

Please carefully review the information below that you have entered into your renewal application.

- If you need to make changes in any section, please click "Previous" until you reach the appropriate section(s) to make your changes.
- If the information below is correct, please print this page for your records.

License: 200750019NP,200740447RN

Name: Mary Kathryn Stark

SSN:

Date of Birth:

Country: United States

Home Address (Line 1): 1204 W Highland View Dr

Home Address (Line 2):

City: Boise

State: ID

Zip Code: 83702

Primary Phone: 208-258-4618 **Unlisted:** False

Secondary Phone:

Contact Preference:

Email Address: starkmedmary@gmail.com

Gender: 2

I choose to opt out of having certain personal information shared with non-state entities or for non-public health planning purposes. No

Disclosure

1a. Since the date of your last renewal, have you used alcohol or any drugs in a way that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

1b. Since the date of your last renewal, have you been diagnosed with or treated for an alcohol or any drug-related conditions?

Response: No

1c. Since the date of your last renewal, have you used any illegal drugs, or prescription drugs in a

manner other than prescribed?

Response: No

2. Other than any information you may have provided in Question 1, since the date of your last renewal, do you have a physical, mental or emotional condition that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

3. Other than a traffic ticket, since the date of your last renewal, have you been arrested, cited, or charged with an offense?

Response: No

4. Since the date of your last renewal, have you been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations.

Response: No

5a. Since the date of your last renewal, have you been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include any pending investigations.

Response: No

5b. Since the date of your last renewal, have you been found in violation of any state or federal law, rule, or practice standard regulating a health care profession?

Response: No

6a. Since the date of your last renewal, has an agency taken action against any healthcare license or certificate you have held in any other state or jurisdiction?

Response: No

6b. Since the date of your last renewal, have you withdrawn an application or surrendered a license or certificate to avoid any of the actions listed above?

Response: No

Explanation:

7. Since the date of your last renewal, have you had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (e.g. Medicare or Medicaid) denied, restricted, suspended, revoked, or terminated for cause?

Response: No

8. Since the date of your last renewal, have you had a notice filed or a civil judgement awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?

Response: 8.No

Employer Information

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	2066592312	07/2010	Current
Stark Medical	932 W Idaho Ave	5418892244	11/2007	Current

Qualifications-NP

Date that you last practiced as a Nurse Practitioner: 12/12/2016

I have practiced 960 hours solely as a Nurse Practitioner in the last five years.

Response: Yes

Qualifications-PP

Do you have a DEA Number?

Response: Yes

I have read the Advanced Practice Registered Nurse Prescriptive and Dispensing Authority in Oregon handbook available on the OSBN website at www.oregon.gov/OSBN and have maintained compliance with regulations regarding APRN nurses who prescribe and dispense prescription drugs in Oregon.

Yes.

Practice History

Attesting to completion of at least 150 hours of practice, utilizing current prescriptive authority within the scope identified in OAR 851-056-0004(1-2)- Prescriptive Authority Scope of Practice; Division 56 of the Oregon Nurse Practice Act, within the last two years from the date of this application.

Continuing Education

I meet the continuing education renewal requirement by maintaining active unencumbered national certification for the type of APRN licensure I hold in Oregon.

Dispensing

NOT APPLICABLE- I do not have a dispensing license in Oregon, only the authority to prescribe.

Qualifications-RN

Date that you last practiced as a Registered Nurse: 12/31/2006

I have practiced at least 960 hours as a Registered Nurse in the last five years?

Response: No, but I have practiced 960 hours as a Nurse Practitioner in the last five years

Date and time of review: December, 12 2016 02:24:51PM

*Indicates required field

* By checking here I certify that the information provided on this application is true and correct and that I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct criminal records checks through the Oregon Law Enforcement Data Systems (LEDS) and the Federal Bureau of Investigation (FBI). I am aware that if any disciplinary action is taken against my license, my social security number will be reported to the federal Health Care Integrity and Protection Data Bank

(HIPDB).

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- If the information below is correct, please print this page for your records.

License: 200750019NP,200740447RN

Name: Mary Kathryn Stark

SSN:

Date of Birth:

Country: United States

**Home Address
(Line 1):** 734 NE 8th St

**Home Address
(Line 2):**

City: Bend

State: OR

Zip Code: 97701

Primary Phone: 206-430-0316 **Unlisted:** False

Secondary Phone:

Contact Preference:

Email Address: starkmedmary@gmail.com

Gender: 2

I choose to opt out of having certain personal information shared with non-state entities or for non-public health planning purposes. No

Disclosure

1a. Since the date of your last renewal, have you used alcohol or any drugs in a way that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

1b. Since the date of your last renewal, have you been diagnosed with or treated for an alcohol or any drug-related conditions?

Response: No

1c. Since the date of your last renewal, have you used any illegal drugs, or prescription drugs in a

manner other than prescribed?

Response: No

2. Other than any information you may have provided in Question 1, do you currently have a physical, mental or emotional condition that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

3. Other than a traffic ticket, since the date of your last renewal, have you been arrested, cited, or charged with an offense?

Response: No

4. Since the date of your last renewal, have you been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations.

Response: No

5a. Since the date of your last renewal, have you been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include any pending investigations.

Response: No

5b. Since the date of your last renewal, have you been found in violation of any state or federal law, rule, or practice standard regulating a health care profession?

Response: No

6a. Since the date of your last renewal, has an agency taken action against any healthcare license or certificate you have held in any other state or jurisdiction?

Response: No

6b. Since the date of your last renewal, have you withdrawn an application or surrendered a license or certificate to avoid any of the actions listed above?

Response: No

Explanation:

7. Since the date of your last renewal, have you had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (e.g. Medicare or Medicaid) denied, restricted, suspended, revoked, or terminated for cause?

Response: No

8. Since the date of your last renewal, have you had a notice filed or a civil judgement awarded against you for malpractice, negligence, or incompetence relating to your ability to practice as a health care professional?

Response: 8.No

Employer Information

Facility Name	Address	Phone	Start	End
Stark Medical	932 W Idaho Ave	5418892244	11/2007	Current
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	2066592312	07/2010	Current
Planned Parenthood of Southwestern Oregon-Eugene	3579 Franklin Blvd	541-344-9411	02/2018	Current

Planned Parenthood Columbia Willamette-Bend	2330 NE Division St Ste 7	888-875-7820	11/2018	Current
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Qualifications-NP

Date that you last practiced as a Nurse Practitioner: 11/27/2018

I have practiced 960 hours solely as a Nurse Practitioner in the last five years.

Response: Yes

Qualifications-PP

Do you have a DEA Number?

Response: Yes

I have read the Advanced Practice Registered Nurse Prescriptive and Dispensing Authority in Oregon handbook available on the OSBN website at www.oregon.gov/OSBN and have maintained compliance with regulations regarding APRN nurses who prescribe and dispense prescription drugs in Oregon.

Yes.

Practice History

Attesting to completion of at least 150 hours of practice, utilizing current prescriptive authority within the scope identified in OAR 851-056-0004(1-2)- Prescriptive Authority Scope of Practice; Division 56 of the Oregon Nurse Practice Act, within the last two years from the date of this application.

Continuing Education

I meet the continuing education renewal requirement by maintaining active unencumbered national certification for the type of APRN licensure I hold in Oregon.

Dispensing

YES- I have a current dispensing license and want to renew it with this application.

Qualifications-RN

Date that you last practiced as a Registered Nurse: 11/27/2018

I have practiced at least 960 hours as a Registered Nurse in the last five years?

Response: No, but I have practiced 960 hours as a Nurse Practitioner in the last five years

Date and time of review: November, 28 2018 10:12:58AM

*Indicates required field

* By checking here I certify that the information provided on this application is true and correct and that I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of

license/certification. I am aware that the Oregon State Board of Nursing will conduct criminal records checks through the Oregon Law Enforcement Data Systems (LEDS) and the Federal Bureau of Investigation (FBI). I am aware that if any disciplinary action is taken against my license, my social security number will be reported to the federal Health Care Integrity and Protection Data Bank (HIPDB).

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- If the information below is correct, please print this page for your records.

License: 200740447RN,200750019NP

Name: Mary Kathryn Stark

SSN:

Date of Birth:

Country: United States

Home Address (Line 1): 1204 W Highland View Dr

Home Address (Line 2):

City: Boise

State: ID

Zip Code: 83702

Primary Phone: 208-258-4618 **Unlisted:** False

Secondary Phone:

Contact Preference: E-mail

Email Address: starkmedmary@gmail.com

Gender: 2

I choose to opt out of having certain personal information shared with non-state entities or for non-public health planning purposes. No

Disclosure

1a. Since the date of your last renewal, have you used alcohol or any drugs in a way that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

1b. Since the date of your last renewal, have you been diagnosed with or treated for an alcohol or any drug-related conditions?

Response: No

1c. Since the date of your last renewal, have you used any illegal drugs, or prescription drugs in a

manner other than prescribed?

Response: No

2. Other than any information you may have provided in Question 1, since the date of your last renewal, do you have a physical, mental or emotional condition that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

3. Other than a traffic ticket, since the date of your last renewal, have you ever been arrested, cited, or charged with an offense?

Response: No

4. Since the date of your last renewal, have you been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations.

Response: No

5a. Since the date of your last renewal, have you been investigated for any alleged violation of any state or federal law, rule, or practice standard regulating a health care profession? Include any pending investigations.

Response: No

5b. Since the date of your last renewal, have you been found in violation of any state or federal law, rule, or practice standard regulating a health care profession?

Response: No

6a. Since the date of your last renewal, has an agency taken action against any healthcare license or certificate you have held in any other state or jurisdiction?

Response: No

6b. Since the date of your last renewal, have you withdrawn an application or surrendered a license or certificate to avoid any of the actions listed above?

Response: No

Explanation:

7. Since the date of your last renewal, have you had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (e.g. Medicare or Medicaid) denied, restricted, suspended, revoked, or terminated for cause?

Response: No

Employer Information

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	206-659-2312	07/2010	Current
Stark Medical	932 W Idaho Ave	541-889-2244	11/2007	Current

Continuing Education

Title	Type	Hours

UpToDate	STRUCTURED	17.60
UpToDate	STRUCTURED	5.50
Medscape articles	STRUCTURED	10.75
Precepting	UNSTRUCTURED	45.00
Weekend Immersion in Nursing Informatics	STRUCTURED	16.50
NPO Conference	STRUCTURED	6.00
Mentored clinical experience	UNSTRUCTURED	80.50
Multiple pharmacology updates	STRUCTURED	12.25
Women's Health Drug Therapy	STRUCTURED	8.60
Neuropsychotropic Drug Therapy	STRUCTURED	9.90
Update on Emergency Contraception	STRUCTURED	1.00
Up To Date	STRUCTURED	14.80
Medscape article	STRUCTURED	4.25
Contraception Journal	INDEPENDENT	20.00
UpToDate	STRUCTURED	15.30
UpToDate	STRUCTURED	18.60
PPFA National Medical Conference	STRUCTURED	10.50

Qualifications-NP

Date that you last practiced as a Nurse Practitioner: 10/07/2014

I have practiced 960 hours solely as a Nurse Practitioner in the last five years.

Response: Yes

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	206-659-2312	07/2010	Current
Stark Medical	932 W Idaho Ave	541-889-2244	11/2007	Current

I have completed the mandatory 100 or more contact hours of continuing education in the last two years?

Response: True

Currently **60.65** out of **50** required structured hours have been submitted.

Currently **105.65** out of **100** required total hours have been submitted.

Qualifications-PP

Do you have a DEA Number?

Response: Yes DEA Number: MS2661913

I meet the continued prescribing requirements through:

Response: 400 hours in the past two years of utilizing prescriptive authority which meets the Oregon requirements of prescribing. My required hours of prescribing be verified through one or all of the employers listed below. (Current prescribing standards are located on the OSBN website a

www.oregon.gov/OSBN/pdfs/policies/prescribing.pdf

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	206-659-2312	07/2010	Current
Stark Medical	932 W Idaho Ave	541-889-2244	11/2007	Current

I have completed the mandatory 15 or more contact hours of continuing education in pharmacotherapeutic content in the last two years.

Response: True

I have dispensing privileges and my practice population meets the requirements set forth in OAR 851-056-0020.

Response: Yes, however I do not wish to renew my dispensing privileges.

Qualifications-RN

Date that you last practiced as a Registered Nurse: 11/30/2007

I have practiced at least 960 hours as a Registered Nurse in the last five years?

Response: No, but I have practiced 960 hours as a Nurse Practitioner in the last five years

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	206-659-2312	07/2010	Current
Stark Medical	932 W Idaho Ave	541-889-2244	11/2007	Current

Have you completed the mandatory 7 hours of pain management continuing education?

Response: Yes

Date and time of review: October, 20 2014 02:31:43PM

*Indicates required field

* *By checking here I certify that the information provided on this application is true and correct and that I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct criminal records checks through the Oregon Law Enforcement Data Systems (LEDS) and the Federal Bureau of Investigation (FBI). I am aware that if any disciplinary action is taken against my license, my social security number will be reported to the federal Health Care Integrity and Protection Data Bank (HIPDB).*

Click the Next button to submit this application and proceed to payment processing.

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- If the information below is correct, please print this page for your records.

License: 200750019NP,200740447RN

Name: MARY KATHRYN STARK

SSN:

Date of Birth:

Country: United States

Home Address (Line 1): 1204 W Highland View Dr

Home Address (Line 2):

City: Boise

State: ID

Zip Code: 83702

Primary Phone: 206-430-0316 **Unlisted:** False

Secondary Phone:

Contact Preference: E-MAIL

Email Address: starkmedmary@gmail.com

Gender: F

I choose to opt out of having certain personal information shared with non-state entities or for non-public health planning purposes. No

Disclosure

1. Do you have a physical, mental or emotional condition that in any way impairs or may impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

2. In answering the following questions, please note that if you were arrested or cited for a criminal offense, even if no charges were subsequently filed with a court, you should answer "yes" and provide a detailed explanation.

2(a) Have you ever been arrested or cited in lieu of arrest, charged with, entered a plea of guilty or no contest, or convicted of any felony criminal offense?

Response: No

2(b) In the 10 years prior to the date of your signature on this application, were you arrested or cited in lieu of arrest, charged with, entered a plea of guilty or no contest, or convicted of any misdemeanor criminal offense, including driving under the influence??

Response: No

2(c) Have you ever been arrested or cited in lieu of arrest, charged with, entered a plea of guilty or no contest, or convicted of any misdemeanor criminal offense involving sexual misconduct?

Response: No

3. Are you being investigated currently, or have you been investigated since the "date of your last renewal" (regardless of whether the investigation was substantiated), for any type of abuse or mistreatment in any state?

Response: No

4. Since the "date of your last renewal" have you been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?

Response: No

5. Since the "date of your last renewal" are any disciplinary actions or judgments pending or have any actions been taken against your nursing license/certificate in any state or US jurisdiction? This includes any civil judgment for incompetence, negligence or malpractice concerning the practice as a health care professional.

Response: No

6. Do you use, or have you used in the time since the "date of you last renewal", chemical substance (s) in any way, which impairs or limits your ability to practice nursing or perform as a nursing assistant with reasonable skill and safety? ("Chemical Substance" includes alcohol and drugs).

