

OHS/INR-041 (1/99)

BOARD USE ONLY
 License Number 224847
 Date of Licensure 5.22.00

Michigan Department of Consumer & Industry Services
Board of Nursing
 P.O. Box 30193
 Lansing, Michigan 48909
 (517) 335-0918
 TDD (517) 373-7489

40.00
 40.00

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.

I AM APPLYING FOR LICENSURE ON THE FOLLOWING BASIS (Check One):
 Application by Registered Nurse Endorsement Fee: \$40.00
 Application by Practical Nurse Endorsement Fee: \$40.00

Daytime Phone Number (415) [REDACTED]		Previous License Number (CA) 425562
(Last Name) <u>KINT</u>	(First Name) <u>MARY</u>	(Middle Name) <u>LOUISE</u>
All Previous Names and/or Birth Name Used (if applicable) <u>MARY KINT JORJAN</u>		
Date of Birth <u>[REDACTED]/60</u>	U.S. Social Security Number [REDACTED]	
Street Address <u>1965 PAGE ST. #104</u>		
City <u>SAN FRANCISCO,</u>	State <u>CA.</u>	ZIP Code <u>94117</u>
School of Nursing <u>UNIVERSITY OF SAN FRANCISCO</u>	City and State <u>SAN FRANCISCO, CA.</u>	Date of Completion <u>12/1987</u>

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

1. Have you ever been convicted of a felony? YES NO
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? YES 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)? YES NO
4. Have you been treated for substance abuse in the past 2 years? YES NO
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? YES NO
6. Have you had one or more settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? YES NO
7. Have you ever had a nursing license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? YES NO
8. Have you previously made application to the Michigan Board? YES NO
9. On what examination basis did you obtain licensure? SBTPE/NCLEX: YES NO
 STATE CONSTRUCTED: YES NO
10. Do you hold or have you ever held a nursing license in Michigan or any other state? If yes, list each state, the license number, the date issued, and the basis for licensure. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)

State	License/Registration Number	Date of Issue	Basis for Licensure/Registration
<u>CALIFORNIA</u>	<u>425562</u>	<u>4/30/1988</u>	<u>NCLEX Exam</u>

CERTIFICATION

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

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 which 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 of Applicant

Maryland

Date

4/10/00

RECEIVED
 APR 24 2000
 DEPT. OF CIS-OMS

REGISTERED NURSE ENDORSEMENT

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

PART I: To be completed by applicant and forwarded to state of original licensure for completion of Part II.

Full Name (Last, First, Middle)		KINT KINT MARY LOUISE	
Complete Address			
1905 PAGE ST. #104 SAN FRANCISCO CA. 94117			
School of Nursing		City	State
UNIVERSITY OF SAN FRANCISCO		SAN FRANCISCO, CA.	CA.
In which states have you written the licensing examination?		Completion Date	
CALIFORNIA		12/1987	
Signature		Original License Number	Date
Mary Kint		425562 (CA)	4/10/00

PART II: To be completed by state of original licensure in nursing.

1. This is to certify that the person identified above was granted a registration/license in the State of CALIFORNIA by:

NCLEX SBTPE Waiver Endorsement Other (indicate method) _____

2. Original License Number RN 425562 Date Issued 4/30/88

3. License Status: Current Lapsed Inactive

4. Has license been surrendered, suspended, or revoked? If yes, please attach certified copies of any action. Yes No

5. Is any disciplinary action pending? If yes, please explain on reverse side. Yes No

6. Has license been reinstated? Yes No

7. SBTPE Information:

	Score
Medical Nursing	
Psychiatric Nursing	
Obstetrical Nursing	
Surgical Nursing	
Pediatric Nursing	
Series Number	
Date of Examination	

8. NCLEX Information:

	Score
Exam Date	3/8-9/88
Exam Series	
Exam Score	

9. Was the Nursing Program approved by your Board when licensee completed program? Yes No

10. Program included theory and practice in: Medical Nursing Surgical Nursing Obstetrical Nursing
 Pediatric Nursing Psychiatric Nursing

Signature	Title	Date
<i>Jones</i>	OA	4/19/2000

Michigan Department of Consumer and Industry Services
Board of Nursing
P.O. Box 30193
Lansing, Michigan 48909
(517) 335-0918
TDD (517) 373-7489

