

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

Sandi Crawford McCool
Full Name (Print)

[REDACTED]
Address (Print)

Haverstown PA 19083
City State Zip Code

Return to:
State Board of Nursing
P. O. Box 8412
Harrisburg, PA 17105-8412

Your Prescriptive Authority Approval cannot be renewed until your RN and CRNP licenses have been renewed. Complete a separate renewal application for each Prescriptive Authority Approval you wish to renew. Licenses are not forwardable.

CRNP Certification Number: SP0034236

Prescriptive Authority Number: 010429

Collaborating Physician with this Prescriptive Authority Record: Joel P Lebed

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.

Renewal fee is \$25.00 (NON-REFUNDABLE)
Make checks payable to: Commonwealth of Pennsylvania.
Write your license number on payment.
A \$20.00 fee will be assessed for returned payments.

YOU MUST ANSWER THE FOLLOWING QUESTION	YES	NO
Have you <u>completed</u> at least 16 hours of Board-approved continuing education in pharmacology between May 1, 2008 and April 30, 2010?	✓	

Check if appropriate:

Address Change – The address above is a new address and not on file with the Board. You must fill in Social Security Number below.

Name Change – The name above is not the current name on the licensure record. You must fill in Social Security Number below.

Social Security Number: _____ - _____ - _____

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

PRACTICING ON AN EXPIRED PRESCRIPTIVE AUTHORITY MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.

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): [REDACTED] Date: 2/10/10

Person Info

Name:SANDI CRAWFORD MCCOOL

Address Info

Street Address: [REDACTED]

Email: [REDACTED]

Phone: [REDACTED]
Fax: [REDACTED]

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? 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

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

Jandi Crawford McCool
(Print) Full Name – as it appears on license

Return to:
State Board of Nursing
P. O. Box 8412
Harrisburg, PA 17105-8412

[Redacted]
(Print) Street Address as it appears on license

Havertown, PA 19083
City State Zip Code

Fee: \$25.00 (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.

Your Prescriptive Authority Approval cannot be renewed until your RN and CRNP licenses have been renewed. Complete a separate renewal application for each Prescriptive Authority Approval you wish to renew.

CRNP Certification Number: JP003423G

Prescriptive Authority Number: 010429

Collaborating Physician with this Prescriptive Authority Record: Joel P Lebel M.D
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 FOLLOWING QUESTION	YES	NO
Have you completed at least 16 hours of Board-approved continuing education in pharmacology between May 1, 2012 and April 30, 2014?	X	

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 State Zip Code

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 in Pennsylvania after the expiration date indicated above and request inactive status. **No fee is required.**

Signature of Licensee (Mandatory): [Redacted] 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 Prescriptive Authority
Expiration Date: 04/30/2016**

Sandi McCool

Full Name As It Appears On License (PRINT)



Street Address As It Appears On License (PRINT)

Haverstown PA 19083

City State Zip Code

RETURN TO:
State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Your Prescriptive Authority Approval cannot be renewed until your RN and CRNP licenses have been renewed. Complete a separate renewal application for each Prescriptive Authority Approval you wish to renew.

CRNP License Number SP0034236

Prescriptive Authority Number 010429

Collaborating Physician with this Prescriptive Authority Record: Dr. Joel P. Lebed

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.

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” Write your license number on your payment.	\$25.00 (NON REFUNDABLE) 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:	

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 imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		X
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?		X
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

If you answer yes to questions 7 thru 10, provide copies of pertinent documents and a personal detailed statement.	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?		X
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
10. 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?		X
11. Have you <u>completed</u> at least 16 hours of Board-approved continuing education in pharmacology? Do not send materials now. 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 _____

NPPA 010429

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

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

August 10, 2018

SANDI CRAWFORD MCCOOL 9851
[REDACTED]
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
www.dos.pa.gov/nurse
Email: st-nurse@pa.gov

Change of Prescriptive Authority Collaborative Agreement: Controlled Substances

NPPA010429
PRESCRIPTIVE AUTHORITY NUMBER

Sandi McCool CRNP
NAME OF CRNP

Joel Lebed, DO
NAME OF COLLABORATING PHYSICIAN

SP0034236
PENNSYLVANIA CRNP NUMBER

OS003518L
PHYSICIAN LICENSE NUMBER
(Include all prefixes/suffixes)

[REDACTED]
PHONE NUMBER/EMAIL

To **add** or **update** controlled substance prescribing authority, you **MUST** indicate the specific **number of days** for each schedule.

