

## Application - Nurse Practitioner - APN

Name	Kate Wilhoit Schneider
Credential	Nurse Practitioner - APN

### Fee Details

NP - Advanced Practice Registry	\$75.00
	<b>\$75.00</b>

## APN - CNS\_NP Application - Main Page

### Online Application - Instructions

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

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

If you currently hold or are in the process of obtaining a Colorado Registered Nurse (RN) license, you may apply for the APN registration for your role. If you are NOT licensed as a RN in Colorado, but hold a compact multi-state license, you may apply for the Compact Advanced Practice Nurse (C-APN) registration for your role.

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

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

## APN - NP Application - Method

### Online Application - Application Checklist

1. Select Original below:  
Original

## APN - NP Application - Existing APN/RN

### Online Application - Application Checklist

2. Do you have an active or pending Registered Nurse license in Colorado?  
Yes

## APN - CNS\_NP Application - Population(s)

### Online Application - Population(s)

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

## APN Application - Certification and Qualifications

### Online Application - Certification & Qualifications

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

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

NCC Certifica

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

## APN Application - Other APN Designations

### Online Application - Other APN Designations

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

No

## APN Application - Professional Liability Insurance

### Online Application - Professional Liability Insurance

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

Yes

## NURSING Application - PSOR Intro

### Primary State of Residence Designation

#### PRIMARY STATE OF RESIDENCE:

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

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

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

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

## NURSING Application Primary State of Residence (not mapped)

### Online Application - Primary State of Residence

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

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

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

Please enter the physical address of your Primary Residence in the fields below. Primary Residence is defined as the location of a person's declared fixed, permanent and principal home for legal purposes; domicile.

9. Street Address:

629 N Sunset St

10. City:

Fort Collins

11. State:

Colorado

12. Zip:  
80521

## GLOBAL Application - Attestation

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### Online Application - Attestation

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

13. By entering your full legal name below you attest that you have read and understand the above information.  
Kate Wilhoit Schneider

14. Please enter today's date:  
08/03/2020

## Review

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

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

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

## Application - Nurse Practitioner - RXN

Name	Kate Wilhoit Schneider
Credential	Nurse Practitioner - RXN

### Fee Details

NP - Prescriptive Authority	\$150.00
	<b>\$150.00</b>

## RXN Application - Colorado RN

### Online Application - Application Checklist

1. Do you currently hold a Colorado Registered Nurse (RN) license OR have you submitted an application for a Colorado RN?  
Yes

## RXN Application Main Page

### Online Application - Instructions

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

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

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

There are two ways to apply for prescriptive authority, by ORIGINAL method or by ENDORSEMENT.

- You should apply for ORIGINAL prescriptive authority if you are applying for prescriptive authority for the first time and have never held prescriptive authority in another state. Upon review of your qualifications, you will receive provisional prescriptive authority. Provisional prescriptive authority will authorize you to begin the prescribing Mentorship and may be retained in an active status for three years from the date of issuance. Prescribing with provisional prescriptive authority while accruing additional hours required for full prescriptive authority requires that a mutually-structured mentorship exist between you and a Colorado licensed physician OR an APN mentor with full prescriptive authority. Before the end of the three-year period, you must submit an application for full prescriptive authority. If an application for full prescriptive authority is not submitted within three years, the provisional prescriptive authority will expire.
  - If you already hold provisional prescriptive authority and have completed your mentorship, STOP NOW and complete the application for full prescriptive authority on the [Applications and Forms webpage](#).
- You should apply by ENDORSEMENT if you have prescriptive authority and at least 1,000 hours of documented prescribing experience in another state.
  - You may be granted full prescriptive authority if you have developed an Attestation of Development of Articulated Plan signed by you and a Colorado licensed physician or an APN with full prescriptive authority.

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

## GLOBAL Application - Applicant Information

### Online Application - Applicant Information

2. First Name:  
Kate
3. Middle Name or Initial:  
Wilhoit
4. Last Name:  
Schneider
5. Suffix:
6. Previous Names:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
Wilhoit, Kate F			February	2007		
Schneider, Kate Wilhoit	February	2007				

7. Gender:  
Female

8. Date of Birth:

■■■■■

9. Birth City:  
Athens

10. Birth State:

(If born outside of the United States, select "Foreign Country" in the dropdown below)

Georgia

11. Birth Country:  
United States

## GLOBAL Application - Military

### Online Application - Military Questions

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

## GLOBAL Application - Military Veteran

### Online Application - Military Questions

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

## GLOBAL Application - Military Spouse

### Online Application - Military Questions

17. Are you the spouse of an active military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another U.S. state?  
No

## RXN - NP Application - Method

### Online Application - Application Checklist

31. You MUST choose at least one population focus from the select-box below.  
Women's Health

32. Select your method:  
Original

## RXN Application - Colorado Mentorship

### Online Application - Colorado Mentorship

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

- Holds an unencumbered license to practice in Colorado;

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

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

Yes

## **RXN Application - Other RXN(s)**

### **Online Application - Other Nursing/RXN License(s)**

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

No

## **RXN Application - RN**

### **Online Application - RN**

41. Is your Colorado Registered Nurse (RN) license in good standing and without disciplinary sanctions or pending investigations?

