

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY:

Registration Number 290438
Date Registration (anted) SEP 04 1987
Receipt Number 343132

0 5 5 2 1 3 5



Commonwealth of Pennsylvania
Bureau of Professional and Occupational Affairs
STATE BOARD OF NURSING
BOX 2649, HARRISBURG 17105-2649

APPLICATION FOR LICENSURE AS REGISTERED NURSE

(Please Type or Print Using Block Letters)

School Code Number 25-592

Date 3/12/87

I hereby make application for licensure as Registered Nurse and submit the following evidence of my qualifications for licensure:

1. Legal Name Bethann Morgan
(First) ~~(Middle)~~ (Maiden) (Married)
2. Permanent Address [REDACTED]
(Street & Number) (City or Town) (County) (State) (Zip)
3. Place of Birth Buckingham, Pa Date of Birth [REDACTED]
(City or Town) (State)
4. Sex F Social Security Number [REDACTED]
5. Graduate of College of Allied Health Sciences School of Nursing of the
Department of Nursing
Thomas Jefferson University located at 11th and Walnut Street
(Hospital, College or University) (Address) Philadelphia, PA 19107
6. Examination center for which you wish to be scheduled: Erie Pittsburgh
Harrisburg Philadelphia Allentown Wilkes-Barre

The following section is to be completed and signed by the present Director of the School of Nursing from which the applicant is a graduate.

I hereby certify that Bethann Morgan was admitted on September 5, 1985 to the Department of Nursing College of Allied Health Sciences School of Nursing connected with the Thomas Jefferson ~~Hospital~~ University.

He/She has successfully completed the course prescribed by the State Board of Nurse Examiners covering 18 months on June 5, 1987. His/Her moral and scholastic standing were satisfactory during his/her nursing program.

I hereby certify that the above statement is true and correct and affix my hand and seal of the School of Nursing this 18th day of March, 1987.

Margaret J. Puffiker
(Director, School of Nursing)

SCHOOL SEAL

(If there is no seal for the school, affix Hospital Seal or affidavit)

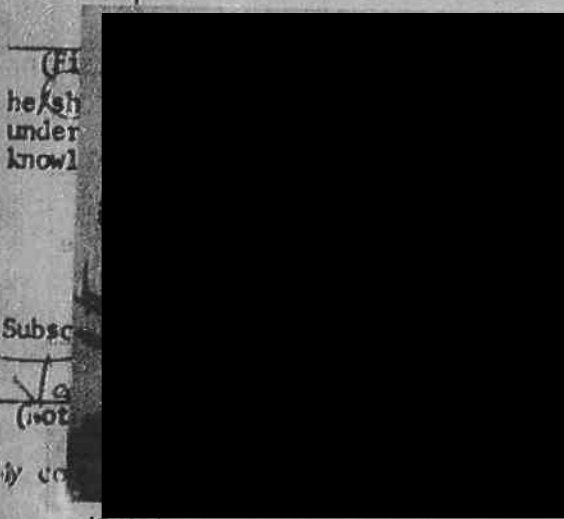
Thomas Jefferson University
(Name of Controlling Agency)

Philadelphia, PA 19107
(City) (State) (Zip Code)

AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED

AFFIDAVIT

STATE OF: Pennsylvania



(I) he/she under knowl
Subsc
/s/ (not
by co

_____ being duly sworn, deposes and says that
ed)
g application; that he/she has read and
the statements are true to the best of his/her

Beth Morgan
(First) (Middle) (maiden) (Married)
(Applicant's Legal Signature)

28 day of March, 1987.

W. Bucks Co.
June 11, 1987

(SEAL)

146-811-853

WESTCHESTER, PA 19380

PROGRAM COMPLETED, DATE, HONORS (IF ANY)
B.S. IN NURSING, 06-05-87

DATE OF
ADMISSION
09-02-85
APPLICANT
GEORGE SCH
PROGRAM
OF STUDY
NURSING

PRINTED AS OF:
06-16-87

PAGE 1 OF 1
16152

62.0	69	69	69	131.0	207	3.00
CUMULATIVE CREDITS	TOTAL CREDITS EARNED	COURSE NUMBER	COURSE DESCRIPTION	QUALITY POINTS	GRADE	ACTION/NOTATIONS
62.0	69	NURS 304	NURSING IV-CLINICAL	3.00	B	
			TERM TOTAL	3.00		
			CUMULATIVE TOTAL	13.00	2.80	
		NURS 303	SPRING 1986	4.00	B	
		NURS 303	NURSING III-CLINICAL	4.00	A	
		NURS 303	NURS IN HUMN SEXUALITY	3.00		
			TERM TOTAL	11.00	2.81	
			CUMULATIVE TOTAL	24.00		
		NURS 302	FALL 1985	2.00	A	
		NURS 302	COURSES IN NURS	2.00	B	
		NURS 302	NURSING IV-CLINICAL	2.00		
			TERM TOTAL	4.00	2.82	
			CUMULATIVE TOTAL	28.00		
		NURS 301	FALL 1987	2.00	A	
		NURS 301	NURSING V-CLINICAL	2.00		
		NURS 301	RESIDENT NURSERY	2.00		
			TERM TOTAL	4.00	2.86	
			CUMULATIVE TOTAL	32.00		
		NURS 302	FALL 1987	2.00	A	
		NURS 302	NURSING III-CLINICAL	2.00		
		NURS 302	NURSING SURVIVAL	2.00		
			TERM TOTAL	4.00	2.86	
			CUMULATIVE TOTAL	36.00		
		NURS 302	FALL 1987	2.00	A	
		NURS 302	NURSING III-CLINICAL	2.00		
		NURS 302	NURSING SURVIVAL	2.00		
			TERM TOTAL	4.00	2.86	
			CUMULATIVE TOTAL	40.00		
		NURS 301	FALL 1987	2.00	A	
		NURS 301	NURSING IV-CLINICAL	2.00		
		NURS 301	NURSING SURVIVAL	2.00		
			TERM TOTAL	4.00	2.86	
			CUMULATIVE TOTAL	44.00		
		NURS 304	FALL 1985	2.00	A	
		NURS 304	NURSING IV-CLINICAL	2.00		
		NURS 304	NURSING SURVIVAL	2.00		
			TERM TOTAL	4.00	2.86	
			CUMULATIVE TOTAL	48.00		

ALL OFFICIAL TRANSCRIPT BEARS THE EMERSON UNIVERSITY SEAL AND THE REGISTRAR'S SIGNATURE

Michael Roper 4/27/87

IN ACCORDANCE WITH FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, THIS INFORMATION MAY NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE STUDENT'S WRITTEN CONSENT.

THOMAS JEFFERSON UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
OFFICE OF THE REGISTRAR
PHILADELPHIA, PENNSYLVANIA 19107

CREDIT

The College of Allied Health Sciences utilizes an academic calendar of 11-week quarters. Credits are awarded on the semester-hour basis. Each 3-credit course in an academic quarter includes four 55-minute periods per week.

GRADING SYSTEM

	QUALITY POINTS	IP	IN PROGRESS	QUALITY POINTS
A - EXCELLENT	4	IP	IN PROGRESS	•
B - VERY GOOD	3	N	UNGRADED	•
C - AVERAGE	2	NR	NO REPORT	•
D - PASSING	1	F	PASS	•
F - FAILING	0	W	WITHDREW	•
AU - AUDIT	•	WF	WITHDREW FAILING	0
I - INCOMPLETE	•	WP	WITHDREW PASSING	•

*NO QUALITY POINTS ASSIGNED; NOT CALCULATED IN THE COMPUTATION OF THE GRADE POINT AVERAGE.

AU - Audit. No credit or quality points are awarded. A student must have written permission from the instructor to audit a course.

I - Incomplete. The student has not completed all of the course requirements. This mark shall be given only when the work already done has been of a quality acceptable to the instructor. No credit is allowed for the course as long as the mark remains I. Failure to remove an incomplete grade during the following scheduled academic term will result in a grade of F. It is the student's responsibility to verify that the Office of the Registrar has been notified of the removal.

IP - In Progress. Course work is scheduled on a continuous basis over more than one academic term, as in the case of selected clinical rotations and practicums.

N - When it is impossible to complete work in a given course, the student may submit a written application for a grade of N within one academic term, through the instructor to the Dean. If this application is approved, the student will be awarded a final grade of N. No credit or quality points are awarded for this grade.

NR - No Report. The instructor did not submit a grade at the final grading period deadline.

P - Pass. The student successfully completed all course requirements. Credits are counted toward graduation but the grade is not computed in the calculation of the grade point average. (Applicable only to courses given prior approval to be graded on a Pass/Fail basis.)

W - Withdrawal. The student withdrew from the course prior to the deadline published in the Academic Calendar.

WF/WP - Withdrew Failing (WF)/Withdrew Passing (WP). When a student withdraws from a course after the deadline published in the Academic Calendar, a grade of WF or WP is reported, depending upon the level of work at the time of withdrawal. No credit or quality points are given for either grade; however, the grade of WF is included in the calculation of the student's grade point average.

