

Vermont Secretary of State
Office of Professional Regulation
Attn: Nancy Morin
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

<u>Current Expiration</u> 03/31/2013	<u>Renewal Period Covering</u> 04/01/2013 through 03/31/2015	<u>Renewal Application Fee</u> \$145.00 [Non-Refundable Processing Fee] <u>Checks Payable to:</u> Vermont Secretary of State
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You Must Complete The Information Below:

License #: 101.0016012

Ms. Ellen Welsh Starr
762 North St
Montpelier, VT 05602-9124

For Office Use Only



Directions: To renew you must enclose a check or money order in the amount indicated, payable in US funds from a bank with a United States affiliate to "Vermont Secretary of State." **The renewal application fee is non-refundable.** If the completed renewal, along with all supporting documentation, is not received in the Office 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. Faxes not accepted.

<p>Has your name changed since you last renewed, or were originally licensed?</p> <p><i>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.</i></p>	(Circle One)	
	Yes	<input checked="" type="radio"/> No

Section A: Demographic Information

<p>If your mailing address has changed, indicate your new address in the box to the right.</p> <p>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)).</p>	P.O. Box
	Street/Apt #
	City/State/Zip
	Country

<p>If your 911 address has changed, indicate your new address in the box to the right.</p>	Street/Apt #
	Suite/Department/Floor
	City/State/Zip
	Country

Phone: [REDACTED]	Cell Phone: [REDACTED]
E-Mail Address: [REDACTED]	

Date of Birth	Place of Birth (City, State, Country)	Gender (Circle One)	
11/05/58	ABINGDON, PA	<input checked="" type="radio"/> Female	<input type="radio"/> Male

Social Security Number: [REDACTED] **** (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: (you must check one)	
<input checked="" type="checkbox"/>	Not Applicable – I am not subject to a child support order
<input type="checkbox"/>	I am in good standing*
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Office of Child Support
<input type="checkbox"/>	I am NOT in good standing*

TAXES:

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

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. §1110(b and c)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	Not Applicable – I do not have any unpaid judgments
<input checked="" type="checkbox"/>	I am in good standing* with the judicial bureau or district court for fines or penalties for a violation or criminal offense
<input type="checkbox"/>	I am NOT in good standing-*

* "Good standing" is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Name (print): ELLEN STARR

License Number: 101.001 6012 2

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:

Have you committed acts of abuse, neglect, or misappropriation of patient property? <i>If "Yes," provide a detailed written explanation and attach all related documents.</i>	Yes	<input checked="" type="radio"/> No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	<input checked="" type="radio"/> No
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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? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	<input checked="" type="radio"/> No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	<input checked="" type="radio"/> No
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Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	<input checked="" type="radio"/> No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "Yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	<input checked="" type="radio"/> No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	<input checked="" type="radio"/> No
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Note: Vermont law requires that you report to the Office of Professional Regulation a felony conviction or any conviction of a crime related to the practice of your profession within 30 days. 3 V.S.A. §129a(a)(11).

The answers to the following questions are not subject to public disclosure

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? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	
--	--

Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	
---	--

Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	
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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? <i>If "Yes," please provide the contract/stipulation under which you are practicing.</i>	
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Name (print): ELLEN STARR

License Number: 101 0516012

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))

Program and Practice Experience Requirement

(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.
X	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 <u>NOT</u> 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): ELLEN STARR

License Number: 101.0016012

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 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)

Signature of Applicant **** (REQUIRED) ****

Signature Date (MM/DD/YYYY)

Ellen Starz

11/18/2013

Print Name:

License #

ELLEN STARZ

101 --- 0016012

Name (print): ELLEN STARZ

License Number: 101.0016012

Board of Nursing
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: _____

1. 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
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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
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3. Would you be willing to serve as an Expert Witness for a licensing case(s) associated with your profession?	Yes	No
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If you answered "Yes" to the question above, what is your area of expertise?

