

Name	Isabel Washburn
Credential	Compact Nurse Practitioner - C-APN

NP - Advanced Practice Registry	\$44.00
	<b>\$44.00</b>

**Compact Advanced Practice Nurse - Nurse Practitioner Application | Welcome**

1. Welcome to the Online Compact Advanced Practice Nurse - Nurse Practitioner Authority Application. Before you begin, please review the important information below:

Please use the links below for the specific requirements.

- Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Advanced Practice Nurse - Nurse Practitioner authority. 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.

## Application | Applicant Information

11/11/2016

Application	Applicant Previous Names

1/7

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
			December	2023		
Anne Elizabeth Van Brunt Washburn	February	1983	February	2006	Personal Preference	Isabel Name Change For [REDACTED]

5. 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).

Isabel Name [REDACTED]

## Application - Military 2022.1

### Application | Military

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

No

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

No

8. 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

## Compact Advanced Practice Nurse - Nurse Practitioner - Original Information

### Compact Advanced Practice Nurse - Nurse Practitioner Application | Original Information

9. Do you hold a Registered Nurse (RN) license in a Compact State?

Yes

10. You must provide verification of your National Certification (ANCC, ACCN, AANP, PNCB or NCC). 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 "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).

NCC Certification 1 [REDACTED]

11. Select the population(s) you want to declare as your specialty:

Women's Health/Gender Specific

12. Prior to practicing as an Advanced Practice Nurse in Colorado, you must obtain Professional Liability Insurance, or be covered by an exemption.

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption.

Yes

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

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

14. 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.

Please enter the full, 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.

For example: 123 Main Street, Denver, CO 80201  
4137 Whispering Wing Rd Santa Fe, NM 87507

15.

- You must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Isabel Washburn	New Mexico	RN	RN-80950	Active	12/19/2014	02/29/2024	No	
Isabel Washburn	New Mexico	CNP	CNP-02594	Active	01/05/2015	02/29/2024	No	
Isabel Washburn	New York	RN	673868	Expired	07/11/2013		No	

16.

- You must also scan and upload verification ALL licenses below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. Do not apply if you cannot supply this verification.

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).

License Verificati  
NY Verificatio  
NY Verificatio

## Compact Advanced Practice Nurse - Nurse Practitioner - Attestation

### Compact Advanced Practice Nurse - Nurse Practitioner Application | Attestation

17. 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 COMPACT ADVANCE PRACTICE NURSE - NURSE PRACTITIONER registration 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:

01/07/2024

## 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

18. 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**

19. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E 38th Ave	Denver	Colorado	80207	800-230-7526

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

20. School or Education Level:

Masters Degree

21. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format***Healthcare Profile - Other Licenses****Healthcare Professions Profile | Other Licenses**

22. 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**

23. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2014
New Mexico	Active	2015
New York	Inactive	2013

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

24. Do you hold any current Board Certifications?

Yes

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

25. Board Certifications:

Certification
Other

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

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

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**Healthcare Profile - Nursing Practice Specialties if Yes****Healthcare Professions Profile | Practice Specialties**

27. Practice Specialties:

Specialty
Other

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

28. Do you hold an Advanced Practice Authority?  
No

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

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

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

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

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

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

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

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

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

38. 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**

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**Healthcare Professions Profile | Disciplinary Actions**

40. 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**

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**Healthcare Professions Profile | Restrictions and Suspensions**

42. 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**

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**Healthcare Professions Profile | Healthcare Facility Actions**

44. 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**

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**Healthcare Professions Profile | Termination of Employment**

46. 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**

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**Healthcare Professions Profile | DEA Registration**

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

**Healthcare Profile - Convictions**

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**Healthcare Professions Profile | Convictions**

51. 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**

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**Healthcare Professions Profile | Malpractice Claims**

53. 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**

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**Healthcare Professions Profile | Malpractice Carrier Refusal**

55. 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**

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**Healthcare Professions Profile | Optional Narrative**

57. Optional Narrative:

Navajo Area Indian Health Service 2017 Director's Award for Exceptional Performance

**Healthcare Profile - Attestation**

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**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.

58. Submission Date:

01/07/2024

**Review**

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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 Isabel Washburn  
 Credential Compact Nurse Practitioner - C-RXN

### Fee Details

NP - Prescriptive Authority	\$89.00
	<b>\$89.00</b>

## 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
2. Do you currently hold provisional prescriptive authority in the population for which you are applying AND are applying for FULL prescriptive authority in that population?  
No

## Prescriptive Authority - Nurse Practitioner - Welcome

### Prescriptive Authority - Nurse Practitioner Application | Welcome

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

Welcome to the Online Compact Prescriptive Authority - Nurse Practitioner 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 must have already completed or have in your possession, verification of the following:

Please use the links below for the specific requirements.