GRADE POINT AVERAGE

The grade point average is computed in the following manner. Multiply the number of quality points of the grade received by the credit-hour value assigned to each course attempted. The sum of these products divided by the number of credits attempted gives the grade point average.

The cumulative grade point average is based on the grades earned in all courses taken in the College of Allied Health Sciences except for the following circumstances:

- 1) a student may, with the approval of the Department Chairman, repeat a course in which a grade of "D" or "F" has been earned. When the course is repeated, the initial credits attempted, credits earned, and quality points are excluded from the calculation of the grade point average. The original grade remains on the transcript in all cases. (Effective 1982-1983)
- 2) a graduate of one program of the College who is admitted to a second program has a cumulative grade point average for this program computed only on the grades earned in courses taken after completion of the first program. Courses completed in the prior program which may be applied to the graduation requirements of the second program will be transferred for this purpose. Such courses are subject to the transfer credit policy of the College. (Effective 1983-1984)

ACCREDITATION

Thomas Jefferson University is fully accredited by the Middle States Association of Colleges and Secondary Schools.

Office of the Registrar
April 1986

STATE BOARD
OF NURSE EXAMINERS

1982 JUN 22 PM 2 36

COMMONWEALTH OF PENNSYLVANIA 2 1 3 7
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649
(717) 783-7142

MORGAN BETHANN
[REDACTED]
PHILADELPHIA PA 19120

BBN : [REDACTED]
EXAM DATE : JULY 1987
CAND ID#: 2513365

DEAR CANDIDATE:

IT IS A PLEASURE TO INFORM YOU THAT YOU HAVE PASSED THE EXAMINATION FOR REGISTERED NURSE LICENSURE IN PENNSYLVANIA. THE PASSING SCORE IS 1600. YOU OBTAINED THE SCORE OF 1953.

YOU HAVE BEEN ISSUED ON 09/04/87 CERTIFICATE OF REGISTRATION RN NO. 290438-L TO PRACTICE AS A REGISTERED NURSE IN PENNSYLVANIA AND TO USE THE LETTERS R.N. AFTER YOUR NAME.

THE PREPARATION OF THE LICENSE TAKES APPROXIMATELY TEN WEEKS. YOUR LICENSE WILL BE MAILED TO THE LATEST ADDRESS YOU HAVE GIVEN US. THIS LICENSE IS NOT FORWARDABLE.

YOU MUST KEEP THE BOARD OFFICE INFORMED OF CHANGES IN YOUR NAME AND ADDRESS. IN CORRESPONDENCE, ALWAYS IDENTIFY YOURSELF BY GIVING YOUR FULL NAME, INCLUDING MAIDEN NAME IF MARRIED, COMPLETE ADDRESS AND YOUR LICENSE NUMBER.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

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R N - 2 9 0 4 3 8 - L

M O R G A R N E W

RENEWAL NOTICE - PA RN 4/30/96 EXPIRATION - \$21.00 FEE

STATE BOARD OF NURSING
NURSE RENEWAL - 04/30/96
P O BOX 8412
HARRISBURG PA 17105-8412

RETHANN MORGAN

DOYLESTOWN, PA 18901

YOUR REGISTERED NURSE LICENSE EXPIRES 4/30/96. TO RENEW THROUGH 4/30/98, FOLLOW INSTRUCTIONS LISTED BELOW

FEE: \$21.00 PAY BY CHECK OR MONEY ORDER PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA"
AFTER 4/30/96, PENALTY FEE IS \$5.00 EACH ADDITIONAL MONTH

ANSWER QUESTIONNAIRE AND SIGN WHERE INDICATED. RECORD YOUR LICENSE NUMBER ON FACE OF PAYMENT. DO NOT STAPLE CHECK TO FORM. SUBMIT THIS NOTICE AND PAYMENT TO ABOVE ADDRESS.

1. LIST ALL OTHER STATES/JURISDICTIONS IN WHICH YOU HOLD A LICENSE TO PRACTICE NURSING (ACTIVE AND INACTIVE). *NC NC*
2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
YES _____ NO
3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, OR PLEADED NOLO CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR FEDERAL COURT?
YES _____ NO

A LICENSE THAT IS INACTIVE OR LAPSED FOR 5 YEARS OR MORE WILL REQUIRE PROOF OF CONTINUED COMPETENCE TO BE RENEWED. OPTIONS ARE PROOF OF CURRENT PRACTICE IN ANOTHER STATE; OR COMPLETION OF A BOARD APPROVED REACTIVATION COURSE; OR PASS INITIAL LICENSE EXAM

IF YOU ARE NOT PRACTICING IN PENNSYLVANIA, YOU MAY PLACE YOUR LICENSE ON INACTIVE STATUS. CHECK BOX - SIGN FORM
NO FEE DUE - NO CONFIRMATION ISSUED () I WISH TO PLACE MY LICENSE ON INACTIVE STATUS

A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY BANK, REGARDLESS OF THE REASON

YOU MAY NOT PRACTICE NURSING IN PENNSYLVANIA WITHOUT A CURRENTLY REGISTERED LICENSE.

LICENSES ARE NOT FORWARDABLE

THE FOLLOWING SPACE IS FOR NAME AND/OR ADDRESS CHANGES ONLY. IF THERE IS NO CHANGE IN NAME OR ADDRESS, DO NOT WRITE IN THIS SPACE. NAME CHANGES REQUIRE SUBMISSION OF A COPY OF LEGAL DOCUMENT (E.G. MARRIAGE CERTIFICATE, DIVORCE DECREE, COURT ORDER). WITHOUT DOCUMENT, NAME WILL NOT BE CHANGED. PROVIDE NAME CHANGE DOCUMENT ON 8-1/2" X 11" PAPER.

PLEASE PRINT

**NAME

**

**STREET

**

**CITY

STATE

ZIP

FEE \$21.00

PAYABLE TO COMMONWEALTH OF PA

(DO NOT STAPLE CHECK TO FORM)

SIGNATURE

DATE

04-21-96

QUESTIONS MUST BE ANSWERED AND FORM MUST BE SIGNED AND DATED

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only 006037

R N - 2 9 0 4 3 8 - L
M O R G A R N E W

RENEWAL NOTICE - PA RN 4/30/98 EXPIRATION - \$21.00 FEE

BETHANN MORGAN

DOYLESTOWN, PA 18901

STATE BOARD OF NURSING
NURSE RENEWAL - 04/30/98
P O BOX 8412
HARRISBURG PA 17105-8412

YOUR REGISTERED NURSE LICENSE EXPIRES 4/30/98. TO RENEW THROUGH 4/30/2000, FOLLOW INSTRUCTIONS LISTED BELOW:

FEE: \$21.00 PAY BY CHECK OR MONEY ORDER PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA".

AFTER 4/30/98, LATE FEE IS \$5.00 EACH ADDITIONAL MONTH.

ANSWER QUESTIONNAIRE AND SIGN WHERE INDICATED. RECORD YOUR RN LICENSE NUMBER ON FACE OF PAYMENT. DO NOT STAPLE CHECK TO FORM.
SUBMIT THIS NOTICE AND PAYMENT TO ABOVE ADDRESS.

SOCIAL SECURITY NUMBER

ACT 58 OF 1997 MANDATES GOVERNMENT AGENCIES TO COLLECT SSN.

1. LIST ALL OTHER STATES/JURISDICTIONS IN WHICH YOU HOLD A LICENSE TO PRACTICE NURSING (ACTIVE AND INACTIVE).
2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
YES _____ NO IF YES, ATTACH DETAILS.
3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED NOLO CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED, IN ANY STATE OR FEDERAL COURT?
YES _____ NO IF YES, ATTACH DETAILS.
4. HAVE YOU EVER WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
YES _____ NO IF YES, ATTACH DETAILS.

IF YOU ARE NOT PRACTICING IN PENNSYLVANIA, YOU MAY PLACE YOUR LICENSE ON INACTIVE STATUS. CHECK BOX - SIGN FORM.

NO FEE DUE - NO CONFIRMATION ISSUED.

() I WISH TO PLACE MY LICENSE ON INACTIVE STATUS.

A LICENSE THAT IS INACTIVE OR LAPSED FOR 5 YEARS OR MORE WILL REQUIRE PROOF OF CONTINUED COMPETENCE TO BE RENEWED. OPTIONS ARE:
PROOF OF CURRENT PRACTICE IN ANOTHER STATE; OR COMPLETION OF A BOARD APPROVED REACTIVATION COURSE; OR PASS INITIAL LICENSURE EXAM.

YOU MAY NOT PRACTICE NURSING IN PENNSYLVANIA WITHOUT A CURRENTLY REGISTERED LICENSE.

A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY BANK, REGARDLESS OF THE REASON.

