

**Licensee Details**

**Demographic Information**

Title:	First: VIVIANNE	Middle: MURIEL	Last: CLARK	Suffix:
DOB:	SSN: Gender: Female	POB:		
Citizenship Status:		Ethnicity:	Home State: 1001	
Name: VIVIANNE MURIEL CLARK		Owner:		
FEIN:		MID #:	Type:	

**Address Information**

**License Information**

DBA: VIVIANNE CLARK				
Lic #: CNP-01603	Profession: Nursing	Type: Certified Nurse Practitioner	Secondary:	
Status: Active	Issued: 2/25/2010	Expiry: 3/31/2020	Effective: 2/25/2010	
Reason: Reinstatement	Date: 5/3/2016	Renewed: 4/12/2018	Deg. Suff:	
Method: Endorsement	State: ID	Country: United States	LOA Issue:	
Appealed:	Result:	Effective:	LOA Expiry:	

**Cyclical Reports**

No Cyclical Reports
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**Cyclical Report Summary**

No Reports
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**Prerequisite Information**

Relationship: Self Automatic			
Licensee: CLARK, VIVIANNE MURIEL	License Type: Registered Nurse		
License #: <b>RN-71112</b>	License Status: Active		
Established: 4/8/2010	Association Date:		Expiry:
Type: Prerequisite User			

**Inspection Information**

No Inspections
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**Education Information**

School: SCHOOL OF HEALTH CARE SCIENCES			
Profession: Nursing	Type: RN-MSN	Major: Certificate: BON Nursing Master	
Date From:	Date To: 5/1/1988	Credit Hours: Specialty:	
School: UNIVERSITY OF ARIZONA			
Profession: Nursing	Type: RN-BS	Major: Certificate: BON Nursing Bachelor	
Date From:	Date To: 5/11/1977	Credit Hours: Specialty:	

**Employment Information**

Profession: Nursing	Employer: NA	Position Name:	Start Date:
End Date:	Credits:	Credit Unit:	Credit Type:
Approved:	Credit Date:	Primary Employer:	Number of Hours: 38
Diversion Flag:	Part-time:	Comments:	
Remarks:			

**Specialty Information**

Specialty: OB/GYN	Issue Date: 12/4/1989	Expiration Date: 12/15/2019
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**Violation Information**

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No Violation Information

**Discipline Information**

No Discipline Information

**Limits/Restriction Information**

No Limits/Restriction Information

**License Bond Information**

No License Bond Information

**License CSR Information**

No License CSR Information

**Respondent License Information**

No Respondent License Information

**CheckList Information**

No CheckList Information

**Doing Business As**

Alias: VIVIANNE CLARK

**Aliases**

Alias: HARTMANN

**Related Documents**

No Related Documents

**Documentum**

No Related MLO Documents

**CE Courses**

Course	Title	Credit Hours	Category	Date Completed
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**CE Status**

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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**Prior Cycle CE Courses**

Course	Title	Credit Hours	Category	Date Completed
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**Prior CE Cycle Status**

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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