Name (print): _____

License Number: _____



Advanced Practice Registered Nurse Renewal Application

Current Expiration 3/31/2011	Renewal Period Covering 4/1/2011 – 3/31/2013	Renewal Application Fee \$145.00 Non-Refundable Processing Fee
You Must Complete The Information Below: License Number: 101.0016012 Ms. Ellen Welsh Starr 762 North St Montpelier, VT 05602-9124		For Office Use Only <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED MAR 02 2011 Secretary of State Professional Regulation </div>
Circle One:	Mr. Mrs. <u>Ms.</u>	

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 were originally licensed? <i>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.</i>	(Circle One)	
	Yes	<u>No</u>

Section A: Demographic Information

If your mailing address has changed, indicate your new address in the box to the right. 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)).	P.O. Box
	Street/Apt #
	City/State/Zip
	Country

If your 911 address has changed, indicate your new address in the box to the right.	P.O. Box
	Street/Apt #
	City/State/Zip

Phone: [REDACTED]	Cell Phone: [REDACTED]
Fax: () -	E-Mail Address: [REDACTED]

Date of Birth	Place of Birth (City, State, Country)	Gender (Circle One)	
11/05/58	ABINGTOWN, PA, USA	<u>Female</u>	Male

Social Security Number: [REDACTED] **** (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, 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

Passport Number: _____ ***** (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a))**

Name: ELLEN STARR License#: 101-0016012

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)	
<input checked="" type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	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)	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input checked="" type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)): As of the date of this application: (you must check one)	
<input checked="" type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	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
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. § 1110(b&c)): As of the date of this application: (you must check one)	
<input checked="" type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	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
<input type="checkbox"/>	I am not in good standing.*

* "Good standing" is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Name: ELLEN STAZER

License#: 101-0016012

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 application:

Have you committed acts of abuse, neglect, or misappropriation of patient property? <i>If "Yes," provide a detailed written explanation and attach all related documents.</i>	Yes	<input checked="" type="radio"/> 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? <i>If "Yes," provide documentation from the hospital.</i>	Yes	<input checked="" type="radio"/> 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? <i>If "Yes," attach a copy of the order or official notification of the action.</i>	Yes	<input checked="" type="radio"/> 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? <i>If "Yes," provide a copy of the order or official notification of the action.</i>	Yes	<input checked="" type="radio"/> No
Have you surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," provide a detailed written explanation.</i>	Yes	<input checked="" type="radio"/> No
Are you currently under investigation by another licensing authority? <i>If "Yes," provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	<input checked="" type="radio"/> 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) <i>If "Yes," provide a detailed written explanation and attach the official certified court documents.</i>	Yes	<input checked="" type="radio"/> No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "Yes," provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	<input checked="" type="radio"/> No

Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of 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 ability to practice this profession with reasonable skill and safety? <i>If "Yes," please have your provider submit a detailed statement explaining how you are able to practice safely.</i>	
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? <i>If "Yes," provide a detailed written explanation.</i>	
Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "Yes," provide a detailed written explanation.</i>	
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? <i>If "Yes," please provide the contract/stipulation under which you are practicing.</i>	

Name: ELLEN SMITH

License#: 101-0016012

Section D: Advanced Practice Registered Nurse (APRN) Education Program Requirements

As of the date of this application the highest level of nursing education I have completed is (please check one):

Diploma Associates Baccalaureate Masters Doctorate

If you have completed a MASTER's program, provide the name and location.	Name MASS GENERAL HOSPITAL INSTITUTE OF HEALTH PROFESSIONS
City BOSTON	State MA
Area of Study: <u>WOMEN'S HEALTH</u>	Date Awarded: <u>06 / 01 / 1985</u> MM/DD/YYYY

Provide the name and location of your APRN Program	Name SAME	City, State
Area of Concentration		
Circle One: Degree Certificate	Date Awarded: <u> / / </u> MM/DD/YYYY	

Provide the name and location of your APRN Program	Name	City, State
Area of Concentration		
Circle One: Degree Certificate	Date Awarded: <u> / / </u> MM/DD/YYYY	

*Attach additional pages if necessary

Section E: Registered Nurse (RN) Education Program Requirements

Have you graduated from your original/initial RN Nursing education program within the last five (5) years (04/01/2006 – 03/31/2011)?	Yes	<input checked="" type="radio"/> No
Provide the date of completion of this nursing program (MM/DD/YYYY).	<u> / / </u>	<u> / / </u>

Name: ELLEN STARR

License#: 101-0016012

Section F: RN RE-ENTRY Program Requirements

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

<p>Provide the date of completion of this re-entry program (MM/DD/YYYY).</p>	<p>/ /</p>
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Section G: Practice & Experience Requirements

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.