Response: No

7. Are you currently engaged in the unlawful use of controlled substance(s)?

Unlawful use of controlled substances means:

- The use of controlled substances obtained illegally (For example, marijuana, meth, heroin, cocaine) as well as;
- The use of legally obtained controlled substances (For example, prescription narcotics or medical marijuana), not taken in accordance with the directions of a licensed health care provider.

Response: No

8. Since the "date of your last renewal" have you been found in any civil, administrative or criminal proceeding to have possessed, used, prescribed for use, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself?

Response: No

9. Since the "date of your last renewal" have you been found in any civil, administrative or criminal proceeding to have committed any act involving dishonesty or corruption, or have you been found to have violated any state or federal law or rule regulating the practice of a health care profession?

Response: No

10. Since the "date of your last renewal" have you had any certificate, license, registration or other

privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal, foreign authority or facility, or have you ever surrendered such credential in connection with or to avoid action by such authority or have you ever been denied a license or certificate, or have you ever withdrawn an application for certification or licensure in another State?

Response: No

11. Since the "date of your last renewal" have you had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (such as Medicaid or Medicare) denied, restricted, suspended, revoked or terminated?

Response: No

Employer Information

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	206-659-2312	07/2010	Current

Continuing Education

Title	Type	Hours
Mentored clinical experience	UNSTRUCTURED	80.50
Multiple pharmacology updates	STRUCTURED	12.25
Women's Health Drug Therapy	STRUCTURED	8.60
Neuropsychotropic Drug Therapy	STRUCTURED	9.90
Update on Emergency Contraception	STRUCTURED	1.00
Up To Date	STRUCTURED	14.80
Medscape article	STRUCTURED	4.25
Contraception Journal	INDEPENDENT	20.00
NPO Conference	STRUCTURED	6.00
Weekend Immersion in Nursing Informatics	STRUCTURED	16.50
UpToDate	STRUCTURED	17.60
UpToDate	STRUCTURED	5.50
Medscape articles	STRUCTURED	10.75
Precepting	UNSTRUCTURED	45.00

Qualifications-NP

Date that you last practiced as a Nurse Practitioner: 12/19/2012

I have practiced 960 hours solely as a Nurse Practitioner in the last five years.

Response: Yes

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT	3668 N	206-659-	07/2010	Current

NORTHWEST	Harbor	2312		
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I have completed the mandatory 100 or more contact hours of continuing education in the last two years?

Response: True

Currently **56.35** out of **50** required structured hours have been submitted.

Currently **101.35** out of **100** required total hours have been submitted.

Qualifications-PP

Do you have a DEA Number?

Response: Yes DEA Number: MD1596848

I meet the continued prescribing requirements through:

Response: 400 hours in the past two years of utilizing prescriptive authority which meets the Oregon requirements of prescribing. My required hours of prescribing be verified through one or all of the employers listed below. (Current prescribing standards are located on the OSBN website a www.oregon.gov/OSBN/pdfs/policies/prescribing.pdf)

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	206-659-2312	07/2010	Current

I have completed the mandatory 15 or more contact hours of continuing education in pharmcotherapeutic content in the last two years.

Response: True

I have dispensing privileges and my practice population meets the requirements set forth in OAR 851-056-0020.

Response: Yes and I wish to renew my dispensing privileges.

Qualifications-RN

Date that you last practiced as a Registered Nurse: 12/31/2006

I have practiced at least 960 hours as a Registered Nurse in the last five years?

Response: No, but I have practiced 960 hours as a Nurse Practitioner in the last five years

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
PLANNED PARENTHOOD OF THE GREAT NORTHWEST	3668 N Harbor	206-659-2312	07/2010	Current

Demographics

Ethnicity: Not Hispanic or Latino

Race: Caucasian/White

Other Language: English only

Primary Employment Status: Full-time Nursing position (more than 30 hours per week)

Primary Worksite Location (County): Worksite Not Located In Oregon

Primary Work Setting: Other

Primary Practice Area: OB / GYN / Women's Health

Primary Position: Other

In the next three years, I plan to: f) None of the above.

When do you plan to retire: e) More than 10 years from now.

Degrees: Bachelor's Degree, Not in Nursing Bachelor's Degree in Nursing Doctorate in Nursing Practice Master's Degree in Nursing

Date and time of review: December, 29 2012 07:57:24AM

*Indicates required field

* *By checking here I certify that the information provided on this application is true and correct and that I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct criminal records checks through the Oregon Law Enforcement Data Systems (LEDS) and the Federal Bureau of Investigation (FBI). I am aware that if any disciplinary action is taken against my license, my social security number will be reported to the federal Health Care Integrity and Protection Data Bank (HIPDB).*

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- If the information below is correct, please print this page for your records.

License: 200750019NP,200740447RN

Name: MARY KATHRYN STARK

SSN:

Date of Birth:

Country: United States

Home Address (Line 1): 715 29th Ave East

Home Address (Line 2):

City: Seattle

State: WA

Zip Code: 98112

Primary Phone: 541-233-3533 **Unlisted:** True

Secondary Phone:

Contact Preference: US MAIL

Email Address: starkmedmary@gmail.com

Gender: F

I choose to opt out of having certain personal information shared with non-state entities or for non-public health planning purposes. No

Disclosure

1. Do you have a physical, mental or emotional condition that in any way impairs or may impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?

Response: No

2. In answering the following questions, please note that if you were arrested or cited for a criminal offense, even if no charges were subsequently filed with a court, you should answer "yes" and provide a detailed explanation.

2(a) Have you ever been arrested or cited in lieu of arrest, charged with, entered a plea of guilty or no contest, or convicted of any felony criminal offense?

Response: No

2(b) In the 10 years prior to the date of your signature on this application, were you arrested or cited in lieu of arrest, charged with, entered a plea of guilty or no contest, or convicted of any misdemeanor criminal offense, including driving under the influence??

Response: No

2(c) Have you ever been arrested or cited in lieu of arrest, charged with, entered a plea of guilty or no contest, or convicted of any misdemeanor criminal offense involving sexual misconduct?

Response: No

3. Are you being investigated currently, or have you been investigated since the "date of your last renewal" (regardless of whether the investigation was substantiated), for any type of abuse or mistreatment in any state?

Response: No

4. Since the "date of your last renewal" have you been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?

Response: No

5. Since the "date of your last renewal" are any disciplinary actions or judgments pending or have any actions been taken against your nursing license/certificate in any state or US jurisdiction? This includes any civil judgment for incompetence, negligence or malpractice concerning the practice as a health care professional.

Response: No

6. Do you use, or have you used in the time since the "date of you last renewal", chemical substance (s) in any way, which impairs or limits your ability to practice nursing or perform as a nursing assistant with reasonable skill and safety? ("Chemical Substance" includes alcohol and drugs).

Response: No

7. Are you currently engaged in the unlawful use of controlled substance(s)?

Unlawful use of controlled substances means:

- The use of controlled substances obtained illegally (For example, marijuana, meth, heroin, cocaine) as well as;
- The use of legally obtained controlled substances (For example, prescription narcotics or medical marijuana), not taken in accordance with the directions of a licensed health care provider.

Response: No

8. Since the "date of your last renewal" have you been found in any civil, administrative or criminal proceeding to have possessed, used, prescribed for use, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself?

Response: No

9. Since the "date of your last renewal" have you been found in any civil, administrative or criminal proceeding to have committed any act involving dishonesty or corruption, or have you been found to have violated any state or federal law or rule regulating the practice of a health care profession?

Response: No

10. Since the "date of your last renewal" have you had any certificate, license, registration or other

privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal, foreign authority or facility, or have you ever surrendered such credential in connection with or to avoid action by such authority or have you ever been denied a license or certificate, or have you ever withdrawn an application for certification or licensure in another State?

Response: No

11. Since the "date of your last renewal" have you had privileges to practice in a credentialed facility or participation in a federally qualified insurance program (such as Medicaid or Medicare) denied, restricted, suspended, revoked or terminated?

Response: No

Employer Information

Facility Name	Address	Phone	Start	End
Planned Parenthood of the Great Northwest	2001 E Madison	800-769-0045	07/2010	Current

Continuing Education

Title	Type	Hours
Women's Health Drug Therapy	STRUCTURED	8.60
Neuropsychotropic Drug Therapy	STRUCTURED	9.90
Update on Emergency Contraception	STRUCTURED	1.00
Contraception Journal	INDEPENDENT	20.00
Multiple pharmacology updates	STRUCTURED	12.25
Mentored clinical experience	UNSTRUCTURED	80.50
Medscape article	STRUCTURED	4.25
Up To Date	STRUCTURED	14.80

Qualifications-NP

Date that you last practiced as a Nurse Practitioner: 01/27/2011

I have practiced 960 hours solely as a Nurse Practitioner in the last five years.

Response: Yes

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
Planned Parenthood of the Great Northwest	2001 E Madison	800-769-0045	07/2010	Current

I have completed the mandatory 100 or more contact hours of continuing education in the last two years?

Response: True

Currently **50.80** out of **50** required structured hours have been submitted.

Currently **151.30** out of **100** required total hours have been submitted.

Qualifications-PP

Do you have a DEA Number?

Response: Yes DEA Number: MD1596848

I meet the continued prescribing requirements through:

Response: 400 hours in the past two years of utilizing prescriptive authority which meets the Oregon requirements of prescribing. My required hours of prescribing be verified through one or all of the employers listed below. (Current prescribing standards are located on the OSBN website a www.oregon.gov/OSBN/pdfs/policies/prescribing.pdf)

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
Planned Parenthood of the Great Northwest	2001 E Madison	800-769-0045	07/2010	Current

I have completed the mandatory 15 or more contact hours of continuing education in pharmacotherapeutic content in the last two years.

Response: True

I have dispensing privileges and my practice population meets the requirements set forth in OAR 851-056-0020.

Response: Yes, however I do not wish to renew my dispensing privileges.

Qualifications-RN

Date that you last practiced as a Registered Nurse: 11/01/2007

I have practiced at least 960 hours as a Registered Nurse in the last five years?

Response: No, but I have practiced 960 hours as a Nurse Practitioner in the last five years

If you need to correct the information displayed below, please click the "Previous" button to revise your employer information.

Facility Name	Address	Phone	Start	End
Planned Parenthood of the Great Northwest	2001 E Madison	800-769-0045	07/2010	Current

Have you completed the mandatory 7 hours of pain management continuing education?

Response: Yes

Demographics

Ethnicity: Not Hispanic or Latino

Race: Caucasian/White

Other Language: English only

Primary Employment Status: Full-time Nursing position (more than 30 hours per week)

Primary Worksite Location (County): Worksite Not Located In Oregon

Primary Work Setting: Office / Clinic

Primary Practice Area: OB / GYN / Women's Health

Primary Position: Nurse Practitioner not Primary Care

In the next three years, I plan to: f) None of the above.

When do you plan to retire: e) More than 10 years from now.

Degrees: Bachelor's Degree in Nursing Doctorate in Nursing Practice Master's Degree in Nursing

Date and time of review: January, 27 2011 12:22:46PM

*Indicates required field

* *By checking here I certify that the information provided on this application is true and correct and that I have personally completed this application. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct criminal records checks through the Oregon Law Enforcement Data Systems (LEDS) and the Federal Bureau of Investigation (FBI). I am aware that if any disciplinary action is taken against my license, my social security number will be reported to the federal Health Care Integrity and Protection Data Bank (HIPDB).*

Click the Next button to submit this application and proceed to payment processing.

< Previous

Next >

Please review the information you entered below to ensure accuracy. If you need to make additional changes, please return to the previous page and enter the correct data.

If the information below is correct, click the Affirmation checkbox and then click "Next" to save your changes

Name: MARY KATHRYN STARK

SSN:

Date of Birth:

Country: United States

Home Address (Line 1): 1204 W Highland View Dr

Home Address (Line 2):

City: Boise

State: ID

Zip Code: 83702

Primary Phone: 206-430-0316 **Unlisted:** False

Secondary Phone:

Contact Preference: E-MAIL

Email Address: starkmedmary@gmail.com

Gender: F

Ethnicity:

Other Language:

*Indicates required field

* *To confirm the information is correct, you must click this checkbox to move forward. Thank you*

Click the Next button to continue.

[< Previous](#)

[Next >](#)

Please review the information you entered below to ensure accuracy. If you need to make additional changes, please return to the previous page and enter the correct data.

If the information below is correct, click the Affirmation checkbox and then click "Next" to save your changes

Name (F,M,L): MARY KATHRYN STARK

SSN:

Date of Birth:

Country: United States

Home Address (Line 1): 1400 NW Davenport Ave

Home Address (Line 2):

City: Bend

State: OR

Zip Code: 97701

Primary Phone: 541-233-3533 **Unlisted:** True

Secondary Phone: 541-317-8896 (Work)

Contact Preference: US MAIL

Email Address: starkmedmary@gmail.com

Gender: F

Ethnicity: CAUCASIAN/WHITE

Other Language: (select type)

*Indicates required field

* *To confirm the information is correct, you must click this checkbox to move forward. Thank you*

Click the Next button to continue.

[< Previous](#)

[Next >](#)

Please review your employer information in the table below. It reflects your known work history for the last five years, and is used to calculate if you are meeting the practice requirement for renewal.

If you need to make further changes, please return to the previous page.

If the information is correct, click the Affirmation checkbox and then click "Next" to save your changes.

Employer Information

Facility Name	Address	Phone	Start	End	Action
PLANNED PARENTHOOD	2330 NE DIVISION ST	888-875-7820	03/2009	Current	Edit
STARK MEDICAL OFFICE	932 W IDAHO AVE	541-889-2244	11/2007	Current	Edit
NS CENTRAL OREGON COMMUNITY COLLEGE	2600 NW COLLEGE WAY	5413837546	11/2009	Current	

*Indicates required field

* To confirm the information is correct, you must click this checkbox to move forward. Thank you

Click the Next button to continue.

10090



Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

RECEIVED

APR 28 2009 Authority to Dispense Self-Assessment Test

Please print and forward to the OSBN with Authority to Dispense Application

Oregon Board of Nursing

Applicant Name: Mary Stark

Social Security Number

CNS or NP License #: 2007 90019 NP

Date Test Completed: 4-28-09

INSTRUCTIONS:

All materials received in your dispensing packet may be used to answer the following questions. Correct answers are drawn from these materials, and reflect a survey of state and federal regulation, as well as best-practice recommendations. Please choose the one best correct answer.

MULTIPLE CHOICE (FILL IN THE CIRCLE FOR THE ONE, BEST ANSWER):

20098008 DP

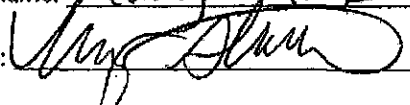
Table with 7 rows of multiple choice questions and answers. Questions cover topics like medication abbreviations, child-resistant packaging, prescription labeling, refills, and child-resistant packaging requirements.

