

Application - Compact Nurse Practitioner - C-APN

Name	Kacie LeAnna Fisher
Credential	Compact Nurse Practitioner - C-APN

Fee Details

NP - Advanced Practice Registry	\$75.00
	\$75.00

C-APN - CNS_NP Application - Main Page

Online Application - Instructions

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

Welcome to the Online Application for inclusion in the advanced practice registry for Compact Advanced Practice Nurses (C-APN). This application is for those applying by Original or Endorsement. To apply for inclusion in the registry as a Compact Clinical Nurse Specialist (C-CNS) or Compact Nurse Practitioner (C-NP), you must be able to supply the following information to the Division of Professions and Occupations (DPO). If you cannot supply the necessary information referenced on the following screens then you may not proceed with your application. **Important information before you proceed:** Please make sure to complete your application within 14 days. Applications that are created but not submitted within 14 days will be purged and you will lose any saved information.

If you currently hold or are in the process of obtaining a compact multi-state RN license, you may apply for the C-APN registration for your role and population(s). If you do NOT hold a compact multi-state license and instead hold a Colorado RN license, then you may apply for the regular Advanced Practice Nurse (APN) registration for your role and population(s).

Please review the [Checklist of Required Items](#) before beginning your online application to ensure you have all information and documentation available. Colorado has a mandatory Nurse Practice Act which means that no one may practice as an APN without inclusion in the registry.

For more information about the APN program, please visit the [Nursing Board's homepage](#). If you are prepared to apply, click "Next" to continue.

C-APN - NP Application - Existing APN/Compact Multi-State RN

Online Application - Application Checklist

1. Do you hold a compact multi-state RN license in a state other than Colorado?

Yes

2. Choose from the drop-down below the state where you hold a compact multi-state RN license:

New Mexico

3. Provide scanned verification of your compact multi-state RN license.

- The verification(s) can be a screenshot from the other state or jurisdiction website. The verification must indicate whether disciplinary action has ever been taken against the license/registration and if there are any pending complaints against you.
- If you are unable to access verification from the other state or jurisdiction website, you may request verification be sent directly to the Office of Licensing (1560 Broadway, Suite 1350, Denver, CO 80202 dora_dpo_licensing@state.co.us); mailing the verification will delay processing of your application.
- A copy of your license will not suffice.

Select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document.

[Kacie Fisher_Nursys-QuickConfirm-License-Verification-Rep](#) [REDACTED]

C-APN - NP Application - Method and Fees

Online Application - Application Checklist

4. Select "Original" below:

Original

5. Fees: The application fee is \$75. Please note that fees are non-refundable and non-transferable.

Check yes if you are prepared to pay for your application using a credit card (MasterCard, Visa, Discover or AMEX) or an electronic check.

Yes

APN - CNS_NP Application - Population(s)

Online Application - Population(s)

6. You must choose at least one population focus from the select-box below. If you wish to be included in the registry in multiple populations, then you must supply verification of education OR active licensure and practice for each focus you wish to obtain.
- Women's Health

APN Application - Certification and Qualifications

Online Application - Certification & Qualifications

7. You must provide verification of your National Certification (AANP, ANCCC, PNCB, AMCB, NCC, etc.). Certifications must show your issue date, expiration date and certification number. Score sheets are not accepted. If you are not certified, you must provide an explanation as to why you do not hold certification.

Select the "Browse" button to search for the scanned document on your computer. Then select the "Upload Document" button to upload the document.

[Kacie Fisher_APRN License-Verification-](#) [REDACTED]

PLEASE NOTE: Upon review of your application and verification, you may need to request verification of your certification be sent to the Office of Licensing directly from the certifying body.

APN Application - Other APN Designations

Online Application - Other APN Designations

8. Do you hold licensure as an Advanced Practice Nurse (APN) in any other states or territories?
- No

GLOBAL Application - Applicant Information

Online Application - Applicant Information

10. First Name:
- Kacie

11. Middle Name or Initial:
- LeAnna

12. Last Name:
- Fisher

13. Suffix:

14. Previous Names:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
			December	2019		
Kacie LeAnna Troup	October	2004	April	2006	Divorced and returned to maiden name, Fisher.	

15. Gender:
- Female

16. Date of Birth:
- [REDACTED]

17. Birth City:
- Williamsport

18. Birth State:

(If born outside of the United States, select "Foreign Country" in the dropdown below)

Pennsylvania

19. Birth Country:

United States

GLOBAL Application - Military**Online Application - Military Questions**

20. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

GLOBAL Application - Military Veteran**Online Application - Military Questions**

23. Are you a Veteran of the U.S. Military?

Yes

GLOBAL Application - Military Veteran if Yes**Online Application - Military Questions**

24. The date of your discharge from the U.S. Military:

05/01/2015

GLOBAL Application - Military Spouse**Online Application - Military Questions**

25. Are you the spouse of an active military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another U.S. state?

No

APN Application - Professional Liability Insurance**Online Application - Professional Liability Insurance**

39. By checking Yes, you attest that you carry and/or will carry, and maintain upon commencement of independent practice, professional liability insurance in an amount of not less than \$500,000 (five hundred thousand dollars) per claim with an aggregate liability limit for all claims during the year of \$1,500,000 (one million five hundred thousand dollars) or that you will claim one of the exemptions authorized in the Board's rules regarding liability insurance.