<p><u>Have you practiced as an RN or APRN:</u> for 50 days (400 hours) within the last two (2) years -OR- for 120 days (960 hours) within the last five (5) years?</p>	<p><u>Yes</u></p>	<p>No</p>
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Name: ELLEN STARR

License#: 101-0016012

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	NURSE PRACTITIONER	
Paid or Volunteer?	PAID	
Full time	Yes	No
Part time	Yes	No
Date of Employment	From (MM/DD/YYYY) 10/01/1985	To (MM/DD/YYYY) Current / /
Name of Agency/Institution	PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND	
Mailing Address	P.O. Box	
	Street/Apt # 183 TALCOTT RD	
	City/State/Zip/Country WILLISTON 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) / /	To (MM/DD/YYYY) / /
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: ELLEN SMITH

License#: 101-0016012

Section H: Private Duty or Volunteer

Did you practice as a Registered Nurse (RN) -or- Advanced Practice Nurse (APRN) in a private duty or volunteer capacity?	Yes	No
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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)

Signature of Applicant  **Date** 2/27/11

Name: ELLEN STARR

License#: 101-0016077

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

Current Expiration 03/31/2009	Renewal Period Covering 04/01/2009 through 03/31/2011	Renewal Application Fee \$ 145.00
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101 0016012 ELLEN WELSH STARR RN 762 NORTH STREET MONTPELIER VT 05602	For Office Use Only <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAR 10 2009 Secretary of State Professional Regulation </div>
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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 postmarked 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 decree 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 license.** **PLEASE PRINT CLEARLY.**

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:

Date of Birth (mm/dd/yyyy): 11/05/1958 Gender: Male Female
 Place of Birth (city, state, country): ADINGTON, PA. USA

Social Security Number: [REDACTED] **
 ** 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.

Home Telephone: [REDACTED] Cell Phone: [REDACTED]
 Work Telephone: [REDACTED] E-Mail Address: [REDACTED]

APRN DEA # _____

(Continue to Next Page)

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:

Have you committed acts of abuse, neglect, or misappropriation of patient property? <i>If yes, provide a detailed written explanation and attach all related documents.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
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? <i>If "yes", you must include documentation from the hospital.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
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? <i>If "Yes", attach an official copy of the order or official notification of the action.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
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? <i>If "Yes", provide an official copy of the order or official notification of the action.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Have you surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes", provide a detailed written explanation.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Are you currently under investigation by another licensing authority? <i>If "Yes", provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
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) <i>If "yes", provide a detailed written explanation and attach the official certified court documents.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "yes", provide a detailed written explanation and attach a copy of the charges.</i>	Yes <input type="radio"/> No <input checked="" type="radio"/>
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? <i>If "Yes", please have your provider submit a detailed statement explaining how you are able to practice safely.</i>	
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? <i>If "Yes", provide a detailed written explanation.</i>	
Are you currently addicted to or in any way dependent on the use of alcohol or habit forming drugs? <i>If "Yes", provide a detailed written explanation.</i>	
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? <i>If "Yes", please provide the contract/stipulation under which you are practicing.</i>	

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)

- 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
 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
 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* or in full compliance with a plan to pay.**

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 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:

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 judicial bureau or district court for fines or penalties for a violation or criminal offense."
 I am not in good standing.*

* "Good standing" is defined by various laws cited above. For more information, refer to the statute or consult the "information for applicants" on the Office of Professional Regulation web page. (www.vtprofessionals.org)

** You may request that the licensing authority find that requiring immediate payment of child support due and payable would impose an unreasonable hardship. This form is available 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 completed is:

- Diploma Baccalaureate Doctorate
 Associate Degree Masters

(Continue to Next Page)

Section 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 _____ No

Name of RN re-entry program: _____
 Date RN re-entry program completed: _____

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. HEALTH CONTROL OPERATIONS	(Part-time/Full-time)	10/85 → CURRENT
(Job Title)	(Part-time/Full-time)	(Dates of Employment from - to)
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND	(City/State/Country)	WILLISTON, VT, USA
(Name of Employer/Institution)	(City/State/Country)	
802-878-7716		
(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)
 - Description of Clinical Practice
 - Standards for Clinical Practice
 - Collaborating Physician (name, license number, specialty, and location of practice)
 - 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 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 licensure/certification/registration. (The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. 3 VSA §2901)

Signature of Applicant

[Handwritten Signature]

