

American Academy
of
Nurse Practitioners
Certification Program

acknowledges that

Ruth E. Romo, NP-C

has met the requirements for national certification as a

Family Nurse Practitioner

Certification # F0410080

Granted from April 1, 2010 to March 31, 2020

Lorna O. Schumann

Chairperson, Certification Commission

Richard A. Maddox

Chief Executive Officer, Certification

RN/LPN Renewal/Reinstatement application instructions

New Mexico Board of Nursing does not issue refunds for incorrect/duplicate submission of applications and/or payments.

As of October 1, 2017 Renewal applications that are received and incomplete will be considered Null and Void after 6 months.

If you are currently a resident in a **Compact state** you must apply for **endorsement** with that state Board of Nursing. [Click here](#) or go to NCSBN.org to see more information regarding the Nurse Licensure Compact and to check if your state is included.

- If your license/certification has expired or lapsed, you will need to submit the Expired/Lapsed Attestation (ELA) within 5 business days of submitting your Renewal Application. [ELA Form](#)
- Renewing your license online is fast and easy. You can update your demographic information during the process.
- Renewal of license may be accepted no more than sixty (60) days prior to the expiration date of the license.
- [Continuing Education](#) must be completed before submitting your renewal application. If you fall under the refresher requirement, it will count towards your continuing education. Please see the [NM BON website](#) for more information regarding CE requirements.
- Payment is made by credit/debit card.

*Failure to provide the ELA and the necessary supporting documentation may result in disciplinary action taken towards your New Mexico license/certification. The ELA shall be uploaded through the NURSE Portal.

Refresher Course: Per 16.12.2.10 Licensure requirements for individuals who are reactivating a license which has been lapsed for four or more years must complete a refresher course that includes both a didactic and clinical component designed to prepare a nurse who has been out of practice to re-enter into practice and complete a criminal background check. Central New Mexico Community College in Albuquerque, New Mexico is the only program currently approved to offer the clinical component. Proof of registration with Central New Mexico Community college for the refresher course must be submitted to the New Mexico Board of Nursing.

- When answering “YES” to completion of CE’s in the renewal application, you will need to upload a copy of your Registration for the Refresher Course with Central New Mexico Community College in Albuquerque, NM. This is only acceptable for those who are required to complete a Refresher Course requirement because they have not practice as a Nurse in the U.S. for four or more years.

Pro-Rated Expiration Dates: If this is your first renewal with the NM Board of Nursing and your expiration date was pro-rated to align with your birthdate. The following will apply to you:

A new rule change became effective 10/1/2016 for all licenses by exam and endorsement will be for a period of one year, plus the months to the applicant's birth month and thereafter will go back to the full 2 years. The Renewal fee will be pro-rated and will resume at the normal fee at the next renewal period. If you are a first time licensure by Examination or Endorsement the fee will still be the full application fee.

****If you fall under the pro-rated renewal requirements: 1.25 CE's is due for every month you are renewed. This number will not be rounded.**

Note: We are testing out an Auto Renew function for Renewal Applications submitted. If the system finds no faults against your license it will auto jump your expiration date. Please allow at least 2 business days before checking your [License](#) and contacting the New Mexico Board of Nursing if there is a concern regarding your expiration date.

License Application Type

License Type: RN
Application Type: RN/PN Renewal Application

General Information

Demographic Information

Salutation: Ms.
Full Legal Name Required: RUTH E. ROMO (NCSBN ID: 20740124)
Marital Status:
Maiden Name: ENGELMAN

Other Names Used

Full Legal Name Required: RUTH ENGELMAN
Nick Name:

Identifying information

What is your Gender?: Female
What is your Race? (Please select ALL that apply): White/Caucasian
Are you of Hispanic or Latino origin? No
Please select ALL languages that you are proficient in, other than English:

Contact Information

—

Primary State of Residential Address

(Also Mailing Address)

210 West Las Cruces Ave
Las Cruces NM 88005
UNITED STATES

Declaration of Primary State of Residence

“ **PSOR-Primary State of Residence**” means the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.

I am declaring New Mexico as my Primary State of residence in compliance with the above Primary State of Residence Definition.

Instructions:

Declaration of Primary State of Residence "THIS IS A MANDATORY REQUIREMENT FOR LICENSURE IN NEW MEXICO". In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact). I declare that the state or country entered here is my primary state (or country if not a US Citizen) of residence and that such constitutes my permanent and principal home for legal purpose. A nurse can only have 1 multi-state license. It must be issued by her/his primary state of residence.

Phone Number(s)

Work: (575) 525-3700 (Primary Phone)

Education History

Non-Nursing Education

HighSchool/GED High School
High School Name: Montclair
Year of High School Graduation: 1985
Address: 100 Chestnut St
Montclair NJ 07042
UNITED STATES

Nursing Education

Note: The educational information below was previously submitted to the Board and cannot be modified.

Program Name: UNIVERSITY OF TX
Degree Obtained: Master’s Degree-Nursing
Education Status: Graduated

Graduation date: 12/12/2009

Note: The educational information below was previously submitted to the Board and cannot be modified.

Program Name: NM STATE UNIV-BD
Degree Obtained: Baccalaureate Degree-Nursing
Education Status: Graduated
Graduation date: 08/30/2006

Employment History

Employer

Employment Start Date: 01/01/2010
Employer Name: Ruth Romo
Employer Phone Number: (575) 525-3700
Supervisor Name: Ruth Romo
Supervisor Email Address: rutheromo@gmail.com
Address: 210 W. Las Cruces Ave
Las Cruces NM 88005
UNITED STATES

Employment Status *(for statistical purposes only)*

Current Employment Status: Actively employed in nursing or in a position that requires a nurse license full-time

In how many positions are you currently employed as a nurse?: 1

How many hours do you work during a typical week at all of your employers? 35

Primary Position information

Please identify the type of setting that most closely corresponds to your **primary** nursing practice position: Other - Private Practice

Please identify the position title that most closely corresponds to your **primary** nursing practice position: Advanced Practice Registered Nurse

Please identify the employment specialty that most closely corresponds to your **primary** position: Family Health

nursing practice position:

Please indicate your primary employer: Ruth Romo

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? No

Workforce

(For Statistical purposes only)

1 What type of nursing degree/credential qualified you for your first U.S. nursing license?

Response: Baccalaureate degree-Nursing

2 What is your highest level of nursing education?

Response: Master's degree-Nursing

3 What type of license do you currently hold? (Mark all that apply.)

**Response: RN
APRN**

4 Year of Initial U.S. Licensure

Response: 2006

5 In what country were you initially licensed as RN or LPN

Response: UNITED STATES

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6 What is your highest level of non-nursing education?

Response: Baccalaureate degree-Non-nursing

7 Indicate whether you are credentialed in your state to practice as any of the following: (Select all that apply.)

Response: Certified Nurse Practitioner

8 Do you hold professional liability insurance (malpractice insurance)?

Response: Yes > \$1,000 (Cost per year)

9 Do you experience any barriers to obtaining professional liability insurance?

Response: No

10 What is the average number of weeks per year that you worked in last twelve months?

Response: 40

11 Do you anticipate practicing for the next 5 years, including retiring from the health care profession, moving out of state, or changing health care work hours?

Response: I do not anticipate any change to hours worked in the next 5 years.

12 What percentage of your practice are you engaged in direct patient care?

Response: 75

13 What percentage of your practice are you engaged in other activities, such as teaching, research, and administration?

Response: 25



14 What is your primary language?

Response: English

Eligibility Questions

1 Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

Response: No

2 Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

Response: No

3 Have you been convicted of a felony in the last 2 years?

Please provide any official court documents related to your felony conviction. Failure to disclose a felony conviction is considered unprofessional conduct and may result in discipline on your license.

Response: No

4 Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

You must provide the Board of Nursing with information to evaluate your current safety to practice. Print and provide releases to all appropriate care providers:

Confidential Information release

Drug and Alcohol Evaluation information release

Provide explanation including sobriety date. Upload evidence supporting your recovery, for example:

1. Documentation of support group attendance (with signatures from chairpersons).
2. Letters of reference from:
 - a. Employers.
 - b. Current or previous counselor, therapist, peer support group leader.
 - c. Church members, sponsor, or volunteer organizations.
 - d. Educators.
3. Discharge papers from treatment programs for alcohol or substance use, or mental health treatment

Response: No

5 Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

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Note - This question applies to individuals enrolled in a program or a participant, *this does not apply to worksite monitors or support group leaders.*

Response: No

6 Are you currently the target or subject of a grand jury or governmental agency investigation?

Response: No

7 For any criminal offense* not previously reported to the board, including those pending appeal, have you:(You may only exclude minor traffic violations, but must report all DUI charges/convictions)

**Criminal offense that resulted in a conviction*

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character. NOTE: Orders of Non-Disclosure: If you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. If the Board of Nursing discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board of Nursing may require you to provide information about any conduct that raises issue of character.

Response: No, none of the above apply

8 Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

Response: No

9 Have you completed 30 hours of approved continuing education within the 2 year period immediately preceding license expiration? (You may be randomly selected for an audit for your continuing education)

Response: Yes

- I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application. I acknowledge the correct application has been made on my behalf and once submitted cannot be adjusted. All fees are final and will not be refunded or disputed for an incorrect submission



Name: RUTH ROMO

License Number: R58978

Payment confirmation code: AR1A6A29D16F

Payment Date and Time: 2020-06-08 12:01:24

Application Fee Amount:	RN_LPN Renewal Fee	\$110.00
	Total:	\$110.00

NOTE: This document is a copy of the electronic license application for the person named above and does NOT constitute a verification of their license or represent a copy of the individual's license.

RN/LPN Renewal/Reinstatement application instructions

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- Renewing your license online is fast and easy. You can update your demographic information during the process.
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License Application Type

License Type: RN
Application Type: RN/PN Renewal
Prorated_October

General Information

Demographic Information

Salutation: Ms.
Full Legal Name Required: RUTH E. ROMO (NCSBN ID: 20740124)
Marital Status:
Maiden Name: ENGELMAN

Other Names Used

Full Legal Name Required: RUTH ENGELMAN

Identifying information

What is your Gender?: Female
What is your Race? (Please select ALL that apply): White/Caucasian
Are you of Hispanic or Latino origin? No
Languages proficient in, other than English:

Contact Information

Primary State of Residential Address

—

(Also Mailing Address)

210 West Las Cruces Ave
Las Cruces NM 88005
UNITED STATES

Declaration of Primary State of Residence

“PSOR-Primary State of Residence” means the state of a person’s declared fixed permanent and principal home for legal purposes; domicile.

I am declaring New Mexico as my Primary State of residence in compliance with the above Primary State of Residence Definition.

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Phone Number(s)

Work:

(575) 525-3700 (Primary Phone)

Education History

Non-Nursing Education

HighSchool/GED

High School

High School Name:

Montclair

Year of High School Graduation:

1985

Address:

100 Chestnut St
Montclair NJ 07042
UNITED STATES

Nursing Education

Note: The educational information below was previously submitted to the Board and cannot be modified.

Program Name:

NM STATE UNIV-BD

Degree Obtained:

Baccalaureate Degree-Nursing

—

Education Status: Graduated
Graduation date: 08/30/2006

Note: The educational information below was previously submitted to the Board and cannot be modified.

