

State of New Mexico Board of Nursing

DOES HEREBY CERTIFY THAT

KACIE FISHER

**WAS DECLARED DULY QUALIFIED TO PRACTICE IN THE STATE
OF NEW MEXICO AND IS ENTITLED TO BE AUTHORIZED AS A**

Certified Nurse Practitioner

LICENSE #: 58949

ISSUE DATE: 1/9/2020

Sasha N. Poole, PhD, RN

Executive Director

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

****Create a [CE Broker account](#) and upload Continuing Education (CE's) PRIOR to submitting a licensure renewal/reinstatement application. **The license will not be renewed/reinstated until the CE's have been uploaded into CE Broker.******

License Type:	APRN-CNP
APRN Population Focus/Specialty:	Women's Health/Gender Related
Application Type:	APRN Renewal

General Information

Demographic Information

Salutation: Ms.
Full Legal Name Required: KACIE LEANNA FISHER (NCSBN ID:
21696392)
Marital Status: Married
Maiden Name: Kacie LeAnna Fisher

Other Names Used

Full Legal Name Required: Kacie LeAnna Troup

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) HC 81 Box 47
Questa NM 87556
UNITED STATES

Phone Number(s)

Cell: (607) 425-1348 (Primary Phone)

Education History

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Graduate Nursing Education

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

Program Type: RN
Program Name: MANSFIELD UNIVERSITY- BS
Program Address: 212C Elliot Hall, 7 Straughn Drive Mansfield
PA 16933
Degree Obtained: Baccalaureate Degree-Nursing
Education Status: Graduated
Graduation date: 05/08/2010

Program Type: APRN
Program Name: FRONTIER NURSING UNIVERSITY
Address: 2050 Lexington Road
Versailles KY 40383
UNITED STATES
Degree Obtained: Master's Degree-Nursing
Education Status: Graduated
Graduation date: 03/21/2019

Employment History

Employer

Employment Start Date: 06/01/2020
Employer Name: Planned Parenthood of the Rocky Mountains
Employer Phone Number: (719) 589-4906
Supervisor Name: Pablo Hester
Supervisor Email Address: pablo.hester@pprm.org
Address: 921 East 14th Avenue
Denver CO 80218
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? 40

Position Description

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

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: Women's Health

Please indicate your primary employer: Planned Parenthood of the Rocky Mountains

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? Yes

Other Nurse Licenses

Other Nursing License Type: RN

Other License Number: RN615253

Country: UNITED STATES

Issuing Board of Nursing: PENNSYLVANIA

Issue Date: 06/07/2010

Expiration Date: 10/31/2015

Status: Inactive

Are you currently practicing with this license?: No

Supporting Documentation:

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Other Nurse Licenses

Other Nursing License Type: CNP
Other License Number: 0001928 C-NP
Country: UNITED STATES
Issuing Board of Nursing: COLORADO
Issue Date: 10/01/2020
Expiration Date: 09/30/2022
Status: Active
Are you currently practicing with this license?: Yes
Employer: Planned Parenthood of the Rocky Mountains
Supporting Documentation: Kacie Fisher_CO APRN

National Certification

National Certification

Verification of initial National Certification must be received directly from the National Certification Organization. Certification must show defined clinical nursing specialty. * During the application process you are required to provide a copy of your National Certification pending receipt from the Certifying agency.

Certification Exam Agency: National Certification Corporation (NCC)
Certification Number: 104643172
Original Issue Date:
Current Issue Date:
Expiration Date: 12/15/2022
Supporting Documentation: Kacie Fisher_National Certification

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: 2010

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: Not applicable

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: No

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: 52

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

Response: 90

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

Response: 10

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

Available response options:

'Yes', '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

Available response options:

'Yes', '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

Available response options:

'Yes', '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

Available response options:

'Yes', '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

Available response options:

'Yes', 'No'

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

Response: No

Available response options:

'Yes', '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:

- been convicted of a misdemeanor?**
- pled nolo contendere, no contest, or guilty?**
- received deferred adjudication?**
- been placed on community supervision or court-ordered probation, whether or not adjudicated guilt?**
- been sentenced to serve jail or prison time? court-ordered confinement?**
- been granted pre-trial diversion?**
- been arrested or have any pending criminal charges?**
- been cited or charged with any violation of the law?**
- been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?**
- 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

Available response options:

'Yes', '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: No

Available response options:

'Yes', 'No'

- 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: KACIE FISHER

License Number: 58949

Payment confirmation code: AL1A6FB95EDA

ORBS Transaction Reference: 7e030d4f4e7f417e82a3961260948f61

Payment Date and Time: 2021-08-19 15:30:36

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.

FEB 20, 2020

**KACIE FISHER
HC 81 BOX 47
QUESTA, NM 87556**

LICENSE NUMBER 58949

RE: Certified Nurse Practitioner with Prescriptive Authority

Your application for licensure as a Certified Nurse Practitioner in New Mexico is complete.

The license can be verified by visiting <https://nmbn.boardsfnursing.org/licenselookup>.

Verification of a current National Certification is required to maintain and renew licensure.

Evidence of continuing education is required each renewal period.

Nurse Practitioners licensed by the New Mexico Board of Nursing must provide:

- 50 Contact Hours of Approved Continuing Education
 - 10 contact hours in pharmacology related to the CNP's practice
 - 5 contact hours related to the CNP's practice
 - 5 contact hours in the management of non-cancer pain
 - 30 contact hours to renew your Registered Nurse license

_____ Nurse Practitioners that maintain a Compact RN license from another jurisdiction must provide:

- 50 Contact Hours of Approved Continuing Education
 - 10 contact hours in pharmacology related to the CNP's practice
 - 5 contact hours related to the CNP's practice
 - 5 contact hours in the management of non-cancer pain
 - 30 contact hours at the CNP or RN level

_____ Enclosed is a certificate that validates initial licensure as a Nurse Practitioner in New Mexico (Initial licensee only)

Your *dangerous drugs* Prescriptive Authority is reflected in the Nurse Portal. Your *controlled substance* Prescriptive Authority will reflect in the Nurse Portal upon receipt of a copy of your state controlled substance registration and DEA registration to prescribe/distribute controlled substances. Please contact The Board of Pharmacy at (505) 222-9830 for applications.

Specific requirements related to formularies and requirements related to prescribing and distributing dangerous drugs including controlled substances may be found in the Nurse Practice Act and Rules of the Board of Nursing, which can be accessed on the website @ www.nmbon.sks.com. If audited, you will be required to submit a formulary as per the rules in your area of specialty practice.

State of New Mexico Board of Nursing

DOES HEREBY CERTIFY THAT

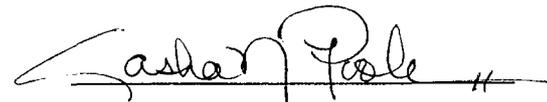
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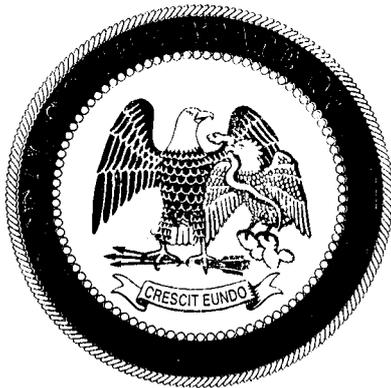
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Sasha N. Poole, PhD, RN

Executive Director



**REQUIREMENTS AND INSTRUCTIONS FOR INITIAL CLINICAL
NURSE SPECIALIST LICENSURE / NURSE PRACTITIONER
LICENSURE / CERTIFIED REGISTERED NURSE ANESTHETIST
LICENSURE**

Requirements For CNP:

1. Hold a current unencumbered RN license from NM or holds a compact multistate license
2. Successfully complete a graduate level nursing program designed for the education and preparation of nurse practitioners as providers of primary, and/or acute, and/or chronic, and/or long-term, and/or end of life health care. The program must be offered through an accredited institution of higher education or through the armed services.
 - a. Nurse Practitioners who are initially licensed by the board after January 1, 2001 must be educated in a nurse practitioner program that is at the master's level or higher.
3. The educational documentation shall verify the date of graduation. Credentials conferred and number of supervised clinical hours as a nurse practitioner in the education program
4. Provide evidence of successful completion of National Certification as a nurse practitioner.
5. Formulary: It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNP.
6. For those who wish to prescribe/distribute controlled substances, instructions are enclosed.

