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 or 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 soley 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).

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

< Previous Next >

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):

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

Address	Phone	Start	End
932 W Idaho Ave	5418892244	11/2007	Curren
3668 N Harbor	2066592312	07/2010	Curren
3579 Franklin Blvd	541-344- 9411	02/2018	Curren
	932 W Idaho Ave 3668 N Harbor	932 W Idaho Ave 5418892244 3668 N Harbor 2066592312	932 W Idaho Ave 5418892244 11/2007 3668 N Harbor 2066592312 07/2010

Planned Parenthood Columbia Willamette-	2330 NE Division St	888-875-	11/2018 Curi	ront
Bend	Ste 7	7820	1 1/20 10 Cuii	em

Qualifications-NP

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

I have practiced 960 hours soley 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).

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

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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:

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:

I choose to opt out of having certain personal information shared with non-state entities or for nonpublic 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 or 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

The Alla No.		Int.		I .
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

ŀ	Title	Туре	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 soley 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 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, 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
IStark Medical	1	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

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

^{*}Indicates required field

^{*} Dy 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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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:

206-430-0316 Unlisted: False

Secondary Phone:

Contact Preference: E-MAIL

Email Address:

starkmedmary@gmail.com

Gender:

I choose to opt out of having certain personal information shared with non-state entities or for nonpublic 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 explaination.
 - 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 <u>or</u> 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 <u>or</u> have you ever been denied a license or certificate, <u>or</u> 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	2312	07/2010	Current

Continuing Education

Title	Туре	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 soley 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	

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	l	206-659-	07/2010	
NORTHWEST_	Harbor	2312		

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	1	206-659- 2312		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

* ☑ 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.



^{*}Indicates required field

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):

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:

I choose to opt out of having certain personal information shared with non-state entities or for nonpublic 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 explaination.
 - 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 <u>or</u> 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 <u>or</u> have you ever been denied a license or certificate, <u>or</u> 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	Туре	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 soley 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	-00 I - III I I I I I I I I I I I I I I	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 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, 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

* Dy 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

1204 W Highland View Dr

Home Address

(Line 2):

(Line 1):

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:

Click the Next button to continue.



^{*}Indicates required field

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

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)

Click the Next button to continue.

< Previous

Next >

^{*}Indicates required field

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

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		541-889- 2244	11/2007	Current	Edit
NS CENTRAL OREGON COMMUNITY COLLEGE	2600 NW COLLEGE WAY	5413837546	11/2009	Current	

^{*}Indicates required field

Click the Next button to continue.



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



Oregon Board of Nurside

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

APR 2 8 20 Authority to Dispense Self-Assessment Test Please print and forward to the OSBN with Authority to Dispense Application

	Appli	icant Name: // MM Stark		
	Socia	I Security Number CNS or NP License #	: <u>2</u>	007 90019NP
	Date	Test Completed: 4-21-09		
,	All r ansy best	TRUCTIONS: naterials received in your dispensing packet may be used to answers are drawn from these materials, and reflect a survey of starpractice recommendations. Please choose the one best correct and the CHOICE (FILL IN THE CIRCLE FOR THE ONE, BEST AND ADDITIONAL AND ADDITIONAL AD	te ai answ	nd federal regulation, as well as ver.
	man a	The Institute for Safe Medication Practices (ISMP) lists several error- prone abbreviations. How should a prescription reflect the instruction to take it nightly at bedtime?	0000	A. qhs B. qd (EVES) C. hs D. write out "use nightly"
	2.	In the Prescriptive Authority in Oregon booklet, which drug listed below is exempt from the child resistant packaging law?	• 0 0 0	A. Steroid dose packs B. Prenatal Vitamins C. Aspirin D. Amoxicillin
	3.	Which of the following is <u>not</u> a requirement for prescription labeling, in accordance with Oregon State Pharmacy regulations OAR 855-043-0001 (Non-Pharmacy Dispensing Outlets)?	0 • 0 0	A. DateB. Address of the PatientC. Name of the PractitionerD. Directions for use
	4.	According to OAR 855-041-0065 and the Prescriptive Authority in Oregon booklet, if a non-controlled substance medication is ordered "prn" and a defined number of refills are written, it may be refilled for:	00.0	A. 6 monthsB. 3 refillsC. 2 yearsD. Until the prescriber authorizes it to be changed
	5.	The following medications may <u>not</u> be refilled without a new handwritten prescription:	0000	A. "Morning After Pill"B. InsulinC. MethylphenidateD. Xolair
	6.	Drug dispensing records must be kept by the practitioner for a minimum of :	0000	A. I year B. 6 months C. 3 years D. 7 years
	7.	According to Poison Prevention Packaging: A Text for Pharmacists and Physicians, which medication is required to be packaged in child resistant packaging?	0	A. Ibuprofen (>200mg dosage) B. Lidocaine (if >5mg per package) C. Oral Contraceptives

O D. Vitamin K

8.	According to the Prescriptive Authority in Oregon booklet, which medication may be dispensed or prescribed by a Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) for pain management only?	0000	A. Codelne B. Darvon C. Methadone D. Propoxyphene N-100
9.	According to the ISMP, which of the following is a common drug name abbreviation that can result in error?	• 0 0 0	A. T3 B. STMP C. HPV D. K+
10	. Which of the following elements make up a state defined "tamper proof" prescription?	000	 A. Sequential numbering B. Heat sensitive ink C. Watermark which can't be copied 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.		O
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.	•	0
13.	According to OAR 851-056-0024 (2)(b), labels must include a physical description of all medications dispensed.	•	0
14.	According to OAR 855-043-0001, all drugs dispensed must contain an expiration date.	•	0
15.	Under the Poison Prevention Packaging Act (PPPA) a patient must have <u>all</u> medications dispensed in child proof packaging.	0	•
16.	The ISMP preferred abbreviation for magnesium sulfate is Mg S04.	0	•
17.	A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) may dispense buprenorphine for narcotic addiction on an outpatient basis.	0	•
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.	0	•
19.	Registration with the DEA (Drug Enforcement Administration) is required to prescribe, procure, distribute, or dispense Schedule II-V drugs.	•	0
20.	A Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) may delegate dispensing functions to a RN or medical assistant.	0	•

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

Signature:

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



666(a)(13).)