I am requesting to update **Schedule II** Controlled Substance Prescribing Authority on my Collaborative Agreement.

DELETE Schedule II ADD/CHANGE Schedule II for up to a 30 day supply (maximum 30 day supply)

I am requesting to update **Schedule III** Controlled Substance Prescribing Authority on my Collaborative Agreement.

DELETE Schedule III ADD/CHANGE Schedule III for up to a 90 day supply (maximum 90 day supply)

I am requesting to update **Schedule IV** Controlled Substance Prescribing Authority on my Collaborative Agreement.

DELETE Schedule IV ADD/CHANGE Schedule IV for up to a 90 day supply (maximum 90 day supply)

[REDACTED]
Signature of CRNP

5/29/18
Date Signed

AND
[REDACTED]
Signature of Collaborating Physician

6/14/18
Date Signed

2018 JUN 20 PM 1:24

THE CHANGE IS NOT EFFECTIVE UNTIL YOU HAVE RECEIVED A LETTER FROM THE STATE BOARD OF NURSING

Nursing- Prescriptive Authority-
Application



AA0000473267

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION				
Last Name	MCCOOL	First Name	SANDI	
Middle Name	CRAWFORD	Suffix		
Full Name	SANDI CRAWFORD MCCOOL			
SSN	██████	Date Of Birth	██████	Age
			██████	Gender
ADDRESS DETAILS				
Street Address	████████████████████			
City/State/Zip	HAVERTOWN Pennsylvania 19083			
County	Delaware	Country	United States	
CONTACT DETAILS				
Phone number	██████████	Mobile Phone number		
Primary Email Address	████████████████████		Secondary Email Address	
CHECKLIST ITEMS				
Checklist name	Status	Submitted Date	Expiration Date	
Application	Pending Review	03/21/2018		
Application Fee	Completed	03/21/2018		
LEGAL QUESTIONS				
Questions	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 at least 16 hours of Board-approved continuing education in pharmacology?	Y	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 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	
9	Please provide the profession and state or jurisdiction.	nursing, nurse midwifery- Connecticut	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 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	N	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 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?			

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
nursing, nurse midwifery	Connecticut

CONFIRMATION

<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. (03/21/2018 10:01:07)
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BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION					
Last Name	MCCOOL		First Name	SANDI	
Middle Name	CRAWFORD		Suffix		
Full Name	SANDI CRAWFORD MCCOOL				
SSN	██████	Date Of Birth	██████	Age	██████ Gender
ADDRESS DETAILS					
Street Address	██				
City/State/Zip	HAVERTOWN PA 19083				
County	Delaware			Country	United States
CONTACT DETAILS					
Phone number	██████████		Mobile Phone number		
Primary Email Address			Secondary Email Address		
CHECKLIST ITEMS					
Checklist name	Status		Submitted Date	Expiration Date	
Application	Pending Review		03/13/2022		
Application Fee	Completed		03/13/2022		

LEGAL QUESTIONS

Questions	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 at least 16 hours of Board-approved continuing education in pharmacology?	Y	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 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	
9 Please provide the profession and state or jurisdiction.	cnm,- Connecticut	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 been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
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 registered with the Pennsylvania Prescription Drug Monitoring Program?	Y	No	

COLLABORATING PHYSICIAN DETAILS

Type	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	0 day supply
Drug Schedule 3	0 day supply
Drug Schedule 4	0 day supply
Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction	
Profession	State/Jurisdiction
cnm,	Connecticut

PA VETERANS REGISTRY		
Questions		Answer
1	Have you served in the U.S. Armed Forces?	N
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 www.pals.pa.gov 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 31

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

OFFICE USE ONLY
Approval # 010429
Date Granted 10/30/09
Receipt # [Signature]

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 not 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 must be the same on all licenses/certificates

McCool Sandi Joy Crawford Maiden name
 Last Name First Middle PA CRNP Certificate (License) # SP003423G

[Redacted] Haverton PA
 Street Address City State Zip Code Social Security # [Redacted]

