation of Completion to Transition to Practice" form.

Practice guidelines are required prior to employment.

Copies and non-current practice guidelines will not be accepted.

Section H: Affirmation

Statement of Applicant

I certify, under the pains and penalties of perjury, that all informat accurate. I understand that furnishing false information may considerial of my application for renewal or further disciplinary action. prison and/or a \$10,000 fine. (13 V.S.A. §2901)	stitute unprofessional conduct and result in the
,	
Signature of Applicant **(REQUIRED)**	Signature Date (MM/DD/YYYY)
Cers	11/18/2013
Print Name:	License #
ELLED STATE	101 - 6016017

National Life Building, North, Floor 2
Montpelier, VT 05620-3402
Phone: (802) 828-2396 Fax: (802) 828-2465
www.vtprofessionals.org

Vermont Office of Professional Regulation Survey (optional) 2013 Renewal

License #:		
Name:		
Would you be willing to serve as a Board/Advisor member of the Board/Commission/Advisory panel for your profession? If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	Yes	No
2. Would you be willing to serve as an Ad Hoc member of the Board/Commission/Advisory panel for your profession? If you answer "Yes," submit a letter of intent and resume to the Office for consideration.	Yes	No
3. Would you be willing to serve as an Expert Witness for a licensing case(s) associated with your profession?	Yes	No
	<u> </u>	
If you answered "Yes" to the question above, what is your area of expertise?	=	

Name (print):	License Number:	6

Vermont Secretary of State Office of Professional Regulation National Life Building, North FL 2 Montpelier VT 05620-3402



Vermont Board of Nursing (802) 828-2396

www.vtprofessionals.org

Advanced Practice Registered Nurse Renewal Application Renewal Application Fee Renewal Period Covering **Current Expiration** \$145.00 Non-Refundable Processing Fee 4/1/2011 - 3/31/2013 3/31/2011 For Office Use Only You Must Complete The Information Below: RECEIVED License Number: 101.0016012 Ms. Ellen Welsh Starr MAR 0 2 2011 762 North St Montpelier, VT 05602-9124 Socretary of State Professional Regulation Mrs. Ms. Circle One: Mr. Directions: To renew you must enclose a check in the amount indicated, payable in US funds from a bank with a United States affiliate to "Office of the Secretary of State." The renewal application fee is non-refundable. If the completed renewal, along with all supporting documentation, is not received by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00. **Reminder: You may not practice your licensed profession without an Active license. Has your name changed since you last renewed, or if this is your first renewal since you (Circle One) were originally licensed? No Yes If "Yes," you must attach a copy of your marriage license, civil union license or section of divorce decree granting you the authority to change your name. **Demographic Information** Section A: P.O. Box If your mailing address has changed, indicate your new address in the box to the Street/Apt # right. Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's City/State/Zip Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14). Country P.O. Box If your 911 address has changed, Street/Apt # indicate your new address in the box to the right. City/State/Zip Cell Phone: Phone: E-Mail Address: Fax: (Place of Birth (City, State, Country) Gender (Circle One) Date of Birth Male Female ATTINGTON, PA, USA 1105 ** (Providing your social security number (SSN) is mandatory, and Social Security Number: requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request); OR *** (If you do not have a social security number you must provide a passport number as Passport Number: evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a) 101-0016012 CLIED STARTZ License#:

Section B: Vermont Mandatory "Good Standing" Declarations

CHILD SUPPORT:

Child Support Orders (15 V.S.A. § 795(c)): As of the date of this application: (you must check one)		
X	I am not subject to a child support order; OR	
, (= (=	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR	
	I am not in good standing* or in full compliance with a plan to pay.*	

TAXES:

Tax (Compliance (32 V.S.A. § 3113(b)): As of the date of this application: (you must check one)		
	I have never lived or worked in Vermont and do not owe Vermont taxes; OR		
X	No taxes are due and payable and all required returns have been filed; OR		
	The liability for any taxes due and payable is on appeal; OR		
	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR		
	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.		

UNEMPLOYMENT COMPENSATION:

Unen	nployment Compensation (21 V.S.A. §1378(b)): As of the date of this application: (you must check
X	This does not apply to me because I have never been an employer in Vermont; OR
	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
	I am not in good standing* or in full compliance with a plan to pay.

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpa	aid Judgments (4 V.S.A. § 1110(b&c)): As of the date of this application: (you must check one)
X	I do not have any unpaid judgments
	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
	I am not in good standing.*

Name:	ELLEP	STARZIL	1 7	License#:	101-001	6012	
-							

^{* &}quot;Good standing" is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Section C: Vermont Mandatory Credential and Fitness Questions

Please circle **Yes** or **No** for each of these questions. If the answer is **Yes** follow the provided instructions. Since you were originally licensed (and this is your first renewal), or since you completed your last renewal

pplication:		
Have you committed acts of abuse, neglect, or misappropriation of patient property?	Yes	No
If "Yes," provide a detailed written explanation and attach all related documents.		("
Have you committed acts or omissions which are grounds for disciplinary action such as those resulting in denial, conditions, revocation or limitations in hospital privileges? If "Yes," provide documentation from the hospital.	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied your application for a license, certificate, or registration in any profession or occupation? If "Yes," attach a copy of the order or official notification of the action.	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation?	Yes	No
If "Yes," provide a copy of the order or official notification of the action.		
Have you surrendered a license, certificate, or registration to a licensing authority?		(
If "Yes," provide a detailed written explanation.	Yes	No
Are you currently under investigation by another licensing authority?		1/
If "Yes," provide a detailed written explanation and a copy of any available information from the licensing authority.	Yes	No
Have you been convicted of a crime other than a minor traffic violation? (Driving While		
Intoxicated and Driving Under the Influence are not minor)	Yes	(No
If "Yes," provide a detailed written explanation and attach the official certified court documents.		
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)?	Yes	No
If "Yes," provide a detailed written explanation and attach a copy of the charging documents.		
Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11). Do you have a physical or mental condition or disorder which in any way impairs or limits your	or any conv	viction of
ability to practice this profession with reasonable skill and safety?		
If "Yes," please have your provider submit a detailed statement explaining how you are able to practice safely.		
Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety?		
If "Yes," provide a detailed written explanation.		
Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs?		
If "Yes", provide a detailed written explanation.		
Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances?		
If "Yes," please provide the contract/stipulation under which you are practicing.		
Name: FUEL SMEAL License#: 101-0016017	13	

DiplomaAssociat	es	Baccalaureate <u></u>	Masters	Doc	torate
If you have completed a MASTER's provide the name and location.	ogram,	Name NASS GENE IPSTITU	RAN HOSPITA	L M Professi	51975
Bostop		State MA			
Area of Study: WonEp's H	EAN	Date Awa	orded: <u>06</u>	/ OL MM/DD/YYY	/ 1985 Y
Provide the name and location of your APRN Program	Name SALC		City, State		
Area of Concentration					
Circle One: Degree Certificate		Date Awa	rded:	/ / MM/DD/YYY	Υ
Provide the name and location of your APRN Program	Name		City, State		
Area of Concentration	1				
Circle One: Degree Certificate		Date Awarded	d;/	/	Υ
*Attach additional pages if necessary Section E: Registered Nurse (RN)	Education Pr	ogram Requirement	s		
Have you graduated from your originathe last five (5) years (04/01/2006 – 03	al/initial RN Nu /31/2011)?	ırsing education pro	gram within	Yes	No

Name: ELLEN STARZ

License#: |D| - 00 | 60 |7

Section F: RN RE-ENTRY Program Requirements

Have you successfully completed a Board approved RN Re-entry program within the last five (5) years (04/01/2006 – 03/31/2011)?					No
Provide the name and locat RN RE-ENTRY PROGRAM	ion of your	Name			
City	State		Country		

Section G: Practice & Experience Requirements

Provide the date of completion of this re-entry program (MM/DD/YYYY).

Chapter 5. NURSING Subchapter 2 LICENSURE AND ENDORSEMENT IV. LICENSE RENEWAL

Practice of nursing at the level of licensure within the past five years means practice as described in 26 V.S.A. § 1572, definitions, for at least 120 days, 960 hours, in the five years prior to the expiration date or 50 days, 400 hours, within the two years prior to the expiration date. Eight hours are equivalent to one day of nursing practice.

