

\$37.00

TEMPORARY PERMIT

COLORADO STATE BOARD OF NURSING

Department of Regulatory Agencies
1525 Sherman Street, Room 132
Denver, Colorado 80203

BANK USE ONLY
AMOUNT RECEIVED 37.00
DEPOSIT DATE SEP 2 1985

Temporary permit # _____
Remarks _____

I hereby make application for a license by Endorsement to practice as a registered nurse in accordance with C.R.S., 1973, 12-38-101, et seq, "Nurse Practice Act."

_____ FEB 1 1986
Date Approved 82517
Original License # _____

"NO REFUNDS"

REGISTERED NURSE APPLICATION FOR LICENSURE BY ENDORSEMENT

1. Full Name Suzanne Thorp
First Middle Maiden Married
2. Address 1709 Ostia Circle Lafayette Co. 80026
Street Number City State Zip
3. Permanent Address Same Telephone # 666-4421
4. Place of Birth Denton, Texas Date of Birth [REDACTED]

5. Education	Name of School	Location	Year of Graduation	Degree or Diploma
High School	Wichita Heights High School	Wichita, Ks.	1972	H.S. diploma
School of Nursing	UCHSC	Denver, Co.	1985	BSN
Additional Education	CU - Boulder	Boulder, Co.	1983	BA - Anthropology

6. Original Licensure State Florida Year 1985 License # pending board scores
By examination Waiver Currently licensed in _____
7. Has any license issued to you as a registered nurse ever been subject to an order of revocation, suspension, denial or probation? no
If so, in what state? _____ Date(s) _____ (suspension does not mean a lapsed license because of non-renewal).
8. Have you ever been convicted of a felony or have you ever had accepted by a court a plea of nolo contendere to a felony? no
If "yes", give details _____

OVER

9. Have you ever made application for licensure in Colorado prior to this application? NO

10. Do you have a physical or mental disability which renders you unable to perform nursing services or duties with reasonable skill and safety to the patients and which may endanger the health and safety of persons under your care? If "yes" please explain

11. Are you now, or were you for the 12 month period preceding the date of this application:

- (a) Addicted to any narcotic drug?
- (b) A regular user of any narcotic drug without a prescription?
- (c) Habitually intemperate in the use of intoxicating liquor?

Please be advised that in Colorado, supplying false information in an application for a license is punishable by law.

I state under penalty of perjury in the second degree, as defined in 18-6-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge.

I understand that under the Nurse Practice Act, providing false information is grounds for denial, suspension or revocation of a Registered Nurse License.

Dyanne Hoop
Signature of Applicant

Date 9/23/85

You may not practice nursing as defined in C.R.S., 1973, 12-30-103, until you have completed the requirements for licensure.

SEP 26 1985
OFFICE OF NURSING

RECEIVED

DEC 23 1985

DPR-JAX

RECEIVED

OCT 29 1985

DPR-JAX

COLORADO BOARD OF NURSING

REQUEST FOR VERIFICATION FOR REGISTERED NURSE

Part I:

To applicant for license by endorsement in Colorado; Please complete Part I and send this form to the State Board of Nursing where you were originally licensed.

NAME: LAST FIRST MIDDLE PREVIOUS NAMES USED

Thorp Suzanne

ADDRESS: STREET CITY STATE ZIP CODE

1709 Ostia Circle Lafayette Co. 80026

NAME OF SCHOOL OF NURSING LOCATION (CITY & STATE)

University of Colo. Health Sciences Center Denver, Co.

ORIGINALLY LICENSED UNDER THE NAME OF: YEAR OF LICENSURE ORIGINAL LICENSE #

Suzanne Thorp

1985

Pending 1663602

Part II: To the Board of Nursing:

The above applicant has applied for a license to practice as a registered nurse in Colorado. Please supply the following information and return directly to: Colorado Board of Nursing 1525 Sherman Street, Room 132 Denver, Colorado 80203

NAME AND LOCATION OF SCHOOL OF NURSING YEAR OF GRADUATION

University of Colorado Health Sciences Center Denver, Col. 1985

ACCREDITED AT THE TIME OF GRADUATION?

YES NO

TYPE OF PROGRAM

Baccalaureate

Diploma

Associate

ORIGINAL CERTIFICATE NUMBER LICENSED BY: Examination

1663602

Endorsement

Waiver

Date:

SERIES NO. MED PSYCH. O.B. SURG. NSG OF CHILDREN

SBTPE

Has any disciplinary action ever been taken against licensee? YES NO

If yes, check appropriate line: Censure; Reprimand; License was suspended; Revoked; Voluntarily surrendered

If answer to above is yes, indicate reason:

Is license now in good standing? YES NO Expiration date 3/31/87

Signature Lola P Lancaster title Clerk typist Specialist

Board of Nursing Florida Date 1-24-86

BOARD SEAL

OK 11/19/99 CRP

ADVANCED PRACTITIONER OF NURSING
COLORADO BOARD OF NURSING
CERTIFIED NURSE ANESTHETIST
1560 BROADWAY, SUITE 670 DENVER, CO 80202 (303)894-2430

BANK USE ONLY:
Amount Received 25.00 REGISTRATION NUMBER 2923
Deposit Date 11-17-99 Date Issued 11-22-99

APPLICATION FOR REGISTRATION AS
AN ADVANCED PRACTITIONER OF NURSING

I wish to apply for registration as an Advanced Practitioner of Nursing (A.P.N.) with the following area of specialization.

- Certified Nurse Anesthetist (C.R.N.A.)
- Certified Nurse Midwife (C.N.M.)
- Clinical Nurse Specialist (C.N.S.)
- Nurse Practitioner (N.P.)

Name Thorp Suzanne
last first middle maiden

Address 179 Spruce Way
Blackhawk, Co. 80122

Date of Birth [REDACTED] Place of Birth Denton, Texas

Social Security Number [REDACTED]

Phone Numbers: Home 303-582-3517 Work 303-696-1761

Original Colorado License Number 82542 exp 1/30/01

Please be advised supplying false information for registration is punishable by law. I state, under penalty of perjury in the second degree, as defined in 18-8-503 C.R.S., that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Nurse Practice Act, providing false information is grounds for denial, suspension or revocation of a registered nurse license.

Signature Suzanne Thorp RN, MS Date 11/16/99

NOV 18 1999

ADVANCED PRACTITIONER OF NURSING

COLORADO BOARD OF NURSING

CERTIFIED NURSE ANESTHETIST

1500 BROADWAY SUITE 810 DENVER, CO 80202 (303) 884-4430

Name PI-688 REGISTRATION NUMBER 5025 BANK USE ONLY
 Last PI-688 First PI-688 Middle PI-688 Maiden PI-688 Amount Received
 Deposit Date

Original Colorado RN License Number _____

Name of Nurse Anesthetist Program _____
 Address _____
 Street Address _____ City _____ State _____ Zip code _____

Was this program accredited by the Council of Accreditation of Nurse Anesthetists Education?
 Yes _____ No _____

Do you hold a certificate showing successful completion of the certification examination administered by the American Association of Nurse Anesthetists Council on Certification of Nurse Anesthetists?
 Yes _____ No _____ Year _____

Attach a copy of credential showing successful completion of the certification examination.

Attach a copy of transcript from your Nurse Anesthetist Program.

Signature _____
 Date _____
 Phone Number Home _____
 Social Security Number _____
 Date of Birth _____
 Address _____
 City _____ State _____ Zip _____

Please be advised supplying false information for registration is punishable by law. I state under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Nurse Practice Act, providing false information is grounds for denial, suspension or revocation of a registered nurse license.

NOV 18 1985

Colorado Board of Nursing

ADVANCED PRACTITIONER OF NURSING
Nurse Practitioner

Name Thorp Suzanne — —
Last First Middle Maiden

Original Colorado Registered Nurse License Number 82542

Name of Nurse Practitioner Program University of Colorado Health Sciences

Address of Program 4200 E. Ninth Avenue

Denver CO 80262
City State Zip Code

Year of Completion 1983

Is this program accredited by a nationally recognized accrediting agency?

Yes No

Attach a copy of your transcript, diploma or certificate demonstrating successful completion of the nurse practitioner program.

OK 4/14/00
C. DeFina MD

NO REFUNDS

BANK USE ONLY:

Registration Number 00266
Amount Received 76.00
Deposit Date 03-13-00
Date Issued _____

Do Not Write Above This Line

41300

**COLORADO BOARD OF NURSING
APPLICATION FOR PRESCRIPTIVE AUTHORITY**

NAME Thorp Suzanne
LAST FIRST MIDDLE MAIDEN
All other names ever used: None

Address of Record: 14446 E. Evans Ave.
Aurora, Co. 80014
ZIP CODE

Is this a new address? Yes No Please update on the Board of Nursing computer. Yes No

Date of Birth _____ Social Security # _____

Phone Numbers Home (303) 582-3517 Work (303) 696-9761

Colorado RN License Number 82542 06/27/90

Advanced Practice Registry Number (optional) 2923

Check area of advanced practice registration: CRNA _____ CNM _____ CNS _____ NP

Please identify your current area of specialty practice (e.g., family health, pediatrics, mental health).
Women's health care

Has your nursing license or any other health care license ever been subject to disciplinary action by this state or any other state? Yes No If yes, please explain on separate sheet of paper.