8. According to the <i>Prescriptive Authority in Oregon</i> booklet, which medication may be dispensed or prescribed by a Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) for <u>pain management only</u> ?	<input type="radio"/> A. Codeine <input type="radio"/> B. Darvon <input checked="" type="radio"/> C. Methadone <input type="radio"/> D. Propoxyphene N-100
9. According to the ISMP, which of the following is a common drug name abbreviation that can result in error?	<input checked="" type="radio"/> A. T3 <input type="radio"/> B. STMP <input type="radio"/> C. HPV <input type="radio"/> D. K+
10. Which of the following elements make up a state defined "tamper proof" prescription?	<input type="radio"/> A. Sequential numbering <input type="radio"/> B. Heat sensitive ink <input type="radio"/> C. Watermark which can't be copied <input checked="" type="radio"/> D. All of the above

TRUE/ FALSE (FILL IN THE CIRCLE FOR THE CORRECT ANSWER)

	TRUE	FALSE
11. Medications dispensed by a Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) must be prepackaged by a pharmacist or a manufacturer registered with the Oregon State Board of Pharmacy.	<input checked="" type="radio"/>	<input type="radio"/>
12. Under federal DEA regulations as stated in the <i>Pharmacist's Manual 2001</i> , a biennial inventory must be taken of all controlled substances on hand and available for dispensing.	<input checked="" type="radio"/>	<input type="radio"/>
13. According to OAR 851-056-0024 (2)(b), labels must include a physical description of all medications dispensed.	<input checked="" type="radio"/>	<input type="radio"/>
14. According to OAR 855-043-0001, all drugs dispensed must contain an expiration date.	<input checked="" type="radio"/>	<input type="radio"/>
15. Under the Poison Prevention Packaging Act (PPPA) a patient must have <u>all</u> medications dispensed in child proof packaging.	<input type="radio"/>	<input checked="" type="radio"/>
16. The ISMP preferred abbreviation for magnesium sulfate is Mg S04.	<input type="radio"/>	<input checked="" type="radio"/>
17. A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) may dispense buprenorphine for narcotic addiction on an outpatient basis.	<input type="radio"/>	<input checked="" type="radio"/>
18. A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) in Oregon may dispense medications for assisted suicide, if at least two physicians have certified the patient.	<input type="radio"/>	<input checked="" type="radio"/>
19. Registration with the DEA (Drug Enforcement Administration) is required to prescribe, procure, distribute, or dispense Schedule II-V drugs.	<input checked="" type="radio"/>	<input type="radio"/>
20. A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) may delegate dispensing functions to a RN or medical assistant.	<input type="radio"/>	<input checked="" type="radio"/>

I verify that I have reviewed the correct answers and reference materials cited in this self-assessment.

Printed Name: Mary Stark
Signature:  Date: 4-21-09

Send completed test and Authority to Dispense application to :
Oregon State Board of Nursing, 17938 SW Upper Boones Ferry Road, Portland, Oregon, 97224-7012
Attention: Advanced Practice Consultant



Oregon State Board of Nursing
17938 SW Upper Boones Ferry Road Portland, OR 97224-7012
Phone: 971-673-0685 Fax: 971-673-0684 License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us Website: www.oregon.gov/OSBN

Please use a black pen or pencil. Avoid "gel" pens, as they bleed through paper.

Authority to Dispense Prescription Drugs Application

For office use only

**FEE OWED FOR THIS
APPLICATION:**

\$ 0.00

The above fee is non-refundable and applies only for this application for Authority to Dispense. Checks should be made payable to the Oregon State Board of Nursing.

SECTION 1: LICENSE TYPE

Which license do you currently hold with Prescriptive Authority? CNS NPN

SECTION 2: NAME & ADDRESS

Last Name: Stark
First Name: Mary Middle Name: Kathryn
Former/Maiden Name(s): Derieg
Address: 2207 NW Panama St
City: Bend State: OR Zip Code: 97701
Email: starkmedmary@gmail.com
Home Telephone: (303) 913-4330 Work Telephone: (541) 317-8896
Unlisted? Yes No

SECTION 3: PERSONAL IDENTIFIERS

Country of Birth: USA
City of Birth: Ontario State of Birth: OR Gender: Female Male
Ethnicity: African American/Black Caucasian/White
(Optional. Check one) American Indian/Alaska Native Hispanic or Latino
 Asian (e.g., Filipino, Japanese, Chinese, etc.) Native Hawaiian/Other Pacific Islander
 Multi-ethnic or racial background

Social Security Number

(Refusal to provide a Social Security Number (SSN) will result in denial of license/certificate issuance or renewal. This record of your SSN will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other use. If any disciplinary action is taken against your license/certificate, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, USC 666(a)(13).)

Consultant's Approval: [Signature] Date: 4/29/09
RN License # _____ Adv Prx License # _____

SECTION 4: PRACTICE INFORMATION

Please provide the primary location you will be utilizing your authority to dispense prescription drugs in Oregon. If there will be additional locations of practice, please attach a separate piece of paper that includes the additional location information.

Primary Practice Name <u>Four Rivers Clinic</u>	Telephone number <u>(541) 889-2244</u>
Address <u>640 SW 4th Ave</u>	
City <u>Dunbar</u>	State Zip code <u>OR 97914</u>

SECTION 5: REQUEST FOR AUTHORITY TO DISPENSE PRESCRIPTION DRUGS

Please check the following boxes, as appropriate.

I have reviewed each of the following materials:

1. Prescriptive Authority in Oregon for Nurse Practitioners and Clinical Nurse Specialists. (OSBN Publication)
2. Pharmacist's Manual (DEA Publication).
3. Oregon Administrative Rule 851-056
4. Oregon Administrative Rule 855 (provided selections).
5. Oregon Revised Statute Chapter 689 (provided selections) and ORS Chapter 855.
6. Poison Prevention Packaging: A Text for Pharmacists and Physicians (US Consumer Product Safety Commission publication).
7. List of Error-Prone Abbreviations, Symbols and Dose Designations (The Institute for Safe Medication Practices publication).
8. Oregon State Board of Pharmacy list of manufacturers registered in Oregon.

I affirm that access to pharmacy services is not readily available, as evidenced by the following. (Check all that apply.)

1. The patient lives outside boundaries of a metropolitan statistical area (as defined by the federal Office of Management and Budget).
2. The patient lives 30 or more highway miles from the closest hospital within the major population center in a metropolitan statistical area (as defined by the federal Office of Management and Budget).
3. The patient lives in a county with a population of less than 75,000.
4. The patient receives services from a health safety net program.
5. The patient participates in a patient assistance program of a pharmaceutical company.
6. The patient is seen at a qualified institution of higher learning (i.e. - college health center).

I affirm that granting me the authority to dispense prescription drugs would correct this lack of access.

I have a plan to obtain DEA certification to dispense.

No Yes. I verify that I am in compliance with federal and state regulations regarding the storage, inventory and distribution of controlled substances.

I verify I have completed the Dispensing Authority Self-Assessment Test and have reviewed the correct answers.

I verify I have at my dispensing site the hard copy or electronic version of PDR 2009 prescription drug reference.

SECTION 6: CERTIFYING STATEMENT

I hereby certify that I have read this application, that I have personally completed this form, and that the information provided on this form is true, correct, and complete to the best of my knowledge. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of licensure/certification. I am aware that the Oregon State Board of Nursing will conduct a criminal records check through the Law Enforcement Data System (LEDS). I am aware that if any disciplinary action is taken against my license, my social security number will be reported to the federal Health Care Integrity and Protection Data Bank.

Printed Name: Mary Stark Date (mm/dd/yyyy): 04/21/2009

Signature: 

(Application will not be processed without signature.)



Oregon State Board of Nursing

314482 APR 11 8

17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Duplicate License/Certification Application

Attach appropriate non-refundable fee with application where appropriate

Please type or print clearly using blue or black ink

Stark, M

[X] Legal Name change [] Address and Name change [] Address only (No fee)

[] Replacement Reason : [] Other Type

Stark Last Name Mary First Name Kathryn Middle Name

Deniea Former/Maiden Name Date of Birth

200740447RN / 200750019NP License/Certificate Number

P.O. Box J Mailing Address Ontario City OR State 97914 Zip Code

(303)913-4330 Area Code Home (303)541-889-2244 Area Code Work starkmelmary@gmail.com E-mail

[X] Unlisted Home Number

If you change your name, you must apply for a Duplicate License, provide legal name change documentation and pay the fee. Legal documentation is required for name change.

The Oregon Board of Nursing (OSBN) requires you to keep a current address on file. This address is where we will send all correspondence, including your license.

To apply for a duplicate license with your new name and/or address reflected, please check here and submit the appropriate processing fee for each Duplicate License/Certification.

[X] YES Send duplicate wallet card for the following license/certification :

[] CNA \$10 [] CNA/CMA \$10 [] LPN \$12 [] RN \$12 [X] RN/NP \$12 [] RN/CRNA \$12 [] RN/CNS \$12

Print Old Information Address and/or Name:

Mary Deniea
945 Harrison St.
Denver, CO 80206

Mary Stark Signature

1/4/08 Date

For address changes only this form can be faxed to the Board.

Initial NP Certification Checklist

DEMOGRAPHIC DATA

Date: 7/21/07

Name: many Deries

NP Category Sought: FNP

Current RN License: endorsement

Unencumbered? Yes No

EDUCATIONAL PREPARATION

Basic Education: U of Colorado Health Sciences

Year Graduated: 2004

Degree: BSN

Masters Education: U of Colorado

Year Graduated: 2006

Degree: MS

MS or MN Transcript present: yes

CCNE or NLNAC Accredited? Yes No

Graduate of Program Outside US? Yes

Credentials Evaluation Complete? CGFNS IERF

NP Program: U of Colorado

Year Complete: 2005

Integrated: yes

Specialty: also completed ND (DNP)

PROGRAM REQUIREMENTS

Program Length > 1 year: Yes No If no, Post Masters or Completed Before January 1, 1986

Clinical Hours: 630 + 14

Theory Hours: 38 + 94

Program Completion Verified: yes

Program Characteristics Verified per Form:

- Faculty Educationally Prepared and APN
- Prepared for Competencies: Physical Assessment Pharmacology Pathophysiology Differential Diagnosis Clinical Management
- Advanced Placement Documented or N/A
- Completion of All Pre-licensure Nursing Curriculum Before Advancement into NP Clinical or N/A

PRACTICE REQUIREMENT

Practice Hours Met by:

Education within 1 year of application or

Education within 2 years of application and 192 hours or

960 hours of practice as an NP within the last 5 years or

Completion of Reentry program of 350-1000 hours and 100 hours of CE w/in 2 years

PRESCRIPTIVE AUTHORITY

Prescriptive Booklet Card Signed

Rx privileges form complete

Pharmacology 45 contact hours within last 2 years Yes No

Continuing Education Course from Approved List

Practice Integration with Prescriptive Authority From Another State or Clinicals for NP Program

Completion of 30 Hour Course with Prior Active Prescriptive Authority Has 15 hours of CE in

Pharmacotherapeutics completed in last 2 years

NP app \$150 Nursing Ed Nursing PX Transcript NP transcript Verification Course Descrips Discipline? _____ Exp Date _____

NUKS 6222 3.0 credits 2005

PP app \$75 postcard 40 hrs pharm transcript CE COPY Lic PP



Oregon State Board of Nursing

263531 JAN 26 5

800 NE Oregon Street, Suite 465, Portland, OR 97232-2162
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Nurse Practitioner Prescriptive Authority Application

Please type or print clearly using black ink

NP Specialty: Acute Care, Family, Neonatal, Pediatric, Adult, Geriatric, Nurse Midwife, Psy/Mental Hlth, Women's Health Care

First Name: Mary, Middle Name: Kathryn, Last Name: Derieg

Social Security Number: 945 Harrison St., Date of Birth: Denver, Place of Birth: Ontario, OR, CO, 80206

Mailing Address: 303 399-4338, Email Address: Mary.Derieg@dhha.org

Practice Address: 932 W. Idaho Ave, Ontario, OR, 97914

Area Code: 546 889-2244, Telephone, Email Address

I have Prescriptive Privileges in another state: YES NO

I have a DEA number: YES NO

If NO DEA number:

My registration with the DEA is pending, and I will notify the OSBN once I receive it.

I decline DEA registration at this time:

Handwritten signature of applicant

Signature of Applicant

If YES, you have a DEA number, write your DEA number here:

DEA Number

I have satisfactorily completed 40 contact-hours of a discrete (non-integrated) pharmacology course that meets the OSBN's criteria within two years prior to this application. YES NO

I have practiced in an expanded specialty role with prescriptive authority in another state with a minimum of 200 hours within the past two years and completed a 30-hour pharmacology course at some other time that meets OSBN criteria. YES NO

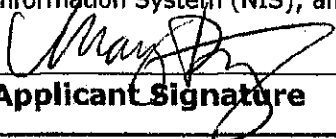
Please attach copy of Transcript(s) or Continuing Education Certificate and course outline(s) and/or description(s).

1	Do you have a physical, mental or emotional condition that in any way impairs your ability to perform NURSING duties with reasonable skill and safety?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
2	Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state? (The fact that a conviction has been pardoned, expunged (excluding juvenile record expungement), dismissed or that your civil rights have been restored does not mean that you answer this question "NO"; you would answer "YES" and give details on the charge).	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
3	Have you ever been investigated for any type of abuse in any state?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
4	Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
5	Are any disciplinary actions pending against your nursing license in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
6	Have any disciplinary actions been taken against your nursing license in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
8	Do you use, or have you used in the last five years, chemical substance(s) in any way, which impairs or limits your ability to perform as a nursing assistant with reasonable skill and safety? "Chemical Substance" includes alcohol and drugs.	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
9	Are you currently engaged in the illegal use of controlled substances? (Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider).	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
10	Have you ever been found in any civil, administrative or criminal proceeding to have: a) Possessed, used, prescribed for use or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself? b) Committed any act involving dishonesty or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession?	a) <input type="checkbox"/> YES Explain b) <input type="checkbox"/> YES Explain c) <input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
11	Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with action by such authority?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO

If you answered YES to any of the questions, "Explain" on a separate sheet.

If you do not have or can not obtain a Social Security Number attach signed and notarized Affidavit of Applicant/Licensee to this application.

I hereby certify that I am the above named individual and that the information given is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct a criminal record check through the Law Enforcement Data System (LEDS). I voluntarily authorize the Board to submit my Social Security Number to the National Council of State Boards of Nursing for use with the Nurse Information System (NIS), an unduplicated record of all nurses in the United States.