Have you practiced as an RN or APRN:

for 50 days (400 hours) within the last two (2) years
ORfor 120 days (960 hours) within the last five (5) years?

Name: ELLED START

License#: |D|-00|60|7

Provide the following information for all RN or APRN employment within the last five (5) years (Most recent employment first): Attach additional pages if necessary.

Your Job Title	NUTSE PRACTITIONETS.		
Paid or Volunteer?	PAD		
Full time	Yes	No	
Part time	Yes	No	
Date of Employment	From (MM/DD/YYYY)	Curray /	
Name of Agency/Institution	PLANDO PARENTADOD OF	NOTITHORN HOW ENGLAND	
Mailing Address	Street/Apt # 183 TALOTT RD		
	City/State/Zip/Country WILLISPY VT 05495		
Agency/Institution Phone #	802-878-7716		
Physician or Supervisor's Name and Title	CHERYL GIBSON M.D.		
Physician or Supervisor's Phone Number	802 - 863 - 9001		

Your Job Title		
Paid or Volunteer?		
Full time	Yes	No
Part time	Yes	No
Date of Employment	From (MM/DD/YYYY) / /	<u>To (MM/DD/YYYY)</u> / /
Name of Agency/Institution		
Mailing Address	P.O. Box Street/Apt # City/State/Zip/Country	
Agency/Institution Phone #		
Physician or Supervisor's Name and Title		
Physician or Supervisor's Phone Number		

Name:	EUR	Smarz	License#: 101-0016017
Name.	00001	Standard Standard	

Did you practice as a Registered Nurse (RN) -or- Advanced Practice Nurse (APRN) in a private duty or volunteer capacity?

Yes



If YES to the question above attach the following documentation:

Private Duty:

- 1. An Official letter from the client/patient's Attending Physician on their letterhead, stating that RN or APRN care was required. The letter must clearly list the Physician's name, title, contact telephone number and have their signature.
- 2. A letter from your Employer or Client, verifying your role and duties as a Private Duty Nurse. They must verify the number of days, hours and dates worked. The letter must clearly list the Employer/Clients name, contact telephone number, email address, mailing address and have their signature.

Volunteer:

1. An Official letter from your Employer sent directly to the Vermont Board of Nursing office from the Physician, Director of Nursing or Director of Human Resources. A copy of your Job Description as a Volunteer Nurse or APRN, and a letter listing the number of days, hours and dates worked. The letter must clearly list the name of the Physician, Director of Nursing or Director of Human Resources, their telephone number, email address, mailing address and have their signature

Section I: Required Attachments

- Copy of your current national certification by a Board approved national certifying organization.
- Original of current practice guidelines that have been signed by you and your Vermont collaborating
 physician. Photocopies are not acceptable. See enclosed APRN Practice Guidelines and Collaborative
 Agreement Template for guidance in constructing your collaborative agreement.

Section J: Affirmation

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)

Start Ton Severence & Jane Window	THE WALL SHOW THE WAY A STANFAR WAS A STANFA	
Signature of Applicant	le 2 x	Date 2 27 11

	CLIEN	(-00 0	
Jame.	C/11-12	STALL!	

License#: 101 - 001607

Vermont Board of Nursing

National Life Building, North FL 2, Montpelier VT 05620-3402 (802) 828-2396 www.vtprofessionals.org

Advanced Practice Registered Nurse Renewal Application

Renewal Application Fee Renewal Period Covering **Current Expiration** \$ 145.00 03/31/2009 04/01/2009 through 03/31/2011 For Office Use Only RECEIVED 101 0016012 ELLEN WELSH STARR RN 762 NORTH STREET MAR 1 0 2009 MONTPELIER VT 05602 Secretary of State Professional Regulation Directions: To renew you must enclose a check in the amount indicated, payable in US funds from a bank with a United States affiliate to "Office of the Secretary of State". The renewal application fee is non-refundable. If the renewal application is postmark of after the current expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00. If you have had a name change please attach a copy of the marriage license, civil union license or section of divorce degree granting you the authority to change your name. To avoid lines and delays, submit your renewal through postal mail. Reminder: You may not work without an active PLEASE PRINT CLEARLY. license. Section A: If mailing address has changed, indicate new address below: Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14). If your 911 address is different from your mailing address, please indicate the 911 address here: 11/05/1958 Date of Birth (mm/dd/yyyy): ___ Female Male Gender: Place of Birth (city, state, country): 183,2670, Social Security Number: ** Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, Labor and the Judiciary in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request. Cell Phone: Home Telephone: E-Mail Address: Work Telephone: _

(Continue to Next Page)

APRN DEA #

Section B:

Please circle Yes or No for each of these questions. If the answer is Yes follow the provided instructions. Since you were originally licensed or since you completed your last renewal application:

ember you were originally hooficed of office you completed your last relieval application.	
Have you committed acts of abuse, neglect, or misappropriation of patient property? If yes, provide a detailed written explanation and attach all related documents.	Yes No
Have you committed acts or omissions which are grounds for disciplinary action such as those resulting in denial, conditions, revocation or limitations in hospital privileges? If "yes", you must include documentation from the hospital.	Yes No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied your application for a license, certificate, or registration in any profession or occupation? If "Yes", attach an official copy of the order or official notification of the action.	Yes No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) rectricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? If "Yes", provide an official copy of the order or official notification of the action.	Yes (No
Have you surrendered a license, certificate, or registration to a licensing authority? If "Yes", provide a detailed written explanation.	Yes No
Are you currently under investigation by another licensing authority? If "Yes", provide a detailed written explanation and a copy of any available information from the licensing authority.	Yes No
Have you been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are <u>not</u> minor) If "yes", provide a detailed written explanation and attach the official certified court documents.	Yes No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? If "yes", provide a detailed written explanation and attach a copy of the charges.	Yes No
Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? If "Yes", please have your provider submit a detailed statement explaining how you are able to practice safely.	
Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety? If "Yes", provide a detailed written explanation.	
Are you currently addicted to or in any way dependent on the use of alcohol or habit forming drugs? If "Yes", provide a detailed written explanation.	
Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? If "Yes", please provide the contract/stipulation under which you are practicing.	
Note: It is unprofessional conduct for a licensee to fail to report to the Office of Professional Regulation as	onviction of

Note: It is unprofessional conduct for a licensee to fail to report to the Office of Professional Regulation a conviction of any felony or any offense related to the practice of the profession in a Vermont district court, a Vermont superior court, a federal court, or a court outside Vermont within 30 days. (3 V.S.A. § 129a(a)(11).

(Continue to Next Page)

Section C:	
CHILD SUPPORT:	
Child Support Orders (15 V.S.A. § 795)	
As of the date of this application: (you must check one)	
X I am not subject to a child support order; OR	
I am subject to a child support order and am in good standing* or in full compliar	nce with a plan to pay
I am not in good standing or in full compliance with a plan to pay.**	
TAXES:	
Tax Compliance (32 V.S.A. § 3113(b)):	8
As of the date of this application: (you must check one)	
I have never lived or worked in Vermont and do not owe Vermont taxes; OR	
no taxes are due and payable and all required returns have been filed; OR	La L
the liability for any taxes due and payable is on appeal; OR I am in compliance with a payment plan approved by the Vermont Department of	of Taxes: OR
I am not in good standing* or in full compliance with a plan to pay.**	
LINEARDI OVAMENT COMPENICATIONI:	
UNEMPLOYMENT COMPENSATION: Unemployment Compensation (21 V.S.A. §1378(b)):	
As of the date of this application: (you must check one)	
This does not apply to me because I am not now, nor have I ever been an emplo	over in Vermont: OB
No contributions or payments in lieu of contributions are due and payable; or the	e liability for any
contributions or payments in lieu of contributions due and payable is on appeal;	or the employing unit is
in compliance with a payment plan approved by the commissioner; OR I am not in good standing* or in full compliance with a plan to pay.**	
I am not in good standing of in fair compliance with a plan to pay.	
DISTRICT COURT FINES / JUDICIAL BUREAU:	
Unpaid Judgments (4 V.S.A. § 1110(c))	
As of the date of this application: (you must check one)	
I do not have any unpaid judgments.	:-!! (
I am in good standing* with respect to any unpaid judgment issued by the jud court for fines or penalties for a violation or criminal offense."	cial pureau or district
I am not in good standing.*	
The second secon	
* "Good standing" is defined by various laws cited above. For more information, ref- consult the "information for applicants" on the Office of Professional Regulation	er to the statute or n web page
(www.vtprofessionals.org)	web page.
** You may request that the licensing authority find that requiring immediate payme	nt of child support due
and payable would impose an unreasonable hardship. This form is available of	on the Office of
Professional Regulation web page.	
Section D: EDUCATION	
As of the date of this application, the highest level of nursing education I have comp	oleted is:
Diploma Baccalaureate Doctorate Associate Degree Masters	
	(Continue to Next Page)

