# State Board of Nursing Renewal Application – CRNP Prescriptive Authority Expiration Date: April 30, 2010

Sandi Crawford McCool Full Name (Print)  Address (Print)	Return to: State Board of Nursing P. O. Box 8412 Harrisburg, PA 17105-8412
Havertown PA 19083 City State Zip Code	,
Your Prescriptive Authority Approval cannot be renewed until your Complete a separate renewal application for each Prescriptive Author forwardable.	r RN and CRNP licenses have been renewed. thority Approval you wish to renew. <u>Licenses are</u>
CRNP Certification Number: <u>SPC03423</u>	
Prescriptive Authority Number: 010429	
Collaborating Physician with this Prescriptive Authority Record: _ A prescriptive authority record can only be renewed with the prescriptive authority approval. Contact the Board office if	he one collaborating physician named on your f there are changes.
Renewal fee is \$25.00 (NON-REFUNDAI Make checks payable to: Commonwealth Write your license number on payment.  A \$20.00 fee will be assessed for returned	n of Pennsylvania.
YOU MUST ANSWER THE FOLLOWING QUESTION	YES NO
Have you <u>completed</u> at least 16 hours of Board-approved continuing education in May 1, 2008 and April 30, 2010?	n pharmacology between
Check if appropriate:	
[ ] Address Change – The address above is a new address and not on Number below.	file with the Board. You must fill in Social Security
<ul> <li>Name Change – The name above is not the current name on the lice below.</li> </ul>	ensure record. You must fill in Social Security Number
Social Security Number:	•
<ul> <li>I will not be practicing in Pennsylvania after the expiration date indicrequired.</li> </ul>	cated above and request inactive status. No fee is
PRACTICING ON AN EXPIRED PRESCRIPTIVE AUTHORITY MAY RESULT IN MONETARY PENALTIES.	N DISCIPLINARY ACTIONS AND ADDITIONAL
I verify that this form is in the original format as supplied by the Department of way. I am aware of the criminal penalties for tampering with public records or statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsubering disciplined.	information pursuant to 18 PA C.S. 4911 and that any false
Signature of Licensee (Mandatory):	Date: 2/10/10

Person Info
Name:SANDI CRAWFORD MCCOOL Address Info
Street Address:
Phone Fax
CityHAVERTOWN
StatePA
Zipcode19083
Country82
CountyDelaware
Survey Response Summary Question Response Summary
Out of the 30 hours of Board approved continuing education required for your CRNP certification, have you completed 16 hours in pharmacology?
Education Information
No education records
Employment Information
<u>Edit</u>
Employer: SOUTH EASTERN PLANNED PARENTHOOD
Start: End: Part Time:
remarks Remarks:
Continuing Education Information
No CE Course records

## State Board of Nursing Renewal Application – CRNP Prescriptive Authority Expiration Date: April 30, 2014

	Sandi Crount) Full Name – as nt) Street Address Haver town	s as it appe			Return to: State Board of Nursin P. O. Box 8412 Harrisburg, PA 1710			
Oity	O.E.		Zip Gode					
Fee:	\$25.00 (Non-refun	dable)	Paya	able to: Cor	nmonwealth of Pennsylv	<i>r</i> ania		
forwa	Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. Licenses are not forwardable. PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.							
					RN and CRNP licenses hority Approval you wish		ewed.	
CRN	P Certification Numl	ber:	P003423G	<u> </u>				
	criptive Authority N							
A pr	Collaborating Physician with this Prescriptive Authority Record:  A prescriptive authority record can only be renewed with the one collaborating physician named on your prescriptive authority approval. Contact the Board office if there are changes.							
YOU	MUST ANSWER THE F	OLLOWING C	UESTION			YES	NO	
Have May 1	you <u>completed</u> at least 1 1, 2012 and April 30, 201	16 hours of Bo	ard-approved continuir	ng education in	n pharmacology between	×		
<u>Char</u>	nges - check approp	riate box an	d provide your Soc	ial Security	Number:			
1					submit a photocopy of document to indicate re			
	 Address Changs V	ou must pro	vide social securit	v number a	bove and new address b	olow		
		ou must pro	vide social securit	y mumber a	DOVE and new address b	elow.		
1	Print New Address:	-	Street Address			<del></del>		
		City		State	Zip Code			
way. stater	I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.							
□   requ		in Pennsylva	nia after the expirat	ion date indi	cated above and request in	nactive status.	No fee is	
Sign	ature of Licensee Man	adotom)				Data 3/10	114	

If your license expires other than 04/30/2014 - do not use this form.

# Pennsylvania State Board of Nursing RENEWAL APPLICATION – CRNP Prescriptive Authority Expiration Date: 04/30/2016

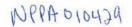
Sandi McCool	RETURN TO:			
Full Name As It Appears On License (PRINT)	State Board of Nursing			
	PO Box 8412			
Street Address As It Appears On License (PRINT)	Harrisburg, PA 17105-8412			
11				
City State Zip Code				
Your Prescriptive Authority Approval cannot be renewe Complete a separate renewal application for each Prescriptive	d until your RN and CRNP licenses have been riptive Authority Approval you wish to renew.	renew	ed.	
CRNP License Number SPO034236				
Prescriptive Authority Number <u>610429</u>				
Collaborating Physician with this Prescriptive Authority	Record: Dr. Joel P. Lebe	ed_		
A prescriptive authority record can only be renewed with authority approval. Contact the Board office if there are chan	the one collaborating physician named on your	r presc	riptive	
LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE.	WARNING: Practicing on an expired license may redisciplinary actions and additional monetary penaltie			
FEE -Payable to "COMMONWEALTH OF PENNSYLVANIA"	\$25.00 (NON REFUNDABLE)			
Write your license number on your payment.	DO NOT STAPLE CHECK TO FORM.			
A \$20.00 fee will be charged for payment returned by bank.  This form is invalid after 04/30/2016, late fees are assessed.				
	assessed.			
☐ I will not be practicing this profession in Pennsylvania and req☐ I have a change of name and/or address. Complete section	uest inactive status. No fee is recuired.			
☐ I will not be practicing this profession in Pennsylvania and req☐ I have a change of name and/or address. Complete section  Name Change	uest inactive status. No fee is recuired.			
☐ I have a change of name and/or address. Complete section	uest inactive status. No fee is recuired. below and indicate Social Security #:			
I have a change of name and/or address. Complete section  Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate,	uest inactive status. No fee is recuired. below and indicate Social Security #:			
Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.  PRINT NEW NAME:	uest inactive status. No fee is recuired.  below and indicate Social Security #:			
Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.  PRINT NEW NAME:  THE FOLLOWING QUESTIONS MUST BE ANSWERED of If you answer yes to questions 4, 5, and 6, provide copies	uest inactive status. No fee is recuired.  below and indicate Social Security #:	Yes	No	
Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.  PRINT NEW NAME:  THE FOLLOWING QUESTIONS MUST BE ANSWERED of	uest inactive status. No fee is recuired.  below and indicate Social Security #:	Yes	No X	
Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.  PRINT NEW NAME:  THE FOLLOWING QUESTIONS MUST BE ANSWERED of If you answer yes to questions 4, 5, and 6, provide copies imposed actions and a personal detailed statement.  1. Are you submitting a name change with this renewal?  2. Do you hold, or have you ever held, a license, certificate, personal profession or occupation in any state or jurisdiction?	Address Change - Please print  This application will be returned.  of all disciplinary actions from the Boards that  mit, registration or other authorization to practice a	Yes	No X	
Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.  PRINT NEW NAME:  THE FOLLOWING QUESTIONS MUST BE ANSWERED of If you answer yes to questions 4, 5, and 6, provide copies imposed actions and a personal detailed statement.  1. Are you submitting a name change with this renewal?	Address Change - Please print  This application will be returned.  of all disciplinary actions from the Boards that  mit, registration or other authorization to practice a	Yes	X	
Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.  PRINT NEW NAME:  THE FOLLOWING QUESTIONS MUST BE ANSWERED of If you answer yes to questions 4, 5, and 6, provide copies imposed actions and a personal detailed statement.  1. Are you submitting a name change with this renewal?  2. Do you hold, or have you ever held, a license, certificate, personal profession or occupation in any state or jurisdiction?	Address Change - Please print  Address Change - Please print  This application will be returned.  To all disciplinary actions from the Boards that  mit, registration or other authorization to practice a  e profession and state or jurisdiction.  Is later, have you had disciplinary action taken  print, registration or other authorization to practice a	Yes	X	
Name Change  Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document.  PRINT NEW NAME:  THE FOLLOWING QUESTIONS MUST BE ANSWERED of If you answer yes to questions 4, 5, and 6, provide copies imposed actions and a personal detailed statement.  1. Are you submitting a name change with this renewal?  2. Do you hold, or have you ever held, a license, certificate, per profession or occupation in any state or jurisdiction?  3. If you answered yes to the above question, please provide the against a professional or occupational license, certificate, per profession or occupation issued to you in any state or jurisdiction?	Address Change - Please print  Address Change - Please print  This application will be returned.  To all disciplinary actions from the Boards that  mit, registration or other authorization to practice a  the profession and state or jurisdiction.  To all disciplinary actions from the Boards that  mit, registration or other authorization to practice a  the profession and state or jurisdiction.  The state of the profession is a state or jurisdiction to practice a commit, registration or other authorization to practice a commit or have you agreed to voluntary surrender in  This your professional or occupational license,	Yes	X	

