

## 2017 License Renewal

**Renewal - 10.063690**

---

Name SHEL SWANSON CNM  
Credential 10.063690

**Fee Details**

---

Renewal Fee \$110.00  
**\$110.00**

**Demographic Information-Renewal**

---

1. Please provide your Date of Birth  
10/03/1969
  
2. Gender  
Female
  
3. Ethnicity: Please choose one  
Not Hispanic or Latino
  
4. Race:  
White

**Email Address Verification**

---

Please be advised that the Department no longer mails hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date.

**Current Work Force Status**

---

5. What is your current work status in your licensed profession?  
Inactive in the profession

**Practice Location**

---

Please identify the location of the primary site where you spend the most time in the practice of your profession.

6. Address 1
  
7. Address 2
  
8. City
  
9. State
  
10. Zip Code

**Educational Information**

---

11. What is the name of the school (education program) you graduated from that qualified you for your first US license?  
yale university
  
12. In what city was this education program located?  
new haven
  
13. In what state was this education program located? (Two-letter abbreviation)

CT

14. What is your highest level of education?  
Master's Degree - Nursing
15. Are you currently licensed/certified as a . . .  
Certified Nurse Midwife (CNM)
16. What is your employment status?  
Actively employed in a field other than nursing - Part-time
17. In what country did you receive your entry-level education?  
UNITED STATES (USA)

### **Employment Setting**

---

18. How many hours do you work during a typical week in all your nursing positions?
19. Please indicate the zip code of your primary employer.
20. Please identify the type of setting that most closely corresponds to your primary nursing practice position.
21. Please identify the position title that most closely corresponds to your primary nursing practice position.
22. Please list all states in which you hold an active license to practice as an RN or LPN/VN.  
Connecticut

### **States Where You Practice**

---

23. List all states in which you are currently practicing.

### **Practice Specialty**

---

24. If unemployed, please indicate the reason  
Other
25. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.  
Women's Health
26. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
27. Please identify the position title that most closely corresponds to your secondary nursing practice position.
28. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

### **Ethnicity**

---

29. What is your race/ethnicity? (Check all that apply)  
White/Caucasian

### **Attestation**

---

30. Within the last year, have you been convicted of a felony?  
No

31. If yes, please provide details here

32. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

33. If yes, please provide details here

34. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

08/07/2017

35. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

08/07/2017

### **Important Note**

---

**To continue processing your renewal, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).**

On the top right of the invoice screen, select "**Pay Invoice**".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your renewal online.

### **Review**

---

## 2017 License Renewal

**Renewal - 16.000228**

---

Name SHEL SWANSON CNM  
Credential 16.000228

**Fee Details**

---

Renewal Application Fee \$130.00  
**\$130.00**

**Demographic Information-Renewal**

---

1. Please provide your Date of Birth  
10/03/1969
  
2. Gender  
Female
  
3. Ethnicity: Please choose one  
Not Hispanic or Latino
  
4. Race:  
White

**Email Address Verification**

---

Please be advised that the Department no longer mails hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date.

**Current Work Force Status**

---

5. What is your current work status in your licensed profession?  
Part-time (less than 30 hours per week)

**Practice Location**

---

Please identify the location of the primary site where you spend the most time in the practice of your profession.

6. Address 1  
1 main street
  
7. Address 2
  
8. City  
hartford
  
9. State  
CT- CONNECTICUT
  
10. Zip Code  
06106

**Attestation**

---

11. Within the last year, have you been convicted of a felony?  
No
  
12. If yes, please provide details here



13. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

14. If yes, please provide details here

15. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

08/07/2017

16. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

08/07/2017

### **Important Note**

---

**To continue processing your renewal, please click "Add to Invoice" on the NEXT screen (read the rest of this information first).**

On the top right of the invoice screen, select "**Pay Invoice**".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your renewal online.

### **Review**

---

## 2016 License Renewal

**Renewal - 10.063690**

---

Name	SHEL SWANSON CNM
Credential	10.063690

**Fee Details**

---

Renewal Fee	\$110.00
	<b>\$110.00</b>

---

**Demographic Information-Renewal**

- 
1. Please provide your Date of Birth  
10/03/1969
  2. Gender  
Female
  3. Ethnicity: Please choose one  
Not Hispanic or Latino
  4. Race:  
White

**Email Address Verification**

---

Please be advised that the Department will no longer be mailing hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date. After you complete this transaction, please select the 'My Account' link at the top right of the homepage and make sure that your email address on file is correct. If it is not correct, please update it. Thank you.