(Continue to Next Page)

ection E: PRACTICE REQUIREMENTS 1. I graduated from my entry level RN educational program within the last five years. Yes No If "Yes" date of graduation Name of Nursing Program If "No" complete questions 2 – 5 below.
2. I have successfully completed a Board approved RN re-entry program (26 V.S.A. §1576(c); Rules Ch. 4, Subch. 2, Rules (III)(A), (VI)(A) and (B)). Yes NoX
Name of RN re-entry program:
3. I have practiced as a registered nurse as defined in (26 V.S.A. §1576(c); Rules Ch. 4, Subch. 2, Rules (III)(A), (VI)(A) and (B)), for at least 50 days (400 hours) within the last 2 years or 120 days (960 hours) within the last five years: Yes No
4. Provide the following information for all RN and APRN employment within the last 2 years (paid, volunteer, or private duty work); attach additional sheets if necessary:
V.P. HEACTH (GUTER OPERATION) (Dates of Employment from - to) (Job Title) (Part-time/Fall-time) (Dates of Employment from - to) PLANNED PARAMTHAND OF PARAMTHAN NEW ENGLAND (Name of Employer/Institution) (City/State/Country) (Name of Employer/Institution Phone #)
(Job Title) (Part-time/Full-time) (Dates of Employment from - to)
(Name of Employer/Institution) (City/State/Country)
(Employer/Institution Phone #)

- 5. If you practiced as a registered nurse in a private duty capacity or as a volunteer, attach:
 - a. A statement listing the number of days, hours and location and the type of care provided.
 - b. If private duty, a statement from the attending physician or APRN stating that RN care was required.
 - c. If volunteer, a statement from the supervisor verifying your role as a volunteer.

Section F: Required Attachments:

- Copy of your current national certification by a board approved national certifying organization
- Current practice guidelines that have been signed and dated by you and your collaborating physician, including the following four components: (photocopies not acceptable)
 - o Description of Clinical Practice
 - Standards for Clinical Practice
 - o Collaborating Physician (name, license number, specialty, and location of practice)
 - o Methods of Quality Assurance (Rules Chapter 4, Subchapter 8, III) Further description of the practice guidelines can be found in the Administrative Rules posted to the website.

Statement of Applicat	<u>nt </u>	
true and accurate. I un and result in the denial	derstand that furnishing false informa	ormation I have provided in this application is ation may constitute unprofessional conduct eation/registration. (The maximum penalty VSA §2901)
Signature of Applicant		Date 3/9/09
	Send completed application Attn: Vermont Board of Office of Professional Foundational Life Building, Note Montpelier, VT 0562	of Nursing Regulation orth, Floor 2
Use	Prescriber Data Sharing of Prescriber Identifiable Prescription or Promoting Prescrip	Drug Information for Marketing
-	Consent to Disclosure of Prescribe	r Identifying Information
information in prescript prescriber chooses not	ion drug records may be used for mar	may give consent so that his or her identifying rketing or promoting prescription drugs. If a entifying information in prescription drug records
or promoting prescription of promoting prescription of promoting prescription or presc	on drugs, please check the "I consent ng period. If you choose not to conse rm blank. Please return this form to th	ation in prescription drug records for marketing "box and sign next to it. Your consent it ent, please check "I do not consent" and leave the Office of Professional Regulation with your
You may revoke your on Nursing website and se	consent at any time by signing the Revending it to the Office of Professional I	vocation of Consent form found on the Board of Regulation.
I consent	Signature	Date
, o 98, 11 ¹ 112	Print Full Name	License Type (profession)
	Y .	Vermont License Number
I do not consent		
	Mailing Address	
	City, State, Zip Code	

Registered Nurse/Advance Practice Registered Nurse Renewal Application This form <u>must be returned</u> even if you are not in active practice. (See Section B)

	Renewal reflod covering 04/01/07	through 03/31/09	Renewal Fee \$ 145.00
101 0016012 ELLEN WELSH STARR RN 762 NORTH ST MONTPELIER VT 05602-9124 f name or mailing address has charnd address below:	nged, indicate new name MAR 3 7007	indicated, payable to V If the renewal is poexpiration date you we renewal penalty. The penalty is \$25.00 than 30 days late, increase by \$5.00 for fraction of a month, no If your name has application for license your marriage license.	relose a check in the amount fermont Secretary of State. In stimarked after the current ill be required to pay a late for renewals submitted less. Thereafter, the penalty will every additional month or to exceed \$100.00. In the changed since your last ure, please attach a copy of the divorce decree or civil orizing your name change.
your 911 address is different than	n your mailing address, please indicate	the 911 address here:	
		0 0	
elephone :	E-Mail Address:		
	WISH TO RENEW, and would like	to be placed on Inactive Statu	
ht. No fee is required for Inactive		MUST MEET THE CRITER	YES
th. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LECTION C: QUALIFICAT	Status. O RENEW YOUR LICENSE YOU N	MUST MEET THE CRITER pond to part 1 or part 2	YES
cht. No fee is required for Inactive LEASE NOTE *WHEN YOU DO Cotion C: QUALIFICAT I have practiced nursing as defi	Status. O RENEW YOUR LICENSE YOU NOTIONS FOR RENEWAL - Restined in 26 V.S.A. §1579, for at least: *	MUST MEET THE CRITER pond to part 1 or part 2	YES
ht. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LECTION C: QUALIFICAT I have practiced nursing as defined by the practice of th	E Status. D RENEW YOUR LICENSE YOU NOT STORE TONS FOR RENEWAL - Restand in 26 V.S.A. §1579, for at least: * the last 5 years, or 50 days (*)	MUST MEET THE CRITER pond to part 1 or part 2 * 400 hrs) in the last 2 years	YES
ht. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LECTION C: QUALIFICAT I have practiced nursing as defined by the practice of th	E Status. D RENEW YOUR LICENSE YOU NOT STORE TONS FOR RENEWAL - Restand in 26 V.S.A. §1579, for at least: * the last 5 years, or 50 days (*)	MUST MEET THE CRITER pond to part 1 or part 2 * 400 hrs) in the last 2 years	YES
cht. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LECTION C: QUALIFICAT I have practiced nursing as defi	E Status. D RENEW YOUR LICENSE YOU NOT STORE TONS FOR RENEWAL - Restand in 26 V.S.A. §1579, for at least: * the last 5 years, or 50 days (*)	MUST MEET THE CRITER pond to part 1 or part 2 * 400 hrs) in the last 2 years	YES
th. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LECTION C: QUALIFICAT I have practiced nursing as defined in the practiced nursing as defined in the practiced nursing as defined in the practical interpretation i	TIONS FOR RENEWAL - Resided in 26 V.S.A. §1579, for at least: * the last 5 years, or 50 days (Abo) of Motor May May	MUST MEET THE CRITER pond to part 1 or part 2 * 400 hrs) in the last 2 years (City/State)	YES
tht. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LECTION C: QUALIFICAT I have practiced nursing as defit X 120 days (960 hrs) in at PLAJJE PANEJT (Name of Hospital)	E Status. D RENEW YOUR LICENSE YOU NOT STORE TONS FOR RENEWAL - Restand in 26 V.S.A. §1579, for at least: * the last 5 years, or 50 days (*)	MUST MEET THE CRITER pond to part 1 or part 2 * 400 hrs) in the last 2 years (City/State)	YES RIA FOR RELICENSURE 2: WILLISTOP, U
th. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LECTION C: QUALIFICAT I have practiced nursing as defined in the practiced nursing as defined in the practiced nursing as defined in the practical interpretation i	TIONS FOR RENEWAL - Resided in 26 V.S.A. §1579, for at least: * the last 5 years, or 50 days (* Thou of Matthewal May Institution) SPECIAL PROJECTS DIRE	MUST MEET THE CRITER pond to part 1 or part 2 * 400 hrs) in the last 2 years (City/State)	YES
cht. No fee is required for Inactive LEASE NOTE *WHEN YOU DO ection C: QUALIFICAT I have practiced nursing as defit	TIONS FOR RENEWAL - Resided in 26 V.S.A. §1579, for at least: the last 5 years, or 50 days (and the last 5 y	MUST MEET THE CRITER pond to part 1 or part 2 400 hrs) in the last 2 years (City/State) (Dates of emp	YES
ection C: QUALIFICAT I have practiced nursing as defined at PLAHUEN PARENT (Name of Hospital) (Position) I have completed a Board apprent	TIONS FOR RENEWAL - Resided in 26 V.S.A. §1579, for at least: * the last 5 years, or 50 days (* Thou of Matthewal May Institution) SPECIAL PROJECTS DIRE	MUST MEET THE CRITER pond to part 1 or part 2 400 hrs) in the last 2 years (City/State) (Dates of emp	YES
ght. No fee is required for Inactive LEASE NOTE *WHEN YOU DO LEASE N	TIONS FOR RENEWAL - Resided in 26 V.S.A. §1579, for at least: the last 5 years, or 50 days (and the last 5 y	MUST MEET THE CRITER pond to part 1 or part 2 400 hrs) in the last 2 years (City/State) (Dates of emp	YES

