

Application - Certified Nurse Midwife - RXN

Name Katherine Leigh Knauber-Ferriegel
 Credential Certified Nurse Midwife - RXN

Fee Details

CNM - Prescriptive Authority	\$89.00
	\$89.00

RXN Application - Colorado RN

Online Application - Application Checklist

1. Do you currently hold a Colorado Registered Nurse (RN) license OR have you submitted an application for a Colorado RN?
 Yes

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.

Colorado has a mandatory Nursing Practice Act which means that an APN must apply for and be granted prescriptive authority to prescribe ANY medication or controlled substances in Colorado. You must hold an APN for prescriptive authority. 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 prescriptive authority, by ORIGINAL method or by ENDORSEMENT.

- You should apply for ORIGINAL prescriptive authority 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 provisional prescriptive authority. 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 provisional prescriptive authority will expire.
 - If you already hold provisional prescriptive authority 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 750 hours of documented prescribing experience in another state.

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 provisional prescriptive authority, select "Next" below.

Application - Applicant Information

Application | Applicant Information

2. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.
 No

3. What is your Date of Birth?

EMAIL NOTICE:

Email is our primary form of communication for any and all information related to your application(s) and/or license(s). To ensure you are receiving our communications, please check the following:

- Your email address is up to date

- Add no-reply@www.colorado.gov and dpo-no-reply@state.co.us to your email client "safe senders" list.

Application - Military

Application | Military

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

No

7.

- If yes to the above, what branch of the military are you currently serving in?

8.

- If yes to the above, what is the Duty Station you are located at?

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

No

10.

- If yes to the above, what was the date of your discharge from the U.S. Military?

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

No

RXN - CNM Application - Method

Online Application - Application Checklist

21. Select your method:

Endorsement

RXN Application - Endorsement - Prescribing Experience in other State

Online Application - Endorsement - Prescribing Experience in other State

22. By checking yes, you are attesting that you have prescriptive authority AND at least 750 hours of documented prescribing experience in another state.

Yes

RXN Application - Other RXN(s)

Online Application - Other Nursing/RXN License(s)

24. 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)

25. 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)
Katherine Knauber-Ferriegel	New Mexico	CSL	CS00220934	Active	10/08/2014	12/31/2023	No	
Katherine Knauber-Ferriegel	New Mexico	DEA	MK3349998	Pending			No	

26. 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

27. 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.

NM CSL K. Knauber-Ferriegel

RXN Application - RN

Online Application - RN

28. Is your Colorado Registered Nurse (RN) license in good standing and without disciplinary sanctions or pending investigations?

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

Yes

RXN Application - APN

Online Application - APN

31. Are you currently included in the Advanced Practice Registry as an Advanced Practice Nurse (APN) or have you submitted an application for a Colorado APN?

Yes

RXN Application - APN in good standing

Online Application - APN in good standing

32. Is your Colorado Advanced Practice Nurse (APN) in good standing and without disciplinary sanctions or pending investigations?

- If you answer No, you must provide a written statement AND supporting documentation regarding disciplinary sanctions or pending investigations against your APN.

Yes

RXN Application - Clinical Work Experience

Online Application - Clinical Experience

35. 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 - CNM_CRNA Application - Certification

Online Application - National Certification

36. You must provide verification of your National Certification (AANP, ANCC, 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.

AMCB 2022-08-11 0 [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

37. 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.

CNM Masters Certificate K. Knauber [REDACTED]

38. 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.

39. 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 Nevada 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.

40. Street Address:
1424 Dartmouth Dr. NE

41. City:
Albuquerque

42. State:
New Mexico

43. Zip:
87106

RXN Application - Professional Liability Insurance

Online Application - Professional Liability Insurance

44. 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.

45. By entering your full legal name below you attest that you have read and understand the above information.
Katherine Knauber-Ferriegel

46. Please enter today's date:
09/02/2022

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.

Application - Compact Certified Nurse Midwife - C-APN

Name	Katherine Leigh Knauber-Ferriegel
Credential	Compact Certified Nurse Midwife - C-APN

Fee Details

CNM - Advanced Practice Registry	\$120.00
	\$120.00

C-APN - CNM_CRNA 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 Certified Nurse Midwife (C-CNM) or Compact Certified Registered Nurse Anesthetist (C-CRNA), 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. 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.

Please review the [Application Checklist](#) 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, select 'Next' to continue.