Date

3/9/09

Send completed application and fee to:
Attn: Vermont Board of Nursing
Office of Professional Regulation
National Life Building, North, Floor 2
Montpelier, VT 05620-3402

Prescriber Data Sharing Program

Use of Prescriber Identifiable Prescription Drug Information for Marketing
or Promoting Prescription Drugs

Consent to Disclosure of Prescriber Identifying Information

Under Vermont's Act 80, a law passed in 2007, a prescriber may give consent so that his or her identifying information in prescription drug records may be used for marketing or promoting prescription drugs. If a prescriber chooses not to consent, the use of prescriber's identifying information in prescription drug records is restricted as provided for in the law. (18 V.S.A. § 4631)

If you choose to consent to the use of your identifying information in prescription drug records for marketing or promoting prescription drugs, please check the "I consent" box and sign next to it. Your consent is effective for this licensing period. If you choose not to consent, please check "I do not consent" and leave the remainder of the form blank. Please return this form to the Office of Professional Regulation with your completed application or renewal form.

You may revoke your consent at any time by signing the Revocation of Consent form found on the Board of Nursing website and sending it to the Office of Professional Regulation.

I consent.

Signature

Date

Print Full Name

License Type (profession)

Vermont License Number

I do not consent.

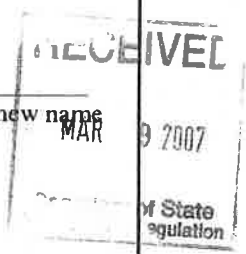
Mailing Address

City, State, Zip Code

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

Current Expiration 03/31/2007	Renewal Period Covering 04/01/07 through 03/31/09	Renewal Fee \$ 145.00
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<p>101 0016012 ELLEN WELSH STARR RN 762 NORTH ST MONTPELIER VT 05602-9124</p> <p>If name or mailing address has changed, indicate new name and address below:</p>	<p>Section A</p> <p>Directions:</p>	<p>To renew you must enclose a check in the amount indicated, payable to Vermont Secretary of State.</p> <p><u>If the renewal is postmarked after the current expiration date you will be required to pay a late renewal penalty.</u></p> <p>The penalty is \$25.00 for renewals submitted less 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.</p> <p>If your name has changed since your last application for licensure, please attach a copy of your marriage license, divorce decree or civil union certificate authorizing your name change.</p>
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If your 911 address is different than your mailing address, please indicate the 911 address here:

Telephone : [REDACTED] E-Mail Address: [REDACTED]

Section B: IF YOU DO NOT WISH TO RENEW, and would like to be placed on Inactive Status, place an **X** on the line to the right. No fee is required for Inactive Status. YES _____

PLEASE NOTE *WHEN YOU DO RENEW YOUR LICENSE YOU MUST MEET THE CRITERIA FOR RELICENSURE

Section C: QUALIFICATIONS FOR RENEWAL - Respond to part 1 or part 2:

1. I have practiced nursing as defined in 26 V.S.A. §1579, for at least: **

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

at PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND WILLISTON, VT
 (Name of Hospital/Institution) (City/State)

NURSE PRACTITIONER / SPECIAL PROJECTS DIRECTOR 10/85 -> CURRENT
 (Position) (Dates of employment to/from)

OR

2. 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)

** 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.

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.

(OVER)

SECTION D: Circle Yes or No. A yes requires a written explanation, and/or other documentation. Since you were originally licensed or since you completed your last renewal application:

1. Have you been convicted of a crime other than a minor traffic violation? <i>If "yes", explain and attach the court documents, if any</i>	YES	<input checked="" type="radio"/> NO
2. Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES	<input checked="" type="radio"/> NO
3. Has Vermont, any other state, territory, or other jurisdiction, 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? <i>If the answer is "yes", provide a certified copy of the action</i>	YES	<input checked="" type="radio"/> NO

SECTION E: Circle Yes or No. A yes requires a written explanation, and/or other documentation. Since you were originally licensed or since you completed your last renewal application:

ANSWERS TO THESE QUESTIONS ARE NOT SUBJECT TO PUBLIC DISCLOSURE.


1. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If yes, provide a physician's statement or medical confirmation of the disability.</i>	
2. Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If yes, please explain in detail.</i>	
3. 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? <i>If yes, please explain in detail.</i>	

SECTION F: Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

CHILD SUPPORT	You must check one of the three statements below regarding child support. As of the date of this renewal application:	
<input type="checkbox"/>	This does not apply to me because I do not have any children, OR	
<input checked="" type="checkbox"/>	I do not owe any child support, or I do owe child support but am under a plan with the Office of Child Support to pay all child support due, OR	
<input type="checkbox"/>	I am behind in my child support and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship	
TAXES	You must check one of the two statements below regarding taxes. As of the date of this renewal application:	
<input checked="" type="checkbox"/>	All tax returns have been filed, and I do not owe any Vermont taxes, or I owe taxes but am under a plan with the Vermont Department of Taxes to pay all taxes due, OR	
<input type="checkbox"/>	I am behind in my tax payments and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.	
UNEMPLOYMENT COMPENSATION	You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:	
<input checked="" type="checkbox"/>	This does not apply to me because I am not now, nor have I ever been, an employer.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	I am behind in my unemployment compensation payments and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship	
Social Security #	<div style="background-color: black; width: 150px; height: 15px;"></div>	Date of Birth 11/5/58

* 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 Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

Statement of Applicant

I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration.	
Signature of Applicant 	Date 2/28/07

Registered Nurse Renewal Application

This form must be returned even if you are not in active practice. (See Section B)

Table with 3 columns: Current Expiration 03/31/2005, Renewal Period Covering 04/01/05 through 03/31/07, Renewal Fee \$ 85.00

I am applying for licensure renewal for RN X APRN

Form with address (0016012 ELLEN WELSH STARR RN) and Section A directions: To renew you must enclose a check... If the renewal is postmarked after the current expiration date...

If your 911 address is different than your mailing address, please indicate the 911 address here: Telephone: E-Mail Address:

Section B: IF YOU DO NOT WISH TO RENEW, and would like to be placed in an Inactive Status, place an X on the line to the right. No fee is required for Inactive Status. YES

PLEASE NOTE *WHEN YOU DO RENEW YOUR LICENSE YOU MUST MEET THE CRITERIA FOR RELICENSURE

Section C: QUALIFICATIONS FOR RENEWAL - Respond to part 1 OR part 2:

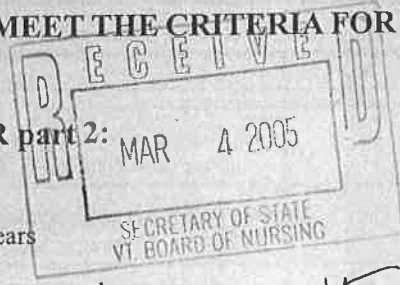
1. I have practiced nursing as defined in 26 V.S.A. §1579, for at least: ** 120 days (960 hrs) in the last 5 years, or 50 days (400 hrs) in the last 2 years at PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND Williston VT (Name of Hospital/Agency/Institution) (City/State) (Position) (Dates of employment to/from)

2. 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)

** 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 PPNPE MEDICAL PROTOCOL 2004 Name Edition/Date Collaborating Physician(s) CHERYL GIBSON M.D.



SECTION D: Circle Yes or No. A yes requires a written explanation, and/or other documentation. Since you were originally licensed or since you completed your last renewal application:

1. Have you been convicted of a crime other than a minor traffic violation? <i>If "yes", explain and attach the court documents, if any</i>	YES	<input checked="" type="radio"/> NO
2. Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES	<input checked="" type="radio"/> NO
3. Has Vermont, any other state, territory, or other jurisdiction, 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? <i>If the answer is "yes", provide a certified copy of the action</i>	YES	<input checked="" type="radio"/> NO

SECTION E: Circle Yes or No. A yes requires a written explanation, and/or other documentation. Since you were originally licensed or since you completed your last renewal application:

ANSWERS TO THESE QUESTIONS ARE NOT SUBJECT TO PUBLIC DISCLOSURE.


1. Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If yes, provide a physician's statement or medical confirmation of the disability.</i>	
2. Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If yes, please explain in detail.</i>	
3. 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? <i>If yes, please explain in detail.</i>	

SECTION F: Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

CHILD SUPPORT	You must check one of the three statements below regarding child support. As of the date of this renewal application:	
<input type="checkbox"/>	This does not apply to me because I do not have any children, OR	
<input checked="" type="checkbox"/>	I do not owe any child support, or I do owe child support but am under a plan with the Office of Child Support to pay all child support due, OR	
<input type="checkbox"/>	I am behind in my child support and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship	
TAXES	You must check one of the two statements below regarding taxes. As of the date of this renewal application:	
<input checked="" type="checkbox"/>	I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, OR	
<input type="checkbox"/>	I am behind in my tax payments and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.	
UNEMPLOYMENT COMPENSATION	You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of the date of this renewal application:	
<input checked="" type="checkbox"/>	This does not apply to me because I am not now, nor have I ever been, an employer.	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	I am behind in my unemployment compensation payments and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship	
Social Security #	[REDACTED]	Date of Birth 11/5/58

* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 ©)(2)©), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number Is Not Subject to Disclosure as Part of a Public Records Request.

Statement of Applicant

I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration.	
Signature of Applicant 	Date 2/14/05

~~888-7835~~

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

Name + Address → ELLEN STARR
762 NORTH ST
MONTPELIER VT 05602

101-16012

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

DIRECTIONS: If you wish to renew your nursing license, you must complete this application and enclose a check for \$85.00, made payable to the Vermont Secretary of State, plus a late fee of \$25.00 for renewals submitted less than 30 days after March 31, 2003. Please complete sections A, B, & C, sign and date.

SECTION A: QUALIFICATIONS FOR RENEWAL

Respond to part 1 or part 2:

1. I have practiced nursing as defined in 26 V.S.A. §1579 in the following agency (ies) for at least: **
_____ 120 days (960 hrs) in the last 5 years, or 50 days (400 hrs) in the last 2 years

at PLANNED PARENTHOOD WILLISTON VT
(Name of Agency/Institution) (City/State)

NURSE PRACTITIONER 10/85 → CURRENT
(Position) Dates of employment

OR

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

at _____
(Program Sponsor) (City/State) (Date)

** If private duty position - attach statement indicating patient's 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. (Form will be returned if not identified properly)

Practice guidelines PPNPE UPDATED ANNUALLY
Name Edition/date

Collaborating Physician(s) CHELYE GIBSON M.D.

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?

Yes No

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?

Yes No

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?

Yes No

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. 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?



APPLICANTS STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS
Section C 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. 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.

or

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)

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).

or

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.

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).

or

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.

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 # [REDACTED]

Date of Birth 11/5/58

Telephone# [REDACTED]

* 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 [Signature]

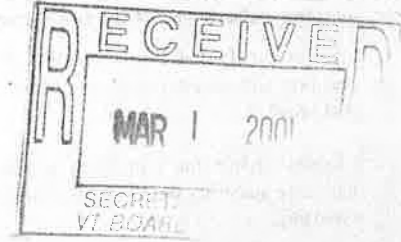
Date 3/30/03

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

RENEWAL APPLICATION		
Current Expiration 03/31/01	Renewal Period Covering 04/01/01 through 03/31/03	Renewal fee \$ 60.00

101-0016012

ELLEN WELSH STARR RN
762 NORTH STREET
MONTPELIER, VT 05602



I am applying for licensure renewal for RN__ and APRN__ LPN__. Please check (X) if you wish inactive status (no fee required): ____
DIRECTIONS: If you wish to renew your nursing license, you must enclose a check for \$60.00, made payable to the Vermont Secretary of State, plus a late fee of \$25.00 for renewals submitted less than 30 days after March 31, 2001. Thereafter, the penalty will increase by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.

SECTION A: ADDITIONAL QUALIFICATIONS FOR RENEWAL

Respond to part 1 or part 2:

1. I have practiced nursing as defined in 26 V.S.A. §1579, for at least: **
 X 120 days (960 hrs) in the last 5 years, or X 50 days (400 hrs) in the last 2 years
 at PLANNED PARENTHOOD WAREHOUSING VT
 (Name of Agency/Institution) (City/State)
 NURSE PRACTITIONER
 (Position) (Dates of employment to/from)

2. 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)

** 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 Practical Registered Nurse- Please identify the following:

Practice Guidelines PPNPE PROTOCOL

Collaborating Physician(s) DR. CHERIE GIBSON

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? Yes No
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? Yes No
 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? Yes No
 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. 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.
or
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)

- 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).
or
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.

- 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).
or
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.
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 # [redacted] Date of Birth 11/5/58 Telephone# [redacted]

*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.