- Renewal will be returned if the following is not attached:
 - a copy of your current national certification; and
 - a current letter of agreement with the signature of the collaborative physician and identification of your practice guidelines.

SECTION		e Yes or No. A yes requires a written explanation, and/or other documentation. Since you were or you completed your last renewal application:	iginally li	censed or
	ou been convi	cted of a crime other than a minor traffic violation? If "yes", explain and attach the court	YES	NO
		her state, territory, or other jurisdiction, denied your application for a license, certificate, or of occupation? If the answer is "yes", provide a certified copy of the action.	YES	(NO)
action a	against a licen	her state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary se, certificate, or registration that you hold or held in any profession or occupation? If the answer is ified copy of the action	YES	(NO)
SECTION		e Yes or No. A yes requires a written explanation, and/or other documentation. Since you were or you completed your last renewal application:	iginally li	censed <u>or</u>
		ANSWERS TO THESE QUESTIONS ARE NOT SUBJECT TO PUBLIC DISCLOSURE.		1920
		cal or mental condition or disorder which in any way impairs or limits your ability to practice with safety? If yes, provide a physician's statement or medical confirmation of the disability.		
2. Are you explain	currently add in detail.	dicted to, or in any way dependent on, the use of alcohol or habit forming drugs? If yes, please		
		ticipating in a supervised program or professional assistance program which monitors you in order not engaging in the use of alcohol or controlled substances? If yes, please explain in detail.		
SECTION	F: Appli	cant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions		300
CHILD S	UPPORT	You must check one of the three statements below regarding child support. As of the date of this application:	renewai	
	This does no	ot apply to me because I do not have any children, OR	v	
X	I do not owe support due	e any child support, or I do owe child support but am under a plan with the Office of Child Support to pa , OR	y all chile	d
		in my child support and I request that the licensing authority determine that immediate payment of child nreasonable hardship. Please forward an Application for Hardship	l support	would
TAXES		You must check one of the two statements below regarding taxes. As of the date of this renewal a	pplicatio	n:
\times		ns have been filed, and I do not owe any Vermont taxes, or I owe taxes but am under a plan with the Ve of Taxes to pay all taxes due, OR	rmont	
	l am behind an unreason	in my tax payments and I request that the licensing authority determine that immediate payment of taxes able hardship. Please forward an Application for Hardship.	s would ir	npose
UNEMPL COMPEN	OYMENT SATION	You must check one of the three statements below regarding unemployment contributions or pay unemployment contributions. As of the date of this renewal application:	ments in	lieu of
X	This does no	ot apply to me because I am not now, nor have I ever been, an employer,		
	I do not owe Division to	e any unemployment compensation, or I owe unemployment compensation but am under a plan with the pay any and all unemployment compensation due.	Unemplo	yment
	I am behind payment wo	in my unemployment compensation payments and I request that the licensing authority determine that is uld impose an unreasonable hardship. Please forward an Application for Hardship	mmediate	
Social Sec	urity#	Date of Birth 11/5/58		
by the Depar	tments of Taxe	social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. §405 (c) (2) (ces, Child Support and Employment and Training in the administration of Vermont law, to identify individually Number Is Not Subject to Disclosure as Part of a Public Records Request.	c), and walls affected	II be used ed by such
Statement o	f Applicant			
I hereby ce false inform	rtify that all ir	nformation I have provided in this application is true and accurate to the best of my knowledge. I understated unprofessional conduct and result in the denial of my application for licensure/certification/regions.	nd that fu stration.	rnishing
Signature of	of Applicant	P 2 1 = Date 2/28/07		

Registered Nurse Renewal Application

This form must be returned even if you are not in active practice. (See Section B) Renewal Period Covering 04/01/05 through 03/31/07 Renewal Fee \$ 85.00 Current Expiration 03/31/2005 I am applying for licensure renewal for RN $\,$ APRN__ To renew you must enclose a check in the amount Section A indicated, payable to Vermont Secretary of State. 0016012 ELLEN WELSH STARR RN Directions: If the renewal is postmarked after the current 762 NORTH ST MONTPELIER VT 05602-9124 expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less If mailing address has changed, indicate new address below: than 30 days late. Thereafter, the penalty will increase by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00. If you have had a name change please attach a copy of the marriage license or divorce degree granting you the authority to change your If your 911 address is different than your mailing address, please indicate the 911 address here: E-Mail Address: Telephone: IF YOU DO NOT WISH TO RENEW, and would like to be placed in an Inactive Status, place an X on Section B: YES the line to the right. No fee is required for Inactive Status. PLEASE NOTE *WHEN YOU DO RENEW YOUR LICENSE YOU MUST MEET THE CRITERIA FOR RELICENSURE QUALIFICATIONS FOR RENEWAL - Respond to part 1 OR part 2: Section C: SECRETARY OF STATE VI. BOARD OF NURSING I have practiced nursing as defined in 26 V.S.A. §1579, for at least: ** 120 days (960 hrs) in the last 5 years, or _____ 50 days (400 hrs) in the last 2 years at PLANDED PARENTHOD OF HOTETHARD NEW ENGLAND (Name of Hospital/Agency/Institution) (Dates of employment to/from) (Position) OR I have completed a Board approved program for re-entry into nursing within the past five years (City/State) (Date) (Program Sponsor [School, Institution, or Person]) If private duty position - attach statement indicating diagnosis; nursing care provided; number of days and hours worked; physician's statement indicating skilled care was necessary. Advanced Practice Registered Nurse-Please identify the following. You must enclose a copy of your current national certification. Practice Guidelines PPNNE MEDICAL PROTOCOL

