

Application - Compact Nurse Practitioner - C-APN

| | |
|------------|------------------------------------|
| Name | Keisha Indenbaum-Bates |
| Credential | Compact Nurse Practitioner - C-APN |

Fee Details

| | |
|---------------------------------|-----------------|
| NP - Advanced Practice Registry | \$120.00 |
| | \$120.00 |

C-APN - CNS_NP Application - Main Page

Online Application - Instructions

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

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

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

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

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

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

Online Application - Application Checklist

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

Yes

2. Choose from the drop-down below the state where you hold a compact multi-state RN license - *please note that states do not show alphabetically:*

Maryland

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

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

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

[Indenbaum-Bates_RN](#)  f

C-APN - NP Application - Method

Online Application - Application Checklist

4. Select "Original" below:

Original

APN - CNS_NP Application - Population(s)

Online Application - Population(s)

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

Family

APN Application - Certification and Qualifications

Online Application - Certification & Qualifications

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

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

[Indenbaum-Bates_FNP-C_Wallet](#) [REDACTED]

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

APN Application - Other APN Designations

Online Application - Other APN Designations

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

No

Application - Applicant Information

Application | Applicant Information

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

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

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

Yes

10. What is your Date of Birth?

[REDACTED]

EMAIL NOTICE:

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

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

Application - Applicant Previous Names

Application | Applicant Previous Names

11. You indicated on the previous page that you have had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with. Select the "add" button in the grid below to enter the name(s) used previously:

| Previous Name | From Month | From Year | To Month | To Year | Reason(s) for Change | Documentation |
|---------------|------------|-----------|----------|---------|----------------------|---|
| Keisha Bates | September | 1994 | July | 2019 | Marriage | Indenbaum-Bates_drivers [REDACTED] Indenbaum-Bates_SS [REDACTED] Indenbaum-Bates-marriage cert [REDACTED] |

12. Please upload all legal name change documentation to assist us in verifying your credentials to process your application:

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

Indenbaum-Bates_drivers licen [REDACTED]
 Indenbaum-Bates_SS [REDACTED]
 Indenbaum-Bates-marriage certifi [REDACTED]

Application - Military

Application | Military

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

No

14.

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

15.

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

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

No

17.

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

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

No

APN Application - Professional Liability Insurance

Online Application - Professional Liability Insurance

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

Yes

NURSING Application - PSOR Intro

Primary State of Residence Designation

PRIMARY STATE OF RESIDENCE:

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

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

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

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

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

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

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

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

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.

30. Street Address:
2812 Pin Oak Lane

31. City:
Glenarden

32. State:
Maryland

33. Zip:
20706

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

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

34. By entering your full legal name below you attest that you have read and understand the above information.
Keisha Indenbaum-Bates

35. Please enter today's date:
06/21/2022

Healthcare Profile - Compact Nurse Practitioner Introduction**Healthcare Professions Profile | Introduction**

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

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

Healthcare Profile - Location of Practice**Healthcare Professions Profile | Location of Practice**

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

Healthcare Profile - Nursing Education and Training**Healthcare Professions Profile | Education and Training**

38. School or Education Level:
Doctorate Degree

39. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*
2022

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

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

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

42. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Nursing Board Certifications if Yes

Healthcare Professions Profile | Board Certifications

43. Board Certifications:

| Certification |
|---|
| American Academy of Nurse Practitioners |

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

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

Healthcare Profile - Advanced Practice Specialty

Healthcare Profile | Advanced Practice Specialties

46. Do you hold an Advanced Practice Authority?
No

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

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

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

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

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

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

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

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

54. Do you have an employer in the profession in which you are licensed or are applying for a license?
No

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

56. 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

58. 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

60. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?
No

Healthcare Profile - Healthcare Facility Actions

Healthcare Professions Profile | Healthcare Facility Actions

62. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.
No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

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

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

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

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

69. 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

71. 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

73. 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

75. 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.

