

Advanced Practice Registered Nurse: Certified Nurse Practitioner/Clinical Nurse Specialist Formulary

New Mexico Nurse Practitioner Council and Clinical Nurse Specialist Task Forces
Revised May 2017, May 2023

INTRODUCTION

The New Mexico Board of Nursing requires APRNs, nurse practitioners (CNP 16.12.2.12. L(5)(b) Formulary) and clinical nurse specialists (CNS 16.12.2.14.J(5)(b) Formulary) to maintain a formulary :

- *It is the CNP's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNP's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNP. Licensees may be subject to disciplinary action by the board of nursing if non-compliant with the audit.*
- *It is the CNS's responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the formulary are those relevant to the CNS's specialty and practice setting. The board of nursing reserves the right to audit the formulary of the CNS. Licensees may be subject to disciplinary action by the board of nursing if non-compliant with the audit.*

The New Mexico Nurse Practitioner Council developed this formulary based on pharmacologic categories.¹ The NMNPC shares this with their CNS colleagues. In those cases where a category includes only one or two drugs, the formulary lists those individual drugs alphabetically at the end of the category listing (alphabetic structure disregards hyphens throughout entire document). This formulary is one option to meet the requirement referenced above; NPs and CNSs may choose to use this or any other formulary they determine meets their individual needs and/or requirements.

Use of this formulary indicates understanding and acceptance of the following:

- The NM Nursing practice Act requires CNPs and CNSs to maintain a formulary and to comply with an audit of their formulary.
- Users will mark only those pharmacologic categories that include drugs relevant to their specialty and practice setting.
- Pharmacology is a developing science. Users should review this formulary periodically to keep it relevant to their current practice and note the date of each review below their signature. Additionally, users should date all additions, deletions or other changes made during each review.
- Some pharmacologic categories include controlled substances; prescribing those substances requires federal DEA licensure and a New Mexico state controlled substances license. It is the user's responsibility to maintain compliance with this requirement.
- Prescribers must maintain appropriate knowledge about drugs, including (but not limited to) proper dosing, route of administration, contraindications, drug interactions and controlled substance status.
- This formulary may not be all-inclusive, given the many ways drugs may be categorized; users are responsible for adding any necessary categories and/or drugs they prescribe in their practice.
- Categories are inclusive of available combination agents.
- This formulary is not inclusive of over-the-counter (OTC) or herbal therapies and does not preclude prescription of those agents.

¹Reference: 2017 Wolters Kluwer Clinical Drug Information, Inc. Lexicomp® (Lexi-Drugs, Pharmacologic Category). Version: 4.0.1.

PERSONAL INFORMATION

NAME Kate Wilhoit Schnieder

CNP NM LICENSE #

SPECIALTY Women's Health

PRACTICE SETTING Ambulatory Care Clinic

CERTIFICATION 1 WHNP

CERTIFICATION 2

CERTIFICATION AGENCY NCC

CERTIFICATION AGENCY

NUMBER 104373714

NUMBER

EXPIRATION DATE Sept 15, 2026

EXPIRATION DATE

CERTIFICATION 3

CERTIFICATION 4

CERTIFICATION AGENCY

CERTIFICATION AGENCY

NUMBER

NUMBER

EXPIRATION DATE

EXPIRATION DATE

My signature below indicates that I have carefully reviewed this formulary and included only the categories and/or individual drugs relevant to my specialty and practice setting in this formulary.

Signature Kate W Schneider WHNP

Reviewed:

Date 8/10/23 Initials KWS

Date Initials

Date Initials

Date Initials

Date Initials

FORMULARY

NUMERICAL

- ☐ 5 Alpha-Reductase Inhibitors
- ☐ 5-Aminosalicylic Acid (ASA) Derivatives

A

- x☐ Abortifacients
- ☐ Acetylcholinesterase Inhibitors
- ☐ Acne Products
- ☐ Adrenergic Agonist Agents
- ☐ Aldosterone antagonist
- ☐ Alkalinizing Agents
- ☐ Alkylamine Derivatives
- ☐ Allergen-Specific Immunotherapy
- ☐ Alpha₂-Adrenergic Agonists
- ☐ Alpha-Adrenergic Agonists
- ☐ Alpha-/Beta Agonists
- ☐ Amebicides
- ☐ Ammonium Detoxicant
- ☐ Amphetamines/Dextroamphetamines
- ☐ Analgesics, Non-opioid
- ☐ Analgesics, Opioid
- ☐ Androgens
- x☐ Anesthetics – may include local and topical
- ☐ Angiotensin-converting enzyme inhibitors
- ☐ Angiotensin receptor blocker/neprilysin inhibitors
- ☐ Angiotensin receptor blockers
- ☐ Anorexiant
- ☐ Antacids
- ☐ Antiaddiction agents
- ☐ Antiandrogens
- ☐ Antianginal Agents
- ☐ Antiarrhythmic Agents – may include Class I, Class II, Class III, Class IV, and miscellaneous agents
- x☐ Antibacterial Agents
- x☐ Antibiotic Agents
- ☐ Antibiotic/Corticosteroid Combinations
- ☐ Antibody, Monoclonal
- ☐ Antibody, Polyclonal
- ☐ Anticholinergic Agents
- ☐ Anticoagulants
- ☐ Anticonvulsants
- ☐ Anticystine Agents
- ☐ Antidepressants
- ☐ Antidiabetic Agents
- ☐ Antidiarrheals
- ☐ Antidiuretic Hormone (ADH) Analog
- ☐ Antidotes
- x☐ Antiemetics
- ☐ Antifibrinolytic Agents
- ☐ Antiflatulents
- ☐ Antifungal Agents
- ☐ Antigout Agents
- ☐ Anthelmintics
- ☐ Antihemophilic Agents
- ☐ Antihepacivirals (Anti-HCV)
- ☐ Antihepadnavirals (Anti-HBV)
- ☐ Antihypertensive Agents
- ☐ Anti-inflammatory Agents
- ☐ Antilipemic Agents