Name Edition/Date

Collaborating Physician(s) (HETZIL GIBSON M.D. Edition/Date

(OVER

SECTION		ele Yes or No. A yes requires a written explanation, and/or other documentation. Since you were on completed your last renewal application:	riginally l	icensed o	
	St. Add to the	ricted of a crime other than a minor traffic violation? If "yes", explain and attach the court	YES	(NO)	
		other state, territory, or other jurisdiction, denied your application for a license, certificate, or profession or occupation? If the answer is "yes", provide a certified copy of the action.	YES	(NO)	
action	against a lice	other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary nse, certificate, or registration that you hold or held in any profession or occupation? If the answer is retified copy of the action	YES	NO	
SECTION		le Yes or No. A yes requires a written explanation, and/or other documentation. Since you were or eyou completed your last renewal application:	iginally li	censed o	
		ANSWERS TO THESE QUESTIONS ARE NOT SUBJECT TO PUBLIC DISCLOSURE.			
		ical or mental condition or disorder which in any way impairs or limits your ability to practice with safety? If yes, provide a physician's statement or medical confirmation of the disability.			
	u currently ac in in detail.	dicted to, or in any way dependent on, the use of alcohol or habit forming drugs? If yes, please			
		urticipating in a supervised program or professional assistance program which monitors you in order to enot engaging in the use of alcohol or controlled substances? If yes, please explain in detail.			
SECTION	F: Appl	icant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions			
CHILD S	UPPORT	You must check one of the three statements below regarding child support. As of the date of this application:	renewal		
	This does n	oot apply to me because I do not have any children, OR			
X	I do not ow support due	re any child support, or I do owe child support but am under a plan with the Office of Child Support to page, OR	ay all child	1	
		I in my child support and I request that the licensing authority determine that immediate payment of child inreasonable hardship. Please forward an Application for Hardship	d support	would	
TAXES		You must check one of the two statements below regarding taxes. As of the date of this renewal a	pplicatio	n:	
X	I do not ow	e any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, OR			
		l in my tax payments and I request that the licensing authority determine that immediate payment of taxes table hardship. Please forward an Application for Hardship.	s would in	ipose	
UNEMPL COMPEN	OYMENT SATION	You must check one of the three statements below regarding unemployment contributions or pay unemployment contributions. As of the date of this renewal application:	ments in l	ieu of	
X	This does n	ot apply to me because I am not now, nor have I ever been, an employer.		THE STATE OF	
	I do not owe any unemployment compensation, or I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due.				
		in my unemployment compensation payments and I request that the licensing authority determine that in ould impose an unreasonable hardship. Please forward an Application for Hardship	mmediate		
Social Sec	urity#	Date of Birth 11/5/58			
The disclo	sure of your sents of Taxes, Social Securit	social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 ©)(2)©), Child Support and Employment and Training in the administration of Vermont law, to identify individually Number Is Not Subject to Disclosure as Part of a Public Records Request.			
I hereby ce	rtify that all ir	nformation I have provided in this application is true and accurate to the best of my knowledge. I understated in the understated in the denial of my application for licensure/certification/registrated in the denial of my application for my application for licensure/certification/registrated in the denial of my application for licensure/certification for my application fo		nishing	
Signature of	of Applicant	6 2. S Date 2/14/05			

848 7838

VERMONT SECRETARY OF STATE OFFICE OF PROFESSIONAL REGULATION - STATE BOARD OF NURSING 81 River Street, Montpelier, VT 05609-1106 (802) 828-2396 or (802) 828-2453

		REGISTERED NURSE RENEWAL APPLICATION		
	Current Expiration 03/31/03	Renewal Period Covering 04/01/03 through 03/31/05	Renewal fee	\$ 85.00
pc ac	MONTPULIET	*1272 TH ST 105602	le DI	2
tl se	e vermont Secretary of State, plus a late ections A ,B, & C, sign and date. ECTION A: QUALIFICATIONS FO	our nursing license, you must complete this application and enclose a check of \$25.00 for renewals submitted less than 30 days after March 31, 20	for \$85.00, m 003. <u>Please co</u>	ade payable to mplete
	espond to part 1 or part 2:	26 V.S.A. §1579 in the following agency (ies) for at least: **	8	
	120 days (960 hrs) in the last I PLANDED PARENT (Name of Agency/Inst NARSÉ PRACTIDENST (Position)	5 years, or X 50 days (400 hrs) in the last 2 years too)		
** ph	If private duty position - attach stateme ysician's statement indicating skilled car	nt indicating patient's diagnosis; nursing care provided; number of days are was necessary.	nd hours worke	ed;
A	vanced Practice Registered Nurse-Pl	ease identify the following. (Form will be returned if not identified pro	perly)	
Co	Actice guidelines Name Ilaborating Physcian(s) ase enclose a copy of your current Na CTION B: Circle Yes or No for the fol			_
		tion denied your application for a license, certificate, or registration in any	Ye	s No
2,2	Has any state or federal licensing authoricense, certificate, or registration that y	rity restricted, suspended, revoked or taken any other disciplinary action agout hold or held in any profession or occupation?		
		de a copy of the order or official notification of the Board action.		
3.	Have you been convicted of a crime oth		Yes	s (No)
	If the answer to #3 is "yes", attach the c	ourt documents.		~

THE FOLLOWING ANSWERS ARE NOT SUBJECT TO PUBLIC DISCLOSURE

- 4. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice nursing with reasonable skill and safety?
 - If the answer #4 is "yes," provide a physician's statement or medical confirmation of the disability.
- 5. Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs?
 - If the answer is "yes" please explain in detail.
- 6. Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of alcohol or controlled substances?



*The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. §405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Date of Birth 1

Social Security #

Signature of Applicant

VERMONT SECRETAR	RY OF STATE
OFFICE OF PROFESSIONAL REGULATIO	N - STATE BOARD OF NURSING
81 River Street, Montpelier, VT 05609-1106	(802) 828-2396 or (802) 828-2453

	REN	NEWAL APPLICATION	
Current Expiration 03/31/01	Renewal Period	Covering 04/01/01 through 03/31/0	Renewal fee \$ 60.00
ELLEN WELSH STA 762 NORTH STREE MONTPELIER, VT	T		DECEIVED MAR I 2001 SECRETE VI BOARL
DIRECTIONS: If you wish to renew v	our nursing license, voi	PN Please check (X) if you wish ina u must enclose a check for \$60.00, made p	payable to the Vermont Secretary of State, p
DIRECTIONS: If you wish to renew v	our nursing license, you ted less than 30 days af seed \$100.00.	PN Please check (X) if you wish inau must enclose a check for \$60.00, made pater March 31, 2001. Thereafter, the penaterness of the penaterness	active status (no fee required): payable to the Vermont Secretary of State, p alty will increase by \$5.00 for every addition
DIRECTIONS: If you wish to renew you late fee of \$25.00 for renewals submit month or fraction of a month, not to expect the second to part 1 or part 2: I have practiced nursing as defined	our nursing license, you ted less than 30 days af seed \$100.00. IFICATIONS FOR R an 26 V.S.A. §1579, for	PN Please check (X) if you wish ina u must enclose a check for \$60.00, made p fter March 31, 2001. Thereafter, the pena ENEWAL	active status (no fee required): payable to the Vermont Secretary of State, p alty will increase by \$5.00 for every addition
DIRECTIONS: If you wish to renew you late fee of \$25.00 for renewals submit month or fraction of a month, not to except the second to part 1 or part 2: I have practiced nursing as defined 120 days (960 hrs) in the lat Play 250 Page 15.	our nursing license, you ted less than 30 days af teed \$100.00. IFICATIONS FOR R In 26 V.S.A. §1579, for ast 5 years, or	PN Please check (X) if you wish inau must enclose a check for \$60.00, made pater March 31, 2001. Thereafter, the penaterness of the penaterness	active status (no fee required): payable to the Vermont Secretary of State, p alty will increase by \$5.00 for every addition
If you wish to renew you late fee of \$25.00 for renewals submit month or fraction of a month, not to exceed the second to part 1 or part 2: I have practiced nursing as defined to days (960 hrs) in the late the second to part 1 or part 2: A late fee of \$25.00 for renewals to renew you wish to exceed the part of the your wish to renew you wish to exceed the part of the your wish to renew you wish to exceed the your wish to renew you wish to exceed the your wish to renew you w	our nursing license, you ted less than 30 days af teed \$100.00. IFICATIONS FOR R on 26 V.S.A. §1579, for ast 5 years, or hastitution)	PN Please check (X) if you wish ina u must enclose a check for \$60.00, made p fter March 31, 2001. Thereafter, the pena RENEWAL r at least: ** _50 days (400 hrs) in the last 2 years	active status (no fee required): payable to the Vermont Secretary of State, p alty will increase by \$5.00 for every addition
If you wish to renew you late fee of \$25.00 for renewals submit month or fraction of a month, not to exceed the control of the	our nursing license, you ted less than 30 days af eed \$100.00. IFICATIONS FOR R In 26 V.S.A. §1579, for ast 5 years, or institution)	PN Please check (X) if you wish ina u must enclose a check for \$60.00, made p fter March 31, 2001. Thereafter, the pena RENEWAL r at least: ** _ 50 days (400 hrs) in the last 2 years	active status (no fee required): payable to the Vermont Secretary of State, p alty will increase by \$5.00 for every addition
DIRECTIONS: If you wish to renew you late fee of \$25.00 for renewals submit month or fraction of a month, not to exceed the second to part 1 or part 2: I have practiced nursing as defined to part 1 or part 2: 120 days (960 hrs) in the late the second to part 1 or part 2: A plant Practice of Agency/I	our nursing license, you ted less than 30 days af eed \$100.00. IFICATIONS FOR R In 26 V.S.A. §1579, for ast 5 years, or institution)	PN Please check (X) if you wish ina u must enclose a check for \$60.00, made p fter March 31, 2001. Thereafter, the pena RENEWAL r at least: ** _ 50 days (400 hrs) in the last 2 years	active status (no fee required): payable to the Vermont Secretary of State, payable to the Vermont Secretary of State, payable to the Vermont Secretary of State, payable to the Vermont State, payable to the Ver