THE FOLLOWING SPACE IS FOR NAME AND/OR ADDRESS CHANGES ONLY. IF THERE IS NO CHANGE IN NAME OR ADDRESS, DO NOT WRITE IN THIS SPACE.
NAME CHANGES REQUIRE SUBMISSION OF A COPY OF LEGAL DOCUMENT (E.G. MARRIAGE CERTIFICATE, DIVORCE DECREE, COURT ORDER). WITHOUT DOCUMENT, NAME WILL NOT BE CHANGED. PROVIDE NAME CHANGE DOCUMENT ON 8-1/2" X 11" PAPER....

PLEASE PRINT

LICENSES ARE NOT FORWARDABLE

**NAME:

**

**STREET:

**

**CITY:

STATE:

ZIP:

SIGNATURE:

DATE: 01-27-98

QUESTIONS MUST BE ANSWERED AND FORM MUST BE SIGNED AND DATED

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

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R N - 2 9 0 4 3 8 - L
M O R G A R N E W

RENEWAL NOTICE - PA RN 4/30/00 EXPIRATION - \$21.00 FEE

BETHANN MORGAN

DOYLESTOWN, PA 18901

STATE BOARD OF NURSING
NURSE RENEWAL - 04/30/00
P O BOX 8412
HARRISBURG PA 17105-8412

YOUR REGISTERED NURSE LICENSE EXPIRES 4/30/00. TO RENEW THROUGH 4/30/2002, FOLLOW INSTRUCTIONS LISTED BELOW:
FEE: \$21.00 PAY BY CHECK OR MONEY ORDER PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA".

AFTER 4/30/00, LATE FEE IS \$5.00 EACH ADDITIONAL MONTH.

ANSWER QUESTIONS AND SIGN WHERE INDICATED. RECORD YOUR RN LICENSE NUMBER ON FACE OF PAYMENT. DO NOT STAPLE CHECK TO FORM. SUBMIT THIS NOTICE AND PAYMENT TO ABOVE ADDRESS. YOU MAY NOT PRACTICE NURSING IN PENNSYLVANIA WITHOUT A CURRENTLY REGISTERED LICENSE.

THE FEE FOR EACH ADDITIONAL COPY OF A LICENSE IS \$5.00. IF REQUESTING ADDITIONAL COPY/COPIES, CHECK HERE ().

LIST ALL OTHER STATES/JURISDICTIONS IN WHICH YOU HOLD A LICENSE TO PRACTICE NURSING (ACTIVE AND INACTIVE).

2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
YES _____ NO IF YES, ATTACH DETAILS - INCLUDE STATE BOARD AND ACTION.

3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED NOLO CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED, IN ANY STATE OR FEDERAL COURT?
YES _____ NO IF YES, ATTACH DETAILS - CRIME, CONVICTION DATE, LOCATION (STATE AND COUNTY).

4. FOR DISCIPLINARY REASONS, HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? LICENSE INCLUDES REGISTRATION OR CERTIFICATION.
YES _____ NO IF YES, ATTACH DETAILS.

IF YOU ARE NOT PRACTICING IN PENNSYLVANIA, YOU MAY PLACE YOUR LICENSE ON INACTIVE STATUS. CHECK BOX - SIGN AND COMPLETE FORM.
NO FEE DUE - NO CONFIRMATION ISSUED. () I WISH TO PLACE MY LICENSE ON INACTIVE STATUS.

A LICENSE THAT IS INACTIVE OR Lapsed FOR 5 YEARS OR MORE WILL REQUIRE PROOF OF CONTINUED COMPETENCE TO BE RENEWED. OPTIONS ARE:
PROOF OF CURRENT PRACTICE IN ANOTHER STATE, COMPLETION OF A BOARD APPROVED REACTIVATION COURSE, OR PASS INITIAL LICENSE EXAM.

A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY BANK, REGARDLESS OF THE REASON.

THE FOLLOWING SPACE IS FOR NAME AND/OR ADDRESS CHANGES ONLY. IF THERE IS NO CHANGE IN NAME OR ADDRESS, DO NOT WRITE IN THIS SPACE.
NAME CHANGES REQUIRE SUBMISSION OF A COPY OF LEGAL DOCUMENT (E.G. MARRIAGE CERTIFICATE, DIVORCE DECREE, COURT ORDER). WITHOUT DOCUMENT, NAME WILL NOT BE CHANGED. PROVIDE NAME CHANGE DOCUMENT ON 8-1/2" X 11" PAPER.

PLEASE PRINT

LICENSES ARE NOT FORWARDABLE

**NAME:

**STREET:

**CITY:

STATE:

ZIP:

SIGNATURE:

DATE: 02-09-00

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF NURSING

1281C

BETHANN
 MORGAN

RENEWAL APPLICATION

BETHANN MORGAN

DOYLESTOWN PA 18901-9500

State Board Of Nursing
 PO Box 8412
 Harrisburg, PA 17105-8412

IMPORTANT

Please take a few minutes to complete the enclosed survey form from the Department of Health and return it with your completed Renewal Application and fee.

- I will not be practicing this profession in Pennsylvania after 04/30/2002 and request inactive status. No fee is required.
- I have a change of name and/or address. COMPLETE SECTION BELOW.

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.	
PRINT NEW NAME:	

THE FOLLOWING QUESTIONS MUST BE ANSWERED

If you answer YES to any question in 2 thru 4 - provide details AND attach certified copies of legal documents.	Yes	No
1. Do you hold a license to practice this profession in any other state or jurisdiction? <i>List all:</i>		X
2. Since your initial application or your last renewal, have you had disciplinary action taken against your licenses in any state or jurisdiction?		X
3. Since your initial application or your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?		X
4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not to contend, or received probation without verdict to any felony or misdemeanor, including any drug law violations, or are any criminal charges pending and unresolved in any state or jurisdiction?		X

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory):

Date: 02 28 20

EXPIRATION DATE:	04/30/2002
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. ⇨ ⇨ Add additional \$5.00 fee for each additional license copy ⇨ DO NOT STAPLE CHECK TO FORM.	\$45.00 RN299439L Additional copy - check here []
LATE FEE - \$5.00 per month assessed when postmarked after 04/30/2002. Processing fee of \$20.00 charged for returned payment. LICENSES CANNOT BE FORWARDED BY THE POST OFFICE.	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

PA STATE BOARD OF NURSING

RN RENEWAL APPLICATION

RN290438L
Renewal ID: 997804
MORGAN

BETHANN MORGAN
 [REDACTED]
 DOYLESTOWN PA 18901-9500

MAIL TO:
 State Board Of Nursing
 PO Box 8412
 Harrisburg, PA 17105-8412

Important Information

- You can now renew your license online by pointing your browser to www.mylicense.state.pa.us Simply follow the instructions as indicated and your license renewal will be processed quicker than by mail.
- Please take a few minutes to complete the enclosed survey form from the Department of Health and return it with your completed Renewal Application and fee if renewing by mail. If renewing online, return the survey separately or complete it online.

EXPIRATION DATE: 04/30/2004	WARNING Practicing on an expired license may result in disciplinary actions and additional monetary penalties
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. → → DO NOT STAPLE CHECK TO FORM.	\$45.00 (NON REFUNDABLE) RN290438L
A \$20.00 fee will be charged for payment returned by bank	This form is invalid after 04/30/2004, late fees are assessed.

- I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required
- I have a change of name and/or address. Complete section below and indicate Social Security #: _____

Name Change	Address Change - Please print
<small>Submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.</small>	
PRINT NEW NAME:	

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned

If you answer YES to any question in 2 thru 4 - provide details AND attach certified copies of legal document(s)		Yes	No
1. Do you hold a license to practice this profession in any other state or jurisdiction? List all States (active & inactive):			X
2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against your license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)			X
3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, had an application for a license denied or refused, or for disciplinary reasons agreed not to reapply for a license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)			X
4. Since your initial application or your last renewal, whichever is later, have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict to any crime, felony or misdemeanor, including any drug law violations, or are any criminal charges pending and unresolved in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)			X

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C S 4911 and that any false statement made is subject to the penalties of 18 PA C S 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory) _____

Date (Mandatory) 02-07-04

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE This is the only renewal notice that will be sent to you


To Whom It May Concern,

May 03, 2007

My Pennsylvania nursing licenses (#RN2904586
#SP002097G) expired 04/30/06 and as I had
moved & gotten divorced I did not receive
my renewal application and was unaware of
this. I have been employed by Planned
Parenthood Association of Bucks County since January
1993. I have worked from 04/30/06 until the
present without an active license.

I am requesting a reactivation of my licenses
at this time and have enclosed the stated fees and
paperwork.

Thank you for your consideration in this matter.

Sincerely,

Bethann Morgan RN, MSN, NP

PA STATE BOARD OF NURSING

RN2904361
MORGAN

RENEWAL/REACTIVATION APPLICATION

May 3, 2007

BETHANN MORGAN
[Redacted]
DOYLESTOWN PA 18901-9500

State Board of Nursing
PO Box 2649
Harrisburg, PA 17105-2649

Check appropriate box and send appropriate fee for box checked:

YES, I have practiced nursing in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee(s) and applicable late fees. A late fee of five dollars (\$5.00) is assessed for each month after 04/30/2006. RENEWAL FEE \$45.00 plus late fees \$85.00 = TOTAL FEE DUE \$130.00

RETURN WITHIN 30 DAYS FROM DATE OF THIS FORM

If yes, provide month(s) and year(s) worked. Attach job title and job descriptions, if unavailable summarize duties.