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**

	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 Authorit	sy! = CNS XNP
SECTION 2: NAME & ADDRESS	
Last Name: Stark	<u> </u>
First Name: M (L. Y. V.)	Middle Name: Kathryw
Former/Maiden Name(s): Derieg	
Address: 620+ N.W Vanama St	,
city: Bund	State: 0 R Zip Code: 97701
Email: Starkmedmary@anail	· Com
Home Telephone: (303)913-4330 Unlisted? Styles No	Work Telephone: (541)317-8896
SECTION 3: PERSONAL IDENTIFIERS	1) Constitution of the Con
Country of	Birth: USA
City of Birth: Ontario	_ State of Birth O C Gender: XFemale — Male
Ethnicity: (Optional. Check one) African American/Black American Indian/Alaska Native Asian (e.g., Filipino, Japanese, Chinese, etc.)	Caucasian/White Hispanic or Latino Native Hawaiian/Other Pacific Islander Multi-ethinic or racial background
Social Security Numbe	
(Refusal to provide a Social Security Number (SSN) will result in denial of license/cert	ificate issuance or renewal. This record of your SSN will be used for child

FEE OWED FOR THIS

Adv Prx License #

support enforcement and tax administration purposes (including identification) only, unless yeu authorize other use. If any disciplinary action is taken against your license/certificate, your SSN will be reported to the federal Heath Care Integrity/and/Projection Data Bank, Authority: ORS 25.785, ORS 305.385, USC

Consultant's Appro

RN License#

SECTION 4: PRACTICE INFORMATION	
Please provide the primary location you will be utilizing y additional locations of practice, please attach a separate	your authority to dispense prescription drugs in Oregon. If there will be piece of paper that includes the additional location information.
Four Rivers Clinic	, ,
Primary Practice Name	Telephone number
640 SW 4th Ave	1 1
Address	
Ontario	02 97914
City	State Zip code
	State Lip Code
SECTION 5: REQUEST FOR AUTHORITY T	O DISPENSE PRESCRIPTION DRUGS
Please check the following boxes, as appropriate. It is have reviewed each of the following materials:	
	oners and Clinical Nurse Specialists. (OSBN Publication)
Pharmacist's Manual (DEA Publication).	oners and Chinear rights specialists. (Cobri (Contacton)
3. Oregon Administrative Rule 851-056	
Oregon Administrative Rule 855 (provided selection	l'an
5. Oregon Revised Statute Chapter 689 (provided sele	•
• "	ts and Physicians (US Consumer Product Safety Commission publication).
	se Designations (The Institute for Safe Medication Practices publication).
8. Oregon State Board of Pharmacy list of manufacture	• • •
-	dily available, as evidenced by the following. (Check all that apply.)
	tan statistical area (as definded by the federal Office of Management
and Budget).	
2. The patient lives 30 or more highway miles from the	e closest hospital within the major population center in a metropolitan
statistical area (as defined byt the federal Office of i	Management and Budget).
X3. The patient lives in a county with a population of les	ss than 75,000.
4. The patient receives services from a health safety no	
5. The patient participates in a patient assistance progr	
\square 6. The patient is seen at a qualified institution of higher	r learning (i.e college health center).
χ I affirm that granting me the authority to dispen	se prescription drugs would correct this lack of access.
I have a plan to obtain DEA certification to dispens	e.
inventory and distribution of contro	
	ty Self-Assessment Test and have reviewed the correct answers.
A I verify I have at my dispensing site the hard copy presciption drug reference.	y or electronic version of <u>VDL 7009</u>
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 Icense, my social security number will be reported to the federal Health Care Integrity and Protection Data Bank.

Printed Name: Mary Stay E.	Date (mm/dd/yyyy): 0,4/21/2009
Signature:	, in the second sec
Signature:	

(Application will not be processed without signature.)



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

314482 APR 118

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 X Legal Name change Address and Name change Address only (No fee) Replacement Reason: Date of Birth Social Security Number 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. Legal documentation can be a copy of your marriage license, divorce papers (the page(s) that directly change your name) pertaining to your name change, or other court orders or decrees. 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. A fee is not required for address change only in the OSBN database. 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 wailet card for the following license/certification: ☐ CNA \$10 ☐ CNA/CMA \$10 ☐ LPN \$12 ☐ RN \$12 ☐ RN/NP \$12 ☐ RN/CRNA \$12 ☐ RN/CNS \$12 Print Old Information Address and/or Name:

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

Signature

Initial NP Certification Checklist

	uncauon Checkust
DEMOGRAPHIC DATA Date: 7/21/07	
Name: Many Devies NP Category Sought: FNP	
NP Category Sought: FNT	
Current RN License: endersume	Unencumbered Ves D No
EDUCATIONAL PREPARATION Basic Education: U.O. COLON AND HOULT	Year Graduated: 2004 Degree: B&W
Basic Education: U of Colon Ano Health Masters Education: U of Colon Aoo	Year Graduated: 2.00 6 Degree: MS
MS or MN Transcript present: WO Graduate of Program Outside US! I Yes	CCNE or NLNAC Accredited Yes I No Credentials Evaluation Complete? I CGFNS I IERF
NP Program: NOF COLONADO	Year Complete: 2005 Integrated: 400
Specialty: also completed ND (D	INP)
	Cyany Niewast of accompagnation with plants
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:	
Program Characteristics Verified per Form:	
Faculty Educationally Prepared and APN	
	nt Pharmacology Pathophysiology Differential
Diagnosis p/Cli nical Management	
Advanced Placement Documented □ or N/A □	
 Completion of All Pre-licensure Nursing Curricul 	lum Before Advancement into NP Clinical □ or N/A 😿
PRACTICE REQUIREMENT	
Practice Hours Met by:	
Education within 1 year of application of	
Education within 2 years of application and 192 hours	
960 hours of practice as an NP within the last 5 years Completion of Reentry program of 350-1000 hours	
PRESCRIPTIVE AUTHORITY	and for hours of the wyin 2 years in
Prescriptive Booklet Card Signed □	
Rx privileges form complete x	NUKS 6222 3,0 credits acos
Pharmacology 45 contact hours within last 2 years ★Yes □No	- - -
Continuing Education Course from Approved List T Practice Integration with Prescriptive Authority From	
Completion of 30 Hour Course with Prior Active Pres	The state of the s
Pharmacotherapeutics completed in last 2 years	verper a receiver a real to avail or and an
NP app Nursing Ed Transcript Nerification	/ pp //4011
\$150 Nursing PX NP tscript Course Descrips RN# or pending Discipline?	PP app / 0 hrs pharm / 575 / Vtscript CE Exp Date / postcard COPY Lic_PP
TK 8/31/2006	

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.lnfo@state.or.us • Website: www.oregon.gov/OSBN

63531 JAN 265

Nurse Practitioner Prescriptive Authority Application Please type or print clearly using black ink

NP Specialty:	Acute Care	Family	Neonatal	☐ Ped	diatric	
	☐ Adult	Gerlatric	☐ Nurse Midwife	☐ Psy	//Mental Hith	n
	☐ Women's Hea	Ith Care	•			
Mary	Ka	thrun	Deviea		,	
First Name	Mid	dle Name	Last Name			
	-	·	Ontario.	OR		
social Security Nui	mber Daté o	f Birth (MM/DD/YYY)	() Place of Birth			
946 Har	vison St.	Den	ver Co	\mathcal{I}	302th	
Mailing Address		Cit	ty St	١	Zip Code	
(303 399-4	1338	Mar	U. Deriea a	dhho	L.ora	. <u></u>
Area Code Hor	ne Telephone 🔲 Un	listed Em	Address	0	7-0-1	
952 W	. Idaho f		tario Ul		17914	
Practice Address	· - · /	Ci	ty St	ate :	Zip Code	
(541) 889-	2244					
Area Code Tele	ephone	Email Address	5			
I have Draggrintive	. Drivilagae in anathou	the Diver	NO			
I have Prescriptive	Privileges in another s	state: LITES M	NO	·.		
I have a DEA num If NO DEA number		0				•
		ng, and I will notify t	he OSBN once I receive	it.	•	
☐ I decline DEA re	egistration at this time	Ma		•		•
	· ·	00.000		ature of Ap	plicant	
If VEC you have a	DEA number weite ve	ur DEA number bore		•	•	
If 1ES, you have a	DEA number, write yo	our dea number nere				
	DEA Numb	er				
						-
have satisfactorily co	ompleted 40 contact-he that meets the OSBN's	ours of a discrete (no	on-Integrated)	NZ v	res 🗍	NO
pplication. OR	that meets the OSDN's	circeria within two	rears prior to this	י אבי	E2	NO
haifea wanaktaasi ta aasa		Lange de la companya	I fara addin a tara a a a a tata a a a a basa d			
nave practiced in an 1th a minimum of 20	expanded specialty ro 10 hours within the pas	ie with prescriptive a t two years <u>and</u> com	authority in another state	• 🗆 '	YES 💢	NO
	at some other time the					
Please attach c	ony of Transcript(s)	or Continuing Educ	cation Certificate and	course ou	tlina/e\ ==d	/or
escription(s).	opy of framscript(s)	oi communid Enn	Lation Columbate and	COUISE ON	mine(2) and	/ UF

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?	YES X NO Explain			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).	Expl		X	NO
3	Have you ever been investigated for any type of abuse in any state?	Expl		1 20	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?	Expl	YES ain	X	NO
5	Are any disciplinary actions <u>pending</u> against your nursing license in any state or US jurisdiction?	Expl	YES ain	X	NO
6	Have any disciplinary <u>actions been taken</u> against your nursing license in any state or US jurisdiction?	Exp	YES ain	Щ	NO
7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?	Exp	YES lain	M	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.	Exp	YES lain	风	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).		YES lain	汝	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) b)	YES Explain		() No () 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? If you answered YES to any of the questions, "Explain" on a separate sh	Explain		NO	
If yo	ou do not have or can not obtain a Social Security Number attach signed a Applicant/Licensee to this application.		tarized	Affi	davit of
awai deni crim subr Infoi	reby certify that I am the above named individual and that the information given is re that falsifying an application, supplying misleading information or withholding interest all or revocation of license/certification. I am aware that the Oregon State Board of inal record check through the Law Enforcement Data System (LEDS). I voluntarily mit my Social Security Number to the National Council of State Boards of Nursing formation System (NIS), an unduplicated record of all nurses in the United States.	forma Nursi autho	tion is g ng will c rize the	roun condu Boar	ds for uct a rd to