5. By entering a date in this field, I confirm that I will verify that the Department has my correct email address on file.  
08/30/2016

**Current Work Force Status**

- 
6. What is your current work status in your licensed profession?  
Part-time (less than 30 hours per week)

**Practice Location**

---

**If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.**

7. Address 1  
290 congress ave
8. Address 2
9. City  
New Haven
10. State  
Connecticut
11. Zip Code  
06519

**Educational Information**

- 
12. What is the name of the school (education program) you graduated from that qualified you for your first US license?

Yale University

13. In what city was this education program located?  
New Haven
14. In what state was this education program located? (Two-letter abbreviation)  
Co
15. What is your highest level of education?  
Master's Degree - Nursing
16. Are you currently licensed/certified as a . . .  
Certified Nurse Midwife (CNM)
17. What is your employment status?  
Actively employed in nursing or in a position that requires a nurse license - Per diem
18. In what country did you receive your entry-level education?  
UNITED STATES (USA)

### **Employment Setting**

---

19. How many hours do you work during a typical week in all your nursing positions?  
5
20. Please indicate the zip code of your primary employer.  
06519
21. Please identify the type of setting that most closely corresponds to your primary nursing practice position.  
Academic Setting
22. Please identify the position title that most closely corresponds to your primary nursing practice position.  
Other - Health Related
23. Please list all states in which you hold an active license to practice as an RN or LPN/VN.  
Connecticut

### **States Where You Practice**

---

24. List all states in which you are currently practicing.  
Connecticut

### **Practice Specialty**

---

25. If unemployed, please indicate the reason
26. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.  
Other
27. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.
28. Please identify the position title that most closely corresponds to your secondary nursing practice position.
29. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.

### **Ethnicity**

---

30. What is your race/ethnicity? (Check all that apply)  
White/Caucasian

### Attestation

---

31. Within the last year, have you been convicted of a felony?  
No

35. If yes, please provide details here

32. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?  
No

36. If yes, please provide details here

33. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

08/30/2016

34. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

08/30/2016

### Important Note

---

**To continue processing your renewal, please click "Add to Invoice" below (read the rest of this information first).**

On the top right of the invoice screen, select **"Pay Invoice"**.

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your renewal online.

### Review

---

## 2016 License Renewal

**Renewal - 16.000228**

---

Name	SHEL SWANSON CNM
Credential	16.000228

**Fee Details**

---

Renewal Application Fee	\$130.00
	<b>\$130.00</b>

---

**Demographic Information-Renewal**

- 
1. Please provide your Date of Birth  
10/03/1969
  2. Gender  
Female
  3. Ethnicity: Please choose one  
Not Hispanic or Latino
  4. Race:  
White

**Email Address Verification**

---

Please be advised that the Department will no longer be mailing hardcopy licenses and renewal notices. Rather, licenses and renewal notices will be sent via email. You will receive an electronic copy of your license via email within a few days of completing this transaction. Renewal notices will be sent via email approximately 60 days prior to your license expiration date. After you complete this transaction, please select the 'My Account' link at the top right of the homepage and make sure that your email address on file is correct. If it is not correct, please update it. Thank you.

5. By entering a date in this field, I confirm that I will verify that the Department has my correct email address on file.  
08/30/2016

**Current Work Force Status**

- 
6. What is your current work status in your licensed profession?  
Part-time (less than 30 hours per week)

**Practice Location**

---

**If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.**

7. Address 1  
1 main street, suite N1
8. Address 2
9. City  
Hartford
10. State  
Connecticut
11. Zip Code  
06106

**Attestation**

- 
12. Within the last year, have you been convicted of a felony?

No

16. If yes, please provide details here

13. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

17. If yes, please provide details here

14. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

08/30/2016

15. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

08/30/2016

### **Important Note**

---

To continue processing your renewal, please click "Add to Invoice" below (read the rest of this information first).

On the top right of the invoice screen, select "**Pay Invoice**".

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Thank you for processing your renewal online.

### **Review**

---

## 2015 License Renewal

**Renewal - 10.063690**

---

Name SHEL SWANSON CNM  
Credential 10.063690

**Fee Details**

---

Renewal Fee \$110.00  
**\$110.00**

**Demographic Information-Renewal**

---

2. First Name  
SHEL

3. Middle Initial

4. Last Name  
SWANSON

5. Maiden Name

1. Please provide your Date of Birth.  
10/03/1969

6. Gender  
Female

7. Ethnicity: Please choose one:  
Not Hispanic or Latino

8. Race:  
White

**Current Work Force Status**

---

9. What is your current work status in your licensed profession?  
Part-time (less than 30 hours per week)

**Practice Location**

---

**If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.**

10. Address 1

11. Address 2

12. City

13. State

14. Zip Code

**Educational Information**

---

15. What is the name of the school (education program) you graduated from that qualified you for your first US RN license?  
Yale
16. In what city was this education program located?  
New Haven
17. In what state was this education program located? (Two-letter abbreviation)  
CT
18. What is your highest level of education?  
Master's Degree - Nursing
19. Are you currently licensed/certified as a . . .  
Certified Nurse Midwife (CNM)
20. What is your employment status?  
Actively employed in nursing or in a position that requires a nurse license - Full-time
21. In what country did you receive your entry-level education?  
UNITED STATES (USA)