NO, I have not practiced in PA in Pennsylvania at any time after 04/30/2006 and I want to reactivate my license at this time by paying the biennial renewal fee of \$ 48.00

FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA"
A \$20.00 fee will be charged for payment returned by bank.

WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.

THE FOLLOWING MUST BE COMPLETED or this application will be returned.

U.S. Social Security # [Redacted] Date of Birth [Redacted]

If you answer YES to any question 2 thru 4 - provide details AND attach certified copies of legal document(s)		Yes	No
1.	Do you hold a license to practice this profession in any other state or jurisdiction? List all State(s) (active & inactive)		
2.	Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against your license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)		X
3.	Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, had an application for a license denied or refused, or for disciplinary reasons agreed not to reapply for a license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)		X
4.	Since your initial application or your last renewal, whichever is later, have you been convicted, pleaded guilty or entered a plea of no contest, or received probation without verdict to any felony or misdemeanor, including any DUI/DWI, drug use violations, or any criminal charges pending and unresolved in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)		X

I have a change of name and/or address. COMPLETE SECTION BELOW. Notice: License can't be forwarded by post office.

Name Change	Address Change - street only
For a change of name, submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, or court order). Name will not be changed without submission of document(s).	[Redacted]
PRINT NEW NAME: <u>Bethann Morgan</u>	<u>Harrisburg PA 17125</u>

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn testimony to authorities and may result in my license being disciplined. I understand that the legal practice of nursing is conditioned upon a current permit or current license for which fees are prescribed and are non-refundable.

Signature of Licensee (Mandatory) [Signature] Date 05/03/07

Person Info

Name: BETHANN MORGAN

Address Info

Street Address [Redacted] Email: [Redacted]@yahoo.com

Phone

Fax

City Furlong

State PA

Zipcode 18925

Country 82

County Bucks

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Have you completed a minimum of 30 hours of Board approved continuing education between May 1, 2010 and April 30, 2012?	Y

Education Information

No education records

Employment Information

Edit

Employer: PLANNED PARENTHOOD ASSOCIATION

Start: End: Part Time:

Edit

Employer: Planned Parenthood Assoc. of Bucks County

Start: End: Part Time:

remarks

Remarks:

Continuing Education Information

No CE Course records

Person Info

Name: BETHANN MORGAN

Address Info

Street Address: [Redacted] Email: [Redacted]@yahoo.com

Phone [Redacted]

Fax [Redacted]

City: Furlong

State: PA

Zipcode: 18925

Country: 82

County: Bucks

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Have you completed a minimum of 30 hours of Board approved continuing education between May 1, 2012 and April 30, 2014?	Y

Date: Sunday, April
Submitted: 06, 2014

Education Info

No education records

Employment Information

[Edit](#)

Employer: PLANNED PARENTHOOD ASSOCIATION

Start: End: Part Time:

Edit

Employer: Planned Parenthood Assoc. of Bucks County

Start: End: Part Time:

Person Info

Name: BETHANN MORGAN

Address Info

Street Address: [Redacted] Email: [Redacted]@yahoo.com
Phone: [Redacted]
Fax: [Redacted]
City: Furlong
State: PA
Zipcode: 18925
Country: 82
County: Bucks

Survey Response Summary

Question Response Summary

Table with 2 columns: Question and Answer. Questions include: 'Are you submitting a name change with this renewal?', 'Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?', 'Have you completed a minimum of 30 hours of Board-approved continuing education?', 'Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?', 'If you answered yes to the above question, please provide the profession and state or jurisdiction.', 'Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?', 'Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?', 'Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?', 'Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.', 'Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?', 'Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?', 'Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?', 'Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?', 'Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?'.

Date Submitted: Wednesday, March 09, 2016

Education Info

No education records

Employment Information

No employment records

Nursing- Registered Nurse- Application

AA0000453021



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	MORGAN			First Name	BETHANN		
Middle Name				Suffix			
Full Name	BETHANN MORGAN						
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age	54	Gender	FEMALE
ADDRESS DETAILS							
Street Address	[REDACTED]						
City/State/Zip	FURLONG Pennsylvania 18925						
County	Bucks				Country	United States	
CONTACT DETAILS							
Phone number	[REDACTED]			Mobile Phone number			
Primary Email Address	[REDACTED]@yahoo.com			Secondary Email Address	[REDACTED]@ppkeystone.org		
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
Thomas Jefferson University							01/01/1987
CHECKLIST ITEMS							
Checklist name	Status				Submitted Date	Expiration Date	
Application	Pending Review				03/07/2018		
Application Fee	Completed				03/07/2018		
Child Abuse CE	Not Received				03/07/2018		
LEGAL QUESTIONS							
Questions				Answer	Document Uploaded	File Name	
1	Are you submitting a name change with this renewal?			N	No		
2	First Name				No		
3	Middle Name				No		
4	Last Name				No		

5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No	
7	Have you completed a minimum of 30 hours of Board-approved continuing education?	Y	No	
8	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N	No	
9	Please provide the profession and state or jurisdiction.		No	
10	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
11	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
12	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
13	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court	N	No	
14	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
15	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
16	Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
17	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
18	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		No	
CONFIRMATION				
<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. (03/07/2018 12:08:48)			

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

031105

SP - 002097 - G
M O R G A R N E W

RENEWAL NOTICE - PA CRNP LICENSE - 4/30/96 EXPIRATION \$26.00 FEE

STATE BOARD OF NURSING
NURSE RENEWAL - 4/30/96
P O BOX 8412
HARRISBURG PA 17105-8412

RETHENIN MORGAN

DOYLESTOWN, PA 18901

YOUR LICENSE TO PRACTICE AS A CERTIFIED REGISTERED NURSE PRACTITIONER EXPIRES ON 4/30/96 TO RENEW THROUGH 4/30/98. SIGN AND SUBMIT THIS NOTICE WITH YOUR CHECK OR MONEY ORDER FOR \$26.00 PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA" TO THE ABOVE ADDRESS. RECORD YOUR CERTIFICATE NUMBER ON THE FRONT OF YOUR PAYMENT. DO NOT STAPLE CHECK TO FORM.

AFTER 4/30/96, PENALTY FEE \$5.00 EACH ADDITIONAL MONTH.

YOUR PRACTITIONER LICENSE CANNOT BE RENEWED UNTIL YOUR RN LICENSE HAS BEEN RENEWED.

IF YOU WISH TO BE PLACED ON "INACTIVE STATUS", CHECK HERE () SIGN AND DATE FORM
(NO FEE REQUIRED FOR INACTIVE STATUS - NO CONFIRMATION ISSUED)

A \$20.00 PROCESSING FEE IS CHARGED FOR ANY CHECK/MONEY ORDER RETURNED UNPAID BY BANK, REGARDLESS OF REASON FOR NON-PAYMENT.

THE FOLLOWING SPACE IS FOR NAME AND/OR ADDRESS CHANGES ONLY. IF THERE IS NO CHANGE IN NAME OR ADDRESS, DO NOT WRITE IN THIS SPACE. NAME CHANGES REQUIRE SUBMISSION OF A COPY OF LEGAL DOCUMENT (E.G. MARRIAGE CERTIFICATE, DIVORCE DECREE, COURT ORDER). WITHOUT DOCUMENT, NAME WILL NOT BE CHANGED. PROVIDE NAME CHANGE DOCUMENT ON 8-1/2" X 11" PAPER.

PLEASE PRINT

LICENSES ARE NOT FORWARDABLE

**NAME:

**STREET:

**CITY:

STATE

ZIP

SIGNATURE

DATE 04/21/96

YOU MAY NOT PRACTICE NURSING IN PENNSYLVANIA WITHOUT A CURRENTLY REGISTERED LICENSE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

006700

SP - 002097 - G
MORGAN RNEW

RENEWAL NOTICE - PA CRNP LICENSE - 4/30/98 EXPIRATION \$26.00 FEE

BETHANN MORGAN

DOYLESTOWN, PA 18901

STATE BOARD OF NURSING
NURSE RENEWAL - 4/30/98
P O BOX 8412
HARRISBURG PA 17105-8412

YOUR LICENSE TO PRACTICE AS A CERTIFIED REGISTERED NURSE PRACTITIONER EXPIRES ON 4/30/98. TO RENEW THROUGH 4/30/2000, SIGN AND SUBMIT THIS NOTICE WITH YOUR CHECK OR MONEY ORDER FOR \$26.00 PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA" TO THE ABOVE ADDRESS. RECORD YOUR CERTIFICATE NUMBER ON THE FRONT OF YOUR PAYMENT. DO NOT STAPLE CHECK TO FORM.

A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER 4/30/98.

YOUR CRNP LICENSE CANNOT BE RENEWED UNTIL YOUR RN LICENSE HAS BEEN RENEWED.