76. Submission Date:
06/21/2022

Review

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

- Select the "Print Review" button in the upper right hand corner of this page

- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

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

Application - Compact Nurse Practitioner - C-RXN

| | |
|------------|------------------------------------|
| Name | Keisha Indenbaum-Bates |
| Credential | Compact Nurse Practitioner - C-RXN |

Fee Details

| | |
|-----------------------------|-----------------|
| NP - Prescriptive Authority | \$240.00 |
| | \$240.00 |

C-RXN Application - Compact RN

Online Application - Application Checklist

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

C-RXN Application - Primary/Compact State

Online Application - Application Checklist

2. Choose from the drop-down below the state where you hold a compact multi-state RN license - *please note that states do not show alphabetically*:
Maryland

C-RXN Application - Main Page

Online Application - Instructions

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

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

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

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

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

- You should apply for **Original** C-RXN if you are applying for prescriptive authority for the first time and have never held prescriptive authority in another state. Upon review of your qualifications, you will receive a C-RXN. Provisional prescriptive authority will authorize you to begin the prescribing mentorship and may be retained in an active status for three years from the date of issuance. Prescribing with provisional prescriptive authority while accruing additional hours required for full prescriptive authority requires that a mutually-structured mentorship exist between you and a Colorado licensed physician OR an APN mentor with full prescriptive authority. Before the end of the three-year period, you must submit an application for full prescriptive authority. If an application for full prescriptive authority is not submitted within three years, the C-RXN will expire.
 - If you already hold C-RXN and have completed your mentorship, STOP NOW and complete the application for full prescriptive authority on the [Applications and Forms webpage](#).
 - You should apply by **Endorsement** if you have prescriptive authority and at least 750 hours of documented prescribing experience in another state.

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

Application - Applicant Information

Application | Applicant Information

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

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

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.
Yes

4. What is your Date of Birth?

[Redacted]

EMAIL NOTICE:

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

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

Application - Applicant Previous Names

Application | Applicant Previous Names

5. You indicated on the previous page that you have had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with. Select the "add" button in the grid below to enter the name(s) used previously:

| Previous Name | From Month | From Year | To Month | To Year | Reason(s) for Change | Documentation |
|---------------|------------|-----------|----------|---------|----------------------|--|
| Keisha Bates | September | 1994 | July | 2019 | Marriage | Indenbaum-Bates_SS C [Redacted] Indenbaum-Bates-marriage certifi [Redacted] Indenbaum-Bates_drivers [Redacted] |

6. Please upload all legal name change documentation to assist us in verifying your credentials to process your application:

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

- [Indenbaum-Bates_SS \[Redacted\]](#)
- [Indenbaum-Bates-marriage certifi \[Redacted\]](#)
- [Indenbaum-Bates_drivers lice \[Redacted\]](#)

Application - Military

Application | Military

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

8.

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

9.

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

10. Are you a Veteran of the U.S. Military?
No

11.

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

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

No

C-RXN_NP Application - Method

Online Application - Application Checklist

22. You MUST choose at least one population focus from the select-box below.

Family

23. Select your method below:

Original

RXN Application - Colorado Mentorship

Online Application - Colorado Mentorship

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

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

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

Yes

RXN Application - Other RXN(s)

Online Application - Other Nursing/RXN License(s)

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

No

C-RXN Application - Compact RN in good standing

Online Application - RN

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

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

Yes

C-RXN Application - APN

Online Application - APN

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

Yes

C-RXN Application - APN in good standing

Online Application - APN in good standing

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

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

Yes

RXN Application - Clinical Work Experience

Online Application - Clinical Experience

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

Yes

RXN - CNS_NP Application - Certification

Online Application - National Certification

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

[Indenbaum-Bates_FNP-C](#) [REDACTED]

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

RXN Application - Transcripts/Course Descriptions

Online Application - Transcripts/Course Descriptions

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

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

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

[Indenbaum-Bates_Trans](#) [REDACTED]

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

NURSING Application - PSOR Intro

Primary State of Residence Designation

PRIMARY STATE OF RESIDENCE:

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

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

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

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

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

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

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

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

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.

