

Small, Stephanie Linda

RN **+ NURSE Practitioner**

March 21, 2008

47042L04545

Michigan Department of Community Health
Board of Nursing
 P.O. Box 30193
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

Tran Info: 470456 13834339-1 03/11/08
 Chk#: 1730 Amt: \$2.00
 Tran Info: 470456 13834359-2 03/11/08
 Chk#: 1730 Amt: \$46.00
 ID: [REDACTED]

APPLICATION FOR LICENSURE BY ENDORSEMENT

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING (Check One Only):

- Registered Nurse License by Endorsement Fee: \$48.00 71-4704-0956
- Registered Nurse License by Endorsement and Provisional License Fee: \$58.00 71-4704-0956 and 71-4704-0956-04
- Practical Nurse License by Endorsement Fee: \$48.00 71-4703-0956

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Board Use Only
 License Number: 4704264545
 Date of Licensure: 3.27.08

First Name Stephanie	Middle Name Linda	Last Name Small
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	E-mail Address ssmall75@hotmail.com
Street Address 3 Borestone Ln.		
City Burlington	State VT	ZIP Code 05408
Daytime Telephone Number 617-413-1293	All Previous Names and/or Birth Name Used (If Applicable) N/A	
Have you ever held a health professional license in Michigan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, If yes list Michigan permanent I.D./license number and Expiration Date: _____		
School of Nursing MGH Institute of Health Professions	City and State Boston, MA	Date of Completion Jan 2003

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Name
Stephanie Linda Small

7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No
9. Have you previously made application to the Michigan Board of Nursing? Yes No
10. On what examination basis did you obtain licensure? **SBTPE/NCLEX:** Yes No
STATE CONSTRUCTED: Yes No
11. Do you hold or have you ever held a nursing license in any state? If yes, list each state, the license or registration number, the date issued, and how the license was obtained. (either endorsement or examination). **You must have each state board verify licensure directly to this board office.** (Attach additional sheets if necessary.) Yes No

State	Permanent License Number	Date of Issue	How obtained (Endorsement or examination)
Massachusetts	251930	Oct 2001 Current Expires 10/23/08	Examination
Vermont	(101)0029268	3/9/04 Current Expires 3/31/09	Endorsement

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature *Stephanie L. Small* Date 3/17/08

Verification Report

Printed for MICHIGAN (RN) on 03/27/2008

Personal Information

SSN Name (Reporting Jurisdictions)
NOT SUPPLIED SMALL, STEPHANIE L (ALL)

DOB (Reporting Jurisdictions)
[REDACTED] (ALL)

License Information

Juris.	Type	License Number	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
MA	RN	251930	10/04/2001	10/23/2008	ACTIVE	EXAM	10/04/2001	10/4/2001
VT	RN	0029268	03/09/2004	03/31/2005	ACTIVE		03/09/2004	UNKNOWN

Address Information

Juris.	Address	City	State	Zip	Country
MA	3 BORESTONE LN	BURLINGTON	VT	05408 1840	USA
? *	144 WILLIAMS STREET #3	JAMAICA PLAIN	MA	02130	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
MA	MASSACHUSETTS GENERA	00/00/2001	RN	BACHELORS		MA

Discipline Summary Information

There are no discipline records for this individual.

* Records with a jurisdiction code of '?' have not yet been associated with a specific license.

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting

ncc

The National Certification Corporation
PO Box 11082
Chicago, Illinois 60611
312-951-0207
March 16, 2008

VERIFICATION OF NCC CREDENTIAL

STEPHANIE SMALL, RNC

ID Number: SMA104251275

has earned a

Certification as a/an Women's Health Care Nurse Practitioner

from the National Certification Corporation
May 28, 2003 June 30, 2009

Original Certification Date Date of Expiration

Corporation Official

Suzanne L. Reiter, RNC, NP, MM, MSN, SANE-A
NCC President



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DCH/LNR-050 (04/07)

**APPLICATION FOR NURSE SPECIALTY
 CERTIFICATION**

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, certification will not be issued.

Tran Info: 470456	13834364-1	03/21/08
Chk#: 1729	Amt: \$4.00	
ID: [REDACTED]		
Tran Info: 470411	13834364-2	03/21/08
Chk#: 1729	Amt: \$48.00	
ID: [REDACTED]		

Type or Print Only

I AM APPLYING FOR THE FOLLOWING (note: A separate application and fee must be filed for each certification desired.)

- Nurse Practitioner
- Nurse Midwife
- Nurse Anesthetist

If your R.N. License Expires:

- In 13-24 Months the Fee is \$52.00 71-4704-021156
- In 5-12 Months the Fee is \$38.00 71-4704-011156
- In 0-4 Months the Fee is \$52.00 71-4704-021156

*If your current RN license expires within 120 days, you must pay the larger fee and your certification will be issued with your renewed, 2 year license.

Your check or money order drawn on a U.S. Financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Board Use Only	
License Number	470426815
Date of License	3.27.08

First Name Stephanie	Middle Name Linda	Last Name Small
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Michigan RN Permanent I.D. Number and Expiration Date
Street Address 3 Borestone Ln.		E-Mail Address SSsmall175@hotmail.com
City Burlington	State VT	ZIP Code 05408
Daytime Phone Number 617-413-1293	All Previous Names and/or Birth Name Used (if applicable) N/A	

SPECIALTY EDUCATION INFORMATION

Name of Specialty Education Program Attended MGH Institute of Health Professions
Location (City and State) Boston, MA
Date of Attendance 9/00 - 12/02

NURSE PRACTITIONER APPLICANTS ONLY:

Name of school granting your Bachelor of Science degree in Nursing: MGH Institute of Health Professions
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CERTIFICATION

I certify that the above statements about my qualifications for a Michigan nurse specialty certification are true.

Signature of Applicant Stephanie T. Small	Date: 3/17/08
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Stephanie L. Small DOB 10/23/75

Certification Verification

- NCC (Women's Health Nurse Practitioner)
NCC has sent verification by
e-mail to bhpinfo@michigan.gov.
- ANCC (Adult Nurse Practitioner)
I have sent the Michigan certification
form to the ANCC by mail,
they will mail you the completed
copy.