STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Application INT845853
ANA CHEUNG

APPLICATION FOR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP) PRESCRIPTIVE AUTHORITY

Notice: Application fee was increased on July 27, 2019.

ALL FEES ARE NONREFUNDABLE

Applying For (check only one):

☒ *Initial* Application for CRNP Prescriptive Authority in PA ($95.00)

☐ *Additional* Application for CRNP Prescriptive Authority in PA ($45.00)

SECTION A: APPLICANT INFORMATION: (Print clearly in dark blue or black ink or type.)

Name: Cheung Ana
Last First Middle

Date of Birth: [redacted] U.S. Social Security Number*: [redacted]
Month Day Year

Address: [redacted]
Street

Collegeville PA 19426
City State Zip

[redacted] Email Address: [redacted]
Daytime Phone #

Pennsylvania CRNP Number SP-020885

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS.

		YES*	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		✓
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		✓

Name: Ana Cheung SSN: [redacted]

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		✓
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]	
7.	Have you ever had your DEA registration denied, revoked or restricted?		✓
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		✓
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		✓
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓

SECTION C: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature [redacted] Date 12/12/2019

State Board of Nursing
2601 North Third Street
Harrisburg PA 17110

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

State Board of Nursing
P O BOX 2649

Opioid CE INT848806
ANA CHEUNG

VERIFICATION OF OPIOID EDUCATION

APPLICANT INFORMATION

NAME:	Last Cheung	First Ana	Middle
OTHER NAME(S):			
DATE OF BIRTH:	[redacted]	LAST 4 DIGITS OF SSN:	[redacted]
ADDRESS:	[redacted]		
CITY / STATE / ZIP:	Collegeville, PA 19426		

NP PROGRAM / ADVANCED PHARMACOLOGY COURSE PROVIDER / CE PROVIDER INFORMATION

NAME OF PROGRAM/PROVIDER:	Frontier Nursing University
ADDRESS:	195 School Street, PO Box 528
CITY / STATE / ZIP:	Hyden, KY 41749
PRINT NAME OF DIRECTOR / PROVIDER:	Lisa Chappell, PhD, FNP-BC, Associate Dean
PHONE NUMBER:	[redacted]
EMAIL ADDRESS OF DIRECTOR / PROVIDER:	[redacted]

The following information must be completed by the Director of the NP Program, a Board-approved advanced pharmacology course provider, or the Board-approved continuing education provider and must verify that the applicant successfully completed at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids.

I hereby certify that the above-listed applicant successfully completed 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids on 09 / 15 / 2017.
Month Day Year

I verify that the above statements are true and correct as validated by my review of the applicant's records. I verify that the information communicated on this form is true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Original Signature of Director / Provider:	Lisa Chappell	DATE:	Month 12	Day 16	Year 2019

RETURN THIS FORM TO THE STATE BOARD OF NURSING VIA FAX: 717-783-0822, MAIL: PO BOX 2649, HARRISBURG, PA 17105 OR EMAIL: ST-NURSE@PA.GOV.

State Board of Nursing
2601 North Third Street
Harrisburg PA 17110

State Board of Nursing
P O BOX 2649
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

VERIFICATION OF ADVANCED PHARMACOLOGY

APPLICANT INFORMATION

NAME:	Last Cheung	First Ana	Middle
OTHER NAME(S):			
DATE OF BIRTH:	[redacted]	LAST 4 DIGITS OF SSN:	[redacted]
ADDRESS:	[redacted]		
CITY / STATE / ZIP:	Collegeville, PA 19426		

NP PROGRAM / BOARD-APPROVED ADVANCED PHARMACOLOGY COURSE INFORMATION

NAME OF PROGRAM / PROVIDER:	Frontier Nursing University:
CITY / STATE:	Hyden, KY
PRINT NAME OF DIRECTOR / PROVIDER:	Lisa Chappell, PhD, FNP-BC
DIRECTOR / PROVIDER'S PHONE NUMBER:	[redacted]
EMAIL ADDRESS OF DIRECTOR / PROVIDER:	[redacted]

The following information must be completed by the Director of the NP Program or a Board-approved advanced pharmacology course provider and must verify that the applicant successfully completed at least 45 hours / 3 credits of course work in advanced pharmacology and if the course included 4 hours of opioid education. NOTE: If the advanced pharmacology content was incorporated into more than one course, provide all course numbers and completion dates.

I hereby certify that the above-listed applicant has successfully completed at least 45 hours / 3 credits of ADVANCED PHARMACOLOGY as part of the Family (Specialty) Nurse Practitioner Program.

This course included 2 hours of education in pain management or the identification of addiction. YES ✓ NO ____

This course included 2 hours of education in the practices of prescribing or dispensing of opioids. YES ✓ NO ____

Course Number(s):	PC707 Advanced Pharmacology
Completion Date(s):	09/15/2017

I verify that the above statements are true and correct as validated by my review of the applicant's school records. I verify that the information communicated on this form is true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Original Signature of Program Director / Provider:	Lisa Chappell	DATE:	Month: 12	Day: 16	Year: 2019

(School Seal)

FRONTIER NURSING UNIVERSITY est. 1939

MAIL DIRECTLY TO THE STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE TO P.O. BOX 2649, HARRISBURG, PA 17105-2649.

Revised 6-29-17

FRONTIER NURSING UNIVERSITY
195 School Street • PO Box 528 • Hyden, Kentucky 41749

RETURN SERVICE REQUESTED

LEXINGTON KY 40505
12/17/2019
US POSTAGE $000.50
18 DEC 2019 PM 3 L
ZIP 40383
041M11299006

RECEIVED
2019 DEC 23 AM 11:37
PFC-PC UPS CENTE

State Board of Nursing
PO Box 2649
Harrisburg, PA 17105

17105-264949

Department of State
Bureau of Professional and Occupational Affairs
Renewal Question Response

Name: ANA CHEUNG **License:** NPPA040309

Submitted Date: 09/14/2020

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Have you served in the U.S. Armed Forces?	N
Have you completed at least 16 hours of Board-approved continuing education in pharmacology?	Y
Have you completed at least 2 hours of Board-approved education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y
With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
Please provide the profession and state or jurisdiction.	Registered Nurse-New York
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
Have you registered with the Pennsylvania Prescription Drug Monitoring Program?	Y

STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Application INT845853
ANA CHEUNG

APPLICATION FOR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP) PRESCRIPTIVE AUTHORITY

Notice: Application fee was increased on July 27, 2019.

ALL FEES ARE NONREFUNDABLE

Applying For (check only one):

- ☒ *Initial* Application for CRNP Prescriptive Authority in PA ($95.00)
- ☐ *Additional* Application for CRNP Prescriptive Authority in PA ($45.00)

SECTION A: APPLICANT INFORMATION: (Print clearly in dark blue or black ink or type.)

Name: Cheung Ana
Last First Middle

Date of Birth: [redacted] U.S. Social Security Number*: [redacted]
Month Day Year

Address: [redacted]
Street

Colleyville PA 19426
City State Zip

[redacted] Email Address: [redacted]
Daytime Phone #

Pennsylvania CRNP Number SP-020885

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS.