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Employer Phone Number: (575) 525-3700
Supervisor Name: Ruth Romo
Supervisor Email Address: rutheromo@gmail.com
Address: 210 W. Las Cruces Ave
Las Cruces NM 88005
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Current Employment Status: Actively employed in nursing or in a position that requires a nurse license full-time

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Please identify the position title that most closely corresponds to your **primary** nursing practice position: Advanced Practice Registered Nurse

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Please identify the employment specialty that most closely corresponds to your **primary** nursing practice position: Family Health

Please indicate your primary employer: Ruth Romo

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? No

Workforce

(For Statistical purposes only)

1 What type of nursing degree/credential qualified you for your first U.S. nursing license?

Response: Baccalaureate degree-Nursing

2 What is your highest level of nursing education?

Response: Master's degree-Nursing

3 What is your highest level of non-nursing education?

Response: Baccalaureate degree-Non-nursing

4 Year of Initial U.S. Licensure

Response:

5 In what country were you initially licensed as RN or LPN

Response: UNITED STATES

Eligibility Questions

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1 Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

Response: No

2 Have you been convicted of a felony in the last 2 years?

Please provide any official court documents related to your felony conviction. Failure to disclose a felony conviction is considered unprofessional conduct and may result in discipline on your license.

Response: No

3 Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

Response: No

4 Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

You must provide the Board of Nursing with information to evaluate your current safety to practice. Print and provide releases to all appropriate care providers:

Confidential Information release

Drug and Alcohol Evaluation information release

Provide explanation including sobriety date. Upload evidence supporting your recovery, for example:

1. Documentation of support group attendance (with signatures from chairpersons).
2. Letters of reference from:
 - a. Employers.
 - b. Current or previous counselor, therapist, peer support group leader.
 - c. Church members, sponsor, or volunteer organizations.
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3. Discharge papers from treatment programs for alcohol or substance use, or mental health treatment

Response: No

5 Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

Note - This question applies to individuals enrolled in a program or a participant, *this does not apply to worksite monitors or support group leaders.*

Response: No

6 Are you currently the target or subject of a grand jury or governmental agency investigation?

Response: No

7 For any criminal offense* not previously reported to the board, including those pending appeal, have you:(You may only exclude minor traffic violations, but must report all DUI charges/convictions)

****Criminal offense that resulted in a conviction***

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character. NOTE: Orders of Non-Disclosure: If you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. If the Board of Nursing discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board of Nursing may require you to provide information about any conduct that raises issue of character.

Response: No, none of the above apply

8 Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

Response: No

9 Have you completed 30 hours of approved continuing education within the 2 year period immediately preceding license expirations? (You may be randomly selected for an audit for your continuing education)

Response: Yes

Supporting Documents: CE1.xlsx

10 What is your Month of Birth?

Response: July

I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application. I acknowledge the correct application has been made on my behalf and once submitted cannot be adjusted. **All fees are final and will not be refunded or disputed for an incorrect submission.**

Name: RUTH ROMO

License Number: R58978

Payment confirmation code: AL1AFB9F9CCA

Payment Date and Time: 2018-09-17 10:04:15

Application Fee Amount:	Prorated Renewal Fee for October Renewal Applications	\$96.26
	Total:	\$96.26

NOTE: This document is a copy of the electronic license application for the person named above and does NOT constitute a verification of their license or represent a copy of the individual's license.

The American Academy of Nurse Practitioners National Certification Board, Inc.

hereby acknowledges that

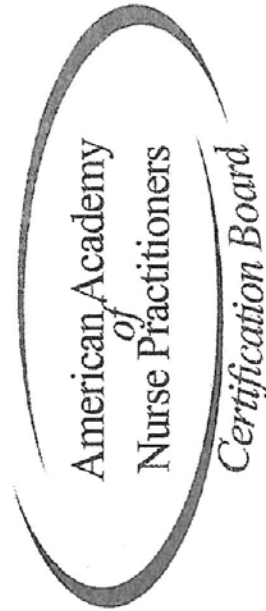
Ruth E. Romo, NP-C

Has met the requirements for national board certification

Family Nurse Practitioner

Certification # F0410080

Certified for the period: April 1, 2010 through March 31, 2025



Mary Ellen C. Roberts

Chairperson, Certification Commission

Richard A. Mendonca

Chief Executive Officer, Certification



Accredited by the American Board of Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA).
Original certificate bears an embossed seal of the certifying issuer.

State of Hawaii
Board of Nursing
P.O. Box 3469
Honolulu, HI 96801

VERIFICATION OF RN/APRN LICENSE - (Applicant Applying for APRN Recognition)

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

APPLICANT: Complete top of this page and forward to state of license. (NOT HAWAII) Contact your state board for any fees associated with processing your verification. NURSYS will not verify your APRN license, so you must send this form to each state to verify each APRN license.

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Name (LAST) Ramo FIRST, Middle Ruth E. Other names used (include maiden name) E.

Address (include Apt. No., City, State and Zip Code) [REDACTED] Social Security No. [REDACTED]

Phone No. [REDACTED]

LICENSE NUMBER CNR-01626 DATE ISSUED 5/5/2010 Type of Registration: REGISTERED NURSE ADVANCED PRACTICE REGISTERED NURSE

I hereby authorize the nursing licensing agency in the State of NEW MEXICO to furnish to the Department of Commerce and Consumer Affairs, State of Hawaii, the information below.

Date 8/18/2014 SIGN HERE [Signature]

This is to certify that the above-named individual was issued the following:

REGISTERED NURSE LICENSE (complete only if active license is maintained) Date of Issuance: _____
Licensed by: examination endorsement waiver
Current license status: Active Inactive Lapsed
Has this license ever been encumbered in any way (revoked, suspended, limited, placed on probation)? YES NO

(If yes, please submit certified documents relating to disciplinary action of this license including Findings of Fact, Conclusions of Law, Recommended Order, Final Order, and whether license has been restored, reinstated, or new license issued)

Date license expires: _____

ADVANCED PRACTICE REGISTERED NURSE (complete only if active license is maintained) Date of Issuance: _____
Has this license ever been encumbered in any way (revoked, suspended, limited, placed on probation)? YES NO

(If yes, please submit certified documents relating to disciplinary action of this license including Findings of Fact, Conclusions of Law, Recommended Order, Final Order, and whether license has been restored, reinstated, or new license issued)

Date license expires: _____

SEAL

Signature _____

Title _____

State _____

Date _____

TO THE BOARD: Return this form directly to the Hawaii Board of Nursing.

DUPLICATE AS NEEDED

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FAX COVERSHEET

~*Full Circle Health Center*~

Ruth E. Romo, FNP
 210 West Las Cruces Ave.
 Las Cruces, NM 88005
 575-525-3700

August 18, 2014

To: NM Board of Nursing Attn: Viviane	From: Ruth Romo, FNP
Fax: 505-841-9087 Tel.: Re: re: license verification	Ruth Romo, FNP Fax: 575-525-3703 Tel.: 575-525-3700 E-Mail: rutheromo@gmail.com
This fax consists of <input type="text"/> pages. Please inform us if transmission errors occur.	

Have a great day!

Confidentiality Notice

The documents accompanying this FAX transmission contain confidential information belonging to the sender that is legally privileged and protected. This information is intended only for the use of the individual or entity to which it is directed. **If you have received this FAX transmission in error, please notify the sender and destroy these documents.**

Continuing Education 2011 for Ruth E. Romo, FNP

Date	Title	contact hours	Pharm hours	
12/19/2011	Understanding Zoster		0.5	
3/10/2011	Contraceptive Technology		16	9.50
9/19/2011	Chocolate Intake Benefits the heart		0.5	
Nov-11	AAP Statement Expans SIDS Guidelir		0.5	
7/17/2011	Immunizations		0.75	
9/10/2011	A Teenage Athlete with a Painful Kn		0.25	
9/12/2011	AAP Release Clinical Guidelines for t		0.5	
8/16/2011	Chronic Hep B		0.75	
8/10/2011	A Puzzling Facial Rash		0.5	
4/12/2011	Head to Toe		6.6	
		26.85	9.50	TOTAL

Continuing Education 2012 for Ruth E. Romo, FNP

Date	Title	contact hours	Pharm hours	
10/23/2012	Medication Abortion		1	0.50
11/26/2012	NPWH 12-07		1	0.50
4/18/2012	The Not So Acute Abdomen	0.25		
3/2/2012	Managing Bladder Functions		1	0.25
1/10/2012	Endometriosis Associated with later	0.25		
2/14/2012	Guidline Issued on Vit D and Postme	0.5		
2/14/2012	Adult Immunization Schedule for 20	0.5	0.50	
4/20/2012	NMNPC Annual Conference	8.5	0.50	
4/21/2012	NMNPC Annual Conference	8	8.00	
4/22/2012	NMNPC Annual Conference	4	1.00	
6/1/2012	Nexplanon			
10/1/2012	An Integrative Approach to Pediatric	12.75	3.25	
1/2012-12/12	Medscape	4.25	3.25	
3/1/2012	Contraceptive Technology	16.07		
4/3/2012	Management of Dyslipidemia	1		
12/1/2012	The Ubiquitous Eye Infection	1		
		60.07	17.75	TOTAL

Continuing Education 2013 for Ruth E. Romo, FNP

Date	Title	contact hours	Pharm hours	
10/25/2013	Office Gynecology	16.5	5.00	
9/4/2013	Alcohol Screening	2.5		
5/29/2013	Talking Teenager- A Guide to Manag	0.75		
4/19/2013	Menopause Management	16.75	7.25	
4/12/2013	NMNPC Annual Conference	8	7.70	Includes pain
		44.5	19.95	TOTAL

Continuing Education 2014- Ruth E. Romo, FNP

Date	Title	contact hours	Pharm hou
1/21/2014	When are Antibiotics Needed for URI in Children	0.25	0.25
1/21/2014	New Guidelines Issued for Menopausal Sympoms	0.25	0.25
1/8/2014	Treating Heavy Menstrual Bleeding with IUD	0.25	0.125
1/21/2014	OAB (mycme.com)	1.50	0

5/3-4/2014	The Practice of Rational Intervention	12.00	0
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Continuing Education 2015- Ruth E. Romo, FNP

Date	Title	contact hours	Pharm hou
4/29/2015	NMNPC Annual Conference	8.50	7
4/28/2015	NMNPC Annual Conference	8.00	7.66
	Apr-15 IPAS		
8/19/2015	New Agents HCV	0.50	0.5
10/21/2015	AHI Sexual Health Hx	1.00	
10/7/2015	AHI Friendly Environment	1.00	
10/14/2015	AHI Well Exam	1.00	
10/28/2015	AHI STI Update	1.00	
11/11/2015	AHI Sexual Assault	1.00	
11/4/2015	AHI Adolescent Nutrition	1.00	
12/16/2015	AHI Cultural Prespectives	1.50	
12/9/2015	AHI MI	1.50	
12/2/2016	AHI Family Planning	1.50	