IF YOU WISH TO BE PLACED ON "INACTIVE STATUS", CHECK HERE (). SIGN AND DATE FORM.
(NO FEE REQUIRED FOR INACTIVE STATUS - NO CONFIRMATION ISSUED)

A PROCESSING FEE OF \$20.00 IS CHARGED FOR ANY CHECK/MONEY ORDER RETURNED UNPAID BY BANK, REGARDLESS OF REASON FOR NON-PAYMENT.

THE FOLLOWING SPACE IS FOR NAME AND/OR ADDRESS CHANGES ONLY. IF THERE IS NO CHANGE IN NAME OR ADDRESS, DO NOT WRITE IN THIS SPACE. NAME CHANGES REQUIRE SUBMISSION OF A COPY OF LEGAL DOCUMENT (E.G. MARRIAGE CERTIFICATE, DIVORCE DECREE, COURT ORDER). WITHOUT DOCUMENT, NAME WILL NOT BE CHANGED. PROVIDE NAME CHANGE DOCUMENT ON 8-1/2" X 11" PAPER.

PLEASE PRINT

LICENSES ARE NOT FORWARDABLE

**NAME: _____ **
**
**STREET: _____ **
**
**CITY: _____ STATE: _____ ZIP: _____ **

SOCIAL SECURITY NUMBER

ACT 58 OF 1997 MANDATES GOVERNMENT AGENCIES TO COLLECT \$\$\$.

SIGNATURE: _____

DATE: 01-29-98

YOU MAY NOT PRACTICE NURSING IN PENNSYLVANIA WITHOUT A CURRENTLY REGISTERED LICENSE.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only 012962

SP - 002097 - G
M O R G A R N E W

RENEWAL NOTICE - PA CRNP LICENSE - 4/30/00 EXPIRATION \$26.00 FEE

BETHANN MORGAN
[REDACTED]
DOYLESTOWN, PA 18901

STATE BOARD OF NURSING
CRNP RENEWAL - 04/30/00
P O BOX 8412
HARRISBURG PA 17105-8412

YOUR LICENSE TO PRACTICE AS A CERTIFIED REGISTERED NURSE PRACTITIONER EXPIRES ON 4/30/00. TO RENEW THROUGH 4/30/2002, SIGN AND SUBMIT THIS NOTICE WITH YOUR CHECK OR MONEY ORDER FOR \$26.00 PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA" TO THE ABOVE ADDRESS. RECORD YOUR CERTIFICATE NUMBER ON THE FRONT OF YOUR PAYMENT. DO NOT STAPLE CHECK TO FORM.

A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER 4/30/00.

YOUR CRNP LICENSE CANNOT BE RENEWED UNTIL YOUR RN LICENSE HAS BEEN RENEWED.

IF YOU WISH TO BE PLACED ON "INACTIVE STATUS", CHECK HERE (). SIGN AND DATE FORM.
(NO FEE REQUIRED FOR INACTIVE STATUS - NO CONFIRMATION ISSUED)

A PROCESSING FEE OF \$20.00 IS CHARGED FOR ANY CHECK/MONEY ORDER RETURNED UNPAID BY BANK, REGARDLESS OF REASON FOR NON-PAYMENT.


THE FEE FOR EACH ADDITIONAL COPY OF A LICENSE IS \$5.00. IF REQUESTING ADDITIONAL COPY/COPIES, CHECK HERE ().

THE FOLLOWING SPACE IS FOR NAME AND/OR ADDRESS CHANGES ONLY. IF THERE IS NO CHANGE IN NAME OR ADDRESS, DO NOT WRITE IN THIS SPACE. NAME CHANGES REQUIRE SUBMISSION OF A COPY OF LEGAL DOCUMENT (S.G. MARRIAGE CERTIFICATE, DIVORCE DECREE, COURT ORDER). WITHOUT DOCUMENT, NAME WILL NOT BE CHANGED. PROVIDE NAME CHANGE DOCUMENT ON 8-1/2" X 11" PAPER.

PLEASE PRINT

LICENSES ARE NOT FORWARDABLE

**NAME: [REDACTED] **
**
**STREET: [REDACTED] **
**
**CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED] **

SIGNATURE: 

DATE: 02-09-00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING

416

SP6920970
MORGAN

CRNP RENEWAL APPLICATION

BETHANN MORGAN

DOYLESTOWN PA 18901-0000

State Board Of Nursing
PO Box 9412
Harrisburg, PA 17166-9412

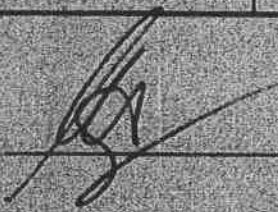
EXPIRATION DATE: April 30, 2002	Renewal fee: \$59.00
Licenses cannot be forwarded by post office. Late renewal fee will be assessed if postmarked after April 30, 2002. LATE FEE - \$5.00 per month, or part of a month after expiration date. A \$20.00 fee will be charged for payment returned by bank.	License # SP6920970 Make fee payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. DO NOT STAPLE CHECK TO FORM
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	Additional copy - check here [] Add additional \$5.00 fee for each additional copy

I will not be practicing as a CRNP in Pennsylvania after April 30, 2002 and request inactive status.
No fee is required.

I have a change of name and/or address. COMPLETE SECTION BELOW.

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.	

Signature of Licensee (Mandatory)



Date: 07-28-02

PA STATE BOARD OF NURSING

CRNP RENEWAL APPLICATION

SP002097G
 Renewal ID: 1016670
 MORGAN

BETHANN MORGAN
 [REDACTED]
 DOYLESTOWN PA 18901

MAIL TO:
 State Board Of Nursing
 PO Box 8412
 Harrisburg, PA 17105-8412

Important Information

- * You can now renew your license online by pointing your browser to www.mylicense.state.pa.us. Simply follow the instructions as indicated and your license renewal will be processed quicker than by mail.
- * Check the Special Notices on the Board's website at www.dos.state.pa.us/nurses for information regarding upcoming continuing education requirement.

EXPIRATION DATE: 04/30/2004	WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties.
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. ⇨ ⇨	Renewal fee: \$50.00 (NON REFUNDABLE) License # SP002097G
DO NOT STAPLE CHECK TO FORM.	
A \$20.00 fee will be charged for payment returned by bank.	This form is invalid after 04/30/2004, late fees are assessed.

- I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required.
- I have a change of name and/or address. Complete section below and indicate Social Security #: _____

Name Change	Address Change - Please print
Submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.	
PRINT NEW NAME:	

THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

If you answer YES to any question in 2 thru 5 - provide details AND attach certified copies of legal document(s).	Yes	No
1. Do you hold a certificate/license to practice this profession in any other state or jurisdiction? List all States (active & inactive)		X
2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against your certificate/license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)		X
3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a certificate/license, had an application for a certificate/license denied or refused, or for disciplinary reasons agreed not to reapply for a certificate/license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)		X
4. Since your initial application or your last renewal, whichever is later, have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict to any crime, felony or misdemeanor, including any drug law violations, or are any criminal charges pending and unresolved in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s)		X
5. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted? If yes, provide details AND attach certified copies of legal document(s)		X

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4011 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory): [Signature] Date (Mandatory): 02-09-04
 Your RN License #: RN 290436L Your CRNP certification cannot be renewed until your RN license is renewed.

LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE. This is the only renewal notice that will be sent to you.


To Whom It May Concern,

May 03, 2007

My Pennsylvania nursing licenses (#RN2904384
#SP0020979) expired 04/30/06 and as I had
moved & gotten divorced I did not receive
my renewal application and was unaware of
this. I have been employed by Planned
Parenthood Association of Bucks County since January
1993. I have worked from 04/30/06 until the
present without an active license

I am requesting a reactivation of my licenses
at this time and have enclosed the stated fees and
paperwork.

Thank you for your consideration in this matter

Sincerely,

Bethann Morgan RN, MSN, NP

PA STATE BOARD OF NURSING

SP002007G
MORGAN

RENEWAL/REACTIVATION APPLICATION

BETHANN MORGAN
[REDACTED]
DOYLESTOWN PA 18901

May 3, 2007

State Board of Nursing
PO Box 2645
Harrisburg, PA 17105-2645

Check appropriate box and send appropriate fee for box checked:

- YES, I have practiced nursing in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee(s) and applicable late fees. A late fee of five dollars (\$5.00) is assessed for each month after 04/30/2006. RENEWAL FEE \$45.00 plus late fees \$65.00 TOTAL FEE DUE \$110.00

RETURN WITHIN 30 DAYS FROM DATE OF THIS FORM

*If yes, provide month(s) and year(s) worked. Attach job title and job descriptions, if unavailable summarize duties.

- NO, I have not practiced nursing in Pennsylvania at any time after 04/30/2006 and I want to reactivate my license at this time by paying the biennial renewal fee of \$ 45.00

FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA"
A \$25.00 fee will be charged for payment returned by bank.

WARNING: Practicing on an expired license may result in disciplinary actions and additional disciplinary penalties.