Home Telephone Number
 Between 8:30 a.m. and 5:00 p.m. [Redacted]

II. Primary Practice Location of the CRNP

South Eastern Planned Parenthood Media office
 Name of Practice Telephone Number
 Between 8:30 a.m. and 5:00 p.m. [Redacted]

216 W State St Media PA
 Street Address City State Zip Code 19063

III. Collaborating Physician Name and License Number (Only one collaborating physician may be listed per application)

Lebed, Joel [Redacted]
 Last Name First Middle Pennsylvania Physician License Number OS003518L

IV. Required Attachments

1. Collaborative Agreement for CRNP Prescriptive Authority Form
2. Verification of Advanced Pharmacology form completed by program director (initial application only)

V. Affidavit

I verify that the statements in this application for CRNP prescriptive authority are 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, and may result in the suspension, revocation, or denial of my license or certificate. I verify that this form is in the original format as supplied by the Department of State and has not been altered or modified in any way.

[Redacted Signature]
Signature of Applicant

4/14/08 9/16/09
Date

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: \$1,000,000 / \$3,000,000 DO NOT ATTACH POLICY.
(Per Occurrence) (Annual Aggregate)

Check your Pennsylvania CRNP area of Specialization as listed on your PA CRNP certificate.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Adult Acute Care | <input type="checkbox"/> Family Health | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Pediatric Oncology |
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Family Home Health | <input type="checkbox"/> Pediatric Primary Care | <input checked="" type="checkbox"/> OB/GYN |
| <input type="checkbox"/> Adult Health | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Pediatric Acute Care/Chronic | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Adult Psych/MH | <input type="checkbox"/> Neonatal | <input type="checkbox"/> Pediatric Critical Care | <input type="checkbox"/> Other _____ |

2) Name of Collaborating Physician: Joel Lebed, DO

Pennsylvania License #: OS 003518 L

Name(s) of Substitute Physician: Janet Wilson, MD

Pennsylvania License #: MD021813 E

- Attach separate sheet(s) of paper if more than one substitute physician.
- Include Pennsylvania physician license #(s) including prefix and suffix.

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.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Once per year | <input type="checkbox"/> Every other visit | <input checked="" type="checkbox"/> Patient or Family request | <input checked="" type="checkbox"/> Patient condition outside CRNP scope of practice |
| <input type="checkbox"/> Twice per year | <input type="checkbox"/> Daily | <input checked="" type="checkbox"/> CRNP Request | <input checked="" type="checkbox"/> Patient not responding to treatment |
| <input type="checkbox"/> 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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acute pain management | <input type="checkbox"/> Chronic pain management | <input type="checkbox"/> Behavioral disturbances |
| <input type="checkbox"/> Perioperative pain management | <input type="checkbox"/> Other _____ | |

Yes, I am requesting Schedule III Controlled Substance Prescribing Authority

Yes, I am requesting Schedule IV Controlled Substance Prescribing Authority

COLLABORATIVE AGREEMENT (continued)

5) Individually check the categories of drugs from which CRNP may prescribe or dispense.

<input checked="" type="checkbox"/>	(a) Antihistamines
<input checked="" type="checkbox"/>	(b) Anti-infective agents
	(c) Antineoplastic agents if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy
<input checked="" type="checkbox"/>	(d) Unclassified therapeutic agents if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy
<input checked="" type="checkbox"/>	(e) Devices and pharmaceutical aids if originally prescribed by the collaborating physician and approved by the collaborating physician for ongoing therapy
<input checked="" type="checkbox"/>	(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: (1) General anesthetics (2) Monoamine oxidase inhibitors
<input checked="" type="checkbox"/>	(l) Contraceptives including foams and devices
<input checked="" type="checkbox"/>	(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
<input checked="" type="checkbox"/>	(s) Local anesthetics
	(t) Eye, ear, nose and throat preparations
<input checked="" type="checkbox"/>	(u) Serums, toxoids and vaccines
<input checked="" type="checkbox"/>	(v) Skin and mucous membrane agents
	(w) Smooth muscle relaxants
<input checked="" type="checkbox"/>	(x) Vitamins
<input checked="" type="checkbox"/>	(y) Hormones 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.

 [Redacted] Signature of CRNP

4/14/08 *JPL* 9/16/09

 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 any drug that the CRNP will prescribe.