Advanced Practical Registered Nurse-Please identify the following:

70)0102 Practice Guidelines PPNDE CHERT

Collaborating Physcian(s) Da. GIDSON

Please enclose a copy of your current National Certification

SECTION B: Circle Yes or No for the following questions. Since you completed your last renewal application:

- 1. Has any state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation?
- 2. Has any state or federal licensing authority restricted, suspended, revoked or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation?

If the answer to #1 or #2 is "yes", provide a copy of the order or official notification of the Board action.

3. Have you been convicted of a crime other than a minor traffic violation?

If the answer to #3 is "yes", attach the court documents.

THE FOLLOWING ANSWERS ARE NOT SUBJECT TO PUBLIC DISCLOSURE

4. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice nursing with reasonable skill and safety?

If the answer #4 is "yes," provide a physician's statement or medical confirmation of the disability.

5. Has your use of alcohol, drugs, or medications in any way impaired or limited your ability to practice nursing with reasonable skill and safety?

If yes, please explain in detail.

6. Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? If the answer is "yes", please provide the contract/stipulation under which you are practicing











APPLICANTS STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You must answer questions 1, 2 and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1.	1
V	
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You must check one of the two statements below regarding child support regardless whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

01

I hereby certify that I am <u>NOT</u> in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)



You must check one of the two statements below:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

01

I hereby certify that I am <u>NOT</u> in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renewal any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions or payments an unreasonable hardship.

3.

You must check one of the two statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

I hereby certify that I am <u>NOT</u> in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not, nor have I ever been, an employer.

Social Security #

Date of Birth 11 / 5 / 58

Telephone#

*The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. §405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant & 2. 8 Date 760

VERMONT SECRETARY OF STATE

OFFICE OF PROFESSIONAL REGULATION - STATE BOARD OF NURSIN	
Office of I Rollessional Redountion State Bonnes of Months	VG
109 State Street, Montpelier, VT 05609-1106 (802) 828-2396	

	RENEWAL APPL	ICATION		
Current Expiration 03/31/99	Renewal Period Covering 04/01	1/99 through 03/31/01	Renewal fee	\$ 60.00
ELLEN STARR R 64 NORTH ST MONTPELIER VT	N * 05602-2502	101- ss D : 762 Non	16012-	
I am applying for licensure renewal for DIRECTIONS: If you wish to renew you had a late fee of \$25.00 for renewals suadditional month or fraction of a month	or RN_ and APRN LPN Ple our nursing license, you must enclose a abmitted less than 30 days after March	ease check (X) if you wish inact check for \$60.00, made payable	APR - 1 9	cretary of State
SECTION A: ADDITIONAL QUALI	FICATIONS FOR RENEWAL			4/31
Respond to part 1 or part 2:				12 3/
	he last 5 years, or 50 day	s (400 hrs) in the last 2 years		V ok
at PLANIO PAREITINO (Name of Agency/In				
PURSE PRAZITION		(Dates of employment to/fr	LEYT	
(Position)	OR	(Dates of employment to/fi	oni)	
2. I have completed a Board approved	program for re-entry into nursing wi	thin the past five years		
(Program Sponsor [School, In	stitution, or Person])	(City/State) (D	ate)	
** If private duty position - attach stat statement indicating skilled care wa		are provided; number of days	and hours worked; p	ohysician's
SECTION B: Circle Yes or No for the	e following questions. Since you con	npleted your last renewal appli-	cation:	
 Has any state, territory, or other jur profession or occupation? 	isdiction denied your application for	a license, certificate, or registra	ation in any	Yes (
 Has any state or federal licensing at license, certificate, or registration th 	uthority restricted, suspended, revoked nat you hold or held in any profession	or taken any other disciplinar or occupation?	y action against a	Yes (
If the answer to #1 or #2 is "yes", p	provide a copy of the order or official i	notification of the Board action.		
3. Have you been convicted of a crime	e other than a minor traffic violation?			Yes (N
If the answer to #3 is "yes", attach t	he court documents.			
THE FOLLOWING ANSWERS ARE	NOT SUBJECT TO PUBLIC DIS	CLOSURE		
 Do you have a physical or mental of to practice nursing with reasonable 		y impairs or limits your ability		
If the answer #4 is "yes," provide a	physician's statement or medical conf	irmation of the disability.		
5. Has your use of alcohol, drugs, or nursing with reasonable skill and se	medications in any way impaired or lafety?	imited your ability to practice		
If yes, please explain in detail.				
6. Are you currently participating in a you in order to assure that you are	a supervised program or professional a not engaging in the illegal use of cor	assistance program which moni atrolled dangerous substances?	tors	200
If the answer is "yes", please provide	de the contract/stipulationunder which	you are practicing.		10
SPECIAL NOTE: Advanced Practice In practice guidelines and collaborating by waiver must enclose information do	physician must be submitted along with ocumenting practice and continuing educations.	th this renewal form. Advanced	Practice Registered	Nurses endors

APPLICANTS STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You	must	answer	questions	1,	2	and	3.
	A 4 4 4 4 4 4 4		the bridge between the	-,	-		

due under that order.

Signature of Applicant_

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

I hereby certify that I am <u>NOT</u> in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".
Regarding Taxes Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)
2. You must check one of the two statements below:
I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
I hereby certify that I am <u>NOT</u> in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward ar "Application for Hardship".
Regarding Unemployment Compensation Contributions Title 21 § 1378 requires that: No agency of the state shall grant, issue or renewal any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.
3. You must check one of the two statements below regarding unemployment contributions or payments in lieu of unemployment contributions
I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).
I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.
Social Security #
The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. §405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support.
STATEMENT OF APPLICANT I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

109 State Street, Montpelier, VT 05609-1106 (802) 828-2396
OFFICE OF PROFESSIONAL REGULATION - STATE BOARD OF NURSING
VERMONT SECRETARY OF STATE