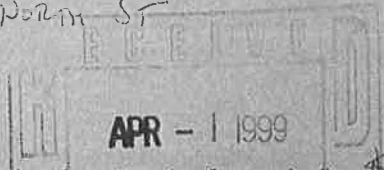
Signature of Applicant [Signature] Date 2/6/01

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

RENEWAL APPLICATION		
Current Expiration 03/31/99	Renewal Period Covering 04/01/99 through 03/31/01	Renewal fee \$ 60.00

ELLEN STARR RN
64 NORTH ST
MONTPELIER VT 05602-2502

101 - 16012
* ADDRESS Δ : 762 NORTH ST



I am applying for licensure renewal for RN__ and APRN LPN__. Please check (X) if you wish inactive status (no fee required): \$60
DIRECTIONS: If you wish to renew your nursing license, you must enclose a check for \$60.00, made payable to the Vermont Secretary of State, plus a late fee of \$25.00 for renewals submitted less than 30 days after March 31, 1999. Thereafter, the penalty will increase by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.

SECTION A: ADDITIONAL QUALIFICATIONS FOR RENEWAL

Respond to part 1 or part 2:

1. 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 PLANNED PARENTHOOD OF NNE WILLISTON / VT
 (Name of Agency/Institution) (City/State)
NURSE PRACTITIONER 10/85 - CURRENT
 (Position) (Dates of employment to/from)

OR

2. 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)

** 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.

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? Yes No
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? Yes No
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? Yes No
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 illegal use of controlled dangerous substances?
If the answer is "yes", please provide the contract/stipulation under which you are practicing.

SPECIAL NOTE: Advanced Practice Registered Nurse: Evidence of current certification by the National Certifying Organization and any change in practice guidelines and collaborating physician must be submitted along with this renewal form. Advanced Practice Registered Nurses endorsed by waiver must enclose information documenting practice and continuing education as required by the National Certifying Organization.

DEA License Number: Yes ___ No ___ If yes, give # _____ Expires ___ / ___ / ___

done 3/31/99
OK.



SECTION C.

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. 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.

or

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)

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).

or

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.

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).

or

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

*The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. §405 (e)(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

[Handwritten Signature]

Date

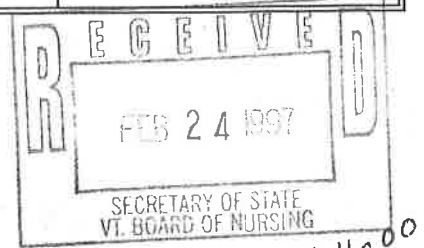
3/28/99

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

RENEWAL APPLICATION		
Current Expiration 03/31/97	Renewal Period Covering 04/01/97 through 03/31/99	Renewal fee \$ 49.00

101-0016012

ELLEN WELSH STARR RN
64 NORTH STREET
MONTPELIER, VT 05602



I am applying for licensure renewal for RN and APRN ___ LPN ___. Please check (X) if you wish inactive status (no fee required): ___

DIRECTIONS: If you wish to renew your nursing license, you must enclose a check for \$49.00, made payable to the Vermont Secretary of State, plus a late fee of \$25.00 if, for any reason, this renewal is postmarked after March 31, 1997. Complete Sections A, B & C, and sign and date the renewal application.

SECTION A: ADDITIONAL QUALIFICATIONS FOR RENEWAL

Respond to part 1 or part 2:

1. 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 PLANNED PARENTHOOD BARTON VT
 (Name of specific Agency/Institution) (City/State)
Nurse Practitioner 10/85 -> current
 (Position) (Dates of employment to/from)

OR

2. 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)

** 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.

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? Yes No
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? Yes No
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? Yes No
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 illegal use of controlled dangerous substances?
If the answer is "yes", please provide the contract/stipulation under which you are practicing.

SPECIAL NOTE: Advanced Practice Registered Nurse: Evidence of current certification by the National Certifying Organization and any change in practice guidelines and collaborating physician must be submitted along with this renewal form. Advanced Practice Registered Nurses endorsed by waiver must enclose information documenting practice and continuing education as required by the National Certifying Organization.

DEA License Number: Yes ___ No ___ If yes, give # _____ Expires ___/___/___

SECTION C.

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

X 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.

or

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)

2. You must check one of the two statements below:

X 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).

or

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.