Continuing Education 2016- Ruth E. Romo, FNP

1/20/2016	AHI Obesity Management	1.00	
1/6/2016	AHI Contraceptive Counseling	1.00	
1/27/2016	AHI Transgender Care	1.00	
3/14/2016	Medscape Insomnia	0.50	
2/10/2016	AHI Supporting Immigrant & Refugee	1.00	
2/24/2016	AHI Non-suicidal Self-injury	1.00	
3/30/2016	AHI Treating Depression, Anxiety	1.00	
3/9/2016	AHI SBIRT	1.00	
4/19-20/2016	AABC How to Start a Birth Center	14.70	
5/4/2016	AHI Wrap Up	1.00	
Aug-16	UNM HIV PrEP	1.00	
9/30/2016	ARHP Advanced LARC Topics for Providers: Difficult Insertions & Removals	1.00	
10/24/2016	Medscape Guidance for Parents Who Refuse Vaccinatic	0.25	

Continuing Education 2017- Ruth E. Romo, FNP

2/20/2017	UNM Repro Health Teleecho Clinic	1.00	
2/15/2017	ARHP Migraines & Contraceptives	1.00	
2/27/2017	UNM Repro Health Teleecho Clinic	1.00	
2/14/2017	Medscape Recommendations for HPV vaccination	0.25	
3/16/2017	Medscape Peanut Allergy	0.25	
3/29/2017	Medscape Updated HTN Guidelines	0.25	
4/25/2017	Medscape Recos for Preventative Care	0.25	
4/29/2017	NMNPC Ortho	2.00	
4/29/2017	NMNPC Non Cancer Pain Management	5.00	5.00
4/28/2017	NMNPC Annual Conference	8.00	8.00
5/10/2017	UCSF Improving Women's Access to IUDs and Imp	7.25	7.25
8/14/2017	Florida AHI The Key to HPV Cancer Prevention	1.00	1.00

8/14/2017	AANP	Delivering Culturally Sensitive Care to LGBTQ	1.00	1.00
12/12/2017	Medscape	Why Is Self Harm Rising Among TeenGirls	0.25	0.25
12/27/2017	Medscape	New HTN Guidelines	0.25	0.25
10/20/2017	ARHP	Infectious Vulvovaginitis	1.00	1.00
			29.75	23.75

Continuing Education 2018- Ruth E. Romo, FNP

2/6/2018	CBORN	Accelerated Hypnotherapy Certification Trai	60.00	60.00
3/9/2018	NMNA	Clinical Education for Interprofessional Healt	10.00	4.00
			70.00	64.00

NonCancer Pain/Opiod

AUTHORIZATION TO PRACTICE

RUTH E. ROMO

Authorization to practice as a **Certified Nurse Practitioner** in the State of New Mexico has been granted to **RUTH E. ROMO** license number **CNP-01626** as of **MAY 05, 2010**.

Johnny Romero
Clerk Specialist

MAY 05, 2010

RUTH E. ROMO

License #CNP-01626

RE: LICENSURE AS A CERTIFIED NURSE PRACTITIONER

- Your application for licensure to practice as a Certified Nurse Practitioner in New Mexico is complete. A Letter of Authorization to Practice is enclosed
- A current license to practice as a Certified Nurse Practitioner will be mailed under separate cover.
- You can verify your license on the board website www.bon.state.nm.us. or by phone 505-841-8340.
- Your application to prescribe/distribute dangerous drugs **OTHER THAN controlled substances** has/has not been approved.
- Your application to prescribe/distribute **controlled substances** has been approved by the Board of Nursing.
- Please contact the Board of Pharmacy (505-222-9130) for applications (must have state license and DEA # before prescribing/distributing controlled substances).
- A copy of your state controlled substance license and DEA registration has/has not been received, you may/may not prescribe/distribute controlled substances.
- Upon renewal you are required to show evidence of current national certification.
- Upon renewal in _____ if audited you will need to show evidence of 30 contact hours of approved C.E., obtained with in your current biennium. Thereafter you will need to show evidence of 50 contact hours of approved C.E. 15 of the 50 hours must be Pharmacology hours.
- Compact licensed nurses are not required to complete 50CEs for renewal of your advanced practice license. When you renew in the next renewal period, if audited, you will then need to show evidence of 20 CE (15 hours in pharmacology and 5 hours in your specialty).
- Upon renewal of your specialty license, if audited, you will need to show evidence of 50 contact hours of approved C.E. (15 of the 50 hours must be Pharmacology hours 30 hours will renew your RN license).
- Specific requirements related to formularies and requirements related to prescribing and distributing dangerous drugs including controlled substances (requires a state controlled substances license and DEA registration) may be found in the Nursing Practice Act and Rules of the Board of Nursing, which can be accessed on the board website www.bon.state.nm.us If audited, you will be required to submit a formulary.
- Enclosed is a wall certificate that validates licensure as a nurse practitioner in New Mexico. The Board is issuing this certificate **one time only** upon the advice of the Advanced Practice Advisory Committee. The advisory committee recommended that the certificates be issued, as it is customary for licensees in the health field who have the authority to practice as independent practitioners, to be granted a wall certificate by the licensing agency.

Questions may be directed to Debra Werner, Associate Director at the above address or 841-9084.

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

AFFIDAVIT VALIDATING PRESCRIPTION WRITING

Yes No I wish to make application to prescribe controlled substances.

Nurse Practitioners Signature: [Signature] Date: 4/20/10

NP's RN License #: R55978 Expiration Date: 10/31/2010

Home Address: [Redacted]

Home Phone: [Redacted] Work Phone: [Redacted]

STATE OF New Mexico
COUNT OF Dona Ana)SS

I hereby certify that Ruth Romo has signed in
type /print name
my presence on this 20 day of April, 20 10.

[Signature]
NOTARY PUBLIC

My Commission Expires: 10/22/13

SEAL.

RECEIVED
APR 22 2010
BOARD OF
NURSING

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION PROGRAM

Certification Administration: P.O. Box 12926 • Austin, TX 78711 • (512) 442-5202 • Fax (512) 442-5221
E-mail Address: certification@aanp.org

April 22, 2010

RECEIVED
APR 26 2010
BOARD OF
NURSING

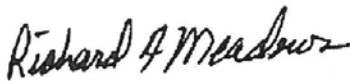
New Mexico Board of Nursing
6301 Indian School, NE
Suite 710
Albuquerque, NM 87110

RE: Ruth E. Romo , NP-C

This is to verify that the American Academy of Nurse Practitioners Certification Program has certified **Ruth E. Romo** as a Family Nurse Practitioner. The certification number is **F0410080**, which is effective from original date **April 01, 2010 until March 31, 2015**.

Please call the Academy Certification Program if you need additional information.

Sincerely,



Richard F. Meadows, MS, NP-C, FAANP
Executive Director

Student No: [REDACTED]

Date Issued: 22-APR-2010
NSS

RECEIVED

APR 27 2010

Record of Ruth Engelman Romo

Page: 1

BOARD OF NURSING

Issued To: Board of Nursing
6301 Indian School NE
Ste. 710
Albuquerque, NM 87110

SUBJ NO. C COURSE TITLE CRED GRD PTS R

Course Level: Graduate

Institution Information continued:

Current Program

College : School of Nursing
Major : Nursing-Practitioner/MSN
Maj/Concentration : Family Nurse Practitioner/MSN

Spring 2008

School of Nursing
NURS 5338 M Health Law, Policy & Ethics 3.00 B 9.00
NURS 5362 M Pharmacotherapeutics 3.00 B 9.00
Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 18.00 GPA: 3.00
Eligible to Re-enroll

Degrees Awarded MS in Nursing 12-DEC-2009

Primary Degree

Major : Nursing-Practitioner/MSN
Maj/Concentration : Family Nurse Practitioner/MSN

Fall 2008

School of Nursing
NURS 5303 M Advanced Health Assessment 3.00 A 12.00
NURS 5319 M Advanced Pathophysiology 3.00 A 12.00
Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00
Eligible to Re-enroll

SUBJ NO. C COURSE TITLE CRED GRD PTS R

INSTITUTION CREDIT:

Fall 2007

School of Nursing
NURS 5310 M Nursing Theories and Processes 3.00 B 9.00
NURS 5370 M Research Methods I 3.00 A 12.00
Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 21.00 GPA: 3.50
Eligible to Re-enroll

***** CONTINUED ON NEXT COLUMN *****

Spring 2009

School of Nursing
NURS 5206 M Primary Care Practicum I 2.00 A 6.00
NURS 5207 M Primary Care Practicum II 2.00 A 6.00
NURS 5307 M Primary Care I 3.00 A 12.00
NURS 5308 M Primary Care II 3.00 A 12.00
***** CONTINUED ON PAGE 2 *****

In accordance with The Family Educational Rights and Privacy Act of 1974, this transcript is released on the condition that no other party will have access to the information contained herein without the written consent of the individual whose record it is.

This officially sealed and signed transcript is printed on secured paper, a raised seal is not required.
An official signature is white with a blue background.
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Date Issued: 22-APR-2010
NSS

Student No: [REDACTED]

Record of: Ruth Engelman Romo
Level: Graduate

Page: 2

SUBJ NO. C	COURSE TITLE	CRED GRD	PTS R	SUBJ NO. C	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

Ehrs: 10.00 GPA-Hrs: 10.00 Qpts: 40.00 GPA: 4.00

Eligible to Re-enroll

Summer 2009

School of Nursing

NURS 5208 M	Primary Care Practicum III	2.00 A	8.00
NURS 5254 M	Advanced Practice Nursing Role	2.00 A	8.00
NURS 5309 M	Primary Care III	3.00 A	12.00
NURS 5394 M	Independent Study	3.00 A	12.00
Ehrs: 10.00	GPA-Hrs: 10.00	Qpts: 40.00	GPA: 4.00

Eligible to Re-enroll

Fall 2009

School of Nursing

NURS 5472 M	Advanced Practice Clinical II	4.00 A	16.00
NURS 5672 M	Advanced Practice Clinical I	6.00 A	24.00
Ehrs: 10.00	GPA-Hrs: 10.00	Qpts: 40.00	GPA: 4.00

Eligible to Re-enroll

***** CONTINUED ON NEXT COLUMN *****

Institution Information continued:

Spring 2010

School of Nursing

NURS 5194 M	Independent Study	1.00 N	0.00
Ehrs: 0.00	GPA-Hrs: 0.00	Qpts: 0.00	GPA: 0.00

***** TRANSCRIPT TOTALS *****

Earned Hrs	GPA Hrs	Points	GPA
48.00	48.00	183.00	3.81

TOTAL INSTITUTION

TOTAL TRANSFER 0.00 0.00 0.00 0.00

OVERALL 48.00 48.00 183.00 3.81

***** END OF TRANSCRIPT *****

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THE UNIVERSITY OF TEXAS AT EL PASO

Office of the Registrar

500 W. University Ave., El Paso, Texas 79968-0599

(915) 747-5544

THE UNIVERSITY

The University of Texas at El Paso is a nonprofit corporation of the University of Texas System. It was founded in 1943 in the Texas state school system of Texas and Midland by an act of the University of Texas in 1939. In 1949, the name of the university was changed from College of Mines and Metallurgy to Texas Western College and in 1967 to The University of Texas at El Paso.

ACCREDITATION

The University of Texas at El Paso is accredited by the Southern Association of Colleges and Schools. Many individual colleges and programs are accredited by other accrediting agencies. Information about such accreditation is available upon request and may be found in the official University website.

TRANSCRIPTS

Transcripts are prepared on secured paper and will be sent to you by air mail if requested. Information regarding ordering with a title background.