	RENEWAL APPLI	CATION		
Current Expiration 03/31/97	Renewal Period Covering 04/0	1/97 through 03/31/99	Renewal fee	\$ 49.00
ELLEN WELSH ST 64 NORTH STREE MONTPELIER, V	ET"		FEB 2 4 SECRETARY OF WILL BOARD OF ME	
I am applying for licensure renewal f	or RNX and APRN LPN Pl	ease check (X) if you wish	inactive status (no fe	e required):
DIRECTIONS: If you wish to renew y plus a late fee of \$25.00 if, for any rea the renewal application.	your nursing license, you must enclose a	check for \$49.00, made pa	yable to the Vermont S	Secretary of State
SECTION A: ADDITIONAL QUAI	LIFICATIONS FOR RENEWAL			
Respond to part 1 or part 2:				
1. I have practiced nursing as defined 120 days (960 hrs) in	the last 5 years, or 50 day		ears	
		ARITHE UT		
(Name of specific A		(City/State)		
(Position)	1735cm	(Dates of employment	to/from)	
2. I have completed a Board approved at(Program Sponsor [School, I	nstitution, or Person]) (City/State)	(Date)	t physician's
statement indicating skilled care w				i, physician s
SECTION B: Circle Yes or No for t				
 Has any state, territory, or other ju profession or occupation? 				Yes
	that you hold or held in any profession	or occupation?		a Yes (
If the answer to #1 or #2 is "yes",	provide a copy of the order or official	l notification of the Board	action.	
3. Have you been convicted of a crim	ne other than a minor traffic violation?			Yes (
If the answer to #3 is "yes", attack	h the court documents.	Ti .		
THE FOLLOWING ANSWERS AI	RE NOT SUBJECT TO PUBLIC DI	SCLOSURE		
4. Do you have a physical or mental to practice nursing with reasonable	condition or disorder which in any was	ay impairs or limits your a	bility	
If the answer #4 is "yes," provide	a physician's statement or medical co	nfirmation of the disability	ν.	
5. Has your use of alcohol, drugs, or nursing with reasonable skill and	medications in any way impaired or safety?	imited your ability to prac	tice	
If yes, please explain in detail.				
6. Are you currently participating in you in order to assure that you ar	a supervised program or professional e not engaging in the illegal use of co	assistance program which ntrolled dangerous substan	monitors ces?	
	vide the contract/stipulation under whi			
in practice guidelines and collaborating	Registered Nurse: Evidence of current g physician must be submitted along widecumenting practice and continuing e	th this renewal form. Adva	nced Practice Register	ed Nurses endor
DEA License Number: YesNo_	If yes, give #	Expires//		

APPLICANTS STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You must answer questions 1, 2 and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

You must check one of the two statements below regarding child support regardless whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

I hereby certify that I am NOT in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship" .

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

You must check one of the two statements below:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renewal any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

You must check one of the two statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

Social Security #

Date of Birth 11/5/58

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant	B 2.	8-	 _Date_	2	IJ	97	}
							_

^{*}The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. §405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support

STATE OF VERMONT RENEWAL APPLICATION

I hereby apply for renewal of my license as a Registered Nurse

License #

RECEIVED

026-0016012

ELLEN WELSH STARR RN NAME 23 1995
64 NORTH STREET
MONTPELIER, VT 05602

With Prescriptive Authority Obstetrics and Gynecology Nurse Practitioner

03/31/95

04/01/95 through 03/31/97

40.00**

Current Expiration

Renewal Period Covering

Renewal Fee

Renewals postmarked after the expiration date must include a late fee of \$25.00

The fee of \$40.00 represents the renewal fee of \$35.00 and a \$5.00 assessment in accordance with 3 V.S.A. § 124(b).

Make any changes to your address in the blank space above.

Please check (X) if you wish inactive status (no fee required):

016

INFORMATION NEEDED

Circle yes or no, a yes requires an explanation * Since your last renewal:

- Have you made or caused someone else to make a false, fraudulent or forged statement or representation in procuring or attempting to procure registration or renewal of a license to practice nursing?
- 2. Have you been subject to a disciplinary proceeding before a state board of nursing?
- Have you been convicted of a crime related to the practice of nursing or a felony which evinces unfitness to practice nursing, in this state or in any other jurisdiction?
- 4. Are you habitually intemperate or addicted to the use of habit-forming drugs?
- 5. Do you have a mental, emotional or physical disability, the nature of which interferes with the ability to practice nursing competently?

* If necessary, additional pages may be attached.

ADDITIONAL QUALIFICATIONS FOR RENEWAL

Respond to part A or part B

A.	I have practiced nursing as	defined in Chapter 4,	Rule II,	Administrative !	Rules, 1	for at least:	*
----	-----------------------------	-----------------------	----------	------------------	----------	---------------	---

X 120 days (960 hrs) in the last 5 years, or _____ 50 days (400 hrs) in the last 2 years

PLANINED PARENTHOOD DARRE UT

(Name of specific Agency/Institution)

(City/State)

Purise Practins DOR

(Date)

OR

I have completed a Board approved program for re-entry into nursing within the past five years

at _______(Program Sponsor [School, Institution, or Person]) (City/State)

If private duty position - please note name, address of each patient (s), number of days and hours for each; diagnosis; nursing care provided; physician's name and address. Attach additional papers if needed,

YOU MUST COMPLETE AND SIGN THE REVERSE SIDE OR YOUR LICENSE WILL NOT BE RENEWED

SPECIAL NOTE: Advanced Practice Registered Nurse: <u>Evidence of current certification by the National Certifying Organization must be submitted along with this renewal form:</u>

Advanced Practice Registered Nurse endorsed by waiver must enclose information documenting practice and continuing education as required by the National Certifying organization.

required by the National Certifying organization.
DEA License Number (optional): Yes No If yes, give # Expires / / _,
Applicants Statement Regarding Child Support
Title 15 § 795 requires that this form must be completed by anyone applying for a license, certification or registration to practice a profession in the state of Vermont.
A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. §795)
You must check one of the two statements below regarding child support:
I hereby certify that I am not subject to any support order or am in good standing with respect to or in full compliance with a plan to pay any and all child support due under a support order as of the date of this application.
I hereby certify that I am NOT in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship" to the address below.
Applicants Statement Regarding Taxes
Fifte 32 § 3113 requires that this form must be completed by anyone applying for a license, certification or registration to practice a profession in the State
of Vermont.
A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113).
You must check one of the two statements below regarding taxes:
I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both)
1 hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship" to the address below.
Date of Birth 11 / 1 / Se Social Security # (month) (day) (year)
**The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes in the administration of Vermont tax laws, to identify individuals affected by such laws.
I further certify that all information contained in this renewal application is true and accurate to the best of my knowledge.
Date 7/6/15 Signature & 2. &
Important: Please be sure to write your license number on your check. Check for correct spelling of name, etc Sign and date application. Make check payable to Secretary of State.

STATE OF VERMONT RENEWAL APPLICATION_

i nereby a	apply for the renewal o	my: Registere	ed Nurse			
		nd Gynecology N ptive Authority		titioner		
	a a				F.	
ELLEN WEL	SH STARR RN					
64 NORTH S						
		4/01/02 02/21/0	ve .	40.00	26-001	6012
- 03/31 Cumen	† 93 t Expiration	4/01/93-03/31/9 Renewal Period Cove		Renewal Fe	* 111/	cense #
		ked after the expiratio				ACIIING W
	1				01 420.00	
* T	he fee of \$40.00 represents t	he renewal fee of \$35.00 ar	nd a \$5.00 assessr	nent in accordance	e with 3 V.S.A.§	124 (b)
** Make a	any changes to your add	dress in the blank spa	ce above.	·		
Ple	ase check (X) if you w	rish inactive status (no	fee required)	:		
INFORM	ATION NEEDED					
	or no, a yes requires a	n explanation * during	g the previous	2 years, have	you:	
 Bee Bee Had Rec 	olied for and been denied a n n subject to a disciplinary pr n convicted of a criminal off a problem with substance al cived care for a physical or a sing practice?	oceedings before a state bo ense, other than minor traff buse?	ard of nursing? fic violations?			Yes or No Yes or No
* If r	necessary, additional pa	ges may be attached.				
	NAL QUALIFICATI	ONS FOR RENEWA	AL			
Respond to	o part A or part B			g.		
A, I hav	ve practiced nursing as defined in (Chapter 4, Rule II, Administrativ	e Rules, for at least:	**		
	120 days (960 hrs) in the la	ast 5 years, or50 day	ys (400 hrs) in the la	st 2 years		
at	PLANDED PARKER	(100)	Brize	V-	Warse Pich	GT TE ISUSTIC
	PLAN P.MEH	Agency/Institution)	(City/State)	(Position)	
		O	R	100		
B. I hav	ve completed a Board approved pro			ears	2.15	
at	(Program Spansor	(School, Institution, or Person)	(C:n.	/State)	(Data)	
	trogram aponsor	(Sensor, institution, or refson)	(City	(Sale)	(Date)	
**	ivate duty position - please note na	me, address of each nation (e)	number of days and	hours for each: disco	ineie: nitreina cara neo	vidad: abveicias'-
ii pii	22.7 Francis Proude note in	, according to the particular (3),	or days and	Lor cacit, ulagi	iosis, naising care pro	ridea, phrystetan s

YOU MUST COMPLETE AND SIGN THE REVERSE SIDE OR YOUR LICENSE WILL NOT BE RENEWED

name and address. Attach additional papers if needed.