42. Street Address:
2812 Pin Oak Lane

43. City:
Glenarden

44. State:
Maryland

45. Zip:
20706

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

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

Yes

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

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

47. By entering your full legal name below you attest that you have read and understand the above information.
Keisha Indenbaum-Bates

48. Please enter today's date:
07/11/2022

Review

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

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

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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

KEISHA NICOLE SHIRLYN INDENBAUM-BATES [NCSBN ID: ██████████]

As of Friday July 08 2022 12:52:44 PM US Central Time

Disclaimer of Representations and Warranties

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

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

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

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

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| INDENBAUM-BATES, KEISHA NICOLE SHIRLYN | RN | MARYLAND | R228193 | YES | UNENCUMBERED | 06/23/2017 | 08/28/2023 | MULTISTATE |

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

Authorized to Practice in

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

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

APRN authorization to practice details are not available.

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

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner

- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

License status information

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

Nurse Licensure Compact (NLC) information

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



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www.nursys.com

Licensee Details

Full Name: KEISHA NICOLE SHIRLYN INDENBAUM-BATES

Home State: Compact State

License

| | | | |
|---------------------|------------------|-------------------------|-----------|
| Lic #: | R228193 | Status: | Active |
| Profession: | Nursing | Issue Date: | 6/23/2017 |
| Type: | REGISTERED NURSE | Date Renewed: | 6/14/2021 |
| Obtained by: | [REDACTED] | Expiration Date: | 8/28/2023 |
| State: | | | |

Education

| | | | |
|--------------------|------------------------------|---------------------|--|
| School: | UNIVERSITY OF MARYLAND - MSN | | |
| Profession: | Nursing | | |
| Specialty: | | | |
| Type: | RN | | |
| School: | UNIVERSITY OF MARYLAND - MSN | | |
| Profession: | Nursing | MASTER'S IN NURSING | |
| Specialty: | | | |
| Type: | RN | | |

Employment

No Employment Information

License CSR Information

No License CSR Information

CheckList Information

No CheckList Information

Public Orders

No Related Documents

Application - Registered Nurse

| | |
|------------|------------------------|
| Name | Keisha Indenbaum-Bates |
| Credential | Registered Nurse |

Fee Details

| | |
|------------------|----------------|
| RN - Endorsement | \$30.00 |
| RN- Peer Fee | \$40.00 |
| | \$70.00 |

Registered Nurse - Welcome

Registered Nurse Application | Welcome

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

Welcome to Online Registered Nurse Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- [Registered Nurse by Examination](#)

- Graduation from an approved nursing education program, college or university. If you have not graduated yet, do not apply.
 - Graduation includes possession of your transcript that includes degree conferral date. If you do not have your transcript in your possession and cannot upload it as a part of this application, do not apply.
- Prepared to register and sit for the NCLEX Examination. If you are not prepared to register and complete the NCLEX exam, do not apply.
- Prepared to complete a fingerprint background check from the FBI and CBI. If you are not prepared to complete a background check, do not apply.
- Ensure you have read and understand the uniform licensure requirements of the [Enhanced Nurse Licensure Compact \(eNLC\)](#). If you have not read the requirements, do not apply.

- [Registered Nurse by Endorsement](#)

- Hold or have held an active license as a registered nurse in another state or jurisdiction. If you do not currently hold or previously held a registered nurse license, do not apply.
- Prepared to request verification of ALL current and previously held registered nurse licenses. If you cannot provide this verification, do not apply.
- Prepared to complete a fingerprint background check from the FBI and CBI. If you are not prepared to complete a background check, do not apply.
- Ensure you have read and understand the uniform licensure requirements of the [Enhanced Nurse Licensure Compact \(eNLC\)](#). If you have not read the requirements, do not apply.