- ☐ Antimalarial Agents
- ☐ Antimanic Agents
- ☐ Antimigraine Agents
- ☐ Antineoplastic Agents
- ☐ Antiparasitic Agents
- ☐ Anti-Parkinson Agents
- ☐ Antiplatelet Agents
- ☐ Antiprotozoals
- ☐ Antipsoriatic Agents
- ☐ Antipsychotics – including typical and atypical
- ☐ Antiretroviral (Anti-HIV) Agents
- ☐ Antirheumatic Agents
- ☐ Antiseptics
- ☐ Antispasmodic Agents
- ☐ Antiplatelet Agents
- ☐ Antithyroid Agents
- ☐ Antitoxins
- ☐ Antitrypsin Deficiency Agent
- ☐ Antitubercular Agents
- ☐ Antitussives
- ☐ Antivenin
- ☐ Antiviral Agents
- ☐ Anxiolytic Agents
- ☐ Appetite Stimulants
- ☐ Aromatase inhibitors
- ☐ Astringents

B

- ☐ Barbiturates
- ☐ Benzodiazepines
- ☐ Beta₂ Agonists
- ☐ Beta₂-Adrenergic Agonists
- ☐ Bile Acids
- ☐ Biological Response Modulators
- ☐ Bipolar agents
- ☐ Bisphosphonate Derivatives
- ☐ Blood glucose regulators
- ☐ Blood products
- ☐ Blood Product Derivatives
- ☐ Bronchodilators

C

- ☐ C1 Esterase Inhibitors
- ☐ Calcium Channel Blockers
- ☐ Calcium Salts
- ☐ Caloric Agents
- ☐ Carbonic Anhydrase Inhibitors
- ☐ Cardiovascular agents
- ☐ Catecholamines
- ☐ Central Nervous System Stimulants
- ☐ Chelating Agents
- ☐ Chemoprotective Agents
- ☐ Chloride channel activators
- ☐ Cholinergic Agonists
- ☐ Cholinesterase inhibitor
- ☐ COMT (catechol-O-methyltransferase) inhibitors
- ☐ Contraceptives
- ☐ Contrast Agents
- x☐ Corticosteroids

- ☐ Cosmetic Agent, Implants
- ☐ Cystic fibrosis transmembrane conductance regulator modulators
- ☐ Cytochrome P-450 Inhibitors

D

- ☐ Decongestants
- ☐ Dental Gases
- ☐ Dermal Fillers
- ☐ Dermatological agents
- ☐ Diagnostic Agents
- ☐ Dietary Supplements
- ☐ Digestive enzymes
- ☐ Diuretics

E

- ☐ Electrolyte Supplements
- ☐ Emergency (ACLS, PALS, NRP, ALSO, RSI)
- ☐ Enzymes
- ☐ Ergot Derivatives
- x ☐ Estrogens
- ☐ Expectorants

F

- ☐ Fibrates
- ☐ Fibrinolytic Agent

G

- ☐ Gastrointestinal Agents
- x ☐ Genitourinary agents
- ☐ Genitourinary Irrigants
- ☐ Glucose
- ☐ Glycopeptides
- ☐ Gonadotropin Agents
- ☐ Gonadotropin-Releasing Hormone Agonists
- ☐ Gonadotropin-Releasing Hormone
- ☐ Growth Hormones

H

- ☐ Hemostatic Agents
- ☐ Histamine Antagonists
- x ☐ Hormonal agents
- ☐ Hypertonic Saline
- ☐ Hypnotic Agents

I

- ☐ Immune Globulins
- ☐ Immunological agents
- ☐ Immunomodulator Agents
- ☐ Immunosuppressant Agents
- ☐ Infertility agents
- ☐ Inflammatory Bowel disease agents
- ☐ Inotropes
- ☐ Insulins
- ☐ Interferon
- ☐ Interleukin Inhibitors
- ☐ Interleukin Receptor Antagonists
- ☐ Intravenous Nutritional Therapy/Intralipids

- ☐ Iodinated Contrast Media
- ☐ Iron Salts

K

- ☐ Keratolytic Agents

L

- ☐ Laxatives
- ☐ Leukotriene Receptor Antagonists
- ☐ Lipoxygenase Inhibitor
- ☐ Lung Surfactant

M

- ☐ Magnesium Salt
- ☐ Mast Cell Stabilizers
- ☐ Medical Foods/ Medical Nutrition Therapy
- ☐ Medical Gases, including Oxygen
- ☐ Metabolic bone disease agents
- ☐ Metals
- ☐ Mineral corticoid receptor agonist
- ☐ Minerals
- ☐ Mood stabilizers
- ☐ Mucolytics
- ☐ Muscarinic agonists
- ☐ Muscarinic antagonists
- ☐ Muscle relaxants
- ☐ Mydriatics

N

- ☐ N-Methyl-D-Aspartate (NMDA) Receptor Antagonists
- ☐ Neprilysin inhibitor
- ☐ Neuromuscular Blocker Agents
- ☐ Neurotoxins
- ☐ Nicotine replacement products
- x ☐ Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
- ☐ Nutritional Supplements/Medical Nutrition Therapy