Institution from which you obtained your Advance Practice education:

Name of School University of Colorado Location Health Sciences Center

Year completed 1993 Advanced Practice Program M.S. in Maternal/Fetal Nursing

Institution from which you obtained your Master's degree:

Name of School University of Colorado Location Health Sciences Center

Year Completed 1993 Nursing Program Maternal / Fetal Nursing

44-111-10

Application for Prescriptive Authority
Page 2

Do you have national certification in your nursing specialty? Yes No If yes, provide type. (Do not abbreviate.) Women's Health Care Nurse Practitioner

Name of certifying organization (Do not abbreviate.) The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties

Do you have Prescriptive Authority in other states? Yes No If yes, please list other states.

NOTE: If you have prescriptive authority in other states, you must comply with section 12-38-111.6, C.R.S. and Chapter XV.

Please be advised that supplying false information for prescriptive authority is punishable by law.

I state, under penalty of perjury in the second degree as defined in section 18-6-503, C.R.S., that the information contained in this application and all accompanying information is true and correct to the best of my knowledge. I understand that under the Colorado Nurse Practice Act, providing false information is grounds for denial, suspension or revocation of my registered nurse license and/or any authorities granted thereafter.

James Sharp RNC MS WHCNP
Signature

3/3/00
Date

NO REFINDS

Registration Number 00000000
Expires 3/3/00
Type of License NP
Year Completed 2000

FORM A

Verification of Education Master's Degree

1. Submit an official transcript, in an envelope sealed by the institution that granted the master's degree, with this application. **DO NOT OPEN THE ENVELOPE.** Do Not have the program send the transcript directly to the Colorado Board of Nursing. Your transcript must state that a master's degree was conferred, the date conferred, and the nursing specialty. Copies of transcripts will not be accepted unless a letter of explanation is provided by the applicant addressing the reason for the inability to obtain an official transcript.
2. Submit evidence of successful completion of coursework, including a syllabus or course description, from a master's degree program and/or post basic professional nursing education, in an institution accredited through the United States Department of Education. The syllabus or course descriptions may be submitted from the applicant's own records.
3. Complete the following section. The courses listed should have corresponding course descriptions as required in #2 above.
4. The emphasis within course content in Advanced Health/Physical and Psychological Assessment and Advanced Pathophysiology-Psychopathology courses should relate to the applicant's area of practice. However, all areas of the requirement must be contained within the course content. For example, an assessment course in a psychiatric nursing clinical specialty curriculum would have a heavier emphasis on psychological assessment than on physical assessment; however, both components are required in the course.

REQUIREMENT: Advanced Health/Physical and Psychological Assessment

Course Name and Number	Hours	Required Hours
_____	_____	45
_____	_____	
_____	_____	
Total		_____

REQUIREMENT: Advanced Pathophysiology/Psychopathology

Course Name and Number	Hours	Required Hours
_____	_____	45
_____	_____	
_____	_____	
Total		_____

REQUIREMENT: Advanced Pharmacology (including the identification of individual and classes of drugs, their indications and contraindications, selection of drugs for management of patient health problems, likelihood of success, interactions and side-effects, dosage and routes of administration and the relative efficacy of the routes.

Course Name and Number	Hours	Required Hours
Pharmacology for Advanced Practice Clinicians	45	45
83 NURS 456 B01		
Total	45	

*Note: After July 1, 2000, the requirement for Advanced Pharmacology will consist of a minimum of 60 clock hours.

**Note: 15 clock hours equals one semester credit.

If official transcripts and course descriptions are not available, you may request your educational institution to submit a letter of completion which attests to the fact that you have met the educational requirements as required by 12-38-111.6 (4) (a), C.R.S. Please refer to Form E and Form F at the end of the application.

James Sharp
Applicant Signature

3/3/00
Date

REQUIREMENT: Advanced Health Physical and Psychological Assessment

DO NOT OPEN THE ENVELOPE. This application is to be opened by the institution. Your transcript must state that you have met the requirements for this course. Your transcript must state that you have met the requirements for this course. Your transcript must state that you have met the requirements for this course.

FORM C

PREScriptive AUTHORITY EXPERIENTIAL REQUIREMENTS

I attest that Suzanne Thorp
(Applicant's Name)

Colorado RN License Number 82542 has completed at least 1800 hours of post graduate experience IN THE PAST 5 YEARS in a relevant clinical setting based upon:

1. A structured plan of precepted experience with a licensed physician, advanced practice nurse, and any other health professional addressing the areas of advanced health/physical and psychological assessment, clinical diagnosis and management and advanced pharmacology.
2. At least weekly interaction between the nurse and the preceptor.
3. Experience with specific drugs which are relevant to the scope of practice of the applicant.
4. Total Number of precepted hours. 8460

Physician Initials

[Handwritten initials]

Suzanne Thorp
Applicant Signature

3/3/00
Date

[Handwritten Signature]
Physician Signature

3-3-00
Date

Ronald E. Kuski
Physician Name (Type or Print)

Any Other Health Professional (Optional)

Date

C.R.S. 12-38-111.6(4)(c) requires the advanced practice nurse applying for prescriptive authority to provide evidence of "Post-graduate experience as an advanced practice nurse in a relevant clinical setting ... consisting of not less than one thousand eight hundred hours to be completed within the immediately preceding five-year period." The statute also provides in C.R.S. 12-38-111.6(4)(c)(ii) that the applicant must provide evidence of "adequate interaction between the advanced practice nurse, the physician, and any other health professional." Please note that that a physician must have participated in the precepted experience leading to prescriptive authority.

NOTE: Post graduate experience does not include any internship or preceptorship required by the educational institution.

The Board may determine, on an individual basis, if an applicant has substantial equivalency of work experience with the above requirements. An Advanced Practice Nurse who believes this provision is applicable shall submit to the Board of Nursing an explanation of his/her individual circumstances and all other documents which may demonstrate substantial equivalencies which he/she wishes the Board to consider.

NOTE: You may copy this form if multiple physician signatures are required

FORM D

Collaborative Agreement Information

Submit this form with your application for prescriptive authority to document existing collaborative agreements. Please make copies of this form for use in informing the Board of Nursing of the commencement of any collaborative agreement(s).

Advanced Practice Nurse Information:

Name: Suzianne Thorp
RN License #: 82542 Advanced Practice #: 2923
Work Phone: (303) 696-9761 Practice Specialty: Women's Health care
Work Address: 14446 E. Evans Ave. Aurora, Co. 80014
Street Address City State ZIP

Physician Information:

Name: Ronald E. Kusieski
Work Address: 14446 E. Evans Ave.
Work Phone: (303) 696-9761 Colorado License #: 18602
Practice Specialty: Obstetrics/Gynecology

OK - signed 5-01

I hereby certify that this collaborative agreement meets the requirements of section 12-38-111.6, C.R.S. and Chapter XV, III, A.

Signature: [Signature] RNC, MS, WHNP date: 3/3/00
Advanced Practice Nurse Signature

Signature: [Signature] date: 3-9-00
Physician Signature

NOTE: Copy this form and submit one form for each collaborative agreement.
DO NOT SUBMIT THE ACTUAL COLLABORATIVE AGREEMENT TO THE BOARD OF NURSING. THE BOARD OF NURSING DOES NOT HAVE COLLABORATIVE AGREEMENT GUIDELINES OR FORMS.

- You are required to:
1. Inform the Board, on any application or renewal form, of ALL collaborative agreements in effect, including the name and license number of the collaborating physician.
2. Inform the Board, in writing, of the commencement and/or termination of any collaborative agreement with a physician within 30 days
3. Inform the collaborative physician of all other collaborative agreements in force.

Please be advised that there are provisions in the Medical Practice Act which relate to physician participation in collaborative agreements.

Renewal - APN.0002923-NP

Name	Suzanne Thorp
Credential	APN.0002923-NP

Fee Details

Renewal Fee	\$20.00
	\$20.00

APN Online Renewal - Attestation

APN Renewal Attestation

By submitting this renewal form, I attest that I carry (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 I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance (Chapter XXI).

APN Renewal Reminder

You must renew your RN license and any RXN authorities separately. If you have not done so, select 'Renew a license' on the left, and then 'start' next to your RN license and any RXN authorities to complete the online renewal. Then, you can select 'Pay Invoice' in the upper right corner to submit one payment for all records.

If you have already completed your RN and RXN online renewal, click 'Next', then 'Proceed to Payment' and you will see all licenses ready to renew on the invoice. Select 'Pay Invoice' in the upper right corner to submit payment.

Renewing your APN authority does not renew your RN license or RXN authority.