SUBMIT THE FOLLOWING DOCUMENTS:

1. Complete application and fee.
2. Official Transcript of nurse practitioner program must be received directly from educational program.
3. Completed Verification of Nurse Practitioner Education Form must be received directly from the program.
4. Verification of initial certification must be received directly from the National Certification Organization.
 - a. Individuals not nationally certified may be eligible for a work permit
5. Completed prescription affidavit or verification letter from preceptor on official letterhead.
6. Formulary: It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNP.
7. GNPs must request that the National Certification Organization send verification of initial certification to the Board of Nursing. 2 Revised on February 2016

PRESCRIPTIVE AUTHORITY

1. Official Transcript must be received directly from educational program. (see attached Prescriptive Authority requirements for additional educational requirements.)
2. Completed Prescription Affidavit or Verification letter from Preceptor on Official Letterhead.

3. Formulary: It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNP.

If you wish to request a work permit you must meet the noted requirements and submit the noted documents (except copy of national certification)

NOTE: Applicant may not practice as a CNP until notified by the Board. Graduate Nurse Practitioner Permit to Practice (GNP)

16.12.2.13

C. Graduate nurse practitioners permit-to-practice may be issued, upon written request, provided all requirements have been met except national nursing certification.

1. GNPs must practice under the direct supervision of a physician or New Mexico CNP or CNS in the specialty.
2. GNPs may prescribe medications only under the direct supervision of a licensed CNP, CNS or a physician, in compliance with these rules. GNPs must fulfill the requirements in this section to prescribe controlled substances.
3. GNP permits will be issued to the employer.
4. A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor and the name of the prescription supervisor, is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice at the new place of employment. The permit will be issued directly to the new employing agency.
5. The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GNP permit.
6. GNP permits cannot be transferred or renewed.
7. GNP permits expire on the date specified on the permit. Permits shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice as a GNP. It is the responsibility of the GNP to request that the national certifying organization notify the board of nursing of the results of the examination.

NOTE: Applicants may not practice as Nurse Practitioner until licensed by the Board.

Applicants may not practice as Graduate Nurse Practitioner until the Board has issued a permit to practice.

If licensure process is not completed, the application becomes null and void 6 months after date received at the board of nursing. 3 Revised on February 2016

Requirements For CNS:

1. Hold a current unencumbered RN license from NM or holds a compact multistate license

2. Successfully complete a clinical nursing specialist program at the master's or doctorate level in a defined clinical nursing specialty through an accredited institution of higher education.
3. Provide evidence of successful completion of certification by a national nursing organization, consistent with the defined clinical nursing specialty, which meets criteria as listed below:
 - a. Successfully complete a national certifying examination in the applicant's area of specialty.
 - b. Is certified by a national nursing organization.
4. Formulary: It is the CNS's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNS's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNS.
5. For those who wish to prescribe/distribute controlled substances, instructions are enclosed.

SUBMIT THE FOLLOWING DOCUMENTS:

1. Complete the online application and pay the fee.
2. Official transcript of CNS program must be received directly from educational program.
3. Completed Verification Clinical Nurse Specialist Education Form must be received directly from the program.
4. Verification of initial national certification must be received directly from the National Certification Organization. Certification must show defined clinical nursing specialty.
 - a. Individuals not nationally certified may be eligible for a work permit
5. Completed prescription affidavit or verification letter from preceptor on official letterhead.
6. Formulary: It is the CNS's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNS's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNS.
7. GCNS permits may be issued upon written request by the employer, provided all requirements have been met except certification by a national nursing organization.

PRESCRIPTIVE AUTHORITY

1. Official Transcript must be received directly from educational program.(see attached Prescriptive Authority requirements for additional educational requirements.
2. Completed Prescription Affidavit or Verification letter from Preceptor on Official Letterhead.
3. Formulary: It is the CNS's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNS's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNS.

If you wish to request a work permit you must meet the noted requirements and submit the noted documents (except copy of a national certification card)

16.12.2.15

C. Graduate clinical nurse specialist (GCNS) permit to practice

1. GCNS permits may be issued upon written request, provided all requirements have been met except certification by a national nursing organization.
 - a. GCNSs practice under the direct supervision of another CNS, CNP or physician in the specialty.
 - b. GCNSs may prescribe medications only under the direct supervision of a licensed CNS, CNP or physician in compliance with these rules.
 - c. GCNS permits will be issued to the employer.
 - d. A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor and the name of the prescription supervisor is required from each employer. Upon change in employment, the new employer must send the board a letter of intent to employ. The board will then issue a permit to practice at the new place of employment. The permit will be issued directly to the new employing agency.
 - e. The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GCNS permit.
 - f. GCNS permits cannot be transferred or renewed.
 - g. GCNS permits expire on the date specified on the permit. Permits shall be valid not to exceed six months after the date of the national certifying examination. Those who fail the national certifying examination are rendered ineligible to practice as a GCNS. It is the responsibility of the GCNS to request that the national certifying organization notify the board of the results of the examination
2. An initial license to practice as a CNS shall be issued only after receipt by the board of proof of certification by a national nursing organization. Such proof must be submitted to the board directly from the certifying agency prior to the expiration of the permit or temporary license.

NOTE: Applicants may not practice as Clinical Nurse Specialist, until licensed by the Board.

Applicants may not practice as Graduate Clinical Nurse Specialist until the Board has issued a permit to practice.

If licensure process is not completed, the application becomes null and void 6 months after received at the board of nursing.

Requirements For CRNA:

1. Hold a current, unencumbered RN license from New Mexico or hold a compact multi-state RN license.
2. Successfully complete a formal program designed for the education program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.
 - i. CRNAs who are initially licensed by the board or a board in another jurisdiction after January 1, 2001, must be educated in a nurse anesthetist program at a master's level or higher.

3. Provide evidence of successful completion of a national certification examination as described by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA).
4. All CRNAs must adhere to the current formulary approved by the board of nursing.
5. For those who wish to prescribe/administer Controlled Substances, instructions are enclosed.

SUBMIT THE FOLLOWING DOCUMENTS:

1. Complete application and fee.
2. Official Transcript of nurse anesthetist program must be received directly from educational program.
3. Verification of initial NBCRNA certification.
 - o Individuals not certified by NBCRNA may be eligible for a work permit.
4. Completed verification of certified nurse anesthetist education form must be received directly from the nurse anesthesia program.
5. Completed Prescription Affidavit or Verification letter from Preceptor on Official Letterhead.
6. All CRNAs must adhere to the current formulary approved by the board of nursing.
7. GCRNA permit –to-practice may be issued upon written request provided all requirements have been met except NBCRNA certification.

PRESCRIPTIVE AUTHORITY

1. Official Transcript must be received directly from educational program.(see attached Prescriptive Authority requirements for additional educational requirements.)
2. Completed prescription affidavit or verification letter from preceptor or official letterhead.
3. All CRNA's must adhere to the current formulary approved by the board of nursing

If you wish to request a work permit you must meet the noted requirements and submit the noted documents (except copy of a national certification card):

16.12.2.14

- A. Graduate registered nurse anesthetist permit-to-practice may be issued, upon written request, provided all requirements have been met except NBCRNA certification.
 1. A permit may be issued following graduation from an approved school of nurse anesthesia to afford the applicant the opportunity for employment pending dissemination of the national qualifying examination results by the NBCRNA.
 2. GRNAs must function in an interdependent role as a member of a health care team and practice at the direction of and in collaboration with a physician, osteopathic physician, dentist or podiatrist.
 3. GRNAs may prescribe and administer medications only in collaboration with a physician, osteopathic physician, dentist or podiatrist in compliance with these rules.
 4. GRNAs permits will be issued to the employer(s).
 5. A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor(s) and name of prescription supervisor(s), is required from each employer. Upon change in employment, the new employer



must send the board a letter of intent to employ. The board will then issue a permit to practice for the new place of employment. The permit will be issued directly to the new employing agency.