	ou answer yes to questions 7 thru 10, provide copies of pertinent documents and a personal detailed atement.	Yes	No
7.	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
8.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		$\mathcal{S}$
9.	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		×
11.	Have you <u>completed</u> at least 16 hours of Board-approved continuing education in pharmacology? <b>Do not send materials now.</b> The Board will conduct an audit at a later date.	X	

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited you will be required to produce documentation of the continuing education.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory):	•	Date



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE STATE BOARD OF NURSING

P. O. Box 2649 Harrisburg, PA 17105-2649

PHONE: (717) 783-7142 www.dos.pa.gov/nurse

August 10, 2018

FAX: (717) 783-0822 email: st-nurse@pa.gov

SANDI CRAWFORD MCCOOL 9851

HAVERTOWN PA 19083

This is to confirm that the State Board of Nursing received and filed your Prescriptive Authority Change Form. The changes have been added to your existing collaborative agreement number NPPA010429 for prescriptive authority in the Commonwealth of Pennsylvania.

ADD Schedule II Controlled Substance Prescribing Authority for up to a 30 day supply ADD Schedule III Controlled Substance Prescribing Authority for up to a 90 day supply ADD Schedule IV Controlled Substance Prescribing Authority for up to a 90 day supply

**CRNP** Certificate Number:

SP003423G

Collaborating Physician:

JOEL P LEBED

**Effective Date:** 

AUGUST 10, 2018

Advanced Practice Pennsylvania State Board of Nursing

### PENNSYLVANIA STATE BOARD OF NURSING P.O. BOX 2649

HARRISBURG, PA 17105-2649

PHONE (717) 783-7142 FAX (717) 783-0822 <u>www.dos.pa.gov/nurse</u> Email: <u>st-nurse@pa.gov</u>

#### Change of Prescriptive Authority Collaborative Agreement: Controlled Substances

PRESCRIPTIVE	AOSO429 AUTHORITY NUMBER
Sandi McCool CRNP	Joel Lebed, DO  NAME OF COLLABORATING PHYSICIAN
SP0034236	OS003518L
PENNSYLVANIA CRNP NUMBER	PHYSICIAN LICENSE NUMBER (Include all prefixes/suffixes)
PHONE NUMBER/EMAIL	
	you MUST indicate the specific number of days for each schedule.
I am requesting to update <u>Schedule II</u> Controlled Substa	ance Prescribing Authority on my Collaborative Agreement.
☐ DELETE Schedule II ☐ ADD/CHANGE Sch	nedule II for up to aday supply (maximum 30 day supply)
50-19 Record - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	tance Prescribing Authority on my Collaborative Agreement.  hedule III for up to a90daysupply(maximum 90 daysupply)
	cance Prescribing Authority on my Collaborative Agreement.
☐ DELETE Schedule IV X ADD/CHANGE Sch	hedule IV for up to aday supply (maximum 90 day supply
	5/29/18
Signature of CRNP	Date Signed
AND	6/14/18
Signature of Collaborating Physician	Date Signed
	EFFECTIVE UNTIL YOU HAVE M THE STATE BOARD OF NURSING

#### Nursing- Prescriptive Authority-Application

AA0000473267



#### BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

#### Harrisburg, PA 17105-2649

					PERS	SONAL INFO	RMATIO	N					
Last	Name	MC	COOL				First Nan	ne	SANDI				
Midd	le Name	CR	AWFORD				Suffix						
Full N	Name	SA	NDI CRAV	VFORD MCC	OOL								
SSN				Date Of Bir	th		Age	35		G	ender	3	
					A	DDRESS DE	TAILS						
Stree	t Address												
City/	State/Zip		HAVERT	OWN Penns	ylvania 1	9083			949		201		
Coun	ity		Delaware							Country	Unite	ed Sta	tes
9			-		С	ONTACT DE	TAILS						
Phon	e number						Mobile Pho	one nui	mber				
Prima	ary Email	Addr	ess				Secondary	Email	Address				
			<b> </b>		C	CHECKLIST I	TEMS						
Chec	klist name	,		Status						Submitted D	ate	Expira	ation Date
App	lication			Pending	g Review		*			03/21/2018		8	
App	lication F	ee		Comple	eted				03/21/2018				
*				Nester	L	EGAL QUES	TIONS		57			200	
Ques	tions							Answe	er	Document Uploaded	F	ile Nan	ne
1	Are you	suk	omitting a i	name change	with this	renewal?			N	No	T		
2	First Na	ame								No			
3	Middle	Nan	ne							No			
4	Last Na	me								No			
You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.													
6	continu	ing e	education	in pharmacol	ogy?	ard-approved			Υ	No			
7 Have you completed at least 2 hours of Board-approved education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?									Y	No			

8	With the exception of the one you are currently renew hold, or have you ever held, a license, certificate, perr registration or other authorization to practice a profess occupation in any state or jurisdiction?	Y	No			
9	Please provide the profession and state or jurisdiction		nursing, nurse midwifery- Connecticut	No		
10	Since your initial application or last renewal, whicheve have you had disciplinary action taken against a profe occupational license, certificate, permit, registration or authorization to practice a profession or occupation is in any state or jurisdiction or have you agreed to volur surrender in lieu of discipline?	ssional or other sued to you	N	No		
11	Do you currently have any disciplinary charges pendir your professional or occupational license, certificate, pregistration in any state or jurisdiction?		N	No		
12	Since your initial application or last renewal, whicheve have you withdrawn an application for a professional occupational license, certificate, permit or registration, application denied or refused, or for disciplinary reaso not to apply or reapply for a professional or occupation certificate, permit or registration in any state or jurisdicenters.	or had an ns agreed nal license,	Z	No		
13	Since your initial application or last renewal, whicheve have you been convicted (found guilty, pled guilty or p contendere), received probation without verdict or acc rehabilitative disposition (ARD), as to any criminal cha or misdemeanor, including any drug law violations? Not required to disclose any ARD or other criminal mabeen expunged by order of a court	led nolo elerated irges, felony ote: You are		No		
14	Do you currently have any criminal charges pending a unresolved in any state or jurisdiction?	nd	N	No		
15	Since your initial application or your last renewal, which later, have you been charged by a hospital, university research facility with violating research protocols, falsi research, or engaging in other research misconduct?	, or	N	No		
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?						
-0	Licenses/Certificates/Permits/Regi	strations in	Any State/Jur	risdiction		
Profe	ssion	State/Jurisdic	tion			
nursi	ng, nurse midwifery	Connecticut				
	CONFIRI	MATION				
$\checkmark$	All fees are non-refundable. Please check to continue	with your tran	nsaction. ( 03/2	21/2018 10:01:	07)	