Yes

NURSING Application - PSOR Intro**Primary State of Residence Designation**

PRIMARY STATE OF RESIDENCE:

Primary State of Residence is defined as the state of a person's declared fixed permanent and principal home for legal purposes: domicile. Documentation of primary state of residence that may be requested will include but is not limited to:

- Driver's license with a home address;
- Voter registration card displaying a home address;
- Federal income tax return declaring the primary state of residence;
- Military Form no. 2058 - state of legal residence certificate; or
- W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

Based on the information above, be able to have documentation proving that the state you declare as your Primary State of Residency truly is.

You will be able to complete your Primary State of Residence Declaration on the following questions.

NURSING Application Primary State of Residence (not mapped)**Online Application - Primary State of Residence**

Enter your Primary State of Residence and Compact Licensure Information, if applicable, in the grid below. A list of compact states is available at: www.ncsbn.org.

40. To update your Nurse Licensure Compact Information select the "Add" button below. Only add your current Primary State of Residence (if you add more than one record, issuance of your license will be delayed).

Primary State of Residence	Military/Federal Designation	States of Practice
New Mexico	No	New Mexico

Please enter the physical address of your Primary Residence in the fields below. Primary Residence is defined as the location of a person's declared fixed, permanent and principal home for legal purposes; domicile.

41. Street Address:
State Route 515 #201

42. City:
Questa

43. State:
New Mexico

44. Zip:
87556

GLOBAL Application - Attestation**Online Application - Attestation**

By submitting this online application you attest under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of your knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

45. By entering your full legal name below you attest that you have read and understand the above information.
Kacie L. Fisher

46. Please enter today's date:
01/14/2020

AoE Lawful Presence**Affidavit of Eligibility | Section A: Lawful Presence**

47. Choose one of the following Lawful Presence types below and select "Next" to continue.
I am a U.S. Citizen.

AoE US Citizen Physically Present**Affidavit of Eligibility | Section A: Lawful Presence**

48. Choose one of the following options and select "Next" to continue.
I am currently, physically present in the U.S.

AoE US Citizen Secure Docs**Affidavit of Eligibility | Section B: Verification Documents**

49. Choose below one of the secure and verifiable document options that you will use to prove lawful presence:
Out of State Driver's License or Identification Card

50. Enter the Document Number (Drivers License/ID Number, Card Number or Passport Number):



AoE Attestation

Affidavit of Eligibility | Section C: Attestation

By submitting this Affidavit of Eligibility (AoE) you are attesting that you have read and understand the statements below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

141. Please enter today's date below:
01/14/2020

Healthcare Profile - Compact Nurse Practitioner Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your COMPACT NURSE PRACTITIONER - C-APN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

142. Are you currently practicing in the healthcare profession associated with this profile?
No

Healthcare Profile - Nursing Education and Training

Healthcare Professions Profile | Education and Training

144. School or Education Level:
Masters Degree

145. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*
2019

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

146. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?
No

Healthcare Profile - Board Certifications**Healthcare Professions Profile | Board Certifications**

148. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Nursing Board Certifications if Yes**Healthcare Professions Profile | Board Certifications**

149. Board Certifications:

Certification
Other

Healthcare Profile - Practice Specialties**Healthcare Professions Profile | Practice Specialties**

150. Do you have a practice specialty in which you are appropriately trained and actively practicing?
No

Healthcare Profile - Advanced Practice Specialty**Healthcare Profile | Advanced Practice Specialties**

152. Do you hold an Advanced Practice Authority?
Yes

Healthcare Profile - Advanced Practice Specialty if Yes**Healthcare Profile | Advanced Practice Specialties**

153. Advanced Practice Authority Specialty Area:
Women's Health

Healthcare Profile - Colorado Hospital Affiliations**Healthcare Professions Profile | Colorado Hospital Affiliations**

154. Do you have a current affiliation or clinical privileges with any Colorado Hospital?
No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations**Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations**

156. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?
No

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

158. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

160. Do you have an employer in the profession in which you are licensed or are applying for a license?

No

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

162. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions

Healthcare Professions Profile | Disciplinary Actions

164. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions

Healthcare Professions Profile | Restrictions and Suspensions

166. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions

Healthcare Professions Profile | Healthcare Facility Actions

168. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

170. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

172. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?
No

Healthcare Profile - Convictions**Healthcare Professions Profile | Convictions**

175. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?
No

Healthcare Profile - Malpractice Claims**Healthcare Professions Profile | Malpractice Claims**

177. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?
No

Healthcare Profile - Malpractice Carrier Refusal**Healthcare Professions Profile | Malpractice Carrier Refusal**

179. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?
No

Healthcare Profile - Optional Narrative**Healthcare Professions Profile | Optional Narrative**

181. Optional Narrative:
N/A

Healthcare Profile - Attestation**Healthcare Professions Profile | Attestation**

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

182. Submission Date:
01/14/2020

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.

Application - Compact Nurse Practitioner - C-RXN

Name	Kacie LeAnna Fisher
Credential	Compact Nurse Practitioner - C-RXN

Fee Details

NP - Prescriptive Authority	\$150.00
	\$150.00

C-RXN Application - Compact RN

Online Application - Application Checklist

1. Do you hold a multi-state RN license in a compact state other than Colorado?
Yes

C-RXN Application - Primary/Compact State

Online Application - Application Checklist

2. Choose from the drop-down below the state where you hold a compact multi-state RN license:
New Mexico

C-RXN Application - Main Page

Online Application - Instructions

Please complete the information on the following pages . All questions with a red asterisk (*) are required.