6. The name of the employment institution and the name(s) of the supervisor(s) shall be indicated on the GRNA permit.
7. GRNA permits cannot be transferred or renewed.
8. GRNA permits expire on the date specified on the permit.
 - a. Permits shall be valid for approximately 12 months subsequent to the date of graduation from the nurse anesthesia program.
 - b. Written proof of application to write the national qualifying exam must be received in the board office within 12 weeks of graduation from the nurse anesthesia program.
 - c. Verification that applicant wrote the national qualifying examination, must be received in the board office within 3 weeks subsequent to the date of the examination.
 - d. Failure of applicant to write the scheduled qualifying examination or if the exam is failed, will render the applicant ineligible to practice anesthesia in New Mexico and the employer must immediately return the permit-to-practice to the board office. It is the responsibility of the GRNA to request that the national certifying organization notify the board of the results of the examination.

NOTE: Applicants may not practice as Certified Registered Nurse Anesthetist, until licensed by the Board.

Applicants may not practice as Certified Registered Nurse Anesthetist until the Board has issued a permit to practice. If licensure process is not completed, the application becomes null and void 6 months after date received at the board of nursing.

License Application Type

License Type:	APRN-CNP
APRN Population Focus/Specialty:	Women's Health/Gender Related
Application Type:	APRN Initial
Request Graduate Permit:	No

General Information

Demographic Information

Salutation:	
Full Legal Name Required:	KACIE LEANNA FISHER (NCSBN ID: 21696392)
Marital Status:	Divorced
Maiden Name:	

Other Names Used

Full Legal Name Required: Kacie LeAnna Troup

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) HC 81 Box 47
Questa NM 87556
UNITED STATES

Phone Number(s)

Cell: (607) 425-1348 (Primary Phone)

Education History

Graduate Nursing Education

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

Program Name: MANSFIELD UNIVERSITY- BS
Program Address: 212C Elliot Hall, 7 Straughn Drive Mansfield PA 16933
Degree Obtained: Baccalaureate Degree-Nursing
Education Status: Graduated
Graduation date: 05/08/2010

Employment History

Employer

Employment Start Date: 11/17/2014
 Employer Name: Christus St Vincent Regional Medical Center
 Employer Phone Number: (505) 913-3361
 Supervisor Name: Sabrina Garcia
 Supervisor Email Address: sabrina.garcia@stvin.org
 Address: 455 St Michaels Drive
 Santa Fe NM 87505
 UNITED STATES

Employment Status *(for statistical purposes only)*

Current Employment Status: Actively employed in nursing or in a position that requires a nurse license part-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? 24

Primary Position information

Please identify the type of setting that most closely corresponds to your **primary** nursing practice position: Hospital
 Please identify the position title that most closely corresponds to your **primary** nursing practice position: Staff Nurse
 Please identify the employment specialty that most closely corresponds to your **primary** nursing practice position: Pediatrics
 Please indicate your primary employer: Christus St Vincent Regional Medical Center

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? Yes

Other Nurse Licenses

Other Nursing License Type: RN

Other License Number: RN615253
Issuing Board of Nursing: PENNSYLVANIA
Issue Date: 06/07/2010
Expiration Date: 10/31/2015
Status: Inactive
Are you currently practicing with this license?: No
Supporting Documentation:

National Certification

National Certification

Certification Exam Agency: National Certification Corporation (NCC)
Certification Number (optional):
Original Issue Date (optional):
Current Issue Date (optional):
Expiration Date (optional):
Supporting Documentation: Kacie Fisher_WHNP

Prescriptive Authority

Do you need prescriptive authority as part of this application? Yes

Control Substance Authority:

Will you be Prescribing Controlled Substances? Yes

Please select the Prescriptive Privileges for Controlled Substances

DEA Number:

DEA Issue Date:

DEA Expiration Date:

State Board Pharmacy Number:

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 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.

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:

- Documentation of support group attendance (with signatures from chairpersons).
- 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.
- 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

- 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: KACIE FISHER

Payment confirmation code: AQ1A66DDE608

Payment Date and Time: 2019-12-18 09:32:31

Application Fee Amount:	APRN - Initial Application Fee	\$100.00
	Total:	\$100.00

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.



VERIFICATION OF NURSE PRACTITIONER EDUCATION FORM
Must be received directly from the Nurse Practitioner Program

Part I Applicant: Complete the information in this area and forward to the Nurse Practitioner Educational Program.

Name Fisher Kacie LeAnna
Last First Middle Maiden

Mailing Address HC 81 Box 47 Quetta NM 87556
Number Street apt. City State Zip

Birth Date [Redacted] 85 Social Security Number [Redacted]

Nurse Practitioner Education Program:

Name of Institution Frontier Nursing University Degree Granted Master's Degree - WHCNP

Date of Completion March 2019 Location of Program Hyden, Kentucky

I hereby authorize Frontier Nursing University to release my educational data to the New Mexico Board of Nursing.
Name of University

Applicant's Signature Kacie Fisher Date 12-19-19

Part II Nurse Practitioner Program: Please complete the following regarding the above noted applicant's Nurse Practitioner program.

1. Was the applicant's nurse practitioner program a graduate level nursing program, designed for the education and preparation of nurse practitioners as providers of primary, and/or acute, and/or chronic, and/or long-term, and/or end of life health care? Yes No If no explain _____
2. Was the applicant's educational program offered through a regionally accredited college, university, or military? Yes No If no, please explain _____
3. Verifies 400 hours of clinical experience in which prescribing dangerous drugs has occurred within the two (2) years immediately preceding the date of the application. Individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship with a licensed CNP, CNS or physician. The preceptorship must be completed within six (6) months and a letter of authorization will be issued for the duration of the preceptorship. Yes No: if no, please explain _____

4. What was the applicant's specialty preparation? Women's Healthcare Nurse Practitioner

5. Indicate the degree awarded and completion date? MSN, 03/21/2019



Signature of Program Director Tanya Nicholson DNP, M
WHCNP
FACNM

Print Name & Title Tanya Nicholson, Assoc. Dean/Program Director OF NM+WH

Telephone Number (478) 990-3666

Date 12/23/2019



FRONTIER NURSING UNIVERSITY

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

NM BOARD OF NURSING
19 DEC 23 PM 12:31

Date Printed: Dec 20, 2019

Page 1 of 2

Name: Kacie LeAnna Fisher

DOB: [REDACTED]

Program/Degree/Curriculum:
FNU/Master Science Nurs/Womens Health Care Nurse Practitioner

Degree Awarded:
Master Science Nurs

Date Granted:
Mar 21, 2019

Previous Institution: Mansfield Univ Pa, BS
Mansfield Univ Pa, BSN

Cumulative GPA: 3.4776

Course Id	Title	Grade	Credits	QPnts		
Spring 2014 (Apr 7, 2014 - Jun 20, 2014)						
NM700	Role of the NM	A	3.00	12.0000		
PC700	Communication	A	3.00	12.0000		
PC701	Health Promotion	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	9.00	9.00	9.00	9.00	36.0000	4.0000
Fall 2014 (Oct 6, 2014 - Dec 19, 2014)						
PC705	Adv Pathophysiology	W	3.00	0.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	0.00	0.00	0.00	0.00	0.0000	0.0000
Cum	9.00	9.00	9.00	9.00	36.0000	4.0000
Winter 2016 (Jan 4, 2016 - Mar 18, 2016)						
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	6.00	6.00	6.00	6.00	24.0000	4.0000
Cum	15.00	15.00	15.00	15.00	60.0000	4.0000
Spring 2016 (Apr 6, 2016 - Jun 19, 2016)						
PC705	Adv Pathophysiology	[B]	3.00	9.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	3.00	3.00	3.00	3.00	9.0000	3.0000
Cum	18.00	18.00	18.00	18.00	69.0000	3.8333
Summer 2016 (Jul 4, 2016 - Sep 18, 2016)						
PC706	Adv Phys Assessment	B	3.00	9.0000		
PC707	Adv Pharmacology	B	3.00	9.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	6.00	6.00	6.00	6.00	18.0000	3.0000
Cum	24.00	24.00	24.00	24.00	87.0000	3.6250