Nursing- Prescriptive Authority-Application Renewal (NPPA010429) AA0003648902



#### BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

#### Harrisburg, PA 17105-2649

ė.				PERSONAL INF	ORMATION				
Last Name	MCC	COOL			First Name	SANDI			
Middle Name	CRA	WFORD			Suffix				
Full Name	SAN	IDI CRAWF	ORD MCCOC	DL					
SSN	Date Of Birth				Age	Gender			
				ADDRESS D	ETAILS				
Street Address									
City/State/Zip	I	HAVERTOW	/N PA 1908	3					
County	[	Delaware			Country United States			d States	
				CONTACT	ETAILS				
Phone number					Mobile Phone	number			
Primary Email	Addres	ss			Secondary Email Address				
				CHECKLIST	ITEMS				
Checklist name Status							Submitted Date	e	Expiration Date
Application Pending Rev			eview			03/13/2	2022		
Application F	ее		Completed	i	03/13/2022				

	LEGAL QUESTIONS								
Quest	tions			Answer	Document Uploaded	File Name			
1	Are you submitting	a name change with this rene	wal?	N	No				
2	First Name			No					
3	Middle Name				No				
4	Last Name				No				
5	(s). The following a documents: (1) Marriage Certifi (2) Divorce decree name: (3) Other "legal" doname:	copy of a legal document veri ire acceptable name change ver- cate: which indicates the retaking of ocument indicating the retaking me change, a copy of the cour	erification f your maiden of a maiden		No				
6		ed at least 16 hours of Board-a on in pharmacology?	pproved	Y	No				
7	education in pain n	ed at least 2 hours of Board-ap nanagement, identification of a bing or dispensing of opioids?	ddiction or the	Y	No				
8	hold, or have you e registration or othe	of the one you are currently re ever held, a license, certificate, r authorization to practice a prostate or jurisdiction?	permit,	Y	No				
9	Please provide the	profession and state or jurisdi	ction.	cnm,- Connecticut	No				
10	have you had disci occupational licens authorization to pra	oplication or last renewal, whice plinary action taken against a partie, certificate, permit, registration actice a profession or occupation or have you agreed to discipline?	professional or on or other on issued to you	N	No				
11	your professional of	ave any disciplinary charges per or occupational license, certifica state or jurisdiction?		N	No				
12	registration in any state or jurisdiction?  2 Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?								
13	later, have you bee research facility wit	oplication or your last renewal, en charged by a hospital, unive th violating research protocols, ing in other research miscond	ersity, or falsifying	N	No				
14	14 Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?								
15	Have you registere Monitoring Program	d with the Pennsylvania Preson?	ription Drug	Y	No				
	3).	COLLABORATIN	NG PHYSICIAN D	ETAILS					
Туре		Physician license No.	Full Name						
	Collaborating Physician OS003518L JOEL P LEBED								

SCHEDULE			
Schedule Type Control substance Schedule can be prescribed and/or dispense			
Drug Schedule 2	ug Schedule 2 0 day supply		
Drug Schedule 3	0 day supply		
Drug Schedule 4	0 day supply		
Licenses/Certificates/Permits/l	Registrations in Any State/Jurisdiction		
Profession	State/Jurisdiction		
cnm,	Connecticut		

PA VETERANS REGISTRY					
Questions					
1 Have you served in the U.S. Armed Forces?	N				
Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.					

#### ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY

I hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following:

- (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction;
- (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board. I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at <a href="https://www.pals.pa.gov">www.pals.pa.gov</a> and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

(03/13/2022 14:20:12)

#### **CONFIRMATION**

<

Any fees paid are non refundable. (03/13/2022 14:20:12)

SCHEDULES 34

#### PENNSYLVANIA STATE BOARD OF NURSING P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-7142

OFFICE USE ONLY 47 9
Date Granted 10130109
Receipt #

#### Form 1: Application for CRNP Prescriptive Authority

Fee: Initial application for CRNP prescriptive authority is \$50.00. The initial application includes evidence that the CRNP has completed the requirement for 45 hours of coursework in advanced pharmacology.

Each additional collaborative agreement for prescriptive authority is \$30.00 Advanced pharmacology is presently on file and does <u>not</u> need to be re-submitted.

Make fee payable to the	Commonwealth of Pennsylvania.	Fee is non-refundable.
I. Print in ink or type		4/30/10
This is a change of address	☐ YES ☑ NO Note: Address mu	st be the same on all licenses/certificates
Last Name Street Address	Sanki Joy C First Middle Haverdom PA	Zip Code  Social Security #
	1000	Home Telephone Number Between 8:30 a.m. and 5:00 p.m.
1. Primary Practice Location of the	CRNP	
Douth Eastern Plan Name of Practice		Telephone Number Between 8:30 a.m. and 5:00 p.m.
216 W State.	St Vhedia	State Zip Code
Stieet Address	5.07	
III. Collaborating Physician Name a	nd License Number (Only one collaborating physi	0S 003518 L
Last Name	First Middle	Pennsylvania Physician License Number
Verification of Advanced     V. Affidavit     I verify that the statements in this and bellef. I understand that any authorities, and may result in the:	false statement is made subject to the penalties	rue and correct to the best of my knowledge, information of 18 Pa. C.S. §4904, relating to unsworn falsification to certificate. I verify that this form is in the original format vay.
Signature or Applica		4/14/08 g 9/16/09

In order to comply with federal statute, the State Board of Nursing is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Public Welfare (DPW), the licensing boards must provide to DPW information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank. If this board is required to make a report about one of its applicants or licensees to this data bank, it must report that individual's social security number.

The application process must be completed within one year from the date on which the applicant affidavit is signed.

## PENNSYLVANIA STATE BOARD OF NURSING P.O. BOX 2649 HARRISBURG, PA 17105-2649 PHONE: (717) 783-7142

#### **COLLABORATIVE AGREEMENT FOR CRNP PRESCRIPTIVE AUTHORITY** PRINT IN INK OR TYPE

1) Name of Certified Registered Nurse Practitioner: Sandi Crawford McCool
Pennsylvania CRNP Certificate (License) #: SP003423G
Amount of Professional Liability Insurance: (Per Occurrence) (Annual Aggregate)
Check your Pennsylvania CRNP area of Specialization as listed on your PA CRNP certificate.
□ Adult Acute Care □ Family Health □ Pediatric □ Pediatric □ Pediatric Oncology □ Pediatric Primary Care □ Family Home Health □ Pediatric Primary Care □ OB/GYN □ Adult Health □ Gerontology □ Pediatric Acute Care/Chronic □ Women's Health □ Other □ Other □ Other □ Other
2) Name of Collaborating Physician: <u>Joel Lebed</u> , DO
Pennsylvania License #: OS 003518 L
Name(s) of Substitute Physician: Janet Wilson MD
<ul> <li>Pennsylvania License #:</li></ul>
3) Based on type of practice, sites of service, and condition of the patient, whether treatment is for ongoing or new conditions, and whether the patient is new or continuing, indicate how often and the circumstances under which the collaborating physician will personally see the patient.
☐ Once per year ☐ Every other visit ☑ Patient or Family request ☐ Patient condition outside ☐ CRNP scope of practice
☐ Twice per year ☐ Daily ☐ CRNP Request ☐ Patient not responding to treatment
□ Other
4) Schedule II, III, IV Controlled Substance Prescribing (check all that apply).
No, I am not requesting Schedule II Controlled Substance Prescribing Authority
Yes, I am requesting Schedule II Controlled Substance Prescribing Authority for up to 72 hours for the following patient/client conditions:
☐ Acute pain management ☐ Chronic pain management ☐ Behavioral disturbances
☐ Perioperative pain management ☐ Other
Yes, I am requesting Schedule III Controlled Substance Prescribing Authority
Yes, I am requesting Schedule IV Controlled Substance Prescribing Authority

#### COLLABORATIVE AGREEMENT (continued)

χ .	(a) Antihistamines
X	(b) Anti-infective agents
	(c) Antineoplastic agents if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy
×	(d) Unclassified therapeutic agents if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy
×	(e) Devices and pharmaceutical aids if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy
X	(f) Autonomic drugs
	(g) Blood formation drugs
	(h) Coagulation and anticoagulation drugs
	(i) Thrombolytic and antithrombolytic agents
	(j) Cardiovascular drugs
•	(k) Central nervous system agents, except that the following drugs are excluded from this
	category:
	(i) General anesthetics
	(2) Monoamine oxidase inhibitors
<u>x</u> _	(I) Contraceptives including foams and devices
X _	(m) Diagnostic agents
***	(n) Disinfectants for agents used on objects other than skin
	(o) Electrolytic, caloric and water balance
	(p) Enzymes  (q) Antitussive, expectorants and mucolytic agents
*	(r) Gastrointestinal drugs
_	(s) Local anesthetics
<u>X</u>	(t) Eye, ear, nose and throat preparations
X	(u) Serums, toxoids and vaccines
$\frac{2}{X}$	(v) Skin and mucous membrane agents
_	(v) Smooth muscle relaxants
~	(x) Vitamins
X	(y) Hormones and synthetic substitutes
	(y) Fromoties and synthetic substitutes

This agreement contains the details of the collaborative arrangement between myself and the designated physician with respect to the care of CRNP patients and the prescribing and dispensing of drugs.