Welcome to the Online Application for prescriptive authority (RXN) for Advanced Practice Nurses (APN). To apply for prescriptive authority you must be able to supply the following information to the Division of Professions and Occupations (DPO). If you cannot supply the necessary information referenced on the following screens then you may not proceed with your application. **Important information before you proceed:** Please make sure to complete your application within 14 days. Applications that are created but not submitted within 14 days will be purged and you will lose any saved information.

Welcome to the Online Application for prescriptive authority (C-RXN) for based on a compact Registered Nurse (RN) license. Your prescriptive authority will be designated as a C-RXN. To apply for C-RXN, you must be able to supply the following information to the Division of Professions and Occupations (DPO). If you cannot supply the necessary information referenced on the following screens then you may not proceed with your application.

Colorado has a mandatory Nursing Practice Act which means that a C-RXN must apply for and be granted prescriptive authority to prescribe ANY medication or controlled substances in Colorado. You must hold a C-APN in order to apply for a C-RXN. Submission of this application does not guarantee prescriptive authority. Therefore, do not make life or career decisions based on the probability that you will be granted prescriptive authority. Plan ahead for the time it will take for us to receive all required documentation.

There are two ways to apply for C-RXN, by **Original** method or by **Endorsement**.

- You should apply for **Original** C-RXN if you are applying for prescriptive authority for the first time and have never held prescriptive authority in another state. Upon review of your qualifications, you will receive a C-RXN. Provisional prescriptive authority will authorize you to begin the prescribing mentorship and may be retained in an active status for three years from the date of issuance. Prescribing with provisional prescriptive authority while accruing additional hours required for full prescriptive authority requires that a mutually-structured mentorship exist between you and a Colorado licensed physician OR an APN mentor with full prescriptive authority. Before the end of the three-year period, you must submit an application for full prescriptive authority. If an application for full prescriptive authority is not submitted within three years, the C-RXN will expire.
 - If you already hold C-RXN and have completed your mentorship, STOP NOW and complete the application for full prescriptive authority on the [Applications and Forms webpage](#).
- You should apply by **Endorsement** if you have prescriptive authority and at least 1,000 hours of documented prescribing experience in another state.
 - You may be granted full C-RXN if you provide the Attestation of Development of Articulated Plan signed by you and a Colorado licensed physician OR an APN with full prescriptive authority.
 - If you cannot provide the attestation, you will be granted provisional C-RXN, which may be retained in an active status for one year from the date of issuance. Before the end of the one-year period, you must submit an Attestation of Development of Articulated Plan signed by you and a Colorado licensed physician OR an APN with full prescriptive authority. If an application for full prescriptive authority is not submitted within one year; the C-RXN will expire.

For more information about prescriptive authority and/or the Board of Nursing please visit the [Board's homepage](#). If you are prepared to apply for C-RXN, select 'Next'.

RXN Application - Fees**Online Application - Application Checklist**

3. Fees: The application fee is \$150. Please note that fees are non-refundable and non-transferable.

Check yes, if you are prepared to pay for your application using a credit card (MasterCard, Visa, Discover or AMEX) or electronic check.
Yes

GLOBAL Application - Applicant Information**Online Application - Applicant Information**

4. First Name:

Kacie

5. Middle Name or Initial:

LeAnna

6. Last Name:

Fisher

7. Suffix:

8. Previous Names:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
			December	2019		
Kacie LeAnna Troup	October	2004	April	2006	Divorced and returned to maiden name, Fisher.	

9. Gender:

Female

10. Date of Birth:

■■■■■■■■■■

11. Birth City:

Williamsport

12. Birth State:

(If born outside of the United States, select "Foreign Country" in the dropdown below)

Pennsylvania

13. Birth Country:

United States

GLOBAL Application - Military**Online Application - Military Questions**

14. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

GLOBAL Application - Military Veteran**Online Application - Military Questions**

17. Are you a Veteran of the U.S. Military?

Yes

GLOBAL Application - Military Veteran if Yes**Online Application - Military Questions**

18. The date of your discharge from the U.S. Military:
05/01/2015

GLOBAL Application - Military Spouse**Online Application - Military Questions**

19. Are you the spouse of an active military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another U.S. state?
No

C-RXN_NP Application - Method**Online Application - Application Checklist**

33. You MUST choose at least one population focus from the select-box below.
Women's Health

34. Select your method below:
Original

RXN Application - Colorado Mentorship**Online Application - Colorado Mentorship**

38. By checking yes, you are attesting that your mentor (RXN or Physician) shall meet the requirements set forth in the Board Rules:

- Holds an unencumbered license to practice in Colorado;
- Actively practicing in Colorado;
- Education, training, experience and a practice that corresponds to the Role and Population(s) for which you are applying; AND
- RXN Mentor has Experience prescribing medications with full prescriptive authority.

Furthermore, by checking yes, you are attesting that you will not prescribe without a Mentorship Agreement.
Yes

RXN Application - Other RXN(s)**Online Application - Other Nursing/RXN License(s)**

39. Do you now or have you ever held prescriptive authority in any state including Colorado?
Yes

RXN Application - Other RXN Information**Online Application - Other Nursing/RXN License(s)**

40. You must list ALL prescriptive authorities, licenses, or registrations you now hold or have ever held in any state in the grid below.