SPECIAL NOTE: Nurse Practitioners: Evidence of current certification by the National Certifying Organization must be submitted along with this renewal form. Nurse practitioners endorsed by waiver must enclose information documenting practice and continuing education as required by the National Certifying Organization. DEA License Number (optional): Yes No If yes, give # Expires Applicants Statement Regarding Child Support Title 15 § 795 requires that this form must be completed by anyone applying for a license, certification or registration to practice a profession in the state of Vermont. A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. §795) Check the statement that applies: I hereby certify that I am not subject to any support order or am in good standing with respect to or in full compliance with a plan to pay any and all child support due under a support order as of the date of this application. I hereby certify that I am NOT in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship" to the address below. Applicants Statement Regarding Taxes Title 32 § 3113 requires that this form must be completed by anyone applying for a license, certification or registration to practice a profession in the State of Vermont. A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113). Check the statement that applies: I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both) I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request

that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship" to the address below. I further certify that all information contained in this renewal application is true and accurate to the best of my knowledge.

Date of Birth ______ Social Security #

**The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes in the administration of Vermont tax laws, to identify individuals affected by such laws.

Signature

STATE OF VERMONT RENEWAL APPLICATION

Specialty: OBSTETRICS AND GYNECOLOGY

STARR ELLEN WELSH RN

64 NORTH STREET MONTPELIER, VT 05602

I hereby apply for the renewal of my License as a: Registered Nurse

for the period from 05/01/1989

to 03/31/1991

Renewal Fee \$ 19.00

License # 26-0016012

QUALIFICATIONS FOR RENEWAL OF YOUR LICENSE CIRCLE OR CHECK THE APPROPRIATE ANSWERS AND FILL IN THE BLANKS

DURING THE PREVIOUS 2 YEARS, HAVE YOU: (A yes requires an explanation on the back.)

1)	Had any treatment for mental, emotional or physical disabit Had any convictions other than for minor traffic violations? Had an addiction to or been treated for drug or alcohol abuse Had any jurisdiction deny or take action against your license.	yes/ho) se?	
2)	I have practiced nursing as defined in Rule N 4.06 for at lea	ast:	
	a) 120 days in the last five years, or 50 days in the	BATTE	1
	Name specific Agency/Institution	City/Sta	te
<u>OR</u>			
	b) I have completed a Board approved program for re-	entry into nursing with	nin the past five years
	at		
	Program Sponsor (School, Institution, or Person)	City/State	Date

SPECIAL NOTICE: Nurse Practitioners must submit evidence of current certification by the National Certifying Organization along with this renewal form. Evidence enclosed A new law provides that a professional license may not be renewed unless the licensee certifies that he or she is in good standing with the Department of Taxes. Good Standing means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with the payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113). The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both. False or fraudulent statements or misrepresentation in renewing a license to practice may be cause for disciplinary action.

STATEMENT OF APPLICANT

I hereby certify that the information contained on this renewal application is true and accurate to the best of my knowledge.

I further certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay, any and all taxes due the State of Vermont as of the date of this application.

Date Z 18 89 Signature & 2. Sa

IMPORTANT: Check for correct spelling of name and proper address. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee in a check or money order payable to the Secretary of State. Your Renewal Period has been adjusted and the fee prorated accordingly.

EXPLANATIONS OF YES ANSWERS FROM QUESTION 1 ON FRONT



State of Vermont
Office of the Secretary of State
Division of Licensing and Registration
Pavilion Office Building
Montpelier, Vermont 05602-2710
(802) 828-2363



STATE OF VERMONT RENEWAL APPLICATION

34.91

I hereby apply for the renewal of my:

Registered Nurse License

Obstetrics and Gynecology with Medical Acts & Prescriptive Authority

ELLEN WELSH STARR RN

64 NORTH STREET MONTPELIER UT 05602

03/31/91

04/01/91 - 03/31/93

35.00

26-0016012

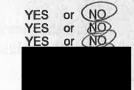
Current Expiration | Renewal Period Covering | Renewal Fee | Lic/Cert #

Renewals postmarked after the expiration date must include a late fee of \$25.00

INFORMATION NEEDED

Circle yes or no, a yes requires an explanation *. During the previous 2 years, have you:

- 1. Applied for and been denied a nursing license in another state, or had a nursing license suspended?
- 2. Been subject to disciplinary proceedings before a state board of nursing?
- 3. Been convicted of a criminal offense, other than minor traffic violations?
- 4. Had a problem with substance abuse?
- 5. Received care for a physical or mental health problem that may cause a threat to public safety during nursing practice?



ADDITIONAL QUALIFICATIONS FOR RENEWAL

Respond to A or B

A I have practiced nursing as defined in Article N4.06, Administrative Hules, for at
--

120 days (960 hrs) in the last 5 years, or ____ 50 days (400 hrs) in the last 2 years

at * PLANNED PARENTHOOD

BARRE VI

(Name specific Agency/Institution)

City/State

OR

B. ___ I have completed a Board approved program for re-entry into nursing within the

past five years at _______ Program Sponsor (School, Institution, or Person) City/State

Date

SPECIAL NOTE: Nurse Practitioners: Evidence of current certification by the National Certifying Organization must be submitted along with this renewal form.

Evidence of current certification enclosed:

Yes

DEA License Number (optional):

Yes No If yes, give #

Expires

1 1

Och

If necessary, additional information may be attached

A professional license may not be renewed unless the licensee certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or, the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

A professional license may not be renewed unless the licensee certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113). The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both.

STATEMENT OF APPLICANT

I hereby certify that I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all child support due the State of Vermont as of the date of this application.

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due the State of Vermont as of the date of this application.

I further certify that all information contained in this renewal application is true and accurate to the best of my knowledge.

Date Z ZG 11 Signature	En h. S- ROP
------------------------	--------------

IMPORTANT: Please be sure to write your license number on your check. Check for correct spelling of name and proper address. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee in a check or money order payable to the Secretary of State.



Board of Nursing
Secretary of State's Office
Office of Professional Regulation
Pavilion Office Bldg-Montpelier, VT 05609-1105
(802) 828-2396





MCC National Certification Corporation

ELLEN STARR, WHNP-BC

762 NORTH ST MONTPELIER, VT 05602

has earned the following certification from the National Certification Corporation:

Women's Health Care Nurse Practitioner Earned September 6, 1985 and due March 31, 2018

NCC ID: STA104266203

TO TE CONTROL OF THE PARTY OF T

Catherine of Witt

Catherine Witt, Ph.D., NNP-BC NCC President



Verification of Certification

Congratulations: You have now successfully maintained your NCC credential.

NCC is no longer issuing maintenance cards. You can download your maintenance documentation at any time from the NCC website – www.nccwebsite.org. Maintenance cards are available for purchase for \$35.00 and will be delivered via ground Federal Express (street

WOMEN'S HEALTH CARE NURSE PRACTITIONER Certification Specialty:

STA1-0426-6203 ID Number:

ELLEN WELSH STARR, WHNP-BC

MONTPELIER, VT 05602

762 NORTH ST

9/6/1985 Original Certification Date:

3/31/2015 Expiration Date:

Amt: \$100.00 2/11/2012 Payment Date:

PO Box 11082 • CHICAGO, IL 60611-0082 • PHONE 312-951-0207 • FAX-ON-DEMAND • 800-367-5613 • www.nccwebsite.org