Signature of CRNP

Date

This agreement contains the details of the collaborative arrangement between myself and the above signed CRNP with respect to the care of CRNP patients and the prescribing and dispensing of drugs. I attest that I have knowledge and experience with

nature of Collaborating Physician

any drug that the CRNP will nrocheihe

#### PENNSYLVANIA STATE BOARD OF NURSING P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-7142

#### Verification of Advanced Pharmacology

Applicants Social Security Number (to be completed by applicant)

The following information must be completed by the director of the educational program, who can verify that the CRNP successfully completed at least 45 hours of course work in advanced pharmacology.
5. 1: Co. 5. d M. (m)
ADVANCED PHARMACOLOGY at Contemporary Forum  (applicant name)  (applicant name)  (b)  (applicant name)  (contemporary Forum
(The regulation requires that the coursework in advanced pharmacology must be at an advanced level, that is,
it must be beyond a pharmacology course required by a professional nursing (RN) education program.)
Number(s) and title(s) of course(s) Tharmacology For Advanch Date(s) of completion 809  H 414609 Fractive Clinicians (monthlyear)
(If the course was not part of a Pennsylvania Board approved CRNP program, course description, catalog and/or course syllabus must accompany this form. Additional information about the course(s) may be requested.)
I verify that the above statements are true and correct as validated by my review of the applicant's school records. I verify that the information communicated on this form is true and correct to the best of my knowledge, information and belief. I understand that any false statement is made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.
Signature of CRNP Program Director Date
Type or Print Name of the CRNP Program Director
Name of University, College, or Controlling Agency  1900 Silverga fe Dr. Dublin CA9HS
Phone Number

RETURN this ORIGINAL form with any required attachments to the STATE BOARD OF NURSING at the above address.

#### Pennsylvania State Board of Nursing RENEWAL APPLICATION - RN

Expiration Date: 04/30/2010 RETURN TO: Sandi Crawford McCool Full Name As It Appears On License (PRINT) State Board of Nursing PO Box 8412 Harrisburg, PA 17105-8412 Street Address As It Appears On License (PRINT) RN218515L Fee: \$45.00 Payable to: Commonwealth of Pennsylvania. Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES. Licenses are not forwardable. The following questions must be answered. YES If YES to question 2, 3 or 4 - provide details AND attach certified copies of legal document(s). 1. Do you hold a license/certificate (active, inactive or expired) to practice this profession in any other state or jurisdiction? LIST ALL STATES Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction? Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction? Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. Check if appropriate Social Security Number: Address Change – You must provide social security number above and new address below. □ Name Change – You must provide Social Security Number and submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree, or legal document to indicate retaking of maiden name.) Print New Name: \_ Address Change - Print New Address Street Address

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory): \_\_\_

\_Date:\_ 2/10/10

☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated above and request inactive status. No fee is required.

NEW - To renew in 2012 you will be required to verify that you completed at least 30 hours of Board-approved continuing education from May 1, 2010 through April 30, 2012. Refer to www.dos.state.pa.us/nurse for detailed information about this new continuing education requirement.

# Original WARRIAGE CERTIFICATE

9 ERNEST	MORITZ	hereby	certify	that on t	he .
	/2 day	of SEPTEM	SER_A.D.	1981	
at He	PRTSVILLE W	<u>arminster</u>	,Penns	ylvania.	
<u> WILLIAM F.</u>	McCooL	and Jaus	<u> </u>	CRAWFORD	
	were by me	e united in	marriage		
		dance with l			Algorithm of the state of the s
Court of Com	the Clerk of t mon Pleas of				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ned Englis		ALEXANDER OF PRESENTATION	
	c <i>A</i> dd	ress 1467	Leen	<u>Q</u> RC	<u>)                                    </u>
Numbered B	1 2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	W.	9		
			Action Spirit	LOS ATTAONION AND AND A	

Person Info Name	
Address Info	
Street Address:	
Phone	
Fax	
CityHAVERTOWN	
StatePA	
Zipcode19083 Country82	
CountyDelaware	
Survey Response Summary	
Question Response Summary Are you submitting a name change with this renewal?	NT .
Do you hold a license/cortificate (active inactive or expired) to practice in	N
any other state or jurisdiction?	Y
Since your initial application or last renewal, whichever is later, have you	
had disciplinary action taken against your license, certificate or	N
registration issued to you in any profession in any other state or jurisdiction?	
Since your initial application or last renewal, whichever is later, have you	
been convicted, found guilty or pleaded nolo contendere, or received	
probation without verdict, or accelerated rehabilitative disposition(ARD)	N.T.
as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or	N
jurisdiction? You are not required to disclose any ARD or other criminal	
matter that has been expunged by order of a court.	
Since your initial application or last renewal, whichever is later, have you	
withdrawn an application for a license, certificate or registration, had an	
	N
reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	
Have you completed a minimum of 30 hours of Board approved	
continuing education between May 1, 2010 and April 30, 2012?	Y
Education Information	
No education records	
Employment Information	
Edit	
Employer: SOUTH EASTERN PLANNED PARENTHOOD	
Start: End: Part Time:	
remarks	
Remarks: Continuing Education Information	
No CE Course records	

#### Pennsylvania State Board of Nursing RENEWAL APPLICATION – RN Expiration Date: 04/30/2014

RETURN TO: (PRINT) Full Name - as it appears on license State Board of Nursing PO Box 8412 Harrisburg, PA 17105-8412 (PRINT) Street Address as it appears on license N218515L Fee: \$65.00 (Non-refundable) Payable to: Commonwealth of Pennsylvania. Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. Licenses are not forwardable. PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES. The following questions must be answered. YES If YES to question 2, 3 or 4 - provide details AND attach certified copies of legal document(s). 1. Do you hold a license/certificate (active, inactive or expired) to practice this profession in any other state or jurisdiction? × Believe it is expired worked there yoursayo LIST ALL STATES Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction? Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction? Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded noto contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. Have you completed a minimum of 30 hours of Board approved continuing education between May 1, 2012 and April 30, 2014? Do not send materials now. The Board will conduct an audit at a later date. Your license cannot be renewed if you have not completed the Board approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited you will be required to produce documentation of the continuing education. Changes - check appropriate box and provide your Social Security Number: □ Name Change – You must provide Social Security Number and submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree, or legal document to indicate retaking of maiden name.) Print New Name: ☐ Address Change – You must provide social security number above and new address below. Print New Address: Street Address City I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined. ☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated above and request inactive status. No fee is required. Signature of Licensee (Mandatory):

If your license expires other than 04/30/2014 - do not use this form.