- [Compact Prescriptive Authority - Nurse Practitioner by Original](#)
  - Hold an active RN license in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an RN license, do not apply.
  - Hold an active APN - Nurse Practitioner registration in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an APN-CNS registration, do not apply.
  - Upload proof of your national certification.
  - Declare your Primary State of Residency (PSOR).
  - Declare a population focus. The declared population focus must be the same as one listed on your APN-CNS registration, if multiple populations are declared on the APN-CNS.
- [Compact Prescriptive Authority - Nurse Practitioner by Endorsement](#)
  - Hold an active RN license in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an RN license, do not apply.
  - Hold an active APN - Nurse Practitioner authority in good standing and equivalent to the one for which you are applying in a Compact state or jurisdiction. If you do not hold an RN license, do not apply.
  - Hold Compact Prescriptive Authority and completed at least 750 hours of documented prescribing experience in a Compact state or jurisdiction. If you do not hold Compact Prescriptive Authority in a Compact state or you have not completed at least 750 hours of prescribing experience, you must apply by the Original method.
  - Upload proof of your national certification.
  - Declare your Primary State of Residency (PSOR).

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Compact Prescriptive Authority - Nurse Practitioner registration. 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

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?

██████████

#### 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](mailto:no-reply@www.colorado.gov) and [dpo-no-reply@state.co.us](mailto: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
			December	2023		
Anne Elizabeth Van Brunt Washburn	February	1983	February	2006	Personal Preference	

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).

[Isabel Name Change F](#) ██████████

## Application - Military 2022.1

### Application | Military

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

No

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

No

9. 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

## Prescriptive Authority - Nurse Practitioner - General Information

### Prescriptive Authority - Nurse Practitioner Application | General Information

10. Do you hold or have you already applied for a Compact Registered Nurse (RN) license *and* a Compact Advanced Practice Nurse - Nurse Practitioner Authority?

Yes

11. You must provide verification of your AANPCB and/or AACN and/or ANCC and/or NCC and/or PNCB National Certification. 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 "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).

[NCC Certification 12](#) ██████████

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

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

## 13. 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.

Please enter the full, 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.

For example: 123 Main Street, Denver, CO 80201  
4137 Whispering Wing Rd Santa Fe, NM 87507

14. By checking yes, you attest that you have at least three years of Clinical Work Experience as a licensed RN and/or APN, defined as: any relevant experience accumulated as a professional nurse (RN) or an advanced practice registered nurse (APN), 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

15. You must provide official transcripts documenting one of the following:

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

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).

[Washburn Transc](#)

16. You must provide documentation of completion of the following courses if they were not taken as part of the graduate or post-graduate program, or if they are not apparent on your transcripts:

- Physical Assessment
- Pathophysiology
- Pharmacology

Continuing education credit is not accepted; graduate credit must be awarded. If documentation is required, you must provide copies of the course description(s) or course syllabi from the same year the course was taken. 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).

[Washburn Tran](#)

17. Prior to practicing with Prescriptive Authority in Colorado, you must obtain Professional Liability Insurance, or be covered by an exemption.

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption.

Yes

18. 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:

- [Compact Prescriptive Authority - Nurse Practitioner by Original](#)
- [Compact Prescriptive Authority - Nurse Practitioner by Endorsement](#)

Endorsement

## Prescriptive Authority - Nurse Practitioner - Endorsement Information

### Prescriptive Authority - Nurse Practitioner Application | Endorsement Information

23. By checking yes, you attest that you hold prescriptive authority and completed at least 750 hours of documented prescribing experience in another state.

Yes

24. Do you currently hold an active, equivalent license in good standing in any other state or jurisdiction?

Yes

25.

- You must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Isabel Washburn	New Mexico	RN	80950	Active	12/19/2014	02/29/2024	No	
Isabel Washburn	New Mexico	CNP	02594	Active			No	
Isabel Washburn	New York	RN	673868	Inactive	07/11/2013	06/30/2016	No	

26.

- You must also scan and upload verification ALL licenses below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. Do not apply if you cannot supply this verification.

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).