		YES*	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		✓
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		✓

Name: Ana Cheung SSN: [redacted]

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		✓
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]	
7.	Have you ever had your DEA registration denied, revoked or restricted?		✓
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		✓
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		✓
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓

SECTION C: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature [redacted] Date 12/12/2019

01/30/2020

STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Application INT845853
ANA CHEUNG

APPLICATION FOR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP) PRESCRIPTIVE AUTHORITY

Notice: Application fee was increased on July 27, 2019.

ALL FEES ARE NONREFUNDABLE

Applying For (check only one):

☒ *Initial* Application for CRNP Prescriptive Authority in PA ($95.00)

☐ *Additional* Application for CRNP Prescriptive Authority in PA ($45.00)

SECTION A: APPLICANT INFORMATION: (Print clearly in dark blue or black ink or type.)

Name: Cheung Ana
Last First Middle

Date of Birth: [redacted] U.S. Social Security Number*: [redacted]
Month Day Year

Address: [redacted]
Street

Collegeville PA 19426
City State Zip

[redacted] Email Address: [redacted]
Daytime Phone #

Pennsylvania CRNP Number SP-020885

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS.

		YES*	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		✓
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		✓

Name: Ana Cheung SSN: [redacted]

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		✓
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]	
7.	Have you ever had your DEA registration denied, revoked or restricted?		✓
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		✓
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		✓
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓

SECTION C: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature [redacted] Date 12/12/2019

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649
PHONE: (717) 783-7142

COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY

1) **Name of Certified Registered Nurse Practitioner:** Ana Cheung

Pennsylvania CRNP Number: SP-020885

CRNP Specialty exactly as listed on the Pennsylvania CRNP Certificate: Family Health

Professional Liability: Check one

- ☑ I maintain the required professional liability insurance.
- ☐ I am exempt from having the required professional liability insurance.

2) **Collaborating Physician:** Name: Daniel Schwartzman

Pennsylvania License Number: MD027989E
(Include prefix/suffix)

Substitute Physician: Name: Joel Lebed
(At least one (1) substitute physician is required.)

Pennsylvania License Number: OS003518L
(Include prefix/suffix)

☑ List of additional substitutes is attached

3) **Indicate the circumstances, and how often the collaborating physician will personally see the patient. (Must check at least one.)**

- ☐ Once per year
- ☐ Twice per year
- ☐ Daily
- ☐ Every other visit
- ☑ CRNP Request
- ☐ Patient or Family request
- ☐ Patient not responding to treatment
- ☐ Patient condition outside CRNP scope of practice
- ☐ Other _____

4) **Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)**

Schedule II

- ☐ Yes, I am requesting **Schedule II** for up to a_____day supply
- ☑ No

Schedule III

- ☐ Yes, I am requesting **Schedule III** for up to a_____day supply
- ☑ No

Schedule IV

- ☐ Yes, I am requesting **Schedule IV** for up to a_____day supply
- ☑ No

COLLABORATIVE AGREEMENT FOR PRESCRIPTIVE AUTHORITY (continued)

Name of Certified Registered Nurse Practitioner: Ana Cheung

Pennsylvania CRNP Number: SP-020885

5) **Drug Categories:** **Individually check** each category of drugs from which the CRNP may prescribe and dispense. The box must be **blank** if you are not selecting the category. **Do not alter any category box**.

✓	(a)	Antihistamines
✓	(b)	Anti-infective agents
✓	(c)	Antineoplastic agents
✓	(d)	Unclassified therapeutic agents
✓	(e)	Devices and pharmaceutical aids
✓	(f)	Autonomic drugs
✓	(g)	Blood formation drugs
✓	(h)	Coagulation and anticoagulation drugs
✓	(i)	Thrombolytic and antithrombolytic agents
✓	(j)	Cardiovascular drugs
✓	(k)	Central nervous system agents
✓	(l)	Contraceptives including foams and devices
✓	(m)	Diagnostic agents
✓	(n)	Disinfectants for agents used on objects other than skin
✓	(o)	Electrolytic, caloric and water balance
✓	(p)	Enzymes
✓	(q)	Antitussive, expectorants and mucolytic agents
✓	(r)	Gastrointestinal drugs
✓	(s)	Local anesthetics
✓	(t)	Eye, ear, nose and throat preparations
✓	(u)	Serums, toxoids and vaccines
✓	(v)	Skin and mucous membrane agents
✓	(w)	Smooth muscle relaxants
✓	(x)	Vitamins
	(y)	Hormones and synthetic substitutes

6 **The date you are requesting that this agreement become effective:** 2/1/2020 (mm/dd/yyyy)

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

[redacted] 12/12/2019

Signatu[redacted] Date Signed (mm/dd/yyyy)

12/12/19

Signature of Collaborating Physician Date Signed (mm/dd/yyyy)

2) **Collaborating Physician**: Name: _____

Pennsylvania License Number: _____
(Include prefix/suffix)

Substitute Physician: Name: LIN-FAN WANG
(At least one (1) substitute physician is required.)

Pennsylvania License Number: MD 452289
(Include prefix/suffix)

☐ List of additional substitutes is attached

1 LBS 1 OF 1

FROM:
EBONY BARBOSA
(610) 628-0604
PLANNED PARENTHOOD KEYSTONE
610 LOUIS DRIVE
WARMINSTER PA 18974

SHIP TO:
PA STATE BOARD OF NURSING
(717) 783-7142
COMMONWEALTH OF PA
2601 NORTH THIRD STREET
HARRISBURG PA 17110

PA 171 9-20

UPS NEXT DAY AIR SAVER **1P**
TRACKING #: 1Z E17 852 13 5211 7817

BILLING: P/P

Fold here and place in label pouch

171604 REV. 2/10 LPS

COMMONWEALTH OF PA
2601 N 3RD ST
HARRISBURG PA 17110

P:SILVER $: BBLUE
PROC – RDL
1ZE178521365211 7817
PAHAR306UDC DEC 13 06
RXC1U2P

CMPC

To: DOS MASTER

Agency: DOS

Floor:

External Carrier: UPS 1 DAY AIR

12/19/2019 10:37:41 AM

1ZE178521352117817

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

PLANNED PARENTHOOD KEYSTONE
PH. 610-481-0481
P.O. BOX 813
TREXLERTOWN, PA 18087

BB&T
60-912/313

73486

****Ninety Five and 00/100 Dollars

WZ499993 07-16

DATE
12/17/2019

AMOUNT
$95.00

PAY TO THE ORDER OF: COMMONWEALTH OF PENNSYLVANIA
PA STATE BOARD OF NURSING
PO BOX 2649
HARRISBURG, PA 17105-2649

MP
AUTHORIZED SIGNATURE

Security Features Included Details on back.

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN REACTIVE INK

⑈073486⑈ ⑆031309123⑆139000436877 7⑈

STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649

PHONE (717) 783-7142
FAX (717) 783-0822
www.dos.pa.gov/nurse

Application INT1183692
ANA CHEUNG

APPLICATION FOR CERTIFIED REGISTERED NURSE PRAC

Notice: Application fee was inc

ALL FEES ARE NONREFUNDABLE

Applying For (check only one):

☐ *Initial* Application for CRNP Prescriptive Authority in PA ($95.00)

☑ *Additional* Application for CRNP Prescriptive Authority in PA ($45.00)

SECTION A: APPLICANT INFORMATION: (Print clearly in dark blue or black ink or type.)