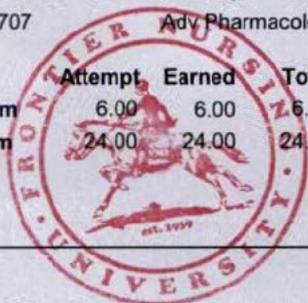
Course Id	Title	Grade	Credits	QPnts		
Fall 2016 (Oct 3, 2016 - Dec 16, 2016)						
NM702	Midwifery Care/Preg	B	3.00	9.0000		
NM703	Primary Care Women	A	3.00	12.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	6.00	6.00	6.00	6.00	21.0000	3.5000
Cum	30.00	30.00	30.00	30.00	108.0000	3.6000
Winter 2017 (Jan 2, 2017 - Mar 17, 2017)						
NM704	Midwifery Care/L&B	W	3.00	0.0000		
NM705	Midwifery Care/PP NB	A	3.00	12.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	3.00	3.00	3.00	3.00	12.0000	4.0000
Cum	33.00	33.00	33.00	33.00	120.0000	3.6364
Spring 2017 (Apr 3, 2017 - Jun 16, 2017)						
NM704	Midwifery Care/L&B	[F]	3.00	0.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	3.00	0.00	3.00	3.00	0.0000	0.0000
Cum	36.00	33.00	36.00	36.00	120.0000	3.3333
Summer 2017 (Jul 3, 2017 - Sep 15, 2017)						
NM701	Women's Health	B	3.00	9.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	3.00	3.00	3.00	3.00	9.0000	3.0000
Cum	39.00	36.00	39.00	39.00	129.0000	3.3077
Fall 2017 (Oct 2, 2017 - Dec 15, 2017)						
NP700	Role of the NP	A	3.00	12.0000		
	Attempt	Earned	Total	GPACrd	QPnts	GPA
Term	3.00	3.00	3.00	3.00	12.0000	4.0000
Cum	42.00	39.00	42.00	42.00	141.0000	3.3571

*** CONTINUED ON NEXT PAGE ***

Authorized Signature

Date Processed

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED, TRANSCRIPTS MAY NOT BE RELEASED TO A THIRD PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT





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 41746 • 606-672-2312 • www.frontier.edu

Date Printed: Dec 20, 2019

Name: Kacie LeAnna Fisher

DOB: [REDACTED]

Program/Degree/Curriculum:
FNU/Master Science Nurs/Womens Health Care Nurse Practitioner

Degree Awarded:
Master Science Nurs

Date Granted:
Mar 21, 2019

Previous Institution: Mansfield Univ Pa, BS
Mansfield Univ Pa, BSN

Cumulative GPA: 3.4776

NM BOARD OF NURSING
19 DEC 23 PM 12:32

Course Id	Title	Grade	Credits	QPnts																					
Winter 2018 (Jan 8, 2018 - Mar 23, 2018)																									
WH707	AP Compli&Compreh PFB		4.00	12.0000																					
<table border="1"> <thead> <tr> <th></th> <th>Attempt</th> <th>Earned</th> <th>Total</th> <th>GPACrd</th> <th>QPnts</th> <th>GPA</th> </tr> </thead> <tbody> <tr> <td>Term</td> <td>4.00</td> <td>4.00</td> <td>4.00</td> <td>4.00</td> <td>12.0000</td> <td>3.0000</td> </tr> <tr> <td>Cum</td> <td>46.00</td> <td>43.00</td> <td>46.00</td> <td>46.00</td> <td>153.0000</td> <td>3.3261</td> </tr> </tbody> </table>						Attempt	Earned	Total	GPACrd	QPnts	GPA	Term	4.00	4.00	4.00	4.00	12.0000	3.0000	Cum	46.00	43.00	46.00	46.00	153.0000	3.3261
	Attempt	Earned	Total	GPACrd	QPnts	GPA																			
Term	4.00	4.00	4.00	4.00	12.0000	3.0000																			
Cum	46.00	43.00	46.00	46.00	153.0000	3.3261																			
Spring 2018 (Apr 9, 2018 - Jun 22, 2018)																									
PC714	Skills for Adv Pract	A	1.00	4.0000																					
WH711	Skills for WH Care	A	1.00	4.0000																					
WH712	WH Clinical I	A	3.00	12.0000																					
<table border="1"> <thead> <tr> <th></th> <th>Attempt</th> <th>Earned</th> <th>Total</th> <th>GPACrd</th> <th>QPnts</th> <th>GPA</th> </tr> </thead> <tbody> <tr> <td>Term</td> <td>5.00</td> <td>5.00</td> <td>5.00</td> <td>5.00</td> <td>20.0000</td> <td>4.0000</td> </tr> <tr> <td>Cum</td> <td>51.00</td> <td>48.00</td> <td>51.00</td> <td>51.00</td> <td>173.0000</td> <td>3.3922</td> </tr> </tbody> </table>						Attempt	Earned	Total	GPACrd	QPnts	GPA	Term	5.00	5.00	5.00	5.00	20.0000	4.0000	Cum	51.00	48.00	51.00	51.00	173.0000	3.3922
	Attempt	Earned	Total	GPACrd	QPnts	GPA																			
Term	5.00	5.00	5.00	5.00	20.0000	4.0000																			
Cum	51.00	48.00	51.00	51.00	173.0000	3.3922																			
Summer 2018 (Jul 9, 2018 - Sep 21, 2018)																									
PC713	Prin of Indep Pract	A	3.00	12.0000																					
WH713	WH- Clinical II	B	3.00	9.0000																					
<table border="1"> <thead> <tr> <th></th> <th>Attempt</th> <th>Earned</th> <th>Total</th> <th>GPACrd</th> <th>QPnts</th> <th>GPA</th> </tr> </thead> <tbody> <tr> <td>Term</td> <td>6.00</td> <td>6.00</td> <td>6.00</td> <td>6.00</td> <td>21.0000</td> <td>3.5000</td> </tr> <tr> <td>Cum</td> <td>57.00</td> <td>54.00</td> <td>57.00</td> <td>57.00</td> <td>194.0000</td> <td>3.4035</td> </tr> </tbody> </table>						Attempt	Earned	Total	GPACrd	QPnts	GPA	Term	6.00	6.00	6.00	6.00	21.0000	3.5000	Cum	57.00	54.00	57.00	57.00	194.0000	3.4035
	Attempt	Earned	Total	GPACrd	QPnts	GPA																			
Term	6.00	6.00	6.00	6.00	21.0000	3.5000																			
Cum	57.00	54.00	57.00	57.00	194.0000	3.4035																			
Fall 2018 (Oct 8, 2018 - Dec 21, 2018)																									
WH714	WH - Clinical III	A	3.00	12.0000																					
WH715	WH- Clinical IV	A	3.00	12.0000																					
<table border="1"> <thead> <tr> <th></th> <th>Attempt</th> <th>Earned</th> <th>Total</th> <th>GPACrd</th> <th>QPnts</th> <th>GPA</th> </tr> </thead> <tbody> <tr> <td>Term</td> <td>6.00</td> <td>6.00</td> <td>6.00</td> <td>6.00</td> <td>24.0000</td> <td>4.0000</td> </tr> <tr> <td>Cum</td> <td>63.00</td> <td>60.00</td> <td>63.00</td> <td>63.00</td> <td>218.0000</td> <td>3.4603</td> </tr> </tbody> </table>						Attempt	Earned	Total	GPACrd	QPnts	GPA	Term	6.00	6.00	6.00	6.00	24.0000	4.0000	Cum	63.00	60.00	63.00	63.00	218.0000	3.4603
	Attempt	Earned	Total	GPACrd	QPnts	GPA																			
Term	6.00	6.00	6.00	6.00	24.0000	4.0000																			
Cum	63.00	60.00	63.00	63.00	218.0000	3.4603																			
Winter 2019 (Jan 7, 2019 - Mar 22, 2019)																									
WH716	WH- Clinical V	A	3.00	12.0000																					

