



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
MAINE STATE BOARD OF NURSING

**JULIE ANNE JENKINS**

**APRN-CNP**

License Number: CNP81750  
Status: [Active](#)  
First Licensure: 09/01/2008  
Expiration Date: 04/07/2019

CE Required By: 04/07/2019  
CE Hours Required: 75

Mailing Address: PO BOX 587  
AUGUSTA, ME 04332-0587

**History**

Detailed license history prior to November 14, 2011 is unavailable online.

| License Type       | Start Date | End Date   |
|--------------------|------------|------------|
| APRN-CNP           | 04/25/2013 | 04/07/2019 |
| *** NOT ACTIVE *** | 04/08/2013 | 04/24/2013 |
| APRN-CNP           | 10/14/2011 | 04/07/2013 |

**Specialty (1 record) [hide](#)**

Unless otherwise noted, all specialties expire when the license expires.

| Description                            | Issue Date | Status | Additional Information                                                                                                                                                                                                                                                                         |
|----------------------------------------|------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Women's Health Care Nurse Practitioner | 10/26/2006 | Active | National Certifying Body: NCC - National Certification Corporation<br>Certification Original Issue Date: 07/21/2006<br>Certification Current Issue Date: 07/21/2006<br>Certification Expiration Date: 09/30/2018<br>Certification Number: JEN1-0432-2023<br>Independent Start Date: 10/21/2011 |

**License/Disciplinary Action**

Disciplinary information for decisions prior to November 14, 2011 may be found at [Maine State Board of Nursing](#) and/or [NURSYS](#).

None.

**Other License Information**

None.

**REGISTERED NURSE**

License Number: RN48864  
Status: [Active](#)  
First Licensure: 07/02/2003  
Expiration Date: 04/07/2019

Mailing Address: PO BOX 587  
AUGUSTA, ME 04332-0587

**History**

Detailed license history prior to November 14, 2011 is unavailable online.

| License Type       | Start Date | End Date   |
|--------------------|------------|------------|
| REGISTERED NURSE   | 04/25/2013 | 04/07/2019 |
| *** NOT ACTIVE *** | 04/14/2009 | 04/24/2013 |
| REGISTERED NURSE   | 04/06/2007 | 04/13/2009 |

**License/Disciplinary Action**

Disciplinary information for decisions prior to November 14, 2011 may be found at [Maine State Board of Nursing](#) and/or [NURSYS](#).

None.

**Other License Information (1 record) [hide](#)**

Description

| Description                           |
|---------------------------------------|
| Compact Status: Multi-State Privilege |

## GENERAL INFORMATION

Gender: Female  
NURSYS ID: 20115882

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An active license may still be subject to limitations and restrictions as a result of disciplinary action imposed in another jurisdiction. Please contact the [NURSYS](#) website for further verification.

Date: 10/17/2017 01:41:25 PM