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Kacie L Fisher	New Mexico	APRN-CNP	58949	Active	01/09/2020	09/30/2021	No	

41. Do you have any pending investigations against any of the RXN authorities, licenses, or registrations you listed above?
No

RXN Application - Other RXN Verification**Online Application - Other Nursing/RXN Verification**

42. You must provide verification of ALL prescriptive authorities, licenses or registrations you hold or have ever held in any other state.

- The verification(s) can be a screenshot from the other state or jurisdiction website, but must indicate whether disciplinary action has ever been taken against your prescriptive authority license/registration or if there are any pending complaints against you.
- If you are unable to access verification from the other state or jurisdiction website, you may request verification be sent directly to the Office of Licensing (1560 Broadway, Suite 1350, Denver, CO 80202 OR dora_nursingboard@state.co.us). Mailing the verification will delay processing of your application.
- A copy of your license will not suffice.
- If your state required a Collaborative Agreement or Practice Agreement for prescriptive privileges, provide a copy of the agreement.

To upload verification, select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Documents" button to complete uploading the document to your application.

[Kacie Fisher_APRN License-Verification-Redacted](#)

C-RXN Application - Compact RN in good standing**Online Application - RN**

43. Is compact multi-state Registered Nurse (RN) license in good standing and without disciplinary sanctions or pending investigations?

- If no, you must provide a written statement with supporting documentation regarding disciplinary sanctions or pending investigations against your RN.

Yes

C-RXN Application - APN**Online Application - APN**

46. Are you currently included in the Advanced Practice Registry as a Compact Advanced Practice Nurse (C-APN) or have you submitted an application for C-APN?

Yes

C-RXN Application - APN in good standing**Online Application - APN in good standing**

47. Is your C-APN in good standing and without disciplinary sanctions or pending investigations?

- If no, you must provide a written statement with supporting documentation regarding disciplinary sanctions or pending investigations against your C-APN.

Yes

RXN Application - Clinical Work Experience**Online Application - Clinical Experience**

50. By checking yes, you attesting that you have at least three years of Clinical Work Experience defined as: any relevant experience accumulated as a professional nurse or an advanced practice registered nurse, including paid or unpaid work experience, volunteer work, or student work. The gratuitous care of family members or friends is not included in the Clinical Work Experience.

Yes

RXN - CNS_NP Application - Certification**Online Application - National Certification**

51. You must provide verification of your National Certification (AANP, ANCC, PNCB, AMCB, NCC, etc.). Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document. Certifications must show your issue date, expiration date and certification number. Score sheets are not accepted.

Kacie Fisher_NCC Cert [REDACTED]

PLEASE NOTE: Upon review of your application and verification, you may need to request verification of your certification be sent to the Office of Licensing directly from the certifying body.

RXN Application - Transcripts/Course Descriptions

Online Application - Transcripts/Course Descriptions

52. You must provide an official transcript(s). Your transcripts must indicate either:

- A graduate degree or post-graduate degree as an APN; OR
- A graduate degree in Nursing and a post-graduate degree or post-graduate certificate as an APN.

To upload documentation, select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Documents" button to complete uploading the document to your application.

Kacie Fisher_Official [REDACTED]

53. If applicable, please provide documentation of required coursework in Physical Assessment, Pathophysiology and Pharmacology if these courses were not taken as part of the graduate or post-graduate program or if they are not easily apparent on your transcript(s). Graduate credit must be awarded; continuing education credit is not accepted. Provide copies of course descriptions or course syllabi (from year course was taken) when the required coursework is not listed on the transcript. To upload documentation, select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Documents" button to complete uploading the document to your application.

NURSING Application - PSOR Intro

Primary State of Residence Designation

PRIMARY STATE OF RESIDENCE:

Primary State of Residence is defined as the state of a person's declared fixed permanent and principal home for legal purposes: domicile. Documentation of primary state of residence that may be requested will include but is not limited to:

- Driver's license with a home address;
- Voter registration card displaying a home address;
- Federal income tax return declaring the primary state of residence;
- Military Form no. 2058 - state of legal residence certificate; or
- W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.

Based on the information above, be able to have documentation proving that the state you declare as your Primary State of Residency truly is.

You will be able to complete your Primary State of Residence Declaration on the following questions.

NURSING Application Primary State of Residence (not mapped)

Online Application - Primary State of Residence

Enter your Primary State of Residence and Compact Licensure Information, if applicable, in the grid below. A list of compact states is available at: www.ncsbn.org.

54. To update your Nurse Licensure Compact Information select the "Add" button below. Only add your current Primary State of Residence (if you add more than one record, issuance of your license will be delayed).

Primary State of Residence	Military/Federal Designation	States of Practice
New Mexico	No	Colorado New Mexico

Please enter the physical address of your Primary Residence in the fields below. Primary Residence is defined as the location of a person's declared fixed, permanent and principal home for legal purposes; domicile.

55. Street Address:
State Route 515 #201

56. City:
Questa

57. State:
New Mexico

58. Zip:
87556

RXN Application - Professional Liability Insurance**Online Application - Professional Liability Insurance**

59. By checking yes, you are attesting that you carry and/or will carry and maintain upon commencement of independent practice, professional liability insurance in an amount of no less than \$500,000 per claim with an aggregate liability limit for all claims during the year of \$1,500,000 OR that I have claimed one of the exemptions authorized in the Board's Rules.