Basically, if you haven't completed the above, it is best for you to wait until you have. Otherwise you will not be able to qualify for a Registered Nurse license. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

Application - Applicant Information

Application | Applicant Information

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

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

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

Yes

2. What is your Date of Birth?

██████████

EMAIL NOTICE:

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

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

Application - Applicant Previous Names**Application | Applicant Previous Names**

3. You indicated on the previous page that you have had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with. Select the "add" button in the grid below to enter the name(s) used previously:

| Previous Name | From Month | From Year | To Month | To Year | Reason(s) for Change | Documentation |
|---------------|------------|-----------|----------|---------|----------------------|---------------|
| Keisha Bates | September | 1994 | July | 2019 | Marriage | |

4. Please upload all legal name change documentation to assist us in verifying your credentials to process your application:

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[Indenbaum-Bates-marriage cer](#) [REDACTED]
[Indenbaum-Bates_SS](#) [REDACTED]
[Indenbaum-Bates_Drivers L](#) [REDACTED]

Application - Military**Application | Military**

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

No

6.

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

7.

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

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

No

9.

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

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

No

Registered Nurse - School, Background, Compact Information**Registered Nurse Application | Education/School, Background Check and Nurse Licensure Compact Information**

20. Have you graduated with a degree, diploma or certificate from an approved nursing education program, college or university? If you have not graduated yet, you cannot apply.

- You must have completed graduation from a approved nursing education program. Completing requirements without graduation **DOES NOT** qualify you. If you have not completed graduation and do not have your transcript in your possession, DO NOT APPLY.

Yes

21. Enter the name of the approved, nursing education program, college or university from which you graduated:

University of Maryland School of Nursing

22. Enter the address of the nursing education program, college or university (Street, City, State and Zip):

655 W Lombard St, Baltimore, MD 21202

23. How many years did you attend this nursing education program, college or university?:

2

24. Enter the date you graduated:

05/19/2017

25. Select the highest level Degree/Diploma you received:

Master of Science - Nursing

26. You must have already completed the Nursing Fingerprint and Criminal Background check in order to apply for licensure as a Registered Nurse. If you have not completed this fingerprint background check, follow the instructions below prior to submitting your application:

- Visit [Colorado Nursing Forms Webpage](#)
- Select the "Fingerprinting & Background Check Information" link
- Follow the instructions on the document and schedule and complete your Fingerprint Background Check with either [IdentoGO Fingerprint Services](#) OR [American Bioidentity - Colorado Fingerprinting](#).

After you have completed the above steps, you may return and complete this application. IdentoGO or American Bioidentity will provide your results directly to the Division via the Colorado Bureau of Investigations (CBI).

Have you completed the above steps application and submitted your fingerprint background check to IdentoGO or American Bioidentity?

Yes

27. Colorado is a member of the Enhanced Nurse Licensure Compact (eNLC). That means if you are currently licensed in a participating compact state, claim residency in that state and have an unrestricted, multi-state license in that state, then you do not need to apply in Colorado. For more information about requirements and a list of current compact states, please visit: [NCSBN Nurse Licensure Compact Information Webpage](#).

If you are licensed in another state and are unsure what your status is in that state, it is best to contact them and confirm if you are currently a part of a eNLC. To be eligible to apply in Colorado:

- You do not currently hold an Active, unrestricted Registered Nurse license in another compact state; OR
- You are moving to Colorado and plan to claim Colorado as your Primary State of Residence; OR
- You are currently licensed in a "Non-Compact" state and wish to also work in Colorado.

Basically, if you do not meet one of the options above or are unsure of your status, it is best to confirm on the [NCSBN Nurse Licensure Compact Information Webpage](#). Otherwise, you may not be eligible and your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

If you have confirmed the above and believe you are eligible to be licensed in Colorado as a Multi-State or Single State Compact Registered Nurse, please enter your Primary State of Residence by selecting the "Add" button below and entering the required information:

| Primary State of Residence | Military/Federal Designation | States of Practice |
|----------------------------|------------------------------|---|
| Colorado | No | Colorado Nevada New Mexico Wyoming |

28. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Registered Nurse by Examination](#)
- [Registered Nurse by Endorsement](#)