For other information regarding transcripts, please contact the Registrar's Office at (915) 747-5544. Recipients of transcripts are responsible for the cost of each transcript requested.

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For more information, please contact our customer service department at (915) 747-5544.

CPA

The CPA program is a rigorous and challenging program that prepares students for a career in public accounting. The program is designed to provide students with the knowledge and skills necessary to succeed in this profession. The program is accredited by the American Institute of Certified Public Accountants (AICPA) and is recognized by the State Board of Accountancy.

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GRADES AND ADDITIONALS

The following grades are included in GPA calculations:

Symbol	Meaning	Grade Points Earned for Semester Hour
A	Excellent	4
B	Good	3
C	Average	2
D	Below Average but Passing	1
F	Failure	0
WC	Withdrawal after appeal (same as withdrawal)	0
WI	Withdrawal before appeal (same as withdrawal)	0

The following grades are not included in GPA calculations:

A/B/C/D	Substitutions for Pass/Fail courses	P
AC	Auditing grade (Grade to be earned in the CPA exam section)	A
I	Incomplete	CR
A/B	Substitutions for Pass/Fail courses	N
L/P	Substitutions for Pass/Fail courses	N

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AC	Auditing grade (Grade to be earned in the CPA exam section)	A
I	Incomplete	CR
A/B	Substitutions for Pass/Fail courses	N
L/P	Substitutions for Pass/Fail courses	N

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A/B/C/D	Substitutions for Pass/Fail courses	P
AC	Auditing grade (Grade to be earned in the CPA exam section)	A
I	Incomplete	CR
A/B	Substitutions for Pass/Fail courses	N
L/P	Substitutions for Pass/Fail courses	N

APRN Renewal / Reinstatement Application Instructions

**REQUIREMENTS AND INSTRUCTIONS FOR RENEWAL AND RE-ACTIVATION FOR
CLINICAL NURSE SPECIALIST LICENSURE / NURSE PRACTITIONER LICENSURE /
CERTIFIED REGISTERED NURSE ANESTHETIST LICENSURE**

**New Mexico Board of Nursing does not issue refunds for incorrect/duplicate submission of
applications and/or payments**

- Renewal of license may be accepted no more than sixty (60) days prior to the expiration date of the license.
- Continuing Education must be completed before submitting your renewal application. If you fall under the refresher requirement, it will count towards your continuing education. Please see the NM BON website for more information regarding CE requirements.
- If you are a resident of another Compact State, you must maintain active current multi-privileges for your RN License. If you are a resident of New Mexico or a single state you must hold a current active New Mexico RN License.

Maintaining licensure as a Nurse Practitioner.

1. National certification: NPs must maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal. Nurse practitioners licensed by the NM board, after December 2, 1985 are required to be nationally certified in their specialty.
2. Continuing education.
 - i. The CNP shall accrue a total of 50 contact hours of approved CE each renewal period. National certification or recertification as a NP may not be used to fulfill any portion of the CE requirement:
 - ii. 30 contact hours shall meet the requirements for licensure as a RN, and an additional 20 contact hours, 15 of which must be pharmacology are required.
 - iii. CNP's with DEA registration and licensure that permits prescribing opioids shall obtain five contact hours of the 15 currently required in pharmacology to include management of non-cancer pain.
 - iv. CNP's from compact states are only required to fulfill CE requirements listed under item (ii) and (iii) of this subparagraph.
 - v. CE may be prorated to commensurate with the length of the renewal period. (b) The CE shall be in accordance with the requirements as set forth in these rules.

Reactivation.

To reactivate or reinstate licensure as a Nurse Practitioner, the nurse must provide evidence of meeting the CE requirements.

- CNPs licensed by the board after December 2, 1985 must also provide evidence of current national certification.



- CNPs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

Maintaining licensure as a Certified Registered Nurse Anesthetist.

1. National certification: CRNAs must maintain NBCRNA. A copy of the recertification card must be presented at the time of each subsequent renewal.
2. Continuing education: recertification by NBCRNA is accepted for meeting mandatory CE requirement.

Reactivation:

To reactivate or reinstate licensure as a Certified Registered Nurse Anesthetist.

- The nurse must provide evidence of current recertification by the NBCRNA.
- CRNAs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless board of nursing approves an extension.

Maintaining licensure as a Clinical Nurse Specialist.

1. The CNS shall be nationally certified in the specialty by a nursing organization and maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal.
2. Continuing education.
 - a. The CNS shall accrue a total of 50 contact hours of approved CE each renewal period. National certification or recertification as a CNS may not be used to fulfill any portion of the CE requirement.
 - b. 30 contact hours, shall meet the requirements for licensure as an RN, and
 - c. An additional 20 contact hours, 15 of which must be pharmacology are required.
 - d. CNSs with DEA registration and licensure that permits prescribing opioids shall obtain five contact hours of the 15 currently required in pharmacology to include management of non-cancer pain
 - e. CNSs from compact states are only required to fulfill CE requirement listed under (c) and (d).
 - f. The CE shall be in accordance with the requirements as set forth in these rules.
 - g. CE may be prorated to commensurate with the length of the renewal period.

Reactivation

To reactivate or reinstate licensure as a Clinical Nurse Specialist.



- To reactivate or reinstate licensure as a CNS, the nurse must provide evidence of meeting the CE requirements: evidence of current national certification must also be provided.
- CNSs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

ALL Advanced Practice Nurses must be sure the required Expired Lapsed Attestation is submitted within 5 business days of submitting your Renewal Application [ELA Form](#).

*Failure to provide the ELA and the necessary supporting documentation may result in disciplinary action taken towards your New Mexico license/certification. The ELA shall be uploaded through the NURSE Portal.

Per 16.12.2.10 Licensure requirements for individuals who are reactivating a license which has been lapsed for four or more years must complete a refresher course that includes both a didactic and clinical component designed to prepare a nurse who has been out of practice to re-enter into practice and complete a criminal background check. Central New Mexico Community College in Albuquerque, New Mexico is the only program currently approved to offer the clinical component. Proof of registration with Central New Mexico Community college for the refresher course must be submitted to the New Mexico Board of Nursing.

If this is your first renewal with the NM Board of Nursing and your expiration date was pro-rated to align with your birthdate. The following will apply to you:

A new rule change became effective 10/1/2016 for all licenses by exam and endorsement will be for a period of one year, plus the months to the applicant's birth month and thereafter will go back to the full 2 years. The Renewal fee will be pro-rated and will resume at the normal fee at the next renewal period. If you are a first time licensure by Examination or Endorsement the fee will still be the full application fee.

Note: We are testing out an Auto Renew function for Renewal Applications submitted. If the system finds no faults against your license it will auto jump your expiration date. Please allow at least 2 business days before checking your [License](#) and contacting the New Mexico Board of Nursing if there is a concern regarding your expiration date.

License Application Type

License Type: APRN-CNP
APRN Population Focus/Specialty: Family
Application Type: APRN Renewal

General Information

Demographic Information

Salutation: Ms.

Full Legal Name Required: RUTH E. ROMO (NCSBN ID: 20740124)
Marital Status:
Maiden Name: ENGELMAN

Other Names Used

Full Legal Name Required: RUTH ENGELMAN

Identifying information

What is your Gender?: Female
What is your Race? (Please select ALL that apply): White/Caucasian
Are you of Hispanic or Latino origin? No
Please select ALL languages that you are proficient in, other than English:

Contact Information

Residential Address

(Also Mailing Address) 210 West Las Cruces Ave
Las Cruces NM 88005
UNITED STATES

Phone Number(s)

Work: (575) 525-3700 (Primary Phone)

Education History

Graduate Nursing Education

Note: The educational information below was previously submitted to the Board and cannot be modified.

Program Name: UNIVERSITY OF TX
Degree Obtained: Master's Degree-Nursing
Education Status: Graduated
Graduation date: 12/12/2009

Note: The educational information below was previously submitted to the Board and cannot be modified.

Program Name: NM STATE UNIV-BD
Degree Obtained: Baccalaureate Degree-Nursing
Education Status: Graduated
Graduation date: 08/30/2006

Employment History

Employer

Employment Start Date: 01/01/2010
Employer Name: Ruth Romo
Employer Phone Number: (575) 525-3700
Supervisor Name: Ruth Romo
Supervisor Email Address: rutheromo@gmail.com
Address: 210 W. Las Cruces Ave
Las Cruces NM 88005
UNITED STATES

Employment Status *(for statistical purposes only)*

Current Employment Status: Actively employed in nursing or in a position that requires a nurse license full-time
In how many positions are you currently employed as a nurse?: 1
How many hours do you work during a typical week at all of your employers? 35

Primary Position information

Please identify the type of setting that most closely corresponds to your **primary** nursing practice position: Other - Private Practice
Please identify the position title that most closely corresponds to your **primary** nursing practice position: Advanced Practice Registered Nurse
Please identify the employment specialty that most closely corresponds to your **primary** nursing practice position: Family Health

Please indicate your primary employer: Ruth Romo

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? No

National Certification

National Certification

Certification Exam Agency: American Academy of Nurse Practitioners
Certification Program (AANP-CP)
Certification Number: F0410080
Original Issue Date: 04/01/2010
Current Issue Date: 04/01/2010
Expiration Date: 03/31/2025
Supporting Documentation: AANP Renewal Cert

Workforce

(For Statistical purposes only)

1 What type of nursing degree/credential qualified you for your first U.S. nursing license?

Response: Baccalaureate degree-Nursing

2 What is your highest level of nursing education?

Response: Master's degree-Nursing

3 What type of license do you currently hold? (Mark all that apply.)

APRN

**Response: RN
APRN**

4 Year of Initial U.S. Licensure

Response: 2006

5 In what country were you initially licensed as RN or LPN

Response: UNITED STATES

6 What is your highest level of non-nursing education?

Response: Baccalaureate degree-Non-nursing

7 What is the status of the license currently held?

Response: Active

8 Indicate whether you are credentialed in your state to practice as any of the following: (Select all that apply.)

Response: Certified Nurse Practitioner

9 Do you hold professional liability insurance (malpractice insurance)?

Response: Yes > \$1,000 (Cost per year)

10 Do you experience any barriers to obtaining professional liability insurance?

Response: No

11 Do you anticipate practicing for the next 5 years, including retiring from the health care

profession, moving out of state, or changing health care work hours?

Response: I do not anticipate any change to hours worked in the next 5 years.

12 What is the average number of weeks per year that you worked in last twelve months?

Response: 45

13 What percentage of your practice are you engaged in direct patient care?

Response: 75

14 What percentage of your practice are you engaged in other activities, such as teaching, research, and administration?

Response: 25

15 What is your primary language?

Response: English

Eligibility Questions

1 Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

Response: No

2 Have you been convicted of a felony in the last 2 years?

Please provide any official court documents related to your felony conviction. Failure to disclose a felony conviction is considered unprofessional conduct and may result in discipline on your license.