### Employment Setting

---

22. How many hours do you work during a typical week in all your nursing positions?  
10
23. Please indicate the zip code of your primary employer.  
06511
24. Please identify the type of setting that most closely corresponds to your primary nursing practice position.  
Academic Setting
25. Please identify the position title that most closely corresponds to your primary nursing practice position.  
Nurse Researcher
26. Please list all states in which you hold an active license to practice as an RN or LPN/VN.  
Connecticut

### States Where You Practice

---

27. List all states in which you are currently practicing.  
Connecticut

### Practice Specialty

---

28. If unemployed, please indicate the reason
29. Please identify the employment specialty that most closely corresponds to your primary nursing practice position.  
Other
30. Please identify the type of setting that most closely corresponds to your secondary nursing practice position.  
No Secondary Practice Position
31. Please identify the position title that most closely corresponds to your secondary nursing practice position.  
No Secondary Practice Position
32. Please identify the employment specialty that most closely corresponds to your secondary nursing practice position.  
No Secondary Practice Position



**Ethnicity**

---

33. What is your race/ethnicity? (Check all that apply)  
White/Caucasian

**Attestation**

---

34. Within the last year, have you been convicted of a felony?  
No

38. If yes, please provide details here

35. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?  
No

39. If yes, please provide details here

36. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**  
08/20/2015

37. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.  
08/20/2015

**Important Note**

---

**To continue processing your renewal, please click "Next" below (read the rest of this information first).**

On the review screen, click **"Add to Invoice."**

On the top right of the invoice screen, select **"Pay Invoice"**.

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Please note that you will receive your new licensing documents (2 wallet-sized cards and 1 suitable for posting) during the third week of next month.

Thank you for processing your renewal online.

**Review**

---

## 2015 License Renewal

**Renewal - 16.000228**

---

Name SHEL SWANSON CNM  
Credential 16.000228

**Fee Details**

---

Renewal Application Fee \$130.00  
**\$130.00**

**Demographic Information-Renewal**

---

2. First Name  
SHEL

3. Middle Initial

4. Last Name  
SWANSON

5. Maiden Name

1. Please provide your Date of Birth.  
10/03/1969

6. Gender  
Female

7. Ethnicity: Please choose one:  
Not Hispanic or Latino

8. Race:  
White

**Current Work Force Status**

---

9. What is your current work status in your licensed profession?  
Inactive in the profession

**Practice Location**

---

**If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.**

10. Address 1

11. Address 2

12. City

13. State

14. Zip Code

**Attestation**

---

15. Within the last year, have you been convicted of a felony?

No

19. If yes, please provide details here

16. Within the last year, have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority?

No

20. If yes, please provide details here

17. **By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.**

08/20/2015

18. I attest that on this date I completed this renewal application online and that all of the statements made by me on this renewal are accurate.

08/20/2015

### **Important Note**

---

**To continue processing your renewal, please click "Next" below (read the rest of this information first).**

On the review screen, click "**Add to Invoice.**"

On the top right of the invoice screen, select "**Pay Invoice.**"

PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.

Please note that you will receive your new licensing documents (2 wallet-sized cards and 1 suitable for posting) during the third week of next month.

Thank you for processing your renewal online.

### **Review**

---

OK ✓



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

OFFICE USE ONLY  
LICENSE NO.: 063690  
DATE ISSUED: 6/26/00  
EXP. DATE:

APPLICATION FOR LICENSURE TO PRACTICE AS A REGISTERED NURSE

Please check one:  ENDORSEMENT  REINSTATEMENT  EXAMINATION

Name: Swanson Shelley  
Last First Middle Maiden

Address: 308 Audubon Court, New Haven, CT 06511  
No. & Street City State Zip Code

Social Security Number: [REDACTED] Date of Birth: October 3, 1969

Day time telephone number: 203 785-9321

Please indicate below how you would like your name and address to appear on your official license. This will be your address of record for all future mailings.