THE FOLLOWING MUST BE COMPLETED or this application will be returned

U.S. Social Security # [REDACTED] Date of Birth [REDACTED]

If you answer YES to any question 2 thru 4 - provide details AND attach certified copies of legal document(s)

1.	Do you hold a license to practice this profession in any other state or jurisdiction? (List all States) (active & inactive)	Yes	No
2.	Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against your license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s).		X
3.	Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, had an application for a license denied or refused, or for disciplinary reasons agreed not to reapply for a license in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s).		X
4.	Since your initial application or your last renewal, whichever is later, have you been convicted (pleaded guilty or entered a plea of not guilty) or received probation without verdict to any felony or misdemeanor, or had any D.U.I./D.W.I. or any violations or any other criminal charges pending and unresolved in any state or jurisdiction? If yes, provide details AND attach certified copies of legal document(s).		X

I have a change of name and/or address. COMPLETE SECTION BELOW. Notice: License cannot be forwarded by post office

Name Change For a change of name, submit a photocopy of a legal document verifying name change, i.e. marriage certificate, divorce decree or court order. Name will not be changed without submission of document.	Address Change - license sent [REDACTED] Pottsville PA 18925
PRINT NEW NAME: <i>Bethann Morgan</i>	

Verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information, pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined. I understand that the legal practice of nursing is conditioned upon a current permit or current license for which fees are prescribed and are non-refundable.

Signature of Licensee (Mandatory): *[Signature]* Date: *05/03/07*

Person Info

Name: BETHANN MORGAN

Address Info

Street Address: [REDACTED] Email: [REDACTED]@yahoo.com

Phone

Fax

City: Furlong

State: PA

Zipcode: 18925

Country: 82

County: Bucks

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Have you completed a minimum of 30 hours of Board approved continuing education within your CRNP specialty between May 1, 2010 and April 30, 2012?	Y
Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)	N

Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	Y
--	---

Education Information

No education records

Employment Information

Edit Employer: PLANNED PARENTHOOD ASSOCIATION Start: End: Part Time: <input type="checkbox"/>
--

Edit Employer: Planned Parenthood Assoc. of Bucks County Start: End: Part Time: <input type="checkbox"/>

remarks
Remarks:

Continuing Education Information

No CE Course records

Person Info

Name: BETHANN MORGAN

Address Info

Street Address: [REDACTED] Email: [REDACTED]@yahoo.com

Phone [REDACTED]

Fax [REDACTED]

City Furlong

State PA

Zipcode 18925

Country 82

County Bucks

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Have you completed a minimum of 30 hours of Board approved continuing education within your CRNP specialty between May 1, 2012 and April 30, 2014?	Y
Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)	N

Do you either maintain the required professional liability coverage or are you exempt from having the required professional liability coverage?	Y
---	---

Date: Sunday, April
Submitted: 06, 2014

Education Info

No education records

Employment Information

Edit
Employer: PLANNED PARENTHOOD ASSOCIATION
Start: End: Part Time:

Edit
Employer: Planned Parenthood Assoc. of Bucks County
Start: End: Part Time:

Person Info

Name:BETHANN MORGAN

Address Info

Street Address [REDACTED] **Email** [REDACTED]@yahoo.com
Phone [REDACTED]
Fax [REDACTED]
CityFurlong
StatePA
Zipcode18925
Country82
CountyBucks

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Have you completed a minimum of 30 hours of Board approved continuing education within your CRNP specialty?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	Nurse Practitioner
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]
Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	[REDACTED]
Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)	N

Date Submitted: Wednesday, March 09, 2016

Education Info

No education records

Employment Information

No employment records

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF NURSING
P O Box 2649
Harrisburg, Pa 17105-2649
www.dos.state.pa.us

March 10, 2016

BETHANN MORGAN
[REDACTED]
FURLONG PA 18925

RE: SP002097G

IMPORTANT NOTICE REGARDING YOUR LICENSE RENEWAL

When you renewed the CRNP certification noted above, you answered no to the question: Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law? Please provide an explanation by choosing one of the options below.

I verify that I am not required to be covered by liability insurance because:

- I practice solely as an employee of the Federal government;
- I practice solely as an employee of the Commonwealth or its political subdivisions;
- I am not practicing as a CRNP in Pennsylvania;

Other (please explain) Please submit a copy of your insurance policy.

I made a mistake answering the question; I am covered by liability insurance through my employer Planned Parenthood Keystone (they hold the copy).

Signature of Licensee (Mandatory):



Date: 03.18.16

Sincerely,

State Board of Nursing

RECEIVED
2016 MAR 21 11:23:39
STATE BOARD OF NURSING

RETURN TO BOARD OFFICE WITHIN FIFTEEN DAYS OF THE DATE OF THIS LETTER

**Nursing- Certified Registered Nurse
Practitioner- Application**



AA0000453030

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION				
Last Name	MORGAN	First Name	BETHANN	
Middle Name		Suffix		
Full Name	BETHANN MORGAN			
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age 54 Gender FEMALE
ADDRESS DETAILS				
Street Address	[REDACTED]			
City/State/Zip	FURLONG Pennsylvania 18925			
County	Bucks	Country	United States	
CONTACT DETAILS				
Phone number	[REDACTED]	Mobile Phone number		
Primary Email Address	[REDACTED]@yahoo.com	Secondary Email Address	[REDACTED]	@ppkeystone.org
CHECKLIST ITEMS				
Checklist name	Status	Submitted Date	Expiration Date	
Application	Pending Review	03/07/2018		
Application Fee	Completed	03/07/2018		
Child Abuse CE	Not Received	03/07/2018		
LEGAL QUESTIONS				
Questions	Answer	Document Uploaded	File Name	
1 Are you submitting a name change with this renewal?	N	No		
2 First Name		No		
3 Middle Name		No		
4 Last Name		No		
5 You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No		
7 Have you completed a minimum of 30 hours of Board-approved continuing education within your CRNP specialty?	Y	No		

8	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N	No	
9	Please provide the profession and state or jurisdiction.		No	
10	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
11	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
12	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
13	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court	N	No	
14	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
15	Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
16	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
17	Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
18	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
19	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	N	No	
20	Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	Y	No	
21	Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)	N	No	
CONFIRMATION				
<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. (03/07/2018 12:08:48)			



TARGET SHEET

Board: Nursing

Licensee Full Name:
BETHANN MORGAN

License No:

2916852_LIC_1_06/10/2011

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

OK RK
6/15/11

Bethann Morgan

PHONE (717) 783-7142
FAX (717) 783-0822
www.dos.state.pa.us/nurse
Email: st-nurse@state.pa.us

SCHEDULES none

**Form 1: Application for Certified Registered Nurse Practitioner (CRNP)
Prescriptive Authority**

Initial application for CRNP prescriptive authority is \$50.00. The initial application includes evidence that the CRNP completed the required 45 hours of course work in advanced pharmacology.

Each additional application for CRNP prescriptive authority is \$30.00. Evidence of coursework in advanced pharmacology is on file with initial application. DO NOT re-submit.

Submit fee payable to the "Commonwealth of Pennsylvania." Fee is non-refundable.

I. Print in ink or type (Note: Address must be the same on all licenses/certificates) exp 2/13/12

MORGAN	Bethann			SP0020976
Last Name	First	Middle		Pennsylvania CRNP Certificate Number
[REDACTED]	[REDACTED]	Furlong PA	18925	[REDACTED]
Street Address	City	State	Zip Code	Social Security Number
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Email Address	ppbucks.org			Daytime Telephone Number

II. Primary Practice Location of the CRNP

Planned Parenthood Assoc. of Bucks County	215 957 7980
Name of Practice (Must be within the state of Pennsylvania)	Daytime Telephone Number
610 Louis Drive Warminster PA	18974
Street Address	City State Zip Code

III. Collaborating Physician Name and License Number (Only one collaborating physician may be listed per application)

Schwartzman	Daniel	M	MD027989E
Last Name	First	Middle	Pennsylvania Physician License Number (Status of license must be active)

IV. Required Attachments

1. Prescriptive Authority Collaborative Agreement form. (Do not submit a collaborative agreement in your own format).
2. Verification of Advanced Pharmacology form completed by program director. (Initial application only).

V. Affidavit

I verify that the statements in this application for CRNP prescriptive authority are true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities, and may result in the suspension, revocation, or denial of my license or certificate. I verify that this form is in the original format as supplied by the Department of State and has not been altered or modified in any way.

[Signature]
Original Signature of Applicant

05/06/11
Date (mm/dd/yyyy)

In order to comply with federal statute, the State Board of Nursing is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank. If this board is required to make a report about one of its applicants or licensees to this data bank, it must report that individual's social security number.