 [Redacted] Signature of Collaborating Physician

5/29/08 9/16/09

 Date *JPL*

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.

I hereby certify that Sandi Crawford McCool successfully completed 45 hours of
(applicant name) (number of clock hours)

ADVANCED PHARMACOLOGY at Contemporary Forum
(full name of the University, College, Institution)

(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) Pharmacology For Advanced Practice Clinicians Date(s) of completion 8/09
414609 (month/year)

(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.



Jenkins Wallace 8/19/09
Signature of CRNP Program Director Date

Pam Jenkins-Wallace
Type or Print Name of the CRNP Program Director

Contemporary Forums
Name of University, College, or Controlling Agency

11900 Silvergate Dr. Dublin CA 94568
Complete Address

[Redacted]
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:

State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Sandi Crawford McCool
Full Name As It Appears On License (PRINT)

[Redacted]
Street Address As It Appears On License (PRINT)

Haver town, PA 19083
City State Zip Code

RN218515L
RN License Number

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	NO	If YES to question 2, 3 or 4 – provide details AND attach certified copies of legal document(s).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Do you hold a license/certificate (active, inactive or expired) to practice this profession in any other state or jurisdiction? LIST ALL STATES <u>CT</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. 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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 in any profession in any other state or jurisdiction?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. 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 [Redacted]

- maiden name
Crawford

- 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

City State Zip Code

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): [Redacted] 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

MARRIAGE CERTIFICATE

I ERNEST MORITZ hereby certify that on the

12 day of SEPTEMBER A.D. 1981

at HARTSVILLE WARMINSTER, Pennsylvania,

WILLIAM F. MCCOOL and SANDI JOY CRAWFORD

were by me united in marriage
in accordance with license

issued by the Clerk of the Orphans' Court Division of the
Court of Common Pleas of Philadelphia County, Pennsylvania

Signed Ernest Moritz

Address 1457 Meetinghouse Rd.

Numbered B 72033

Warminster Pa.

CRADLE OF LIBERTY

Person Info
 Name [REDACTED]
 Address Info
 Street Address: [REDACTED] Email: [REDACTED]
 Phone [REDACTED]
 Fax [REDACTED]
 City HAVERTOWN
 State PA
 Zipcode 19083
 Country 82
 County Delaware

Survey Response Summary
 Question Response Summary

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?	Y
Since your initial application or 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?	N
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.	N
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 reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
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

Jandi Crawford McCool

(PRINT) Full Name - as it appears on license



(PRINT) Street Address as it appears on license

Havertown, PA 19083

City State Zip Code

RETURN TO:

State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

RN218515L
RN License Number

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	NO	If YES to question 2, 3 or 4 – provide details AND attach certified copies of legal document(s).
X		1. Do you hold a license/certificate (active, inactive or expired) to practice this profession in any other state or jurisdiction? LIST ALL STATES <u>CT - Believe it is expired worked there years ago</u>
	X	2. 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?
	X	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 in any profession in any other state or jurisdiction?
	X	4. 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.
X		5. Have you <u>completed</u> 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 State Zip Code

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):



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 – REGISTERED NURSE
Expiration Date: 04/30/2016**

Sandi Crawford McCool
Full Name As It Appears On License (PRINT)
[REDACTED]
Havertown PA 19093
Street Address As It Appears On License (PRINT)
City State Zip Code

RETURN TO:
State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

RN218515L
RN License Number

LICENSES <u>CANNOT BE FORWARDED</u> 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” Write your license number on your payment.	\$65.00 (NON REFUNDABLE) 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.

If you answer yes to questions 4, 5, and 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		X
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?		X
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

If you answer yes to questions 7 thru 12 provide copies of pertinent documents and a personal detailed statement.	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?		X
9. 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
10. 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
11. 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
12. 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?		
13. Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education? Do not send materials now. 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?	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 2/29/16