## Pennsylvania State Board of Nursing RENEWAL APPLICATION – REGISTERED NURSE Expiration Date: 04/30/2016

Expiration Date: 04/30/2016 Jandi Crawford McCool RETURN TO: Full Name As It Appears On License (PRINT) State Board of Nursing PO Box 8412 Harrisburg, PA 17105-8412 Street Address As It Appears On License (PRINT) Haverton City RN218515L **RN License Number** LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE. WARNING: Practicing on an expired license may result in disciplinary actions and additional monetary penalties. FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" \$65.00 (NON REFUNDABLE) Write your license number on your payment. DO NOT STAPLE CHECK TO FORM. A \$20.00 fee will be charged for payment returned by bank. This form is invalid after 04/30/2016, late fees are assessed. ☐ I will not be practicing this profession in Pennsylvania and request inactive status. No fee is required. ☐ I have a change of name and/or address. Complete section below and indicate Social Security #: Name Change Address Change - Please print Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document PRINT NEW NAME: Continuing Education Requirement: You are required to complete a minimum of 30 hours of Board-approved continuing education during the period May 1, 2014 and April 30, 2016. Of the 30 hours, 2 hours of continuing education in child abuse recognition and reporting shall be completed for renewal. Your license will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited you will be required to produce documentation of the continuing education. THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned.

1	posed actions and a personal detailed statement.	i
١.	Are you submitting a name change with this renewal?	V
2.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	X
3.	If you answered yes to the above question, please provide the profession and state or jurisdiction.	`
4.	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	×
5.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	X
6.	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	 X

-	ou answer yes to questions 7 thru 12 provide copies of pertinent documents and a personal detailed	Yes	No
7.	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		×
8	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		X
9.	<b>Since your initial application or your last renewal, whichever is later</b> , have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		X
	<b>Since your initial application or your last renewal, whichever is later</b> , have you ever had practice privileges <b>denied</b> , revoked, suspended, or restricted by a hospital or any health care facility?		X
	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
	<b>Since your initial application or last renewal, whichever is later</b> , have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
13.	Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education? <b>Do not send materials now.</b> The Board will conduct an audit at a later date.	X	
14.	Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	×	
for c	license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage ompliance with the 30-hour requirement. In the event you are audited you will be required to produce documentation of the continuity that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modification of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911. I verify that the succetion are true and correct to the best of my knowledge, information and belief. I understand that false statements are made when the continuity of the continuity of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4904 (relating to unsworm falsification to authorities) and may result in the suspension, revocation or denoted the continuity of the co	ïed in an tatement de subje	y way. I s in this ct to the
appi. pena	cation are true and correct to the best of my knowledge, information and belief. I understand that false statements are made are true and correct to the best of my knowledge, information and belief. I understand that false statements are made alties of 18 Pa. C.S. §4904 (relating to unsworm falsification to authorities) and may result in the suspension, revocation or dentificate, permit or registration.	ac suuj	

Signature of Licensee (Mandatory):

## Nursing- Registered Nurse- Application AA0000474043



#### BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

#### P. O. Box 2649

#### Harrisburg, PA 17105-2649

					P	ERSO	NAL INFO	RMAT	LION						
Last N	lame	MCC	COOL					First	Name	S	SANDI				
Middle	e Name	CRAWFORD						Suffix	x						
Full N	ame	SAN	DI CI	RAWFOF	RD MCCOOL										
SSN			66 56	D	ate Of Birth			Age					Gende	r	
		l-			,	ADD	RESS DE	TAILS	3						
Street	Address														
City/S	tate/Zip	H	HAVE	RTOWN	Pennsylvani	a 1908	33								
Count	ty		Delaw	/are								Country	Uni	ted S	States
9						CON	ITACT DE	TAILS	3			29			
Phone	number							Mobile	Phon	e numl	ber				
Prima	ry Email /	Addres	ss					Second	dary E	mail A	ddress				
			_			EDUC	CATION D	ETAIL	.s						
Schoo	ol Name		Scho	ool Type	School Addres	ss	Degree		Major		Attend	ed From	Attend To	ed	Graduation Date
frank nursi	ford sch ng	ool of	f											01/01/1977	
						CHE	CKLIST	ITEMS	)						,
Check	dist name	1		27	Status							Submitted	Date	Ex	piration Date
Appli	cation				Pending Revi	iew					03/21/2018				
Appli	cation F	ee			Completed						03/21/2018			8	
Child	Abuse	CE			Not Received						03/21/2018				
						LEG	AL QUES	STIONS	S						
Quest	ions								A	nswer	Document Uploaded		nt d	File I	Name
1	Are you submitting a name change with this renewal?						N	1	No	)					
2 First Name									No						
3	Middle I	Name	)									No	)		
4	4 Last Name											No	)		

5	You must submit a copy of a legal document verifying (s). The following are acceptable name change verific documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of you name: (3) Other "legal" document indicating the retaking of a name: (4) For a "legal" name change, a copy of the court document be provided.	ation r maiden maiden		No	
7	Have you completed a minimum of 30 hours of Board- continuing education?	-approved	Y	No	
8	With the exception of the one you are currently renew hold, or have you ever held, a license, certificate, per registration or other authorization to practice a profess occupation in any state or jurisdiction?	nit,	Υ	No	
9	Please provide the profession and state or jurisdiction	•	nursing- Connecticut	No	
10	Since your initial application or last renewal, whicheve have you had disciplinary action taken against a profe occupational license, certificate, permit, registration or authorization to practice a profession or occupation is in any state or jurisdiction or have you agreed to volur surrender in lieu of discipline?	N	No		
11	Do you currently have any disciplinary charges pendir your professional or occupational license, certificate, pregistration in any state or jurisdiction?		N	No	
12	Since your initial application or last renewal, whicheve have you withdrawn an application for a professional occupational license, certificate, permit or registration, application denied or refused, or for disciplinary reaso not to apply or reapply for a professional or occupation certificate, permit or registration in any state or jurisdicential.	or had an ns agreed nal license,	И	No	
13	Since your initial application or last renewal, whicheve have you been convicted (found guilty, pled guilty or p contendere), received probation without verdict or acc rehabilitative disposition (ARD), as to any criminal cha or misdemeanor, including any drug law violations? No not required to disclose any ARD or other criminal mabeen expunged by order of a court	led nolo elerated irges, felony ote: You are	N	No	
14	Do you currently have any criminal charges pending a unresolved in any state or jurisdiction?	nd	N	No	
15	Since your initial application or your last renewal, which later, have you had provider privileges denied, revoke suspended or restricted by a Medical Assistance ager Medicare, third party payor or another authority?	d,	N	No	
16	Since your initial application or your last renewal, which later, have you ever had practice privileges denied, resuspended, or restricted by a hospital or any health care.	voked,	N	No	
17	Since your initial application or your last renewal, which later, have you been charged by a hospital, university, research facility with violating research protocols, falsi research, or engaging in other research misconduct?	N	No		
18	Since your initial application or last renewal, whicheve have you engaged in the intemperate or habitual use alcohol or narcotics, hallucinogenics or other drugs or that may impair judgment or coordination?	or abuse of			
3)	Licenses/Certificates/Permits/Regi	strations in /	Any State/Jur	isdiction	
Profe	ssion				
nurs	ing	Connecticut			

#### CONFIRMATION



All fees are non-refundable. Please check to continue with your transaction. (03/21/2018 14:51:39)

Nursing- Registered Nurse- Application Renewal (RN218515L) AA0002181799



#### BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

#### Harrisburg, PA 17105-2649

				PERSO	NAL INFO	RMA	TION					
Last Name	MCC	COOL				First	Name S	ANDI				
Middle Name	CRA	WFORD				Suff	ix					
Full Name	SAN	IDI CRAWF	ORD MCCOO	L								
SSN			Date Of Birth			Age	3 3			Gender		
		<del>-</del>		ADI	DRESS DE	ETAIL	s			1.		
Street Address												
City/State/Zip	I	HAVERTOV	VN PA 19083									
County		Delaware							Country	Unite	d Sta	ites
9				COI	NTACT DI	ETAIL	S					,
Phone number						Mobile	Phone num	ber				
Primary Email	Addres	ss		Secondary Email Addres			ddress					
3		•		EDU	CATION E	ETAI	LS					
School Name		School Type	e School Add	ress	Degree		Major	Attende	d From	Attended To		aduation ite
frankford nur school	sing							i i			01	1/01/1977
				CHI	ECKLIST	ITEMS	3					
Checklist name	)		Status						Submitted	d Date	Expir	ation Date
Application			Pending Re	Pending Review					03/15/2020			
Application F	ee		Completed						03/15/2020			
Child Abuse	CE		Completed					03/15/2020				

9)	LEGAL QUESTIONS			
Ques	tions	Answer	Document Uploaded	File Name
1	Are you submitting a name change with this renewal?	N	No	
2	First Name		No	
3	Middle Name		No	
4	Last Name		No	
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents:  (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No	
7	Have you completed a minimum of 30 hours of Board-approved continuing education?	Υ	No	
8	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N	No	
9	Please provide the profession and state or jurisdiction.		No	
10	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
11	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
12	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
14	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
15	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
16	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?			