License Verific  
NY Verificatio  
NY Verifica

## RXN\_C-RXN Application - PDMP & DEA Information

### Advanced Practice Nurse - Prescriptive Authority | PDMP & DEA Information

If you are issued a Colorado professional license AND IF you have or obtain an active personal DEA registration, you will be required to register for the Colorado Prescription Drug Monitoring Program at [dpo.colorado.gov/PDMP](https://dpo.colorado.gov/PDMP). Select "Prescriber/Dispenser New Registration" to create an account. Please note, you will not be able to register with the Colorado PDMP until you are issued a Colorado professional license and a personal DEA registration.

27. Do you have a DEA number?

No

28.

- If you answered Yes to the previous question, provide your DEA number.

## Prescriptive Authority - Nurse Practitioner - Attestation

### Prescriptive Authority - Nurse Practitioner Application | Attestation

29. 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 COMPACT PRESCRIPTIVE AUTHORITY - NURSE PRACTITIONER registration 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:

01/09/2024

## 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

**ISABEL ANNE WASHBURN [NCSBN ID: [REDACTED]]**

As of Wednesday January 10 2024 04:41:19 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
WASHBURN, ISABEL ANNE	RN	NEW YORK	673868	NO	EXPIRED	07/11/2013	06/30/2016	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
WASHBURN, ISABEL ANNE	RN	NEW MEXICO	RN-80950	YES	UNENCUMBERED	12/19/2014	02/29/2024	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
WASHBURN, ISABEL ANNE	CERTIFIED NURSE PRACTITIONER	NEW MEXICO	CNP-02594	YES	UNENCUMBERED	01/05/2015	02/29/2024	N/A
<b>Advanced Practice license/recognition information</b> <ul style="list-style-type: none"> <li>Focus/Specialty: Women's health/gender-related</li> <li>Prescription authority: YES</li> <li>Certification expiration date: 12/15/2023</li> <li>Focus/Specialty expiration date: 12/15/2023 - Not Active</li> </ul>								

**Where can the nurse practice as an RN and/or PN?****Authorized to Practice in**

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

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

## Verification Report

Primary Source Board of Nursing Report Summary for

**ISABEL WASHBURN**

Wednesday, August 30 2023 11:38:43 AM

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

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

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

### Temporary and Permanent (Post Exam) License / Certificate

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
WASHBURN, ISABEL ANNE	RN	RN-80950	Active	12/19/2014	02/29/2024	Single State	NO

Name on License	License / Certificate Type	License / Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
WASHBURN, ISABEL ANNE	APRN-CNP	CNP-02594	Active	01/05/2015	02/29/2024	N/A	NO

### Advanced Practice license/recognition information

- Population Focus/Specialty:
  - Focus/Specialty: Women's Health/Gender Related
  - Expiration Date: 12/15/2023
  - Certification expiration date: 12/15/2023
- Prescriptive Authority:
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number:

### License type information

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

### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- [More information about the Nurse Licensure Compact \(NLC\)](#)



WASHBURN ISABEL ANNE

X

LICENSEE INFO

Address

Profession

License Number

Date of Licensure

Status

Registered through Date

Additional Qualifications

LAKE LURE NC

Registered Professional Nursing (022)

673868

July 11, 2013

Inactive

June 30, 2016

• None



December 29, 2023 02:37 PM (ET)

<https://www.op.nysed.gov/verification-search?licenseNumber=673868&professionCode=022>

WASHBURN ISABEL ANNE

X

LICENSEE INFO

Profession:

Registered Professional Nursing (022)

License Number:

673868

No Enforcement Actions Found



December 29, 2023 02:37 PM (ET)

<https://www.op.nysed.gov/verification-search?licenseNumber=673868&professionCode=022>

CREDENTIAL STATUS HISTORY SUMMARY

**Name:** Isabel Washburn

**License:** Compact Nurse Practitioner - C-RXN C-RXN.0101104-C-NP

**License Status:** Active

**License Status Reason:** CURRENT

**First Issuance date:** 01/10/2024

**License expiration date:** 09/30/2024

**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	01/10/2024	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	01/10/2024	Automated
Pending Specialist Secondary Review	PENDING SPECIALIST SECONDARY REVIEW	01/10/2024	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License



CREDENTIAL STATUS HISTORY SUMMARY

**Name:** Isabel Washburn

**License:** Compact Nurse Practitioner - C-APN C-APN.0101703-C-NP

**License Status:** Active

**License Status Reason:** CURRENT

**First Issuance date:** 01/10/2024

**License expiration date:** 09/30/2024

**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	01/10/2024	Automated
Pending	QUALITY ASSURANCE	01/10/2024	Automated
Pending	INTERNAL CONTROL APPROVAL	01/10/2024	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

