

11/4/94
NOV - 8 1994
DEPT. OF COMMENCE

I wish to report a
name and address
change.

Harolletta Marie Sanders

[REDACTED]
MT MORRIS, PA 48458

Has been changed to
Harolletta Marie Elliott

[REDACTED]
Flint, Ms. 48504

RN license # 4704169927

Exp date 3/31/95

Thank you

Harolletta Elliott

License Number:
Date of Licensure:

Michigan Department of Consumer and Industry Services
Board of Nursing
P.O. Box 30193
Lansing, Michigan 48909
(517) 335-0918
TDD (517) 335-4478

CONSUMER & INDUSTRY SERV
AMT. REC'D 270.00
JUN 24 97

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	If your RN License Expires:	
<input type="checkbox"/> Nurse Midwife	in 0-4 Months the Fee is \$40.00*	
<input checked="" type="checkbox"/> Nurse Practitioner	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.		
RN Michigan Permanent I.D. Number 47-04-169927	Expiration Date 3-31-99	Daytime Phone (810) [REDACTED]
Name (Last, First, Middle) Elliott, Harolletta Marie	Previous Name Used (if applicable) Sanders, Harolletta	
Date of Birth [REDACTED] 52	Issue Date (Board Use Only)	
Street Address [REDACTED]	Zip Code 48504	
City Flint	State Mich.	Social Security Number [REDACTED]

SPECIALTY EDUCATION INFORMATION

Name of Specialty Education Program Attended Womens Health Nurse Practitioner former OB/Gyn N.P.
Location (City and State) Milwaukee, Wisconsin
Dates of Attendance

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: Michigan State University
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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 Harolletta M. Elliott	Date 6/23/97
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Michigan Department of Consumer and Industry Services
Board of Nursing
 P.O. Box 30193
 Lansing, Michigan 48909
 (517) 335-0918

RECEIVED
 JUN 30 1997
 DEPT. OF COMMERCIAL BOPR

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) Elliott, Haroietta Marie		
Street		
City Flint	State Mich	Zip Code 48504
Date of Birth 52	Social Security	
Michigan License Number 470A169927	Expiration Date	

Indicate Agency of National Certification:

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

Signature of Applicant Haroietta M. Elliott	Date 6/23/97
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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

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

 NCC
 as a Women's Health Nurse Practitioner
Name of Certifying Agency

 5/2/97
Date of Certification

 N/A
Certification Number

 6/30/2000
Expiration Date

 Cheryl Young
Authorized Signatory of Certifying Agency

 Cheryl Young
Print or Type Name

 6/26/97
Date

SEAL

Michigan Department of Consumer and Industry Services
Board of Nursing
 P.O. Box 30193
 Lansing, Michigan 48909
 (517) 335-0918
 TDD (517) 335-4478

RECEIVED
 JUL - 8 1997
 DEPT. OF COMMERCE

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) <i>Elliott (Sanders) Harolletta Marie</i>		
Street Address [REDACTED]		
City <i>Flint</i>	State <i>Mich.</i>	ZIP Code <i>48504</i>
Date of Birth [REDACTED] <i>52</i>	Social Security Number [REDACTED]	
Michigan Permanent I.D. Number <i>47-04-169927</i>	Expiration Date <i>3-31-99</i>	
Signature of Applicant <i>Harolletta M. Elliott</i>		Date <i>6/23/97</i>

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 <i>Women's Health Nurse Practitioner Program; Planned Parenthood of W. Va., Inc.</i>	
I certify that <u> <i>Harolletta Marie Elliott (Sanders)</i> </u> Name of Applicant	
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.	
I further certify that this program met the guidelines of the United States Department of Health, Education and Welfare for Nurse Practitioner Training Programs of November 29, 1977 (see reverse).	
Signature of Program Administrator <i>Rosemary A. Smith</i>	Date <i>7-3-97</i>
Print or Type name <i>Rosemary A. Smith</i>	(SEAL)

**H.E.W. GUIDELINES FOR NURSE PRACTITIONER TRAINING PROGRAMS
REPRINTED FROM THE FEDERAL REGISTER, PART III, VOLUME 42, NO. 229
TUESDAY, NOVEMBER 29, 1977**

Organization and administration.

1. A nurse practitioner training program shall have active collaboration with nurses and physicians who have expertise relevant to the nurse practitioner role and primary health care, to assist in the planning, development, and operation of such a program. In addition, where the institution or organization conducting the program is other than a school of nursing, medicine, or public health, such collaboration shall be with nurses and physicians who are affiliated with either a collegiate school of nursing, school of medicine, or school of public health.
2. Co-program directors from nursing and medicine are recommended.

Student enrollment.

1. A nurse practitioner training program shall have an enrollment of not less than eight full-time students in each class.
2. Only registered nurses who have received their initial nursing preparation from a school of nursing as defined in section 353 of the Public Health Service Act and who are currently licensed to practice nursing are eligible for enrollment.
3. The policies for the recruitment and selection of students shall be consistent with the requirements of the sponsoring institution and developed in cooperation with the faculty responsible for conducting the training. Admission criteria shall take into consideration the educational background and work experience of applicants.