 1/20/07
Applicant Signature **Date**

263531 JAN 26 5



Oregon State Board of Nursing
800 NE Oregon Street, Suite 465, Portland, OR 97232-2162
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Advanced Practice Application

Attach appropriate non-refundable fee with application
Please type or print clearly using black ink on both front and back of application

RN (Choose one)	CNS (Check all that apply)	CRNA (Check all that apply)
<input checked="" type="checkbox"/> RN current in Oregon No Fee	<input type="checkbox"/> CNS \$200	<input type="checkbox"/> CRNA \$150
<input type="checkbox"/> RN current in another state	<input type="checkbox"/> Masters in Nursing	<input type="checkbox"/> Masters in Nursing
<input type="checkbox"/> RN expired Oregon license \$80	<input type="checkbox"/> Masters in Non-Nursing	<input type="checkbox"/> Masters in Non-Nursing
		<input type="checkbox"/> Certificate/Other

NP (Check all that apply)	
<input checked="" type="checkbox"/> NP \$150 (per specialty)	NP specialty for this application:
<input checked="" type="checkbox"/> Required Initial Prescriptive Authority	<input type="checkbox"/> Acute Care <input type="checkbox"/> Pediatric <input type="checkbox"/> Women's Hlth
<input checked="" type="checkbox"/> Masters in Nursing	<input type="checkbox"/> Adult <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Geriatric
<input type="checkbox"/> Masters in Non-Nursing	<input checked="" type="checkbox"/> Family <input type="checkbox"/> Psy/Mental Hlth <input type="checkbox"/> Neonatal
<input type="checkbox"/> Certificate/Other	

Mary First Name Kathryn Middle Name Derieg Last Name

Stark Gender: Female Male

All other names and aliases (if none indicate NONE), _____
Social Security Number _____ Date of Birth (MM/DD/YYYY) _____ Place of Birth Ontario, OR

945 Harrison St. Mailing Address Denver City CO State 80206 Zip Code

303 399-4338 Area Code Home Telephone Unlisted Mary.Derieg@dhha.org Email Address

Colorado RN 168195 exp. 09/07 Original State(s) of RN Licensure and State Certification (if none indicate NONE) YES NO

List all nursing licenses: type, state, and expiration date
If "None" indicate None

Statistical Only: Caucasian African American Native American Hispanic Asian/Pacific Islander Other

For official use ONLY:

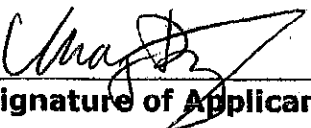
Consultant's Approval: [Signature] LEADS Date: _____ Issue Date: _____
Date: 2/2/2007 RN No: 200740447RN Cert No: 200750019 NP

1	Do you have a physical, mental or emotional condition that in any way impairs your ability to perform nursing duties with reasonable skill and safety?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
2	Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state? (The fact that a conviction has been pardoned, expunged (excluding juvenile record expungement), dismissed or that your civil rights have been restored does not mean that you answer this question "NO"; you would answer "YES" and give details on the charge).	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
3	Have you ever been investigated for any type of abuse in any state?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
4	Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
5	Are any disciplinary actions <u>pending</u> against your nursing license/certificate in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
6	Have any disciplinary <u>actions been taken</u> against your nursing license/certificate in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
8	Do you use, or have you used in the last five years, chemical substance(s) in any way, which impairs or limits your ability to perform as a nurse with reasonable skill and safety? "Chemical Substance" includes alcohol and drugs.	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
9	Are you currently engaged in the illegal use of controlled substances? (Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider).	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
10	Have you ever been found in any civil, administrative or criminal proceeding to have: a) Possessed, used, prescribed for use or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself? b) Committed any act involving dishonesty or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession?	a) <input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> No
		b) <input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> No
		c) <input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> No
11	Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with action by such authority?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO

If you answered YES to any of the questions, "Explain" on a separate sheet.

Refusal to provide a Social Security Number (SSN) will result in denial of license/certificate issuance or renewal. This record of your SSN will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other use. If any disciplinary action is taken against your license/certificate, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, USC § 666(a)(13).

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct a criminal records check through the Law Enforcement Data System (LEDS). I voluntarily authorize the OSBN to submit my SSN to the National Council of State Board of Nursing for use with the Nurse Information System (NIS), an unduplicated record of all nurses in the United States.


Signature of Applicant

01/20/2007
Date (mm/dd/yyyy)



Oregon State Board of Nursing

800 NE Oregon Street, Suite 465, Portland, OR 97232-2162

Phone: (503) 731-4745 • Fax: (503) 731-4755 • License Verification: (503) 731-3459

E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Nursing Education History

Please type or print clearly using blue or black ink

- Please complete the requested information for all nursing education programs completed.
Please do not attach resume and do not list individual courses taken or continuing education.
Obtain sealed nursing transcripts from the schools.
Begin with most recently completed nursing program and work backwards in time.

Mary Derieg
First Name Last Name Social Security Number

University of Colorado at Denver & Health Sciences Center Denver, CO
School Name School City and State

Degree/Certificate Earned:

- LPN/LVN Certificate
Diploma
Associate Degree
Associate Degree in Nursing
Bachelor's Degree
Bachelor's Degree in Nursing
Master's Degree
Master's Degree in Nursing
Doctorate Degree
Doctorate Degree in Nursing
Post-master's Certificate
Other: (specify)

06/01/2005 Date Enrolled (MM/DD/YYYY)
12/15/2006 Date Graduated (MM/DD/YYYY)

Nursing Major
Family Nurse Practitioner Specialty/Type (if applicable)

- Is (was) the school located within the United States or one of its jurisdictions?
Is (was) the school located outside the United States or one of its jurisdictions? Country:

Name Listed on Transcript: Mary Kathryn Derieg

University of Colorado at Denver & Health Sciences Center Denver, CO
School Name School City and State

Degree/Certificate Earned:

- LPN/LVN Certificate
Diploma
Associate Degree
Associate Degree in Nursing
Bachelor's Degree
Bachelor's Degree in Nursing
Master's Degree
Master's Degree in Nursing
Doctorate Degree
Doctorate Degree in Nursing
Post-master's Certificate
Other: (specify)

08/15/2002 Date Enrolled (MM/DD/YYYY)
12/15/2006 Date Graduated (MM/DD/YYYY)

Doctor of Nursing Practice Major
Specialty/Type (if applicable)

- Is (was) the school located within the United States or one of its jurisdictions?
Is (was) the school located outside the United States or one of its jurisdictions? Country:

Name Listed on Transcript: Mary Kathryn Derieg



Oregon State Board of Nursing

800 NE Oregon Street, Suite 465, Portland, OR 97232-2162

Phone: 503-731-4745 • Fax: 503-731-4755 • License Verification (automated): 503-731-3459
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Nursing Practice History

Please type or print clearly using black ink on the front and back

- List your nursing practice history, for the most recent five years in which you practiced nursing.
- Complete a separate section for each nursing position in the last or most recent five years.
- Make as many copies of this form as needed** to document your nursing practice history.
- If you worked for a multi-state corporation, list location of your assignment(s), not the state where the corporate headquarters is located.
- If you worked for a local agency, list name and address of agency.
- If you volunteered or did private duty, give the name and address of the registry or individual.

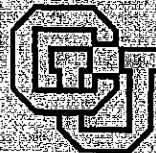
Mark here if you are a recent nursing graduate and do not have a nursing practice history.

Mary Derieg _____
First Name **Last Name** **Social Security Number**

Indicate your practice hours by calendar year for the most recent six years you have practiced. Do not include hours you were on vacation, sick leave or leave of absence. For example, if you last practiced in 1990, complete 1985-1990.

	Year Practiced	Total Hours Practiced	Nursing License(s) Used for Practice
1 st year (most recent)			
2 nd year			
3 rd year			
4 th year			
5 th year			
6 th year			

Employer Name (or most recent employer)		()	Area Code	Telephone Number
Employer Address	City	State	Zip Code	
<input type="checkbox"/> YES <input type="checkbox"/> NO				
Start Date (MM/DD/YYYY)	Still Employed?	If not Employed, End Date (MM/DD/YYYY)		
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice				
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 Hrs a week)				
Position Held	Primary Duties as a Nurse (Describe briefly)			



NAME: DERIEG, MARY KATHRYN
 STUDENT NR: [REDACTED]
 PRINT DATE: [REDACTED]

BIRTHDATE: [REDACTED]
 PAGE NR: [REDACTED]

COURSE TITLE	CASE NR	HRS	GRADE	PTS	CUMULATIVE CREDITS	TR HRS	CU HRS	TOT HRS	QUAL PNT	QUAL PNT	GPA
PRIMARY CARE OF CHILD	NURS 5487	2.0	B+	6.5	PROF SEM	0.0	194.0	194.0	92.0	154.60	3.854
MINOR ACUTE ILLNESS					GRAD SEM	0.0	68.0	68.0	88.0	260.40	3.822
FNP	NURS 6156	12.0	A	12.0	*** END OF ACADEMIC RECORD ***						
DIAGNOSTIC PRACTICE	NURS 6627	2.0	A	8.0							
ALTERATIONS IN HEALTH											
ATT 18.0	EARNED 12.0	GRADES 13.0	GPANTS 24.60	GPA 3.787							

SPRING SEM 2006 UCDSHC HEALTH SCIENCES

GRADUATE SCHOOL NURSING ND

DRP RESEARCH PROJ PROPOS	NURS 7048	1.0	A	4.0							
HLTH CARE/PLNNG/DEPT	NURS 6105	3.0	B+	9.0							
CHRONIC ILLNESS/DISABLED	NURS 6427	1.0	A	4.0							
ADV FNP	NURS 6157	4.0	A	16.0							
EVIDENCE-BASED PRACTICE	NURS 6436	3.0	A	12.0							
CHRONIC ILL IN HEALTH	NURS 6537	3.0	A	11.0							
APRN ROLE CONCERNS	NURS 6588	1.0	A	4.0							
PROFESSIONAL ISSUES											
FNP URGENT/ISSING SITUATN	NURS 6791	1.0	A	4.0							
(COURSE TAKEN THROUGH HEALTH SCIENCES CTR-CONT EDUC)											
ATT 18.0	EARNED 18.0	GPANTS 18.0	GPANTS 68.10	GPA 3.783							

SUMMER SEM 2006 UCDSHC HEALTH SCIENCES

GRADUATE SCHOOL NURSING ND

DRP LEADERSHIP ROLE RES	NURS 6910	2.0	A	8.0							
ADV FNP	NURS 6757	3.0	A	12.0							
ATT 5.0	EARNED 5.0	GPANTS 5.0	GPANTS 40.00	GPA 4.000							

FALL SEM 2006 UCDSHC HEALTH SCIENCES

GRADUATE SCHOOL NURSING ND

DRP RESEARCH PROJECT	NURS 6038	3.0	A	12.0							
FNP	NURS 6758	2.0	A	8.0							
ATT 5.0	EARNED 5.0	GPANTS 5.0	GPANTS 40.00	GPA 4.000							

DEGREES CONFERRED

BACHELOR OF SCIENCE IN NURSING DEC 17, 2004

HEALTH SCIENCES CENTER

SCHOOL OF NURSING

MAJOR: NURSING

MASTER OF SCIENCE DEC 15, 2006

HEALTH SCIENCES CENTER

GRADUATE SCHOOL

MAJOR: NURSING - ND

OPTION: FAMILY NURSE PRACTITIONER

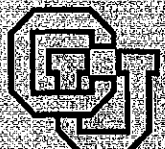
DOCTOR OF NURSING PRACTICE DEC 15, 2006

HEALTH SCIENCES CENTER

SCHOOL OF NURSING

MAJOR: NURSING - ND

*** 12 NO FURTHER ENTRIES THIS COLUMN ****



RECEIVED
JAN 26 2007

NAME: DERIEG, MARY KATHRYN
STUDENT NO: [REDACTED] BIRTHDATE: [REDACTED]
PRINT DATE: [REDACTED] PAGE NR: [REDACTED]

OREGON BOARD OF NURSING

ISSUED TO: MARY DERIEG
948 HARRISON ST
DENVER CO 80206

ACQUIRED BY: MARY KATHRYN DERIEG

HIGHER EDUC INSTITUTIONS:
TREASURE VALLEY COMMUNITY COLL 08/94 03/98
ONTARIO
DUCY SKIRT DAVIS 08/98 08/02
DAVIS CA DWORKS SA 06/02