O

- ☐ Ophthalmic Agents
- ☐ Opioid Antagonists
- ☐ Otic Agents
- ☐ Ovulation Stimulators
- ☐ Oxygen

P

- ☐ Parathyroid Hormone Analogs
- ☐ Pediculocides
- ☐ Phosphate Binders
- ☐ Phosphodiesterase Enzyme Inhibitors
- ☐ Plasma Volume Expanders, Colloid
- ☐ Potassium Binders
- ☐ Probiotics
- x ☐ Progestins
- ☐ Prostacyclins
- ☐ Prostaglandins
- ☐ Protectants, Topical
- ☐ Proton Pump Inhibitors

R

- ☐ Radiological/Contrast Media
- ☐ Radiopharmaceuticals
- ☐ Respiratory Stimulants
- ☐ Respiratory tract agents
- ☐ Recombinant human DNase
- ☐ Retinoic Acid Derivatives

S

- ☐ Salicylates
- ☐ Scabicial Agents
- ☐ Sclerosing Agents
- ☐ Selective Estrogen Receptor Modulators (SERMs)
- ☐ Selective serotonin agonists
- ☐ Sexual disorder agents
- ☐ Skeletal Muscle Relaxants
- ☐ Skin and Mucous Membrane Agents
- ☐ Sleep disorder agents
- ☐ Smoking Cessation Aids
- ☐ Sodium-glucose transport protein 1
- ☐ Sodium-glucose transport protein 2- Inhibitor and analogs
- ☐ Somatostatin Analogs
- ☐ Stimulants
- ☐ Sympathomimetics

T

- ☐ Thrombolytic Agents
- ☐ Thyroid Products
- x☐ Topical Skin Products
- ☐ Total Parenteral Nutrition
- ☐ Trace Elements, Parenteral
- ☐ Tumor Necrosis Factor (TNF) Blocking Agents

U

- ☐ Urea Cycle Disorder (UCD) Treatment Agents
- x☐ Urinary Tract Products

V

- x☐ Vaccines
- ☐ Vasodilators
- ☐ Vitamins
- ☐ Vitamin D Analogs

INDIVIDUAL DRUG LIST

Most drugs listed below are the only agent (or one of only two agents) in a category. A few drugs listed below may be one of many in a category but have a specific therapeutic use not shared by other drugs in that category.

- ☐ acamprosate (GABA Agonist/Glutamate Antagonist)
- ☐ allopurinol (Xanthine Oxidase Inhibitor)
- ☐ alosetron (Selective 5-HT₃ Receptor Antagonist)
- ☐ atomoxetine (Norepinephrine Reuptake Inhibitor, Selective)
- ☐ barium (Radiopaque Agent)
- ☐ becaplermin (Growth Factor, Platelet-Derived)
- ☐ belatacept (Selective T-Cell Costimulation Blocker)
- ☐ betaine (Homocystinuria, Treatment Agent)
- ☐ cinacalcet (Calcimimetic)
- ☐ collagenase (Debridement Agent, Topical, Enzyme)
- ☐ conivaptan (Vasopressin Antagonist)
- ☐ dalfampridine (Potassium Channel Blocker)
- ☐ denosumab (Bone-Modifying Agent)
- ☐ deoxycholic acid (Lipolytic)
- ☐ desmedetomidine (Sedative)
- ☐ desmopressin (Vasopressin Analog, Synthetic)
- ☐ digoxin (Cardiac Glycoside)
- ☐ disulfiram (Aldehyde Dehydrogenase Inhibitor)
- ☐ ecallantide (Kallikrein Inhibitor)
- ☐ fingolimod (Sphingosine 1-Phosphate [S1P] Receptor Modulator)
- ☐ flibanserin (Mixed 5-HT_{1A} Agonist/5-HT_{2A} Antagonist)
- ☐ gabapentin (GABA Analog)
- ☐ glatiramer (Biological, Miscellaneous)
- ☐ glutamine (Amino Acid)
- ☐ hydroquinone (Depigmenting Agent)
- ☐ icatibant (Selective Bradykinin B₂ Receptor Antagonist)
- ☐ icodextrine (Adhesiolytic; Peritoneal Dialysate)
- ☐ isoproterenol (Beta₁/Beta₂ Agonist)
- ☐ ivabradine (Cardiovascular Agent, Miscellaneous)
- ☐ ivacaftor (Cystic Fibrosis Transmembrane Conductance Regulator Potentiator)
- ☐ leucovorin/levoleucovorin (Chemotherapy Modulating Agent)
- ☐ methoxsalen (Psoralen)
- ☐ methylene blue (Phenothiazine Derivative)
- ☐ metreleptin (Leptin Analog)
- ☐ metyrosine (Tyrosine Hydroxylase Inhibitor)
- ☐ midodrine (Alpha₁ Agonist)
- x☐ mifepristone (Cortisol Receptor Blocker)
- ☐ mipomersent (Antihyperlipidemic Agent, Apolipoprotein B Antisense Oligonucleotide)
- ☐ mirabegron (Beta₃ Agonist)
- ☐ nesiritide (Natriuretic Peptide, B-type, Human)
- ☐ nimodipine (Calcium Channel Blocker)
- ☐ nintedanib (Tyrosine Kinase Inhibitor)
- ☐ nitisinone (4-Hydroxyphenylpyruvate Dioxygenase Inhibitor)
- ☐ obeticholic acid (Farnesoid X Receptor [FXR] Agonist)
- ☐ oprelvekin (Human Growth Factor)
- ☐ orlistat (Lipase Inhibitor)
- ☐ oxytocin (Oxytocic Agent)
- ☐ oxymetholone (Anabolic Steroid)
- ☐ palifermin (Keratinocyte Growth Factor)
- ☐ panhematin (Blood Modifier)
- ☐ pentoxifylline (Blood Viscosity Reducer Agent)
- ☐ pinaverium (Calcium Channel Antagonist, Gastrointestinal)
- ☐ pirfenidone (Antifibrotic Agent)
- ☐ pizotifen (Serotonin and Histamine Antagonist)
- ☐ potassium acid phosphate (Urinary Acidifying Agent)