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - APN.0002923-NP

Name	Suzanne Thorp
Credential	APN.0002923-NP

Fee Details

NP - Portal Fee	\$2.00
NP - Renewal Fee Active APN	\$12.00
	\$14.00

APN Renewal - Attestation

APN Renewal Attestation

By submitting this renewal form, I attest that I carry (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 I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance.

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Renewal - APN.0002923-NP

Name	Suzanne Thorp
Credential	APN.0002923-NP

Fee Details

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

APN Renewal - Attestation

APN Renewal Attestation

By submitting this renewal form, I attest that I carry (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 I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance.

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Review

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- 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 - APN.0002923-NP

Name	Suzanne Thorp
Credential	APN.0002923-NP

Fee Details

NP - Portal Fee	\$2.00
	\$2.00

APN Renewal - Attestation**APN Renewal Attestation**

By submitting this renewal form, I attest that I carry (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 I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance.

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If you have already completed your RN and RXN online renewal, select 'Next', then 'Proceed to Payment' and you will see all licenses ready to renew on the invoice. Select 'Pay Invoice' to submit payment.

Renewing your APN registration does not renew your RN license or RXN authority.

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 - APN.0002923-NP

Name	Suzanne Thorp
Credential	APN.0002923-NP

Fee Details

Renewal Fee	\$20.00
Renewal Fee	\$3.00
	\$23.00

APN Online Renewal - Attestation

APN Renewal Attestation

By submitting this online renewal, you attest that you carry (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 claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance (Chapter XXI).

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - RN.0082542

Name	Suzanne Thorp
Credential	RN.0082542

Fee Details

Renewal Fee	\$2.00
Renewal Fee	\$80.00
Renewal Fee	\$3.00
Renewal Fee	\$23.00
	\$108.00

Affidavit of Eligibility**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

** The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1. Please enter your Full Legal Name
Suzanne Thorp

Affidavit of Eligibility - Section A**Section A: LAWFUL PRESENCE in the United States**

2. Select one of the following Lawful Presence types below and click "Next" when done:
 1. I am a U.S. Citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.

Affidavit of Eligibility - Section B.1**Section B: SECURE AND VERIFIABLE DOCUMENTS**

3. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

Yes

Affidavit of Eligibility - Section B.1 if Yes**Section B: SECURE AND VERIFIABLE DOCUMENTS**

4. Select one of the following Government Issued Identification:
Driver's license or permit
5. Enter the name of State or Federal Agency that issued the identification:
State of Colorado

6. Enter your full name as shown on the driver's license or State/Federal issued identification:
Suzanne Thorp

7. Enter the State/Federal government issued license/ID number:
[REDACTED]

8. Enter the expiration date of the license/ID:
10/04/2014

9. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.
Yes

Affidavit of Eligibility - Section B.2

Section B: SECURE AND VERIFIABLE DOCUMENTS

10. Do you have a Valid I-766 (Employment Identification Card)?

Affidavit of Eligibility - Section B.2 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

11. Enter the issuing Federal Agency:

12. Enter the name as listed on the card:

13. Enter the Alien number (A#):

14. Enter the card number:

15. Enter the Valid From Date:

16. Enter the Expiration Date:

17. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.3

Section B: SECURE AND VERIFIABLE DOCUMENTS

18. Do you have a Valid I-551 (Resident Alien or Permanent Resident Card)?

Affidavit of Eligibility - Section B.3 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

19. Enter the issuing Federal Agency:

20. Enter the name as listed on the card:

21. Enter the Alien Number (A#):

22. Enter the country of birth:

23. Enter the card expiration date:

24. Enter the Residence Since date:

25. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.4

26. Do you have a Valid Foreign Passport with an unexpired Visa with proper classification for work authorization, and an unexpired I-94?

Affidavit of Eligibility - Section B.4 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

27. Enter the issuing foreign country:

28. Enter the Passport Number:

29. Enter the Visa Number:

30. Enter the Visa Class (Examples: J-1, P-1 H-1B, etc.):

31. Enter the Date of Entry:

32. Enter the Until Date:

33. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.5

Section B: SECURE AND VERIFIABLE DOCUMENTS

34. Do you have a valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa?

Affidavit of Eligibility - Section B.5 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

35. Enter the issuing foreign country:

36. Enter the Passport Number:

37. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section C

Section C: Attestation

- 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 may also be required to provide proof of lawful presence.
- I understand that in accordance with section 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 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.

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

39. Please enter today's date below:
09/28/2013

NURSING Renewal Questionnaire - Intro

Renewal Questionnaire

You must answer "YES" or "NO" to each of the following questions and provide appropriate documentation (if required) for each "YES" response. You will have the opportunity to scan and upload necessary documents on the following pages. If you do not supply the documents at this time, you must mail them to the Board within 30 days of completing renewal.

If no documentation is received, a case may be opened and a complaint issued for this information. If the matter has already been disclosed to the Board, you will need to send a letter to the Board providing the case number and any other identifying information.

If you respond "YES" to any of the following questions, you must provide the following for each "YES" response:

- **An explanation of your behavior or practice that led to the occurrence, including:**
 - **Date(s) of the event/offense**
 - **Description of the event/offense**
 - **Location/court**
 - **Current status/outcome**
- **You may also be required to provide the following:**
 - **Copies of legal documents relating to the event/offense.**
 - **Copies of legal documents indicating your compliance with any requirements imposed upon you.**

If you check "Yes" on any of the following screening questions you will be prompted by the system to supply the information above and will have to opportunity to submit an electronic copy of the necessary documents. Otherwise, mail your documents to:

Board of Nursing

1560 Broadway, Suite 1350

Denver, CO 80202

NURSING Renewal Questionnaire - Denied

Renewal Questionnaire

40. Since you last renewed your license, has any nursing or other health care credential held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state other than Colorado or in any territory of the United States?

No

NURSING Renewal Questionnaire - Denied if Yes

Renewal Questionnaire

41. Provide an explanation of your behavior or practice that led to the denial, revocation, suspension, reprimand, fine, surrender, restriction, limitation, or probation below:

42. Provide the date of the event/offense:

43. Provide the location/court:

44. Provide the current status/outcome of the event/offense:

45. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Investigation

Renewal Questionnaire

46. Since you last renewed your license, are you under investigation or is a disciplinary action pending against your RN credential or other health care credential in any state or territory of the United States or have you been terminated or allowed to resign due to a health care practice issue?

No

NURSING Renewal Questionnaire - Investigation if Yes

Renewal Questionnaire

47. Provide an explanation of your behavior or practice that led to the investigation or pending disciplinary action below:

48. Provide the date of the event/offense:

49. Provide the location/court:

50. Provide the current status/outcome of the event/offense:

51. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Excluded Medicare

Renewal Questionnaire

52. Since you last renewed your license, have you received notification from the Department of Health and Human Services, Office of the Inspector General, that you have been excluded from participation in Medicare, Medicaid, or any federal health care programs based on program related crimes and discipline?

No

NURSING Renewal Questionnaire - Excluded Medicare if Yes

Renewal Questionnaire

53. Provide an explanation of your behavior or practice that led to the notification that you have been excluded from participation in Medicare, Medicaid, or any federal health care programs below:

54. Provide the date of the event/offense:

55. Provide the location/court:

56. Provide the current status/outcome of the event/offense:

57. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - DUI

Renewal Questionnaire

58. Since you last renewed your license, have you been convicted, pled no contest/nolo contendere, or had a court accept a plea to a criminal motor vehicle offense of DUI/DWI/DWAI/OWI or any traffic offense involving drugs or alcohol?

The fact that a conviction has been pardoned, dismissed, deferred, or that your civil rights have been restored does not mean that you answer this question NO; you should answer YES.

No

NURSING Renewal Questionnaire - DUI if Yes

Renewal Questionnaire

59. Provide an explanation of your behavior or practice that led to the criminal motor vehicle offense of DUI/DWI/DWAI/OWI or any traffic offense involving drugs or alcohol below:

60. Provide the date of the event/offense:

61. Provide the location/court:

62. Provide the current status/outcome of the event/offense:

63. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Felony

Renewal Questionnaire

64. Since you last renewed your license, have you been convicted, entered a plea of guilty, nolo contendere, or no contest for any felony, misdemeanor or petty offense other than drug or alcohol related crime?

The fact that a conviction has been pardoned, dismissed, deferred, or that your civil rights have been restored does not mean that you answer this question NO; you should answer YES.

No

NURSING Renewal Questionnaire - Felony if Yes

Renewal Questionnaire

65. Provide an explanation of your behavior or practice that led to the felony, misdemeanor or petty offense below:

66. Provide the date of the event/offense:

67. Provide the location/court:

68. Provide the current status/outcome of the event/offense:

69. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Judgment

Renewal Questionnaire

70. Since you last renewed your license, has any final judgment, settlement or arbitration award for malpractice been paid by you or on your behalf?