Course Id	Title	Grade	Credits	QPnts																					
Winter 2019 (Jan 7, 2019 - Mar 22, 2019)																									
WH717	WHNP Final Comp Rev B		1.00	3.0000																					
<table border="1"> <thead> <tr> <th></th> <th>Attempt</th> <th>Earned</th> <th>Total</th> <th>GPACrd</th> <th>QPnts</th> <th>GPA</th> </tr> </thead> <tbody> <tr> <td>Term</td> <td>4.00</td> <td>4.00</td> <td>4.00</td> <td>4.00</td> <td>15.0000</td> <td>3.7500</td> </tr> <tr> <td>Cum</td> <td>67.00</td> <td>64.00</td> <td>67.00</td> <td>67.00</td> <td>233.0000</td> <td>3.4776</td> </tr> </tbody> </table> <p>Total Credits Taken: 67.00 Total Transfer Credits: 0.00 Overall Credits: 67.00</p> <p style="text-align: right;">End of Transcript</p>						Attempt	Earned	Total	GPACrd	QPnts	GPA	Term	4.00	4.00	4.00	4.00	15.0000	3.7500	Cum	67.00	64.00	67.00	67.00	233.0000	3.4776
	Attempt	Earned	Total	GPACrd	QPnts	GPA																			
Term	4.00	4.00	4.00	4.00	15.0000	3.7500																			
Cum	67.00	64.00	67.00	67.00	233.0000	3.4776																			



[Signature]
Authorized Signature

12/20/2019
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.

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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.



Kacie Fisher, WHNP-BC

HC 81 Box 47, Questa, NM 87556

WOMEN'S HEALTH CARE NURSE PRACTITIONER

Certified: Dec 12, 2019 to Dec 15, 2022

NCC ID: 104643172



Suzanne Staebler

Suzanne L. Staebler, DNP, APRN, NNP-BC, FAANP
NCC President

Continuing Education Certificate

KACIE LEANNA FISHER

has completed the online educational activity titled
HeartCode® PALS Online Course

and is awarded 10.00 Contact Hours.

The American Heart Association is accredited as a provider
of continuing education by the
American Nurses Credentialing Center's Commission on Accreditation.



Michelle Bruns, MLA
Director, Professional Education

2016-10-15

Course Completion Date

6-cn2es-zpdqp-8s9qf-pkzp2

Certificate Number

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231-4596

Accredited status does not imply endorsement by the American Heart Association or the American Nurses
Credentialing Center of any commercial products displayed in conjunction with an activity.

CONTINUING EDUCATION CERTIFICATE

Kacie Fisher

has successfully completed the

American Association of Birth Centers'

How to Start a Birth Center Workshop

November 14 – 15, 2016 ~ Seattle, WA

CE APPROVAL: 14.7 Contact Hours

This CNE Activity was approved by the Pennsylvania State Nurses Association, an accredited approver of nursing education by the American Nurses Credentialing Center's Commission on Accreditation

CME APPROVAL: 15 Prescribed Credits

This Live activity, AABC How to Start a Birth Center Workshop, from 11/14/2016 – 11/15/2016, has been reviewed and is acceptable for up to 15.00 Prescribed credit(s) by the American Academy of Family Physicians.

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit TM toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed credit, not as Category I.



Kate E Bauer, Executive Director



AABC
AMERICAN ASSOCIATION
OF
BIRTH CENTERS

Lactation Education Resources

6329 Genoa Road, Tracys Landing, MD 20779 USA

Kacie L Fisher

has successfully completed the course

Bundle B

July 06, 2018

Relactation and Induced Lactation, Annual Update, Infant Feeding in Disasters, Breastfeeding the Infant with Medical Challenges, Milk Banking, Impact of Culture on Breastfeeding, Translating the Science of Breastfeeding, Breastfeeding the Down Syndrome Infant, Initiating Breastfeeding a Biological Perspective, Herbs and the Breastfeeding Mother

20 L-CERPs, 20 Nursing Contact Hours and 20 CPE's Level II granted

Lactation Education Resources is an approved provider of continuing nursing education by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
VNA Provider #16-03-03P.

This offering is approved by the International Board of Lactation Consultant Examiners, Long-term Providers CLT 109-31.

CDR Accredited Provider #LA002



Vergie Hughes RN MS IBCLC FILCA
Course Director

www.LactationTraining.com

CPE
Accredited
Provider

Commission
on Dietetic
Registration
the credentialing agency for the
Academy of Nutrition
and Dietetics



Kacie Fisher, WHNP-BC

HC 81 Box 47, Questa, NM 87556

WOMEN'S HEALTH CARE NURSE PRACTITIONER

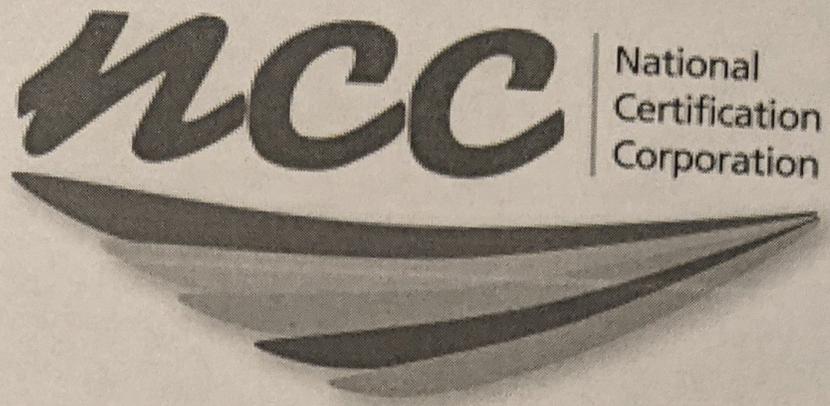
Certified: Dec 12, 2019 to Dec 15, 2022

NCC ID: 104643172



Suzanne Staebler

Suzanne L. Staebler, DNP, APRN, NNP-BC, FAANP
NCC President



KACIE FISHER, WHNP-BC

has earned the following certification from the National Certification Corporation:

Women's Health Care Nurse Practitioner

Earned December 12, 2019 and due December 15, 2022

NCC ID: 104643172



A handwritten signature in black ink, reading "Suzanne Staebler". The signature is written in a cursive, flowing style.

Suzanne L. Staebler, DNP, APRN, NNP-BC, FAANP
NCC President

**Colorado Department of Regulatory Agencies
Division of Professions and Occupations**

Colorado Board of Nursing

Kacie LeAnna Fisher

Compact Nurse Practitioner - C-APN

Women's Health

C-APN.0001928-C-NP

Number

10/01/2020

Issue Date

Active

09/30/2022

Expire Date

Credential Status

Verify this credential at: dpo.colorado.gov

Ronne Hines

1876

Division Director: Ronne Hines Credential Holder Signature



Message

The Registered Nurse License has been approved for KACIE LEANNA FISHER, no. RN-80466

OK

0914-0288

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

RN / LPN ENDORSEMENT APPLICATION

IMPORTANT NOTICES:

1. ALL FEES ARE NON REFUNDABLE
2. APPLICATIONS BECOME NULL AND VOID ONE (1) YEAR AFTER BEING RECEIVED AT THE BOARD OFFICE.
3. APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF RESULTS OF REQUIRED STATE AND CRIMINAL BACKGROUND CHECK AND PROCESSING FEE.