Name: Cheung (Last) Ana (First) _____ (Middle)

Date of Birth: [redacted] (Month Day Year) U.S. Social Security Number*: [redacted]

Address: [redacted] (Street)

Collegeville (City) PA (State) 19426 (Zip)

[redacted] (Daytime Phone #) Email Address: [redacted]

Pennsylvania CRNP Number SP020885

SECTION B: QUESTIONS: ANSWER THE FOLLOWING QUESTIONS.

		YES*	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		X
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
4.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X

Name: Ana Cheung SSN: [redacted]

		YES	NO
5.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		X
6.	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]	
7.	Have you ever had your DEA registration denied, revoked or restricted?		X
8.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		X
9.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		X
10.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X

SECTION C: AFFIDAVIT: READ, SIGN AND DATE. ALL APPLICANTS MUST COMPLETE THIS SECTION.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Applicant's Full Legal Signature [redacted] Date 3/18/2021

PENNSYLVANIA STATE BOARD OF NURSING
P.O. BOX 2649
HARRISBURG, PA 17105-2649
PHONE: (717) 783-7142

COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY

1) **Name of Certified Registered Nurse Practitioner:** Ana Cheung

Pennsylvania CRNP Number: SP020885

CRNP Specialty exactly as listed on the Pennsylvania CRNP Certificate: Family Health

Professional Liability: Check one

- ☑ I maintain the required professional liability insurance.
- ☐ I am exempt from having the required professional liability insurance.

2) **Collaborating Physician:** Name: Joel P. Lebed, DO

Pennsylvania License Number: OS003518L
(Include prefix/suffix)

Substitute Physician: Name: Paul S. Zamostien, MD
(At least one (1) substitute physician is required.)

Pennsylvania License Number: MD019867E
(Include prefix/suffix)

☐ List of additional substitutes is attached

3) **Indicate the circumstances, and how often the collaborating physician will personally see the patient. (Must check at least one.)**

- ☐ Once per year
- ☐ Twice per year
- ☐ Daily
- ☐ Every other visit
- ☒ CRNP Request
- ☒ Patient or Family request
- ☒ Patient not responding to treatment
- ☒ Patient condition outside CRNP scope of practice
- ☐ Other _____

4) **Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)**

Schedule II

- ☒ Yes, I am requesting **Schedule II** for up to a 30 day supply
- ☐ No

Schedule III

- ☒ Yes, I am requesting **Schedule III** for up to a 90 day supply
- ☐ No

Schedule IV

- ☒ Yes, I am requesting **Schedule IV** for up to a 90 day supply
- ☐ No

COLLABORATIVE AGREEMENT FOR PRESCRIPTIVE AUTHORITY (continued)

Name of Certified Registered Nurse Practitioner: Ana Cheung

Pennsylvania CRNP Number: SP020885

5) **Drug Categories:** **Individually check** each category of drugs from which the CRNP may prescribe and dispense. The box must be **blank** if you are not selecting the category. **Do not alter any category box**.

X	(a)	Antihistamines
X	(b)	Anti-infective agents
	(c)	Antineoplastic agents
	(d)	Unclassified therapeutic agents
X	(e)	Devices and pharmaceutical aids
X	(f)	Autonomic drugs
	(g)	Blood formation drugs
	(h)	Coagulation and anticoagulation drugs
	(i)	Thrombolytic and antithrombolytic agents
X	(j)	Cardiovascular drugs
X	(k)	Central nervous system agents
X	(l)	Contraceptives including foams and devices
	(m)	Diagnostic agents
	(n)	Disinfectants for agents used on objects other than skin
	(o)	Electrolytic, caloric and water balance
	(p)	Enzymes
X	(q)	Antitussive, expectorants and mucolytic agents
X	(r)	Gastrointestinal drugs
X	(s)	Local anesthetics
X	(t)	Eye, ear, nose and throat preparations
X	(u)	Serums, toxoids and vaccines
X	(v)	Skin and mucous membrane agents
	(w)	Smooth muscle relaxants
X	(x)	Vitamins
X	(y)	Hormones and synthetic substitutes

6 **The date you are requesting that this agreement become effective:** 03/18/2021
(mm/dd/yyyy)

This Collaborative Agreement for Prescriptive Authority contains the details regarding the prescribing and dispensing of drugs between the following parties:

[redacted]

03/18/2021
Date Signed (mm/dd/yyyy)

03.18.2021
Date Signed (mm/dd/yyyy)

Planned Parenthood®
Care. No matter what.

Planned Parenthood Southeastern Pennsylvania
1144 Locust Street
Philadelphia, Pennsylvania 19107

PHILADELPHIA PA 190
28 APR 2021 PM 5 L

Hasler
04/28/2021
US POSTAGE $000.50⁰

ZIP 19107
011E11671553

17105-264949

Nursing- Prescriptive Authority-
Application
Initial
AA0003807684

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	CHEUNG			First Name	ANA		
Middle Name				Suffix			
Full Name	ANA CHEUNG						
SSN	[redacted]	Date Of Birth	[redacted]	Age	[redacted]	Gender	FEMALE

ADDRESS DETAILS			
Street Address	[redacted]		
City/State/Zip	WAYLAND MA 01778		
County	MIDDLESEX	Country	United States

CONTACT DETAILS			
Phone number	[redacted]	Mobile Phone number	
Primary Email Address	[redacted]	Secondary Email Address	[redacted]

CHECKLIST ITEMS			
Checklist name	Status	Submitted Date	Expiration Date
Application	Pending Review	05/20/2022	
Application Fee	Completed	05/20/2022	
Opioid CE	Pending Review	05/20/2022	

LEGAL QUESTIONS

	Questions	Answer	Document Uploaded	File Name
1	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
2	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
3	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
4	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
5	Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
6	Have you ever had your DEA registration denied, revoked or restricted?	N	No	
7	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
8	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N	No	
9	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	

STANDARD QUESTIONS

	Questions	Answer
1	Professional Liability: Check one	
2	I maintain the required professional liability insurance.	Y
3	Please Mention:	
4	Controlled Substance Prescribing Authority: (Check YES or NO for each Schedule.)	
5	Schedule II (Maximum 30 Day Supply)	Y
6	I am requesting Schedule II for up to a day supply	30
7	Schedule III (Maximum 90 Day Supply)	Y
8	I am requesting Schedule III for up to a day supply	90
9	Schedule IV (Maximum 90 Day Supply)	Y
10	I am requesting Schedule IV for up to a day supply	90
11	The date you are requesting that this agreement become effective:	05/15/2022

COLLABORATING PHYSICIAN DETAILS

Type	Physician license No.	Full Name
Collaborating Physician	MD468058	ADAM RICHARD SASSO

SCHEDULE

Schedule Type	Control substance Schedule can be prescribed and/or dispense
Drug Schedule 2	30 days supply

Drug Schedule 3	90 days supply
Drug Schedule 4	90 days supply

DRUG CATEGORIES FROM WHICH THE CRNP MAY PRESCRIBE OR DISPENSE
Categories of Drug
Anti-infective agents
Contraceptives including foams and devices
Hormones and synthetic substitutes
Unclassified therapeutic agents

CIRCUMSTANCES AND HOW OFTEN THE COLLABORATING PHYSICIAN WILL PERSONALLY SEE THE PATIENT
CRNP Request
Patient condition outside CRNP scope of practice

RELATIONSHIP/ASSOCIATION REQUEST

License Number	Name	Relationship Type	Address	License Expiration Date
MD468058	ADAM RICHARD SASSO	Collaborating Physician	1525 23RD ST S ARLINGTON, VA 22202	12/31/2022
MD474647	MONTIDA FLEMING	Substitute Physician	2751 MADERA AVE OAKLAND, CA 94611	12/31/2022

CONFIRMATION	
☑	Any fees paid are non refundable. (05/20/2022 12:26:40)

From: ST, NURSE
To: [redacted]
Subject: Prescriptive Authority/Application CHEUNG, ANA (AA0002060541)
Date: Thursday, January 30, 2020 11:07:00 AM
Attachments: 2060541.pdf

Good Morning,

Additional information is required to complete your application for CRNP Prescriptive Authority.

