RN upun 2018

Advanced Practice Registered Nurse Migration Application

JESSICA BLYTHE WILDER License Number: NP36951

** FOR OFFICE USE ONLY **
Receipt No.: 1/19048/
ID Number: 375377
Issue Date: 2. 2-16
License Number:
A8 2 WU6992

The Rhode Island Department of Health (Department) records indicate that your Nurse Practitioner license (NP36951) expires on 03/01/2016. As of October 23, 2014, in accordance with the Rules and Regulations for Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs (R5-34-NUR/ED), you are eligible to become an advanced practice registered nurse (APRN).

If your RN license is due to expire you must renew the RN license online before you can migrate to the new APRN license. The online renewal information will be sent separately. If you have an active RN license in a compact state please notify us of this at the time you migrate your APRN license.

To view current Frequently Asked Questions please visit our website at: http://www.health.ri.gov/forms/APRN_FAQs.pdf

If you wish to practice as an APRN in RI you MUST complete THIS form and submit it with the fee of \$80.00 in the form of a check or money order Payable to RI General Treasurer.

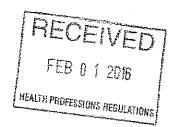
Mail this form, payment and required documents to:

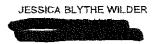
Board of Nursing RI Department of Health Room 103 - 3 Capitol Hill Providence, RI 02908-5097

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Select 1 Population Focus		
Adult/gerontology Family/individual across the lifespan	Neonatal -	
Pediatric Psychiatric/mental health	Women's he	alth/gender related
ℓ		
Please answer the following questions. If you respond YES to any of the below questions you must submit a v	vritten explanation.	
1. Since your last renewal has any Health Professional license, certificate, registration, or permit you hold or h pending?	ave held been discipli YES	ned or is any complaint NO
Since your last renewal have you been denied a license, certificate, registration, or permit in any state?	YES_	NO
3. Since your last renewal have you been convicted of, pleaded Nolo Contenders or entered a plea bargain to ordinance or are any felony charges pending? (other than misdemeanors or routine traffic violations)	any federal, state or YES	local statute, regulation or
4. Since your last renewal have you had a malpractice judgment against you or settled a malpractice action?	YES	NO
5. Since your last renewal have you been denied staff membership or privileges in any hospital or health care	facility or, have staff r	nembership or privileges
been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	ا اسا	ĽΔ
6. Do you hold a current certification from a Board approved organization and do you understand that your certerm of your licensure?"	rtification must be kep	ot current throughout the
727	. ,	السحيا
	1/26/110	
SIGNATI IDE	DATE	

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge. I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment personnel with the Rhode Island Division of Taxation. Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode







Please make any necessary changes to your address/contact information below.

me Address:	Enter changes, if any, to your home address here:
SSICA BLYTHE WILDER	Une, s
	Line ?
	Line 3
	Line 4
ne	Phone 1
	Fag. 1
	THE RESIDENCE OF THE PROPERTY
ei)	Emaily Em
siness/Work Location Address:	Enter changes if any, to your business/work address here
ANNED PARENTHOOD	Line,
POINT ST	Line 2
OVIDENCE RI 02903	Line'3
pne (401) 421-9620	
(401) 421-9668	Line 4
nell de	Phone
1044FDESFENDAMETCON	
	Fax Fax

lules and Regulations can be obtained at the following website:

http://www.health.ri.gov/for/nurses

For questions please contact the Board of Nursing at michele.monroe@health.ri.gov

Please complete reverse section of this form and Mail To: Board of Nursing, Room 103, 3 Capitol Hill, Providence, RI 02908