Response: No



3 Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

Response: No

4 Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

You must provide the Board of Nursing with information to evaluate your current safety to practice. Print and provide releases to all appropriate care providers:

Confidential Information release

Drug and Alcohol Evaluation information release

Provide explanation including sobriety date. Upload evidence supporting your recovery, for example:

1. Documentation of support group attendance (with signatures from chairpersons).
2. Letters of reference from:
 - a. Employers.
 - b. Current or previous counselor, therapist, peer support group leader.
 - c. Church members, sponsor, or volunteer organizations.
 - d. Educators.
3. Discharge papers from treatment programs for alcohol or substance use, or mental health treatment

Response: No

5 Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

Note - This question applies to individuals enrolled in a program or a participant, *this does not apply to worksite monitors or support group leaders.*

Response: No

6 Are you currently the target or subject of a grand jury or governmental agency investigation?

Response: No

7 For any criminal offense* not previously reported to the board, including those pending appeal, have you:(You may only exclude minor traffic violations, but must report all DUI charges/convictions)

**Criminal offense that resulted in a conviction*

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character. NOTE: Orders of Non-Disclosure: If you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. If the Board of Nursing discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board of Nursing may require you to provide information about any conduct that raises issue of character.

Response: No, none of the above apply

8 Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that

you held?

Response: No

9 APRNs with a DEA registration: Have you completed 10 contact hours in pharmacology, 5 contact hours in specialty area, and 5 contact hours non-cancer pain management of continuing education within the 2 year period immediately preceding license expiration? APRNs without a DEA registration: Have you completed 10 contact hours in pharmacology and 10 contact hours in specialty area of continuing education within the 2 year period immediately preceding license expiration?

Response: Yes

- I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application. I acknowledge the correct application has been made on my behalf and once submitted cannot be adjusted. **All fees are final and will not be refunded or disputed for an incorrect submission.**

Name: RUTH ROMO

License Number: CNP-01626

Payment confirmation code: AA1A3FC7F4EF

Payment Date and Time: 2020-06-08 12:23:03

Application Fee Amount:	APRN - Renewal Fee	\$110.00
	Total:	\$110.00

NOTE: This document is a copy of the electronic license application for the person named above and does NOT constitute a verification of their license or represent a copy of the individual's license.

APRN Renewal / Reinstatement Application Instructions

**REQUIREMENTS AND INSTRUCTIONS FOR RENEWAL AND RE-ACTIVATION FOR
CLINICAL NURSE SPECIALIST LICENSURE / NURSE PRACTITIONER LICENSURE /
CERTIFIED REGISTERED NURSE ANESTHETIST LICENSURE**

New Mexico Board of Nursing does not issue refunds for incorrect/duplicate submission of applications and/or payments

- Renewal of license may be accepted no more than sixty (60) days prior to the expiration date of the license.
- Continuing Education must be completed before submitting your renewal application. If you fall under the refresher requirement, it will count towards your continuing education. Please see the NM BON website for more information regarding CE requirements.
- If you are a resident of another Compact State, you must maintain active current multi-privileges for your RN License. If you are a resident of New Mexico or a single state you must hold a current active New Mexico RN License.

Maintaining licensure as a Nurse Practitioner.

1. National certification: NPs must maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal. Nurse practitioners licensed by the NM board, after December 2, 1985 are required to be nationally certified in their specialty.
2. Continuing education.
 - i. The CNP shall accrue a total of 50 contact hours of approved CE each renewal period. National certification or recertification as a NP may not be used to fulfill any portion of the CE requirement:
 - ii. 30 contact hours shall meet the requirements for licensure as a RN, and an additional 20 contact hours, 15 of which must be pharmacology are required.
 - iii. CNP's with DEA registration and licensure that permits prescribing opioids shall obtain five contact hours of the 15 currently required in pharmacology to include management of non-cancer pain.
 - iv. CNP's from compact states are only required to fulfill CE requirements listed under item (ii) and (iii) of this subparagraph.
 - v. CE may be prorated to commensurate with the length of the renewal period. (b) The CE shall be in accordance with the requirements as set forth in these rules.

Reactivation.

To reactivate or reinstate licensure as a Nurse Practitioner, the nurse must provide evidence of meeting the CE requirements.

- CNPs licensed by the board after December 2, 1985 must also provide evidence of current national certification.

- CNPs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

Maintaining licensure as a Certified Registered Nurse Anesthetist.

1. National certification: CRNAs must maintain NBCRNA. A copy of the recertification card must be presented at the time of each subsequent renewal.
2. Continuing education: recertification by NBCRNA is accepted for meeting mandatory CE requirement.

Reactivation:

To reactivate or reinstate licensure as a Certified Registered Nurse Anesthetist.

- The nurse must provide evidence of current recertification by the NBCRNA.
- CRNAs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless board of nursing approves an extension.

Maintaining licensure as a Clinical Nurse Specialist.

1. The CNS shall be nationally certified in the specialty by a nursing organization and maintain national certification. A copy of the specialty certification/recertification card shall be presented at the time of each subsequent renewal.
2. Continuing education.
 - a. The CNS shall accrue a total of 50 contact hours of approved CE each renewal period. National certification or recertification as a CNS may not be used to fulfill any portion of the CE requirement.
 - b. 30 contact hours, shall meet the requirements for licensure as an RN, and
 - c. An additional 20 contact hours, 15 of which must be pharmacology are required.
 - d. CNSs with DEA registration and licensure that permits prescribing opioids shall obtain five contact hours of the 15 currently required in pharmacology to include management of non-cancer pain
 - e. CNSs from compact states are only required to fulfill CE requirement listed under (c) and (d).
 - f. The CE shall be in accordance with the requirements as set forth in these rules.
 - g. CE may be prorated to commensurate with the length of the renewal period.

Reactivation

To reactivate or reinstate licensure as a Clinical Nurse Specialist.

- To reactivate or reinstate licensure as a CNS, the nurse must provide evidence of meeting the CE requirements: evidence of current national certification must also be provided.

- CNSs who are reactivating an advanced practice license which has been lapsed for four or more years must also complete a refresher course or certification reactivation that is reflective of their knowledge, skills and expertise. A temporary license will be issued not to exceed one year, unless the board of nursing approves an extension.

ALL Advanced Practice Nurses must be sure the required Expired Lapsed Attestation is submitted within 5 business days of submitting your Renewal Application [ELA Form](#).

*Failure to provide the ELA and the necessary supporting documentation may result in disciplinary action taken towards your New Mexico license/certification. The ELA shall be uploaded through the NURSE Portal or completed, scanned, and emailed to: ELA.NMBON@state.nm.us

Per 16.12.2.10 Licensure requirements for individuals who are reactivating a license which has been lapsed for four or more years must complete a refresher course that includes both a didactic and clinical component designed to prepare a nurse who has been out of practice to re-enter into practice and complete a criminal background check. Central New Mexico Community College in Albuquerque, New Mexico is the only program currently approved to offer the clinical component. Proof of registration with Central New Mexico Community college for the refresher course must be submitted to the New Mexico Board of Nursing.

If this is your first renewal with the NM Board of Nursing and your expiration date was pro-rated to align with your birthdate. The following will apply to you:

A new rule change became effective 10/1/2016 for all licenses by exam and endorsement will be for a period of one year, plus the months to the applicant's birth month and thereafter will go back to the full 2 years. The Renewal fee will be pro-rated and will resume at the normal fee at the next renewal period. If you are a first time licensure by Examination or Endorsement the fee will still be the full application fee.

Review the chart below if you fall under the pro-rated requirements:

New Mexico Board of Nursing SFY16 Pro-rated CE and Hour Structure (Effective 10/1/2016)													
Type of Fee	Current CE Required	13 month	14 month	15 month	16 month	17 month	18 month	19 month	20 month	21 month	22 month	23 month	24 month
RN	30	16	18	19	20	21	23	24	25	26	28	29	30
LPN	30	16	18	19	20	21	23	24	25	26	28	29	30
APRN	50	APRN CE requirements is as follow: 30 for the RN, 15 for Pharmacology and 5 for the Specialty											
APRN Pharmacology	15	8	9	9	10	11	11	12	13	13	14	14	15
APRN (non-cancer pain)	5	Not Pro-rated											

Note: We are testing out an Auto Renew function for Renewal Applications submitted. If the system finds no faults against your license it will auto jump your expiration date. Please allow at least 2 business days before checking your [License](#) and contacting the New Mexico Board of Nursing if there is a concern regarding your expiration date.

License Application Type

License Type:

APRN-CNP

APRN Population Focus/Specialty: Family
Application Type: APRN Renewal,
Prorated_October

General Information

Demographic Information

Salutation: Ms.
Full Legal Name Required: RUTH E. ROMO (NCSBN ID: 20740124)
Marital Status:
Maiden Name: ENGELMAN

Other Names Used

Full Legal Name Required: RUTH ENGELMAN

Identifying information

What is your Gender?: Female
What is your Race? (Please select ALL that apply): White/Caucasian
Are you of Hispanic or Latino origin? No
Languages proficient in, other than English:

Contact Information

Residential Address

(Also Mailing Address) 210 West Las Cruces Ave
Las Cruces NM 83005
UNITED STATES

Phone Number(s)

Work: (575) 525-3700 (Primary Phone)

Education History

—

Graduate Nursing Education

Note: The educational information below was previously submitted to the Board and cannot be modified.

Program Name: NM STATE UNIV-BD
Degree Obtained: Baccalaureate Degree-Nursing
Education Status: Graduated
Graduation date: 08/30/2006

Note: The educational information below was previously submitted to the Board and cannot be modified.

Program Name: UNIVERSITY OF TX
Degree Obtained: Master's Degree-Nursing
Education Status: Graduated
Graduation date: 12/12/2009

Employment History

Employer

Employment Start Date: 01/01/2010
Employer Name: Ruth Romo
Employer Phone Number: (575) 525-3700
Supervisor Email Address: rutheromo@gmail.com
Address: 210 W. Las Cruces Ave
Las Cruces NM 88005
UNITED STATES

Employment Status *(for statistical purposes only)*

Current Employment Status: Actively employed in nursing or in a position that requires a nurse license full-time

In how many positions are you currently employed as a nurse?: 1

How many hours do you work during a typical week at all of your employers? 35

Primary Position information

Please identify the type of setting that most closely corresponds to your **primary** nursing practice position: Other - Private Practice

Please identify the position title that most closely corresponds to your **primary** nursing practice position: Advanced Practice Registered Nurse

Please identify the employment specialty that most closely corresponds to your **primary** nursing practice position: Family Health

Please indicate your primary employer: Ruth Romo

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? No

National Certification

National Certification

Certification Exam Agency: American Academy of Nurse Practitioners Certification Program (AANP-CP)
Certification Number: F0410080
Original Issue Date: 04/01/2010
Current Issue Date: 04/01/2010
Expiration Date: 03/31/2020
Supporting Documents: AANP Cert

Workforce

(For Statistical purposes only)

1 What type of nursing degree/credential qualified you for your first U.S. nursing license?

Response: Baccalaureate degree-Nursing

2 What is your highest level of nursing education?

Response: Master's degree-Nursing

3 What is your highest level of non-nursing education?

Response: Baccalaureate degree-Non-nursing

4 Year of Initial U.S. Licensure

Response:

5 In what country were you initially licensed as RN or LPN

Response: UNITED STATES

Eligibility Questions

1 Have you ever had any disciplinary action on a nursing license or a privilege to practice in any state, country, or province?

Response: No

2 Have you been convicted of a felony in the last 2 years?

Please provide any official court documents related to your felony conviction. Failure to disclose a felony conviction is considered unprofessional conduct and may result in discipline on your license.