Oregon State Board of Nursing
800 NE Oregon Street, Suite 465, Portland, OR 97232-2162
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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 a	ll that apply)	CRNA (Chec	k all that apply)				
RN current in Oregon No Fee RN current in another state		rs in Nursing	·	ters in Nursing				
RN expired Oregon license \$80	· ·	rs in Non-Nursing	l	ters in Non-Nursing				
Kit expired eregen neems 400	E Mase	o militari ivaising		tificate/Other				
	ND /Charles	I start and a						
NP \$150 (per specialty)	NP (Lneck a	ll that apply)	for this applicat	lonu				
NP \$150 (per specialty) Required Initial Prescriptive Auth	ority	e Care Pedia		1				
Masters in Nursing	Adult	<u>=</u>	e Midwife	Geriatric				
Masters in Non-Nursing	M Famil		e midwife L Mental Hith L	Neonatal				
Certificate/Other	Les Fairin	y LJ F59/1	rental muli] Neonatai				
Mary	Lathrun	Dor	iea					
First Name	Middle Name	Lasi	: Name					
Stark-			⊠ Fen	nale 🔲 Male				
All other names and allaces (If none	Indicate NONE)			ender Optional				
	,	P	4.50	00				
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Mailing Address		City	State	Zip Code				
(303) 399-4338	Ma	ry-Deri	eq (a) dhi	ha-org				
Area Code Home Telephone	Unlisted Email	Ad dré ss	<u> </u>					
Colorado RN 16	08195 exp	,09/0 7E ver a nu	rse in Oregon?	YES X NO				
Original State(s) of RN Licensure and	d State Certification	7						
List all n	List all nursing licenses: type, state, and expiration date If "None" indicate None							
Statistical Only:	A NONE II	idicate Notic						
African	Native		Asian/ Pacific	☐ Other				
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For official use ONLY		LE	DS Date)	Issue Date				
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Consultant's Approval	RN N	o: 200 1 101	1100	•				
Date 8/8/17	007 Cert No	2007 404 2007 500	19 Nr	•				

	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?		/ES plain	Ø	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).		YES plain	×	NO	
	3	Have you ever been investigated for any type of abuse in any state?		YES plain	Ø	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?		YES plain	凶	NO	
	5	Are any disciplinary actions <u>pending</u> against your nursing license/certificate in any state or US jurisdiction?		YES plain	M	NO	
	6	Have any disciplinary actions been taken against your nursing license/certificate in any state or US jurisdiction?		YES plain	网	NO	
	7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?		YES plain	×	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.		YES (plain	X	NO	
	9	Are you currently engaged in the lilegal 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).	_	YES (plain	XI, 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) b) c)	YES Explain YES Explain YES Explain		Мо Мо Мо	
	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? If you answered YES to any of the questions, "Explain" on a separate	E	YES kplain	Æ	NO	
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 8 666(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 faisifying 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.							
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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 <u>all nursing education programs</u> 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.
May Derico First 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 Master's Degree in Nursing
Objectify) Objectify) Date Enrolled (MM/DD/YYYY) Nursing Family Nurse Practitioner Specialty/Dype (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: May Kahrun Dere
University of Colorado at Denver & Heath Sciences Center Denver CO School Name School City and State
Liversity of Colorado at Denver 4 Health Sciences Center Denver CO School Name School City and State
Liversity of Colorado at Server & Hath Sciences Center Denver Co School Name School City and State



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.

Mark here if yo	u are a recent nursing	graduate and do no	t have a nursi	ng practice history.
Mary	De	riea		·
irst Name	Last	Name	Socia	Security Number
Indicate your practice h hours you were on vaca 1985-1990.	ours by calendar year for the	e most recent six years bsence. For example, if	you have practice you last practice	ed. Do not include d in 1990, complete
	Year Practiced	Total Hours Practiced		icense(s) Used for Practice
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Employer Address		City	State	Zip Code
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Paid Nursing Practic	· ·		· . · .	
Full time or	Part Time (Less than 36 H	irs a week)		

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

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NAME: DERIEG; MARY KATHRYN STUDENT NP-PRINT DAT!

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UNIVERSITY OF GOLORADO

GUIDE TO TRANSCRIPT EVALUATION

Campus Locations:

(719) 262-3370

University of Casorada at Boulder Treascript Office, 068 UCD Boulder, CO 80309-6068 (203) 492-8907

University of Optoneco as Theorem and Muslim Sciences Center - Downtown Denver Compus Bux 167 P.O. Box 178364 Donyut, CO 80217-3364

University of Columbia at Coloredo Springs Transcript Office P.O. Box 7130 Colorado Springa, CO 80933-7150

University of Colorado at Deriver and Health Sciences Center - Health Sciences 4200 East 9th Avenue, A-0/54 Denver, CO 80262

(303) 658-9389

The University of Coloredo at Deriver and the Heistin Sciences Center were consolidated leto a single restitution. University of Colorado at Denvior and Health Sciences Center (UDDHSC) of Tuber (2004 (Colorado at Denvior and Health Sciences Center (UDDHSC) of Tuber (2004 (Colorado at Denvior and Health Sciences Center (UDDHSC) of Tuber (2004 (Colorado at Denvior and Health (Colorado at Denvior and Health (Colorado at Denvior at Health (Colorado at Denvior at Health (Colorado a securate leating of courses by compute will continue until further notice.

University of Colorado credit is also provided impagn superate Division of Continuing Education/Extenden Studies programs associated with each compus location.

ISSUING CAMPLE FOR TRANSCRIPTS

Each campus has the authority to produce and issue a complete transcript that will contain all courses attempted at all University of Colorado campuses and Continuing Education Divisions, Official transcripts include the complete undergraduate, graduate, and non-degree academic record of courses taken at all campus locations or divisions of the University of Colorado. Questions concerning the issuance or authenticity of this transcript should be directed to the issuing campus. Questions concerning courses, grades, degrees, or other educational information on the transcript should be directed to the campus the student attended.

TRANSCHIPT FORMAT

The University of Colorado implemented a new academic record system in 1988. The transcript of a student provided both before and after this implementation may be compresed of two separately tormetted manacriple. If "BEPARATE RECORD OF ADDITIONAL WORK ATTACHED" appears at the beginning of a transcript, both tremscript formats must be present for the transcript to be complete.

THANSCRIPT AUTHENTICITY

A transcript is official when each page bears the proported University seel and includes the signature and title of the Issuing authority. The transcript form will be in blue and will incorporate a background design of the University's seal

ISSUED TO STUDENT TRANSCRIPTS

The message "ISBUED TO STUDENT" will be printed on the transcript when the transcript when the transcript is chectly in the studen

Beginning Fall 1961, all campuses are on a 18-week leif and spring semester system with the exception of the Haeliti Sciences Center, which ran both semester and quarter systems until Summer 2005, at which find quarters were discontinued. Summer terms, Study Abroad Programs, and Correspondence Study vary in length but are reported in semester hours (or quarter hours for some Health Sciences. Gemer programs).