No

NURSING Renewal Questionnaire - Judgment if Yes

Renewal Questionnaire

71. Provide an explanation of your behavior or practice that led to the final judgment, settlement, or arbitration award for malpractice below:

72. Provide the date of the event/offense:

73. Provide the location/court:

74. Provide the current status/outcome of the event/offense:

75. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Condition

Renewal Questionnaire

76. In the last two (2) years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?

You may answer "NO" if your condition is stable and does not interfere with your ability to practice safely. If you reported your condition at the last renewal and if there has been no change in your condition and you are safe to practice, you are not required to inform the board of your condition for subsequent renewals.



NURSING Renewal Questionnaire - Condition if Yes

Renewal Questionnaire

77. Provide an explanation of the condition that you have been diagnosed with or treated for within the last two (2) years below:

78. Provide the date of onset:

79. Provide the location where you were diagnosed or the location of the treatment provider:

80. Provide the current status of the condition:

NURSING Renewal Questionnaire - Drugs/Alcohol

Renewal Questionnaire

81. Do you now abuse or excessively use, or have you in the last two (2) years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice safely and competently?

you may answer "NO" if you have signed a contract with the Board's Peer Health Assistance Program, Peer Assistance Services (PAS). PAS is the Board's authorized vendor for the evaluation and monitoring of nursing credentials experiencing drug, alcohol, and psychological problems.



NURSING Renewal Questionnaire - Drugs/Alcohol if Yes

Renewal Questionnaire

82. Provide an explanation of your behavior or practice that led to the drug or alcohol abuse or excessive use below:

83. Provide the date of onset:

84. Provide the location of the treatment provider (if applicable):

85. Provide the current status of the condition:

NURSING Renewal Questionnaire - Terminated

Renewal Questionnaire

86. Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?

You may answer "NO" if you have signed a contract with the Board's Peer Health Assistance Program, Peer Assistance Services (PAS). PAS is the Board's authorized vendor for the evaluation and monitoring of nursing credentials experiencing drug, alcohol, and psychological problems.



NURSING Renewal Questionnaire - Terminated if Yes

Renewal Questionnaire

87. Provide an explanation of your behavior or practice that led to the termination or resignation in lieu of termination below:

88. Provide the date of the event/offense:

89. Provide the location/court:

90. Provide the current status/outcome of the event/offense:

91. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Arrested Drug/Alcohol

Renewal Questionnaire

92. Have you been arrested for an alcohol or drug-related offense other than a criminal motor vehicle offense of DUI/DWI/DWAI/OWI or any traffic offense involving drugs or alcohol?

you may answer "NO" if you have signed a contract with the Board's Peer Health Assistance Program, Peer Assistance Services (PAS). PAS is the Board's authorized vendor for the evaluation and monitoring of nursing credentials experiencing drug, alcohol, and psychological problems.

No

NURSING Renewal Questionnaire - Arrested Drug/Alcohol if Yes

Renewal Questionnaire

93. Provide an explanation of your behavior or practice that led to the arrest for an alcohol or drug-related offense below:

94. Provide the date of the event/offense:

95. Provide the location/court:

96. Provide the current status/outcome of the event/offense:

97. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Attestation

Renewal Questionnaire

By submitting this application for renewal of your license online, you attest under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of your knowledge. You understand that under the Colorado Nurse Practice Act, providing false information is grounds for denial, suspension, or revocation of a nursing license. You further attest that this renewal application is being completed by and for yourself and not on behalf of another licensee. If applicable, you have uploaded documentation for any "YES" renewal questionnaire responses. If the required documentation is not currently available, you understand that you must provide said documentation to the Colorado Board of Nursing within thirty (30) days of this submission. No reminder will be sent and failure to provide documentation may result in the issuance of a complaint against your license.

NURSING Primary State of Residence

Primary State of Residence Designation

Please review your information below. If there are additions or updates that need to be made, please click the "Update" button and answer the appropriate questions.

98. Add/Update your Nurse Licensure Compact Information:

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

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.

99. Street Address:
179 Spruce Way

100. City:
Black Hawk

101. State:
Colorado

102. Zip:
80422

HPPP Renewal Reminder

Healthcare Professions Profile Program

All Active and Retired status licensees must maintain their Healthcare Professions Profile with current information. This profile must be updated within 30 days of any change or reportable event.

After you have completed and paid for your renewal, please visit www.dora.colorado.gov/professions/hppp if you need to review and/or update your Profile. Please note: The Profile database is a separate system from our renewal system and uses a different login and password than the one you used to renew your license.

If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profile Program (HPPP) at: dora_dpo_hppp@state.co.us or (303) 894-5942.

RN Nursing Renewal Reminders 2013

Compact licenses:

If you are moving to another compact state and obtaining a RN license from that state, do not renew your Colorado RN. If you pay for your Colorado RN renewal fee and it is determined that your Primary State of Residence is in another compact state other than Colorado, your fee will not be refunded. You must apply for licensing in your primary state of residence.

If you are obtaining a license from another compact state and you hold Colorado APN and RXN authorities, these authorities will need to be converted to "C-type" authorities before you renew each authority. In this case please email Hannah.zippin@state.co.us before renewing to have your authorities converted appropriately.

Advanced Practice Nurse Licenses & Prescriptive Authority Licenses (APN/RXN):

If you have an active APN or RXN, you must renew that authority separately from your RN license. Renewing your RN license does not automatically renew your Advanced Practice or Prescriptive authority.

You can pay for the renewals individually or separately. To complete your APN or RXN renewal, select 'Complete License Renewal' on the left and then "Start" next to the appropriate license type. Once you select "Pay Invoice" in the upper right corner, you will be able to pay for all renewals you have completed.

PLEASE NOTE: Wallet cards/licenses are not issued for Advanced Practice Nurse or Prescriptive Authority Nurse licenses. You may print the confirmation page at the end of the renewal process for each license/authority, and you may also verify your license online.

Review

Please make sure to **PRINT THIS SCREEN** for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - RN.0082542

Name	Suzanne Thorp
Credential	RN.0082542

Fee Details

Renewal Fee	\$2.00
Renewal Fee	\$87.00
Renewal Fee	\$23.00
	\$112.00

Affidavit of Eligibility - Screening Present**AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?
Yes

Affidavit of Eligibility - Screening Doc Change**AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

Affidavit of Eligibility**AFFIDAVIT OF ELIGIBILITY**

Pursuant to C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

** The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

3. Please enter your Full Legal Name

Affidavit of Eligibility - Section A**Section A: LAWFUL PRESENCE in the United States**

4. Select one of the following Lawful Presence types below and click "Next" when done:

Affidavit of Eligibility - Section B.1**Section B: SECURE AND VERIFIABLE DOCUMENTS**

5. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

Affidavit of Eligibility - Section B.1 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

6. Select one of the following Government Issued Identification:
7. Enter the name of State or Federal Agency that issued the identification:
8. Enter your full name as shown on the driver's license or State/Federal issued identification:
9. Enter the State/Federal government issued license/ID number:
10. Enter the expiration date of the license/ID:
11. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.2

Section B: SECURE AND VERIFIABLE DOCUMENTS

12. Do you have a Valid I-766 (Employment Identification Card)?

Affidavit of Eligibility - Section B.2 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

13. Enter the issuing Federal Agency:
14. Enter the name as listed on the card:
15. Enter the Alien number (A#):
16. Enter the card number:
17. Enter the Valid From Date:
18. Enter the Expiration Date:
19. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.3

Section B: SECURE AND VERIFIABLE DOCUMENTS

20. Do you have a Valid I-551 (Resident Alien or Permanent Resident Card)?

Affidavit of Eligibility - Section B.3 if Yes**Section B: SECURE AND VERIFIABLE DOCUMENTS**

21. Enter the issuing Federal Agency:

22. Enter the name as listed on the card:

23. Enter the Alien Number (A#):

24. Enter the country of birth:

25. Enter the card expiration date:

26. Enter the Residence Since date:

27. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.4

28. Do you have a Valid Foreign Passport with an unexpired Visa with proper classification for work authorization, and an unexpired I-94?

Affidavit of Eligibility - Section B.4 if Yes**Section B: SECURE AND VERIFIABLE DOCUMENTS**

29. Enter the issuing foreign country:

30. Enter the Passport Number:

31. Enter the Visa Number:

32. Enter the Visa Class (Examples: J-1, P-1 H-1B, etc.):

33. Enter the Date of Entry:

34. Enter the Until Date:

35. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.5**Section B: SECURE AND VERIFIABLE DOCUMENTS**

36. Do you have a valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa?

Affidavit of Eligibility - Section B.5 if Yes**Section B: SECURE AND VERIFIABLE DOCUMENTS**

37. Enter the issuing foreign country:

38. Enter the Passport Number:

39. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section C

Section C: Attestation

- 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 may also be required to provide proof of lawful presence.
- 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.