PA VETERANS REGISTRY				
Questions				
1 Have you served in the U.S. Armed Forces?	N			
Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.				

# CONFIRMATION All fees are non-refundable. Please check to continue with your transaction. ( 03/15/2020 13:34:57 )

Nursing- Registered Nurse- Application Renewal (RN218515L) AA0003648881



#### BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

#### Harrisburg, PA 17105-2649

ė.				PERSONA	AL INFO	RMA	TION					
Last Name	MCC	OOL				First	Name S	ANDI				
Middle Name	CRA	WFORD				Suffi	x					
Full Name	SAN	DI CRAWFO	ORD MCCOOL	-7								
SSN		A	Date Of Birth			Age				Gender		
				ADDR	ESS DE	TAIL	S					
Street Address												
City/State/Zip	H	IAVERTOW	/N PA 19083									
County	Delaware Country United States						tes					
				CONT	ACT DE	TAIL	S					
Phone number				Mobile Phor			Phone num	ber				
Primary Email Address			Secondary Email Addre			ddress						
		•		EDUCA	TION D	ETAIL	LS					
School Name		School Type	School Addr	ess D	egree)		Major	Attende	d From	Attended To	Gra Da	aduation te
frankford nur school, and p state univers	enn										01	/01/1977
				CHEC	CKLIST	TEMS	3					
Checklist name			Status					S	ubmitted	Date	Expira	ation Date
Application			Pending Re	Pending Review					03/13/2022			
Application F	ee		Completed						03/13/2022		18	
Child Abuse	CE		Completed						03/13/2022			

9	LEGAL QUESTIONS						
Quest	ions	Answer	Document Uploaded	File Name			
1	Are you submitting a name change with this renewal?	N	No				
2	First Name		No				
3	Middle Name		No				
4	Last Name		No				
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents:  (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No				
6	Have you completed a minimum of 30 hours of Board-approved continuing education?	Y	No				
7	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y	No				
8	Please provide the profession and state or jurisdiction.	cnm,- Connecticut	No				
9	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No				
10	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No				
11	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No				
12	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No				
13	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No				
	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No				
15	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?						

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction					
Profession	State/Jurisdiction				
cnm,	Connecticut				

PA VETERANS REGISTRY				
Questions				
1 Have you served in the U.S. Armed Forces?	N			
Thank you for your service. Would you like to register with the PA Veterans Registry? The Veterans Registry provides veterans with information about federal, state and local benefit programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an emain instructions to assist you in registering.	ts, n he			

#### ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY

 $\leq$ 

I hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following:

- (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction;
- (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board. I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at <a href="https://www.pals.pa.gov">www.pals.pa.gov</a> and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

(03/13/2022 14:10:09)

#### **CONFIRMATION**



Any fees paid are non refundable. (03/13/2022 14:10:09)

Street Address (PRINT)  Street Address (PRINT)  Haver town PA 19083  City State Zip Code	State Board of Nursing PO Box 8412 Harrisburg, PA 17105-8412  CRNP License number SP0034236  Your RN License #: RN 2 8515 L  YOUR CRNP CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED						
Licenses are not forwardable.							
SECTION A- THE FOLLOWING INFORMATION MUST BE							
Check if appropriate Social Security Number:	maiden name Crawford						
☐ ADDRESS CHANGE – The address above is a new address and not of	on file with the Board. You must fill in Social Security number above.						
NAME CHANGE – The name above is not the current name on the lic	censure record. You must fill in Social Security number above.						
YES NO If YES to question 2, 3,4, or 5 - provide details AND atta							
Do you hold a certificate/license (active, inactive or exp STATES	oired) to practice this profession in any other state or jurisdiction? LIST ALL						
Since your initial application or your last renewal, certificate or registration issued to you in any other state.	whichever is later, have you had disciplinary action taken against your license, te or jurisdiction?						
3. Since your initial application or your last renewal,	3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration						
or received probation without verdict or accelerated rel law violations, or do you have any criminal charges per	never is later, have you been convicted, found guilty or pleaded nolo contendere, habilitative disposition (ARD) as to any felony or misdemeanor, including any drug anding and unresolved in any state or jurisdiction? including and that has been expunged by order of a court.						
5. Since your initial application or your last renewal, restricted?	whichever is later, have you had your DEA registration denied, revoked or						
6. Have you <u>completed</u> a minimum of 30 hours of Board a	pproved continuing education between May 1, 2008 and April 30, 2010?						
7. Are you covered by liability insurance as required by the	Pennsylvania Professional Nursing Law?						
Your license cannot be renewed if you have not completed the Board apprefor compliance with the 30-hour requirement. In the event you are audited	oved continuing education. The Board will audit a percentage of licensees you will be required to produce documentation of the continuing education.						
be required to maintain current National certification in order to	CRNPs who were certified by the Board after February 7, 2005, will renew their Pennsylvania CRNP certification. The new regulations icense renewal be taken within the CRNP's specialty. For future						
SECTION B - VERIFICATION OF INFORMATION							
I verify that this form is in the original format as supplied by the Departme aware of the criminal penalties for tampering with public records or information subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification	ant of State and has not been altered or otherwise modified in any way. I am mation pursuant to 18 PA C.S. 4911 and that any false statement made is to authorities and may result in my license being disciplined.						
Signature of Licensee (Mandatory):	Date:2 10 /0						
[ ] I will not be practicing this profession in Pennsylvania after the expira	ation date indicated below and request inactive status. No fee is required.						
EXPIRATION DATE: →	April 30, 2010						
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$50.00 (NON REFUNDABLE)						
Write your license number on your payment. A \$20.00 fee will be ass This form is invalid after 4/30/2010, late fees are assessed.	essed for returned payments.						
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES							

RETURN TO:

PENNSYLVANIA STATE BOARD OF NURSING

**RENEWAL APPLICATION - CRNP** 

# Original MARRIAGE CERTIFICATE

9 ERNEST MORITZ		hereby^	certif	r that	on the	
	_day^ of <u>\$</u>	<u>ÉPTEMB</u>	ER. A.	D, 198		
at HARTSVILLE	WAREL	NSTER	,Peni	isylvan	la,	
WILLIAM F. MCCOC	SL_ AI	d Saud	1 307	CRAW	FORD	
issued by the Clerk Court of Common Plea		ladelphi	a Cour	ty, Pe	COS	
	Address_			3	<u> 20.</u>	
Numbered B 72033		way	يزر	À.	a gradicalistica	
				DIFFAUER		

Person Info	
Name:SANDI CRAWFORD MCCOOL Address Info	
Street Address:	
Phone	
Fax	
CityHAVERTOWN	
StatePA Zipcode19083	
Country82	
CountyDelaware	
•	
Survey Response Summary	
Question Response Summary	h -
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you	
had disciplinary action taken against your license, certificate or	N
registration issued to you in any profession in any other state or	,
jurisdiction?	
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received	
probation without verdict, or accelerated rehabilitative disposition(ARD)	
as to any felony or misdemeanor, including any drug law violations, or do	N
you have any criminal charges pending and unresolved in any state or	
jurisdiction? You are not required to disclose any ARD or other criminal	
matter that has been expunged by order of a court.	
Since your initial application or last renewal, whichever is later, have you	
withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to	N
reapply for a license, certificate or registration in any profession in any	1
other state or jurisdiction?	
Since your initial application or last renewal, whichever is later, have you	N
had your DEA registration denied, revoked or restricted?	IN .
Have you completed a minimum of 30 hours of Board approved	
continuing education within your CRNP specialty between May 1, 2010	Y
and April 30, 2012?	
Do you hold current National certification as a nurse practitioner? (Note:	
CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their	N
Pennsylvania CRNP certification.)	
Are you covered by liability insurance as required by the Pennsylvania	
Professional Nursing Law?	Y
Education Information	
No education records	
Employment Information	
Edit	
Employer: SOUTH EASTERN PLANNED PARENTHOOD	
Start: End: Part Time:	
remarks	
Remarks: Continuing Education Information	
No CE Course records	
Two CL Course records	