The application process must be completed within one year from the date on which the applicant affidavit is signed.
CRNP Application for Prescriptive Authority 12-14-09 - 1 -

000714

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649
PHONE: (717) 783-7142

COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY
PRINT CLEARLY IN DARK INK OR TYPE

1) Name of Certified Registered Nurse Practitioner: Bethann MORGAN

Pennsylvania CRNP Certificate Number: SP 0020976

Amounts of Professional Liability Insurance: 1,000,000 / 3,000,000
(DO NOT ATTACH POLICY) (Per Occurrence) (Annual Aggregate)

Practice solely as an employee of the Federal Government
 Practice solely as an employee of the Commonwealth of Pennsylvania

Area of CRNP Specialization exactly as listed on your Pennsylvania CRNP Certificate (check one):

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Family	<input type="checkbox"/> Oncology	<input type="checkbox"/> Women's Health
<input type="checkbox"/> Adult	<input type="checkbox"/> Family Psych/MH	<input type="checkbox"/> Pediatric	<input checked="" type="checkbox"/> Other <u>Obstetric / Gynecology</u>
<input type="checkbox"/> Adult Psych/MH	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Pediatric Acute Care	
<input type="checkbox"/> Adv Diabetes Mgmt	<input type="checkbox"/> Neonatal	<input type="checkbox"/> Pediatric Primary Care	

2) Name of Collaborating Physician: Daniel M Schwartzman, MD

Pennsylvania License Number: MD 027989E

Name of Substitute Physician: Jay S. vitz, MD

Pennsylvania License Number: MD 027450L

- Attach a separate list of substitute physicians if requesting multiple substitute physicians.
- Include Pennsylvania physician license number(s) including prefix and suffix.
- Physicians must hold an active Pennsylvania license.

3) Indicate the circumstances and how often the collaborating physician will personally see the patient.

<input type="checkbox"/> Once per year	<input type="checkbox"/> Every other visit	<input checked="" type="checkbox"/> Patient not responding to treatment
<input type="checkbox"/> Twice per year	<input checked="" type="checkbox"/> CRNP Request	<input checked="" type="checkbox"/> Patient condition outside CRNP scope of practice
<input type="checkbox"/> Daily	<input checked="" type="checkbox"/> Patient or Family request	<input type="checkbox"/> Other _____

4) Controlled Substance Prescribing Authority (Check all that apply).

Schedule II

No Yes, I am requesting **Schedule II** Controlled Substance Prescribing Authority for up to a _____ day supply (maximum 30 day supply)

Schedule III

No Yes, I am requesting **Schedule III** Controlled Substance Prescribing Authority for up to a _____ day supply (maximum 90 day supply)

Schedule IV

No Yes, I am requesting **Schedule IV** Controlled Substance Prescribing Authority for up to a _____ day supply (maximum 90 day supply)



COLLABORATIVE AGREEMENT (continued)

Name of Certified Registered Nurse Practitioner: Bethann Morgan
 Pennsylvania CRNP Certificate Number: SP0020976

**5) Individually check the categories of drugs from which CRNP may prescribe and dispense.
 The box must be left blank if you are not selecting a drug category.**

<input checked="" type="checkbox"/>	(a) Antihistamines
<input checked="" type="checkbox"/>	(b) Anti-infective agents
<input type="checkbox"/>	(c) Antineoplastic agents
<input type="checkbox"/>	(d) Unclassified therapeutic agents
<input checked="" type="checkbox"/>	(e) Devices and pharmaceutical aids
<input type="checkbox"/>	(f) Autonomic drugs
<input type="checkbox"/>	(g) Blood formation drugs
<input type="checkbox"/>	(h) Coagulation and anticoagulation drugs
<input type="checkbox"/>	(i) Thrombolytic and antithrombolytic agents
<input type="checkbox"/>	(j) Cardiovascular drugs
<input checked="" type="checkbox"/>	(k) Central nervous system agents
<input checked="" type="checkbox"/>	(l) Contraceptives including foams and devices
<input type="checkbox"/>	(m) Diagnostic agents
<input checked="" type="checkbox"/>	(n) Disinfectants for agents used on objects other than skin
<input checked="" type="checkbox"/>	(o) Electrolytic, caloric and water balance
<input type="checkbox"/>	(p) Enzymes
<input type="checkbox"/>	(q) Antitussive, expectorants and mucolytic agents
<input checked="" type="checkbox"/>	(r) Gastrointestinal drugs
<input checked="" type="checkbox"/>	(s) Local anesthetics
<input type="checkbox"/>	(t) Eye, ear, nose and throat preparations
<input checked="" type="checkbox"/>	(u) Serums, toxoids and vaccines
<input checked="" type="checkbox"/>	(v) Skin and mucous membrane agents
<input type="checkbox"/>	(w) Smooth muscle relaxants
<input checked="" type="checkbox"/>	(x) Vitamins
<input checked="" type="checkbox"/>	(y) Hormones and synthetic substitutes

This prescriptive authority collaborative agreement contains the details regarding the prescribing and dispensing of drugs between the following parties:

	<u>05/06/11</u>
Signature of CRNP	Date Signed (mm/dd/yyyy)
	<u>5/13/11</u>
Signature of Collaborating Physician	Date Signed (mm/dd/yyyy)

Indicate the date you are requesting this agreement to become effective: ASAP
Note: This agreement will not be effective until you receive official confirmation from the Board of Nursing.

Person Info

Name: BETHANN MORGAN

Address Info

Street Address [REDACTED] Email: [REDACTED]@yahoo.com

Phone [REDACTED]

Fax [REDACTED]

City Furlong

State PA

Zipcode 18925

Country 82

County Bucks

Survey Response Summary

Question Response Summary

Out of the 30 hours of Board approved continuing education required for your CRNP certification, have you completed 16 hours in pharmacology? Y

Education Information

No education records

Employment Information

Edit

Employer: PLANNED PARENTHOOD ASSOCIATION

Start: End: Part Time:

Edit

Employer: Planned Parenthood Assoc. of Bucks County

Start: End: Part Time:

remarks

Remarks:

Continuing Education Information

No CE Course records

Person Info

Name: BETHANN MORGAN

Address Info

Street Address [REDACTED] Email: [REDACTED]@yahoo.com

Phone

Fax

City: Furlong

State: PA

Zipcode: 18925

Country: 82

County: Bucks

Survey Response Summary

Question Response Summary

Out of the 30 hours of Board approved continuing education required for your CRNP certification, have you completed 16 hours in pharmacology? Y

Date: Sunday, April

Submitted: 06, 2014

Education Info

No education records

Employment Information

Edit

Employer: PLANNED PARENTHOOD ASSOCIATION

Start: End: Part Time:

Edit

Employer: Planned Parenthood Assoc. of Bucks County

Start: End: Part Time:

Person Info

Name: BETHANN MORGAN

Address Info

Street Address [REDACTED] Email [REDACTED]@yahoo.com
 Phone [REDACTED]
 Fax [REDACTED]
 City Furlong
 State PA
 Zipcode 18925
 Country 82
 County Bucks

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you completed at least 16 hours of Board-approved continuing education in pharmacology?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	Nurse Practitioner Pennsylvania
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]

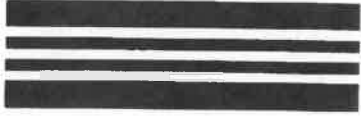
Date Submitted: Wednesday, March 09, 2016

Education Info

No education records

Employment Information

No employment records



TARGET SHEET

Board: Nursing

Licensee Full Name:
BETHANN MORGAN

License No:
013220

2916852_LIC_4_10/09/2013

PENNSYLVANIA STATE BOARD OF NURSING
P. O. Box 2649
Harrisburg, PA 17105-2649

PHONE: (717) 772-8552
www.dos.state.pa.us/nurse

FAX: (717) 783-0822
email: st-nurse@pa.gov

October 9, 2013

BETHANN MORGAN
[REDACTED]
FURLONG PA 18925

9851

Dear Licensee:

Enclosed is a copy of your prescriptive authority collaborative agreement. Please note: microfilm print-outs are often not legible.

The Board is concerned that you have not retained a copy of your own collaborative agreement, which is to be "kept at the primary practice location of the CRNP and a copy filed with the Bureau of Professional and Occupational Affairs," pursuant to the Board's regulations at 49 Pa. Code §21.285(b)(7). The collaborative agreement must also be made available for inspection to anyone seeking to confirm the scope of practice of the CRNP. 49 Pa. Code §21.285(b)(8).

A copy of this letter will be retained in your prescriptive authority file with the Board. You are hereby warned that failure to retain a copy of your prescriptive authority collaborative agreement is a violation of the Board's regulations. Please know that any future requests such as this will be investigated and, if necessary, you may be subject to disciplinary action.

Sincerely,

Koren Linn
State Board of Nursing



P.O. Box 813, Trexlertown, PA 18087
p: 610.481.0481
f: 610.481.0486
planitpa.org

Planned Parenthood Keystone

September 18, 2013

State Board of Nursing
PO Box 2649
Harrisburg, PA 17105

To Whom It May Concern:

I am in need of my prescriptive authority application along with the collaborative agreement that goes with my license # 013220. I am enclosing a print out from the Department of State with my prescriptive authority license #, my CRNP license # and the name and license # of the collaborating physician.

If you would please send this information to my attention at:

Planned Parenthood Keystone
PO Box 813
Trexlertown, PA 18087


Our facility has merged and the records were not archived.