- ☐ probenecid (Uricosuric Agent)
- ☐ protein C concentrate, human (Protein C)
- ☐ prucalopride (Serotonin 5-HT₄ Receptor Agonist)
- ☐ quinagolide (Hyperprolactinemia Agent, Dopamine [D2] Agonist)
- ☐ riluzole (Glutamate Inhibitor)
- ☐ riociguat (Soluble Guanylate Cyclase (sGC) Stimulator)
- ☐ ruxolitinib (Janus Associate Kinase Inhibitor)
- ☐ sacubitril and valsartan (Neprilysin Inhibitor)
- ☐ sodium oxybate (Central Nervous System Depressant)
- ☐ sulfonated phenolics and sulfuric acid (Aphthous Ulcer Treatment Agent)
- ☐ teduglutide (Glucagon-Like Peptide 1 [GLP-2])
- ☐ tegaserod (Serotonin 5-HT₄ Receptor Agonist)
- ☐ teriflunomide (Pyrimidine Synthesis Inhibitor)
- ☐ tetrabenazine (Central Monoamine Depleting Agent)
- ☐ tolvaptan (Vasopressin Antagonist)
- ☐ uridine triacetate (Endocrine and Metabolic Agent, Miscellaneous)
- ☐ ursodiol (Gallstone Dissolution Agent)
- ☐ vasopressin (Antidiuretic Hormone Analog; Hormone, Posterior Pituitary)
- ☐ zileuton (5-Lipoxygenase Inhibitor)

**ADDITIONAL CATEGORIES AND/OR INDIVIDUAL DRUGS ALSO
BASED ON EDUCATION, TRAINING, AND CERTIFICATION:**



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Kate Wilhoit Schneider	Fort Collins, CO 80521-1439

Credential Information

License Number	License Method	License Type	Specialty	License Status	Original Issue Date	Effective Date	Expiration Date
APN.0995816-NP	Original	Nurse Practitioner - APN	Women's Health/Gender Specific	Active	08/27/2020	10/01/2021	09/30/2023

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Kate Wilhoit Schneider	RN.0166716	08/27/2020	AVP Predicate
Supervises	Kate Wilhoit Schneider	RXN.0104957-NP	08/27/2020	RX Predicate

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	Public Address
Kate Wilhoit Schneider	Fort Collins, CO 80521-1439

License Information

To become licensed in Colorado, all Registered Nurses must submit proof of successful completion of an Approved Nursing Education Program and proof of passing the NCLEX examination or its approved predecessor.

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date	Primary State of Residence	Nurse Compact Designation
RN.0166716	Examination	Registered Nurse	Active	02/19/2004	10/01/2021	09/30/2023	CO	Multi-State

Authority Information

Authority Number	Authority Type	Original Issue Date	Effective Date	Expiration Date
APN.0995816-NP	Nurse Practitioner - APN	08/27/2020	10/01/2021	09/30/2023

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.



Student No:14118928

Date Issued:11-AUG-2023 OFFICIAL

Record of : Kate Wilhoit Schneider

Current Name:Kate Wilhoit Schneider

629 N Sunset St
Fort Collins, CO 80521-1439

Issued To : NEW MEXICO STATE BOARD OF NURSING

Course Level : Graduate Quarter

Only Admit: Fall Quarter 15-16
Last Admit: Fall Quarter 15-16

Current Program

Degree : Master of Science in Nursing
College : Nursing & Health Professions

Major:
Nursing

Maj/Concentration:

Women's Hlth/Gender Related NP

Degree Information:

Degree Awarded Master of Science in Nursing 13-JUN-2020

Major:
Nursing

Maj/Concentration:

Women's Hlth/Gender Related NP

Subj	No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

Fall Quarter 15-16

Nursing

NURS 500	Confront Iss in Cont Hlth Care	3.00	B+	9.99
NURS 548	Advanced Pathophysiology	3.00	W	0.00

Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	9.99	3.33

Good Standing

Winter Quarter 15-16

Nursing

NURS 548	Advanced Pathophysiology	3.00	B	9.00
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Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	9.00	3.00

Good Standing

Spring Quarter 15-16

Nursing

NURS 502	Advanced Ethics	3.00	A+	12.00
NURS 549	Advanced Pharmacology	3.00	A-	11.01

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	6.00	23.01	3.83

Good Standing

Fall Quarter 16-17

Nursing

NURS 539	Holistic Living for Caregiver	3.00	A	12.00
NURS 635	Spirituality in Hospice Care	3.00	A+	12.00

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	6.00	24.00	4.00

Good Standing

Winter Quarter 16-17

Nursing

Subj	No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

CIT 513	Yoga/Enlightened Practitioner	3.00	A	12.00
NURS 544	Quality & Safety in Healthcare	3.00	A-	11.01