Nursing- Registered Nurse- Application

AA0000474043



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	MCCOOL			First Name	SANDI		
Middle Name	CRAWFORD			Suffix			
Full Name	SANDI CRAWFORD MCCOOL						
SSN	██████	Date Of Birth	██████	Age	██████	Gender	
ADDRESS DETAILS							
Street Address	████████████████████						
City/State/Zip	HAVERTOWN Pennsylvania 19083						
County	Delaware				Country	United States	
CONTACT DETAILS							
Phone number	██████████			Mobile Phone number			
Primary Email Address	████████████████████			Secondary Email Address			
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
frankford school of nursing							01/01/1977
CHECKLIST ITEMS							
Checklist name	Status			Submitted Date	Expiration Date		
Application	Pending Review			03/21/2018			
Application Fee	Completed			03/21/2018			
Child Abuse CE	Not Received			03/21/2018			
LEGAL QUESTIONS							
Questions	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?	Y	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?	Y	No	
9	Please provide the profession and state or jurisdiction.	nursing- Connecticut	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 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	N	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 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	
16	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?	N	No	
17	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	
18	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
nursing	Connecticut

CONFIRMATION



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



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 P. O. Box 2649
 Harrisburg, PA 17105-2649
APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	MCCOOL			First Name	SANDI		
Middle Name	CRAWFORD			Suffix			
Full Name	SANDI CRAWFORD MCCOOL						
SSN	██████	Date Of Birth	██████	Age	██████	Gender	
ADDRESS DETAILS							
Street Address	██						
City/State/Zip	HAVERTOWN PA 19083						
County	Delaware				Country	United States	
CONTACT DETAILS							
Phone number	██████████			Mobile Phone number			
Primary Email Address				Secondary Email Address			
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
frankford nursing school							01/01/1977
CHECKLIST ITEMS							
Checklist name	Status	Submitted Date	Expiration Date				
Application	Pending Review	03/15/2020					
Application Fee	Completed	03/15/2020					
Child Abuse CE	Completed	03/15/2020					

LEGAL QUESTIONS

Questions	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?	Y	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	Answer
1 Have you served in the U.S. Armed Forces?	N
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.	

CONFIRMATION

<input checked="" type="checkbox"/> All fees are non-refundable. Please check to continue with your transaction. (03/15/2020 13:34:57)
--



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 P. O. Box 2649
 Harrisburg, PA 17105-2649
APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	MCCOOL			First Name	SANDI		
Middle Name	CRAWFORD			Suffix			
Full Name	SANDI CRAWFORD MCCOOL						
SSN	██████	Date Of Birth	██████	Age	██████	Gender	
ADDRESS DETAILS							
Street Address	██						
City/State/Zip	HAVERTOWN PA 19083						
County	Delaware				Country	United States	
CONTACT DETAILS							
Phone number	██████████			Mobile Phone number			
Primary Email Address				Secondary Email Address			
EDUCATION DETAILS							
School Name	School Type	School Address	Degree	Major	Attended From	Attended To	Graduation Date
frankford nursing school, and penn state university							01/01/1977
CHECKLIST ITEMS							
Checklist name	Status	Submitted Date	Expiration Date				
Application	Pending Review	03/13/2022					
Application Fee	Completed	03/13/2022					
Child Abuse CE	Completed	03/13/2022					

LEGAL QUESTIONS

Questions	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	
14 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	Answer
1 Have you served in the U.S. Armed Forces?	N
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

<input checked="" type="checkbox"/>	<p>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:</p> <p>(1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction;</p> <p>(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 www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."</p> <p>(03/13/2022 14:10:09)</p>
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CONFIRMATION

<input checked="" type="checkbox"/>	Any fees paid are non refundable. (03/13/2022 14:10:09)
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**PENNSYLVANIA STATE BOARD OF NURSING
RENEWAL APPLICATION - CRNP**

RETURN TO:

State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

Sandi Crawford McCoil
Full Name (PRINT)

CRNP License number SP003423G

Street Address (PRINT) _____
Haver town PA 19083
City State Zip Code

Your RN License #: RN 218515L

**YOUR CRNP CERTIFICATION CANNOT BE RENEWED UNTIL
YOUR RN LICENSE IS RENEWED**

Licenses are not forwardable.

SECTION A- THE FOLLOWING INFORMATION MUST BE ANSWERED

Check if appropriate Social Security Number: _____ maiden name Crawford

ADDRESS CHANGE - The address above is a new address and not 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 licensure record. You must fill in Social Security number above.