Sincerely,

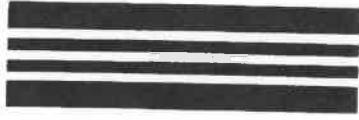


Bethann Morgan

RECEIVED
2013 SEP 27 PM 1:05
STATE BOARD
OF NURSING

 PENNSYLVANIA Department of State	
<small>For questions about this website, please Click Here to send an E-Mail, or to contact your Board directly. Click Here.</small>	
Click the X at the upper right corner to close this window and return to the list of licensees.	
Person Information	
Name: BETHANN MORGAN	
Address Information	
Address(city state zipcode): Furlong PA 18925	
License Information	
Type: Prescriptive Authority	Secondary Type: Number: 013220
Profession: Nursing	Status: Active
Issue Date: 6/15/2011	Expires: 4/30/2014 Last Renewed: 4/19/2012
Prerequisite Information	
Licensee: MORGAN, BETHANN	Relationship: Prescriptive Authority
Type: Certified Registered Nurse Practitioner	Number: SP002097G Status: Active
Date of Association:	Date of Expiration:
Licensee: SCHWARTZMAN, DANIEL MARK	Relationship: Collaborating Physician
Type: Medical Physician and Surgeon	Number: MD027989E Status: Active
Date of Association: 6/15/2011	Date of Expiration:
License CSR Information	
No License CSR Information	
Discipline Action History	
No disciplinary actions were found for this license.	
The Information above is considered primary source for verification of license credentials.	

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 STATE BOARD
 OF NURSING



TARGET SHEET

Board: Nursing

Licensee Full Name:
BETHANN MORGAN

License No:

3580576_LIC_1_07/21/2017

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

PHONE (717) 783-7142
FAX (717) 783-0822
www.dos.pa.gov/nurse
Email: st-nurse@pa.gov

APPLICATION FOR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP) PRESCRIPTIVE AUTHORITY

ALL FEES ARE NONREFUNDABLE

Applying For: (Check only one.)

- Initial Application for CRNP Prescriptive Authority in PA (\$50.00)
 Additional Application for CRNP Prescriptive Authority in PA (\$30.00)

SECTION A: APPLICANT INFORMATION: (Print clearly in dark blue or black ink or type.)

Name: Morgan Bethann
Last First Middle
Date of Birth: [REDACTED] U.S. Social Security Number*: [REDACTED]
Month Day Year
Address: [REDACTED]
Street
Furlong PA 18925
City State Zip
Daytime Phone # [REDACTED] Email Address: [REDACTED]@yahoo.com
Pennsylvania CRNP Number SP002097G 4-30-18

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS.

		YES*	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		X
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X

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Name: Bethann Morgan

SSN: [REDACTED]

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		X
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]	
7.	Have you ever had your DEA registration denied, revoked or restricted?		X
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		X
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		X
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X

SECTION C: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature  Date 06.08.17

*Note that disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

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PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649
PHONE: (717) 783-7142

COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY

1) Name of Certified Registered Nurse Practitioner: Bethann Morgan

Pennsylvania CRNP Number: SP002097G

CRNP Specialty exactly as listed on the Pennsylvania CRNP Certificate: Obstetric/Gynecology

Professional Liability: Check one

- I maintain the required professional liability insurance.
 I am exempt from having the required professional liability insurance.

2) Collaborating Physician: Name: Sondra Dantzie

Pennsylvania License Number: MD057704L
(Include prefix/suffix)

Substitute Physician: Name: Lin-Fan Wang
(At least one (1) substitute physician is required.)

Pennsylvania License Number: MD452289
(Include prefix/suffix)

List of additional substitutes is attached

3) Indicate the circumstances and how often the collaborating physician will personally see the patient. (Must check at least one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Once per year | <input type="checkbox"/> Every other visit | <input type="checkbox"/> Patient not responding to treatment |
| <input type="checkbox"/> Twice per year | <input checked="" type="checkbox"/> CRNP Request | <input type="checkbox"/> Patient condition outside CRNP scope of practice |
| <input type="checkbox"/> Daily | <input type="checkbox"/> Patient or Family request | <input type="checkbox"/> Other _____ |

4) Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)

Schedule II

- Yes, I am requesting Schedule II for up to a _____ day supply
 No

Schedule III

- Yes, I am requesting Schedule III for up to a _____ day supply
 No

Schedule IV

- Yes, I am requesting Schedule IV for up to a _____ day supply
 No

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COLLABORATIVE AGREEMENT FOR PRESCRIPTIVE AUTHORITY (continued)

Name of Certified Registered Nurse Practitioner: Bethann Morgan

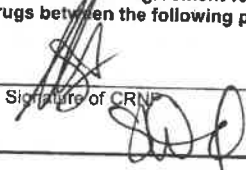
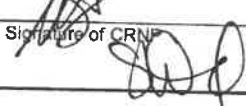
Pennsylvania CRNP Number: 59002097G

5) Drug Categories: **Individually check** each category of drugs from which the CRNP may prescribe and dispense. The box must be **blank** if you are not selecting the category. **Do not alter any category box.**

X	(a) Antihistamines
+	(b) Anti-infective agents
	(c) Antineoplastic agents
+	(d) Unclassified therapeutic agents
+	(e) Devices and pharmaceutical aids
+	(f) Autonomic drugs
	(g) Blood formation drugs
	(h) Coagulation and anticoagulation drugs
	(i) Thrombolytic and antithrombolytic agents
	(j) Cardiovascular drugs
	(k) Central nervous system agents
+	(l) Contraceptives including foams and devices
+	(m) Diagnostic agents
+	(n) Disinfectants for agents used on objects other than skin
X	(o) Electrolytic, caloric and water balance
	(p) Enzymes
+	(q) Antitussive, expectorants and mucolytic agents
+	(r) Gastrointestinal drugs
X	(s) Local anesthetics
+	(t) Eye, ear, nose and throat preparations
+	(u) Serums, toxoids and vaccines
X	(v) Skin and mucous membrane agents
	(w) Smooth muscle relaxants
X	(x) Vitamins
X	(y) Hormones and synthetic substitutes

6 The date you are requesting that this agreement become effective: 06-8-2017
(mm/dd/yyyy)

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

 Signature of CRNP	<u>06/08/2017</u> Date Signed (mm/dd/yyyy)	JUN 20 PM 1:12 6047502900 RECEIVED
 Signature of Collaborating Physician	<u>06/08/2017</u> Date Signed (mm/dd/yyyy)	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE BOARD OF NURSING
P. O. Box 2649
Harrisburg, PA 17105-2649

PHONE: (717) 783-7142
www.dos.pa.gov/nurse

FAX: (717) 783-0822
email: st-nurse@pa.gov

August 17, 2017

BETHANN MORGAN

FURLONG PA 18925

On August 17, 2017, the Board issued your license/approval. Section 9.1(a) of ABC-MAP* requires that prescribers/dispensers provide verification to the Board of having completed 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids within one year from issuance of the license/ approval.

To date, the Board has NOT received verification that you completed the opioid education. Within the year, submit documentation of completion of the opioid education. Verification of Opioid Education Forms are available on the Board's website. If a Certificate of Completion is submitted it must include the name of the course, the specific number of hours in each of the required content areas and the date completed.

Failure to submit verification that you completed the opioid education may result in disciplinary action being taken against your license/approval.

*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at:
<http://www.legis.state.pa.us/cfdocs/Legis/LI/luconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwinid=0&act=191>

The Board's Regulations are available on the Board's website.

Courtney Patcella, Clerk Typist 3
Pennsylvania State Board of Nursing

**Nursing- Prescriptive Authority-
Application**

AA0000509143



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	MORGAN			First Name	BETHANN		
Middle Name				Suffix			
Full Name	BETHANN MORGAN						
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age	54	Gender	FEMALE
ADDRESS DETAILS							
Street Address	[REDACTED]						
City/State/Zip	FURLONG Pennsylvania 18925						
County	Bucks				Country	United States	
CONTACT DETAILS							
Phone number	[REDACTED]			Mobile Phone number			
Primary Email Address	[REDACTED]@yahoo.com			Secondary Email Address	[REDACTED]@ppkeystone.org		
CHECKLIST ITEMS							
Checklist name	Status			Submitted Date	Expiration Date		
Application	Pending Review			04/09/2018			
Application Fee	Completed			04/09/2018			
LEGAL QUESTIONS							
Questions	Answer			Document Uploaded	File Name		
1	Are you submitting a name change with this renewal?			N	No		
2	First Name				No		
3	Middle Name				No		
4	Last Name				No		
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.				No		
6	Have you completed at least 16 hours of Board-approved continuing education in pharmacology?			Y	No		
7	Have you completed at least 2 hours of Board-approved education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?			Y	No		

8	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N	No	
9	Please provide the profession and state or jurisdiction.		No	
10	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
11	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
12	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
13	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court	N	No	
14	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
15	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
16	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		No	

CONFIRMATION

All fees are non-refundable. Please check to continue with your transaction. (04/09/2018 15:07:09)