Response: No

3 Do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, country, or province?

Response: No

4 Do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

You must provide the Board of Nursing with information to evaluate your current safety to practice. Print and provide releases to all appropriate care providers:

Confidential Information release

Drug and Alcohol Evaluation information release

Provide explanation including sobriety date. Upload evidence supporting your recovery, for example:

1. Documentation of support group attendance (with signatures from chairpersons).
2. Letters of reference from:
 - a. Employers.
 - b. Current or previous counselor, therapist, peer support group leader.
 - c. Church members, sponsor, or volunteer organizations.
 - d. Educators.
3. Discharge papers from treatment programs for alcohol or substance use, or mental health treatment

Response: No

5 Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs)

Note - This question applies to individuals enrolled in a program or a participant, *this does not apply to worksite monitors or support group leaders.*

Response: No

6 Are you currently the target or subject of a grand jury or governmental agency investigation?

Response: No

7 For any criminal offense* not previously reported to the board, including those pending appeal, have you? (You may only exclude minor traffic violations, but must report all DUI charges/convictions)

**Criminal offense that resulted in a conviction*

NOTE: Expunged and Sealed Offenses: While expunged or sealed offense, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Non-disclosure of relevant offenses raises questions related to truthfulness and character. NOTE: Orders of Non-Disclosure: If you have criminal matters that are the subject of an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is the subject of an order of non-disclosure may become a character and fitness issue. If the Board of Nursing discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board of Nursing may require you to provide information about any conduct that raises issue of character.

Response: No, none of the above apply

8 Have you ever had any licensing (other than a nursing license) or regulatory authority in any state, jurisdiction, country, or province revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you held?

Response: No

9 Have you completed 15 hours CE's in Pharmacology and 5 hours CE's in specialty, APRN's with a DEA registration must obtain 5 CE's in management of non-cancer pain within the 2 year period immediately preceding license expiration?

Response: Yes

Supporting Documents: CE1.xlsx, CE1.xlsx

10 What is your Month of Birth?

Response: XXXXXXXXXX

-
- I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application. I acknowledge the correct application has been made on my behalf and once submitted cannot be adjusted. **All fees are final and will not be refunded or disputed for an incorrect submission.**

Name: RUTH ROMO

License Number: CNP-01626

Payment confirmation code: AL1AFBA00F88

Payment Date and Time: 2018-09-17 11:21:53

Application Fee Amount:	Prorated Renewal Fee for October Renewal Applications	\$96.26
	Total:	\$96.26

NOTE: This document is a copy of the electronic license application for the person named above and does NOT constitute a verification of their license or represent a copy of the individual's license.

Questions And Answers

ROMO, RUTH E.

210 West Las Cruces Ave.

Las Cruces, NM 88005

915-328-3543

Expires 10/31/2014

License # CNP-01626

Paid: 9/9/2014 1:52:12 PM

License	Q/S	Question	Answer
CNP-01626	Q	1. Date of Birth: *	█/1967
CNP-01626	Q	2. CNP/CNS/CRNA Requirements: Please provide a copy of documentation by fax(505-841-8347) or mail. All faxes must be legible. If documents are not received prior to expiration date, the license can not be renewed and is subject to late fees. If you have Compact State licensure, attach a copy of your current Compact State License and each of your National Certifications. Your license will expire on the same month and year of your current Compact License. I have submitted a copy of each of my certifications (Y/N). *CRNA: Fax/Mail current copy of National Council(NBCRNA) recertification card. CNP/CNS: Fax/Mail current copy of National Certification. If you fail to provide these documents, your license will NOT be renewed!	Y
CNP-01626	Q	2(a). CEU Requirements *CNP/CNS Requirements: Have you completed 15 hours CE's in pharmacology and 5 hours CE's in specialty, APRN's with a DEA registration must obtain 5 CE's in the management of non-cancer pain within the 2 year period immediately preceding license expiration? CRNA Requirements: Current recertification by NBCRNA National Board on Certification & Recertification of Nurse Anesthetists?	Y
CNP-01626	Q	3. Since your last renewal have you been convicted of a felony or are you now charged with any felony in any state or federal court? Please include any felony charges that resulted in a guilty plea, nolo contendere plea or a deferred or suspended sentence. A felony is generally a criminal charge with the potential punishment of at least one year in prison or jail. If in doubt, disclose the charge or conviction with a copy of all relevant documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing. *	N
CNP-01626	Q	4. If YES, please list Felony State(s):	
CNP-01626	Q	5. If YES, please list Felony Date(s):	
CNP-01626	Q	6. Have you had disciplinary action or have any action pending against you by: any licensing jurisdiction including New Mexico, the USDA, Drug Enforcement Agency, any state drug enforcement authority, or a branch of the US Military since your last renewal in N.M.? *	N
CNP-01626	Q	7. If YES, please list Discipline State(s):	
CNP-01626	Q	8. If YES, please list Discipline Date(s):	
CNP-01626	Q	9. In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of New Mexico is my primary state (or country if not a US citizen) of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) *	Y
CNP-01626	Q	10. If you answered NO to question 9 you MUST enter your primary state or country of residence HERE.	
CNP-01626	Q	11. Active Military living in another state, declaring NM? (Yes or No) *	N
CNP-01626	S	1. As an ADVANCED PRACTICE NURSE in New Mexico, do you actively provide DIRECT PATIENT CARE? *	Y
CNP-01626	S	2. What is the NUMBER OF PATIENTS you see (per average week) that are DIRECTLY ASSOCIATED with patient care? *	20

Questions And Answers

Expires 1/1/0001

License #

UnPaid

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AMERICAN ACADEMY OF NURSE PRACTITIONERS
CERTIFICATION PROGRAM

acknowledges that

Ruth E. Romo, NP-C

has met the requirements for national certification as a Family Nurse Practitioner

Certification # F0410080

Granted from

April 1, 2010 through March 31, 2015

CNP-01626

Lorna G. Schimm

Chairperson
Certification Commission

Richard A. Meador


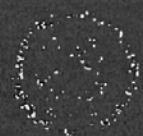
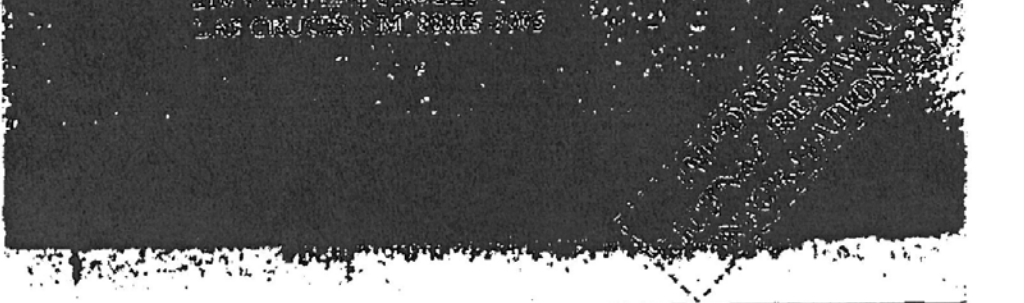
Executive Director

FAX COVERSHEET

~Full Circle Health Center~

Ruth E. Romo, FNP
210 West Las Cruces Ave.
Las Cruces, NM 88005
575-525-3700

September

To: 	  New Mexico Board of Nursing 6000 Mariposa Blvd, Ste 210 Albuquerque, NM 87112
Fax: 	
Tel.: 	
Re: 	License # CNP-01623 Registration # 490155 RUTH E. ROMO 210 WEST LAS CRUCES AVE LAS CRUCES NM 88005 575
	

Confidentiality Notice

The documents accompanying this FAX transmission contain confidential information belonging to the sender that is legally privileged and protected. This information is intended only for the use of the individual or entity to which it is directed. If you have received this FAX transmission in error, please notify the sender and destroy these documents.

Questions And Answers

ROMO, RUTH E.

210 West Las Cruces Ave.

Las Cruces, NM 88005

915-328-3543

Expires 10/31/2016

License # CNP-01626

Paid: 9/21/2016 1:02:58 PM

License	Q/S	Question	Answer
CNP-01626	Q	1. Date of Birth: *	█/1967
CNP-01626	Q	2. CNP/CNS/CRNA Requirements: Please provide a copy of documentation by fax(505-841-8347) or mail. All faxes must be legible. If documents are not received prior to expiration date, the license can not be renewed and is subject to late fees. If you have Compact State licensure, attach a copy of your current Compact State License and each of your National Certifications. Your license will expire on the same month and year of your current Compact License. I have submitted a copy of each of my certifications (Y/N). *CRNA: Fax/Mail current copy of National Council(NBCRNA) recertification card. CNP/CNS: Fax/Mail current copy of National Certification. If you fail to provide these documents, your license will NOT be renewed!	Y
CNP-01626	Q	2(a). CEU Requirements *CNP/CNS Requirements: Have you completed 15 hours CE's in pharmacology and 5 hours CE's in specialty, APRN's with a DEA registration must obtain 5 CE's in the management of non-cancer pain within the 2 year period immediately preceding license expiration? CRNA Requirements: Current recertification by NBCRNA National Board on Certification & Recertification of Nurse Anesthetists?	Y
CNP-01626	Q	3. Have you ever been convicted of a felony? *Please provide any official court documents related to your felony conviction. Failure to disclose a felony conviction is considered unprofessional conduct and may result in discipline on your license.	N
CNP-01626	Q	4. If YES, please list Felony State(s):	
CNP-01626	Q	5. If YES, please list Felony Date(s):	
CNP-01626	Q	6. Have you had disciplinary action or have any action pending against you by: any licensing jurisdiction including New Mexico, the USDA, Drug Enforcement Agency, any state drug enforcement authority, or a branch of the US Military since your last renewal in N.M.? *	N
CNP-01626	Q	7. If YES, please list Discipline State(s):	
CNP-01626	Q	8. If YES, please list Discipline Date(s):	
CNP-01626	Q	9. In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of New Mexico is my primary state (or country if not a US citizen) of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) *	Y
CNP-01626	Q	10. If you answered NO to question 9 you MUST enter your primary state or country of residence HERE.	
CNP-01626	Q	11. Active Military living in another state, declaring NM? (Yes or No) *	N
CNP-01626	S	1. As an ADVANCED PRACTICE NURSE in New Mexico, do you actively provide DIRECT PATIENT CARE?*	Y
CNP-01626	S	2. What is the NUMBER OF PATIENTS you see (per average week) that are DIRECTLY ASSOCIATED with patient care?*	30
CNP-01626	S	3. Please enter your current e-mail address.(N/A if None):*	rutheromo@gmail.com
CNP-01626	S	(a) Do you choose to be notified of your license renewal via email instead of postmail? (in lieu of a postcard, the Board of Nursing will email renewal notices with information on how to renew your license approximately six (6) weeks prior to the end of your renewal month)*	N

Questions And Answers

Expires 1/1/0001

License #

UnPaid

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STATE OF NEW MEXICO

(505) 841-8340

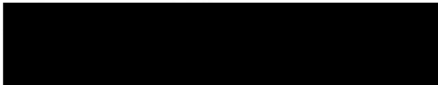


Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

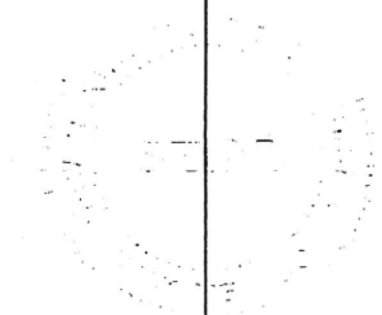
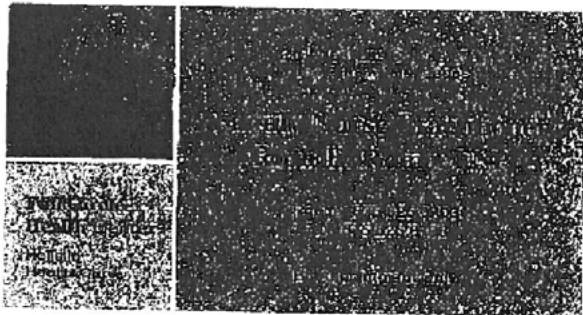
AUTHORIZATION TO PRACTICE

RUTH E. ROMO



Authorization to practice as a **Certified Nurse Practitioner** in the State of New Mexico has been granted to **RUTH E. ROMO** license number **CNP-01626** as of **MAY 05, 2010**.

