

5/19

FOR OFFICE USE

ARKANSAS STATE BOARD OF NURSING  
UNIVERSITY TOWER BUILDING, SUITE 800  
1123 SOUTH UNIVERSITY AVENUE  
LITTLE ROCK, ARKANSAS 72204-1619  
(501) 686-2700

CERT. NO. 56160  
DATE 6/25/98  
APPROVED 6/25/98  
CT

### REGISTERED NURSE EXAMINATION APPLICATION

#### INSTRUCTIONS TO APPLICANT

1. Complete Part I in black ink or use typewriter.
2. Complete Part II before a Notary Public.
3. Attach a recent 2x3-inch photograph, signed on the back.
4. Have Part III completed by your program director.
5. Have your school submit your transcript directly to the Board of Nursing. #0

RN EXAM 55.00  
CHECK 55.00  
ITEM 1  
MARGIE 6607 11:24TH

#### PART I

Full Name Miss Lori Kay Beard  
(MISS, MRS. OR MR.) FIRST MIDDLE MAIDEN LAST

Address 6501 Mulberry Pine Bluff AR 71603  
STREET CITY STATE ZIP

Social Security # [REDACTED] 3069 Phone # [REDACTED] Date of Birth [REDACTED] 75

Place of Birth Connersville, IN Have you ever been convicted of a crime? Yes  No

If yes, please attach an explanation.

Name & Address of Nearest Relative [REDACTED]

Graduate of Eleanor Mann School of Nursing, University of Arkansas, Fayetteville  
NAME OF NURSING SCHOOL

School Address 217 Ozark Hall, Fayetteville, AR 72701

Program Entry: Month July Year 96 Program Completion: Month May Year 98

Indicate type and state of licensure if you hold another license. R.N.  L.P.N.  L.P.T.N.  State(s) \_\_\_\_\_

Has your nursing license, certificate or registration ever been encumbered (revoked, suspended, placed on probation or reprimanded) or voluntarily surrendered in any State or jurisdiction? Yes  No

#### PART II

State of Arkansas  
 County of Washington  
Lori K. Beard

#### AFFIDAVIT

\_\_\_\_\_, being duly sworn or affirmed, says he/she is the person referred to in the foregoing application for certificate as a registered nurse in the State of Arkansas; that the statements herein contained are true in every respect; that he/she has complied with all requirements of the law, and that he/she has read and understands this affidavit.

Lori K Beard  
 APPLICANT'S SIGNATURE

Sworn to before me this 6<sup>th</sup> day of April, 19 98.

My Commission Expires \_\_\_\_\_  
 MY COMMISSION EXPIRES AUGUST 20, 2001

NOTARY SEAL

Margaret J. Sullivan  
 SIGNATURE Notary Public

PART III TO BE COMPLETED BY THE NURSE DIRECTOR OF THE APPLICANT'S NURSING PROGRAM

Name of Applicant Lori Kay Beard  
FIRST MIDDLE MAIDEN LAST

I hereby recommend this graduate of Eleanor Mann School of Nursing, University of Arkansas  
NURSING PROGRAM

217 Ozark Hall Fayetteville AR 72701  
STREET ADDRESS CITY STATE ZIP

to the Arkansas State Board of Nursing and certify that this person completed the  associate degree  baccalaureate degree  diploma program on the 9th day of May, 19 98.

SEAL OR STAMP OF THE

SCHOOL OR CONTROLLING INSTITUTION

Dr. Margaret Sullivan  
SIGNATURE OF NURSE DIRECTOR

Director  
TITLE

May 8, 1998  
DATE



# NCLEX-RN® CANDIDATE REPORT

National Council Licensure Examination for Registered Nurses



National Council  
of State Boards of Nursing, Inc.

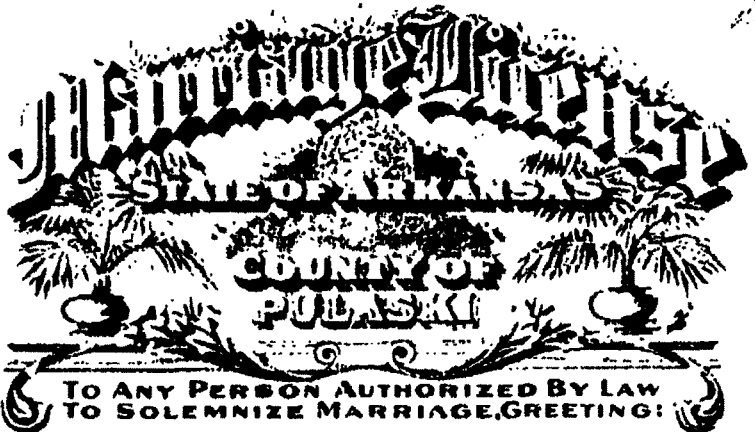
Test Date: 06/23/98  
Test Center: S5212

Candidate Number: [REDACTED]  
Date of Birth: [REDACTED] 75  
Social Security Number: [REDACTED] 3069  
Program Code: 39-502  
Program Name: UNIVERSITY OF ARKANSAS  
A FAYETTEVILLE, AR



LORI KAY BEARD  
6501 MULBERRY STREET  
PINEBLUFF, AR 71603

LORI KAY BEARD, an applicant for licensure by the  
ARKANSAS STATE BOARD, HAS PASSED  
the National Council Licensure Examination for Registered Nurses.