Endorsement

Registered Nurse - Endorsement Information

Registered Nurse Application | Endorsement Information

35. In order to apply by Endorsement you must hold or have previously held an Active Registered Nurse license in another state, territory or country. Please list all licenses you have held in the grid below by selecting the "Add" button below an entering the them chronologically:

| Name of License Holder | State | LicenseType | LicenseNumber | License Status | LicenseIssuedDate | License Expiration Date | Disciplinary Action | Type of Endorsement(s) |
|------------------------|-------|-------------|---------------|----------------|-------------------|-------------------------|---------------------|------------------------|
|------------------------|-------|-------------|---------------|----------------|-------------------|-------------------------|---------------------|------------------------|

| | | | | | | | | |
|------------------------|----------|------------------|---------|--------|------------|------------|----|--|
| Keisha Indenbaum-Bates | Maryland | Registered Nurse | R228193 | Active | 06/23/2017 | 08/28/2023 | No | |
| Keisha Indenbaum-Bates | Nevada | Registered Nurse | 859254 | Active | 11/22/2022 | 08/14/2024 | No | |

36. You must also provide verification of ALL licenses by one of the methods below:

- [NURSYS Participating States](#) (All US States except Michigan and Pennsylvania): You must apply for and provide verification through the NURSYS Nurse License Verification system. To complete this verification please visit: [NURSYS Nurse License Verification System](#)
- Non-NURSYS Participating States (Michigan and Pennsylvania): You must contact the appropriate state board and arrange for verification of your license(s) to be sent to Colorado. You may find contact information for these states below:
 - [Michigan Board of Nursing](#)
 - [Pennsylvania Board of Nursing](#)

Have you completed the above verification request(s) as appropriate for ALL licenses you hold or have previously held?

Yes



38. Enter the date you last practiced as a Registered Nurse or Advance Practice Registered Nurse:

07/31/2023

Application - Screening Questions

Application | Screening Questions

Please review the [Notice to Applicants Regarding Licensure and Criminal History](#) before starting the application screening questions. If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:

39.

- An arrest, discipline, sanction or warning?

No

40.

- Loss or suspension of any license?

No

41.

- Termination or suspension from school or employment?

No

42.

- Endangering the safety of others?

No

43.

- A breach of fiduciary obligations?

No

44.

- A violation of workplace or academic conduct rules?

No

45.

- An impairment of your ability to practice in a safe, competent, ethical and professional manner?



46.

- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently?



47.

- Claiming the 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?



For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

48. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

49. Enter the date(s) of the event(s)/offense(s):

50. Enter the location(s)/court(s):

51. Provide the current status/outcome of the event(s)/offense(s):

52. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

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

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Inquiry Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had any inquiry, investigation or administrative/judicial proceeding by:

53.

- A Licensing Authority other than a Colorado State Board or Program?

No

54.

- A Government Agency?

No

55.

- A Court?

No

56.

- An Employer?

No

57.

- An Educational Institution?

No

58.

- A Professional Organization?

No

59.

- In connection with an employment disciplinary or termination procedure?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

60. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

61. Enter the date(s) of the event(s)/offense(s):

62. Enter the location(s)/court(s):

63. Provide the current status/outcome of the event(s)/offense(s):

64. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

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

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Healthcare Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had the below occur:

65.

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience?

No

66.

- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration been reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

67. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

68. Enter the date(s) of the event(s)/offense(s):

69. Enter the location(s)/court(s):

70. Provide the current status/outcome of the event(s)/offense(s):

71. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

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

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Registered Nurse - Attestation

Registered Nurse Application | Attestation

72. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Registered Nurse application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

07/31/2023

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**

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

Yes

Healthcare Profile - Location of Practice if Yes (WF)**Healthcare Professions Profile | Location of Practice**

74. Practice Locations:

| Address | City | State | Zip Code | Phone Number |
|-------------------|--------|----------|----------|--------------|
| 921 E 14th Avenue | Denver | Colorado | 80218 | 303-832-5069 |

Healthcare Profile - Nursing Education and Training**Healthcare Professions Profile | Education and Training**

75. School or Education Level:

Doctorate Degree

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

2017

Healthcare Profile - Other Licenses**Healthcare Professions Profile | Other Licenses**

77. 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**

78. Other Licenses:

| State | License Status | Year Originally Issued |
|------------|----------------|------------------------|
| Colorado | Active | 2022 |
| Wyoming | Active | 2022 |
| New Mexico | Active | 2022 |
| Nevada | Active | 2022 |