ELIGIBILITY TO RE-ENROLL

A student is segible to re-enroll unless otherwise indicated,

OCCUPATA COCO

All students are considered to be in good standing unloss stated otherwise on the transcript.

GHADE POINT AVERAGE (OPA)

Bogonning 1988, the grade point average (GPA) is shown by term. Beginning Fall 1993, a cumulative GPA is printed at the end of the last term attended. The GPA is computed by dividing the lotal GPA points by the total of GPA hours. The hours for courses with black (***) grades or with grades of Y. P., N., NC, W., IP, IW, IC, and IF are not included in the GPA hours. However, IFs that are not completed or repeated within one year are changer to Fs and included in the hours for GPA calculation. Even when completed, IF and IW grades remain ea previous grades and are printed to the right of the final grades. Before 1974, the grade of CN was counted as F in the GPA until the student made up the incomplete work. "R" designates repetition of a course. All grades earned in repeated courses are included in the GPA unless otherwise notes. Transfer credit is not included in the University of Colorado GPA, Reginning Fall 1995. Deen's List notations appear at the end of each term earned.

CHMULATIVE CREDITS

Before 1972, currolative totals were total hours and credit points used for calculation of the GPA only. After 1989, contribitive credits include hours earned and GPA based on the level of the student. The cradits are by undergraduate, graduate, graduate nondepree and professional levels. A student's transcript may include credits in more than one level.

THANSFER CREDIT

Begaining 1966, accepted used to labeled "Transfer Credit Applied", Transfer credit convented from the prior University of Colorado system may appear as summary data at the end of the transcript. Transfer credit on the transcript format of the prior system is labeled "Advanced Standing".

University of Colorado Study Abroad Programs

Beginning 1983, dashes are used after the first digit of the course rumber, with the exception of shortterm discipline-specific courses laught abroad, which appear in the catalog as "offered abroad only." The first digit designates level of the course.

Although actual dates of annollment in academic year programs may vary, the courses are listed to coincide with the CU calendar system,

RECIPROCAL AGREEMENT PROGRAM

Graduate credit taken through a reciprocal exchange agreement with another Coloredo institution is indicated by a department listing of RCPR, RCSM, RCSU, and RUNC.

The Colorado State Lagistature approved a set of general aducation courses the state guarantees to transfer. These courses appear on the transcript with the notation of "GT" below the course indicator. The next two characters kientily the subject area for these courses. To identify these courses, please check the website - http://www.cu.edu/prospective/pathwaye.html

The University of Colorado is accredited by the North Central Association of Colleges and Escendary Schools as a degree-granting institution at the baccaloureate, menter's, professional, and voctoral

DENVER CAMPUS COURSES:

Beginning 1970, students who were enrolled at the Denver Campus of the University of Colorada were also able to cross register for courses at Metropolitan State College and the Community College of Denver. Courses during that period of time can be identified on University of Coloredte transcripts by notations of "MSC", "CCD", or "4M" in the course titles Beginning Spring 1988. Metropolitan State of Industrial of Mac I, was in the University of Colorado grade point average but were included in the house earned at the University of Colorado, These courses are noted on the grascript. Questions regarding such listings should be referred to the University of Colorado at Denver Registrar's Office. Courses noted with an R-, C- or U- in the title are part of the core curriculum in the Cottage of Liberal Arts and Sciences on the Denver Campus.

COURSE NUMBERING SYSTEM

From Fall 1975 to Summer 1968, courses numbered 0-99 were for remedial courses; 100-199 for freshmen; 200-299 for sophamores; 300-309 for jurilors; 400-499 for sentors (open to graduates); 500-599 for graduate (open to qualified undergraduates); 600-699 for graduates; 700 for master's thesis; 800 for doctor's thesis; thesis; 800 for doctor's thesis;

From Fall 1975 to Summer 1989, anly courses mimbered 500 and above were for graduate crook. (Exception: Independent Study courses were numbered 900-929 for lower division, 930-949 for upper division, and 950-979 for graduate level.)

Beginning Summer 1988, the course numbering system changed from three-digit course numbers to four-digit course numbers for all campuses except Colorado Springs. Courses since Summer 1988 are numbered 1000-2999 for lower division; 3000-4999 for upper division; 5000-6999 for graduate, master's level or first and second year professional; and 7000-8999 for graduate, declaral level or third and fourth year professional:

GRADING SYSTEM

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)H		School of Dentistry, Undergraduate
)N	÷	School of Dentistry
CI		School of Education
M		College of Engineering and Applied Sciences
V	~	College of Design and Planning, Division of Environmental Design
) P(-	Graduate School
٤V		College of Design and Planning, Graduata Division
18		High School Concurrent
Ä		School of Journalism
		School of Law
А	-	College of Liberal Arts and Sciences
.S		College of Letters, Arts and Sciences
AO.	^	School of Medicine, Professional
#S	*	School of Medicine, Undergraduate
NU.	-	College of Music
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crem-El Graduate School of Nursing School of Nursing 170 Graduate School of Public Affeirs School of Pharmacy Nondegree Student without previous Degree 1361 SC, 8U, 8S 9W. SG. \$5 Nondagree Student with previous Degree

Non-dogree Undergraduate Studies

COURSE DESCRIPTIONS

Current course descriptions may be found by accessing the home pages of each campus at

ADDITIONAL INTERPRETATION OF TRANSCRIPTS OF PRE 1988 RECORDS

To the left of the course title is the code useignating the CU gampus attended:

University of Colorado, Boutoer - "SAVE" indicates enrollment on Boulder Campus

vie Continuing Education registration 3 University of Colorado Health Sciences Center

University of Colorado, Danver University of Colorado, Colorado Springs

Division of Continuing Education Boulder Continuing Education Denver Centinuing Education Colorade Springs Continuing Education Health Sciences Center Continuing Education

TO TEST FOR AUTHENTICITY. The face of this transcript is primed on bleed paper with the name of the university appearing in white type over the face of the entire document.