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

X 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).

or

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

*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 [Handwritten Signature]

Date 2/13/97

STATE OF VERMONT
RENEWAL APPLICATION

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

License #

026-0016012

ELLEN WELSH STARR RN
64 NORTH STREET
MONTPELIER, VT 05602

With Prescriptive Authority
Obstetrics and Gynecology Nurse Practitioner

RECEIVED

MAR 23 1995

SECRETARY OF STATE
VT. BOARD OF NURSING

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): _____

OK.

INFORMATION NEEDED

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

1. 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? Yes or No
2. Have you been subject to a disciplinary proceeding before a state board of nursing? Yes or No
3. 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? Yes or No
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?

Yes or No
Yes or No
Yes or No

* 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, for at least: **

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

at PLANNED PARENTHOOD DASHU VT NURSE PRACTITIONER
(Name of specific Agency/Institution) (City/State) (Position)

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)

** 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: Evidence of current certification by the National Certifying Organization must be submitted along with this renewal form:

Advanced Practice Registered Nurse 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)

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.

or

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).


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)

or

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.

Date of Birth 11 / 15 / 58
(month) (day) (year)

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 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 2/20/95 Signature P. M. S.

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 hereby apply for the renewal of my: Registered Nurse

Obstetrics and Gynecology Nurse Practitioner
With Prescriptive Authority

ELLEN WELSH STARR RN

64 NORTH STREET
MONTPELIER VT 05602

03/31/93 | 04/01/93-03/31/95 | 40.00 | 26-0016012
Current Expiration | Renewal Period Covering | Renewal Fee | License #

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): _____

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? Yes or No
- 2. Been subject to a disciplinary proceedings before a state board of nursing? Yes or No
- 3. Been convicted of a criminal offense, other than minor traffic violations? Yes or No
- 4. Had a problem with substance abuse? Yes or No
- 5. Received care for a physical or mental health problem that may cause a threat to public safety during nursing practice? Yes or No

* 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, for at least: **

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

at PLANNED PARENTHOOD | BURKE VT | NURSE PRACTITIONER
(Name of specific Agency/Institution) (City/State) (Position)

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)

** 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: 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.

or

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)

or

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 11 / 5 / 58
(month) (day) (year)

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.*

Date 3/16/93 Signature [Signature]

J.

**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 disability? [REDACTED]
Had any convictions other than for minor traffic violations? yes / no
Had an addiction to or been treated for drug or alcohol abuse? [REDACTED]
Had any jurisdiction deny or take action against your license? yes / no

2) I have practiced nursing as defined in Rule N 4.06 for at least:

- a) 120 days in the last five years, or 50 days in the last two years

at PLANNED PARENTHOOD BARRIE VT
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 NOTICE: Nurse Practitioners must submit evidence of current certification by the National Certifying Organization along with this renewal form. Evidence enclosed

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

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 2/18/89 Signature *[Handwritten Signature]*

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



TB
34-91

STATE OF VERMONT
RENEWAL APPLICATION

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 VT 05602

03/31/91

04/01/91 - 03/31/93

CPL
35.00

26-0016012

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

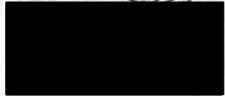
Renewals postmarked after the expiration date must include a late fee of \$25.00

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?

YES or NO
YES or NO
YES or NO



ADDITIONAL QUALIFICATIONS FOR RENEWAL

Respond to A or B

A. I have practiced nursing as defined in Article N4.06, Administrative Rules, for at least:

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

at * PLANNED PARENTHOOD BARRE VT
(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 No

DEA License Number (optional): _____ Yes No If yes, give # _____ Expires / /

*OK
cc*

* If necessary, additional information may be attached

You must sign the reverse side or your license will not be renewed

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 2/26/11

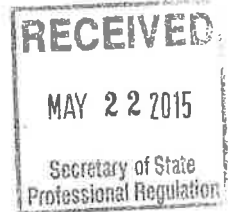
Signature *E. H. S.* RDP

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**





ncc 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



Catherine 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 addresses only). You can place your order on the NCC website 24/7.

ELLEN WELSH STARR, WHNP-BC
762 NORTH ST
MONTPELIER, VT 05602

Certification Specialty: WOMEN'S HEALTH CARE
NURSE PRACTITIONER

ID Number: STA1-0426-6203
Original Certification Date: 9/6/1985
Expiration Date: 3/31/2015
Payment Date: 2/11/2012 Amt: \$100.00
Document No: 02583A

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