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	6.00	23.01	3.83

Good Standing

Spring Quarter 16-17

Nursing

RSCH 503	Research Methods	3.00	B	9.00
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Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	9.00	3.00

Good Standing

Fall Quarter 17-18

Nursing

RSCH 504	Eval & Tnslation of Hlth Rsch	3.00	A-	11.01
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Earned Hrs	GPA-Hrs	QPts	GPA
3.00	3.00	11.01	3.67

Good Standing

Winter Quarter 17-18

Nursing

NURS 680	WHNP Primary Care	3.00	A-	11.01
NURS 682	WHNP Pharmacology	3.00	A-	11.01

Earned Hrs	GPA-Hrs	QPts	GPA
6.00	6.00	22.02	3.67

Good Standing

Spring Quarter 17-18

Nursing

NURS 550	Adv Hth Assess & Diag Reas	4.00	A	16.00
NURS 664	NP Role Development	1.00	A+	4.00

Earned Hrs	GPA-Hrs	QPts	GPA
5.00	5.00	20.00	4.00

Good Standing

Summer Quarter 17-18

Nursing

NURS 690	WHNP: Gyn 1	5.00	B-	13.35
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Earned Hrs	GPA-Hrs	QPts	GPA
5.00	5.00	13.35	2.67

On Probation

Summer Quarter 18-19

Nursing

NURS 690	WHNP: Gyn 1	5.00	A-	18.35
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Earned Hrs	GPA-Hrs	QPts	GPA
5.00	5.00	18.35	3.67

Continued On Probation

Fall Quarter 19-20

Nursing

NURS 691	WHNP II: Complex Gyn Issues	5.00	B	15.00
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Student No:14118928

Date Issued:11-AUG-2023 OFFICIAL

Subj	No.	Title	Cred	Grade	Pts	R
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INSTITUTION CREDIT:

Earned Hrs	GPA-Hrs	QPts	GPA
5.00	5.00	15.00	3.00

Good Standing

Winter Quarter 19-20

Nursing

NURS 692 WHNP III: Low Risk Obstetrics 5.00 A 20.00

Earned Hrs	GPA-Hrs	QPts	GPA
5.00	5.00	20.00	4.00

Good Standing

Spring Quarter 19-20

In response to COVID-19, optional P/NP and P*/NP* grading was adopted for the Spring Quarter.

Nursing

NURS 693 WHNP IV: High Risk Obstetrics 5.00 A 20.00

Earned Hrs	GPA-Hrs	QPts	GPA
5.00	5.00	20.00	4.00

Good Standing

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	66.00	66.00	237.74	3.60
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	66.00	66.00	237.74	3.60
-----END OF TRANSCRIPT-----				



9/19/2023

Kate Wilhoit Schneider
629 N. Sunset St.
Fort Collins, CO 80521

LICENSE NUMBER : 75820

RE: Certified Nurse Practitioner with Prescriptive Authority

☒ Your application for licensure as a Certified Nurse Practitioner (CNP) in New Mexico is complete. The license can be verified by visiting <https://nmbn.boardsofnursing.org/licenselookup>.

☒ Proof of a current National Certification is **required** to maintain and renew licensure (uploaded into CE Broker).

☒ Evidence of continuing education is required each renewal period.

☐ Licensed in New Mexico Board of Nursing for CNPs, CRNAs & CNS' must provide:

- 5 contact hours related to non-cancer pain management – **for licensees with DEA License**
- A current National Certification will now cover the following CEs
 - 10 contact hours in pharmacology related to APRN practice
 - 5 contact hours related to the APRN's area of specialty
 - 30 contact hours at the APRN and/or RN level

☒ Maintaining a Compact (NLC) Registered Nurse license for CNPs, CRNAs & CNS" must provide:

- 5 contact hours related to non-cancer pain management – **for licensees with DEA License**
- A current National Certification will now cover the following CEs
 - 10 contact hours in pharmacology related to APRN practice
 - 5 contact hours related to the APRN's area of specialty
 - 30 contact hours at the APRN or RN level

☒ Your dangerous drugs prescriptive authority is reflected in the Nurse Portal. Your controlled substance prescriptive authority will be reflected in the Nurse Portal upon receipt of a copy of your state-controlled substance and DEA registrations. As of December 2022, as part of the MATE Act, DEA-registered practitioners are required to complete a one-time eight-hour training prior to initial DEA registration or renewal of existing DEA registration. Please contact the New Mexico Board of Pharmacy for information and application at (505) 222-9830 or www.rld.nm.gov.

☒ Specific requirements related to formularies and requirements related to prescribing and distributing dangerous drugs, including controlled substances, may be found in the Nursing Practice Act and Board of Nursing Rules, which are accessible on the website <https://nmbon.sks.com/laws-rules.aspx>. You will be **required** to submit a formulary as per the rules in your area of specialty.