COURSE TITLE CRSE NR HRS GRADE PNTS

SPRING SEM 2004 HEALTH SCIENCES CENTER
SCHOOL OF NURSING NURSING

INTERDISCIPLINARY ETHICS NURS 5835 3.0 A 9.0

PRIMARY HEALTH CARE NURS NURS 5023 3.0 A 9.0

ND CLINICAL SYMPOSIA NURS 5015 1.0 A 3.0

MENTAL HLTH NURSING NURS 5123 2.0 A 6.0

NG ADULTS/COMPLEX DISEASE NURS 5223 3.0 A 9.0

ATT 15.0 EARNED 17.0 GRADES 14.0 GPANTS 59.10 GPA 3.916

COMPLETED ALL REQUIREMENTS FOR ELIGIBILITY FOR
NURSE-PM - MAY 29, 2004

FALL SEM 2002 HEALTH SCIENCES CENTER
SCHOOL OF NURSING NURSING

CLINICAL INQUIRY NURS 5000 3.0 B+ 9.9

NURS LITINGS/ARTS/ARTS NURS 5011 3.0 A 9.0

HUMAN ANAT & PHYSIOLOGY NURS 5013 5.0 A 15.0

INTRO REFLECTIVE PRACT NURS 5110 1.0 A 3.0

MICRO & INFECT DISEASE NURS 5115 3.0 A 9.0

DISCIPLINE & PRACT NURS NURS 5120 1.0 A 3.0

ATT 16.0 EARNED 16.0 GRADES 16.0 GPANTS 60.40 GPA 3.772

SUMMER SEM 2004 UCDHSC HEALTH SCIENCES
SCHOOL OF NURSING NURSING

CLINICAL EXPERIENCE NURS 5031 5.0 A 15.0

ADVANCED PATHOPHYSIOLOGY NURS 5242 3.0 A 9.0

ATT 11.0 EARNED 11.0 GRADES 11.0 GPANTS 43.10 GPA 3.913

SPRING SEM 2003 HEALTH SCIENCES CENTER
SCHOOL OF NURSING NURSING

CARING IN LITERATURE NURS 5010 2.0 A 6.0

CLINICAL HEALTH ASSESS/PROM NURS 5021 3.0 A 9.0

HLTH ASSESSMT/PROMOTION NURS 5023 5.0 A 15.0

COMP THERAPY/HEAL TRAD NURS 5030 2.0 A 6.0

PHARMACOLOGY NURS 5125 3.0 A 9.0

PATHOPHYSIOLOGY NURS 5204 3.0 A 9.0

ATT 16.0 EARNED 16.0 GRADES 16.0 GPANTS 52.10 GPA 3.244

FALL SEM 2004 UCDHSC HEALTH SCIENCES
SCHOOL OF NURSING NURSING

INTRO TO ND RESIDENCY NURS 7017 1.0 A 3.0

PUBLIC HEALTH NURSING NURS 7120 2.0 A 6.0

ADV PRAC COMMUNITY ANGL NURS 7120 3.0 A 9.0

HUMN TECHNOLOGY INTERFACE NURS 5013 2.0 A 6.0

INFERENCEIAL STATS IN NRS NURS 5493 3.0 A 9.0

ADV ASSESSMENT NURS 5741 3.0 A 9.0

ATT 14.0 EARNED 14.0 GRADES 14.0 GPANTS 55.40 GPA 3.957

SUMMER SEM 2003 HEALTH SCIENCES CENTER
SCHOOL OF NURSING NURSING

CARE ADULTS & OLDER ADULT NURS 5030 3.0 A 9.0

ELDR SYSTEMS/HLTH POLICY NURS 5012 2.0 A 6.0

ATT 9.0 EARNED 9.0 GRADES 9.0 GPANTS 36.00 GPA 4.000

SPRING SEM 2005 UCDHSC HEALTH SCIENCES
SCHOOL OF NURSING NURSING

CLIN PRAC CARE/CLAS MGT NURS 7011 5.0 A 15.0

NRSO CARE/CASE MGMT NURS 7024 4.0 A 12.0

CAPSTONE PROJECT NURS 5015 1.0 A 3.0

PHC OF CHILDREN/WEEL CHILD NURS 5477 3.0 A 9.0

PHS LEAD PROG DES EVAL NURS 5673 3.0 A 9.0

ATT 16.0 EARNED 16.0 GRADES 16.0 GPANTS 54.40 GPA 3.368

FALL SEM 2003 HEALTH SCIENCES CENTER
SCHOOL OF NURSING NURSING

NURSING THEORY NURS 5130 2.0 A 6.0

NURS CARE CHILDREN FAM NURS 5013 5.0 A 15.0

ND SEMI CHILDREN FAM NURS 5015 1.0 A 3.0

CARING ART & MUSIC NURS 5020 3.0 A 9.0

NURS CARE CHILD & ADOLN NURS 5113 5.0 A 15.0

ATT 15.0 EARNED 15.0 GRADES 16.0 GPANTS 54.00 GPA 4.000

NO FURTHER ENTRIES THIS COLUMN

SUMMER SEM 2005 UCDHSC HEALTH SCIENCES
SCHOOL OF NURSING NURSING

ADV PHARM & CHEM NURS 5222 3.0 A 9.0

INTL PHO NURS 5753 3.0 A 9.0

ATT 5.0 EARNED 5.0 GRADES 5.0 GPANTS 20.00 GPA 4.000

FALL SEM 2005 UCDHSC HEALTH SCIENCES
GRADUATE SCHOOL NURSING ND

CAPSTONE PROJECT NURS 5015 1.0 A 3.0

ND RESIDENCY NURS 5017 1.0 A 3.0

NOT NRSO DENTAL SUPPL NURS 5304 3.0 A 9.0

PRIC CARE OF WELTH WOMAN NURS 5946 2.0 A 6.0

CARE DURING PREGN/BIRTH NURS 5972 1.0 A 3.0

NO FURTHER ENTRIES THIS PAGE

CHANGE NUMB ON PAGE 2



Oregon State Board of Nursing

800 NE Oregon Street, Suite 465, Portland, OR 97232-2162
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

RECEIVED

Verification of Successful Completion of Advanced Practice Nursing Program

FEB 12 2007

OREGON BOARD OF NURSING

Please type or print clearly using blue or black ink both front and back of application.

Attach program requirements and course descriptions matching transcript of student.



Mary Kathryn Derieg Stark
First Name Middle Name Last Name Former or Maiden

Social Security Number (optional) or School Identification Number
945 Harrison St Denver CO 80206
Mailing Address City State Zip Code
803 399-4338 Mary.Derieg@dhha.org
Area Code Home Telephone Unlisted Email Address

I authorize my school program to release the information requested below to the Oregon State Board of Nursing.

[Signature] 1/20/07
Signature Date



Mary Kathryn Derieg
Applicant Name Both

DNP - Dr of Nursing Practice MS - Nursing Option - FNP - Dec. 16, 2006
Certificate/Degree Awarded (Specify) Date Awarded

UCD-HSC - SON - C-288
Name of School

4200 E. 9th Ave, Denver CO 80236
School Mailing Address City State Zip Code

(2003-2011) (2004-2009) 1998-2007 + extension to 2010-2011 because of merger w/ UCD.
NEN, CCNE, - North Central Association
School Accreditation (Name of agency or association) Approval Date Expiration Date

38hr - MS + additional - 94 Rem Hr Total for DNP
Lecture/Didactic (Total number of classroom hours or academic credits awarded)

* 1230 - 14 SH DHHA, MCPN, Pagosa Sp. FAM. Med
Supervised Clinical Practice (Number of hours) Clinical Site

Agatha A Quian, PhD FNP APRN-BC Assoc. Prof
Name and Title of Program Advisor

Some of these hours are incorporated in DNP SH (aa2)

In order to assist the Oregon State Board of Nursing in evaluating the eligibility of the above applicant, who graduated from your program, please affirm that the program met the following criteria at the time the student attended.

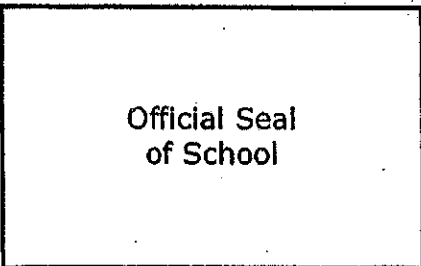
If applicant was prepared as a Nurse Practitioner, list specialty : FNP

- | | | |
|--|---|-----------------------------|
| 1. Was the program at least one academic year in length? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Did the program include theory in the biological, behavioral, nursing and medical sciences? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Did the applicant have clinical experience with a qualified preceptor? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Are the philosophies, purposes and objectives clearly defined and available in written formats? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Were the objectives stated in behavioral terms and do they describe the competencies of the graduate? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Did faculty include currently practicing advanced practice nurses? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Were records of the program, philosophy, objectives, administration, faculty, curriculum, students and graduates maintained systematically? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Are records of the program retrievable? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

Curriculum - Identify the course(s) where the following content/skills were taught correlating with transcripts. Each item need not be applicable. Include course description with correlating course numbers with transcripts.

- | | Specific Course Number
(N/A if not applicable) |
|--|---|
| 1. Theory and directed clinical experience in physical and biopsychosocial assessment and/or community, including obtaining and maintaining a health history. | <u>6761 Adv. Assess.</u> |
| 2. Pathophysiology, including the physiology of abnormal states and systemic changes leading to symptoms and syndromes. | <u>6243 - Adv Patho</u> |
| 3. Pharmacology, including selecting, prescribing, initiating, and modifying medications in the management of health/illness (CNS and CRNA exempted from prescribing requirement). | <u>6222 Adv. Path Pharm</u> |
| 5. Performance and interpretation of specialized diagnostic tests essential to the area of advanced practice. | <u>6827, 6857</u> |
| 6. Differential diagnosis pertinent to the specialty area. | <u>6343, 6372, 6487, 6761, 6827, 6837, 6417, 6497</u> |
| 8. Professional socialization and/or role realignment. | <u>6858</u> |
| 9. Clinical management of specialty focus population. | <u>See answer #5</u> |
| 10. Health delivery systems, including assessment of community resources and referrals to appropriate professionals or agencies. | <u>6673, 7121, 7013, 7120</u> |
| 11. Research and statistical methods. | <u>6836, 6493</u> |

This nurse was educated for advanced practice in (clinical area) FNP
 With the role of Certified Registered Nurse Anesthetist Clinical Nurse Specialist Nurse Practitioner.



Agatha A Quinn (303) 315 4314
 Print Name Telephone Number
Assoc. Prof
 Title
Agatha Quinn PhD, APRN-BC, FNP 2/7/06
 Signature Date

2004-2005 Course book

GRADUATE COURSES (MASTERS PROGRAM - <http://www.uchsc.edu/nursing/ms.htm>)

See course schedule and course offering plan for mode of delivery and course information -- <http://www.uchsc.edu/nursing/studentcentral>

BS in Nursing or permission of instructor is required for enrollment in Master's Program courses.

Intensive Courses: Intensive courses are short format, less than five weeks. An intensive course may be followed by an optional module or module courses. An intensive course offering that is a prerequisite to other modules/course offerings must be successfully completed with a grade of "B" before the student can proceed in additional module offerings.

Dropping Intensive classes: Students who drop from an intensive class before the second class meeting will not be charged tuition for the intensive class. Students who drop or withdraw after the second class meeting will be responsible for all tuition and fees. **Module Courses:** Modules are classes lasting five or more weeks but less than full term. Some modules may have a required prerequisite intensive or module course, which must be successfully completed with a minimum grade of "B" before continuing in additional module classes. **Dropping module courses:** Tuition will be adjusted if the module course is dropped prior to the third class meeting or after the second day of class. Students who drop or withdraw after the third class meeting will be responsible for all tuition and fees.

NURS 6010 Philosophical, Theoretical and Ethical Foundations for Advanced Practice Nursing Practice Variable 3.0 cr.

Prereq: Undergraduate research course. Basic computer competencies & skills in electronic library and internet searching.

The purpose of this course is to introduce concepts of the nursing discipline, reflective practice, and nursing's philosophical, theoretical, and ethical frameworks as a foundation for advanced practice.

NURS 6011 Clinical Inquiry for Evidenced-Based Practice Variable 3.0-4.0 cr.

Prereq: Undergraduate research course. Basic computer competencies and skills in electronic library and internet searching.

This course focuses on using research in evidence-based practice and conducting research/evaluation studies in clinical practice. Emphasized are critical analysis and synthesis of existing research for implementing evidence-based practice and study designs and methodology to support data driven decisions.

NURS 6012. Health Systems and Policy in Society Variable 2.0-3.0 cr.

This course focuses on leadership in the health care system, policy formation and analysis, economics, finance, and outcomes. Evaluation of health care provides the context for examining partnerships, models of care, and emerging ethical, social, political, cultural, and legal issues.

NURS 6013 Human Technology Interface Variable 2.0 cr.

The analysis of the legal, ethical policy in human interface issues related to the impact of technology on the individual, health care and society.

NURS 6053 Gerontological Nursing: Advanced Practice Concepts Variable 3.0 cr.

Course focuses on selected theories, research, and current practice issues relevant to normal changes and pathological processes prevalent in older adults. Emphasis is placed on psychosocial, cultural, spiritual, environmental, and physiological concepts related to advanced practice and the older adult.

NURS 6113 Studies in Health Promotion and Lifestyle Variable 2.0-3.0 cr.

This course critiques health promotion theories and policies, reviews health promotion guidelines across the lifespan and nutritional recommendations for health promotion. Nursing actions to enhance health promotion, through increasing client knowledge, self care, motivation and adherence are emphasized.

NURS 6222 Advanced Pharmacology and Therapeutics Variable 3.0 cr.

Prereq: Graduate level nursing research or inferential statistics; NURS 6243.

This course prepares students of advanced practice nursing to manage drug therapy for various client populations and settings. Pharmacokinetic and pharmacodynamic principles and evidence-based practice form the foundation for consideration of the pharmacotherapeutics of selected conditions and drug groups.

NURS 6243 Advanced Pathophysiology Variable 3.0 cr.

Prereq: undergraduate anatomy and physiology course; undergraduate pathophysiology course.

Advanced concepts in pathophysiologic principles, using a systems approach, provide an understanding of the dynamic aspects of disease and disease processes and a foundation for assessment and management of the acutely or chronically ill client. Epidemiology, etiology, lifespan and cultural concepts, diagnostic reasoning, and current research findings (including genetics and immunology) are integrated into selected content areas.

- NURS 6263 Advanced Psychopharmacology for the Mental Health Nurse Practitioner** Variable 3.0-4.0 cr.
 Prereq: NURS 6243 preferred.
 Course focuses on psychopharmacology and the assessment, medication prescription, and follow-up of patients needing psychopharmacological interventions. Provides integration of pathophysiology with medication treatment of the major psychiatric illnesses: depression, bipolar affective disorder, panic disorder, generalized anxiety disorder, obsessive compulsive disorder, schizophrenia, and organic mental disorders. Principles of drug action including pharmaceuticals, pharmacokinetics, and pharmacodynamics form the basis for the course. Classes of medications considered include antidepressants, mood stabilizers, antianxiety and sedative medications, antipsychotic medications, stimulants, beta blockers, antiparkinsonian agents, and other agents used in mental health practice. General issues of prescriptive practice such as prescription writing procedures; legal, ethical, and malpractice issues; on-call procedures; documentation; collaboration and consultation, and fraud and abuse of medications are considered. Special populations such as geriatrics, adolescents, management of alcohol and drug addiction are discussed.
- NURS 6273 Health Communications** Variable 3.0 cr.
 This course provides an overview of theories and research related to interpersonal, organizational, and mass communication within a health context. The course examines strategies for persuasion and the application of persuasion principles to health care practice. The course reviews successful and unsuccessful health information campaigns and examines the evolution of new media (web-based) in health communication.
- NURS 6274 Nursing Terminologies** Variable 3.0 cr.
 Prereq: Online course skills.
 This course introduces the concept of classifying nursing phenomena to facilitate data management and retrieval. This informatics class includes such topics as minimum data sets, nursing language, classification systems and vocabularies, and relates each topic to nursing practice, administration, and research.
- NURS 6279 Knowledge Systems** Variable 3.0 cr.
 A variety of knowledge systems, including data analysis, information retrieval systems, expert systems, and artificial intelligence are explored. Human decision-making strategies and the need for decision support are presented. Design of expert systems is described. Artificial intelligence and health applications are explored.
- NURS 6284 Telehealth Applications** Variable 3.0 cr.
 This course focuses on the design and application of telehealth principles to the delivery of health care. The course reviews the current state-of-the-art applications and allows students to examine these applications in terms of human computer interaction, legal, ethical and policy issues. The course highlights the evidence-based support for telehealth applications.
- NURS 6289 Information Systems Life Cycle** Variable 4.0 cr.
 Prereq: minimum of one informatics course.
 This course focuses on a structured approach to the selection and implementation of an information system. The five phases of the life cycle (planning, analysis, design, implementation and evaluation) provide the framework for students to work in teams on structured exercises.
- NURS 6293 Database Management Systems** Variable 3.0 cr.
 Prereq: Students are expected to have knowledge equivalency of an upper level division research methods course.
 This interdisciplinary course focuses on historical, theoretical, and application issues in the design and administration of database management systems. Theories and concepts of file and database structure are explored.
- NURS 6303 Epidemiology & Environmental Health** Variable 3.0 cr.
 Concepts and methods of epidemiology are applied to advanced nursing practice with populations. Agent, host, and environmental factors used to examine environmental risks, issues of environmental justice, and models of care for high-risk populations will be examined and evaluated.
- NURS 6304 Management Information for Decision Support** Variable 3.0 cr.
 This course focuses on the identification, acquisition, analysis, interpretation and application of data. Application of decision-making strategies for advanced practice nurses will be emphasized in the areas of quality management and clinical decisions. Information management tools will be explored.
- NURS 6305 Health Care Financial Management** Variable 3.0 cr.
 Examines concepts of health care financial management. Tools and techniques which facilitate financial analysis and decision-making for patient care programs across the healthcare continuum are emphasized. Focuses on efficient, effective management of resources for delivery of quality healthcare services.