Name: Shel Swanson  
Address: 308 Audubon Court  
New Haven, CT 06511

NURSING EDUCATION:

School of nursing: Yale University School program code: 69597

Address: 100 Church Street South, New Haven, CT 06519  
No. & Street City State Zip Code

Month & year entered: Sept. 1998 Month & year completed: May, 2000 Length of course: 3 yrs / 20 mos

Have you ever taken the SBTPE or NCLEX for registered nurse in Connecticut or in any other state? Yes  No . If yes, where and when?

At the exam, do you require accommodation for any disabling condition? Yes  No . If Yes, attach a separate written statement to the application, briefly describing the nature of your disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

List all states/territories/Canadian provinces in which you are now or have ever been licensed:

Name under which you were originally licensed:

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT

PROFESSIONAL HISTORY. Please answer each question below, referring to the instructions if applicable.

1. Have you ever been censured, disciplined, dismissed or expelled from, been put on probation, or been requested to resign or withdraw from any health care institution or agency, or third party reimbursement program, whether governmental or private? YES NO

If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO

If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.



3. Have you ever, in any state, the District of Columbia, a United States possession or territory, any branch of the armed services, or a foreign jurisdiction:

YES NO

a) had any professional licensing or disciplinary body limit, restrict, suspend or revoke any professional license, certificate, or registration granted to you, or impose a fine or reprimand, or take any other disciplinary action against you?

b) in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration?

c) been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body? You need not report any complaints dismissed as without merit.

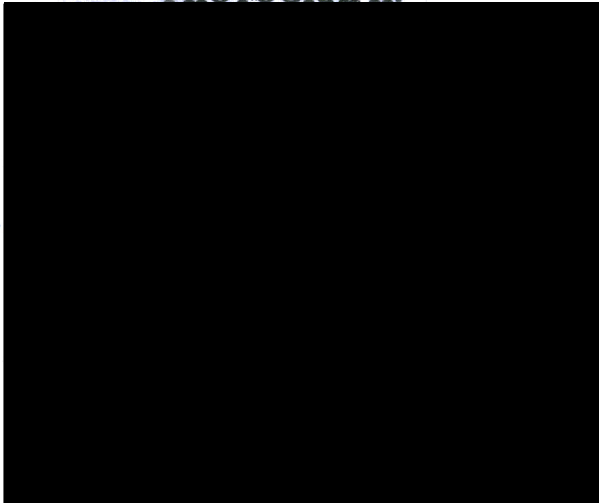
d) entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body?

If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.

4. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If your answer is "yes", give full details, dates, etc. on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:



TEMPORARY PERMIT

(For endorsement applicants only)

If applying for a temporary permit please affix here a copy of current, valid license to practice nursing. License must show expiration date.

NOTARIZATION:

On this 8<sup>th</sup> day of May of year 2000, Shelley Swanson (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

S. Swanson Sworn to me this 8<sup>th</sup> day of May (month/ year) 2000.

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY PUBLIC

My commission expires 4/30/04

Please return this application and fee for \$90.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health  
Registered Nurse Licensure  
410 Capitol Avenue MS# 12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308

IMPORTANT: The application packet for this profession consists of 7 pages, including instructions and eligibility requirements. Do not send this form and fee unless you have read and understood all pertinent information. No fees are refundable should you not be eligible for licensure.

# NCLEX-RN® CANDIDATE REPORT

National Council Licensure Examination for Registered Nurses

Test Date: 06/21/2000

Test Center: S2517

Candidate Number: 091-83-582

Date of Birth: 10/03/1969

Social Security Number: [REDACTED]

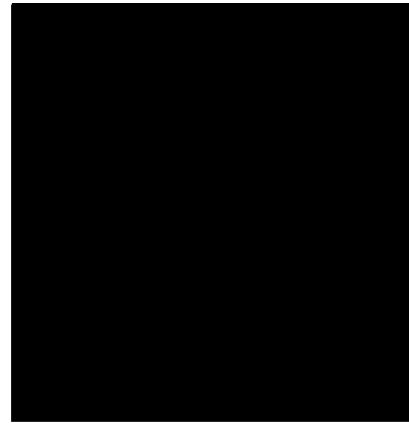
Program Code: 69-597

Program Name: YALE UNIVERSITY

A NEW HAVEN, CT

**NATIONAL  
COUNCIL**®

National Council  
of State Boards of Nursing, Inc.



SHELLEY LYNN SWANSON  
308 AUDUBON CT  
NEW HAVEN, CT 06511

SHELLEY LYNN SWANSON, an applicant for licensure by the  
CONNECTICUT BOARD OF EXAMINERS FOR NURSING, HAS PASSED  
the National Council Licensure Examination for Registered Nurses.







STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

OFFICE USE ONLY	
LIC. NO.:	<u>000228</u>
DATE ISS.:	<u>4-16-02</u>
EXP. DATE:	

APPLICATION FOR LICENSURE TO PRACTICE AS A NURSE-MIDWIFE

Please check one:  ENDORSEMENT     REINSTATEMENT

Name: Swanson Shelley (Shel) LYNN  
Last First Middle Maiden

Address: 162 Huntington St., New Haven CT 06511  
No. & Street City State Zip Code

Social Security Number: XXXXXXXXXX Date of Birth: 10/03/69 Tel. Number: (203) 773-1169

Day time telephone number: (203) 430-6006

Please indicate below how you would like your name and address to appear on your official license. This will be your address of record for all future mailings.

Name: Shel Swanson  
 Address: 162 Huntington St., New Haven, CT 06511

NAME OF NURSE-MIDWIFERY EDUCATIONAL PROGRAM: Yale University  
 Address: 100 Church Street South, New Haven, CT 06511  
No. & Street City State Zip Code

YEARS OF ATTENDANCE: 1998-2001 DEGREE EARNED: MSN

Names and addresses of obstetrician/gynecologist(s) providing clinical practice relationship: Pending

List all states/territories of the united states in which you are now or have ever been licensed:

Name under which you were originally licensed: I have never been licensed

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT
<u>RA CT</u>	<u>063690</u>			

PROFESSIONAL HISTORY. Please answer each question below, referring to the instructions if applicable.

**YES NO**

1. Have you ever been censured, disciplined, dismissed or expelled from, been put on probation, or been requested to resign or withdraw from any health care institution or agency, or third party reimbursement program, whether governmental or private?

YES  NO

*If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.*

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

YES  NO

*If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement.*

3. Have you ever, in any state, the District of Columbia, a United States possession or territory, any branch of the armed services, or a foreign jurisdiction:

YES NO

a) had any professional licensing or disciplinary body limit, restrict, suspend or revoke any professional license, certificate, or registration granted to you, or impose a fine or reprimand, or take any other disciplinary action against you?

b) in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration?

c) been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body? You need not report any complaints dismissed as without merit.

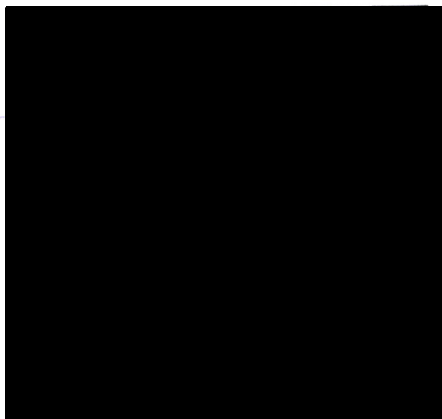
d) entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body?

*If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.*

4. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

*If your answer is "yes", give full details, dates, etc. on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.*

PHOTOGRAPH:



NOTARIZATION

On this 20<sup>th</sup> day of March of year 2002,  
\_\_\_\_\_ (applicant's name)  
personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

*S. Swartz*

SIGNATURE OF APPLICANT

Sworn to me this 20<sup>th</sup> day of March of year 2002.

*Barbara F. Reij*

My commission expires 4/30/04

SIGNATURE OF NOTARY PUBLIC

Please return this application and fee for \$100.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

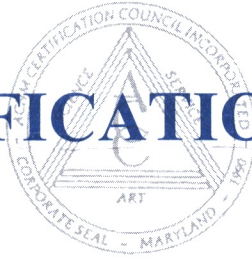
Department of Public Health  
Nurse-Midwife Licensure  
410 Capitol Avenue MS# 12MQA  
P.O. Box 340308  
Hartford, CT 06134-0308  
(860) 509-7570/7571/7573

IMPORTANT: The application packet for this profession consist of 9 pages, including instructions and eligibility requirements. Do not send this form and fee unless you have read and understood all pertinent information. No fees are refundable should you not be eligible for licensure.





# ACNM CERTIFICATION COUNCIL, INC.®



April 1, 2002

Department of Public Health  
Nurse-Midwife Licensure  
410 Capitol Ave., MS #12APP  
P.O. Box 340308  
Hartford, CT 06134-0308

To Whom It May Concern:

This is to verify that Shelley Swanson is indeed a certified nurse-midwife. She completed her course of studies at Yale University and subsequently sat the national certification examination. She was issued certificate number 10,760 effective January 18, 2002.

Certificates issued after January 1, 1996 will expire on December 31<sup>st</sup> of the eighth year from the date of issue. Certificates issued prior to 1/1/96 have no expiration date.

Sincerely,

Alicia Johnson  
Secretary