Please check endorsement license type: RN LPN

Check one: Endorsement Fee \$ 110.00 Endorsement & Temporary License \$160.00

LEGAL NAME: Fisher Kacie LeBara
Last First Middle Maiden

MAILING ADDRESS: 141 Sperry & Young Rd. Subinsville, PA 16943-9797 Tioga / U.S.
Street Number Apt City / State Zip + 4 County/Country

1985 U.S. Social Security Number Male
(MM/DD/YYYY) Female
107-425-1348 (cell) N/A Kacie.leanna@yahoo.com
Home Phone Work Phone Email Address

Language:
Primary Language: English
Secondary Language (If applicable): _____ Ethnicity: White

Have you at any other time applied for or held a RN/LPN license in NM? No Yes _____
License Number/State: _____ Date: _____ N/A

List ALL Full Name(s) Surname, First or Middle including any abbreviations as appears on transcripts and/or other nursing licenses: Kacie LeBara Fisher

EDUCATION	INSTITUTION NAME	CITY, STATE Or COUNTRY	DATE COMPLETED	DEGREE Type Granted:
High School	Line Mountain	Herndon PA	2003	Diploma
Basic Nursing	Mansfield University	Mansfield, PA	2010	Bachelor's Degree

RECEIVED
AUG 25 2014
BOARD OF NURSING

SECONDARY EDUCATION COMPLETED: Check One:
 Less than high school graduate High School Graduate or GED

BASIC NURSING EDUCATIONAL PREPARATION: Check One:
 LPN: 1. Completion of Practical Nursing Program 2. Waiver/Experience
 RN: 3. Diploma 4. Associate Degree 5. Baccalaureate or higher degree

HIGHEST DEGREE HELD: Check One:
 1. Associate Degree 2. Masters in other field
 3. Baccalaureate in other field 4. Masters in Nursing
 5. RN Diploma 6. Doctorate in other field
 7. Baccalaureate in Nursing 8. Doctorate in Nursing

LICENSURE
 First licensed by state or national licensing examination or equivalent in English on: Date June 2010
 In State: Pennsylvania and/or Country: United States
 All states ever licensed in: Pennsylvania, Ohio

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) of Pennsylvania is my primary state (or country) 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.

DISCIPLINE - Each of the following questions requires a YES or NO answer
If YES to any of these questions, you must explain in full (attach separate pages) and submit copies of all legal documents.
Has disciplinary action ever been taken against your nursing license?
 NO YES _____
 If YES, please indicate: N/A
 DENIED ___ REVOKED ___ SUSPENDED ___ PROBATION ___ REPRIMAND ___ OTHER ___
Is disciplinary action pending against a (any) nursing license in another state? Request the licensing board provide official documents to the NM Board of Nursing.
 NO YES ___ /State(s) _____ If YES, Give Date _____
Have you been convicted of a felony or are you now charged with a 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 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 legal documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing.
 NO YES ___ List State(s) _____ DATE _____

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.
Kacie LeAnna Esber 08/22/14
 LEGAL SIGNATURE DATE

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF NURSING
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/nurse

September 3, 2014

NEW MEXICO BOARD OF NURSING
6301 INDIAN SCHOOL RD NE
STE 710
ALBUQUERQUE NM 87110

851

CERTIFICATION OF PENNSYLVANIA LICENSURE

NAME: KACIE LEANNA FISHER
LICENSE TYPE: Registered Nurse
LICENSE #: RN615253
LICENSE STATUS: Active
Date License was issued: 06/07/2010
License Expiration Date: 10/31/2015
Disciplinary History: None

Nursing Education:	Graduation Date:
MANSFIELD UNIVERSITY	05/08/2010

Examination:	Examination Date:
NCLEX-RN	JUNE 04, 2010

Seal

Caitlin Kelly

Completed by:
Caitlin Kelly
Caikelly@pa.gov
Pennsylvania State Board of Nursing

RECEIVED
SEP 08 2014
BOARD OF
NURSING

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

ENDORSEMENT REQUEST FORM

MUST COME DIRECTLY FROM BOARD OF ORIGINAL LICENSURE

PART I: To be completed by the applicant and forwarded to original state of licensure with their fee.

NAME Fisher Kacie LeAnna
 Last, First Middle Maiden other name(s) used
 MAILING ADDRESS 141 Sperry & Vaunged Sabinsville PA 16943-9797
 Number Street Apt., City State zip + 4
 BIRTH DATE: [REDACTED] 1985 US SOCIAL SECURITY # [REDACTED]

Nursing Education Program BSN-RN at Mansfield University Degree Granted BSN-RN
 Date of Completion May 2010 Location of Program Mansfield, PA
 Original State of Licensure PA Date original license issued June 2010

I hereby authorize PA Board of Nursing to release my licensure data to the
 NM Board of Nursing. Signature Kacie L Fisher Date: 08/20/14

PART II: To be completed by the licensing board of original state of licensure.

This is to certify that Kacie LeAnna Fisher was issued license number RN615253
 date issued _____ to practice registered nursing practical/vocational nursing

License by: Examination;
 Endorsement; Waiver
 Current Licensure Status: Active? yes no
 Expiration Date: _____

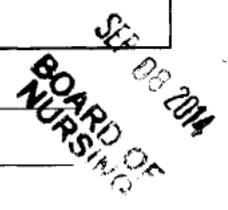
Has license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? * yes no. Disciplinary Action Pending? * yes no
 *If yes, please send certified copies of particulars of action.

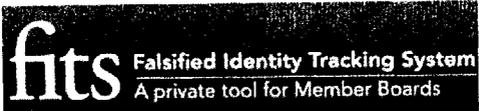
Nursing Education Program Completed: _____ State Approved? yes no
 Location (city/state) _____ Graduation Date _____ Type of Nursing Program
 Diploma AD BSN LPN

	STATE BOARD TEST POOL EXAM						NCLEX	
	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	LPN/LVN	RN	LPN
Score								
Series/form								
<input type="checkbox"/> State/Provincial Constructed Exam _____ Score _____ <input type="checkbox"/> Other (please explain) _____ if needed please list scores on grid above.						Exam in English? <input type="checkbox"/> yes <input type="checkbox"/> no		

STATE SEAL

SIGNATURE _____
 TITLE _____
 STATE _____ DATE _____





Welcome : Irma Murphy

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Search in: [Google](#) [Yahoo](#) [Bing](#)

FITS

No Results Found.

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Individual Detail

NCSBN ID: **21696392**
SSN: **RESTRICTED**
Status:

Filter By:

Jurisdiction:

License Type:

NCLEX Registration Data

Personal data provided by applicant at time of NCLEX registration for exam taken on 06/04/2010

NCSBN ID (NCLEX ID): **21696392**

DOB: **███/1985**

Photo:

Name: **FISHER, KACIE LEANNA**

SSN: **███-███-███**

Alias: **TROUP**

Gender: **FEMALE**

Maiden Name: **FISHER**

Ethnicity: **CAUCASIAN**

Mother's Maiden Name: **MILTON**

Registered with CGFNS: **Not Supplied**

[Click image to enlarge](#)

Address: **28 1/2 FISCHLER STREET**

CGFNS ID Number: **Not Supplied**

WELLSBORO, PA 16901

Exam Type: **RN**

Graduation Date: **05/2010**

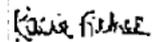
Exam Date: **06/04/2010**

Education

Applicant Made

Program Code: **US25500000 (MANSFIELD UNIVERSITY- BS)**

Eligible By: **PENNSYLVANIA**



Signature:

[Click image to enlarge](#)

NOTE: This information provided via the NCLEX department combines personal data, supplied by the applicant to the board during the exam eligibility process, with exam registration data. This is not a license verification report.