You are hereby commanded to solemnize the rite and publish the bonds of Matrimony between  
of JAMES J WILLIAMS  
NORTH LITTLE ROCK in the County of FULASKI  
ARKANSAS 72116 29 Years  
and of LORI K BEARD  
PINE BLUFF in the County of JEFFERSON  
ARKANSAS 71603 24 Years



Witness my hand and official seal this  
18 day of November 1999  
Carolynn Staley Notary Public  
DC

INDEX N. N. L. 99 062733  
00502 06132

CERTIFICATE OF MARRIAGE

I, Rev. William Andrew Smith  
of the County of Pulaski  
do hereby certify, that on the 20th day of November 1999  
I did, duly and according to law as commanded in the foregoing License, solemnize the rite and publish  
the bonds of Matrimony between the parties therein named  
Witness my hand, this 20th day of November 1999  
My Credentials are recorded in Recorder's Office.

Pine Bluff County Ark. Pastor St. Joseph Catholic Church  
Book A Page 372 Pine Bluff, Jefferson County

CERTIFICATE OF RECORD.

I, Carolynn Staley  
Clerk of the County Court of said County certify that the  
above License for and Certificates of the Marriage of Mr. JAMES J WILLIAMS  
and Mrs. LORI K BEARD was filed in my office on the  
20th day of NOVEMBER 1999 and the same is duly recorded on Book 502 on page 132  
of the Marriage Records

WITNESS my hand and the seal of said Court this  
20th day of NOVEMBER 1999

Carolynn Staley  
DC

KARI L. JABARA Notary Public  
Pulaski County State of Arkansas  
My Commission Expires Oct. 10, 2008

Kari L Jabara  
Notary Public  
3/10/00

CURT APN 3106, RN audit# 3108

ASBN

2001 OCT 19 PM 3:07

**COLLABORATIVE PRACTICE AGREEMENT**

This agreement is for the management of the collaborative practice between Lori Williams, MSN/ANP and Thomas H. Tvedten, M.D. The physician hereby agrees to be available to the advanced practice nurse for consultation and referral. Mutually agreed upon protocols for prescriptive authority will be utilized by the ANP as a guide for general categories of health states. These protocols are not intended to replace clinical judgement in individual patient circumstances. The ANP's prescribing will be limited to areas covered under her scope of practice as determined by her certifying body.

Should an emergency arise, necessitating the absence of the advanced practice nurse or the collaborating physician from patient care responsibilities, provision for comparable coverage shall be arranged at the first possible opportunity. In the event of the absence of the collaborating physician the ANP may contact Max Baldwin M.D. for consultation and referral.

The review of practice may occur both informally, concurrent with case management, and formally, through a retrospective program of quality assurance.

This agreement of professional collaboration is by no means intended as a business contract, but rather as a document fulfilling the requirements for prescriptive authority as set for in the Arkansas Nurse Practice Act. The signatures below signify mutual agreement to the terms of the collaborative practice.

Lori Williams MSN/ANP ✓  
ANP License #A01434 ANP

Specialty Women's Health Care  
Date 10-12-01

Thomas H. Tvedten MD ✓  
AR License #C5169 MD

Specialty Women's Health  
Date 10/12/01

Women's Community Health Center  
1529 S University Ave  
Little Rock, AR 72204  
(501)663-3195  
Fax (501)663-3308

October 2, 2001

To: Arkansas State Board of Nursing  
University Tower Building, Suite 800  
Little Rock, AR 72204-1619

This letter is to verify that Lori K Williams has completed 1000 hours of practice in the advanced nurse practitioner role. Ms. Williams has been employed here since July of 2000 and has been working with Dr. Tom Tvedten. I have also included the collaborative practice agreement. Let me know if I can be of any further assistance.

Sincerely,



Cheryl Moore Center Administrator/LPN

# Arkansas State Board of Nursing



## CERTIFICATE OF PRESCRIPTIVE AUTHORITY

This is to Certify That Lori Kay Williams  
has complied with requirements as set forth by the Arkansas State Board of Nursing  
and is hereby granted this Certificate of Prescriptive Authority.