- Date of Birth missing on page one.

Upload the signed and dated correction(s) to your PALS account. The application number for this application is AA0002060541.

- Pages that do not need correction were not returned to you. Make corrections on the enclosed forms unless otherwise noted. Sign and date page 2 to confirm the correction .

- Keep a copy of the corrected collaborative agreement for your practice site before returning.

- To verify if your prescriptive authority license has been issued or to verify a license number, visit www.pals.pa.gov/verify.

Thank you,

Advanced Practice
PA Department of State l Bureau of Professional and Occupational Affairs
State Board of Nursing
P.O. Box 2649 l Harrisburg, PA 17105-2649
Phone: 717-783-7142 Fax: 717-783-0822
http://www.dos.pa.gov/nurse

Department of State
Bureau of Professional and Occupational Affairs
Renewal Question Response

Name: ANA CHEUNG **License:** RN696860

Submitted Date: 10/03/2018

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Have you completed a minimum of 30 hours of Board-approved continuing education?	Y
With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
Please provide the profession and state or jurisdiction.	Registered Nurse-New York
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]

Submitted Date: 09/13/2020

Renewal Question	Response
Are you submitting a name change with this renewal?	N

Have you served in the U.S. Armed Forces?	N
Have you completed a minimum of 30 hours of Board-approved continuing education?	Y
With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
Please provide the profession and state or jurisdiction.	Registered Nurse-New York
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	

Nursing- Registered Nurse- Endorsement (Out of State) Renewal (RN696860) AA0002503307

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	CHEUNG			First Name	ANA		
Middle Name				Suffix			
Full Name	ANA CHEUNG						
SSN	[redacted]	Date Of Birth	[redacted]	Age	[redacted]	Gender	FEMALE

ADDRESS DETAILS			
Street Address	[redacted] COLLEGEVILLE, PA 19426		
City/State/Zip	COLLEGEVILLE PA 19426		
County	Montgomery	Country	United States

CONTACT DETAILS			
Phone number	[redacted]	Mobile Phone number	
Primary Email Address	[redacted]	Secondary Email Address	

EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
New York University -NY NY						05/17/2014	01/01/2014

CHECKLIST ITEMS			
Checklist name	Status	Submitted Date	Expiration Date
Application	Pending Review	09/13/2020	
Application Fee	Completed	09/13/2020	
Child Abuse CE	Completed	09/13/2020	

LEGAL QUESTIONS				
Questions		Answer	Document Uploaded	File Name
1	Are you submitting a name change with this renewal?	N	No	
2	First Name		No	
3	Middle Name		No	
4	Last Name		No	
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No	
6	Have you completed a minimum of 30 hours of Board-approved continuing education?	Y	No	
7	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y	No	
8	Please provide the profession and state or jurisdiction.	Registered Nurse-New York	No	
9	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
10	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
11	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
12	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
14	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
15	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction	
Profession	**State/Jurisdiction**
Registered Nurse	New York

PA VETERANS REGISTRY		
Questions		**Answer**
1	Have you served in the U.S. Armed Forces?	N
2	Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.	

CONFIRMATION	
☑	Any fees paid are non refundable. (09/13/2020 21:58:13)

VERIFICATION OF STATE LICENSE(S) REPORT

APPLICANT NAME: Cheong, Ana - TLR 050649 6/28/17

SOCIAL SECURITY NUMBER: [redacted] RN 696860 6/29/17

Alabama		Maine		Oregon	
Alaska		Maryland		Pennsylvania	
Arizona		Massachusetts		Rhode Island	
Arkansas		Michigan		South Carolina	
California		Minnesota		South Dakota	
Colorado		Mississippi		Tennessee	
Connecticut		Missouri		Texas	
Delaware		Montana		Utah	
Florida		Nebraska		Vermont	
Georgia		Nevada		Virginia	
Hawaii		New Hampshire		Washington	
Idaho		New Jersey		Washington DC	
Illinois		New Mexico		West Virginia	
Indiana		New York	✓	Wisconsin	
Iowa		North Carolina		Wyoming	
Kansas		North Dakota			
Kentucky		Ohio			
Louisiana		Oklahoma			

ECE SIGNATURE E Lancaster **DATE** 6/15/17

Verification Report
Printed for PENNSYLVANIA
Acknowledged on

Personal Information

NCSBN ID	SSN	Name (Reporting Jurisdictons)	DOB (Reporting Jurisdictons)
22737210	RESTRICTED	CHEUNG, ANA (ALL)	[redacted]

Licenses

Member Board Notifications	License	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam
	NY | RN | 688989	07/01/2017	12/31/2019	ACTIVE	EXAM	07/22/2014	YES

Address Information

Juris.	Address	City	State	Zip	Country
NY	17 BAY 40TH ST FL 2	BROOKLYN	NY	11214-4418	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
NY	NEW YORK UNIVERSITY	05/21/2014	RN	BACHELORS		

Discipline Information

There are no discipline records for this individual.

PLEASE NOTE:

** Records with a jurisdiction code of '?' have not yet been associated with a specific license.*

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

JB 4/13

NEW YORK UNIVERSITY

OFFICE OF THE REGISTRAR
FICE School Code: 002785

RECEIVED DIRECT

Name: Ana Cheung
Birthdate (MM/DD): [redacted]
Print Date: 04/13/2017
Student ID: [redacted]
Institution ID: 002785
Page: 1 of 1

Send To: Pennsylvania State Board of Nursing
P.O. BOX 2649
HARRISBURG, PA 17105-2649

New York University
Beginning of Undergraduate Record

Degrees Awarded

Bachelor of Science 05/21/2014
College of Nursing
Cum GPA: 3.645
Major: Nursing

Transfer Credits

Transfer Credit from Middlebury College
Applied to Spring 2013

Course	Description	Units
BA	Bachelor's Degree	45.0
GEOG0206	Human Impact on Global Environ	3.0
	Transfer Totals:	48.0

Transfer Credit from Kingsborough Community College
Applied to Spring 2013

Course	Description	Units
BIO 110	Human Ant/Physio I	0.0
BIO 120	Human Ant/Physio II	3.0
BIO 700	Science of Nutrition	3.0
CHM 110	General Chemistry I	4.0
MAT 200	Elements/Statistics	3.0
PSY 320	Human Growth & Devel	3.0
	Transfer Totals:	16.0