40.00
300.00

APPLICATION FOR NURSE SPECIALTY CERTIFICATION

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

I AM APPLYING FOR THE FOLLOWING: Note: A separate application and fee must be filed for each certification desired.		
<input type="checkbox"/> Nurse Anesthetist <input type="checkbox"/> Nurse Midwife <input checked="" type="checkbox"/> Nurse Practitioner		If your RN License Expires: in 0-4 Months the Fee is \$40.00* in 5-12 Months the Fee is \$30.00 in 13-24 Months the Fee is \$40.00
*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.		
Michigan RN License Number	Application pending	Expiration Date
		Daytime Phone Number (415) [REDACTED]
(Last Name) KINT	(First Name) MARY	(Middle Name) LOUISE
All Previous Names and/or Birth Name Used (if applicable)		
Date of Birth	[REDACTED] 1960	Social Security Number [REDACTED]
Street Address 1965 PAGE ST. #104		
City	SAN FRANCISCO	State CA. ZIP Code 94117
SPECIALTY EDUCATION INFORMATION		
Name of Specialty Education Program Attended Women's Health Nurse Practitioner; University of CA - S.F.		
Location (City and State) San Francisco, CA.		
Dates of Attendance 9/92 - 6/94		
NURSE PRACTITIONER APPLICANTS ONLY: Do you hold a Bachelor of Science degree in Nursing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Please List		Name of school granting this degree: University of San Francisco
CERTIFICATION		
I hereby make application for specialty certification in the State of Michigan and submit the statements above regarding my qualifications as true.		
Signature of Applicant Mary Kint		Date 4/10/00

PM

CONSUMER & INDUSTRY SVCS
 DEPT. OF CIS-CIS

APR 20 00

NURSE PRACTITIONER SPECIALTY CERTIFICATION

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

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your application. Send this form to the appropriate certifying agency for completion of Section II. This certification must be submitted directly to the Michigan Board of Nursing by the appropriate certifying agency.

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle) <u>KINT MARY LOUISE</u>		
Street Address <u>1965 PAGE ST. #104</u>		
City <u>SAN FRANCISCO</u>	State <u>CA.</u>	Zip Code <u>94117</u>
Date of Birth <u>[REDACTED] 1960</u>	Social Security Number <u>[REDACTED]</u>	
Michigan RN License Number <u>Application pending</u>	Expiration Date	

Indicate Agency of National Certification:

- AMERICAN NURSES CREDENTIALING CENTER
 - Acute Care Nurse Practitioner
 - Adult Nurse Practitioner
 - Family Nurse Practitioner
 - School Nurse Practitioner
 - Gerontological Nurse Practitioner
 - Pediatric Nurse Practitioner
 - Clinical Specialist in Home Health Nursing
 - Clinical Specialist in Medical/Surgical Nursing
 - Clinical Specialist in Adult Psychiatric & Mental Health Nursing
 - Clinical Specialist in Child & Adolescent Psychiatric & Mental Health Nursing
 - Clinical Specialist in Community Health Nursing
 - Clinical Specialist in Gerontological Nursing
- ONCOLOGY NURSING CERTIFICATION CORPORATION
- NATIONAL CERTIFICATION CORP. FOR THE OBSTETRIC, GYNECOLOGIC AND NEONATAL NURSING SPECIALTIES
 - Neonatal Nurse Practitioner
 - OB/GYN Nurse Practitioner/Women's Health Care Nurse Practitioner
- NATIONAL CERTIFICATION BOARD OF PEDIATRIC NURSE PRACTITIONERS AND NURSES
- AMERICAN ACADEMY OF NURSE PRACTITIONERS FOR ADULT & FAMILY NURSE PRACTITIONERS

CERTIFYING AGENCY INSTRUCTIONS: Please complete the following information. Return this certification directly to the Michigan Board of Nursing at the above address.

SECTION II - CERTIFICATION OF LICENSURE

The National Certification Corporation
 for the Certification of Nurses and
 Neonatal Nursing Specialties
 P.O. Box 11004 • Chicago, IL • 60611-0082

This is to certify that the person identified above has met the requirements for certification by the _____

as a Women's Health Care Nurse Practitioner

12/08/99 482608000 12/31/02
Date of Certification Certification Number Expiration Date

Renee Hickman _____ 4/18/00
Authorized Signature of Certifying Agency Date

Renee Hickman _____
Print or Type Name

SEAL

Michigan Department of Consumer and Industry Services
 Board of Nursing
 P.O. Box 30193
 Lansing, Michigan 48909
 (517) 335-0918
 TDD (517) 373-7489



CERTIFICATION OF NURSE PRACTITIONER EDUCATION

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

INSTRUCTIONS: Applicant complete Section I. Type or print your name exactly as it appears on your Registered Nurse license. Send this form to the educational institution at which you obtained your nurse practitioner training for completion of Section II. This certification must be submitted directly to the Michigan Board of Nursing by the educational institution along with official transcripts of your nurse practitioner education.

SECTION I - APPLICANT INFORMATION

Applicant's Name (Last, First, Middle)		
KINT MARY LOUISE		
Street Address		
1905 PAGE ST. #104		
City	State	ZIP Code
SAN FRANCISCO	CA	94117
Date of Birth	Social Security Number	
1960		
Michigan Permanent I.D. Number	Expiration Date	
Application pending		
Signature of Applicant	Date	
Mary Kint	4/10/00	

EDUCATIONAL INSTITUTION INSTRUCTIONS: Please complete the following information, noting any exceptions to the information requested. Return this certification, along with a copy of the applicant's transcript or record of grades, directly to the Michigan Board of Nursing at the address above.