UNIVERSITY OF COLORADO · UNIVERSITY OF COLORAD

ADDITIONAL TESTS: When photocopical, a latter security statement containing the institutional name and line wayse COPY COPY appear over the last of the entire document. When this paper is trucked by fresh liquid black, an extensit document will state. A black and white or color copy of this december is not an original and should not be accepted as an official institutional document.



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

Verification of Successful Completion 12 2007 of Advanced Practice Nursing Program 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.

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Mary	Kathrun	Derila	Stark
First Name	Middle Name	I and Makes	Former or Maiden
			
Social Security Number (optional)	or School Identification	On warmer
Mailing Address		Jenver	(D) 8020p
203 209 -422	8 11	City	State Zip Code
Area Code Home Telep	phone	vidress	anna.org
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I authorize m	y school program to relea	se the information req	uested below to the
1/11	Oregon State	Board of Nursing.	
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UCO-HSC - SO		· Da	te Awarded
Name of School	N - C-288		
4200 8 9 4h au	e, Denver Co	80236	
School Mailing Address			Our State / Zip Code
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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:

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1.	Was the program at least one academic ye	ear in length?	YES	□ NO
2.	Did the program include theory in the blol medical sciences?	ogical, behavioral, nursing and	X YES	□ NO
3.	Did the applicant have clinical experience	with a qualified preceptor?	X YES	□ NO
4.	Are the philosophies, purposes and object written formats?	ives clearly defined and available in	X YES	□ NO
5.	Were the objectives stated in behavioral t competencies of the graduate?	erms and do they describe the	X YES	□NO
6.	Did faculty include currently practicing ad-	vanced practice nurses?	YES	□ NO
7.	Were records of the program, philosophy, curriculum, students and graduates maint		YES	□ NO
8.	Are records of the program retrievable?		YES	□ NO
<u>Curr</u> Each	iculum - Identify the course(s) where the Item need not be applicable. Include cou	following content/skills were taught corse description with correlating course	numbers with Specific Co	transcripts. transcripts. urse Number applicable)
1.	Theory and directed clinical experience in assessment and/or community, including history.		6761 hdv. h	55C55 .
2.	Pathophysiology, including the physiolog changes leading to symptoms and syndromes are syndromes.		6243 -	Adv Patho
3.	Pharmacology, including selecting, presc medications in the management of healt from prescribing requirement).	ribing, initiating, and modifying h/illness (CNS and CRNA exempted	6222 Adv. Ba	th Phan
5.	Performance and interpretation of specia area of advanced practice.	lized diagnostic tests essential to the	6827,6	857
6.	Differential diagnosis pertinent to the sp	ecialty area. 6343,6372,6487	6821,683	7,4477
8.	Professional socialization and/or role rea	lignment.	4858	-
9.	Clinical management of specialty focus p	•	#5	
10.	Health delivery systems, including asses referrals to appropriate professionals or		6473 ,71 <u>71</u>	21,7013 20
11.	Research and statistical methods.	·	6836,640	73
	nurse was educated for advanced practice that the role of Certified Registered Nurs	e In (clinical area) FNP e Anesthetist Clinical Nurse Specia	list 💆 Nurse	Practitioner.
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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

<u>Variable</u>

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

<u>Variable</u>

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

<u>Variable</u>

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 cs

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

<u>Variable</u>

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

<u>Variable</u>

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 pharmaceutics, 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

<u>Variable</u>

3.0 cr.

Prereg: 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

<u>Variable</u>

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

Prereq: NURS 6222, NURS 6243, NURS 6761.

<u>Variable</u>

3.0 cr.

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

<u>Variable</u>

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
Prereq: NURS 6755 (2 hours).

<u>3.0 cr.</u>

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 6755 or 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

<u>Variable</u>

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 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: Disabilities & Chronic Illness
Prereq: NURS 6487, NURS 6761.

Variable

4.0 cr.

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

<u>Variable</u>

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
Prered: NURS 6010 and NURS 6011.

Variable Fall

3.0 cr.

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
Prereq: NURS 6533.

Variable

3.0 cr.

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.

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 c

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 <u>Nursing Care/Case Management</u>

<u>Variable</u>

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.

Prereq: NURS 6543.

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

<u>Variable</u>

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
Prereq: NURS 6011,

<u>Variable</u>

3.0 cr.

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 <u>Management of Patient Care Services</u>

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

<u>3.0 cr.</u>

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 Palllative 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 <u>Assessment Practicum: Psychiatric-Mental Health Nursing</u>
Prereq: NURS 6533 Coreq: NURS 6543.

Variable

1.0-6.0 cr.

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 сг.

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 Pre/Coreq: NURS 6673.

Spring

1.0 cr.

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 6765 Advanced Practicum I

<u>Variable</u>

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

<u>Variable</u>

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

Prereq: Masters/doctoral course work.

Prereq: Basic health assessment.

<u>Variable</u>

3.0 cr.

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

<u>Variable</u>

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.

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 I for This course is a special topic selected each semester.

<u>Arranged</u>

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.

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

Prereq: Masters/doctoral course work.

Variable

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

<u> 1,0--4,0 сг.</u>

Independent study to be arranged with master's faculty.

NURS 6858 Advanced Practice Nursing:

Role Concepts and Professional Issues

<u>Variable</u>

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

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

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

<u>4.0–6.0 cr.</u>

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,

0 = 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 Faculty: 303-315-7551.

Spring Qtr.