Respectfully,

New Mexico Board of Nursing



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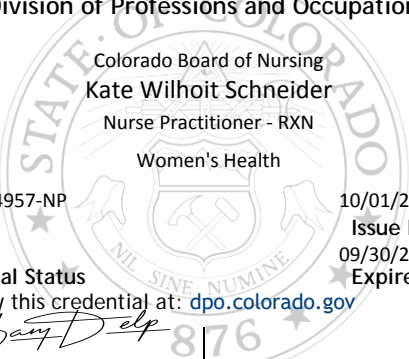
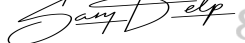
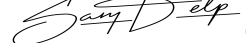
Department of
Regulatory Agencies

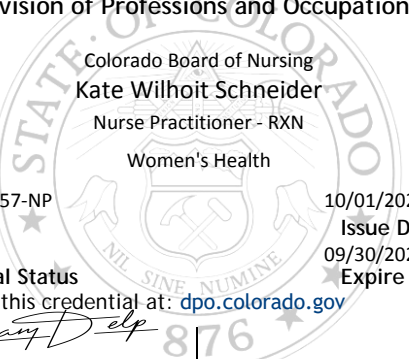
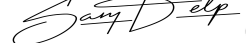
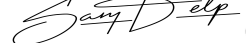
Division of Professions and Occupations

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Colorado Department of Regulatory Agencies Division of Professions and Occupations	
	
Colorado Board of Nursing Kate Wilhoit Schneider Nurse Practitioner - RXN Women's Health	
RXN.0104957-NP Number	10/01/2023 Issue Date
Active Credential Status	09/30/2025 Expire Date
Verify this credential at: dpo.colorado.gov	
	
Division Director: Sam Delp	Credential Holder Signature

Colorado Department of Regulatory Agencies Division of Professions and Occupations	
	
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Colorado Department of Regulatory Agencies Division of Professions and Occupations	Colorado Department of Regulatory Agencies Division of Professions and Occupations
Colorado Board of Nursing Kate Wilhoit Schneider	Colorado Board of Nursing Kate Wilhoit Schneider
Registered Nurse Multi-State	Registered Nurse Multi-State
RN.0166716 10/01/2021	RN.0166716 10/01/2021
Number Issue Date	Number Issue Date
Active 09/30/2023	Active 09/30/2023
Credential Status Expire Date	Credential Status Expire Date
Verify this credential at: dpo.colorado.gov	Verify this credential at: dpo.colorado.gov
	
Acting Division Director: Karen McGovern Credential Holder Signature	Acting Division Director: Karen McGovern Credential Holder Signature



APRN Endorsement Application Instructions**REQUIREMENTS AND INSTRUCTIONS FOR NM APRN: NURSE PRACTITIONER / CLINICAL NURSE / NURSE ANESTHETIST LICENSURE BY ENDORSEMENT**

Please make sure that all of the following items have been checked off before submitting an application to the Board of Nursing. Failure to do so may slow down the licensing process.

1. Complete application and fee
2. Verification directly from the licensing authority you were originally licensed by.
 - Verification forms **MUST** be received directly from the Licensing Authority
3. Official transcript received from the educational program.
 - An APRN education page may be required if the verification of licensure and transcripts do not verify the clinical requirements for prescriptive authority.
4. Current national certification.
 - APRN Nurse Practitioners licensed by any board before December 2, 1985 are not required to hold national certification.
5. Hold an active RN License. If applicable, submit copy of current compact state license with expiration date.

Ensuring you meet the Eligibility Requirements for Prescriptive Authority:

1. Applicable Statutes and Rules
 - **CNP** 61-3-23.2.C-D; 16.12.2.13.N (5)
 - **CNS** 61-3-23.4.C-D; 16.12.2.15.L.(5)
 - **CRNA** 61-3-23.3D-E; 16.12.2.14.M.(5)
2. Verification of 400 hours of work experience in which prescribing dangerous drugs has occurred within the two (2) years immediately preceding the date of the application.
- For individuals who have not fulfilled this requirement must provide documentation of successful completion of 400 hours of prescribing dangerous drugs in a preceptorship
 - CNP-Preceptors must be a licensed CNP, CNS, or physician
 - CNS-Preceptors must be a licensed CNP, CNS or physician
 - CRNA-Preceptors must be a licensed CRNA or physician
- The preceptorship must be completed within six (6) months and a letter of authorization will be issued for the duration of the preceptorship.
3. Complete questions validating practice and requesting prescriptive authority in application
- If you elect not to have prescriptive authority, indicate that. No further action is required.
4. The Board of Nursing will notify the Board of Pharmacy and the Drug Enforcement Agency of your request for prescriptive authority. This occurs even if you choose not to request prescriptive authority for controlled substances.
- The applicant will Contact the Board of Pharmacy and register for a dangerous drug prescribing license after they are licensed by the New Mexico Board of Nursing.
- Applicant must Submit the DEA number to the Board of Nursing

Formulary: it is the APRN Nurse Practitioner responsibility to maintain a formulary of dangerous drugs and controlled substances that may be prescribed; the only drugs to be included in the

formulary are those relevant to the APRN Nurse Practitioner specialty and practice setting. The Board of Nursing reserves the right to audit the formulary of the APRN Nurse Practitioner.

GENERAL INFORMATION

- Incomplete applications or applications lacking required documents delay the processing of the application.
- Only LEGAL name is used for licensure purposes in NM.
- Inaccurate or false information on the application may be grounds for withdrawal of the TL, permit-to-practice or current advanced practice license by the Board.
- NM advanced practice licenses will be aligned with the RN License expiration. License renewals will typically be every two years.
- Applications become NULL and Void if the licensure process is not completed within six months of the date received by the board.
- Applicants who have had disciplinary action taken or pending against a license in another state or who have had a felony conviction may not be issued a temporary license until authorized by the New Mexico Board of Nursing.
- The Board of Nursing does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities.
- Applicants for licensure or certification may request assistance reading and/or completing application documents and other printed materials produced by the Board of Nursing. Hearing impaired persons call TTY (800-659-8331).