		NIA STATE BOAR PLICATION – CRNP	·	RFT	URN TO:				
_	Santi	Crawfood	mc Cool						
(PRINT		me – as it appears			te Board of Nursing Box 8412				
(i raite)	,,				risburg, PA 17105-8412				
(PRINT	) Street A	Address as it appear	s on license	CRNP License number	JP003423G				
$\mathcal{H}$	aver.	town, Pt	7 19083	Your RN License #: RN	RN218515L				
City		State	Zip Code	YOUR CRNP CERTIFICA YOUR RN LICENSE IS RI	TION CANNOT BE RENEWED UNTIL ENEWED				
Fee: \$	75.00 (	Non-refundable)	Payable to:	Commonwealth of Pennsylva	nnia				
PRAC	TICING	ON AN EXPIRED L	ICENSE MAY RESULT IN DISC	assessed for returned payments CIPLINARY ACTIONS AND ADD	s. <u>Licenses are not forwardable.</u> ITIONAL MONETARY PENALTIES.				
		g questions mu							
YES	NO			ach certified copies of legal docume pired) to practice this profession in any					
	× /	STATES			sciplinary action taken against your license,				
	Х	certificate or reg	istration issued to you in any other sta	ite or jurisdiction?	wn an application for a license, certificate or				
	×	registration, had in any profession	an application denied or refused, or for in any state or jurisdiction?	or disciplinary reasons agreed not to re	eapply for a license, certificate or registration				
	×	or received pro- law violations, o	4. Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded noto contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.						
	×	5. Since your ini restricted?	tial application or your last renewa	al, whichever is later, have you had	I your DEA registration denied, revoked or				
X		6. Have you comp and April 30, 20		approved continuing education within	ycur CRNP specialty between May 1, 2012				
X				e Pennsylvania Professional Nursing L					
X		Do you hold curr are required to m	ent National certification as a nurse pra aintain current National certification in	actitioner? (Note: CRNPs who were c order to renew their Pennsylvania CR	ertified by the Board after February 7, 2005, NP certification.)				
license	cense ca es for co uing edu	ompliance with the	you have not completed the Board 30-hour requirement. In the event	d approved continuing education. you are audited you will be requir	The Board will audit a percentage of ed to produce documentation of the				
Chang	<u>es</u> - che	ck appropriate box	and provide your Social Security I	Number:	<u> </u>				
_ N	NAME CH	IANGE – You must p certificate, divorce	provide Social Security Number ar decree, or legal document to indic	nd submit a photocopy of a legal d cate retaking of maiden name.)	ocument verifying name change (i.e.				
F	Print Nev	v Name:							
□ A	DDRESS	CHANGE - You mu	st provide social security number	above and new address below.					
	Print	New Address:							
			Street Addre						
			City	State Zip Cod					
aware	of the cr	iminal penalties for t	ampering with public records or info	nent of State and has not been alternormation pursuant to 18 PA C.S. 49 on to authorities and may result in my	ed or otherwise modified in any way. I am 911 and that any false statement made is y license being disciplined.				
		not be practicing the required.	is profession in Pennsylvania aft		above and request inactive status. No				
Cianat	uro of Lio	oncos (Mandaton)		Date:	3/10/14				

If your license expires other than 04/30/2014 - do not use this form.

## Pennsylvania State Board of Nursing RENEWAL APPLICATION – CRNP

Expiration Date: 04/30/2016 Cranford McCool RETURN TO: Full Name As It Appears On License (PRINT) State Board of Nursing PO Box 8412 Harrisburg, PA 17105-8412 Street Address As It Appears On License (PRINT) tower town PA City CRNP License Number SPO 03423 G RN License Number RN 218515 L YOUR CRNP CERTIFICATION CANNOT BE RENEWED UNTIL YOUR RN LICENSE IS RENEWED. WARNING: Practicing on an expired license may result in LICENSES CANNOT BE FORWARDED BY THE POSTAL SERVICE. disciplinary actions and additional monetary penalties. FEE -Payable to "COMMONWEALTH OF PENNSYLVANIA" \$75.00 (NON REFUNDABLE) Write your license number on your payment. DO NOT STAPLE CHECK TO FORM. A \$20.00 fee will be charged for payment returned by bank. This form is invalid after 04/30/2016, late fees are assessed. I will not be practicing this profession in Pennsylvania and request inactive status. No fee is recuired. □ I have a change of name and/or address. Complete section below and indicate Social Security #: Name Change Address Change - Please print Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or court order.) Name will not be changed without submission of document. PRINT NEW NAME: Continuing Education Requirement: You are required to complete a minimum of 30 hours of Board-approved continuing education during the period May 1, 2014 and April 30, 2016. Of the 30 hours, 2 hours of continuing education in child abuse recognition and reporting shall be completed for renewal. Your license will not be renewed if you have not completed the entire continuing education requirement. In the event you are audited you will be required to produce documentation of the continuing education. THE FOLLOWING QUESTIONS MUST BE ANSWERED or this application will be returned. If you answer yes to questions 4, 5, and 6, provide copies of all disciplinary actions from the Boards that Yes No imposed actions and a personal detailed statement. Are you submitting a name change with this renewal? Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? 3. If you answered yes to the above question, please provide the profession and state or jurisdiction. 4. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu Do you currently have any disciplinary charges pending against your professional or occupational license. certificate, permit or registration in any state or jurisdiction?

Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or

registration in any state or jurisdiction?

	ou answer yes to questions 7 thru 13 provide copies of pertinent documents and a personal detailed tement.	Yes	No
	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled noto contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	∢.	×
8	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		X
9	Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?		X
10	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		X
11	Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		X
12			X
13	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
14	Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	X	
15	after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)	X	
16	Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education within your CRNP specialty? <b>Do not send materials now.</b> The Board will conduct an audit at a later date.	X	
17	Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	X_	

Your license cannot be renewed if you have not completed the Board-approved continuing education. The Board will audit a percentage of licensees for compliance with the 30-hour requirement. In the event you are audited you will be required to produce documentation of the continuing education.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I

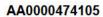
am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworm falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory):

Date

Date

#### Nursing- Certified Registered Nurse Practitioner- Application





#### **BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

#### P. O. Box 2649

#### Harrisburg, PA 17105-2649

					PERSONAL INFO	RMATIO	N					
Last Name	•	MC	COOL			First Nan	ne	SANDI				
Middle Na	me	CR	AWFORD			Suffix						
Full Name	Al .	SAI	NDI CRAWF	ORD MCCOO	L							
SSN Date Of Birth						Age	\$5.			Gender	8	
					ADDRESS DE	TAILS			· .			
Street Add	iress											
City/State/Zip HAVERTOWN Pennsylvania 19083												
County			Delaware						Country	Unite	ed Sta	tes
					CONTACT DE	ETAILS						
Phone nur	mber					Mobile Pho	one nui	mber				
Primary Er	mail A	ddre	ess		Secondary Email Address							
					CHECKLIST	ITEMS						
Checklist	name	,		Status	Status			Submitted Date		Expir	ation Date	
Application	on			Pending Re	eview				03/21/2018			
Application	on Fe	ee		Completed					03/2	1/2018	3	
Child Ab	use (	Œ		Not Receiv	ed				03/21/2018			
					LEGAL QUES	STIONS						
Questions	ia .						Answe	er	Document Uploaded	F	ile Nan	ne
1 Are	you	sub	mitting a nar	ne change wit	h this renewal?			N	No			
2 Firs	st Na	me							No			
3 Mid	ldle N	lam	ie						No			
4 Las	t Na	me				3			No			
You must submit a copy of a legal document verifying the nan (s). The following are acceptable name change verification documents:  (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maide name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.						on naiden aiden nent		V	No			
Have you completed a minimum of 30 hours of Board-approved continuing education within your CRNP specialty?								Υ	No			