C-APN - CNM Application - Method

Online Application - Application Method

1. Select 'Original' below:
Original

C-APN - CNM_CRNA Application - Primary/Compact State

Online Application - Application Checklist

2. Do you hold a compact multi-state RN license in a state other than Colorado?
Yes
3. Choose from the drop-down below the state where you hold a compact multi-state RN license - *please note that states do not show alphabetically:*
New Mexico
4. 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.

[License-Verification-Report_202](#) [REDACTED]

APN Application - Certification and Qualifications

Online Application - Certification & Qualifications

5. 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.

[License-Verification-Report_](#) [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

6. Do you hold licensure as an Advanced Practice Nurse (APN) in any other states or territories?
Yes

APN Application - Other APN Designations if Yes

Online Application - Active Licensure and Practice

7. You must list ALL states or territories in which you have ever been recognized as an APN.

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Katherine Knauber-Ferriegel	New Mexico	CNM	685	Active	09/22/2014	12/31/2023	No	
Katherine Knauber-Ferriegel	Oregon	Certified Nurse Practitioner	201391682NP-PP	Expired	08/15/2013	12/25/2015	No	

Application - Applicant Information

Application | Applicant Information

8. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.
No

9. What is your Date of Birth?

[REDACTED]

EMAIL NOTICE:

Email is our primary form of communication for any and all information related to your application(s) and/or license(s). To ensure you are receiving our communications, please check the following:

- Your email address is up to date
- Add no-reply@www.colorado.gov and dpo-no-reply@state.co.us to your email client "safe senders" list.

Application - Military

Application | Military

12. Are you an active member of the U.S. Military, National Guard or Military Reserves?
No

13.

- If yes to the above, what branch of the military are you currently serving in?

14.

- If yes to the above, what is the Duty Station you are located at?

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

No

16.

- If yes to the above, what was the date of your discharge from the U.S. Military?

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

No

APN Application - Professional Liability Insurance

Online Application - Professional Liability Insurance

27. 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.

28. 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 Nevada 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.

29. Street Address:
1424 Dartmouth Dr. NE

30. City:
Albuquerque

31. State:
New Mexico

32. Zip:
87106

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.

33. By entering your full legal name below you attest that you have read and understand the above information.
Katherine Knauber-Ferriegel

34. Please enter today's date:
08/02/2022

Healthcare Profile - Compact Certified Nurse Midwife Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your COMPACT CERTIFIED NURSE MIDWIFE - 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

35. 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

36. Practice Locations:

Address	City	State	Zip Code	Phone Number
701 San Mateo Blvd NE	Albuquerque	New Mexico	87108	505-265-9511

Healthcare Profile - Nursing Education and Training

Healthcare Professions Profile | Education and Training

37. School or Education Level:

Masters Degree

38. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*
2013

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

39. 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

40. Other Licenses:

State	License Status	Year Originally Issued
Oregon	Expired	2013

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

41. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Nursing Board Certifications if Yes

Healthcare Professions Profile | Board Certifications

42. Board Certifications:

Certification
American Midwifery Certification Board

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

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

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

45. 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

47. 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

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

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

51. 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

52. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Planned Parenthood of the Rocky Mountains	7155 E. 38th Ave	Denver	Colorado	80207	(303) 321-2458

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

53. 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

55. 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

57. 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

59. 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

61. 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

63. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

66. 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

68. 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

70. 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

72. Optional Narrative:

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.

73. Submission Date:
08/02/2022

Review

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- 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.



New Mexico Department of Health

Online License Verification



These search results were executed at 3:40 PM on 9/8/2022

Search Results	
Name	Knauber-Ferriegel, Katherine
Title	Certified Nurse Midwife (CNM)
License #	685
Issue Date	09/22/2014
Expiration Date	12/31/2023
Current License Status	Active

This verification provides current data received by the New Mexico Department of Health (NMDOH)/Midwifery Licensing Program. The NMDOH/Midwifery Licensing Program constitutes a primary source verification of midwife licensure status in New Mexico. The verification data are updated daily. There will be a minimum delay between the date the license is issued, reviewed or updated and available for verification on this web site. No responsibility is assured or implied for errors or omissions created by inadvertent omissions, and/or data entry, and/or technical difficulties. For information regarding those categories not included on the database and/or concerns about transmission errors, inconsistencies or other data issues that may be identified from time to time, contact the NMDOH/Midwifery Licensing Program.