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

41. Please enter today's date below:

NURSING Renewal Questionnaire - Intro

Renewal Questionnaire

You must answer "YES" or "NO" to each of the following questions and provide appropriate documentation (if required) for each "YES" response. You will have the opportunity to scan and upload necessary documents on the following pages. If you do not supply the documents at this time, you must mail them to the Board within 30 days of completing renewal.

If no documentation is received, a case may be opened and a complaint issued for this information. If the matter has already been disclosed to the Board, you will need to send a letter to the Board providing the case number and any other identifying information.

If you respond "YES" to any of the following questions, you must provide the following for each "YES" response:

- **An explanation of your behavior or practice that led to the occurrence, including:**
 - **Date(s) of the event/offense**
 - **Description of the event/offense**
 - **Location/court**
 - **Current status/outcome**
- **You may also be required to provide the following:**
 - **Copies of legal documents relating to the event/offense.**
 - **Copies of legal documents indicating your compliance with any requirements imposed upon you.**

If you check "Yes" on any of the following screening questions you will be prompted by the system to supply the information above and will have to opportunity to submit an electronic copy of the necessary documents. Otherwise, ground mail or email your documents to:

Board of Nursing

1560 Broadway, Suite 1350

Denver, CO 80202

DORA_NursingRenewals@state.co.us

NURSING Renewal Questionnaire - Denied

Renewal Questionnaire

42. Since you last renewed your license, has any nursing or other health care credential held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation in any state other than Colorado or in any territory of the United States?

No

NURSING Renewal Questionnaire - Denied if Yes

Renewal Questionnaire

43. Provide an explanation of your behavior or practice that led to the denial, revocation, suspension, reprimand, fine, surrender, restriction, limitation, or probation below:

44. Provide the date of the event/offense:

45. Provide the location/court:

46. Provide the current status/outcome of the event/offense:

47. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies or email electronic documents to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Felony

Renewal Questionnaire

48. Since you last renewed your license, have you been convicted, entered a plea of guilty, nolo contendere, or no contest for any felony, misdemeanor or petty offense?

The fact that a conviction has been pardoned, dismissed, deferred, or that your civil rights have been restored does not mean that you answer this question NO; you should answer YES.

No

NURSING Renewal Questionnaire - Felony if Yes

Renewal Questionnaire

49. Provide an explanation of your behavior or practice that led to the felony, misdemeanor or petty offense below:

50. Provide the date of the event/offense:

51. Provide the location/court:

52. Provide the current status/outcome of the event/offense:

53. Provide scanned electronic copy of accompanying documents as described below:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

Click the "Browse" button to search for the scanned document on your computer. Once selected, click the "Upload Document" button to upload the document.

If you do not supply the documents at this time, you must mail hard copies or email electronic documents to the Board within 30 days of completing renewal.

NURSING Renewal Questionnaire - Condition

Renewal Questionnaire

54. In the last two (2) years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?

You may answer "NO" if your condition is stable and does not interfere with your ability to practice safely. If you reported your condition at the last renewal and if there has been no change in your condition and you are safe to practice, you are not required to inform the board of your condition for subsequent renewals.



NURSING Renewal Questionnaire - Condition if Yes

Renewal Questionnaire

- 55. Provide an explanation of the condition that you have been diagnosed with or treated for within the last two (2) years below:
- 56. Provide the date of onset:
- 57. Provide the location where you were diagnosed or the location of the treatment provider:
- 58. Provide the current status of the condition:

NURSING Renewal Questionnaire - Drugs/Alcohol

Renewal Questionnaire

59. Do you now abuse or excessively use, or have you in the last two (2) years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice safely and competently; or c) resulted in a criminal conviction?

you may answer "NO" if you have signed a contract with the Board's Peer Health Assistance Program, Peer Assistance Services (PAS). PAS is the Board's authorized vendor for the evaluation and monitoring of nursing credentials experiencing drug, alcohol, and psychological problems.



NURSING Renewal Questionnaire - Drugs/Alcohol if Yes

Renewal Questionnaire

- 60. Provide an explanation of your behavior or practice that led to the drug or alcohol abuse or excessive use below:
- 61. Provide the date of onset:
- 62. Provide the location of the treatment provider (if applicable):
- 63. Provide the current status of the condition:

NURSING Renewal Primary State of Residence

Primary State of Residence Designation

Please review your information below. If there are additions or updates that need to be made, please click the "Update" button and answer the appropriate questions.

If you are moving or have moved to another compact state, do not renew your Colorado nursing license. If you pay for your Colorado nursing renewal fee and it is determined that your Primary State of Residence is another compact state, your fee will not be refunded. You must apply for licensing in your Primary State of Residence. Please email DORA_NursingRenewals@state.co.us for questions regarding compact rules or converting authorities.

64. Add/Update your Nurse Licensure Compact Information:

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

65. Street Address:
179 Spruce Way

66. City:
Black Hawk

67. State:
Colorado

68. Zip:
80422

NURSING Renewal Questionnaire - Attestation

Renewal Questionnaire

By renewing my license, I attest under penalty of perjury in the second degree, as defined in section 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Nurse Practice Act, providing false information is grounds for denial, suspension, or revocation of a nurse license or authority. I further attest that this renewal application is being completed by and for myself and not on behalf of another licensee. If applicable, I have enclosed documentation for any "YES" renewal questionnaire responses. If the required documentation is not currently available, I understand that I must provide said documentation to the Colorado Board of Nursing within thirty (30) days of this submission. No reminder will be sent and failure to provide documentation may result in the issuance of a complaint against my license or authority.

GLOBAL HPPP Renewal Attestation

Pursuant to section 24-34-110, C.R.S., all Active and Retired status licensees must maintain a current Healthcare Professions Profile. Reportable events and/or changes to information must be made within 30 days. For more information about this Program and to update your profile, visit www.dora.colorado.gov/professions/hppp.

By renewing your Active or Retired license, you attest to the following:

I have updated my Healthcare Professions Profile to current date and/or I will make any updates within 30 days of any reportable event or change, and subsequent updates will be made within 30 days. This requirement is in addition to any requirement by a profession's practice act. Examples of reportable events or changes that must be updated on a profile include, but are not limited to, location of practice, public actions issued by any jurisdiction, felonies and crimes of moral turpitude, malpractice settlements/judgments, etc. To update a Healthcare Professions Profile, or for more information on the Healthcare Professions Profile Program (HPPP) and its requirements, visit www.dora.colorado.gov/professions/hppp or call 303-894-5942.

If your status is Inactive you are not required to maintain a Healthcare Professions Profile, click next to proceed.

You may NOT change your status through online renewal. For information regarding a status change, please contact the renewal desk at 303-894-7800 or dora_dpo_renewalline@state.co.us.

Click next to proceed.

RN / PN Nursing Renewal Reminders

Compact licenses:

If you are obtaining a license from another compact state and you hold Colorado APN and RXN authorities, these authorities will need to be converted to "C-type" authorities after you renew each authority. In this case please renew your license online, then once completed, email DORA_NursingRenewals@state.co.us to have your authority(ies) converted appropriately.

Advanced Practice Nurse Licenses & Prescriptive Authority Licenses (APN/RXN):

If you have an active APN or RXN, you must renew that authority separately from your RN license. Renewing your RN license does not automatically renew your Advanced Practice or Prescriptive authority.

You can pay for the renewals individually or collectively. To complete your APN or RXN renewal, select 'Renew a license' on the left and then "Start" next to the appropriate license type. Once you select "Pay Invoice" in the upper right corner, you will be able to pay for all renewals you have completed.

Review

Please make sure to **PRINT THIS SCREEN** for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - RN.0082542

Name Suzanne Thorp
 Credential RN.0082542

Fee Details

RN - Legal Defense Fund	\$2.00
RN - Portal Fee	\$1.50
RN - Renewal Fee Active	\$139.50
RN- Peer Fee	\$23.00
	\$166.00

Affidavit of Eligibility - Screening Present**AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?
 Yes

Affidavit of Eligibility - Screening Doc Change**AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

NURSING Renewal Primary State of Residence**Primary State of Residence Designation**

Please review your information below. If there are additions or updates that need to be made, please click the "Update" button and answer the appropriate questions.

If you are moving or have moved to another compact state, do not renew your Colorado nursing license. If you pay for your Colorado nursing renewal fee and it is determined that your Primary State of Residence is another compact state, your fee will not be refunded. You must apply for licensing in your Primary State of Residence. Please email DORA_NursingRenewals@state.co.us for questions regarding compact rules or converting authorities.

49. To update your Nurse Licensure Compact Information click 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
Colorado	No	Colorado New Mexico
Colorado	No	Colorado New Mexico

RN / PN Nursing Renewal Reminders

Compact licenses:

If you are obtaining a license from another compact state and you hold Colorado APN and RXN authorities, these authorities will need to be converted to "C-type" authorities after you renew each authority. In this case please renew your license online, then once completed, email DORA_NursingRenewals@state.co.us to have your authority(ies) converted appropriately.