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

Yes

## **RXN Application - APN**

### **Online Application - APN**

44. Are you currently included in the Advanced Practice Registry as an Advanced Practice Nurse (APN) or have you submitted an application for a Colorado APN?

Yes

## **RXN Application - APN in good standing**

### **Online Application - APN in good standing**

45. Is your Colorado Advanced Practice Nurse (APN) in good standing and without disciplinary sanctions or pending investigations?

- If you answer No, you must provide a written statement AND supporting documentation regarding disciplinary sanctions or pending investigations against your APN.

Yes

## **RXN Application - Clinical Work Experience**

### **Online Application - Clinical Experience**

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

Yes

## **RXN - CNS\_NP Application - Certification**

### **Online Application - National Certification**

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

NCC Certifica

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

## RXN Application - Transcripts/Course Descriptions

### Online Application - Transcripts/Course Descriptions

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

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

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

Transcr

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

## NURSING Application - PSOR Intro

### Primary State of Residence Designation

#### PRIMARY STATE OF RESIDENCE:

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

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

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

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

## NURSING Application Primary State of Residence (not mapped)

### Online Application - Primary State of Residence

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

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

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

Please enter the physical address of your Primary Residence in the fields below. Primary Residence is defined as the location of a person's declared fixed, permanent and principal home for legal purposes; domicile.

53. Street Address:  
629 N Sunset St

54. City:  
Fort Collins

55. State:  
Colorado

56. Zip:  
80521

## **RXN Application - Professional Liability Insurance**

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### **Online Application - Professional Liability Insurance**

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

Yes

## **GLOBAL Application - Attestation**

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### **Online Application - Attestation**

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

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

Kate Schneider

59. Please enter today's date:

08/03/2020



COLORADO

Department of  
Regulatory Agencies

Division of Professions and Occupations

Status Change Full Prescriptive Authority Application  
No Fee

## Advanced Practice Nurse | Full Prescriptive Authority (RXN)

Select the APN Role(s) you hold and for which you are applying for full prescriptive authority:

- ☒ Nurse Practitioner (NP) ☐ Certified Nurse Midwife (CNM)  
☐ Clinical Nurse Specialist (CNS) ☐ Certified Registered Nurse Anesthetist (CRNA)

If you selected NP or CNS, identify the population(s) for which you are applying for full prescriptive authority:

- ☐ Adult/Geriatric Acute Care ☐ Adult/Geriatric Primary Care ☐ Adult ☐ Geriatric  
☐ Family ☐ Pediatric Acute Care ☐ Pediatric Primary Care ☒ Women's Health  
☐ Neonatal ☐ Psychiatric/Mental Health ☐ Adult Health ☐ Medical/Surgical  
☐ Other (specify):

Applicant Name: Kate Wilhoit Schneider  
First Middle Last/Suffix

Previous Name(s):

SSN or ITIN: [REDACTED] Date of Birth: [REDACTED] Phone Number: 706 202 8003

Mailing Address: 629 N Sunset St Fort Collins CO 80521  
Home P.O. Box/Street City State Zip  
☒ Home ☐ Business

Email Address: [REDACTED]

(This will be the)

Are you a member or veteran of the U.S. Military, National Guard, or Military Reserves?  
• If you are an active member, please provide your branch and duty station:

☐ Yes ☒ No

• If you are a veteran, please provide your date of discharge:

Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ☐ Yes ☒ No

• If yes, please see the Military Spouse Exemption Form available at [dpo.colorado.gov/Military](http://dpo.colorado.gov/Military).

RN License Number: 0166716 Issuing State: Colorado Expiration Date: 9/30/2023

Colorado Advanced Practice Registry Number: 0995816-NP Expiration Date: 9/30/2023

Colorado Provisional Prescriptive Authority Number: 0104957-NP Expiration Date: 9/30/2023

### Primary State of Residence Information

List your Primary State of Residence: Colorado

☒ By checking this box, I declare that the above listed state is my primary state of residence and as such constitutes my permanent and principal home for legal purposes.