Verification of Licensure

Oregon State Board of Nursing

17938 SW Upper Boones Ferry Road
Portland, Oregon 97224-7012
Fax: 971-673-0684
E-Mail: [REDACTED]



Subject to Terms and Conditions

Information current as of: 09/08/2022

Query Time: 9/8/2022 3:41:53 PM

[Return to Search](#)

Print

This site is a primary source for verification credentials.

Licensee: Knauber Ferriegel, Katherine Leigh

Gender: Female

City: Eugene

State: OR

LICENSES

License Number	Type	License Issued	Current Status	Date Last Renewed	License Expiration Date
201391431RN	RN	08/07/2013	Expired	11/29/2013	12/25/2015
201391682NP-PP	NP-PP Nurse Midwife	08/15/2013	Expired	11/29/2013	12/25/2015

[Click here for explanation of License Status](#)

BOARD ORDERS

No disciplinary actions on record.

[Click here for explanation of Order Types](#)

NATIONAL CERTIFICATION

Certifying Body	APRN Role	Certification Number	Certification Expires	Last Verified
AMCB	Nurse Midwife	CNM1461	12/31/2018	08/08/2013

[Show License Abbreviation Key](#)

National Certifying Body
AACN - American Association of Critical Care Nurses
AANP - American Association of Nurse Practitioner Certification Program
AMCB - American Midwifery Certification Board
ANCC - American Nurses Credentialing Center
NCC - National Certification Corporation
PNCB - Pediatric Nursing Certification Board
NBCRNA - National Board on Certification and Recertification of Nurse Anesthetist

OSBN Discipline -Copies of public documents associated with OSBN disciplinary actions taken against a specific licensee after August 2010 are available online. Copies of disciplinary actions prior to that date may be obtained by written request. You may e-mail your request to

Or, you may FAX your request, addressed to OSBN Record Requests to OSBN Records, to 971-673-0684. Please include the licensee's name and license number (if available), along with your name, company (if applicable), mailing address, phone number and FAX number or e-mail address.

Licensee Details

Demographic Information

Title:	First:	Katherine	Middle:	Last:	Knauber-Ferriegel	Suffix:
DOB:	SSN:	Gender:	Female	POB:		
Citizenship Status:				Ethnicity:	Home State:	
Name:	Katherine Knauber-Ferriegel			Owner:		
FEIN:			MID #:		Type:	

Address Information

License Information

DBA:				
Lic #:	CS00220934	Profession:	Pharmacy	Type: Controlled Substance
Status:	Active	Issued:	10/8/2014	Expiry: 12/31/2023
Reason:	License Renewal	Date:	8/12/2022	Renewed: 8/12/2022
Method:	Application	State:		Country:
Appealed:		Result:		Effective:
				Secondary:
				Effective: 10/8/2014
				Deg. Suff:
				LOA Issue:
				LOA Expiry:

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

No Education Information

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

Dea No:	Drug Schedule 1:	No	Drug Schedule 2:	Yes	Drug Schedule 2n:	Yes	
Drug Schedule 3n:	Yes	Drug Schedule 4:	Yes	Drug Schedule 5:	Yes	Drug Schedule 3:	Yes

Respondent License Information

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No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

Alias:

Related Documents

No Related MLO Documents

Course	Title	Credit Hours	Category	Date Completed
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CE Status

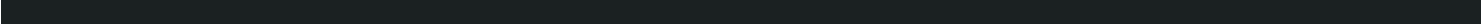
Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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Prior Cycle CE Courses

Course	Title	Credit Hours	Category	Date Completed
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Prior CE Cycle Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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Verification Report

Printed for COLORADO on 08/10/2022
Acknowledged on 08/10/2022 by twarner

Personal Information

NCSBN ID	SSN	Name (Reporting Jurisdiction)	DOB (Reporting Jurisdiction)
██████	██████ (ALL)	MS. KNAUBER-FERRIEGEL, KATHERINE LEIGH (NM,NV) KNAUBER FERRIEGEL, KATHERINE LEIGH (OR)	██████ (ALL)

Licenses

License	Date of Licensure	Expiration Date	License Status	Licensure Basis	Initial Licensure	Exam	Member Board Notifications
NM RN RN-72332 Multistate	01/01/2022	12/31/2023	ACTIVE	Exam	10/29/2010	Yes	
NV RN TEMP857311 Single State	07/13/2022	01/12/2023	ACTIVE	Endorsement	07/13/2022		YES
OR RN 201391431RN Single State	11/29/2013	12/25/2015	NOT ACTIVE	Endorsement	08/07/2013		

Member Board Notification

License	Notification Type	Notification Details
NV RN TEMP857311 Single State	Temporary License/Permit (as of 07/13/2022)	This is a temporary license/permit and is unavailable for verification for endorsement purposes.