Johnny Romero
Clerk Specialist



American Academy
of
Nurse Practitioners
Certification Program

acknowledges that

Ruth E. Romo, NP-C

has met the requirements for national certification as a

Family Nurse Practitioner

Certification # F0410080

Granted from April 1, 2010 to March 31, 2020

Lorna G. Schumann

Chairperson, Certification Commission

Richard J. Meador

Chief Executive Officer, Certification



CITY OF LAS CRUCES
P.O. BOX 20000
LAS CRUCES, NEW MEXICO 88004

2016 - 10

Certificate
Receipt

Type
BUSINESS REGISTRATION

License Number
7578

Fee Paid
35.00

Issue Date
10/27/2015

Expiration Date
10/31/2016

**** NOTICE ****

This license becomes null & void if ownership, business name or address is changed. Licensees must apply within 10 days of such changes for transfer. Fees may apply. All applicable building & zoning regulations pertaining to business location must be followed.

Business Name: RUTH ROMO FNP
FULL CIRCLE HEALTH CENTER
210 W LAS CRUCES AVE
LAS CRUCES, NM 88005

***** NOTIFY CITY OF LAS CRUCES IMMEDIATELY IF THIS BUSINESS LOCATION CLOSSES *****
***** KEEP THIS COPY FOR YOUR RECORDS *****

This State Controlled Substance Registration is issued pursuant to NMSA 30-31-12 & 13 and NMAC 16.19.20.8 & 9 for the following person at the shown location and for the period show hereon.

License Number: CS00215456

Original Issue Date: 05/13/2010
Expiration Date: 04/30/2017

rtimage.do

Schedule of Drugs: 2 2N 3 3N 4 5

Ruth Romo

*210 W Las Cruces Ave.
Las Cruces, NM 88005*

Joseph D. Cross, CHAIRMAN

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MR2167232	04-30-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	04-01-2016
ROMO, RUTH, E. FULL CIRCLE HEALTH CENTER 210 WEST LAS CRUCES AVE. LAS CRUCES, NM 88005		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 U.S.C. 824 and 888) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

258978

EXAMINATION APPLICATION

State of New Mexico



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87109
(505) 341-3340

Please check one:

\$110.00

RN

LPN

FEE IS NOT REFUNDABLE

Exact amount only, no refunds or credits

No personal checks/demand drafts/debit cards accepted.

Money Orders must be drawn on U.S. bank.

For Office use only

Date recd:

Amount pd:

FP

S

DO NOT FAX THIS FORM

Facsimile (fax) of required documents are not accepted

Type or Print clearly with black ballpoint pen.

Legal Name:

Romo

Rath

ENGELMANN

Last

First

Middle

Maiden

Mailing Address:

Number

Street

Apt.

MESILLA PARK, NM 88047

DONA ANA / USA

City

State

zip+4

County/Country

Birth Date

U.S. Social Security Number

Sex

Male

Female

home phone

work phone

E-mail

(505) 526-1488

Rathromma@whc.net

Have you at any other time applied for or held a RN/LPN license in NM?

No Yes

License #

Date

List any other name(s), Surname, First or Middle) ever used for nurse licensure: or None

NONE

If a middle name and/or maiden name; other names are not indicated on application it will be assumed that you do not have a middle name and your maiden name is the same as your last name and other names have not been used for licensure.

EDUCATION	SCHOOL NAME	CITY, STATE Or COUNTRY	DATE COMPLETED	DEGREE GRANTED
High School	<u>Montclair High</u>	<u>Montclair, NJ</u>	<u>1985</u>	
Basic Nursing Program	<u>NMSU</u>	<u>LAS ALAMOS, NM</u>	<u>8/2006</u>	<u>BSN-RN</u>

SECONDARY EDUCATION COMPLETED: Circle One

1. Less than high school graduate
2. High School Graduate or GED

HIGHEST DEGREE HELD: Circle One

3. Associate Degree
4. Baccalaureate in other field
5. RN Diploma
6. Baccalaureate in Nursing 8/2006
7. Masters in other field
8. Masters in Nursing
9. Doctorate in other field
10. Doctorate in Nursing

BASIC NURSING EDUCATIONAL PREPARATION: Circle One

- LPN: 1. Completion of Practical Nursing Program 2. Waiver/Experience
- RN: 3. Diploma 4. Associate Degree 5. Baccalaureate or higher degree

CONTINUED ON OTHER SIDE

G:\Home\Forms\Examapp\Word\0206

RECEIVED
JUN 05 2006
BOARD OF NURSING

DISCIPLINARY: The following questions require a Yes or No answer

Has disciplinary action ever been taken against your nursing license? No Yes ___ /State(s) ___

If yes: denied ___; revoked ___; suspended ___; probation ___; reprimand ___; other ___

Is disciplinary action pending against a (any) nursing license in another state? No Yes ___ /State(s) ___

Have you ever been convicted of a felony? No Yes ___ /State(s) ___

If yes to any of the above, explain fully on separate page and submit certified copies of legal documents.

DECLARATION OF PRIMARY STATE OF RESIDENCE IS MANDATORY FOR LICENSURE

In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of New Mexico is my primary state of residence and that such constitutes my permanent and principle home for legal purposes. ("primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) Upon licensure in New Mexico, I intend to practice in the state (s) of

NEW MEXICO

Transcript:

I have requested an official transcript or certification of eligibility for graduation to be sent directly from Registrar's office to NM Board of Nursing.

Non US Graduates: Must also complete all other sections

___ Copy of Commission on Graduates of Foreign Nursing School's certificate certified by a notary is enclosed. OR

___ An evaluation/transcript of nursing education credentials has been sent to the NM Board of Nursing.

Please contact the office at 505/841-8340 for further clarification if necessary.

Request for Graduate Permit to Practice:

___ I have requested my prospective employer to send a letter of intent to hire on their official letter head indicating the name and license number of my RN supervisor.

Notice to applicants with a disability: Upon request, this publication/document can be made available in various accessible forms. Please call the Board of Nursing at (505) 841-8340 or TTY 1-800-659-8331.

The results of the exam will be mailed out within four weeks of the exam date.

**APPLICATIONS BECOME NULL AND VOID AFTER ONE (1) YEAR OF LAST NOTED ACTIVITY.
INCOMPLETE APPLICATION WILL BE RETURNED**

I hereby make application for a license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and have enclosed the fee. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representation made on this application.

IMPORTANT NOTICE: DO NOT SUBMIT INCOMPLETE FINGERPRINTS. THE FINGERPRINTS MUST BE SUBMITTED WITH THE FINGERPRINT FEE. IF YOU NEED FINGERPRINT CARDS CONTACT MARTHA MCCOY AT 505-841-9088. REFER TO THE CHECK OFF LIST BELOW FOR SUBMITTING COMPLETE FINGERPRINTS.

Before submitting your application to the Board of Nursing be sure that you have included the following and check off each:

- Examination application and payment information form with fee.
- All questions are complete on examination application.
- Two fingerprint cards; fingerprint certificate form; authorization for release form and money order for \$31.00 made out to the Department of Public Safety.
- Non-US transcript evaluation fee of \$50.00.

NOTE: A separate application for the NCLEX examination must be completed and submitted according to the instructions in the NCLEX candidate bulletin. Website for NCLEX is www.ncsbn.org

Bob E. Pardo Date 6/2/06

Legal Signature

Date

Bob E. Pardo


Print Your Name As You Wish It To Appear On Your License



NCLEX-RN[®] CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses

 NCSBN NCLEX[®] Examinations
National Council of State Boards of Nursing

Test Date: 10/23/06
Test Center: 47124 - El Paso

Ruth Romo


United States

Candidate Number: 20740124
Date of Birth: /1967
Social Security Number: 
Program Code: 36-510
Program Name: NEW MEXICO STATE UNIVERSITY - BS
LAS CRUCES, NM



Ruth Romo, an NCLEX examination applicant for the New Mexico Board of Nursing, **HAS PASSED** the National Council Licensure Examination for Registered Nurses.

RECEIVED
AUG 22 2006
BOARD OF NURSING

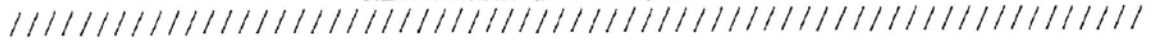
STATE OF NEW MEXICO
(505) 841-8340



Board of Nursing
6301 Indian School NE, Suite 710
Albuquerque, NM 87110

NOTICE

THIS FORM MUST BE RECEIVED IN THE BOARD OFFICE DIRECTLY FROM THE REGISTRAR'S OFFICE.



CERTIFICATION OF ELIGIBILITY FOR GRADUATION OF NURSING PROGRAM

This is to certify that Ruth Romo
Name of Student

has completed all requirements for graduation in the
Bachelor of Science in Nursing

Registered or Practical Nursing Program

at New Mexico State University, Main Campus, Las Cruces, NM
Name of School

Type of Degree/Certificate Bachelor of Science in Nursing

Date Degree/Certificate awarded 08/18/2006 or

To be awarded _____

SCHOOL SEAL

Michael B.
Registrar
8/21/06
DATE

PHOTO COPIES OF CERTIFICATION FORM WILL NOT BE ACCEPTED.
RECEIPT OF PHOTOCOPIES WILL RESULT IN DELAYING PERMITS
TO PRACTICE AND TAKING EXAMINATION.

Questions And Answers

ROMO, RUTH E.