- NURS 6343 Primary Care of Women** Variable 3.0 cr.
 Prereq: NURS 6222, NURS 6243, NURS 6761.
 Application of primary care principles in women's health from menarche through the post-menopausal years. Emphasis is on a systematic management process based on current evidence. Content includes health education, maintenance and promotion of women's health, as well as ethical issues in reproductive health care. Menopause, family planning, sexually transmitted diseases, common reproductive problems, and chronic health problems are among the topics discussed.
- NURS 6353 Primary Care of Pregnant Woman** Variable 3.0 cr.
 Prereq: NURS 6222, NURS 6243, NURS 6755, NURS 6761.
 This course focuses on advanced practice management with pregnant women and their families within a primary care model. Emphasis is on women with low to low-moderate risk factors in pregnancy; select high-risk problems are also addressed.
- NURS 6373 Intrapartum, Immediate Postpartum and Newborn Management** Variable 3.0 cr.
 Prereq: NURS 6755 (2 hours).
 Critical thinking skills will be used to plan, implement, and evaluate midwifery care for birthing women and their newborns. Normal processes, minor deviations, high risk, and emergent situations for the laboring and postpartum woman and her newborn will be included.
- NURS 6433 Health and Education Needs of Young Children with Disabilities. Summer** 2.0 cr.
 Prereq: Enrollment in Leadership Option: Care of Children with Disabilities/Chronic Conditions and Their Families or Post Master's Certificate Program Leadership Option: Care of Children with Disabilities/Chronic Conditions and Their Families. May be available as elective for upper division undergraduate students and other graduate-level students.
 This course prepares advanced practice nurses to educate and supervise paraprofessionals, teachers and other care providers to work with young children with disabilities and chronic conditions and their families in child care and early education settings.
- NURS 6477 Primary Health Care of Children: Well Child Care** Variable 2.0-3.0 cr.
 Prereq: NURS 6761 Coreq: NURS 6756 or NURS 6757.
 Focus of course is on advanced assessment, health promotion, disease and disability prevention for well children, birth through adolescence, including assessment and management of common developmental issues. Context is the child's family, culture, and community.
- NURS 6483 Ethics & Genetics: Caring for Children with Disabilities and Chronic Conditions** Variable 3.0 cr.
 Prereq: SON computer competency course. Eligible as elective for upper division undergraduate, MS, ND, and PhD students.
 This course covers foundations of ethics and genetics pertaining to children with disabilities and chronic health conditions and their families and utilizes case studies identifying genetic conditions that present ethical dilemmas requiring interdisciplinary consultation. One's own ethical, professional identity will be explored as an outcome of the course.
- NURS 6487 PHC of Children: Minor Acute Illness** Variable 5.0 cr.
 Prereq: NURS 6477.
 This course focuses on primary care and specialty practices of advanced practice nurses working with children with minor acute illnesses and their families. Content on theories of child development, the family, culture, and the environment is addressed.
- NURS 6493 Inferential Statistics in Nursing** Variable 3.0 cr.
 Prereq: NURS 6011 or NUJO 5000 and an elementary statistics course.
 This is an intermediate-level statistics course for nursing graduate students. Topics covered include: correlation, prediction and regression, hypotheses testing, t-tests, ANOVA, and ANCOVA. Material is made relevant to nursing by use of nursing research studies as examples.
- NURS 6497 PHC of Children: Disabilities & Chronic Illness** Variable 4.0 cr.
 Prereq: NURS 6487, NURS 6761.
 This course focuses on primary care and specialty practices of advanced practice nurses working with children with disabilities/chronic illness and their families. Content on theories of child development, the family, and the environment is addressed.
- NURS 6498 Care Management of Children with Special Needs** Variable 4.0 cr.
 Prereq: Pediatric Nursing Masters or Post-Masters Certificate Program.
 Explores the role of the advanced practice nurse in the care of children with special needs. Emphasis is on a research-based, family centered, systems approach to planning and implementing community based care for this population.

- NURS 6533 Introduction to Advanced Psychiatric/Mental Health Nursing Variable Fall 3.0 cr.**
 Prereq: NURS 6010 and NURS 6011.
 This course introduces the student to Advanced Psychiatric/Mental Health Nursing as a prelude to clinical courses. Topics include Advanced Psychiatric/Mental Health Nursing roles, theoretical approaches for individual patient care, group process concepts, as well as legal, ethical, and other perspectives to guide practice.
- NURS 6543 Assessment of Advanced Psychiatric-Mental Health Nursing Variable 3.0 cr.**
 Prereq: NURS 6533.
 Overview of selected research and theory bases for assessment of psychiatric-mental health needs of individuals, families, and groups. Emphasizes identified concepts relevant across modalities and client groups (e.g. problem definition, strengths and contextual developmental, temporal, informational, and outcome factors.)
- NURS 6553 Interventions in Advanced Psychiatric-Mental Health Nursing Variable 3.0 cr.**
 Prereq: NURS 6543.
 Overview of selected research and theory basis for choosing and evaluating psychiatric mental health nursing interventions with individuals, families, and groups. Emphasizes concepts relevant across modalities and client groups (e.g. microskills, levels of intervention, specificity of interventions, and concepts of change).
- NURS 6567 Community/Organizational Assessment Application Variable 2.0 cr.**
 This course addresses assessment of mental health needs of selected community populations, available interventions for these needs, and organizational readiness for Advanced Practice Mental Health Nursing roles. Assessment models are analyzed and applied to real populations and organizations.
- NURS 6593 Nursing Care/Case Management Variable 3.0 cr.**
 Prereq: NURS 6755 and current licensure as RN in the State of Colorado.
 Innovative, integrated nursing case and care management models within the context of today's managed care delivery system are considered in this course. Accountability, interdisciplinary collaboration, continuity of care, timeliness and cost effectiveness of health care delivery are evaluated within the context of case management.
- NURS 6633 Advanced Public Health Nursing Variable 3.0 cr.**
 Prereq: NURS 6010, NURS 6011.
 This course examines historical and current standards of practice for public health nursing. Theory- based, evidence-based public health practice is a major focus of the course. Content and activities promote the achievement of the core competencies for public health professionals.
- NURS 6663 Leadership and Management Variable 4.0 cr.**
 Advanced leadership roles for facilitating, integrating, and coordinating complex structures and processes in health care systems are emphasized. Students will demonstrate an understanding of partnerships, accountability, service-based approaches, continuum-defined health care systems, self-managed teams, and value-based organizations.
- NURS 6673 Systems Assessment, Program Design and Evaluation Variable 3.0 cr.**
 Prereq: NURS 6011.
 The course focuses on theories and frameworks of assessment of communities and organizations. Based on a system diagnosis, students develop healthcare programs, implementation and evaluation plans to improve care quality. Students apply acquired competencies to projects relevant to their selected specialty option.
- NURS 6693 Management of Patient Care Services Variables 3.0 cr.**
 This course examines concepts of human resource management, clinical operations, and quality improvement strategies in nursing. Tools and techniques which facilitate sound nursing management across the continuum of care are emphasized. Multiple dimensions of managing patient care operations are considered.
- NURS 6744 Advanced Concepts in Palliative Care Variable 3.0 cr.**
 May be taken for course credit or CE credit; can be taken as clinical elective for BS Sr students; would be a required elective course for palliative care in Adult CNS-MS tract.
 An advanced course focusing on a palliative care nursing model. Theory and practice include palliative care assessment, symptom management, advanced communication skills, responses to loss, and ethical issues. Students will explore palliative care as acute, restorative, and comfort care with patient/family.
- NURS 6745 Complex Symptom Management in Palliative Care Nursing Variable 3.0 cr.**
 May be taken for course credit or CE credit; would be the second elective course for palliative care in adult CNS-MS tract.
 An advanced theory course focusing on complex symptom management in palliative nursing. Symptom management will include physical, psychosocial, and spiritual interventions. Ethical consideration of comfort vs. care, evidence-based palliative care practices, and the role for the advanced practice nurse will be explored.

- NURS 6750 Assessment Practicum: Psychiatric-Mental Health Nursing** Variable 1.0-6.0 cr.
 Prereq: NURS 6533 Coreq: NURS 6543.
 The first of a three-course sequence in advanced practice in psychiatric-mental health nursing. Seminar and supervised practice in advanced psychiatric-mental health nursing. Emphasis is on assessment of psychiatric-mental health needs of identified client groups.
- NURS 6751 Advanced Practicum: Health Systems Leadership** Variable 3.0 cr.
 Prereq: NURS 6303, NURS 6304, NURS 6305, NURS 6663, NURS 6673.
 Advanced nursing practice is a required course in which students experience the advanced practice role within a variety of health care settings. The course is designed to integrate and apply competencies required in health systems leadership.
- NURS 6752 Advanced Practicum: Program Planning** Spring 1.0 cr.
 Pre/Coreq: NURS 6673.
 This course provides students with experience in group, health delivery, and program planning in a clinical setting. Students encounter opportunities to gain skill in the planning process, communicating with stakeholders, and assessment and analysis of program planning effectiveness.
- NURS 6754 Advanced Practicum: Community Analysis** Variable 3.0 cr.
 Prereq: NUDO 5000, NUDO 7120.
 This course provides students with experience in community, focusing on the development of skill in the integration of public health planning using the science of epidemiology and theoretical models for the assessment and planning of community-based interventions. Students will conduct a community analysis in the field.
- NURS 6755 Advanced Practicum I** Variable 1.0-8.0 cr.
 Prereq: Designated in each section's syllabus and will vary according to the specialty option and student level.
 Clinical course that allows student to focus on beginning level competencies in the Advanced Practice role (CNS/NP/CNM) with a selected client population.
- NURS 6756 Advanced Practicum II** Variable 1.0-8.0 cr.
 Prereq: Designated in each section's syllabus and will vary according to the specialty option and student level.
 Clinical course that allows students to refine beginning level competencies and practice higher-level competencies in the Advanced Practice role (CNS/NP/CNM) with a selected client population.
- NURS 6757 Advanced Practicum III** Variable 1.0-10.0 cr.
 Prereq: Designated in each section's syllabus and will vary according to the specialty option and student level.
 Clinical course that allows students to continue to practice and refine competencies in the Advanced Practice role (CNS/NP/CNM) with a selected client population.
- NURS 6758 Advanced Practicum IV** Variable 1.0-8.0 cr.
 Prereq: Designated in each section's syllabus and will vary according to the specialty option and student level.
 Clinical course that allows students to refine competencies as an Advanced Practitioner (CNS/NP/CNM) with a selected client population.
- NURS 6759 Advanced Practicum: Health Care Informatics** Variable 3.0-6.0 cr.
 Prereq: Completion of at least three informatics specialty courses.
 This course allows students to integrate and apply informatics competencies in an advanced practice role. The preceptored practicum and project require the student to engage in informatics specialist roles within a variety of health care settings.
- NURS 6761 Advanced Assessment** Variable 3.0 cr.
 Prereq: Basic health assessment.
 Students develop the advanced skills in interviewing, physical examination, diagnostic tools, diagnostic thinking and documentation required for advanced practice nurses who provide care for clients across the lifespan. Case study analysis is used to expose students to the most common complaints seen in their clinical practice settings.
- NURS 6827 Diagnosis and Management I: Acute Alterations in Health** Variable 2.0 cr.
 Prereq: NURS 6243 and NURS 6761 (3 hours) Pre/Coreq: NURS 6222, NURS 6755 (2 hours) or NURS 6756 (2 hours).
 This course provides content on the diagnosis, treatment, and management of adults with acute conditions/illnesses. Content centers on acute alterations in health using a case study approach in both didactic and seminar format.
- NURS 6833 Aesthetics and Wisdom Traditions of Caring-Healing** Variable 1.0-2.0 cr.
 Prereq: Masters/doctoral course work.
 Exploration of wisdom traditions of caring-healing. Selected ancient world views intersections will be made between art, science, spirituality and diverse world populations, especially indigenous peoples. Aesthetics of sacred rituals, archetypes, symbols and myths of caring-healing practices will be examined.

NURS 6836 Special Topics *Transition Course # for ERP* Variable Credit Arranged
 This course is a special topic selected each semester.

NURS 6837 Diagnosis and Management II Variable 3.0 cr.

Prereq: NURS 6222, NURS 6243, NURS 6761, NURS 6827 Coreq: NURS 6755 (2 hours).
 This course provides content on the diagnosis, treatment, and management of adults with chronic conditions and the effects on their families. Content centers on chronic alterations in health using a case study approach in didactic and seminar format.

NURS 6843 Theories and Philosophy of Caring-Healing Variable 2.0 cr.

Prereq: Masters/doctoral course work.
 This course will focus on diverse philosophies/theories of caring within the context of the theory of human caring. The theoretical ideas will be critiqued, examined for convergence with contemporary nursing theories, emerging developments in science, integrative medicine and relationship centered caring.

NURS 6846 Guided Research in Nursing Variable 1.0-3.0 cr.

Focuses on independent research in an area of interest to graduate nursing students. Approval must be obtained from student's advisor and faculty member involved.

NURS 6856 Independent Study (Master's) Variable 1.0-4.0 cr.

Independent study to be arranged with master's faculty.

NURS 6858 Advanced Practice Nursing:
Role Concepts and Professional Issues Variable 1.0 cr.

Foundational concepts for role development and professional growth for the advanced practice nurse are presented. Content will focus on the shared history of advanced practice nursing, identify the components of the APN role in different settings, and discuss the major concepts of teamwork, collaboration and collegiality, and role acquisition in intra- and interdisciplinary practice. Professional practice issues, including professional involvement, marketing, negotiation, reimbursement, legal issues, ethical decision-making, theory and evidence based practice will be explored.

NURS 6911 Capstone Variable 1.0 cr.

This course integrates social justice with reflective practice relationship centered caring and diversity in a community service project with student participation; it consists of an introduction to and reflection on nurses as agents of social justice.

NURS 6940 Comprehensive Exam Variable 1.0 cr.

A student should register only if not enrolled in the semester in which you are taking Comprehensive Examinations.

NURS 6956 Master's Thesis Variable 4.0-6.0 cr.

Includes identification of a problem, design and conduct of the investigation of the problem, and a written report. Opportunity to discuss and test thesis plans with a group of colleagues.

Note: Master's courses may not be offered unless minimum enrollment is 12.

Note: Courses in the School of Nursing are offered under a variety of formats. The following legend is placed as a footnote on each semester's course schedule table to help students know about the courses they are registering for and formats for each of those courses. The letter in the legend corresponds to the first character of the section number. Students are responsible for checking the course schedule carefully, paying special attention to course formats, dates, and locations. All course offerings are subject to change.

- L = Lab
- O = Traditional In-class format
- I = WebCT offering exclusively
- B = Blend of WebCT offering plus some in-class sessions
- C = Clinical
- T = Telecom

The following course is offered to students in all schools and programs:

IDPT 6640 Transcultural Issues for Health Professionals Spring Qtr. 3.0 qtr hrs. (2 sem hrs)

Faculty: 303-315-7551.

This course provides an interdisciplinary learning experience for UCHSC students interested in health care delivery to ethnically and culturally diverse groups in the US and abroad. The course is designed to assist students planning to work in multicultural health care settings. e.g., among migrant workers, on Indian reservations, inner-city neighborhoods, and in developing countries.

2005-2006 Coursebook

NURS 6293 Database Management Systems **3.0 cr.**
Prereq: Students are expected to have knowledge equivalency of an upper level division research methods course.
This interdisciplinary course focuses on historical, theoretical, and application issues in the design and administration of database management systems. Theories and concepts of file and database structure are explored.

NURS 6303 Epidemiology & Environmental Health **3.0 cr.**
Concepts and methods of epidemiology are applied to advanced nursing practice with populations. Agent, host, and environmental factors used to examine environmental risks, issues of environmental justice, and models of care for high-risk populations will be examined and evaluated.