Transfer Credit from Brooklyn College
Applied to Spring 2013

Course	Description	Units
BIOL 3003	Mircobiology	3.0
BIOL 3004	Microbiology Lab	0.0
	Transfer Totals:	3.0

Spring 2013

College of Nursing
Bachelor of Science
Major: Nursing

Integrative Seminar I	NURSE-UN 1	1.0	P
Health Assessment & Promotion	NURSE-UN 239	3.0	A-
Adult & Elder Nursing I	NURSE-UN 240	6.0	A-
Professional Nursing	NURSE-UN 1261	3.0	A-
Pathophysiology	NURSE-UN 1435	3.0	B+

	AHRS	EHRS	QHRS	QPTS	GPA
Current	16.0	16.0	15.0	54.300	3.620
Cumulative	16.0	83.0	15.0	54.300	3.620

Term Honor: Dean's List

Summer 2013

College of Nursing
Bachelor of Science
Major: Nursing

Integrative Seminar II	NURSE-UN 2	1.0	P
Ther/Res Base Nrsng Prac	NURSE-UN 120	3.0	A
Acute Care Psych Nrse	NURSE-UN 241	3.0	A-
Adult & Elder Nursing II	NURSE-UN 1241	6.0	B
Nrsg Pharmacotherapeutic	NURSE-UN 1436	3.0	B+

	AHRS	EHRS	QHRS	QPTS	GPA
Current	16.0	16.0	15.0	51.000	3.400
Cumulative	32.0	99.0	30.0	105.300	3.510

Fall 2013

College of Nursing
Bachelor of Science
Major: Nursing

Maternity Nursing	NURSE-UN 1242	3.0	A
Adult & Elder Nursing III	NURSE-UN 1243	6.0	A-
Foundations of Genetics and Genomics for Health Care	NURSE-UN 1247	3.0	A
Pediatric Nursing	NURSE-UN 1255	3.0	B

	AHRS	EHRS	QHRS	QPTS	GPA
Current	15.0	15.0	15.0	55.200	3.680
Cumulative	47.0	114.0	45.0	160.500	3.567

Term Honor: Dean's List

Spring 2014

College of Nursing
Bachelor of Science
Major: Nursing

Independent Study: (Intra-Oral Diabetes Study)	NURSE-UN 1000	3.0	A
Community Health Nursing	NURSE-UN 1244	6.0	A
Leadership & Management in Nursing	NURSE-UN 1245	6.0	A-

	AHRS	EHRS	QHRS	QPTS	GPA
Current	15.0	15.0	15.0	58.200	3.880
Cumulative	62.0	129.0	60.0	218.700	3.645

Term Honor: Dean's List

End of Undergraduate Record

RECEIVED
APR 17 2017
STATE BOARD
OF NURSING

RAISED SEAL NOT REQUIRED
This official university transcript is printed on secured paper and does not require a raised seal. An official signature is white and is imposed upon the institutional seal.

ACADEMIC TRANSCRIPT

Elizabeth Kienle-Granzo
University Registrar

NEW YORK UNIVERSITY

Office of the Registrar
P.O. Box 910
New York, NY 10276-0910
(212) 998-4800
(212) 995-4154 *(fax)*
transcripts@nyu.edu

GUIDE TO TRANSCRIPT OF ACADEMIC RECORD

FOR FURTHER INFORMATION REGARDING TRANSCRIPTS PLEASE VISIT OUR WEBSITE www.nyu.edu/registrar

Accreditation

New York University is accredited by the Middle States Commission on Higher Education to award degrees granting institution at the baccalaureate, master's, professional, and doctoral levels. Undergraduate programs in the School of Engineering [illegible] civil, computer, chemical, electrical and mechanical engineering are accredited by the Accreditation Board for Engineering and Technology (ABET).

The University includes the following schools and colleges listed in order of their founding.

- [illegible] College of Arts and Science
- [illegible] School of Law
- [illegible] School of Medicine
- [illegible] College of Dentistry
- [illegible] Graduate School of Arts and Science
- [illegible] Steinhardt School of Culture, Education, and Human Development
- [illegible] Leonard N. Stern School of Business
- [illegible] School of Continuing and Professional Studies
- [illegible] Robert F. Wagner Graduate School of Public Service
- [illegible] Postgraduate Medical School
- [illegible] Silver School of Social Work
- [illegible] Tisch School of the Arts
- [illegible] Mount Sinai School of Medicine (affiliated July 1, [illegible])
- [illegible] Gallatin School of Individualized Study
- [illegible] Rory Meyers College of Nursing
- [illegible] University College
- [illegible] Faculty of Arts & Sciences
- [illegible] Steinhardt Culture, Education & Human Development
- [illegible] NYU Abu Dhabi
- [illegible] NYU Shanghai
- [illegible] Tandon School of Engineering
- [illegible] College of Global Public Health

English is the language of instruction at all NYU campuses including Abu Dhabi and Shanghai. New York University is an affirmative action/equal opportunity institution.

Release of Information

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, information is released on the condition that no other party will be permitted access to this information without the written consent of the student.

Academic Calendar

The University operates under a semester calendar, consisting of a standard fall and spring semester and a 6th summer session, with intersessions of various lengths.

Transcript Validation

New York University begins the implementation of a new electronic record system in [illegible]. The issuance of a student's record in both legacy and new implementation may be represented in two separate formatted transcripts. If the record prints SEPARATE RECORD [illegible] PRIOR WORK ATTACHED, the legacy appears on the top of the computer-generated transcript. Both transcript forms must be presented for the record to be complete.

All transcripts issued from the registrar are official documents. A computer-generated transcript is printed on tamper-proof paper, eliminating the need for signatures, raised seals or stamps on the back of the envelopes.

Credit System

Credits/points are equal to semester hours. One credit/point is equal to one semester hour.

Grading System

The following grades are used by all schools/divisions of the University except the College of Dentistry, School of Law and School of Medicine. A specific grade may not be available in a particular school or division.

Letter Grade	Legend	Quality Points
A	Excellent	4.0
A-	Excellent	3.7
B+	Good	3.3
B	Good	3.0
B-	Good	2.7
C+	Satisfactory	2.3
C	Satisfactory	2.0
C-	Satisfactory	1.7
D+	Minimum Passing Grade	1.3
D	Minimum Passing Grade	1.0
F	Failure	0.0
IF	Incomplete-Failure	Excluded from GPA
IP	Incomplete-Passing	Excluded from GPA
I	Incomplete	Excluded from GPA
P	Passing	Excluded from GPA
W	Withdrew Officially	Excluded from GPA
NR	No Record	Excluded from GPA
N	No Credit/Unofficial Withdrawal	Excluded from GPA
R	Registered Auditor	Excluded from GPA
S	Satisfactory	Excluded from GPA
U	Unsatisfactory Progress	Excluded from GPA
V	Grades preceded with a "V" are not included in GPA or totals for attempted, passed or completed credits.	Excluded from GPA
*	Grades followed by an asterisk (*) are excluded from GPA, but the credits are counted towards the summary of totals for attempted, passed and completed credits.	Excluded from GPA
AUD	Auditor Status	Excluded from GPA

Special Designators

***Course work in progress/ No Grade Reported	0.0

Current and Cumulative Statistics (not computed at the graduate level)

AHRS	Attempted Hours
EHRS	Earned Hours
QHRS	Quality Hours
QPTS	Quality Points

Grade Point Average (GPA)

The GPA is computed by dividing the total number of quality points (QPTS) by the total number of quality hours (QHRS).