Individual Detail



NCSBN ID: 21696392

SSN: RESTRICTED

Status:

Filter By:

Jurisdiction: [All Jurisdictions](#)

License Type: [All License Types](#)

Discipline

There are no discipl

[View NPDB Narrative](#)

OHIO

FISHER, KACIE LEANNA
RN | 404694

This license has no asso.

Click to view the complete NPDB Narrative for this action.

PENNSYLVANIA

FISHER, KACIE LEANNA
RN | RN615233

This license has no associated discipline records.

NOTE: * Please contact the Board of Nursing for license verification for endorsement. PENNSYLVANIA does not participate in electronic license verification process.

Add Discipline Case

Individual Detail

X

NCSBN ID: 21696392

SSN: RESTRICTED

Status:

Filter By:

Jurisdiction:

License Type:

License

OHIO

FISHER, KACIE LEANNA

RN | 404694

Basis For Licensure:	Original License Date:	Expiration Date:	Current License Issue Date:
ENDORSEMENT	07/25/2014	08/31/2015	07/25/2014 <i>License renewal/registration date</i>
Is Active:	Primary State:	Exam:	Created Date:
YES	N/A	Not Supplied	07/28/2014
			Board Update Date:
			07/28/2014

PENNSYLVANIA

FISHER, KACIE LEANNA

RN | RN015253

Basis For Licensure:	Original License Date:	Expiration Date:	Current License Issue Date:
EXAM	06/07/2010	10/31/2015	09/13/2013 <i>License renewal/registration date</i>
Is Active:	Primary State:	Exam:	Created Date:
YES	N/A	YES ?	05/29/2013
			Board Update Date:
			06/05/2014

NOTE: * Please contact the Board of Nursing for license verification for endorsement. PENNSYLVANIA does not participate in electronic license verification process.

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: KACIE LEANNA FISHER (NCSBN ID: 21696392)
Marital Status: Divorced
Maiden Name:

Other Names Used

Full Legal Name Required: Kacie LeAnna Troup
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)

HC 81 Box 47
Questa NM 87556
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)

Cell:

(607) 425-1348 (Primary Phone)

Education History

Non-Nursing Education

HighSchool/GED

High School

High School Name:

Line Mountain

Year of High School Graduation:

2003

Address:

187 Line Mountain Road
Herndon PA 17830
UNITED STATES

Nursing Education

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

Program Name:

MANSFIELD UNIVERSITY- BS

Program Address:

212C Elliot Hall, 7 Straughn Drive Mansfield

PA 16933
Degree Obtained: Baccalaureate Degree-Nursing
Education Status: Graduated
Graduation date: 05/08/2010

Employment History

Employer

No Longer Employed: Yes
Employment Start Date: 11/17/2014
To Date: 08/04/2020
Employer Name: Christus St Vincent Regional Medical Center
Employer Phone Number: (505) 913-3361
Supervisor Name: Sabrina Garcia
Supervisor Email Address: sabrina.garcia@stvin.org
Address: 455 St Michaels Drive
Santa Fe NM 87505
UNITED STATES

Employer

Employment Start Date: 06/01/2020
Employer Name: Planned Parenthood of the Rocky Mountains
Employer Phone Number: (719) 589-4906
Supervisor Name: Emily Wood
Supervisor Email Address: emily.wood@pprm.org
Address: 1560 West 12th Street
Alamosa CO 81101
UNITED STATES

Employment Status *(for statistical purposes only)*

Current Employment Status: Actively employed in nursing or in a position that requires a nurse license part-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? 20

Primary Position information

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

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: Women’s Health

Please indicate your primary employer: Planned Parenthood of the Rocky Mountains

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? Yes

Other Nurse Licenses

Other Nursing License Type: RN

Other License Number: RN615253

Issuing Board of Nursing: PENNSYLVANIA

Issue Date: 06/07/2010

Expiration Date: 10/31/2015

Status: Inactive

Are you currently practicing with this license?: No

Supporting Documentation:

Other Nurse Licenses

Other Nursing License Type: CNP

Other License Number: 0001928 C-NP

Issuing Board of Nursing: COLORADO

Issue Date: 02/26/2020

Expiration Date: 09/30/2020

Status: Active

Are you currently practicing with this license?: Yes

Employer: Planned Parenthood of the Rocky Mountains

—

Supporting Documentation:

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: 2010

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: Not applicable

—

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: No

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: 50

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 plan to increase hours work in the next 5 years.

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

Response: 90

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

Response: 10

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)

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: KACIE FISHER

License Number: RN-80466

Payment confirmation code: AP1A67B63F63

Payment Date and Time: 2020-08-04 11:34:17

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

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

****Create a [CE Broker account](#) and upload Continuing Education (CE's) **PRIOR** to submitting a licensure renewal/reinstatement application. **The license will not be renewed/reinstated until the CE's have been uploaded into CE Broker.******

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

General Information

To be eligible for Multi State License, you must provide your Social Security Number as part of this application.

Demographic Information

Salutation: Ms.
Full Legal Name Required: KACIE LEANNA FISHER (NCSBN ID: 21696392)
Marital Status: Married
Maiden Name: Kacie LeAnna Fisher

Other Names Used

Full Legal Name Required: Kacie LeAnna Troup
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)

HC 81 Box 47
Questa NM 87556
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)

Cell: (607) 425-1348 (Primary Phone)

Education History

Non-Nursing Education

HighSchool/GED High School
High School Name: Line Mountain
Year of High School Graduation: 2003

Address: 187 Line Mountain Road
Herndon PA 17830
UNITED STATES

Nursing Education

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

Program Type: RN
Program Name: MANSFIELD UNIVERSITY- BS
Program Address: 212C Elliot Hall, 7 Straughn Drive Mansfield
PA 16933
Degree Obtained: Baccalaureate Degree-Nursing
Education Status: Graduated
Graduation date: 05/08/2010

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

Program Type: APRN
Program Name: FRONTIER NURSING UNIVERSITY
Address: 2050 Lexington Road
Versailles KY 40383
UNITED STATES
Degree Obtained: Master's Degree-Nursing
Education Status: Graduated
Graduation date: 03/21/2019

Employment History

Employer

Employment Start Date: 06/01/2020
Employer Name: Planned Parenthood of the Rocky Mountains
Employer Phone Number: (719) 589-4906
Supervisor Name: Pablo Hester

Supervisor Email Address: pablo.hester@pprm.org
Address: 921 East 14th Avenue
Denver CO 80218
UNITED STATES

Employment Status *(for statistical purposes only)*

Current Employment Status:

- Actively employed in nursing or in a position that requires a nurse license part-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? 22

Position Description

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

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: Women's Health

Please indicate your primary employer: Planned Parenthood of the Rocky Mountains

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? Yes

Other Nurse Licenses

Other Nursing License Type: RN
Other License Number: RN615253
Country: UNITED STATES
Issuing Board of Nursing: PENNSYLVANIA
Issue Date: 06/07/2010

—

Expiration Date: 10/31/2015
Status: Inactive
Are you currently practicing with this license?: No
Supporting Documentation:

Other Nurse Licenses

Other Nursing License Type: CNP
Other License Number: 0001928 C-NP
Country: UNITED STATES
Issuing Board of Nursing: COLORADO
Issue Date: 10/01/2020
Expiration Date: 09/30/2022
Status: Active
Are you currently practicing with this license?: Yes
Employer: Planned Parenthood of the Rocky Mountains
Supporting Documentation:

Other Nurse Licenses

Other Nursing License Type: CNP
Other License Number: 49470
Country: UNITED STATES
Issuing Board of Nursing: WYOMING
Issue Date: 03/02/2022
Expiration Date: 12/31/2022
Status: Active
Are you currently practicing with this license?: Yes
Employer: Planned Parenthood of the Rocky Mountains
Supporting Documentation:

Other Nurse Licenses

Other Nursing License Type: CNP
Other License Number: 836702

—

Country: UNITED STATES
Issuing Board of Nursing: NEVADA
Issue Date: 08/26/2021
Expiration Date: 09/30/2022
Status: Active
Are you currently practicing with this license?: Yes
Employer: Planned Parenthood of the Rocky Mountains
Supporting Documentation:

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: 2010

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: Not applicable

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: No

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: 90

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

Response: 10

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

Available response options:

'Yes', '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

Available response options:

'Yes', '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

Available response options:

'Yes', '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

Available response options:

'Yes', '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

Available response options:

'Yes', 'No'

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

Response: No

Available response options:

'Yes', '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:

- been convicted of a misdemeanor?
- pled nolo contendere, no contest, or guilty?
- received deferred adjudication?
- been placed on community supervision or court-ordered probation, whether or not adjudicated guilt?
- been sentenced to serve jail or prison time? court-ordered confinement?
- been granted pre-trial diversion?
- been arrested or have any pending criminal charges?
- been cited or charged with any violation of the law?
- been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
- 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

Available response options:

'Yes', '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

Available response options:

'Yes', 'No'

- 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: KACIE FISHER

License Number: RN-80466

Payment confirmation code: AR1A8A13975F

ORBS Transaction Reference: fbcd5d2638cb4a09bbb4ecedfcd0c3e8

Payment Date and Time: 2022-08-10 15:40:42

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

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- 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.