PROCEDURE FOR REQUESTING TEMPORARY LICENSE (TL)

- Temporary Licensees are valid for a maximum of six (6) months from the date of application. A Temporary License is not renewable and shall not be copied. It becomes void upon expiration or issuance of the APRN license.
- Temporary Licenses may be issued for endorsees upon written request, provided all requirements for APRN licensure have been met, and proof of national certification has been submitted.

PREREQUISITES FOR APRN NURSE PRACTITIONER LICENSURE

1. Hold a current, valid NM RN license or current compact multi-state RN license.
 - a. **NURSES FROM COMPACT STATES** – Submit a copy of the Compact RN License. A NM Advanced Practice License will be issued with the same expiration date as the Compact RN License.
2. Successfully complete a graduate level nursing program designed for the education and preparation of nurse practitioners as providers of primary, and/or acute, and/or chronic, and/or long-term, and/or end of life health care.
 - a. The program must be offered through an accredited institution of higher education or through the armed services. If the applicant is initially licensed by any board of nursing including the NM Board after January 1, 2001, the program must be at the master's level or higher.

- b. Applicants who do not hold a master's level or higher degree from a nurse practitioner program and were initially licensed by any board before January 1, 2001 must provide verification of NP licensure.
3. Evidence of national certification as a nurse practitioner. Applicants licensed by any board before December 2, 1985 are not required to hold national certification.
4. Applicants may be considered for licensure if satisfactory evidence can be provided of at least two years nurse practitioner experience in another jurisdiction.
5. APRN Nurse Practitioners who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in the attached rules 16.12.2.13 N (5) (a).

Note: Applicants who do not hold a Masters or higher degree from a nurse practitioner program must verify licensure by any board before January 1, 2001. Send an additional endorsement request form to state who can verify advanced practice licensure before January 1, 2001. Copies can be made of endorsement form.

PREREQUISITES FOR APRN CLINICAL NURSE SPECIALIST LICENSURE

1. Hold a current, valid NM RN license or current compact multi-state RN license.
 - a. **NURSES FROM COMPACT STATES** – Submit a copy of the Compact RN License. A NM Advanced Practice License will be issued with the same expiration date as the Compact RN License.
2. Successfully complete a graduate level nursing program designed for the education and preparation clinical nurse specialist as providers of primary, and/or acute, and/or chronic, and/or long-term, and/or end of life health care.
 - a. The program must be offered through an accredited institution of higher education or through the armed services
 - b. If the applicant is initially licensed by any board of nursing including the NM Board after January 1, 2001, the program must be at the master's level or higher. Applicants who do not hold a master's level or higher degree from a clinical nurse specialist program and were initially licensed by any board before January 1, 2001 must provide verification of Clinical Nurse Specialist licensure.
3. Evidence of national certification as a clinical nurse specialist.
4. Applicants may be considered for licensure if satisfactory evidence can be provided of at least two years of clinical nurse specialist experience in another jurisdiction
5. APRN who will be requesting prescriptive authority must also comply with the requirements for prescriptive authority as outlined in the attached rules 16.12.2.13 N (5) (a).

Note: Applicants who do not hold a Masters or higher degree from a Clinical Nurse Specialist program must verify licensure by any board before January 1, 2001. Send an additional endorsement request form to the state that can verify advanced practice licensure before January 1, 2001. Copies can be made of the endorsement form.

PREREQUISITES FOR APRN CERTIFIED REGISTERED NURSE ANESTHETIST LICENSURE

1. Hold a current, valid NM RN license or current compact multi-state RN license.

- a. **NURSES FROM COMPACT STATES** – Submit a copy of the Compact RN License. A NM Advanced Practice License will be issued with the same expiration date as the Compact RN License.
2. Successfully complete a Council on Accreditation of Nurse Anesthesia Educational Program nursing program at the graduate level after January 1, 2001
3. Evidence of NBCRNA certification or recertification.

Note: Applicants who do not hold a Masters or higher degree from a CRNA program must verify licensure by any board before January 1, 2001. Send an additional endorsement request form to the state that can verify advanced practice licensure before January 1, 2001. **Copies can be made of the endorsement form.**

Responsibilities of the Applicant

- *Applications submitted in error OR not approved for eligibility are non-refundable. Please be sure to follow the instructions below, step-by-step to avoid submission of an application that is not eligible for processing.*
- *Familiar with all laws and regulations relating to your practice (including those imposed by other entities) and to practice accordingly.*
- *All application requirements are met and documents are received by the NM Board of Nursing prior to the expiration of the application. As of October 1, 2017 applications that are received and incomplete will be considered Null and Void after 6 months.*

License Application Type

License Type:	APRN-CNP
APRN Population Focus/Specialty:	Women's Health/Gender Related
Application Type:	APRN Endorsement Application
Request Temporary License:	No
Please select the license type you are endorsing in:	CNP
Please indicate the Jurisdiction:	COLORADO
Country:	UNITED STATES
Please indicate the license number:	APN.0995816-NP

I I am an active United States military member, or a veteran, spouse, dependent or widow of a United States military member” and

would like the expedited, **single state** license per ULA 61-1-34.

Required documentation due at time of application for a license at no fee; check the appropriate category and upload the required documentation noted below

Response: Does not apply / I am not eligible for Waiver

Available response options:

'Does not apply / I am not eligible for Waiver', 'Active member', 'Spouse', 'Widow', 'Dependent', 'Veteran'

1.1 Are you requesting a temporary Permit?

Response: No

Available response options:

'Yes', 'No'

General Information

Demographic Information

Salutation:	Ms.
Full Legal Name Required:	KATE WILHOIT SCHNEIDER
Marital Status:	Married
Maiden Name:	Wilhoit

Identifying information

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

Contact Information

Residential Address

(Also Mailing Address)	629 N Sunset St Fort Collins CO 80521 UNITED STATES
------------------------	---

Phone Number(s)

Cell: (706) 202-3003 (Primary Phone)

Education History

To record Graduate Nursing Education, select Add Additional Education and Other as the Education Program Type and complete Educational information.