Computer-generated records that carry cumulative academic statistics reflecting work completed prior to the implementation of the new record carry the notation "++INCLUDES PRECOMPUTER STATISTICS".

Course Prefixes

The alpha character preceding the course number designates the division of the University that offers the courses (Prior to Summer 2011).

Subject Codes Prefix Prior to Summer 2011	Suffix Summer 2011 to Present	School Division
A		Coordinated Liberal Studies
B	GB	Leonard N. Stern School of Business - Graduate Division
C	UB	Leonard N. Stern School of Business - Undergraduate Division
D	UD/DN	College of Dentistry
E	UE/GE	Steinhardt School of Culture, Education and Human Development
G	GA	Graduate School of Arts and Sciences
H	UT/GT	Tisch School of the Arts
K	UG/GG	Gallatin School of Individualized Study
L	LW	School of Law
N	UN/GN	Rory Meyers College of Nursing
P	GP	Robert F. Wagner Graduate School of Public Service
S	US/GS	Silver School of Social Work
T	UF	Faculty of Arts & Science
U	GU	College of Global Public Health
V	UA	College of Arts and Science
Y/Z	UC/DC/GC	School of Professional Studies
	AD/GH	NYU Abu Dhabi
	SHU	NYU Shanghai
	GX	Center for Urban Science and Progress
	UY/GY	Tandon School of Engineering

New York University Abu Dhabi

NYU official transcripts for students enrolled at NYU Abu Dhabi do not show course grades received during their first year of study, and instead indicate only those courses successfully completed. Courses successfully (C- or better) completed during a student's first year of study carry the "SC" notation. Neither term nor cumulative GPA is recorded on the official transcript for NYU Abu Dhabi students before graduation. Upon degree conferral, a final cumulative GPA will be recorded. For May 2014 graduates only, final GPAs are calculated both with and without first year grades and the higher GPA is recognized as the cumulative GPA and recorded on the official transcript.

NCSBN
National Council of State Boards of Nursing

Licensure Tab

Click to the Licensure Tab to view license information. License information in Nursys is provided by participating member boards or by member boards who record discipline against a license. Notice that the license number, license type and jurisdiction are displayed on this screen. But name and ssn are displayed on all screens. New message appears at the top – The exam scores are not being provided or are not available. Please do not send Speed Memo... The Exam field displays either a date, Yes, or Unknown. Mousing over a date or "Yes" in the exam field will display a box with an exam message.

Nursys® Home | Info | Search | Reports | Help Desk | Log Off

Name: SAMPLE, NANCY J.
SSN: 220-74-3957

Personal | Licensure | Education | Discipline | Verification | Compact | Add Discipline | Speed Memo

The exam scores are not being provided or are not available. Please do not speed memo the individual board requesting exam scores.

Number: LP15841
Type: PN Juris: MARYLAND

Status	Date of Licensure	Expire Date	Date Status Changed	Basis for Licensure	Date of Initial Licensure	Exam
Inactive	03/12/1996	01/28/1997			03/12/1996	Unknown

Number: R131338 Compact
Type: RN Juris: MARYLAND
Primary State of Residency: MD

Status	Date of Licensure	Expire Date	Date Status Changed	Basis for Licensure	Date of Initial Licensure	Exam
Active	01/10/2005	01/28/2006		Exam	02/22/2000	Yes

Examination Dates for RN Licenses
1952 - 1982 Pass all 5 parts of SBTPE with a score of 350 or above
1982 - 1988 Pass NCLEX with a score of 1,600 or above
1988 - Present Pass NCLEX with a result of pass

Message for RN Licenses

Examination Dates for RN Licenses

1952 - 1982 Pass all 5 parts of SBTPE with a score of 350 or above
1982 - 1988 Pass NCLEX with a score of 1,600 or above
1988 - Present Pass NCLEX with a result of pass

Message for PN Licenses

Examination Dates for LPN/VN Licenses

1952 - 1982 Pass all 5 parts of SBTPE with a score of 350 or above
1982 - 1988 Pass NCLEX with a score of 350 or above
1988 - Present Pass NCLEX with a result of pass

Person Info

Name: Ana Cheung

Address Info

Street Address [redacted]

Email [redacted]

Phone

Fax

City Brooklyn

State NY

Zipcode 11214

Country 82

County Kings

Survey Response Summary	
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.	Professional Registered Nurse, New York State
Please list any other names(s) appearing on official documents. If none enter "None".	None

Question Response Summary	
Are you requesting testing with accommodations? Candidates requesting testing accommodations, must submit a completed Request for Accommodation Form, found on Board website	N
Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Have you ever had your DEA registration denied, revoked or restricted?	N
Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N
Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]

Date Submitted: Wednesday, April 12, 2017

Education Info

Profession: Nursing **School**: New York University College of Nursing, 433 1st Av

Completion Date: 5/17/2014

Employment Information

No employment records

Nursing- Certified Registered Nurse Practitioner- Initial Certification Renewal (SP020885)
AA0002503316

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION

Last Name	CHEUNG			**First Name**	ANA		
Middle Name				**Suffix**			
Full Name	ANA CHEUNG						
SSN	[redacted]	**Date Of Birth**	[redacted]	**Age**	[redacted]	**Gender**	FEMALE

ADDRESS DETAILS

Street Address	[redacted] COLLEGEVILLE, PA 19426		
City/State/Zip	COLLEGEVILLE PA 19426		
County	Montgomery	**Country**	United States

CONTACT DETAILS

Phone number	[redacted]	**Mobile Phone number**	
Primary Email Address	[redacted]	**Secondary Email Address**	

CHECKLIST ITEMS

Checklist name	Status	Submitted Date	Expiration Date
Application	Pending Review	09/13/2020	
Application Fee	Completed	09/13/2020	
Child Abuse CE	Completed	09/13/2020	

LEGAL QUESTIONS

	Questions	Answer	Document Uploaded	File Name
1	Are you submitting a name change with this renewal?	N	No	
2	First Name		No	
3	Middle Name		No	
4	Last Name		No	
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No	
6	Have you completed a minimum of 30 hours of Board-approved continuing education within your CRNP specialty?	Y	No	

7	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y	No	
8	Please provide the profession and state or jurisdiction.	Registered Nurse-New York	No	
9	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
10	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
11	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
12	Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
14	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
15	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
16	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
17	Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	Y	No	
18	Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)	Y	No	

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
Registered Nurse	New York

PA VETERANS REGISTRY

	Questions	Answer
1	Have you served in the U.S. Armed Forces?	N
2	Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.	