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

79. Do you hold any current Board Certifications?

Yes

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

80. Board Certifications:

| |
|---|
| Certification |
| American Academy of Nurse Practitioners |

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

81. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

Healthcare Profile - Nursing Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

82. Practice Specialties:

| |
|------------------|
| Specialty |
| Other |

Healthcare Profile - Advanced Practice Specialty

Healthcare Profile | Advanced Practice Specialties

83. Do you hold an Advanced Practice Authority?

Yes

Healthcare Profile - Advanced Practice Specialty if Yes

Healthcare Profile | Advanced Practice Specialties

84. Advanced Practice Authority Specialty Area:

Family

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

85. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

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

87. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

Yes

Healthcare Profile - Other Facility and Out of State Hospital Affiliations if Yes

Healthcare Professions Profile | Other State Hospital Affiliations

88. Other Healthcare Facility Affiliations:

| Facility | Affiliation Type | City | State |
|---|------------------|--------|----------|
| Planned Parenthood of the Rocky Mountains | Affiliate | Denver | Colorado |

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

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

No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

91. 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

92. Employer:

| Employer Name | Address | City | State | Zip Code | Phone Number |
|---|-------------------|--------|----------|----------|----------------|
| Planned Parenthood of the Rocky Mountains | 921 E 14th Avenue | Denver | Colorado | 80218 | (303) 832-5069 |

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

93. 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

95. 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

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

No

Healthcare Profile - Healthcare Facility Actions

Healthcare Professions Profile | Healthcare Facility Actions

99. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not

required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

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

No

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

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

No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

106. 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

108. 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

110. 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

112. 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.

113. Submission Date:

07/31/2023

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.

RN Verification Report
Printed for COLORADO on 8/3/2023
Acknowledged on 08/03/2023 by jcarter

Personal Information

| NCSBN ID | SSN | Name (Reporting Jurisdictions) | DOB (Reporting Jurisdictions) |
|------------|------------|---|----------------------------------|
| ██████████ | ██████████ | INDENBAUM-BATES, KEISHA NICOLE SHIRLYN (MD) DR. INDENBAUM-BATES, KEISHA (NV) | ██████████ |

License Information

| License | Date of Licensure | Expiration Date | License Status | Licensure Basis | Initial Licensure | Exam | Member Board Notification |
|--------------------------------------|-------------------|-----------------|----------------|-------------------|-------------------|------------|---------------------------|
| MD RN R228193 Multistate | 06/14/2021 | 08/28/2023 | YES | Exam | 06/23/2017 | ██████████ | |
| NV RN 859254 Single State | 11/22/2022 | 08/14/2024 | YES | Endorsement | 11/22/2022 | | |
| NV RN TEMP859254 Single State | 09/07/2022 | 11/22/2022 | NO | Endorsement | 09/07/2022 | | YES |
| WY CNP TEMP50808 Single State | 09/09/2022 | 10/07/2022 | NO | Advanced Practice | 09/09/2022 | | YES |
| NM CNP TEMP69599 Single State | 08/31/2022 | 10/05/2022 | NO | Advanced Practice | 08/31/2022 | | YES |
| WY CNP 50808 Single State | 10/07/2022 | 12/31/2024 | YES | Advanced Practice | 10/07/2022 | | |
| NV CNP 859254 Single State | 01/10/2023 | 08/14/2024 | YES | Advanced Practice | 01/10/2023 | | |
| NV CNP TEMP859254 Single State | 09/08/2022 | 01/10/2023 | NO | Advanced Practice | 09/08/2022 | | YES |
| NM CNP 69599 Single State | 10/05/2022 | 08/28/2023 | YES | Advanced Practice | 10/05/2022 | | |

Member Board Notification

| License | Notification Type | Notification Details |
|-------------------------------------|---|--|
| NV RN TEMP859254 Single State | Temporary License/Permit (as of 09/07/2022) | This is a temporary license/permit and is unavailable for verification for endorsement purposes. |

