

RN expires 2018

Advanced Practice Registered Nurse Migration Application

JESSICA BLYTHE WILDER

License Number: NP36951

** FOR OFFICE USE ONLY **	
Receipt No.:	1090481
ID Number:	575577
Issue Date:	2-2-16
License Number:	APRN 06992

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

Select 1 Population Focus

<input checked="" type="checkbox"/> Adult/gerontology	<input type="checkbox"/> Family/individual across the lifespan	<input type="checkbox"/> Neonatal
<input type="checkbox"/> Pediatric	<input type="checkbox"/> Psychiatric/mental health	<input checked="" type="checkbox"/> Women's health/gender related

Please answer the following questions. If you respond YES to any of the below questions you must submit a written explanation.

- Since your last renewal has any Health Professional license, certificate, registration, or permit you hold or have held been disciplined or is any complaint pending? YES NO
- Since your last renewal have you been denied a license, certificate, registration, or permit in any state? YES NO
- Since your last renewal have you been convicted of, pleaded Nolo Contendere or entered a plea bargain to any federal, state or local statute, regulation or ordinance or are any felony charges pending? (other than misdemeanors or routine traffic violations) YES NO
- Since your last renewal have you had a malpractice judgment against you or settled a malpractice action? YES NO
- Since your last renewal have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations? YES NO
- Do you hold a current certification from a Board approved organization and do you understand that your certification must be kept current throughout the term of your licensure? YES NO

SIGNATURE

DATE

1/26/16

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 agreement 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



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HEALTH PROFESSIONS REGULATIONS

JESSICA BLYTHE WILDER

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

<p>Home Address:</p> <p>JESSICA BLYTHE WILDER</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Phone [REDACTED]</p> <p>Fax [REDACTED]</p> <p>Email [REDACTED]</p>	<p>Enter changes, if any, to your home address here:</p> <p>Line 1 [REDACTED]</p> <p>Line 2 [REDACTED]</p> <p>Line 3 [REDACTED]</p> <p>Line 4 [REDACTED]</p> <p>Phone [REDACTED]</p> <p>Fax [REDACTED]</p> <p>Email [REDACTED]</p>
<p>Business/Work Location Address:</p> <p>PLANNED PARENTHOOD</p> <p>111 POINT ST</p> <p>PROVIDENCE RI 02903</p> <p>Phone (401) 421-9620</p> <p>Fax (401) 421-9668</p> <p>Email JBWILDER@HOTMAIL.COM</p>	<p>Enter changes, if any, to your business/work address here:</p> <p>Line 1 [REDACTED]</p> <p>Line 2 [REDACTED]</p> <p>Line 3 [REDACTED]</p> <p>Line 4 [REDACTED]</p> <p>Phone [REDACTED]</p> <p>Fax [REDACTED]</p> <p>Email [REDACTED]</p>

Rules 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