CONFIRMATION	
☑	Any fees paid are non refundable. (09/13/2020 22:05:41)

State Board of Nursing
2601 North Third Street
Harrisburg PA 17110

State Board of Nursing
P O BOX 2649
Harrisburg PA 17105-2649

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

VERIFICATION OF NURSE PRACTITIONER PROGRAM

To be completed by applicant

APPLICANT INFORMATION

NAME: Last	CHEUNG	First ANA	Middle
OTHER NAME:			
DATE OF BIRTH :	[redacted]	**LAST 4 DIGITS OF SSN:**	8020
ADDRESS:	[redacted]		
CITY / STATE / ZIP:	COLLEGEVILLE PA 19426		

TO BE COMPLETED BY THE NURSE PRACTITIONER PROGRAM DIRECTOR ONLY

NAME OF PROGRAM:	Frontier Nursing University
CITY / STATE:	Hyden, KY
PRINT NAME OF DIRECTOR:	Lisa Chappell, PhD, FNP-BC, Associate Dean
DIRECTOR'S PHONE NUMBER:	[redacted]
DIRECTOR'S EMAIL ADDRESS:	[redacted]

PROGRAM SPECIALTY:	Family Nurse Practitioner	**DATE OF PROGRAM COMPLETION:**	05/08/2019	**DEGREE AWARDED:**	MSN

Completed at least 45 hours / 3 credits of ADVANCED PHARMACOLOGY as part of the Nurse Practitioner Program. Yes ✓ No ___
This Program included 2 hours of education in pain management or the identification of addiction. Yes ✓ No ___
This Program included 2 hours of education in the practices of prescribing or dispensing of opioids. Yes ✓ No ___
Advanced Pharmacology Completion Date: Month 09 Day 15 Year 2017

To be Completed by Out-of-State Nurse Practitioner Program Directors Only:

*Total number of clinical hours completed:	675.5 hours	*Length of Nurse Practitioner Program:	2yrs 4mths

*Program Accreditation: CCNE ___ ACEN ✓

* CONTENT TYPE	COURSE NUMBER	CONTENT TYPE	COURSE NUMBER
*Human diversity/social issues:	PC701	*Professional role development:	NP700
*Human diversity/social issues:		*Health promotion / disease prevention:	PC701
*Health care policy / organization:	PC713	*Research:	PC718
*Advanced health / physical assessment:	PC706	*Ethics:	PC701

Original Signature of Director:	Lisa Chappell		
DATE:	Month: 08	Day: 01	Year: 2019

(School Seal)

MAIL DIRECTLY TO THE STATE BOARD OF NURSING IN AN OFFICIAL SCHOOL ENVELOPE TO P.O. BOX 2649, HARRISBURG, PA 17105-2649.

FRONTIER NURSING UNIVERSITY®
195 School Street • PO Box 528 • Hyden, Kentucky

RETURN SERVICE REQUESTED

LEXINGTON
05 AUG '19
PM 3L

NEOPOST FIRST-CLASS MAIL
08/02/2019
US POSTAGE $000.50⁰

ZIP 40383
041M11299006

RECEIVED
2019 AUG -8 AM 10: 11
PO OPS

State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105

17105-264949

FRONTIER NURSING UNIVERSITY

195 School Street • PO Box 528 • Hyden, Kentucky 41749 • 606-672-2312 • www.frontier.edu

Date Printed: Aug 2, 2019

Name: Ana Cheung

DOB: [redacted]

Program/Degree/Curriculum: FNU/Master Science Nurs/Family Nurse Practitioner

Degree Awarded: Master Science Nurs

Date Granted: May 8, 2019

Previous Institution: New York University, BS

Cumulative GPA: 3.9836

Course Id	Title	Grade	Credits	QPnts
Winter 2017 (Jan 2, 2017 - Mar 17, 2017)				
PC700	Communication	A	3.00	12.0000
PC701	Health Promotion	A	3.00	12.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	6.00	6.00	6.00	6.00	24.0000	4.0000
Cum	6.00	6.00	6.00	6.00	24.0000	4.0000

Spring 2017 (Apr 3, 2017 - Jun 16, 2017)				
NP700	Role of the NP	A	3.00	12.0000
PC702	Epidemiology and Bio	A	3.00	12.0000
PC718	Evidence Based Pract	A	3.00	12.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	9.00	9.00	9.00	9.00	36.0000	4.0000
Cum	15.00	15.00	15.00	15.00	60.0000	4.0000

Summer 2017 (Jul 3, 2017 - Sep 15, 2017)				
PC705	Adv Pathophysiology	A	3.00	12.0000
PC706	Adv Phys Assessment	A	3.00	12.0000
PC707	Adv Pharmacology	A	3.00	12.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	9.00	9.00	9.00	9.00	36.0000	4.0000
Cum	24.00	24.00	24.00	24.00	96.0000	4.0000

Fall 2017 (Oct 2, 2017 - Dec 15, 2017)				
NP702	Primary Care I	A	3.00	12.0000
NP705	Primary Care II	A	3.00	12.0000
NP706	Primary Care III	A	3.00	12.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	9.00	9.00	9.00	9.00	36.0000	4.0000
Cum	33.00	33.00	33.00	33.00	132.0000	4.0000

Winter 2018 (Jan 8, 2018 - Mar 23, 2018)				
NP703	Women's Hlth Child	A	4.00	16.0000
NP704	Primary Care: Peds	A	3.00	12.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	7.00	7.00	7.00	7.00	28.0000	4.0000
Cum	40.00	40.00	40.00	40.00	160.0000	4.0000

Spring 2018 (Apr 9, 2018 - Jun 22, 2018)				
NP711	Adv Skills for NP	A	1.00	4.0000
NP712	NP Clinical I	A	3.00	12.0000
PC713	Prin of Indep Pract	A	3.00	12.0000
PC714	Skills for Adv Pract	A	1.00	4.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	8.00	8.00	8.00	8.00	32.0000	4.0000
Cum	48.00	48.00	48.00	48.00	192.0000	4.0000

Summer 2018 (Jul 9, 2018 - Sep 21, 2018)				
NP713	NP- Clinical II	A	3.00	12.0000
NP714	NP- Clinical III	A	3.00	12.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	6.00	6.00	6.00	6.00	24.0000	4.0000
Cum	54.00	54.00	54.00	54.00	216.0000	4.0000

Winter 2019 (Jan 7, 2019 - Mar 22, 2019)				
NP715	NP- Clinical IV	A	3.00	12.0000
NP716	NP- Clinical V	A	3.00	12.0000
NP717	FNP Final Comp Rev	B	1.00	3.0000

	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	7.00	7.00	7.00	7.00	27.0000	3.8571
Cum	61.00	61.00	61.00	61.00	243.0000	3.9836

Total Credits Taken: 61.00

Total Transfer Credits: 0.00

Overall Credits: 61.00

End of Transcript

FRONTIER NURSING UNIVERSITY

Authorized Signature

8/2/2019

Date Processed

Frontier Nursing University

195 School Street • PO Box 528 • Hyden, Kentucky 41749
606-672-2312 • www.Frontier.edu

Accreditation: For a full list of Frontier Nursing University (FNU) licensure and accreditation please visit our website at: www.frontier.edu

Historical Background: Previous institutional names include The Frontier School of Midwifery and Family Nursing and the Frontier Graduate School of Midwifery.

Credit Hours: The Unit of credit is the semester hour. All clinical/practicum courses have a 3 hour clinical per 1 credit hour ratio.