YES	NO	If YES to question 2, 3, 4, or 5 - provide details AND attach certified copies of legal document(s).
	<input checked="" type="checkbox"/>	1. Do you hold a certificate/license (active, inactive or expired) to practice this profession in any other state or jurisdiction? LIST ALL STATES
	<input checked="" type="checkbox"/>	2. 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 other state or jurisdiction?
	<input checked="" type="checkbox"/>	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 in any profession in any state or jurisdiction?
	<input checked="" type="checkbox"/>	4. 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.
	<input checked="" type="checkbox"/>	5. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
<input checked="" type="checkbox"/>		6. Have you <u>completed</u> a minimum of 30 hours of Board approved continuing education between May 1, 2008 and April 30, 2010?
<input checked="" type="checkbox"/>		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 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 to the CRNP regulations became effective 12/12/2009. CRNPs who were certified by the Board after February 7, 2005, will be required to maintain current National certification in order to renew their Pennsylvania CRNP certification. The new regulations require that the 30-hours of continuing education required for license renewal be taken within the CRNP's specialty. For future renewals, please ensure these requirements are met.

SECTION B - VERIFICATION OF INFORMATION

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 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 assessed for returned payments. This form is invalid after 4/30/2010, late fees are assessed.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	

Original

MARRIAGE CERTIFICATE

I ERNEST MORITZ hereby certify that on the

12 day of SEPTEMBER A.D. 1981

at HARTSVILLE WARMINSTER, Pennsylvania,

WILLIAM F. MCCOOL and SANDI JOY CRAWFORD

were by me united in marriage
in accordance with license

issued by the Clerk of the Orphans' Court Division of the
Court of Common Pleas of Philadelphia County, Pennsylvania

Signed Ernest Moritz

Address 1457 Meetinghouse Rd

Numbered B 72033

Warminster, Pa.

PHILADELPHIA CRADLE OF LIBERTY

Person Info
Name:SANDI CRAWFORD MCCOOL
Address Info

Street Address:

Email:

Phone

Fax

CityHAVERTOWN

StatePA

Zipcode19083

Country82

CountyDelaware

Survey Response Summary
Question Response Summary

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 registration issued to you in any profession in any other state or jurisdiction?	N
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.	N
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 reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Have you completed a minimum of 30 hours of Board approved continuing education within your CRNP specialty between May 1, 2010 and April 30, 2012?	Y
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
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

PENNSYLVANIA STATE BOARD OF NURSING
RENEWAL APPLICATION – CRNP Expiration date: 04/30/2014

RETURN TO:

State Board of Nursing
 PO Box 8412
 Harrisburg, PA 17105-8412

Janki Crawford McCool
 (PRINT) Full Name – as it appears on license

[Redacted]
 (PRINT) Street Address as it appears on license

Havertown, PA 19083
 City State Zip Code

CRNP License number JP003423G

Your RN License #: RN RN218515L

**YOUR CRNP CERTIFICATION CANNOT BE RENEWED UNTIL
 YOUR RN LICENSE IS RENEWED**

Fee: \$75.00 (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	NO	If YES to question 2, 3, 4, or 5 – provide details AND attach certified copies of legal document(s).
	X	1. Do you hold a certificate/license (active, inactive or expired) to practice this profession in any other state or jurisdiction? LIST ALL STATES
	X	2. 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 other state or jurisdiction?
	X	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 in any profession in any state or jurisdiction?
	X	4. 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.
	X	5. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
X		6. Have you completed a minimum of 30 hours of Board approved continuing education within your CRNP specialty between May 1, 2012 and April 30, 2014?
X		7. Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?
X		8. 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.)

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 State Zip Code

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): _____

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**

Sandi Crawford McCool
Full Name As It Appears On License (PRINT)
[REDACTED]
Street Address As It Appears On License (PRINT)
Havertown PA 19083
City State Zip Code

RETURN TO:
State Board of Nursing
PO Box 8412
Harrisburg, PA 17105-8412

CRNP License Number SP0 03423 G
RN License Number RN218515L

**YOUR CRNP CERTIFICATION CANNOT BE RENEWED UNTIL
YOUR RN LICENSE IS RENEWED.**

LICENSES <u>CANNOT BE FORWARDED</u> 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” Write your license number on your payment.	\$75.00 (NON REFUNDABLE) 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.