3.0 qtr hrs. (2 sem hrs)

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,



NURS 6293 <u>Database Management Systems</u>

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.

03 <u>Epidemiology & Environmental Health</u>

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.

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

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 Welf Woman 1.0-3.0
Prereq: NURS 6222, 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
Prereq: NURS 6222, 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

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

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 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.

PHC of Children: Minor Acute Illness 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
Prereq: NURS 6021 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
Prereq: PNP/FNP NURS 6477 and NURS 6487; PNP/FSN 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 liness and their families. Content on theories of child development, the family, culture, and the environment is

NURS 6503 Community Based Programs for Children with Special Needs
Prereq: Pediatric Special Needs Master's or post-Master's program; NURS 6504.
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.

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.

NUR\$ 7020 Methods of Disciplined Inquiry in Nursing

<u>Fall</u>

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

tive 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
Prereq: NURS 7000, NURS 7010, NURS 7020.

Variable 1 4 1

3.0 cr.

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

<u>Variable</u>

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

<u>Variable</u>

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.

Prerea: 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.

University of Colorado at Denver and Health Sciences Center School of Nursing

Master of Science in Nursing

As I was dually enrolled as a Masters of Datorale Student, my

Family Nurse Practitioner Program of Study Spring 2006

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		Credits failered
NURS 6010: Philosophic, Theoretic & Ethical Foundations of APN - Taken in DNP cour	ses	3 Dased on
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NURS 6013: Human Technology Interface		2) 0
NURS 6022: Health Systems, Policy, and Social Justice (or NURS 6012)		3 fell courses
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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		

- 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.

Oregon State Board of Nursing

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

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	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?	Ex	YES plain	X	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).		YES plain	×	NO
	3	Havé you ever been investigated for any type of abuse in any state?		YES plain	×	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?		YES plain	X	NO
	5	Are any disciplinary actions <u>pending</u> against your nursing license/certificate in any state or US jurisdiction?		YES plain	M	NO
	6	Have any disciplinary <u>actions been taken</u> against your nursing license/certificate in any state or US jurisdiction?		YES plain	X	NO
	7	Have you ever suffered any civil judgment for incompetence, negligence or malpractice concerning the practice of a health care professional?		YES plain	X	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.		YES plain	Ø	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).		YES Iplain	X	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) b)	YES Explain YES Explain YES Explain		Mo Mo Mo
	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?	E>	plain	įχ	NO
		If you answered YES to any of the questions, "Explain" on a separa				
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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 con 	npleted nursing program and wor	k backwards in time.			
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University of Colorad School Name	o Health Sciences Centes	chool City and State/Country			
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DERIEG, MARY KATHRYN

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REGON BOARD OF NURSING

DERIEG, MARY KATHRYM

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UNIVERSITY OF COLORADO GUIDE TO TRANSCRIPT EVALUATION

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Behand \$17, reproteins stata were into hours and predipoints used for polytation of the GPA only. ALM 1988 ours lettre credits though though and delta pases on the level of the socient. The could set by uncompartized, preducts, graduate hondegree and participational levels. A violent's transcripting where credes in more than one level.

TRANSFER CHILD?

Beginning 1980, according randities televised filteristed Groot Applied". Transfer coach convented from the prior University of Colorate system may expend as suramely date at the and of the firensessi. Truncior cauda on the increasing format of the pulpr system is liabeled "Advanced Stratting"

UNIVERSITY OF COLORADO STUDY ABROAD PROGRAMS

Decimine 1965, dushes are used after the first digit of the course number, with the exception of shortrean discipline-specific courses autiful about a which appear in the catalog as "offered during cours." The first digit congress level of the course.

Efficultit actual dates of entil their in academic year programs may very, the courses are listed to coincide with the CU calendar system.

RECIPACIONI, AGREGICENT PROGRAM

Gradusts, tradit taken through three-process evaluage appropriat with another Calorado Institution is indicated by a capaninum leading of ROPS, NOSM, ROSU, and RUNC.

GTFATHWAYS PROGRAM

The Colorado State Legislature approved a set of general entreation commenting state gunrantess to general entreation of GT below the pourse indicator. The next two characters identify the existent area for these courses. To identify those courses, please chara the mehata - http://www.cat.ndu/gospersive/catharays.html

"The University of Colorado is accredited by the Horth Central Association of Colleges and Secondary Schools an a degree greating institution at the becodegreate, moster's, pratessional, and declared

DERVER CAMPUS COURSES:

September 1970, supports who were smooted at the Denver Compus of the University of Coloresto were also share cross register for courses at Metropo han State College and the Continuinty Callege of Derver, Courses during find period of time can be identified on University of Colorada transcripts by notetions of "MSC", "CCO", or "als" in the course files Bagtining Spring 1988, Metropolitical State College courses were not inclusion in the University of Colorado greats point everage but were incauded in the University of Colorado. These courses are noted on the transcript. Questions regarding such liatings should be referred to the University of Colorado at Denver Registran's Office. Courses named with an R-, C- or D- in the life are part of the core curriousum in the College of Liberal Arts and Sciences on the Denver Camous.

COURSE NUMBERING SYSTEM

From Fell 1975 to Summer 1988, courses numbered 0-99 were for remedial courses: 100-189 for freehinem; 200-299 for sophospores; 300-399 for juniors; 400-498 for sophos (open to graduates); 500-899 for graduate (open to qualified undergraduates); 600-699 for graduates; 700 for master's thesis; 800 for doctor's thesis.

From Fell 1975 to Summer 1988, only courses numbered 500 and above were for graduate credit. (Exception, Independent Study courses were numbered 900-929 for *cover* division, 930-949 for upper division, and 950-979 for graduate level.)