Yes

GLOBAL Application - Attestation**Online Application - Attestation**

By submitting this online application you attest under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of your knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

60. By entering your full legal name below you attest that you have read and understand the above information.

Kacie L Fisher

61. Please enter today's date:

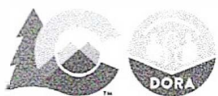
01/14/2020

Review

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COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Status Change Full Prescriptive Authority Application
No Fee

Advanced Practice Nurse | Full Prescriptive Authority (RXN)

Select the APN Role(s) you hold and for which you are applying for full prescriptive authority:

- ☒ Nurse Practitioner (NP) ☐ Certified Nurse Midwife (CNM)
☐ Clinical Nurse Specialist (CNS) ☐ Certified Registered Nurse Anesthetist (CRNA)

If you selected NP or CNS, identify the population(s) for which you are applying for full prescriptive authority:

- ☐ Adult/Geriatric Acute Care ☐ Adult/Geriatric Primary Care ☐ Adult ☐ Geriatric
☐ Family ☐ Pediatric Acute Care ☐ Pediatric Primary Care ☒ Women's Health
☐ Neonatal ☐ Psychiatric/Mental Health ☐ Adult Health ☐ Medical/Surgical
☒ Other (specify): Reproductive Health Care

Applicant Name: Kacie LeBona Fisher
First Middle Last/Suffix

Previous Name(s):

SSN or ITIN: [REDACTED] Date of Birth: [REDACTED] Phone Number: 607-425-1348

Mailing Address: HC 81 Box 47 Questa NM 87556
☒ Home ☐ Business P.O. Box/Street City State Zip

Email Address: [REDACTED]
(This will be the primary contact method)

Are you a member or veteran of the U.S. Military, National Guard, or Military Reserves?

☒ Yes ☐ No

- If you are an active member, please provide your branch and duty station:

Air Force Reserve - contract ended in 2016

- If you are a veteran, please provide your date of discharge: 2016

Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state?

☐ Yes ☒ No

- If yes, please see the Military Spouse Exemption Form available at

RN License Number: RN-804160 Issuing State: New Mexico Expiration Date: 09/30/2022

Colorado Advanced Practice Registry Number: 0001928-C-NP Expiration Date: 09/30/2022

Colorado Provisional Prescriptive Authority Number: 00008160-C-NP Expiration Date: 09/30/2022

Primary State of Residence Information

List your Primary State of Residence: New Mexico

☒ By checking this box, I declare that the above listed state is my primary state of residence and as such constitutes my permanent and principal home for legal purposes.

Address: State Park 515 #201 Red River Bsm Hatchery Questa NM 87556
Street (P.O. Boxes not accepted) City State Zip

NOTE: If you declare Colorado as your primary State of residence, you must hold, obtain, reactivate, or reinstate a Colorado RN license prior to applying for the Advanced Practice Registry.

Applicant Name:

Kacie L. Fisher

Professional Liability Insurance Information

☒ By checking this box, I attest that I carry and/or will carry, and maintain upon commencement of independent practice, professional liability insurance in an amount of not less than \$500,000 per claim with an aggregate liability limit for all claims during the year of \$1,500,000 or that I claim one of the exemptions authorized in the Board's rules regarding liability insurance.

Colorado Mentorship Information

Complete this section only if you obtained your experience in Colorado. Each mentor with whom you worked must provide an attestation and the total number of mentorship hours must add up to a minimum of 750 hours:

Can you attest that you have completed 750 hours in mutually structured mentorship(s) with one or more ☒ Yes ☐ No
physician(s) or an advanced practice nurse(s) with full prescriptive authority practicing in Colorado and whose
practice corresponds with the role and population focus for which you are applying?

Can you further attest that the mutually structured mentorship was completed within the timeframe set forth ☒ Yes ☐ No
in the Colorado Revised Statutes?

Physician or Advanced Practice Nurse Mentor Information and Attestation:

Mentor Name: Linda Cohen CNM, ND

Mentor License Number: CO 109680

Practice Area: Sexual Reproductive Health

Number of Mentorship Hours: 750

I state under penalty of perjury that by signing this Attestation I participated in the mutually structured mentorship for the above-named Advanced Practice Registered Nurse in compliance with the requirements of the Colorado Revised Statutes and the Colorado Nursing Board Rules and Regulations.

Mentor Signature: Linda Cohen CNM

Date: 4/12/2022

Attestation

By signing this application, you attest that the information contained in this application is true and correct to the best of your knowledge. False statements made on this application could result in a violation of the practice act.

Kacie Fisher, APRN
Signature

04-08-2022
Date

Advanced Practice License Report

Printed for COLORADO

NCSBN ID

SSN

Name

FISHER, KACIE LEANNA

License Information

NEW MEXICO | CERTIFIED NURSE PRACTITIONER | 58949

Original License Date	Expiration Date	Current License Issue Date <i>License renewal/registration date</i>	DEA Number
01/09/2020	09/30/2021	01/09/2020	Not Supplied
Is Active	Created Date	Board Update Date	
YES	01/09/2020	01/09/2020	

Advanced Practice Population Focus Information

Population Focus	Education Program Focus	Original Issue Date	Expiration Date
Womens health/gender-related	NOT APPLICABLE	01/09/2020	09/30/2021
Prescription Authority	Controlled Substance Authority	Independent Practice Authority	Grandfathered
YES	NO	NOT APPLICABLE	Not Supplied
National Certification Exam Agency	Exam	Certification Number	Expiration Date
NCC	Not Supplied	Not Supplied	Not Supplied

QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

KACIE LEANNA FISHER [NCSBN ID: [REDACTED]]

Tuesday, February 04 2020 04:54:10 PM

Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	RN	NEW MEXICO	RN-80466	YES	UNENCUMBERED	09/23/2014	09/30/2020	SINGLE STATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	CERTIFIED NURSE PRACTITIONER	NEW MEXICO	58949	YES	UNENCUMBERED	01/09/2020	09/30/2021	N/A
Advanced Practice license/recognition information <ul style="list-style-type: none"> Focus/Specialty: Women's health/gender-related Prescription authority: YES Certification expiration date: NOT SUPPLIED Focus/Specialty expiration date: 09/30/2021 								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	RN	OHIO	404694	NO	EXPIRED	07/25/2014	08/31/2015	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	RN	PENNSYLVANIA	RN615253	NO	EXPIRED	06/07/2010	10/31/2015	N/A

Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

NEW MEXICO (RN)

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

Nurse Licensure Compact (NLC/) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

KACIE LEANNA FISHER [NCSBN ID: [REDACTED]]

Wednesday, February 26 2020 09:16:51 AM

Disclaimer of Representations and Warranties

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Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	RN	NEW MEXICO	RN-80466	YES	UNENCUMBERED	09/23/2014	09/30/2020	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	CERTIFIED NURSE PRACTITIONER	NEW MEXICO	58949	YES	UNENCUMBERED	01/09/2020	09/30/2021	N/A
Advanced Practice license/recognition information <ul style="list-style-type: none"> Focus/Specialty: Women's health/gender-related Prescription authority: YES Certification expiration date: NOT SUPPLIED Focus/Specialty expiration date: 09/30/2021 								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	RN	OHIO	404694	NO	EXPIRED	07/25/2014	08/31/2015	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	RN	PENNSYLVANIA	RN615253	NO	EXPIRED	06/07/2010	10/31/2015	N/A

Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

ALABAMA (RN)	LOUISIANA (RN)	OKLAHOMA (RN)
ARIZONA (RN)	MAINE (RN)	SOUTH CAROLINA (RN)
ARKANSAS (RN)	MARYLAND (RN)	SOUTH DAKOTA (RN)
COLORADO (RN)	MISSISSIPPI (RN)	TENNESSEE (RN)
DELAWARE (RN)	MISSOURI (RN)	TEXAS (RN)
FLORIDA (RN)	MONTANA (RN)	UTAH (RN)
GEORGIA (RN)	NEBRASKA (RN)	VIRGINIA (RN)
IDAHO (RN)	NEW HAMPSHIRE (RN)	WEST VIRGINIA (RN)
IOWA (RN)	NEW MEXICO (RN)	WISCONSIN (RN)
KANSAS (RN)	NORTH CAROLINA (RN)	WYOMING (RN)
KENTUCKY (RN)	NORTH DAKOTA (RN)	

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

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- Expired
- Other license action
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- Revoked
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QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

KACIE LEANNA FISHER [NCSBN ID: [REDACTED]]

Tuesday, January 14 2020 05:56:57 PM

Disclaimer of Representations and Warranties

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Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
FISHER, KACIE LEANNA	RN	NEW MEXICO	RN- 80466	YES	UNENCUMBERED	09/23/2014	09/30/2020	SINGLE STATE

Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

NEW MEXICO (RN)

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-



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Verification Report

Primary Source Board of Nursing Report Summary for

KACIE FISHER

Thursday, January 09 2020 04:23:10 PM

For a more accurate search, select "Search by License / Certificate Number" or "Search by NCSBN ID" above. Partial name searches are accepted

This report is not sufficient when applying to another board of nursing for licensure or certification. Use the Nurse License / Certificate Verification service to request the required verification of certification.

[Contact the board of nursing](#) for details about the Nurse Practice Act.

Temporary and Permanent (Post Exam) License / Certificate

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
FISHER, KACIE LEANNA	APRN-CNP	58949	Active	01/09/2020	09/30/2021	N/A	NO

Advanced Practice license/recognition information

- Population Focus/Specialty:
 - Focus/Specialty: Women's Health/Gender Related
 - Expiration Date: 09/30/2021
 - Certification expiration date:
- Prescriptive Authority:
 - Prescriptive Authority: YES
 - Prescriptive Authority Number: 1727

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nurse Licensure Compact (NLC) information

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- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)

Renewal - C-APN.0001928-C-NP

Name	Kacie LeAnna Fisher
Credential	C-APN.0001928-C-NP

Fee Details

NP - Portal Fee	\$2.00
	\$2.00

NURSING Renewal Primary State of Residence Reminder

Have you changed your Primary State of Residence in the last two years?

If your Primary State of Residence has changed, you must complete the [Designation of Primary State of Residence form on our webpage](#)

You can view your current Primary State of Residence under "Verify a Colorado Professional or Business License" on our [Online Services webpage](#).

Click Next to proceed.

C-APN Renewal Attestation

By renewing your C-APN registration, you agree with the following statement:

I attest that I hold a valid active multi-state Registered Nurse license in a compact state.

By submitting this renewal you agree with the following statement:

I attest that I carry and maintain upon commencement of independent practice, professional liability insurance in an amount of not less than \$500,000 (five hundred thousand dollars) per claim with an aggregate liability limit for all claims during the year of \$1,500,000 (one million five hundred thousand dollars) or that I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance.