Address Information

| Juris. | Address | City | State | Postal Code | Country |
|--------|------------------------------|-----------|-------|-------------|---------|
| MD | 1114 ST. PAUL STREET; APT 3A | BALTIMORE | MD | 21202 | USA |
| MD | 2812 PIN OAK LANE | LANHAM | MD | 20706 | USA |
| NV | 1275 VIOLET AVENUE, #101 | BOULDER | CO | 80304 | USA |

Education Information

| Juris. | School Name | Graduation Date | Program | Degree | City | State | Country |
|--------|---|-----------------|---------|---------|-----------|-------|---------|
| MD | US07502500 UNIVERSITY OF MARYLAND - MSN | 05/19/2017 | RN | Masters | Baltimore | MD | USA |
| NV | US07502500 UNIVERSITY OF MARYLAND - MSN | 05/00/2017 | RN | Masters | Baltimore | MD | USA |

Advanced Practice Population Focus Information

| Population Focus | Education Program Focus | Prescription Authority | Controlled Substance Authority | Independent Practice Authority | Grandfathered | National Certification Exam Agency | Certification Number | Certification Expiration Number |
|---------------------------------------|-------------------------|------------------------|--------------------------------|--------------------------------|---------------|------------------------------------|----------------------|---------------------------------|
| Family/individual across the lifespan | NOT APPLICABLE | NOT APPLICABLE | NOT APPLICABLE | Not Supplied | Not Supplied | AANPCB | ██████████ | 06/20/2027 |

Advanced Practice Population Focus Information

| Population Focus | Education Program Focus | Prescription Authority | Controlled Substance Authority | Independent Practice Authority | Grandfathered | National Certification Exam Agency | Certification Number | Certification Expiration Number |
|---------------------------------------|-------------------------|------------------------|--------------------------------|--------------------------------|---------------|------------------------------------|----------------------|---------------------------------|
| Family/individual across the lifespan | NOT APPLICABLE | NOT APPLICABLE | NO | Not Supplied | Not Supplied | AANPCB | ██████████ | 06/20/2027 |

Advanced Practice Population Focus Information

| Population Focus | Education Program Focus | Prescription Authority | Controlled Substance Authority | Independent Practice Authority | Grandfathered | National Certification Exam Agency | Certification Number | Certification Expiration Number |
|---------------------------------------|-------------------------|------------------------|--------------------------------|--------------------------------|---------------|------------------------------------|----------------------|---------------------------------|
| Family/individual across the lifespan | NOT APPLICABLE | YES | NOT APPLICABLE | Not Supplied | Not Supplied | AANPCB | ██████████ | 06/20/2027 |

Advanced Practice Population Focus Information

| Population Focus | Education Program Focus | Prescription Authority | Controlled Substance Authority | Independent Practice Authority | Grandfathered | National Certification Exam Agency | Certification Number | Certification Expiration Number |
|---------------------------------------|-------------------------|------------------------|--------------------------------|--------------------------------|---------------|------------------------------------|----------------------|---------------------------------|
| Family/individual across the lifespan | NOT APPLICABLE | NOT APPLICABLE | NOT APPLICABLE | Not Supplied | Not Supplied | AANPCB | ██████████ | 06/20/2027 |

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|---------------------------------------|-------------------------|------------------------|--------------------------------|--------------------------------|---------------|------------------------------------|----------------------|---------------------------------|
| Family/individual across the lifespan | NOT APPLICABLE | NOT APPLICABLE | NOT APPLICABLE | Not Supplied | Not Supplied | AANPCB | ██████████ | 06/20/2027 |

Advanced Practice Population Focus Information

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| | | | | | | | | |

| | | | | | | | | |
|---------------------------------------|----------------|-----|----|--------------|--------------|--------|------------|--------------|
| Family/individual across the lifespan | NOT APPLICABLE | YES | NO | Not Supplied | Not Supplied | ANCC | ██████████ | Not Supplied |
| Family/individual across the lifespan | NOT APPLICABLE | YES | NO | Not Supplied | Not Supplied | AANPCB | ██████████ | 06/20/2027 |