Academic Calendar: FNU operates on four terms per calendar year, with each term lasting 11-12 weeks.

Graduate Course Numbers: The course number includes a one to two letter prefix followed by a three digit suffix according to the following format:

N400-499	ADN-MSN Bridge Entry Option Courses
PC600-699	Core Courses for MSN and Post-Graduate Certificate
PC700-799	Core Courses for MSN, Post-Graduate Certificate, and DNP*
MH700-799	Psychiatric Mental Health Courses for MSN and Post-Graduate Certificate
NM600-799	Nurse-Midwifery Courses for MSN and Post-Graduate Certificate
NP600-799	Nurse Practitioner Courses for MSN and Post-Graduate Certificate
WH600-799	Women's Health Courses for MSN and Post-Graduate Certificate
N700-799	Doctor of Nursing Practice Courses

*(Starting January 2014, the curriculum was redesigned to include both MSN and DNP Essentials in these courses.)

Grading System:

Grade	Quality	Grade Points
A	90%-100%	4.0
B	80%- 89%	3.0
F	0%–79%	0
WF*	Withdrawal Failing	0
W	Withdrawn	0
I**	Incomplete	0
IP**	In Progress	0
T	Transfer	0
G	Gap Analysis	0

*(Prior to July 1, 2011 "X" was used as withdrawn failing)

**("I" grades and "IP" grades are temporary grades that are resolved within one term after received.)

A grade with a bracket [ ] indicates a repeated course.

Graduate Degrees:

DNP Doctor of Nursing Practice

MSN Master of Science in Nursing

Specialty Tracks:

CNM	Certified Nurse-Midwife
FNP	Family Nurse Practitioner
WHCNP	Women's Health Care Nurse Practitioner
PMHNP	Psychiatric-Mental Health Nurse Practitioner

Post-Graduate Certificate

CNM	Certified Nurse-Midwife
FNP	Family Nurse Practitioner
WHCNP	Women's Health Care Nurse Practitioner
PMHNP	Psychiatric-Mental Health Nurse Practitioner

Confidential – In accordance with the Family Rights and Privacy Act of 1974, this transcript must not be released to a third party without the written consent of the student.

Authenticity: An Official Transcript must bear the signature of the Dean or Registrar of the School and the School Seal. This Transcript contains an indelible WaterMark of our Logo. It is transparent and visible from both sides. Hold up to light to verify. Attempts to copy this document will result in the word "VOID" appearing on the copy.

FRONTIER NURSING UNIVERSITY
195 School Street • PO Box 528 • Hyden, Kentucky 41749

LEXINGTON KY 405
AUG 2019 PM 3 L

NEPOSTT
08/02/2019
US POSTAGE $000.50°
FIRST-CLASS MAIL
ZIP 40383
041M11299006

RECEIVED
2019 AUG -7 AM 11:10
BOARD OF NURSING

OFFICIAL TRANSCRIPT ENCLOSED
VOID IF SEAL IS BROKEN

Pennsylvania State Board of Nursing
PO Box 2649
Harrisburg, PA 17105

17105-264949

July 9, 2019

Pennsylvania State Board of Nursing
CRNP Applications
P.O. BOX 2649
Harrisburg, PA 17105-2649

RE: Ana Cheung, NP-C
Last 4 # of SSN[redacted]

This is to verify that the American Academy of Nurse Practitioners Certification Board (AANPCB) has certified **Ana Cheung** as **a Family Nurse Practitioner**. The certification number is **F07190615**, which is effective from the original date **July 08, 2019** until **July 07, 2024**.

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

Sincerely,

Richard F Meadows

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

Nursing- Certified Registered Nurse Practitioner- Initial Certification
Initial
AA0001814319

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	CHEUNG			**First Name**	ANA		
Middle Name				**Suffix**			
Full Name	ANA CHEUNG						
SSN	[redacted]	**Date Of Birth**	[redacted]	**Age**	[redacted]	**Gender**	FEMALE

ADDRESS DETAILS			
Street Address	[redacted] COLLEGEVILLE, PA 19426		
City/State/Zip	COLLEGEVILLE PA 19426		
County	Montgomery	**Country**	United States

CONTACT DETAILS			
Phone number	[redacted]	**Mobile Phone number**	
Primary Email Address	[redacted]	**Secondary Email Address**	[redacted]

EDUCATION DETAILS							
School Name	**School Type**	**School Address**	**Degree**	**Major**	**Attended From**	**Attended To**	**Graduation Date**
Frontier Nursing University		195 School Street, Hyden, KY 41749	Masters	Family Health			05/08/2019

CHECKLIST ITEMS			
Checklist name	**Status**	**Submitted Date**	**Expiration Date**
Application	Pending Review	08/01/2019	07/31/2020
Application Fee	Completed	08/01/2019	07/31/2020
Child Abuse CE	Not Received	08/01/2019	
Criminal History Check	Not Received	08/01/2019	
Criminal History Check-Kentucky	Pending Review	08/01/2019	
Criminal History Check-New York	Pending Review	08/01/2019	
Criminal History Check-Pennsylvania	Not Received	08/01/2019	
Education Verification	Not Received	08/01/2019	
Educational Transcript	Not Received	08/01/2019	
National Certification	Not Received	08/01/2019	

LEGAL QUESTIONS

Questions		Answer	Document Uploaded	File Name
1	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N	No	
2	Please provide the profession and state or jurisdiction.		No	
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
5	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
7	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
8	Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			
9	Have you ever had your DEA registration denied, revoked or restricted?	N	No	
10	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
11	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N	No	
12	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	

STANDARD QUESTIONS

Questions		Answer
1	National Certification Organization:	American Academy of Nurse Practitioners (AANP)
2	Please specify the graduate degree awarded:	
3	Specify the other National certification organizaton:	
4	National Certification ID Number:	F07190615
5	Specialty of National Certification Examination (Select ONE specialty per application)	Family Health
6	Specify the specialty:	
7	Will any of your supporting documents be submitted under another name or names?	N
8	Please list the other name(s)	
9	Did you complete a PA Board-approved CRNP program?	Y

SPECIALTIES

Speciality	Certifying Organization	Certification Number	Expiration Date
Family Health			

PA VETERANS REGISTRY

	Questions	Answer
1	Have you served in the U.S. Armed Forces?	N
2	Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.	

CONFIRMATION

☑	All fees are non-refundable. Please check to continue with your transaction. (08/01/2019 10:28:41)

Person Info

Name ANA CHEUNG

License No. Pending

Applicant No. 3632015

Address Info

Street Address [redacted]

Phone

Fax

City COLLEGEVILLE

State PA

Zipcode 19426

Country United States

County Montgomery

Email [redacted]

Survey Response Summary	
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.	Registered Nurse, New York
Please list any other names(s) appearing on official documents. If none enter "None"	None

Question Response Summary	
Was your basic nursing education program conducted in English?	Y
Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Have you ever had your DEA registration denied, revoked or restricted?	N
Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?	N
Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]

Date Submitted: Monday, June 26, 2017

Education Information

Profession: Nursing From Date: 05-17-2014	Education: New York University College of Nursing, 433 1st Av
Profession: Nursing From Date: 04-26-2017	Education: PA Child Welfare Resource Center

Employment Information

Continuing Education Information