C-APN NURSING Renewal Reminder

Prescriptive Authority Licenses (C-RXN):

If you have an active C-RXN, you must renew that authority separately from your C-APN license. Renewing your C-APN license does not automatically renew your Prescriptive Authority.

You can pay for the renewals individually or collectively. To complete your C-RXN renewal, select 'Renew a license' then 'Start' next to the appropriate license type. Once you select 'Pay Invoice,' you will be able to pay for all renewals you have completed.

NURSING Renewal Attestations Conduct & Behaviors

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at DORA_NursingBoard@state.co.us or 303-894-2458.

I have not engaged in any conduct or exhibited any behaviors that resulted in any of the following:

- Arrest, discipline, sanction, or warning
- Loss or suspension of any license
- Termination or suspension from school or employment
- Endangerment of the safety of others
- Breach of fiduciary obligations
- Violation of workplace or academic conduct rules
- Impairment of my ability to practice in a safe, competent, ethical, and professional manner
- Abuse or excessive use of any habit-forming drug, including alcohol, or any illegal or controlled substance resulting in discipline for misconduct, failure to meet professional responsibilities, or affecting my ability to practice safely and competently
- Claims that illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs my ability to practice in a safe, competent, ethical, and professional manner

Click Next to Proceed

NURSING Renewal Attestations

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at DORA_NursingBoard@state.co.us or 303-894-2458.

I have not had any inquiry, investigation, or administrative/judicial proceeding by one or more of the following:

- A licensing authority other than a Colorado State Board or Program.
- A government agency.
- A court.

- An employer.
- An educational institution.
- A professional organization.
- In connection with an employment disciplinary or termination procedure.

I have not had any of the following occur:

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience.
- Had my staff membership or clinical privileges at any hospital or healthcare facility, or my DEA registration reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended.

I attest that I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Nurse and Nurse Aide Practice Act.

Click Next to Proceed

Healthcare Profile - Compact Nurse Practitioner Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your COMPACT NURSE PRACTITIONER - C-APN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

1. Are you currently practicing in the healthcare profession associated with this profile?
Yes

Healthcare Profile - Location of Practice if Yes (WF)

Healthcare Professions Profile | Location of Practice

2. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E. 38th Ave	Denver	Colorado	80220	3033217526

Healthcare Profile - Nursing Education and Training

Healthcare Professions Profile | Education and Training

3. School or Education Level:
Masters Degree
4. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*
2019

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

5. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?
Yes

Healthcare Profile - Other Licenses if Yes

Healthcare Professions Profile | Other Licenses

6. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2020
Nevada	Active	2021
Wyoming	Active	2022

Healthcare Profile - Business Ownership**Healthcare Professions Profile | Business Ownership**

7. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer**Healthcare Professions Profile | Employer**

9. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

Healthcare Profile - Employer if Yes**Healthcare Professions Profile | Employer**

10. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
PPRM	7155 E. 38th Ave	Denver	Colorado	80220	(303) 321-7526

Healthcare Profile - Employment Contracts**Healthcare Professions Profile | Employment Contracts**

11. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions**Healthcare Professions Profile | Disciplinary Actions**

13. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions**Healthcare Professions Profile | Restrictions and Suspensions**

15. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

17. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?
No

Healthcare Profile - Convictions**Healthcare Professions Profile | Convictions**

19. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?
No

Healthcare Profile - Malpractice Claims**Healthcare Professions Profile | Malpractice Claims**

21. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?
No

Healthcare Profile - Malpractice Carrier Refusal**Healthcare Professions Profile | Malpractice Carrier Refusal**

23. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?
No

Healthcare Profile - Optional Narrative**Healthcare Professions Profile | Optional Narrative**

25. Optional Narrative:
N/A

Healthcare Profile - Attestation**Healthcare Professions Profile | Attestation**

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

26. Submission Date:
08/30/2022

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.

Renewal - C-APN.0001928-C-NP

Name	Kacie LeAnna Fisher
Credential	C-APN.0001928-C-NP

Fee Details

NP - Portal Fee	\$2.00
NP - Renewal Fee Active APN	\$15.00
	\$17.00

NURSING Renewal Primary State of Residence Reminder

Have you changed your Primary State of Residence in the last two years?

If your Primary State of Residence has changed, you must complete the [Designation of Primary State of Residence form on our webpage](#)

You can view your current Primary State of Residence under "Verify a Colorado Professional or Business License" on our [Online Services webpage](#).

Click Next to proceed.

C-APN NURSING Renewal Reminder

Prescriptive Authority Licenses (C-RXN):

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I attest that I hold a valid active multi-state Registered Nurse license in a compact state.

By submitting this renewal you agree with the following statement:

I attest that I carry and maintain upon commencement of independent practice, professional liability insurance in an amount of not less than \$500,000 (five hundred thousand dollars) per claim with an aggregate liability limit for all claims during the year of \$1,500,000 (one million five hundred thousand dollars) or that I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance.

NURSING Renewal Attestations Conduct & Behaviors

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I have not engaged in any conduct or exhibited any behaviors that resulted in any of the following:

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- Termination or suspension from school or employment
- Endangerment of the safety of others
- Breach of fiduciary obligations
- Violation of workplace or academic conduct rules
- Impairment of my ability to practice in a safe, competent, ethical, and professional manner
- Abuse or excessive use of any habit-forming drug, including alcohol, or any illegal or controlled substance resulting in discipline for misconduct, failure to meet professional responsibilities, or affecting my ability to practice safely and competently
- Claims that illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs my ability to practice in a safe, competent, ethical, and professional manner

Click Next to Proceed

NURSING Renewal Attestations

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at DORA_NursingBoard@state.co.us or 303-894-2458.