Deginning Summer 1988, the granse cumbering system changed from type-digit course numbers to four-digit course numbers for all computes except Calorado Springs. Courses since Summer 1986 are numbered 1900-2598 for lower division; 0000-4939 for upper division; 0000-4939 for graduate. master's level or first and second year protessional, and 7000-8999 for graduate, decloral level or third and fourth year professional.

	anta atinga Turka atinga	Grada Pointe
A	Superior/Facollers	4.0
ă.	anterior transmission	3.7
13 .		3.3
8	Good/Better than Average	3.0
F3-		2.7
C-		2.3
C	Corepetent/Average	2.0
O-	· •	1.7
+(3		1.3
D)		7.0
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Honors/Highest Achievement (Intended for specified courses at the Health Sciences Cente or for Honors Department courses on other compuses.)

p Passing (Under the Possifial) option, grades of D- and above convent to a P. Other specified courses may also be gratied on a Para/Fell basis.)

No Credit desired

NC. In Progress (Thesis at the graduats level or other specified ocurses) Incomplete (Changed to Fill rist completed within one year) (F W Incomplete (Changed to Will not completed within one year) W. Withdrew

Busient is ourserry enrolled for the course or finei grade has not been submitted by instructor

ČN Conditional F until cleared (Discontinued Fell 1974) Incomplete (Descentinued Fall 1974) IC

Class gradus not submitted by instructor (Discontinued 1989)

The code designating the CU categorisched of enrollment in each term treating:

NB. College of Arts and Sciences Graduate School of Business Administration BD College of Business and Administration School or Danistry Undergraduate OH ÜN School of Dentistry ΕĐ School of Education

EN College of Engirossing and Applied Sciences College of Design and Panning, Division of Environmental Design EV

ĠĔ Ciadirare School College of Sesion and Pleaning, Graduals Division Ω^{i_d}

High Seneof Oceau mers 163 School of Journalism School of Law Jή

College of Liberal Arts and Sciences College of Letters, Alts and Edieross United of Medicine, Professional LS. MC 115 School of Medicary, Undergraduate School of Music College of Music Echnell Gracusta School of Nursing School of Aursing Braduses School of Public Affers School of Pharmany MU 開設

114 1354

SO SU SS Mandagrae Student without previous Degree 894. SG, SB Nondegree Studeni with previous Degree IJŅ. Note-degree

Undergraduate Studios

COURSE DESCRIPTIONS

Ourrent course descriptions may be found by accessing the home pages of each commus at

accutional interpretation of transcripts of pre 1986 records

Health Sciences Genter Continuing Education

To the telf of the course title is the code designating the CU exemples attended:

1 - University of Colorado, Bouldor - "SAVE." Indicates annothment on Boulder Campus

via Continuing Education registration 3

Volumentary of Calorado Meath Sciences Cemer University of Colorado, Denver University of Colorado, Colorado Springe División of Combuting Education Boulder Continuing Education ٧į

Denver Continuing Education Colorado Sorious Continuina Education

TO JEST POST AUTHERTICITY: The lace of the penetricity primed on this paper with the new of the university apprehing in white type over the face of the entire document.

Unversity of Colorado , university of Colorado COLORADO - UNIVERBITY CE COLORADO - UNIVERBITY OF COLORADO - UNIVERBITY - UNIVER

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Oregon State Board of Nursing

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

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not the state where the clist your nursing practice he Complete a separate section of you volunteered or did promote a recommendate where if you are a recommendate where if you are a recommendate where it you are a recomme	istory, for the most recent firm for each nursing position in rivate duty, give the name are tent nursing graduate and do Last Name	ency, list location of your assignment(s), is located. ve years in which you practiced nursing, in the last or most recent five years. Indicated and address of the registry or individual. In not have a nursing practice history.
hours you were on vacation, sick 1995-2000.	Deri eq Last Napre	
hours you were on vacation, sick 1995-2000.		Social Security number
Year Practiced	alendar year for the most recent leave or leave of absence. For a	et six years you have practiced. Do not include example, if you last practiced in 2000, complete
	Total Hours Practiced	Nursing License(s) Used for Practice
2005 - 2006	864	CO/168195
2004 - 2005	372	CO/168195
Denver Health		(363,436-6,000)
Employer Name (or most rece	ent employer—not agency) /	Area Code Telephone Number
117 Bannock St	- Denver	<u> </u>
Employer Address	City —	State Zip Code
Start Date (MM/DD/YYYY))	YES NO Still Employed? If no	ot Employed, End Date (MM/DD/YYYY)
Paid Nursing Practice or	☐ Volunteer Nursing Practice	
	ne (Less than 36 Hrs a week)	
Registered Nurse	Researcher	· ·
Position Heid	1 - yr -yr - 1 Ab W A	Describe briefly)

Denver Health		(303) 4	136-6	000
Employer Name (Not agency)		Area Code	Telephone	
777 Bannock St.	Deni	ver	Co	80204
Employer Address	City	<u> </u>	State	Zip Code
07/27/2004 120	YES NO			
Start Date (MM/DD/YYYY))		If not Employed, I	End Date (M	M/DD/YYYY)
Paid Nursing Practice or	Volunteer Nursing Pract	tice		
X Full time or Part Time	(Less than 36 Hrs a week	0		,
legistered Nurse	Acute Care Me	a Sura /Te	lemetin	y Oncology
Position Held	Primary Duties as a Nurse	e (Describe briefl)	y))
Employer Name (Not agency)		() Area Code	Telephone	Number
Employer Address	City		State	Zip Code
	YES NO			
Start Date (MM/DD/YYYY))		If not Employed, I	End Date (M	IM/DD/YYYY)
Paid Nursing Practice or	U Volunteer Nursing Prac	tice		
☐ Full time or ☐ Part Time	e (Less than 36 Hrs a week	()		
Position Held	Primary Duties as a Nurse	e (Describe briefi	у)	
Employer Name (Not agency)		() Area Code	Telephone	Number
I Marian Mariana	Citre.		1	***
Employer Address	Otty YES		State	Zip Code
Start Date (MM/DD/YYYY))		If not Employed,	End Date (M	IM/DD/YYYY)
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