Advanced Practice Nurse Licenses & Prescriptive Authority Licenses (APN/RXN):

If you have an active APN or RXN, you must renew that authority separately from your RN license. Renewing your RN license does not automatically renew your Advanced Practice or Prescriptive authority.

You can pay for the renewals individually or collectively. To complete your APN or RXN renewal, select 'Renew a license' on the left and then "Start" next to the appropriate license type. Once you select "Pay Invoice" in the upper right corner, you will be able to pay for all renewals you have completed.

Nursing Renewal Attestations by status

By renewing your license online you attest to the appropriate attestation below associated with your CURRENT license status.

If you currently have an ACTIVE license, click Next to proceed. NOTE: you cannot change status through online renewal. Please contact the renewal desk at 303-894-7800 or Dora_DPO_renewalline@state.co.us for additional information.

RETIRED Status Attestation: By renewing in Retired status, you attest that you are 55 years old or older and will not practice nursing for compensation. By holding a Retired status license, you will limit your practice to a volunteer capacity only.

INACTIVE Status Attestation: By renewing in Inactive status, you attest that you will not practice your profession in the state of Colorado unless and until you comply with reactivation requirements for your profession and the Board issues you an Active license. You also understand that during the time your credential is INACTIVE, you do not have to comply with any continuing education, insurance, Health Professions Profile, or financial responsibility requirements for your profession. Continuing education and/or demonstration of continued competency may be required for reactivation. You are stating under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application, "to the best of my knowledge, is true and correct." Note that you may not change to Inactive status to avoid discipline.

Click Next to proceed.

Nursing Renewal Attestation - Condition / Habit Forming Drug

By renewing my license, I attest that SINCE MY LAST RENEWAL:

In the past two years, I have not been diagnosed with or treated for a condition that significantly disturbs my cognition, behavior, or motor function, or that may impair my ability to practice as a nurse safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder

AND

I do NOT currently abuse or excessively use, or have in the last two years, abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any termination, accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; b) affected my ability to practice as a nurse safely and competently; or c) resulted in a criminal conviction.

OR

The illness or condition or the use of substances, as defined above, is: 1) already known to the Colorado Board of Nursing, or I will make known to the Board within 30 days, any violation of the Nurse Practice Act pursuant to section 12-38-117(i)(j) or, 2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to the Colorado Board of Nursing" means that I have informed the Board of my condition or use of such substances and I am complying with all of the Board's requirements for evaluation, treatment and/or monitoring.

If you need to report please send a written statement regarding the event(s) and any related documents to DORA_nursingrenewals@state.co.us

Click Next to proceed.

Nursing Renewal Attestation - Adverse Action

By renewing my license, I attest that SINCE MY LAST RENEWAL:

No adverse action has been taken against me, or any health care license I hold, by another licensing agency, a peer review body, a health care institution, a training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which would constitute grounds for disciplinary or adverse actions pursuant to the Nurse Practice Act. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor or petty offence charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drugs.

OR

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

If you need to report please send a written statement regarding the event(s) and any related documents to DORA_nursingrenewals@state.co.us

Click Next to proceed.

HPPP - RN Introduction

Healthcare Professions Profile

Please be aware that this profile is only for your Registered Nurse 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.

HPPP GLOBAL - Location of Practice

Location of Practice

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

HPPP GLOBAL - Location of Practice If Yes

Location of Practice

51. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E 38th Avenue	Denver	Colorado	80207	(303) 321-7526

HPPP - NURSING Education and Training

Education and Training

52. School or Education Level:
Masters Degree

53. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*
1993

HPPP GLOBAL - Other Licenses

Other Licenses

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

HPPP GLOBAL - Other Licenses if Yes

Other Licenses

55. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2014

HPPP GLOBAL - Business Ownership

Business Ownership

56. Do you have a current business ownership interest in any healthcare-related business?
No

HPPP GLOBAL - Employer

Employer

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

Yes

HPPP GLOBAL - Employer if Yes

Employer

59. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Planned Parenthood of the Rocky Mountains	7155 E 38th Ave	Denver	Colorado	80207	(303) 321-7526

HPPP GLOBAL - Employment Contracts

Employment Contracts

60. 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

HPPP GLOBAL - Disciplinary Actions

Disciplinary Actions

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

No

HPPP GLOBAL - Restrictions and Suspensions

Restrictions and Suspensions

64. 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

HPPP GLOBAL - Termination of Employment

Termination of Employment

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

No

HPPP GLOBAL - Convictions

Convictions

68. 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

HPPP GLOBAL - Malpractice Claims

Malpractice Claims

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

HPPP GLOBAL - Malpractice Carrier Refusal

Malpractice Carrier Refusal

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

HPPP GLOBAL - Optional Narrative

Optional Narrative

74. Optional Narrative:

HPPP GLOBAL - Attestation

Attestation

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

- You are 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.

75. Submission Date:
09/15/2017

Review

Please make sure to **PRINT THIS SCREEN** for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - RN.0082542

Name	Suzanne Thorp
Credential	RN.0082542

Fee Details

RN - Legal Defense Fund	\$2.00
RN - Portal Fee	\$2.00
RN - Renewal Fee Active	\$79.00
RN- Peer Fee	\$40.00
	\$123.00

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](#), along with the requirements for Colorado residency, if applicable. Once complete, you can email the form to DORA_NursingBoard@state.co.us.

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.

PN_RN Renewal Reminders

Compact licenses:

If you are obtaining a license from another compact state and you hold Colorado APN and RXN authorities, these authorities will need to be converted to "C-type" authorities after you renew each authority. In this case please renew your license online, then once completed, email DORA_NursingRenewals@state.co.us to have your authority(ies) converted appropriately.

Advanced Practice Nurse Licenses & Prescriptive Authority Licenses (APN/RXN):

If you have an active APN or RXN, you must renew that authority separately from your RN license. Renewing your RN license does not automatically renew your Advanced Practice or Prescriptive authority.

You can pay for the renewals individually or collectively. To complete your APN or RXN renewal, select 'Renew a license' and then "Start" next to the appropriate license type. Once you select "Proceed to Payment", you will be able to pay for all renewals you have completed. You can repeat this to add the second authority to the invoice.

Click Next to Proceed.

NURSING Renewal Attestations by status

By renewing your license online you will attest to the appropriate attestation associated with your CURRENT license status.

NOTE: you cannot change status through online renewal. Please contact the renewal desk at 303-894-7800 or Dora_DPO_Licensing@state.co.us for additional information.

If you currently have an ACTIVE license, select Next to proceed.

RETIRED Status Attestation: By renewing in Retired status, I attest that I am 55 years old or older and will not practice nursing for compensation. By holding a Retired status license, I limit my practice to a volunteer capacity only.

INACTIVE Status Attestation: By renewing in Inactive status, I attest that I will not practice my profession in the State of Colorado unless and until I comply with reactivation requirements for your profession and the Board issues you an Active license. I also understand that during the time my credential is INACTIVE, I do not have to comply with any continuing education, insurance, Health Professions Profile, or financial responsibility requirements for your profession. Continuing education and/or demonstration of continued competency may be required for reactivation. I am stating under penalty of perjury in the second degree, that the information contained in this application, "to the best of my knowledge, is true and correct." I understand that I may not change to Inactive status to avoid discipline.

Select "Next" to proceed.

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 your 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 your 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 your 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 your 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 Practice Act.

Click Next to Proceed

AoE Renewal Update

Affidavit of Eligibility | Renewal Update of Information

1. Since you were originally licensed or since your last renewal (whichever was more recent) has the documentation you provided proving your legal status in the United States changed?

- If nothing has changed in your legal status or documentation, select "No"
- If your status has changed, or you need to update your documentation, select "Yes" to update your information

No

Healthcare Profile - Registered Nurse Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your REGISTERED NURSE 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

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

Yes

Healthcare Profile - Location of Practice if Yes

Healthcare Professions Profile | Location of Practice

98. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E 38th Avenue	Denver	Colorado	80207	(303) 321-7526

Healthcare Profile - Nursing Education and Training

Healthcare Professions Profile | Education and Training

99. School or Education Level:

Masters Degree

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

1993

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

101. 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

102. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2014

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

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

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

105. 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

106. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Planned Parenthood of the Rocky Mountains	7155 E 38th Ave	Denver	Colorado	80207	(303) 321-7526

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

107. 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**

109. 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**

111. 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**

113. 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**

115. 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**

117. 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**

119. 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**

121. 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.

122. Submission Date:
09/16/2019

Review

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Renewal - RN.0082542

Name	Suzanne Thorp
Credential	RN.0082542

Fee Details

RN - Legal Defense Fund	\$2.00
RN - Portal Fee	\$2.00
RN - Renewal Fee Active	\$95.00
RN- Peer Fee	\$40.00
	\$139.00

NURSING Renewal Primary State of Residence Reminder

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

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PN_RN Renewal Reminders

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Click Next to Proceed.

NURSING Renewal Attestations by status

By renewing your license online you will attest to the appropriate attestation associated with your CURRENT license status.