210 West Las Cruces Ave.

Las Cruces, NM 88005

915-328-3543

Expires 10/31/2014

License # R58978

Paid: 9/9/2014 1:35:16 PM

License	Q/S	Question	Answer
R58978	Q	1. Date of Birth: *	█/1967
R58978	Q	2. Have you completed 30 hours of approved continuing education within the 2 year period immediately preceding license expiration? (You may be randomly selected for an audit for your continuing education) *	Y
R58978	Q	3. Since your last renewal have you been convicted of a felony or are you now charged with any felony in any state or federal court? Please include any felony charges that resulted in a guilty plea, nolo contendere plea or a deferred or suspended sentence. A felony is generally a criminal charge with the potential punishment of at least one year in prison or jail. If in doubt, disclose the charge or conviction with a copy of all relevant documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing. *	N
R58978	Q	4. If YES, please list Felony State(s):	
R58978	Q	5. If YES, please list Felony Date(s):	
R58978	Q	6. Have you had disciplinary action or have any action pending against you by: any licensing jurisdiction including New Mexico, the USDA, Drug Enforcement Agency, any state drug enforcement authority, or a branch of the US Military since your last renewal in N.M.? *	N
R58978	Q	7. If YES, please list Discipline State(s):	
R58978	Q	8. If YES, please list Discipline Date(s):	
R58978	Q	9. In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of New Mexico is my primary state (or country if not a US citizen) of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) *Note: If you hold a COMPACT license in a state other than New Mexico, you must renew your license in that state, not in New Mexico. Please return to the License Home Page or Logout.	Y
R58978	Q	10. If you answered NO to question 9 you MUST enter your primary state or country of residence HERE.	
R58978	Q	11. Active Military living in another state, declaring NM? (Yes or No) *	N
R58978	S	1. Indicate your gender: *	Female
R58978	S	2. Select your ethnicity: *	Caucasian
R58978	S	3. Indicate Your Primary Nursing Position: *	Staff
R58978	S	4. Entry Level Nursing Education: *	Baccalaureate
R58978	S	(a) Entry Level School Name:*	NMSU
R58978	S	5. Highest Level of Education-Nursing & Non-Nursing(N/A if None):*	Masters (Nursing)
R58978	S	(a) Highest Level School Name (N/A if None):*	UTEP
R58978	S	6. Present Employment Status:(a) Nursing: *	Full Time
R58978	S	(b) Other than Nursing:*	N/A
R58978	S	(c) Average Hours worked per week:*	31-40
R58978	S	(1) Average number of weeks worked per year:*	41-52
R58978	S	(d) If not employed in nursing, give last date of employment in nursing:	
R58978	S	(e) Reason for being unemployed:	

Questions And Answers

ROMO, RUTH E.

210 West Las Cruces Ave.

Las Cruces, NM 88005

915-328-3543

Expires 10/31/2014

License # R58978

Paid: 9/9/2014 1:35:16 PM

R58978	S	7. Major Clinical Practice Area in Nursing/Employment Setting: *	Other
R58978	S	8. Indicate Your Primary Place of Employment: *	Private Practice
R58978	S	(a) Specify if other:	
R58978	S	9. List All States(Abbreviations Only, 'All' if all U.S. States) in Which You Have Been Licensed As a Nurse: *	NM
R58978	S	10. If your NM license has not been active for the last four years, do you have a current U.S. Advanced Practice nursing license in any other state? *	N/A
R58978	S	11. Are you working in New Mexico?:*	Y
R58978	S	12. Select the state of your principal location of work in Nursing(N/A for non-United States):*	NM
R58978	S	13. Select the county of your principal location of work in Nursing(N/A for non-New Mexico):*	Dona Ana
R58978	S	14. Please enter the city of your principal location of work in Nursing:*	Las Cruces
R58978	S	15. If the principal work location in Nursing is not in the United States, please enter your country:	
R58978	S	16. Please enter the principal location of work in Nursing zipcode or postal code:*	88005
R58978	S	17. If you have obtained your Social Security number since your original licensure and have not provided it to the NM Board of Nursing, You MUST provide the complete Social Security number with renewal (N/A for None):*	N/A
R58978	S	18. Please enter your current e-mail address.(N/A if None):*	rutheromo@gmail.com
R58978	S	19. Please Select Your Primary Language:*	English
R58978	S	(a) If you chose "Other", please enter your primary language here:	
R58978	S	20. Please Select Your Secondary Language:*	N/A
R58978	S	(a) If you chose "Other", please enter your secondary language here:	
R58978	S	21. Please select the percentage of practice in direct patient care:*	100%
R58978	S	22. Please select the percentage of practice in Teaching:*	10%
R58978	S	23. Please select the percentage of practice in Research:*	0%
R58978	S	24. Please select the percentage of practice in Administration:*	75%
R58978	S	25. Please select your practice plans for the next 5 years :*	Work full-time

Questions And Answers

ROMO, RUTH E.

210 West Las Cruces Ave.

Las Cruces, NM 88005

915-328-3543

Expires 10/31/2016

License # R58978

Paid: 9/21/2016 12:19:25 PM

License	Q/S	Question	Answer
R58978	Q	1. Date of Birth: *	█/1967
R58978	Q	2. Have you completed 30 hours of approved continuing education within the 2 year period immediately preceding license expiration? (You may be randomly selected for an audit for your continuing education) *	Y
R58978	Q	3. Have you ever been convicted of a felony? *Please provide any official court documents related to your felony conviction. Failure to disclose a felony conviction is considered unprofessional conduct and may result in discipline on your license.	N
R58978	Q	4. If YES, please list Felony State(s):	
R58978	Q	5. If YES, please list Felony Date(s):	
R58978	Q	6. Have you had disciplinary action or have any action pending against you by: any licensing jurisdiction including New Mexico, the USDA, Drug Enforcement Agency, any state drug enforcement authority, or a branch of the US Military since your last renewal in N.M.? *	N
R58978	Q	7. If YES, please list Discipline State(s):	
R58978	Q	8. If YES, please list Discipline Date(s):	
R58978	Q	9. In accordance with the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of New Mexico is my primary state (or country if not a US citizen) of residence and that such constitutes my permanent and principal home for legal purposes. ("Primary state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal purposes; domicile.) *Note: If you hold a COMPACT license in a state other than New Mexico, you must renew your license in that state, not in New Mexico. Please return to the License Home Page or Logout.	Y
R58978	Q	10. If you answered NO to question 9 you MUST enter your primary state or country of residence HERE.	
R58978	Q	11. Active Military living in another state, declaring NM? (Yes or No) *	N
R58978	S	1. Indicate your gender: *	Female
R58978	S	2. Select your ethnicity: *	Caucasian
R58978	S	3. Indicate Your Primary Nursing Position: *	Other
R58978	S	4. Entry Level Nursing Education: *	Baccalaureate
R58978	S	(a) Entry Level School Name:*	NMSU
R58978	S	5. Highest Level of Education-Nursing & Non-Nursing(N/A if None):*	Masters (Nursing)
R58978	S	(a) Highest Level School Name (N/A if None):*	UTEP
R58978	S	6. Present Employment Status:(a) Nursing: *	Full Time
R58978	S	(b) Other than Nursing:*	N/A
R58978	S	(c) Average Hours worked per week:*	>40
R58978	S	(1) Average number of weeks worked per year:*	41-52
R58978	S	(d) If not employed in nursing, give last date of employment in nursing:	
R58978	S	(e) Reason for being unemployed:	
R58978	S	7. Major Clinical Practice Area in Nursing/Employment Setting: *	Other
R58978	S	8. Indicate Your Primary Place of Employment: *	Private Practice
R58978	S	(a) Specify if other:	

Questions And Answers

ROMO, RUTH E.

210 West Las Cruces Ave.

Las Cruces, NM 88005

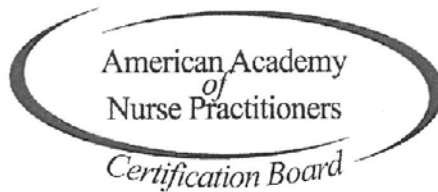
915-328-3543

Expires 10/31/2016

License # R58978

Paid: 9/21/2016 12:19:25 PM

R58978	S	9. List All States(Abbreviations Only, 'All' if all U.S. States) in Which You Have Been Licensed As a Nurse: *	Hawaii
R58978	S	10. If your NM license has not been active for the last four years, do you have a current U.S. Advanced Practice nursing license in any other state? *	N/A
R58978	S	11. Are you working in New Mexico?:*	Y
R58978	S	12. Select the state of your principal location of work in Nursing(N/A for non-United States):*	NM
R58978	S	13. Select the county of your principal location of work in Nursing(N/A for non-New Mexico):*	Dona Ana
R58978	S	14. Please enter the city of your principal location of work in Nursing:*	Las Cruces
R58978	S	15. If the principal work location in Nursing is not in the United States, please enter your country:	
R58978	S	16. Please enter the principal location of work in Nursing zipcode or postal code:*	88005
R58978	S	17. If you have obtained your Social Security number since your original licensure and have not provided it to the NM Board of Nursing, You MUST provide the complete Social Security number with renewal (N/A for None):*	N/A
R58978	S	18. Please enter your current e-mail address.(N/A if None):*	rutheromo@gmail.com
R58978	S	(a) Do you choose to be notified of your license renewal via email instead of postmail? (in lieu of a postcard, the Board of Nursing will email renewal notices with information on how to renew your license approximately six (6) weeks prior to the end of your renewal month)*	N
R58978	S	19. Please Select Your Primary Language:*	English
R58978	S	(a) If you chose "Other", please enter your primary language here:	
R58978	S	20. Please Select Your Secondary Language:*	N/A
R58978	S	(a) If you chose "Other", please enter your secondary language here:	
R58978	S	21. Please select the percentage of practice in direct patient care:*	100%
R58978	S	22. Please select the percentage of practice in Teaching:*	10%
R58978	S	23. Please select the percentage of practice in Research:*	0%
R58978	S	24. Please select the percentage of practice in Administration:*	25%
R58978	S	25. Please select your practice plans for the next 5 years :*	Work full-time



February 3, 2020

New Mexico Board of Nursing
6301 Indian School Rd. NE
Suite 710
Albuquerque, NM 87110

RE: Ruth E. Romo, NP-C
Last 4 # of SSN- [REDACTED]

This is to verify that the American Academy of Nurse Practitioners Certification Board (AANPCB) has certified **Ruth E. Romo** as a **Family Nurse Practitioner**. The certification number is **F0410080**, which is effective from the original date **April 01, 2010** until **March 31, 2025**.

Please contact the Verification Department at (512) 637-0500 Ext. 543 or Certification@aanpcert.org if additional information is needed.

Sincerely,

Richard F. Meadows, MS, NP-C, FAANP
Chief Executive Officer

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD

P.O. Box 12926, Austin, TX 78711-2926
Main (512) 637-0500 Toll-free (855) 822-6727 Fax (512) 637-0540
Email Certification@aanpcert.org www.aanpcert.org



February 3, 2020

New Mexico Board of Nursing
6301 Indian School Rd. NE
Suite 710
Albuquerque, NM 87110

RE: Ruth E. Romo, NP-C
Last 4 # of SSN- [REDACTED]

This is to verify that the American Academy of Nurse Practitioners Certification Board (AANPCB) has certified **Ruth E. Romo** as a **Family Nurse Practitioner**. The certification number is **F0410080**, which is effective from the original date **April 01, 2010** until **March 31, 2025**.

Please contact the Verification Department at (512) 637-0500 Ext. 543 or Certification@aanpcert.org if additional information is needed.

Sincerely,

Richard F. Meadows, MS, NP-C, FAANP
Chief Executive Officer

AMERICAN ACADEMY OF NURSE PRACTITIONERS CERTIFICATION BOARD

P.O. Box 12926, Austin, TX 78711-2926
Main (512) 637-0500 Toll-free (855) 822-6727 Fax (512) 637-0540
Email Certification@aanpcert.org www.aanpcert.org