Length of program.

A nurse practitioner training program shall be a minimum of one academic year (or nine months) in length and shall include at least four months (in the aggregate) of classroom instruction.

Curriculum.

1. A nurse practitioner training program shall be a discrete program consisting of classroom instruction and faculty-supervised clinical practice designed to teach registered nurses the knowledge and skills needed to perform the functions of a nurse practitioner specified in the definition of that term as set forth in these guidelines. The curriculum shall be developed and implemented cooperatively by nurse educators, physicians, and appropriate representatives of other health disciplines. The following are examples of broad areas of program content which should be included.

- Communications and interviewing (history taking)
- Basic physical examination including basic pathophysiology
- Positive health maintenance
- Care during acute and chronic phases of illness
- Health teaching and counseling
- Role realignment and establishment of collaborative roles
- Community resources
- Management and chronic illness

The program content, both classroom instruction and clinical practice, should be developed so that the nurse practitioner is prepared to provide primary health care as defined in these guidelines.

2. The curriculum may include a preceptorship, in which the student is assigned to a designated preceptor (a nurse practitioner or physician) who is responsible for teaching, supervising, and evaluating the student and for providing the student with an environment which permits observation and active participation in the delivery of primary health care. If a preceptorship is included, it shall be under the direction and supervision of the faculty.

Faculty qualifications.

A nurse practitioner training program shall have a sufficient number of qualified nursing and medical (and other related profession) faculty with academic preparation and clinical expertise relevant to their areas of teaching responsibility and with demonstrated ability in the development and implementation of education programs.

Resources.

1. A nurse practitioner training program shall have available sufficient educational and clinical resources including a variety of practice settings, particularly in ambulatory care.
2. Clinical practice facilities shall be adequate in terms of space and equipment, number of clients, diversity of client age and need for care, number of students enrolled in the program, and other students using the facility for training purposes.
3. Where the institution or organization conducting the program does not provide the clinical practice settings itself, it shall provide for such settings through written agreements with other appropriate institutions or organization.
4. Where the institution or organization conducting the program is other than a school of nursing, medicine, or public health, it shall provide for sufficient educational expertise through written agreements with a collegiate school of nursing, school of medicine, or school of public health.

PLANNED PARENTHOOD OF WISCONSIN, INC.
Women's Health Nurse Practitioner Program

ACADEMIC RECORD

Obstetric-Gynecologic and/or Women's Health Nurse Practitioner Program

Name: Haroletta Marie Sanders (Elliott) Social Security Number: [REDACTED]
Address: [REDACTED] Flint, MI 48504 (city) (state) (zip)

Nursing Credential Information: Academic Standing at Matriculation/Date of Degree: BSN 1988
Institution Name/City/State: Michigan State University - East Lansing, MI

PPW Program Title: Obstetric-Gynecologic Nurse Practitioner Length of Program: 10 months
Date of Entry: 8/30/93 Date of Completion: 6/24/94

PHASE I:

Didactic & Supervised Clinical Instruction at Program Site: Milwaukee, Wisconsin

Length of Course	<u>15 weeks</u>	
Didactic Hours	<u>259</u>	
Competency of learning activities	<u>X</u>	Pass <u> </u> Fail <u> </u>
Written examinations (80% minimum)	<u>X</u>	Pass <u> </u> Fail <u> </u>
Supervised Practice Labs & Clinical Hours	<u>258.75</u>	
Client Assessment and Management	<u> </u>	
Gynecologic/Family Planning Visits	<u>89</u>	
Obstetric Visits	<u>26</u>	
Optional Learning Experiences	<u> </u>	

Name: Harolotta Marie Sanders (Elliott)

Social Security Number: [REDACTED]

PHASE II: Preceptorship at sponsoring agency/clinic

Site of Preceptorship: (OB) Jack Price M.D.

(GYN) Flint Community-Planned Parenthood

Preceptorship Length: 6 months

Client Assessment and Management:

Gynecologic/Family Planning Visits	<u>1619</u>	(minimum no. required <u>250</u>)
Gynecologic/Family Planning Clinical Hours	<u>784</u>	(minimum no. required <u>300</u>)
Obstetric Visits	<u>112</u>	(minimum no. required <u>100</u>)
Obstetric Clinical Hours	<u>101</u>	(minimum no. required <u>100</u>)

Continuing Education Contact Hours earned through Planned Parenthood of WI, Inc., approved as a provider of continuing education in nursing by the Continuing Education Approval Program Committee of the Wisconsin Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

Number of Contact Hours: 584.4

Date: 12/10/93

Cervical Cap Placement Certification Awarded: (date) 12/10/93

Natural Family Planning Instructor Certification Awarded: (date) 12/10/93

Laurena Smith
Signature of Registrar

7/3/97
Date