8	With the exception of the one you are currently renewing, do hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	. 24	No						
9	Please provide the profession and state or jurisdiction.	nursing- Connecticut	No						
10	Since your initial application or last renewal, whichever is late have you had disciplinary action taken against a professional occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	ll or	No						
11	Do you currently have any disciplinary charges pending agai your professional or occupational license, certificate, permit registration in any state or jurisdiction?		No						
12	Since your initial application or last renewal, whichever is late have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had a application denied or refused, or for disciplinary reasons agreed to apply or reapply for a professional or occupational licentificate, permit or registration in any state or jurisdiction?	n eed	No						
13	Since your initial application or last renewal, whichever is late have you been convicted (found guilty, pled guilty or pled no contendere), received probation without verdict or accelerate rehabilitative disposition (ARD), as to any criminal charges, for misdemeanor, including any drug law violations? Note: You not required to disclose any ARD or other criminal matter that been expunged by order of a court	lo ed felony ou are	No						
14	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No						
15	Since your initial application or last renewal, whichever is late have you had your DEA registration denied, revoked or restricted?	er, N	No						
16	Since your initial application or your last renewal, whichever later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	is N	No						
17	Since your initial application or your last renewal, whichever later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care faci	Marie essa	No						
18	Since your initial application or your last renewal, whichever later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	is N	No						
19	Since your initial application or last renewal, whichever is late have you engaged in the intemperate or habitual use or abust alcohol or narcotics, hallucinogenics or other drugs or substatthat may impair judgment or coordination?	se of							
20	Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	Y	No						
21	Do you hold current National certification as a nurse practitio (Note: CRNPs who were certified by the Board after Februar 2005, are required to maintain current National certification is order to renew their Pennsylvania CRNP certification.)	y 7, n	No						
Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction									
Profe	ssion State/J	urisdiction							
nurs		ecticut							
	CONFIRMATIO	ON							
$\checkmark$	All fees are non-refundable. Please check to continue with your transaction. ( 03/21/2018 15:14:11 )								

Nursing- Certified Registered Nurse Practitioner- Application Renewal (SP003423G) AA0002181805



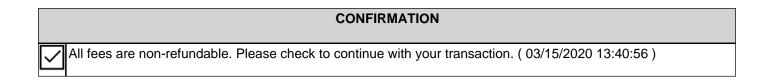
#### BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

#### Harrisburg, PA 17105-2649

2					PERSONAL INFO	DRMATIC	N						
Last I	Name	MC	COOL			First Na	ame SANDI						
Middl	e Name	CR/	AWFORD			Suffix							
Full N	lame	SAN	NDI CRAWF										
SSN			05	Date Of Birth		Age	- 3	S		Gender			
n.	ADDRESS DETAILS												
Street	t Address												
City/State/Zip HAVERTOWN PA 19083													
Coun	ty		Delaware						Country	Unite	ed Sta	tes	
5) -(1					CONTACT D	ETAILS							
Phon	e number					Mobile Ph	one nu	mber					
Prima	ary Email /	Addre	ess			Secondary Email Address				S			
,					CHECKLIST	ITEMS							
Chec	klist name			Status					Submitted Date		Expira	ation Date	
Appl	ication			Pending	Review			03/15/2020					
Appl	ication F	ee		Complete	ed			03/15/2020					
Chilo	Abuse	CE		Not Rece	eived			03/15/2020					
				21 2	LEGAL QUES	STIONS					9 <b>1</b> 6		
Ques	tions						Answ	er	Document Fi Uploaded		ile Nan	ne	
1	Are you	subi	mitting a na	me change v	vith this renewal?			N	No				
2	First Na	me							No	BE.			
3	Middle I	Nam	е						No	Ġ.			
4	Last Na	me							No				
You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents:  (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.								Y	No				
Have you completed a minimum of 30 hours of Board-approved continuing education within your CRNP specialty?						proved		ĭ	No	<u>u</u>			

8	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N	No					
9	Please provide the profession and state or jurisdiction.		No					
10	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No					
11	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No					
12	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No					
13	Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No					
14	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No					
15	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No					
16	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No					
17	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?							
18	Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	N	No					
19	Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)	N	No					
PA VETERANS REGISTRY								
Questions								
	1 Have you served in the U.S. Armed Forces?							
Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.								



Nursing- Certified Registered Nurse Practitioner- Application Renewal (SP003423G) AA0003648895



#### **BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

P. O. Box 2649

#### Harrisburg, PA 17105-2649

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Last N	lame	MC	COOL				Fire	st Name	SANDI				2
Middle	e Name	CRA	WFO	RD			Suf	ffix					
Full N	ame	SAN	IDI CF	RAWFC	ORD MCCOO		7. <b></b>						
SSN					Date Of Birth		Age	e	Gender				
	ADDRESS DETAILS												
Street	Address												
City/S	City/State/Zip HAVERTOWN PA 19083												
Count	ty	1	Delaw	are						Country	Unite	ed Sta	tes
(a)						CONTAC	T DETAIL	LS					
s)	number							ile Phone i					
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Appli	cation				Pending Re	view			03/13/2022				
Appli	cation F	ee			Completed					03/13/2022			
Child	Abuse	CE			Completed					03/13/2022			
						LEGAL Q	UESTION	NS					
Quest	ions							Ans	wer	Document Fil Uploaded		ile Nan	пе
1	Are you	subr	mitting	a nam	ne change with	n this renewal	?		N	No			
2	First Na	ame								No			
3	Middle	Name	е							No			
4	Last Na	me								No			
You must submit a copy of a legal document verifying the (s). The following are acceptable name change verification documents:  (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maname: (3) Other "legal" document indicating the retaking of a mainame: (4) For a "legal" name change, a copy of the court document be provided.							cation ur maider a maiden ocument	n	Y	No No			
6 Have you completed a minimum of 30 hours of Board-approved continuing education within your CRNP specialty?							eu	I	INO				

7	With the exception of the one you are currently renew hold, or have you ever held, a license, certificate, perr registration or other authorization to practice a profess occupation in any state or jurisdiction?	Y	No					
8	Please provide the profession and state or jurisdiction	cnm,- Connecticut	No					
9	Since your initial application or last renewal, whicheve have you had disciplinary action taken against a profe occupational license, certificate, permit, registration or authorization to practice a profession or occupation is in any state or jurisdiction or have you agreed to volur surrender in lieu of discipline?	N	No					
10	Do you currently have any disciplinary charges pendir your professional or occupational license, certificate, pregistration in any state or jurisdiction?	N	No					
11	Since your initial application or last renewal, whicheve have you withdrawn an application for a professional occupational license, certificate, permit or registration, application denied or refused, or for disciplinary reaso not to apply or reapply for a professional or occupation certificate, permit or registration in any state or jurisdiction.	N	No					
12	Since your initial application or last renewal, whicheve have you had your DEA registration denied, revoked or restricted?		N	No				
13	Since your initial application or your last renewal, which later, have you had provider privileges denied, revoke suspended or restricted by a Medical Assistance ager Medicare, third party payor or another authority?	N	No					
14	Since your initial application or your last renewal, which later, have you had practice privileges denied, revoked suspended, or restricted by a hospital or any health care.	d,	N	No				
15	Since your initial application or your last renewal, which later, have you been charged by a hospital, university, research facility with violating research protocols, falsi research, or engaging in other research misconduct?	No						
16	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?							
17	Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	he	Y	No				
18	18 Do you hold current National certification as a nurse practitioner? (Note: CRNPs who were certified by the Board after February 7, 2005, are required to maintain current National certification in order to renew their Pennsylvania CRNP certification.)							
Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction								
Profession State/Jurisdiction								
cnm, Connecticut								
PA VETERANS REGISTRY								
Questions								
1	Have you served in the U.S. Armed Forces?				N			
2	2 Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits,							

programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with

instructions to assist you in registering.

# ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY I hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board. I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at <a href="https://www.pals.pa.gov">www.pals.pa.gov</a> and select "Mandatory Reporting by Licensee" under the heading "Your Licenses." (03/13/2022 14:14:39)

Any fees paid are non refundable. (03/13/2022 14:14:39)