NOTE: you cannot change status through online renewal. Please contact the renewal desk at 303-894-7800 or Dora_DPO_Licensing@state.co.us for additional information.

If you currently have an ACTIVE license, select Next to proceed.

VOLUNTEER Status Attestation: By renewing in Volunteer status, I attest that I will not practice nursing for compensation. By holding a Volunteer status license, I limit my practice to a volunteer capacity only.

INACTIVE Status Attestation: By renewing in Inactive status, I attest that I will not practice my profession in the State of Colorado unless and until I comply with reactivation requirements for my profession and the Board issues me an Active license. I also understand that during the time my credential is INACTIVE, I do not have to comply with any continuing education, insurance, Health Professions Profile, or financial responsibility requirements for my profession. Continuing education and/or demonstration of continued competency may be required for reactivation. I am stating under penalty of perjury in the second degree, that the information contained in this application, "to the best of my knowledge, is true and correct." I understand that I may not change to Inactive status to avoid discipline.

Select "Next" to proceed.

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 - Registered Nurse Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your REGISTERED NURSE 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

Healthcare Professions Profile | Location of Practice

2. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E 38th Avenue	Denver	Colorado	80207	(303) 321-7526

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*
1993

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	2014

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
Planned Parenthood of the Rocky Mountains	7155 E 38th Ave	Denver	Colorado	80207	(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:

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:
08/31/2021

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 - RN.0082542

Name	Suzanne Thorp
Credential	RN.0082542

Fee Details

RN - Legal Defense Fund	\$2.00
RN - Peer Fee	\$40.00
RN - Portal Fee	\$2.00
	\$44.00

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.

PN_RN Renewal Reminders

Compact licenses:

If you are obtaining a license from another compact state and you hold Colorado APN and RXN authorities, these authorities will need to be converted to "C-type" authorities after you renew each authority. In this case please renew your license online, then once completed, email DORA_NursingRenewals@state.co.us to have your authority(ies) converted appropriately.

Advanced Practice Nurse Licenses & Prescriptive Authority Licenses (APN/RXN):

If you have an active APN or RXN, you must renew that authority separately from your RN license. Renewing your RN license does not automatically renew your Advanced Practice or Prescriptive authority.

You can pay for the renewals individually or collectively. To complete your APN or RXN renewal, select 'Renew a license' and then "Start" next to the appropriate license type. Once you select "Proceed to Payment", you will be able to pay for all renewals you have completed. You can repeat this to add the second authority to the invoice.

Click Next to Proceed.

NURSING Renewal Attestations by status

By renewing your license online you will attest to the appropriate attestation associated with your CURRENT license status.

NOTE: you cannot change status through online renewal. Please contact the renewal desk at 303-894-7800 or Dora_DPO_Licensing@state.co.us for additional information.

If you currently have an ACTIVE license, select Next to proceed.

VOLUNTEER Status Attestation: By renewing in Volunteer status, I attest that I will limit my practice to a volunteer capacity only.

INACTIVE Status Attestation: By renewing in Inactive status, I attest that I will not practice my profession in the State of Colorado unless and until I comply with reactivation requirements for my profession and the Board issues me an Active license. I also understand that during the time my credential is INACTIVE, I do not have to comply with any continuing education, insurance, Health Professions Profile, or financial responsibility requirements for my profession. Continuing education and/or demonstration of continued competency may be required for reactivation. I am stating under penalty of perjury in the second degree, that the information contained in this application, "to the best of my knowledge, is true and correct." I understand that I may not change to Inactive status to avoid discipline.

Select "Next" to proceed.

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 - Registered Nurse Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your REGISTERED NURSE 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

Healthcare Professions Profile | Location of Practice

2. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E 38th Avenue	Denver	Colorado	80207	(303) 321-7526

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*

1993

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	Expired	2014

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
Planned Parenthood of the Rocky Mountains	7155 E 38th Ave	Denver	Colorado	80207	(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:

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:

08/31/2023

Review

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Renewal - RXN.0000066-NP

Name	Suzanne Thorp
Credential	RXN.0000066-NP

Fee Details

Renewal Fee	\$20.00
Renewal Fee	\$18.00
	\$38.00

RXN Renewal Reminder

You must renew your RN license and APN authority separately. If you have not done so, select 'Renew a license' on the left, and then 'start' next to your RN license and APN authority to complete the online renewal. Then, you can select 'Pay Invoice' in the upper right corner to submit one payment for all records.

If you have already completed your RN and APN online renewal, click 'Next', then 'Proceed to Payment' and you will see all licenses ready to renew on the invoice. Select 'Pay Invoice' in the upper right corner to submit payment.

[Renewing your RXN authority does not renew your RN license or APN authority.](#)

C-RXN / RXN Renewal Articulated Plan Attestation

By renewing my RXN or C-RXN license, I am attesting that I have an articulated plan which includes: a) a mechanism for consultation and referral for issues regarding prescriptive authority; b) a quality assurance plan; c) decision support tools; and d) documentation of ongoing continuing education in pharmacology and safe prescribing (§12-38-111.6(4.5)(b)). I am further attesting that I have maintained, amended, and/or updated my articulated plan at least annually (Rule Chapter XV).

Click Next to proceed.

C-RXN / RXN Certification Attestation

By renewing my RXN or C-RXN license, I am attesting that I have active, current national certification in my current role and population focus.

Click Next to proceed.

Review

Please make sure to **[PRINT THIS SCREEN](#)** for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - RXN.0000066-NP

Name	Suzanne Thorp
Credential	RXN.0000066-NP

Fee Details

NP - PDMP Fee	\$18.00
NP - Portal Fee	\$1.50
NP - Renewal Fee Active RXN	\$20.50
	\$40.00

RXN Renewal Reminder

You must renew your RN license and APN authority separately. If you have not done so, select 'Renew a license' on the left, and then 'start' next to your RN license and APN authority to complete the online renewal. Then, you can select 'Pay Invoice' in the upper right corner to submit one payment for all records.

If you have already completed your RN and APN online renewal, click 'Next', then 'Proceed to Payment' and you will see all licenses ready to renew on the invoice. Select 'Pay Invoice' in the upper right corner to submit payment.

Renewing your RXN authority does not renew your RN license or APN authority.

C-RXN / RXN Renewal Articulated Plan Attestation

By renewing my RXN or C-RXN license, I am attesting that I have an articulated plan which includes: a) a mechanism for consultation and referral for issues regarding prescriptive authority; b) a quality assurance plan; c) decision support tools; and d) documentation of ongoing continuing education in pharmacology and safe prescribing (§12-38-111.6(4.5)(b)). I am further attesting that I have maintained, amended, and/or updated my articulated plan at least annually (Rule Chapter 15).

Click Next to proceed.

C-RXN / RXN Certification Attestation

By renewing my RXN or C-RXN license, I am attesting that I have active, current national certification in my current role and population focus.

Click Next to proceed.

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - RXN.0000066-NP

Name	Suzanne Thorp
Credential	RXN.0000066-NP

Fee Details

NP - PDMP Fee	\$14.00
NP - Portal Fee	\$2.00
NP - Renewal Fee Active RXN	\$15.00
	\$31.00

RXN Renewal Reminder

You must renew your RN license and APN authority separately. If you have not done so, select 'Renew a license' on the left, and then 'start' next to your RN license and APN authority to complete the online renewal. Then, you can select 'Pay Invoice' in the upper right corner to submit one payment for all records.

If you have already completed your RN and APN online renewal, choose 'Next', then 'Proceed to Payment' and you will see all licenses ready to renew on the invoice. Select 'Pay Invoice' in the upper right corner to submit payment.

Renewing your RXN authority does not renew your RN license or APN authority.

C-RXN_RXN Certification Attestation

By renewing your RXN or C-RXN license, you attest to the following statement:

I attest that I have active, current national certification in my current role and population focus if applicable (this does apply to Active Provisional status).

Select 'Next' to proceed.

RXN/C-RXN Substance Training Attestation

I attest that by renewing my Active Colorado RXN or C-RXN, I meet the state Board's substance use prevention training requirements by one of the following methods:

I have completed at least two (2) hours of training since my last renewal in order to demonstrate competency regarding the following topics/areas:

- Best practices for opioid prescribing according to the most recent version of the Division's guidelines for the safe prescribing and dispensing of opioids
- Recognition of substance use disorders
- Referral of patients with substance use disorders for treatment
- The use of the electronic prescription drug monitoring program

I am exempt from the substance use prevention training requirement for one of the following reasons:

- I maintain a national board certification that requires equivalent substance use prevention training
- I attest that I do not prescribe opioids

I have means to prove completion of my substance use prevention training requirements and I am aware that DORA reserves the right to review this documentation. I will provide this information IF REQUESTED through a renewal audit by the Division of Professions and Occupations.