I have not had any inquiry, investigation, or administrative/judicial proceeding by one or more of the following:

- A licensing authority other than a Colorado State Board or Program.
- A government agency.

- A court.
- An employer.
- An educational institution.
- A professional organization.
- In connection with an employment disciplinary or termination procedure.

I have not had any of the following occur:

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience.
- Had my staff membership or clinical privileges at any hospital or healthcare facility, or my DEA registration reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended.

I attest that I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Nurse and Nurse Aide Practice Act.

Click Next to Proceed

*Affidavit of Eligibility Lawful Presence

Affidavit of Eligibility | Section A: Lawful Presence

1. To qualify for an occupational license or registration in Colorado, you must be legally allowed to work in the United States. You will need to answer the following questions to establish your lawful presence. Please select the lawful presence that you qualify for:

I am a U.S. Citizen

2. Select your physical presence:

I am physically present in the U.S.

*Affidavit of Eligibility Documents

Affidavit of Eligibility | Section B: Verification Documents

3. To prove your eligibility to work in the United States, you need to present a valid, government issued form of identification. Please select which type of document you will be uploading within this section.

Note: If you selected "I am NOT a US Citizen OR I am a Naturalized Citizen with a certificate of naturalization" in the prior section you may only select a document that has an asterisk (*) at the option.

Out of State Drivers License or Identification Card

4. Please upload an image of the document that you selected in the prior question. The image must include the full document and the print must be readable or your application process time will be delayed.

This upload option will only allow for 2MB file size. Preferences to shrink an image file if it is too large:

- Make the image black and white.
- Crop the image - allowing for only the document to be seen.
- Compress the image.
- Change the image resolution.

To upload a document, select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Documents" button to complete uploading the document to your application.

Kacie Fisher_D. [REDACTED]
Kacie Fisher_D. Lic [REDACTED]

*Affidavit of Eligibility Attestation

Affidavit of Eligibility | Section C: Attestation

5. By submitting this Affidavit of Eligibility (AoE) I am attesting that I have read and understand the below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.

- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

As verification to these statements, enter today's date:

08/28/2020

Healthcare Profile - Compact Nurse Practitioner Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your COMPACT NURSE PRACTITIONER - C-APN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

6. Are you currently practicing in the healthcare profession associated with this profile?

No

Healthcare Profile - Nursing Education and Training

Healthcare Professions Profile | Education and Training

8. School or Education Level:

Masters Degree

9. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2019

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

10. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

Yes

Healthcare Profile - Other Licenses if Yes

Healthcare Professions Profile | Other Licenses

11. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2020

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

12. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer**Healthcare Professions Profile | Employer**

14. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

Healthcare Profile - Employer if Yes**Healthcare Professions Profile | Employer**

15. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
PPRM	1560 W 12th Street	Alamosa	Colorado	81101	(719) 589-4906

Healthcare Profile - Employment Contracts**Healthcare Professions Profile | Employment Contracts**

16. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions**Healthcare Professions Profile | Disciplinary Actions**

18. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions**Healthcare Professions Profile | Restrictions and Suspensions**

20. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Termination of Employment**Healthcare Professions Profile | Termination of Employment**

22. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - Convictions**Healthcare Professions Profile | Convictions**

24. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

26. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?
No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

28. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?
No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

30. Optional Narrative:
N/A

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

31. Submission Date:
08/28/2020

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.

CREDENTIAL STATUS HISTORY SUMMARY

Name: Kacie LeAnna Fisher**Date:** 2/29/2024**License:** Compact Nurse Practitioner - C-RXN C-RXN.0000866-C-NP**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 02/26/2020**License expiration date:** 09/30/2024

This is to certify that a good faith search of our records revealed the following information:

Status	Reason	Date Changed	User
Active	CURRENT	08/30/2022	Automated
Active in Renewal	ACTIVE	08/29/2022	Automated
Active	CURRENT	04/13/2022	Automated
Active Provisional - Pending Supervisor Review	ACTIVE PROVISIONAL - PENDING SUPERVISOR REVIEW	04/13/2022	Automated
Active - Provisional	ACTIVE - PROVISIONAL	02/26/2020	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	02/26/2020	Automated
Pending Specialist Secondary Review	PENDING SPECIALIST SECONDARY REVIEW	02/26/2020	Automated
Application Incomplete	APPLICATION INCOMPLETE	02/04/2020	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

CREDENTIAL STATUS HISTORY SUMMARY

Name: Kacie LeAnna Fisher**Date:** 2/29/2024**License:** Compact Nurse Practitioner - C-APN C-APN.0001928-C-NP**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 02/26/2020**License expiration date:** 09/30/2024

This is to certify that a good faith search of our records revealed the following information:

Status	Reason	Date Changed	User
Active	CURRENT	08/30/2022	Automated
Active in Renewal	ACTIVE	08/29/2022	Automated
Active	CURRENT	08/28/2020	Automated
Active in Renewal	ACTIVE	08/25/2020	Automated
Active	CURRENT	02/26/2020	Automated
Pending	QUALITY ASSURANCE	02/26/2020	Automated
Pending	INTERNAL CONTROL APPROVAL	02/26/2020	Automated
Application Incomplete	APPLICATION INCOMPLETE	02/04/2020	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