If you answer yes to questions 4, 5, and 6, provide copies of all disciplinary actions from the Boards that imposed actions and a personal detailed statement.	Yes	No
1. Are you submitting a name change with this renewal?		X
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?		X
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

If you answer yes to questions 7 thru 13 provide copies of pertinent documents and a personal detailed statement.	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?		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 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
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 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.)	X	
16 Have you <u>completed</u> a minimum of 30 hours of Board-approved continuing education within your CRNP specialty? Do not send materials now. 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 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 2/28/16

Nursing- Certified Registered Nurse
Practitioner- Application



AA0000474105

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION				
Last Name	MCCOOL	First Name	SANDI	
Middle Name	CRAWFORD	Suffix		
Full Name	SANDI CRAWFORD MCCOOL			
SSN	██████	Date Of Birth	██████	Age
			██████	Gender
ADDRESS DETAILS				
Street Address	████████████████████			
City/State/Zip	HAVERTOWN Pennsylvania 19083			
County	Delaware	Country	United States	
CONTACT DETAILS				
Phone number	██████████	Mobile Phone number		
Primary Email Address	████████████████████		Secondary Email Address	
CHECKLIST ITEMS				
Checklist name	Status	Submitted Date	Expiration Date	
Application	Pending Review	03/21/2018		
Application Fee	Completed	03/21/2018		
Child Abuse CE	Not Received	03/21/2018		
LEGAL QUESTIONS				
Questions	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 within your CRNP specialty?	Y	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?	Y	No	
9	Please provide the profession and state or jurisdiction.	nursing-Connecticut	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 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	N	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 later, have you had your DEA registration denied, revoked or restricted?	N	No	
16	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	
17	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?	N	No	
18	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	
19	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?			
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 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.)	Y	No	

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
nursing	Connecticut

CONFIRMATION

All fees are non-refundable. Please check to continue with your transaction. (03/21/2018 15:14:11)



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 P. O. Box 2649
 Harrisburg, PA 17105-2649
APPLICANT INFORMATION

PERSONAL INFORMATION				
Last Name	MCCOOL		First Name	SANDI
Middle Name	CRAWFORD		Suffix	
Full Name	SANDI CRAWFORD MCCOOL			
SSN	██████	Date Of Birth	██████	Age
				Gender
ADDRESS DETAILS				
Street Address	██			
City/State/Zip	HAVERTOWN PA 19083			
County	Delaware		Country	United States
CONTACT DETAILS				
Phone number	██████████		Mobile Phone number	
Primary Email Address			Secondary Email Address	
CHECKLIST ITEMS				
Checklist name	Status	Submitted Date	Expiration Date	
Application	Pending Review	03/15/2020		
Application Fee	Completed	03/15/2020		
Child Abuse CE	Not Received	03/15/2020		
LEGAL QUESTIONS				
Questions	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 within your CRNP specialty?	Y	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 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		Answer
1	Have you served in the U.S. Armed Forces?	N
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.	

CONFIRMATION



All fees are non-refundable. Please check to continue with your transaction. (03/15/2020 13:40:56)



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION					
Last Name	MCCOOL		First Name	SANDI	
Middle Name	CRAWFORD		Suffix		
Full Name	SANDI CRAWFORD MCCOOL				
SSN	██████	Date Of Birth	██████	Age	██████ Gender
ADDRESS DETAILS					
Street Address	██				
City/State/Zip	HAVERTOWN PA 19083				
County	Delaware			Country	United States
CONTACT DETAILS					
Phone number	██████████		Mobile Phone number		
Primary Email Address			Secondary Email Address		
CHECKLIST ITEMS					
Checklist name	Status		Submitted Date	Expiration Date	
Application	Pending Review		03/13/2022		
Application Fee	Completed		03/13/2022		
Child Abuse CE	Completed		03/13/2022		
LEGAL QUESTIONS					
Questions	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 within your CRNP specialty?	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 last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	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?			
17	Are you covered by liability insurance as required by the Pennsylvania Professional Nursing Law?	Y	No	
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.)	N	No	

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
cnm,	Connecticut

PA VETERANS REGISTRY

Questions	Answer
1 Have you served in the U.S. Armed Forces?	N
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 www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."
(03/13/2022 14:14:39)

CONFIRMATION

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