Graduate Nursing Education

Program Type: APRN
Program Name: DREXEL UNIVERSITY COLLEGE OF NURSING
Address: 60 N 36th St
Pennsylvania PA 19104
UNITED STATES
Degree Obtained: Master's Degree-Nursing
Education Status: Graduated
Graduation date: 06/2020

Employment History

Employer

Employment Start Date: 08/16/2021
Employer Name: PPRM
Employer Phone Number: (970) 493-0281
Supervisor Name: Kali Glenn
Supervisor Email Address: kali.glenn@pprm.org
Address: 825 South Shields Street
Fort Collins CO 80521
UNITED STATES

Employment Status *(for statistical purposes only)*

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

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

How many hours do you work during a typical week at all of your employers? 32

Position Description

Please identify the type of setting that most closely corresponds to your **primary** nursing practice position: Ambulatory Care Setting

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

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

Please indicate your primary employer: PPRM

Other Nurse Licenses

Are you licensed or have you ever been licensed in another State or Jurisdiction? Yes

Other Nurse Licenses

Other Nursing License Type: CNP

Other License Number: APN.0995816-NP

Country: UNITED STATES

Issuing Board of Nursing: COLORADO

Issue Date: 08/27/2020

Expiration Date: 09/30/2023

Status: Active

Are you currently practicing with this license?: Yes

Employer: PPRM

Supporting Documentation:

KWS RN license, KWS License, KWS license

National Certification

National Certification

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

Certification Exam Agency:	National Certification Corporation (NCC)
Certification Number (optional):	104373714
Original Issue Date (optional):	07/17/2020
Current Issue Date (optional):	
Expiration Date:	09/15/2026
Supporting Documentation:	Kate NCC

Prescriptive Authority

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

Prescriptive Authority

Control Substance Authority

Will you be Prescribing Controlled Substances? Yes

Please select the Prescriptive Privileges for Controlled Substances

DEA Number:

DEA Issue Date:

DEA Expiration Date:

State Board Pharmacy Number:

Eligibility Questions

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

Response: No

Available response options:

'Yes', 'No'

2 Have you ever been convicted of a felony?

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

Response: No

Available response options:

'Yes', 'No'

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

Response: No

Available response options:

'Yes', 'No'

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

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

Confidential Information release

Drug and Alcohol Evaluation information release

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

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

- a. Employers.
- b. Current or previous counselor, therapist, peer support group leader.
- c. Church members, sponsor, or volunteer organizations.
- d. Educators.
- Discharge papers from treatment programs for alcohol or substance use, or mental health treatment

Response: No

Available response options:

'Yes', 'No'

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

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

Response: No

Available response options:

'Yes', 'No'

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

Response: No

Available response options:

'Yes', 'No'

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

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

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

Response:

- ☐ been convicted of a misdemeanor?
- ☐ pled nolo contendere, no contest, or guilty?
- ☐ received deferred adjudication?
- ☐ been placed on community supervision or court-ordered probation, whether or not adjudicated guilt?
- ☐ been sentenced to serve jail or prison time? court-ordered confinement?

- ☐ been granted pre-trial diversion?
- ☐ been arrested or have any pending criminal charges?
- ☐ been cited or charged with any violation of the law?
- ☐ been subject of a court-martial; Article 15 violation; or received any form of military judgment/punishment/action?
- ☒ No, none of the above apply

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

Response: No

Available response options:

'Yes', 'No'

9 Do you have 400 hours of work experience in which prescribing dangerous drugs has occurred within two(2) years?

Response:

- ☒ Yes
- ☐ No

Workforce

(for statistical purposes only)

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

Response: Baccalaureate degree-Nursing

2 What is your highest level of nursing education?

Response: Master's degree-Nursing

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

Response: APRN

4 What is the status of the license currently held?

Response: Active

5 Year of Initial U.S. Licensure

Response: 2003

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

Response: Certified Nurse Practitioner



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

Name: KATE SCHNEIDER

Payment confirmation code: AF1A5C97ADDF

ORBS Transaction Reference: 46b8eebd74e3432a992b3d554c2d4021

Payment Date and Time: 2023-08-09 15:26:08

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

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



KATE SCHNEIDER, WHNP-BC®

has earned the following certification from the National Certification Corporation:

Women's Health Care Nurse Practitioner

Earned July 17, 2020 and due September 15, 2026

NCC ID: 104373714



A handwritten signature in blue ink that reads "Carol M. Wallman".

Carol M. Wallman, DNP, APRN, NNP-BC
NCC President



COLORADO

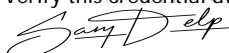
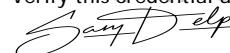
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Kate Wilhoit Schneider		Kate Wilhoit Schneider	
Registered Nurse	Multi-State	Registered Nurse	Multi-State
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Number	Issue Date	Number	Issue Date
Active	09/30/2025	Active	09/30/2025
Credential Status	Expire Date	Credential Status	Expire Date
Verify this credential at: dpo.colorado.gov		Verify this credential at: dpo.colorado.gov	
			
Division Director: Sam Delp		Division Director: Sam Delp	
Credential Holder Signature		Credential Holder Signature	