PDMP Renewal Attestation

1. As a prescriber you are required to register and maintain an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) if you meet the following:

- Your Colorado license is in an Active status
- You maintain a current United States Drug Enforcement Agency (DEA) registration

You may log in to your account or create a new registration at <https://colorado.pmpaware.net>. If you need assistance contact the Colorado PDMP Administrator at pdmpinqr@state.co.us or the 24/7 support line at (855) 263-6403.

You must select one of the options below:

I attest that I have registered and maintain an account with the PDMP

2. Please confirm or provide your DEA number if you hold a DEA registration:

██████████

Review

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

Renewal - RXN.0000066-NP

Name	Suzanne Thorp
Credential	RXN.0000066-NP

Fee Details

NP - PDMP Fee	\$22.00
NP - Portal Fee	\$2.00
	\$24.00

RXN Renewal Reminder

You must renew your RN license and APN authority separately. If you have not done so, select 'Renew a license' on the left, and then 'start' next to your RN license and APN authority to complete the online renewal. Then, you can select 'Pay Invoice' in the upper right corner to submit one payment for all records.

If you have already completed your RN and APN online renewal, choose 'Next', then 'Proceed to Payment' and you will see all licenses ready to renew on the invoice. Select 'Pay Invoice' in the upper right corner to submit payment.

Renewing your RXN authority does not renew your RN license or APN authority.

C-RXN_RXN Certification Attestation

By renewing your RXN or C-RXN license, you attest to the following statement:

I attest that I have active, current national certification in my current role and population focus if applicable.

Select 'Next' to proceed.

RXN/C-RXN Substance Training Attestation

I attest that by renewing my Active Colorado RXN or C-RXN, I meet the state Board's substance use prevention training requirements by one of the following methods:

I have completed at least two (2) hours of training since my last renewal in order to demonstrate competency regarding the following topics/areas:

- Best practices for opioid prescribing according to the most recent version of the Division's guidelines for the safe prescribing and dispensing of opioids
- The potential harm of inappropriately limiting prescriptions to chronic pain patients
- Best practices for prescribing benzodiazepines
- Recognition of substance use disorders
- Referral of patients with suspected substance use disorders for treatment
- The use of the electronic prescription drug monitoring program

OR

I am exempt from the substance use prevention training requirement for one of the following reasons:

- I maintain a national board certification that requires equivalent substance use prevention training
- I attest that I do not prescribe opioids

I have means to prove completion of my substance use prevention training requirements and I am aware that DORA reserves the right to review this documentation. I will provide this information IF REQUESTED through a renewal audit by the Division of Professions and Occupations.

PDMP Renewal Attestation

1. As a prescriber you are required to register and maintain an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) if you meet the following:

- Your Colorado license is in an Active status
- You maintain a current United States Drug Enforcement Agency (DEA) registration

You may log in to your account or create a new registration at <https://colorado.pmpaware.net>. To check your Colorado PDMP registration status, contact the Bamboo Health 24/7 support line at (855) 263-6403. For assistance with updating your Colorado PDMP account or any questions regarding the Colorado PDMP, contact the Colorado PDMP Administrator at pdmpinqr@state.co.us or (303) 894-5957.

You must select one of the options below:

I attest that I have an active DEA registration and am registered with the Colorado PDMP.

2. Please confirm or provide your DEA number if you hold a DEA registration:

██████████

Review

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Renewal - RXN.0000066-NP

Name	Suzanne Thorp
Credential	RXN.0000066-NP

Fee Details

Renewal Fee	\$20.00
Renewal Fee	\$18.00
Renewal Fee	\$3.00
	\$41.00

Review

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Renewal - RXN.0000066-NP

Name	Suzanne Thorp
Credential	RXN.0000066-NP

Fee Details

NP - PDMP Fee	\$24.00
NP - Portal Fee	\$2.00
NP - Renewal Fee Active RXN	\$12.00
	\$38.00

RXN Renewal Reminder

You must renew your RN license and APN authority separately. If you have not done so, select 'Renew a license' on the left, and then 'start' next to your RN license and APN authority to complete the online renewal. Then, you can select 'Pay Invoice' in the upper right corner to submit one payment for all records.

If you have already completed your RN and APN online renewal, choose 'Next', then 'Proceed to Payment' and you will see all licenses ready to renew on the invoice. Select 'Pay Invoice' in the upper right corner to submit payment.

Renewing your RXN authority does not renew your RN license or APN authority.

C-RXN_RXN Renewal Articulated Plan Attestation

By renewing your Active status RXN or C-RXN license, you agree with the following statement (this does not apply to Active Provisional):

I am attesting that I have an articulated plan which includes: a) a mechanism for consultation and referral for issues regarding prescriptive authority; b) a quality assurance plan; c) decision support tools; and d) documentation of ongoing continuing education in pharmacology and safe prescribing. I am further attesting that I have maintained, amended, and/or updated my articulated plan at least annually.

Select 'Next' to proceed.

C-RXN_RXN Certification Attestation

By renewing your RXN or C-RXN license, you attest to the following statement:

I attest that I have active, current national certification in my current role and population focus if applicable (this does apply to Active Provisional status).

Select 'Next' to proceed.

PDMP Renewal Attestation

By renewing your license in Active status, you agree with the following statement:

I attest that IF I maintain a current United States Drug Enforcement Agency (DEA) registration, I have registered an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) at <https://colorado.pmpaware.net>.

If you have questions about registering or to check if you have registered, please contact Appriss' 24/7 support line at (855) 263-6403 or email the Colorado PDMP Administrator at pdmpinqr@state.co.us for assistance.

Click Next to proceed.

Review

Please make sure to **PRINT THIS SCREEN** for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

CREDENTIAL STATUS HISTORY SUMMARY

Name: Suzanne Thorp
License: Registered Nurse RN.0082542
License Status: Active
License Status Reason: CURRENT
First Issuance date: 02/01/1986
License expiration date: 09/30/2025

Date: 2/28/2024

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

Status	Reason	Date Changed	User
Active	CURRENT	08/31/2023	Automated
Active in Renewal	ACTIVE	08/30/2023	Automated
Active	CURRENT	08/31/2021	Automated
Active in Renewal	ACTIVE	08/24/2021	Automated
Active	CURRENT	09/16/2019	Automated
Active in Renewal	ACTIVE	08/27/2019	Automated
Active	CURRENT	09/15/2017	Automated
Active in Renewal	ACTIVE	08/24/2017	Automated
Active	CURRENT	08/21/2015	Automated
Approved	READY TO PRINT	08/21/2015	Automated
Active in Renewal	ACTIVE	08/05/2015	Automated
Active	CURRENT	09/30/2013	Automated
Approved	READY TO PRINT	09/28/2013	Automated
Active in Renewal	ACTIVE	08/21/2013	Automated
Active	CURRENT	10/01/2011	

CREDENTIAL STATUS HISTORY SUMMARY

Name: Suzanne Thorp

Date: 2/28/2024

License: Nurse Practitioner - RXN RXN.0000066-NP

License Status: Active

License Status Reason: CURRENT

First Issuance date: 04/13/2000

License expiration date: 09/30/2025

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

Status	Reason	Date Changed	User
Active	CURRENT	09/06/2023	Automated
Active in Renewal	ACTIVE	08/31/2023	Automated
Active	CURRENT	08/31/2021	Automated
Active in Renewal	ACTIVE	08/24/2021	Automated
Active	CURRENT	09/16/2019	Automated
Active in Renewal	ACTIVE	08/27/2019	Automated
Active	CURRENT	09/15/2017	Automated
Active in Renewal	ACTIVE	08/24/2017	Automated
Active	CURRENT	08/21/2015	Automated
Approved	READY TO PRINT	08/21/2015	Automated
Active in Renewal	ACTIVE	08/04/2015	Automated
Active	CURRENT	09/28/2013	Automated
Active in Renewal	ACTIVE	08/21/2013	Automated
Active	CURRENT	10/01/2011	

CREDENTIAL STATUS HISTORY SUMMARY

Name: Suzanne Thorp

Date: 2/28/2024

License: Nurse Practitioner - APN APN.0002923-NP

License Status: Active

License Status Reason: CURRENT

First Issuance date: 11/22/1999

License expiration date: 09/30/2025

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

Status	Reason	Date Changed	User
Active	CURRENT	08/31/2023	Automated
Active in Renewal	ACTIVE	08/31/2023	Automated
Active	CURRENT	08/31/2021	Automated
Active in Renewal	ACTIVE	08/24/2021	Automated
Active	CURRENT	09/16/2019	Automated
Active in Renewal	ACTIVE	08/27/2019	Automated
Active	CURRENT	09/15/2017	Automated
Active in Renewal	ACTIVE	08/24/2017	Automated
Active	CURRENT	08/21/2015	Automated
Approved	READY TO PRINT	08/21/2015	Automated
Active in Renewal	ACTIVE	08/04/2015	Automated
Active	CURRENT	09/28/2013	Automated
Active in Renewal	ACTIVE	08/21/2013	Automated
Active	CURRENT	10/01/2011	