Discipline Information

No discipline records for this individual

Discipline On Other License Types

No discipline records other license type for this individual

NCLEX Registration Data

| NCSBN ID | Name | Alias | Maiden Name | Mothers Maiden Name | Address | Date of Birth | SSN | Gender |
|------------|---------------------------------------|-------|--------------|---------------------|---|---------------|------------|--------|
| ██████████ | BATES, KEISHA NICOLE SHIRLYN | MASER | Not Supplied | FRITZ | 1114 ST. PAUL STREET APT 3A BALTIMORE, MD 21202 | ██████████ | ██████████ | FEMALE |

| Ethnicity | Education Program Code | Graduation Date | Exam Type | Exam Date | Registered with CGFNS | CGFNS ID | Applicant Made Eligible |
|-----------|--|-----------------|------------|------------|-----------------------|----------------|-------------------------|
| ASIAN | US07502500 UNIVERSITY OF MARYLAND - MSN | 05/2017 | ██████████ | ██████████ | Not Supplied | Not Applicable | MARYLAND |

Individual was Educated in UNITED STATES (USA)

PLEASE NOTE:

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



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Management Branch
Office of Licensing

Declaration of Primary State of Residence

This is NOT an application for licensure. Complete the form and send to the address at the bottom of this page. You may be asked to provide proof of residency.

CO RN/PN License Number: CO APRN: C-APN.0004266-C-NP
MD RN: R228193

License Expiration Date: CO APRN: 9/30/24
MD RN: 8/28/23

PART 1- LICENSEE INFORMATION

| | | | |
|---|---|------------------------------|----------------|
| Name: First: Keisha | Middle: Nicole Shirlyn | Last: Indenbaum-Bates | Suffix: |
| Previous Name(s): Keisha Bates | | | |
| Social Security Number: * [REDACTED] | | | |
| E-mail Address: [REDACTED] <i>(This will be the primary communication method)</i> | | | |
| Mailing Address: <i>This is a Home</i> <input checked="" type="checkbox"/> <i>Business</i> <input type="checkbox"/> | PO Box, Street: 4066 S Yampa Street City, State, Zip: Aurora, CO 80013 | | |

PART 2 –DECLARATION OF PRIMARY STATE OF RESIDENCE

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

- Driver's License with a home address;
- Voter registration card displaying home address;
- Federal income tax return declaring the primary state of residence;
- Military Form no. 2058 – state of legal residence certificate;
- W-2 from U.S. Government or any bureau, division or agency thereof indicating the declared state of residence.

Based on the information above, I declare that the state of Colorado is my legal primary state of residence.

 My primary state of residence is currently in another compact state and I am in the process of moving to Colorado. I understand that in order to complete the licensure process, I must provide proof of Colorado residency and a physical address after establishing residency.

| | | |
|------------------------------------|-------------------------|---------------------|
| Primary Residence | Street: | 4066 S Yampa Street |
| Physical Address: | City, State, Zip | Aurora, CO 80013 |
| (PO Boxes are not accepted) | | |



PART 2 –DECLARATION OF STATE(S) OF CURRENT PRACTICE

Upon licensure in Colorado, I may practice in the state(s) of:

Colorado (strike through if not applicable)

New Mexico

Nevada

Wyoming

Attach additional sheets if necessary.

I will practice exclusively a government/military facility and am requesting a Colorado single-state license.

ATTESTATION

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. In accordance with § 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law and may constitute violation of the practice act.

Keishla Bate

8/10/23

Applicant Signature

Date



CREDENTIAL STATUS HISTORY SUMMARY

Name: Keisha Indenbaum-Bates

Date: 2/27/2024

License: Registered Nurse RN.1691851

License Status: Active

License Status Reason: CURRENT

First Issuance date: 08/14/2023

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 | 08/14/2023 | Automated |
| Pending | INTERNAL CONTROL APPROVAL | 08/14/2023 | Automated |
| Application Incomplete | APPLICATION INCOMPLETE | 08/03/2023 | Automated |
| Online Application Received | ONLINE APPLICATION RECEIVED | | New License |