SECTION II - CERTIFICATION OF NURSE PRACTITIONER PROGRAM

Name of Educational Institution
University of California, San Francisco School of Nursing
I certify that <u>Mary Louise Kint</u> <small>Name of Applicant</small>
completed a formal advanced nursing program at the above named educational institution that consisted of a combination of didactic and clinical training with a minimum of 120 hours or 30% of the program's hours devoted to classroom theory and a minimum of 360 or 30% of the program's hours devoted to supervised clinical practice in the specialty area and encompassed a minimum of one academic year or nine months.
<u>Sally H. Rankin, RN-C, PhD, FAAN</u> <small>Signature of Program Administrator</small>
<u>4/28/2000</u> <small>Date</small>
<u>Sally H. Rankin</u> <small>Print or Type name</small>
(SEAL)

University of California San Francisco
 Office of Admission and Registrar
 500 Parnassus Ave, MU 200 West
 San Francisco, CA 94143 - 0244

Tuesday, April 11, 2000

NAME KINT, MARY LOUISE **STUDENT NUMBER** [REDACTED] **NURSING**
FORMER NAME GRAD AC

ADMISSION CREDENTIALS	DATE ADMITTED 090792	GRADUATION
LAWRENCE U BA 1982	SUBJECT A	
U OF SAN FRANCISCO BS 1987	AMERICAN HIST	061294 MS
	AMERICAN INST	

TRANSCRIPT SUMMARY TO DATE

UNITS COMPLETED 60.00
 OPT GD COMPLETED 12.00
 CUMULATIVE GPA [REDACTED]

Fall 92

DEPARTMENT	COURSE	UNITS	GRADE	CODES
FAM CM MED	170.01A	01.00	[REDACTED]	
NURSING	211A	03.00	[REDACTED]	
NURSING	258A	03.00	[REDACTED]	
NURSING	270	02.00	[REDACTED]	
NURSING	292A	02.00	[REDACTED]	
NURSING	406	01.00	[REDACTED]	

TERM SUMMARY TO DATE

UNITS COMPLETED 10.00
 OPT GD COMPLETED 2.00
 GPA [REDACTED]

Winter 93

DEPARTMENT	COURSE	UNITS	GRADE	CODES
LAB MED	160.02	02.00	[REDACTED]	
NURSING	211.29B	03.00	[REDACTED]	
NURSING	241A	02.00	[REDACTED]	
NURSING	245	02.00	[REDACTED]	
NURSING	292B	02.00	[REDACTED]	
NURSING	406	02.00	[REDACTED]	

Michael J. Stoyich
 DEAN OF ADMISSIONS

APR 11 2000

TERM SUMMARY TO DATE

UNITS COMPLETED 11.00
 OPT GD COMPLETED 2.00
 GPA [REDACTED]

NOT OFFICIAL WITHOUT
 SIGNATURE SEAL

KINT, MARY LOUISE
48268900

Spring 93

DEPARTMENT	COURSE	UNITS	GRADE	CODES
NURSING	232	02.00		
NURSING	246	03.00		
NURSING	246.05	01.00		
NURSING	404	04.00		
NUTRITION	200	03.00		
PSYCHIATRY	170.19	01.00		

TERM SUMMARY TO DATE

UNITS COMPLETED	12.00
OPT GD COMPLETED	2.00
GPA	

Fall 93

DEPARTMENT	COURSE	UNITS	GRADE	CODES
NURSING	220.02	03.00		
NURSING	247	03.00		
NURSING	248	02.00		
NURSING	248	02.00		
NURSING	404	05.00		
NUTRITION	249	01.00		

TERM SUMMARY TO DATE

UNITS COMPLETED	11.00
OPT GD COMPLETED	5.00
GPA	

Winter 94

DEPARTMENT	COURSE	UNITS	GRADE	CODES
NURSING	248	04.00		
NURSING	404	05.00		

TERM SUMMARY TO DATE

UNITS COMPLETED	9.00
OPT GD COMPLETED	0.00
GPA	

Michael J. Strzycki
SCHOOL SECRETARY

Spring 94

DEPARTMENT	COURSE	UNITS	GRADE	CODES
FAM CM MED	170.01A	01.00		
NURSING	259.03	02.00		
NURSING	404	05.00		

APR 11 2000

TERM SUMMARY TO DATE

UNITS COMPLETED	7.00
OPT GD COMPLETED	1.00
GPA	

NOT OFFICIAL WITHOUT
SIGNATURE SEAL.

KINT, MARY LOUISE
482608000

MEMO

Michael J. Strojich
DIRECTOR

APR 11 2000

NOT OFFICIAL WITHOUT
SIGNATURE SEAL