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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:
Full Legal Name Required: KACIE LEANNA FISHER (NCSBN ID: 21696392)
Marital Status:
Maiden 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
Languages proficient in, other than English:

Contact Information

Primary State of Residential Address

(Also Mailing Address) 46 Old Agua Fria Road East
Santa Fe NM 87508
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)

Cell:

(607) 425-1348 (Primary Phone)

Education History

Non-Nursing Education

HighSchool/GED

High School

High School Name:

Line Mountain

Year of High School Graduation:

2003

Address:

187 Line Mountain Road
Herndon PA 17830
UNITED STATES

Nursing Education

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

Program Name:

MANSFIELD UNIVERSITY-
BS

Program Address:

212C Elliot Hall, 7 Straughn
Drive Mansfield PA 1693

Degree Obtained:

Baccalaureate Degree-Nursing

Education Status: Graduated
Graduation date: 05/08/2010

Employment History

Employer

Employment Start Date: 11/17/2014
Employer Name: Christus St Vincent Regional Medical Center
Employer Phone Number: (505) 913-3361
Supervisor Name:
Supervisor Email Address:
Address: 455 St Michaels Drive
Santa Fe NM 87505
UNITED STATES

Employment Status *(for statistical purposes only)*

Current Employment Status: Actively employed in nursing or in a position that requires a nurse license part-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? 24

Primary Position information

Please identify the type of setting that most closely corresponds to your **primary** nursing practice position: Hospital
Please identify the position title that most closely corresponds to your **primary** nursing practice position: Staff Nurse
Please identify the employment specialty that most closely corresponds to your **primary** nursing practice position: Pediatrics
Please indicate your primary employer: Christus St Vincent Regional Medical Center

Other Nurse Licenses

Do you hold Nurse License(s) in Other States? Yes

Other Nurse Licenses

Other Nursing License Type: RN
Other License Number: RN615253
Issuing Board of Nursing: PENNSYLVANIA
Issue Date: 06/07/2010
Expiration Date: 10/31/2015
Status: Inactive
Are you currently practicing with this license?: No

Workforce

(For Statistical purposes only)

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

Answer: Baccalaureate degree-Nursing

2 What is your highest level of nursing education?

Answer: Baccalaureate degree-Nursing

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

Answer: Not applicable

4 Year of Initial U.S. Licensure

Answer: 2010

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

—

Answer: 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?

Answer: 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?

Answer: 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.

Answer: 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

Answer: 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.*

Answer: No

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

—

Answer: 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.

Answer: 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?

Answer: 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)

Answer: Yes

Supporting Documents: Kacie Fisher_CE Hours, Kacie Fisher_CE Hours 2

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: KACIE FISHER

License Number: RN-80466

Payment confirmation code: AI1A7BDC6EF6

Payment Date and Time: 2018-08-20 09:54:41

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.

Questions And Answers

FISHER, KACIE LEANNA
2513 Camino San Patricio
Santa Fe, NM 87505
607-425-1348

Expires 9/30/2016

License # RN-80466

Paid: 8/29/2016 4:49:49 PM

License	Q/S	Question	Answer
RN-80466	Q	1. Date of Birth: *	1985
RN-80466	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
RN-80466	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
RN-80466	Q	4. If YES, please list Felony State(s):	
RN-80466	Q	5. If YES, please list Felony Date(s):	
RN-80466	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
RN-80466	Q	7. If YES, please list Discipline State(s):	
RN-80466	Q	8. If YES, please list Discipline Date(s):	
RN-80466	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
RN-80466	Q	10. If you answered NO to question 9 you MUST enter your primary state or country of residence HERE.	
RN-80466	Q	11. Active Military living in another state, declaring NM? (Yes or No) *	N
RN-80466	S	1. Indicate your gender: *	Female
RN-80466	S	2. Select your ethnicity: *	Caucasian
RN-80466	S	3. Indicate Your Primary Nursing Position: *	Staff
RN-80466	S	4. Entry Level Nursing Education: *	Baccalaureate
RN-80466	S	(a) Entry Level School Name:*	Mansfield University
RN-80466	S	5. Highest Level of Education-Nursing & Non-Nursing(N/A if None):*	Baccalaureate (Nursing)
RN-80466	S	(a) Highest Level School Name (N/A if None):*	Mansfield University
RN-80466	S	6. Present Employment Status:(a) Nursing: *	Full Time
RN-80466	S	(b) Other than Nursing:*	N/A
RN-80466	S	(c) Average Hours worked per week:*	31-40
RN-80466	S	(1) Average number of weeks worked per year:*	41-52
RN-80466	S	(d) If not employed in nursing, give last date of employment in nursing:	
RN-80466	S	(e) Reason for being unemployed:	
RN-80466	S	7. Major Clinical Practice Area in Nursing/Employment Setting: *	Pediatric / Child Maternal

Questions And Answers

FISHER, KACIE LEANNA

2513 Camino San Patricio

Santa Fe, NM 87505

607-425-1348

Expires 9/30/2016

License # RN-80466

***Paid:* 8/29/2016 4:49:49 PM**

RN-80466	S	8. Indicate Your Primary Place of Employment: *	Hospital
RN-80466	S	(a) Specify if other:	
RN-80466	S	9. List All States(Abbreviations Only, 'All' if all U.S. States) in Which You Have Been Licensed As a Nurse: *	PA, NM
RN-80466	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
RN-80466	S	11. Are you working in New Mexico?:*	Y
RN-80466	S	12. Select the state of your principal location of work in Nursing(N/A for non-United States):*	NM
RN-80466	S	13. Select the county of your principal location of work in Nursing(N/A for non-New Mexico):*	Santa Fe
RN-80466	S	14. Please enter the city of your principal location of work in Nursing:*	Santa Fe
RN-80466	S	15. If the principal work location in Nursing is not in the United States, please enter your country:	United States
RN-80466	S	16. Please enter the principal location of work in Nursing zipcode or postal code:*	87505
RN-80466	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
RN-80466	S	18. Please enter your current e-mail address.(N/A if None):*	kacieleanna@yahoo.com
RN-80466	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)*	Y
RN-80466	S	19. Please Select Your Primary Language:*	English
RN-80466	S	(a) If you chose "Other", please enter your primary language here:	
RN-80466	S	20. Please Select Your Secondary Language:*	Spanish
RN-80466	S	(a) If you chose "Other", please enter your secondary language here:	
RN-80466	S	21. Please select the percentage of practice in direct patient care:*	75%
RN-80466	S	22. Please select the percentage of practice in Teaching:*	25%
RN-80466	S	23. Please select the percentage of practice in Research:*	0%
RN-80466	S	24. Please select the percentage of practice in Administration:*	0%
RN-80466	S	25. Please select your practice plans for the next 5 years :*	Advance from BSN to MSN