NURS 6304 Management Information for Decision Support **3.0 cr.**
This course focuses on the identification, acquisition, analysis, interpretation and application of data. Application of decision-making strategies for advanced practice nurses will be emphasized in the areas of quality management and clinical decisions. Information management tools will be explored.

NURS 6305 Health Care Financial Management **3.0 cr.**
Examines concepts of health care financial management. Tools and techniques which facilitate financial analysis and decision-making for patient care programs across the healthcare continuum are emphasized. Focuses on efficient, effective management of resources for delivery of quality healthcare services.

NURS 6343 Primary Care of the Well Woman **1.0-3.0 cr.**
Prereq: NURS 8222, NURS 6243, NURS 6761. A minimum of 2 credits of Advanced Practicum must be taken concurrently.
Application of primary care principles in women's health from menarche through the post-menopausal years. Emphasis is on a systematic management process based on current evidence. Content includes health education, maintenance and promotion of women's health, as well as ethical issues in reproductive health care. Menopause, family planning, sexually transmitted diseases, common reproductive problems, and chronic health problems are among the topics discussed.

NURS 6352 Care of the High Risk Pregnancy **2.0 cr.**
Prereq: NURS 8222, NURS 6243, NURS 6373 (first credit), NURS 6755 (minimum of 1 credit in an OB setting), NURS 6761.
This course facilitates development of critical thinking necessary for the application of advanced practice management with women and their families experiencing a pregnancy with risk factors. Focus will be on the pre and post natal periods.

NURS 6372 Care During Pregnancy and Birth **1.0 or 3.0 cr.**
Credit 1: Provides overview and management of low risk prenatal and postnatal care of women. Credits 2 & 3: Develops critical thinking skills to plan, implement, and evaluate care including normal processes, high-risk, and emergent situations during labor, birth, and postpartum.

NURS 6433 Health and Education Needs of Young Children with Disabilities **2.0 cr.**
Prereq: Enrollment in Leadership Option: Care of Children with Disabilities/Chronic Conditions and Their Families or Post Master's Certificate Program
Leadership Option: Care of Children with Disabilities/Chronic Conditions and Their Families. May be available as elective for upper division undergraduate students and other graduate-level students.
This course prepares advanced practice nurses to educate and supervise paraprofessionals, teachers and other care providers to work with young children with disabilities and chronic conditions and their families in child care and early education settings.

NURS 6477 Primary Health Care of Children: Well Child Care **1.0-4.0 cr.**
Prereq: NURS 6761.
Focus of course is on advanced assessment, health promotion, disease and disability prevention for well children, birth through adolescence, including assessment and management of common developmental issues. Context is the child's family, culture, and community.

NURS 6483 Ethics & Genetics: Caring for Children with Disabilities and Chronic Conditions **3.0 cr.**
Prereq: SON computer competency course. Eligible as elective for upper division undergraduate, MS, ND, and PhD students.
This course covers foundations of ethics and genetics pertaining to children with disabilities and chronic health conditions and their families and utilizes case studies identifying genetic conditions that present ethical dilemmas requiring interdisciplinary consultation. One's own ethical, professional identity will be explored as an outcome of the course.

NURS 6487 PHC of Children: Minor Acute Illness **2.0-3.0 cr.**
Prereq: NURS 6477, NURS 6761, NURS 6755.
This course focuses on primary care and specialty practices of advanced practice nurses working with children with minor acute illnesses and their families. Content on theories of child development, the family, culture, and the environment is addressed.

NURS 6493 Inferential Statistics in Nursing **3.0 cr.**
Prereq: NURS 8021 or NUDO 5000 and an elementary statistics course.
This is an intermediate-level statistics course for nursing graduate students. Topics covered include: correlation, prediction and regression, hypotheses testing, t-tests, ANOVA, and ANCOVA. Material is made relevant to nursing by use of nursing research studies as examples.

NURS 6497 PHC of Children: Chronic Illness & Disabilities **1.0-2.0 cr.**
Prereq: PNP/FNP NURS 6477 and NURS 6487; PNP/PSN required to coregister for 1 credit of specialized clinical in disability.
This course focuses on primary care and specialty practices of advanced practice nurses working with children with disabilities/chronic illness and their families. Content on theories of child development, the family, culture, and the environment is addressed.

NURS 6503 Community Based Programs for Children with Special Needs **2.0 cr.**
Prereq: Pediatric Special Needs Master's or post-Master's program; NURS 6604.
Explores the role of the advanced practice nurse in community based programs that impact children with special health care needs and their families. This course emphasizes diverse nursing roles, multicultural populations, and community-based settings.

Not on
104-105
course
book

GRADUATE PROGRAM (Ph.D. COURSES – <http://www.uchsc.edu/nursing/phd.htm>)See course schedule and course offering plan for mode of delivery and course information – <http://www.uchsc.edu/nursing/studentcentral>

Prereq – Admission to the Ph.D. Program.

NURS 7000 Philosophy of Human Science:**Cultural Heritage & Future Direction** (intensive format)****Spring****3.0 cr.**

Human science is investigated as a form of knowledge that is bound to the human life world. Assumptions and implications are examined critically against the background of objectivist claims that science generates knowledge independently of human values and context.

NURS 7020 Methods of Disciplined Inquiry in Nursing**Fall****3.0 cr.**

Prereq: NURS 6493 or graduate level statistics.

Focuses on the nature of nursing knowledge and comprehensive approach to disciplined inquiry reflecting states of the art of nursing knowledge development. Emphasizes development of a foundation for focused intellectual inquiry in nursing.

NURS 7030 Discipline of Nursing I**Summer****3.0 cr.**

This course examines the nature of nursing as a professional discipline, varying perspectives regarding nursing's phenomena of interest, the evaluation, contributions, and social forces impacting nursing scholarship.

NURS 7120 Epistemological Foundations**Variable****3.0 cr.**

Prereq: NURS 7000, NURS 7030.

This course focuses on the empiric, philosophic and aesthetic processes and products of knowledge development in nursing. Classical approaches to theory development and analysis are contrasted with other models of knowledge development.

NURS 7300 Qualitative Empirical Research**Spring (Intensive)****3.0 cr.**

Prereq: NURS 7000, NURS 7020, NURS 7030.

Empirical qualitative research designs and methods to build substantive knowledge in nursing and health are explored. Seminar includes ethnographic, grounded theory, historical and narrative inquiry designs. Issues and critical analysis of traditional and emerging designs are discussed.

NURS 7310 Qualitative Interpretive Research**Variable****3.0 cr.**

Prereq: NURS 7000, NURS 7010, NURS 7020.

Philosophically grounded qualitative research designs and methods to build substantive knowledge in nursing and health are explored. Seminar includes phenomenological, interpretive, hermeneutic, critical, dialectic, philosophic and aesthetic designs. Critical analyses of traditional and emerging designs are discussed.

NURS 7400 Advanced Quantitative Analysis & Design I**Variable****3.0 cr.**

Prereq: NURS 6493, NURS 7020.

This course emphasizes development, implementation and analysis of quantitative research, including experimental and quasi-experimental research designs. Advantages, disadvantages and potential statistical tools for each design are discussed. Analytic issues are presented, including the general linear model, matrix algebra, analyses, power and statistical inferences.

NURS 7410 Advanced Quantitative Analysis & Design II**Variable****3.0 cr.**

Prereq: NURS 6493, NURS 7020, NURS 7400.

This course focuses on the application of advanced quantitative methods, theories and models. It presents a variety of multivariate statistics designed to answer complex nursing questions. Emphasis is placed on selection of the appropriate test to answer the research question.

NURS 7652 Cost/Quality Outcomes: A Macro-Level Focus**Spring****3.0 cr.**

Prereq: NURS 7020, NURS 7031.

Examines conceptual frameworks and methods for measuring outcomes of health and nursing care delivery at the macro or systems level. Primary emphasis is assessing the effectiveness, efficiency and equity of health services delivery. Techniques for risk-adjustment and for conducting specific economic analyses are covered. Culminates with examination of national quality initiatives, including report cards and evidence-based practice guidelines.

NURS 7653 Cost/Quality Outcomes: A Micro-Level Focus**Spring****3.0 cr.**

Prereq: NURS 7031.

Examines phenomena, methods and measures that deal with clinical outcomes and patient assessments of care from a quality/cost perspective at intra-organizational (individual, unit, organization) levels. Emphasis on research methods; instrumentation and psychometrics; knowledge development in nursing and health services research.

3/1/06

University of Colorado at Denver and Health Sciences Center
School of Nursing
Master of Science in Nursing

Family Nurse Practitioner
Program of Study Spring 2006

As I was dually enrolled as a Masters & Doctorate student, my program plan was

	Credits	
NURS 6010: Philosophic, Theoretic & Ethical Foundations of APN - Taken in DNP courses	3	<i>failed based on my grad. - level courses taken for the DNP.</i>
NURS 6021: Evidence-Based Practice (or NURS 6011 and 6493)	4	
NURS 6013: Human Technology Interface	2	
NURS 6022: Health Systems, Policy, and Social Justice (or NURS 6012)	3	
Core Total	12	

	Credits
NURS 6761: Advanced Assessment	3
NURS 6222: Advanced Pharmacology and Therapeutics	3
NURS 6243: Advanced Pathophysiology	3
NURS 6858: APN: Role Concepts and Professional Issues	1
APN Core Total	10

	Credits
NURS 6755-6758: Advanced Practicum (1cr =45 contact hours; 630 hrs total)	14
NURS 6113: Studies In Health Promotion & Lifestyle**	2-3 **
NURS 6827: Diagnosis and Management I: Acute Alterations in Health	2
NURS 6837: Diagnosis and Management II: Chronic Alterations in Health	3
NURS 6477: Primary Health Care of Children: Well Child Care***	3-4***
NURS 6487: Primary Health Care of Children: Minor Acute Illness+	2+
NURS 6497: Primary Health Care of Children: Chronic Illness and Disabilities ++	1-2++
NURS 6343: Women's Gynecologic Health Care	2
NURS 6372: Care During Pregnancy and Birth #	1#
Family Nurse Practitioner Specialty Area Total	30

NURS 6897 Urgent and Emergent *	2
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- Urgent and Emergent is a two credit hour elective course that is usually taught in a 4-day intensive format. Although it is an elective, FNPs are strongly urged to take this course particularly if you are planning to practice in a rural or an underserved area. Therefore, if you choose to take Urgent and Emergent, the total number of credit hours for completion is 54.
- ** The course, NURS 6113 Studies in Health Promotion and Lifestyle, is a course offered for variable credit hours. You are required to take 2 credit hours for graduation. However, you may choose to take the third credit hour as an elective. This portion of the course contains nutritional content.
- *** The course, NURS 6477: Primary Health Care of Children: Well Child is a course offered for variable credit hours. You are required to take 3 credit hours for graduation. However, you may take the fourth credit hour as an elective.
- + The course, NURS 6487, Primary Health Care of Children: Minor Acute Illness, is a course offered for variable credit hours. You are required to take 2 credit hours for graduation. However, you may take the third semester hour as an elective.
- ++ NURS 6497 Primary Health Care of Children: Chronic Illness and Disabilities is taught as a variable credit hour course. You are required to take a minimum of 1 credit hour; however, you may choose to take the second credit hour as an elective in the FNP program. The second credit hour includes the disability foci.
- # The course, NURS 6372: Care during Pregnancy and Birth, is offered for variable credit hours. You are required to take only the one credit hour of prenatal care.

→ NP



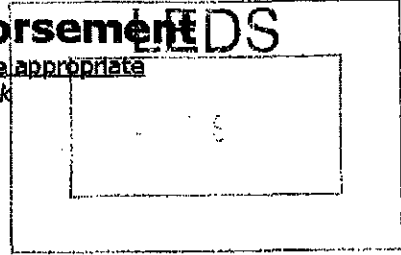
Oregon State Board of Nursing
800 NE Oregon Street, Suite 465, Portland, OR 97232-2182
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E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

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DERIEG

Application for Licensure by Endorsement DS

Attach appropriate non-refundable fee with application where appropriate
Please type or print clearly using blue or black ink



For which license are you applying? RN LPN

Derieg Last Name Mary First Name Kathryn Middle Name

Stark Former/Maiden Name(s) Date of Birth

945 Harrison St. Mailing Address Denver City CO State 80206 Zip Code
Ontario, OR USA Place of Birth (city/state/country)

945 Harrison St. Mailing Address Denver City CO State 80206 Zip Code

(303) 399-4338 Area Home Code (303) 436-6690 Area Work Code Mary.Derieg@dhha.org E-mail
 Unlisted Home Number

Gender (optional): Female Male

Ethnic Information (optional):
 African American Asian Indian Asian (other) Hispanic Native American
 Pacific Islander Caucasian Other:

Original RN/LPN License
In which state or U.S. jurisdiction were you originally licensed?: CO / 168195 State/License Number

In which state or U.S. jurisdiction did you practice most recently?: CO / 168195 State/License Number

Are you working in a compact state on privilege? Yes No
If yes, under which state license are you currently working?: State/License Number

All RN/LPN License(s)
List all states or U.S. jurisdictions in which you have ever been licensed:
CO / 168195
State/License # State/License # State/License # State/License #
State/License # State/License # State/License # State/License #

2007140447 RN

1	Do you have a physical, mental or emotional condition that in any way impairs your ability to perform nursing duties with reasonable skill and safety?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
2	Have you ever been arrested, charged with, entered a plea of guilty, no contest, convicted of or been sentenced for any criminal offense either misdemeanor or felony, including driving under the influence, in any state? (The fact that a conviction has been pardoned, expunged (excluding juvenile record expungement), dismissed or that your civil rights have been restored does not mean that you answer this question "NO"; you would answer "YES" and give details on the charge).	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
3	Have you ever been investigated for any type of abuse in any state?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
4	Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
5	Are any disciplinary actions <u>pending</u> against your nursing license/certificate in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
6	Have any disciplinary <u>actions been taken</u> against your nursing license/certificate in any state or US jurisdiction?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
8	Do you use, or have you used in the last five years, chemical substance(s) in any way, which impairs or limits your ability to perform as a nurse with reasonable skill and safety? "Chemical Substance" includes alcohol and drugs.	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
9	Are you currently engaged in the illegal use of controlled substances? (Illegal use of controlled substances means the use of controlled substances obtained illegally (e.g. heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider).	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO
10	Have you ever been found in any civil, administrative or criminal proceeding to have: a) Possessed, used, prescribed for use or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed controlled substances for yourself? b) Committed any act involving dishonesty or corruption? c) Violated any state or federal law or rule regulating the practice of a health care profession?	a) <input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> No
		b) <input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> No
		c) <input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> No
11	Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential to avoid or in connection with action by such authority?	<input type="checkbox"/> YES Explain	<input checked="" type="checkbox"/> NO

If you answered YES to any of the questions, "Explain" on a separate sheet.

Refusal to provide a Social Security Number (SSN) will result in denial of license/certificate issuance or renewal. This record of your SSN will be used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other use. If any disciplinary action is taken against your license/certificate, your SSN will be reported to the federal Health Care Integrity and Protection Data Bank. Authority: ORS 25.785, ORS 305.385, USC § 666(a)(13).