Address Information

Juris.	Address	City	State	Zip	Country
NM	1424 DARTMOUTH DRIVE NORTHEAST	ALBUQUERQUE	NM	87106	USA
NM	1605 RICHMOND DR NE	ALBUQUERQUE	NM	87106	USA
NM	7133 KIOWA AVE NE	ALBUQUERQUE	NM	87110	USA
NV	1424 DARTMOUTH DR. NE	ALBUQUERQUE	NM	87106	USA
OR	907 W 11TH AVE APT 1	EUGENE	OR	97402	USA

Education Information

Juris.	School Name	Graduation Date	Program	Degree	City	State
NM	UNIVERSITY OF NM	08/23/2010	RN	Bachelors		NM
NV	UNIVERSITY OF NEW MEXICO - BS	08/10/2010	RN	Bachelors	Albuquerque	NM
OR	UNIVERSITY OF NEW MEXICO - BS	08/23/2010	RN	Bachelors		

Discipline Information

No discipline records for this individual

Discipline On Other License Types

No discipline records on other license types for this individual

NCLEX Registration Data

Personal data provided by applicant at the time of NCLEX registration for RN exam taken on 10/28/2010

NCSBN ID (NCLEX ID) [REDACTED]	Date of Birth [REDACTED]	Education Program Code US36505800UNIVERSITY OF NEW MEXICO - BS
Name KNAUBER-FERRIEGEL, KATHERINE LEIGH	SSN [REDACTED]	Graduation Date 08/2010
Alias Not Supplied	Gender FEMALE	Exam Type [REDACTED]
Maiden Name Not Supplied	Ethnicity Not Supplied	Exam Date [REDACTED]
Mother's Maiden Name KNAUBER		Registered with CGFNS Not Supplied
Address 7133 KIOWA NE ALBUQUERQUE, NM 87110		CGFNS ID Number Not Applicable
		Applicant Made Eligible By NEW MEXICO

Individual was Educated in UNITED STATES (USA).

NOTE: This information provided via NCLEX department combines personal data, supplied by the applicant to the board on 10/28/2010 during the exam eligibility process, with exam registration data taken. This is not a license verification report.

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

Verification Report

Primary Source Board of Nursing Report Summary for

KATHERINE KNAUBER-FERRIEGEL

Monday, August 01 2022 03:32:39 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
KNAUBER-FERRIEGEL, KATHERINE LEIGH	RN	RN-72332	Active	10/29/2010	12/31/2023	Multistate	NO

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

- **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 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.
- [More information about the Nurse Licensure Compact \(NLC\)](#)

CREDENTIAL STATUS HISTORY SUMMARY

Name: Katherine Leigh Knauber-Ferriegel

License: Compact Certified Nurse Midwife - C-RXN C-RXN.0002425-C-CNM

License Status: Active

License Status Reason: CURRENT

First Issuance date: 09/09/2022

License expiration date: 09/30/2024

Date: 2/29/2024

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

Status	Reason	Date Changed	User
Active	CURRENT	09/09/2022	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	09/09/2022	Automated
Pending Specialist Secondary Review	PENDING SPECIALIST SECONDARY REVIEW	09/09/2022	Automated
Application Incomplete	APPLICATION INCOMPLETE	09/08/2022	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

CREDENTIAL STATUS HISTORY SUMMARY

Name: Katherine Leigh Knauber-Ferriegel

License: Compact Certified Nurse Midwife - C-APN C-APN.0004418-C-CNM

License Status: Active

License Status Reason: CURRENT

First Issuance date: 08/11/2022

License expiration date: 09/30/2024

Date: 2/29/2024

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

Status	Reason	Date Changed	User
Active	CURRENT	08/11/2022	Automated
Pending	QUALITY ASSURANCE	08/11/2022	Automated
Pending	INTERNAL CONTROL APPROVAL	08/11/2022	Automated
Application Incomplete	APPLICATION INCOMPLETE	08/10/2022	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