In Witness Whereof we, the undersigned, have hereunto  
set our hands and caused the Seal of said Board of Nursing to  
be affixed this Twenty-third day of October, 2001.



Keith A. Fitch, MSN, RN  
Executive Director

Georgia Mannery, MN, RN  
Director of Advanced Nursing Practice

Certificate Number: 01461

FOR OFFICE USE ONLY

ARKANSAS STATE BOARD OF NURSING  
UNIVERSITY TOWER BUILDING, SUITE 800  
1123 SOUTH UNIVERSITY AVENUE  
LITTLE ROCK, ARKANSAS 72204-1619  
TELEPHONE 501/686-2700

DATE APP, RECD. \_\_\_\_\_  
CERTIFICATE # 01461  
DATE ISSUED Jan 10/23/01

### CERTIFICATE OF PRESCRIPTIVE AUTHORITY APPLICATION

FEE: \$25.00. Must accompany application and is nonrefundable.  
If processing is not completed, the application becomes void one year from date received.

PLEASE TYPE OR PRINT IN INK.

1. Name Williams Lori Kay Beard  
Last First Middle Maiden  
2. Address 26 Daniel Dr. Sherwood AR 72120 Ph 501-833-0664  
Box/Street City State Zip Code  
3. Birthdate 1/75 4. SS # [REDACTED] 3069 5. RN Lic # R56160 6. APN Lic # A01434 ANP  
Month/Day/Year 663-3195  
7. Practice Setting Name Women's Community Health Center Phone (501) 833-0664  
8. Practice Setting Address 1529 S. University Little Rock AR 72204  
Street City State Zip Code

9. Currently Certified as:  
 ANP  CRNA  CNS  CNM

Certifying Body: National Certification Corporation Exam Title Women's Health Care Nurse Practitioner

10. Advanced Practice Nursing Program: Master's of Nursing Vanderbilt University

11. Has your nursing license, certificate or registration ever been emcumbered (revoked, suspended, placed on probation, or reprimanded) or voluntarily surrendered in any state or jurisdiction?  No  Yes If yes, Explain: \_\_\_\_\_

### DOCUMENTATION

Please provide the following:

1. A notarized certificate or transcript evidencing successful completion of pharmacology coursework. (See cover letter for requirements.)
2. An affidavit (notarized) from your preceptor evidencing documentation of a minimum of 300 hours preceptorial experience if pharmacology was not taken as part of the APN program.
3. An affidavit (notarized) from your employer or collaborating physician evidencing 1,000 hours of practice in an advanced practice nursing category prior to application.
4. An original current collaborative practice agreement with a physician. (See cover letter for requirements.)

(over)



**AFFIDAVIT**

State of Arkansas

County of Pulaski

If, after a certificate has been issued on this application, it is ascertained that misrepresentation of facts or fraudulent statements have been made, the certificate so issued shall be revoked by the Board of Nursing and the applicant becomes subject to legal prosecution.

I, Lori K. Williams, being duly sworn or affirmed, say that I am the person referred to in the foregoing application for a certificate of prescriptive authority in the State of Arkansas; that the statements herein contained are true in every respect; that I agree to comply with all requirements of the law, including all state and federal laws and regulations regarding prescribing; and that I have read and understand this affidavit.

Applicant's Signature Lori K Williams

Subscribed and sworn to before me this 2nd day of Oct., 192001.

My Commission Expires 5.31, 192010.

NOTARY SEAL

Cheryl Moore, Notary Public

"NOTARY SEAL"  
Cheryl Moore, Notary Public  
Saline County, State of Arkansas  
My Commission Expires 5.31.10



## *Arkansas State Board of Nursing*

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1123 SOUTH UNIVERSITY AVENUE  
LITTLE ROCK, ARKANSAS 72204

TELEPHONE  
(501) 686-2700

### NATIONAL CERTIFICATION CORPORATION (NCC) FOR THE OBSTETRIC, GYNECOLOGIC & NEONATAL NURSING SPECIALTIES

#### **Women's Health Care Nurse Practitioner**

In the NCC's 1996 Certification program information and registration materials catalog page three, "The certified women's health care nurse practitioner should possess the knowledge to:  
1. ...perform ... physical examination, and obtain and/or interpret appropriate diagnostic procedures ... 2. initiate pharmacologic therapy as appropriate..."

The NCC content outline for the certification examination verifies that etiology, diagnosis, pharmacology and management are tested.

After reviewing documents submitted by the NCC certifying body, the Arkansas State Board of Nursing, in regular session January 11, 1996, passed a motion that there is evidence that differential diagnosis and prescriptive practices are within the scope of practice of the Women's Health Care Nurse Practitioner.