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license/certification. I am aware that the Oregon State Board of Nursing will conduct a criminal records check through the Law Enforcement Data System (LEDS).


Signature of Applicant

11/17/06 11/17/2006
Date (mm/dd/yyyy)



Oregon State Board of Nursing

800 NE Oregon Street, Suite 465, Portland, OR 97232-2162
Phone: 971-673-0685 • Fax: 971-673-0684 • License Verification: 971-673-0679
E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Nursing Education History

Please type or print clearly using blue or black ink

- Please complete the requested information for all nursing education programs completed.
- Please do not attach resume and do not list individual courses taken or continuing education.
- Obtain sealed nursing transcripts from the schools.
- Begin with most recently completed nursing program and work backwards in time.

Mary Derieg _____
 First Name Last Name Social Security Number

University of Colorado Health Sciences Center Denver, CO USA _____
 School Name School City and State/Country

Degree/Certificate Earned:

- | | | |
|--|--|--|
| <input type="checkbox"/> LPN/LVN Certificate | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Diploma | <input checked="" type="checkbox"/> Bachelor's Degree in Nursing | <input type="checkbox"/> Doctorate Degree in Nursing |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Post-master's Certificate |
| <input type="checkbox"/> Associate Degree in Nursing | <input type="checkbox"/> Master's Degree in Nursing | <input type="checkbox"/> Other: _____
(specify) |

68/15/2002 12/17/2004
 Date Enrolled (MM/DD/YYYY) Date Graduated (MM/DD/YYYY)

Nursing _____
 Major Specialty/Type (if applicable)

Name Listed on Transcript: Mary Derieg

 School Name School City and State/Country

Degree/Certificate Earned:

- | | | |
|--|---|--|
| <input type="checkbox"/> LPN/LVN Certificate | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Bachelor's Degree in Nursing | <input type="checkbox"/> Doctorate Degree in Nursing |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Master's Degree | <input type="checkbox"/> Post-master's Certificate |
| <input type="checkbox"/> Associate Degree in Nursing | <input type="checkbox"/> Master's Degree in Nursing | <input type="checkbox"/> Other: _____
(specify) |

 Date Enrolled (MM/DD/YYYY) Date Graduated (MM/DD/YYYY)

 Major Specialty/Type (if applicable)

Name Listed on Transcript: _____



NAME: DERIEG, MARY KATHRYN
 STUDENT NR:
 PRINT DATE:

BIRTHDA
 *AG

COURSE TITLE CRSE NR HRS GRADE

ISSUED TO: MARY DERIEG
 945 HARRISON ST
 DENVER CO 80206

REQUESTED BY: MARY KATHRYN DERIEG

HIGHER EDUC. INSTITUTIONS: TREASURE VALLEY COMMUNITY COLL 06/95 - 03/98
 ONTARIO OR
 UNIV CALIF DAVIS 08/98 - 06/02
 DAVIS CA DEGREE: BA 06/02

 SPRING SEM 2004 HEALTH SCIENCES CENTER
 SCHOOL OF NURSING NURSING

INTERDISCIPLINARY ETHICS NURS 5836 3.0 P 0.0
 & LAW
 PRIMARY HEALTH CARE NURS NUDO 6023 3.0 A 13.3
 MD CLINICAL SEMINAR I NUDO 6115 1.0 A 4.0
 MENTAL HLTH NURSING NUDO 6153 5.0 A 20.0
 NC: ADULTS/COMPLEX DISEAS NUDO 6224 5.0 A 20.0
 ATT 17.0 EARNED 17.0 GPASRS 14.0 GPAPTS 65.10 GPA: 3.930
 COMPLETED ALL REQUIREMENTS FOR ELIGIBILITY FOR
 MOLEX-RN - MAY 29, 2004

FALL SEM 2002 HEALTH SCIENCES CENTER
 SCHOOL OF NURSING NURSING

CLINICAL INQUIRY NUDO 5000 3.0 B+ 9.9
 NURS INTVNS-ARTS&SKILLS NUDO 5011 3.0 A 12.0
 HUMAN ANAT & PHYSIOLOGY NUDO 5119 5.0 A 19.5
 INTRO REFLECTIVE PRACT NUDO 5110 1.0 A 4.0
 MICRO & INFECT DISEASE NUDO 5119 3.0 A 12.0
 DISCIPLINE & PRACT NURS NUDO 5120 1.0 A 4.0
 ATT 16.0 EARNED 16.0 GPASRS 16.0 GPAPTS 60.40 GPA: 3.775

SUMMER SEM 2004 UCDHSC HEALTH SCIENCES
 SCHOOL OF NURSING NURSING

CLINICAL EXTERNSHIP NUDO 6031 8.0 A 32.0
 ADVANCED PATHOPHYSIOLOGY NURS 6243 3.0 A 11.1
 ATT 11.0 EARNED 11.0 GPASRS 11.0 GPAPTS 43.10 GPA: 3.918

SPRING SEM 2003 HEALTH SCIENCES CENTER
 SCHOOL OF NURSING NURSING

CARING IN LITERATURE NUDO 5010 2.0 A 8.0
 CL PR: HLTH ASSESS/PROM NUDO 5021 3.0 A 12.0
 HLTH ASSESSMENT&PROMOTION NUDO 5023 3.0 A 11.1
 COME THERAPY-ORAL TRAD NUDO 5030 2.0 A 8.0
 PHARMACOLOGY NUDO 5129 3.0 A 12.0
 PATHOPHYSIOLOGY NUDO 5203 3.0 A 12.0
 ATT 16.0 EARNED 16.0 GPASRS 16.0 GPAPTS 63.10 GPA: 3.946

FALL SEM 2004 UCDHSC HEALTH SCIENCES
 SCHOOL OF NURSING NURSING

INTRO TO MD RESIDENCY NUDO 7017 1.0 A /IP 4.0
 PUBLIC HEALTH NURSING NUDO 7120 2.0 A 8.0
 ADV PRAC: COMMUNITY (ANAL) NUDO 7121 3.0 A 12.0
 HUMN TECHNOLOGY INTERFACE NURS 6013 2.0 A 7.9
 INFERENCEIAL STATS IN NRS NURS 6493 3.0 A 12.0
 HLTV ASSESSMENT NURS 5741 3.0 A 12.0
 ATT 14.0 EARNED 14.0 GPASRS 14.0 GPAPTS 56.40 GPA: 3.950

SUMMER SEM 2003 HEALTH SCIENCES CENTER
 SCHOOL OF NURSING NURSING

CARE/ADULTS & OLDR ADULT NUDO 5836 7.0 A 28.0
 HLTH SYSTEMS/HLTH POLICY NURS 6012 1.0 A 4.0
 ATT 9.0 EARNED 9.0 GPASRS 9.0 GPAPTS 36.00 GPA: 4.000

SPRING SEM 2005 UCDHSC HEALTH SCIENCES
 SCHOOL OF NURSING NURSING

CLN PRAC: CARECASE MGR NUDO 7011 5.0 A 20.0
 NRSO CARE/CASE MGMT NUDO 7013 4.0 B 12.0
 CAPSTONE PROJECT NUDO 8015 (1.0) F /IP 0.0
 PHC OF CHILDREN/WELL CHLD NURS 6477 3.0 A 11.1
 SYS ASMT, PROG DMS EVAL NURS 6673 3.0 A 11.1
 ATT 16.0 EARNED 15.0 GPASRS 16.0 GPAPTS 54.20 GPA: 3.168

FALL SEM 2003 HEALTH SCIENCES CENTER
 SCHOOL OF NURSING NURSING

NURSING THEORY NUDO 5130 2.0 A 8.0
 NURS CARE - CHILDREN FAM NUDO 6018 5.0 A 20.0
 MD SEMI: CHILDREN FAM NUDO 6018 1.0 A 4.0
 CARING - ART & MUSIC NUDO 6020 3.0 A 12.0
 NURS CARE/CHILD & ADOLRS NUDO 6113 5.0 A 20.0
 ATT 16.0 EARNED 16.0 GPASRS 16.0 GPAPTS 64.00 GPA: 4.000

SUMMER SEM 2005 UCDHSC HEALTH SCIENCES
 SCHOOL OF NURSING NURSING

ADV PHARM & THER NURS 6222 3.0 A 12.0
 AP I: NRS NURS 6755 2.0 A 8.0
 ATT 5.0 EARNED 5.0 GPASRS 5.0 GPAPTS 20.00 GPA: 4.000

***** NO FURTHER ENTRIES THIS COLUMN *****

FALL SEM 2005 UCDHSC HEALTH SCIENCES
 GRADUATE SCHOOL NURSING - MD

CAPSTONE PROJECT NUDO 8015 1.0 A 4.0
 MD RESIDENCY NUDO 8017 (1.0) IP 0.0
 MGT INFO /DEPT SUPPT NURS 6304 3.0 B 9.0
 PRIM CARE OF WELL WOMAN NURS 6343 2.0 A 8.0
 CARE DURING PREG/BIRTH NURS 6372 1.0 A 4.0
 ***** NO FURTHER ENTRIES THIS PAGE *****

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Teri Burison and Ingrid Bachholz
 Registrars
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 on the word "OFF" should appear. A BLANK OR WHITE OR A COLOR COPY SHOULD NOT BE ACCEPTED.



NAME: DERING, MARY KATHRYN
 STUDENT NR:
 PRINT DATE:

***** NO FURTHER ENTRIES THIS PAGE *****

COURSE TITLE	COURSE NR	HRS	GRADE	PTS
PRIMARY CARE OF CHILD	NURS 6487	3.0	B+	6.6
MINOR ACUTE ILLNESS				
FNP	NURS 6756	3.0	A	12.0
DIAG/MGMT I:ACUTE	NURS 6827	2.0	A	8.0
ALTERATIONS IN HEALTH				
ATT 15.0 EARNED 14.0	GRAHRS 14.0	GPAPTS 51.00	GRA 3.686	

----- SPRING SEM 2006 UCDSHC - HEALTH SCIENCES -----

GRADUATE SCHOOL NURSING - ND

DNP RESEARCH PROJ PROPOS	NURS 7018	1.0	A	4.0
HIGH CARE FINANCE MGMT	NURS 6305	3.0	B	9.0
CHRONIC ILLNESS/DISABILITY	NURS 6497	3.0	A	9.0
AD FNP	NURS 6757	4.0	A	16.0
EVIDENCE BASED PRACTICE	NURS 6836	3.0	A	12.0
CHRONIC ILL IN HEALTH	NURS 6837	3.0	A	11.0
APRN ROLE CONCEPTS &	NURS 6858	1.0	A	4.0
PROFESSIONAL ISSUES				
PHO URGENT/EMERG SITUATION	NURS 6897	3.0	A	8.0
(COURSE TAKEN THROUGH HEALTH SCIENCES CTR-CONT EDUC)				
ATT 18.0 EARNED 18.0	GRAHRS 18.0	GPAPTS 58.10	GRA 3.783	

----- SUMMER SEM 2006 UCDSHC - HEALTH SCIENCES -----

GRADUATE SCHOOL NURSING - ND

DNP LEADERSHIP ROLE REST	NURS 8018	2.0	A	8.0
FNP	NURS 6757	3.0	A	12.0
ATT 5.0 EARNED 5.0	GRAHRS 5.0	GPAPTS 20.00	GRA 4.000	

----- FALL SEM 2006 UCDSHC - HEALTH SCIENCES -----

GRADUATE SCHOOL NURSING - ND

DNP RESEARCH PROJECT	NURS 8018	3.0	***	0.0
FNP	NURS 6757	3.0	***	0.0
ATT 5.0 EARNED 0.0	GRAHRS 0.0	GPAPTS 0.00	GRA 0.000	

DEGREE CONFERRED:
 BACHELOR OF SCIENCE IN NURSING DEC 17, 2004
 HEALTH SCIENCES CENTER
 SCHOOL OF NURSING
 MAJOR: NURSING

CUMULATIVE CREDITS:

	TR HRS	CD HRS	TOT HRS	QUAL HRS	QUAL PTS	GPA
PROF SEM	0.0	94.0	94.0	92.0	354.60	3.854
GRAD SEM	0.0	62.0	62.0	62.0	236.40	3.813
*** END OF ACADEMIC RECORD ***						

Art Burson and Ingrid Eschholz
 Registrars

University of Colorado at Denver and Health Sciences Center
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Oregon State Board of Nursing

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E-mail: oregon.bn.info@state.or.us • Website: www.oregon.gov/OSBN

Nursing Practice History

Please type or print clearly using black ink on the front and back

- If you worked for a multi-state corporation or agency, list location of your assignment(s), not the state where the corporate headquarters is located.
- List your nursing practice history, for the most recent five years in which you practiced nursing.
- Complete a separate section for each nursing position in the last or most recent five years.
- If you volunteered or did private duty, give the name and address of the registry or individual.

Mark here if you are a recent nursing graduate and do not have a nursing practice history.

Mary

First Name

Derieg

Last Name

Social Security Number

Indicate your practice hours by calendar year for the most recent six years you have practiced. Do not include hours you were on vacation, sick leave or leave of absence. For example, if you last practiced in 2000, complete 1995-2000.

Year Practiced	Total Hours Practiced	Nursing License(s) Used for Practice
2005 - 2006	1864	CO / 168195
2004 - 2005	1372	CO / 168195

Denver Health		(303) 436-6000	
Employer Name (or most recent employer—not agency)		Area Code	Telephone Number
777 Bannock St.		Denver	CO 80204
Employer Address		City	State Zip Code
07/01/2005	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If not Employed, End Date (MM/DD/YYYY)	
Start Date (MM/DD/YYYY)	Still Employed?		
<input checked="" type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input checked="" type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 Hrs a week)			
Registered Nurse		Researcher	
Position Held		Primary Duties as a Nurse (Describe briefly)	

Denver Health		(303) 436-6000	
Employer Name (Not agency)		Area Code	Telephone Number
777 Bannock St.		Denver	CO 80204
Employer Address		City	State Zip Code
07/27/2004		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Start Date (MM/DD/YYYY)	Still Employed?	If not Employed, End Date (MM/DD/YYYY)	
<input checked="" type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input checked="" type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 Hrs a week)			
Registered Nurse		Acute Care Med/Surg/Telemetry/Oncology	
Position Held	Primary Duties as a Nurse (Describe briefly)		

		()	
Employer Name (Not agency)		Area Code	Telephone Number
Employer Address		City	State Zip Code
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Start Date (MM/DD/YYYY)	Still Employed?	If not Employed, End Date (MM/DD/YYYY)	
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 Hrs a week)			
Position Held	Primary Duties as a Nurse (Describe briefly)		

		()	
Employer Name (Not agency)		Area Code	Telephone Number
Employer Address		City	State Zip Code
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Start Date (MM/DD/YYYY)	Still Employed?	If not Employed, End Date (MM/DD/YYYY)	
<input type="checkbox"/> Paid Nursing Practice or <input type="checkbox"/> Volunteer Nursing Practice			
<input type="checkbox"/> Full time or <input type="checkbox"/> Part Time (Less than 36 Hrs a week)			
Position Held	Primary Duties as a Nurse (Describe briefly)		