Address: 629 N Sunset St Fort Collins CO 80521  
Street (P.O. Boxes not accepted) City State Zip

NOTE: If you declare Colorado as your primary State of residence, you must hold, obtain, reactivate, or reinstate a Colorado RN license prior to applying for the Advanced Practice Registry).

Applicant Name:

Kate Wilhoit Schneider

### Professional Liability Insurance Information

- ☒ By checking this box, I attest that I carry and/or will carry, and maintain upon commencement of independent practice, professional liability insurance in an amount of not less than \$500,000 per claim with an aggregate liability limit for all claims during the year of \$1,500,000 or that I claim one of the exemptions authorized in the Board's rules regarding liability insurance.

### Colorado Mentorship Information

Complete this section only if you obtained your experience in Colorado. Each mentor with whom you worked must provide an attestation and the total number of mentorship hours must add up to a minimum of 750 hours:

Can you attest that you have completed 750 hours in mutually structured mentorship(s) with one or more ☒ Yes ☐ No physician(s) or an advanced practice nurse(s) with full prescriptive authority practicing in Colorado and whose practice corresponds with the role and population focus for which you are applying?

Can you further attest that the mutually structured mentorship was completed within the timeframe set forth ☒ Yes ☐ No in the Colorado Revised Statutes?

### Physician or Advanced Practice Nurse Mentor Information and Attestation:

Mentor Name: Linda Cohen CNM

Mentor License Number: 109680

Practice Area: Sexual Reproductive Health/Women's

Number of Mentorship Hours: >750hours

I state under penalty of perjury that by signing this Attestation I participated in the mutually structured mentorship for the above-named Advanced Practice Registered Nurse in compliance with the requirements of the Colorado Revised Statutes and the Colorado Nursing Board Rules and Regulations.

Mentor Signature: Linda Cohen, CNM

Date: 7/14/22

### Attestation

By signing this application, you attest that the information contained in this application is true and correct to the best of your knowledge. False statements made on this application could result in a violation of the practice act.

Kate Wilhoit Schneider WHNP

Signature

7/14/22

Date

**Renewal - APN.0995816-NP**

Name	Kate Wilhoit Schneider
Credential	APN.0995816-NP

**Fee Details**

NP - Portal Fee	\$2.00
NP - Renewal Fee Active APN	\$15.00
	<b>\$17.00</b>

**APN Renewal - Attestation****APN Renewal Attestation**

By submitting this renewal form, I attest that I carry (or will carry) and maintain upon commencement of independent practice, professional liability insurance in an amount of not less than \$500,000 (five hundred thousand dollars) per claim with an aggregate liability limit for all claims during the year of \$1,500,000 (one million five hundred thousand dollars) or that I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance.

**APN Renewal Reminder**

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

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

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

**Review**

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

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

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

**Renewal - APN.0995816-NP**

Name	Kate Wilhoit Schneider
Credential	APN.0995816-NP

**Fee Details**

NP - Portal Fee	\$2.00
	<b>\$2.00</b>

**APN Renewal - Attestation****APN Renewal Attestation**

By submitting this renewal form, I attest that I carry (or will carry) and maintain upon commencement of independent practice, professional liability insurance in an amount of not less than \$500,000 (five hundred thousand dollars) per claim with an aggregate liability limit for all claims during the year of \$1,500,000 (one million five hundred thousand dollars) or that I claim one of the exemptions authorized in the Board's Rules Regarding Liability Insurance.

**APN Renewal Reminder**

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

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

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

**Review**

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- After printing, close the Print Review browser tab.

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

**Renewal - RN.0166716**

Name	Kate Wilhoit Schneider
Credential	RN.0166716

**Fee Details**

Renewal Fee	\$2.00
Renewal Fee	\$80.00
Renewal Fee	\$3.00
Renewal Fee	\$23.00
	<b>\$108.00</b>

**Affidavit of Eligibility****AFFIDAVIT OF ELIGIBILITY**

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

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

1. Please enter your Full Legal Name  
Kate Wilhoit Schneider

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

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

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

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

These include:

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

Yes

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

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

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

Kate Wilhoit Schneider

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

[REDACTED]

8. Enter the expiration date of the license/ID:

04/12/2016

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

Yes

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### **Affidavit of Eligibility - Section B.2**

#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

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

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### **Affidavit of Eligibility - Section B.2 if Yes**

#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

11. Enter the issuing Federal Agency:

12. Enter the name as listed on the card:

13. Enter the Alien number (A#):

14. Enter the card number:

15. Enter the Valid From Date:

16. Enter the Expiration Date:

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

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### **Affidavit of Eligibility - Section B.3**

#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

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

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### **Affidavit of Eligibility - Section B.3 if Yes**

#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

19. Enter the issuing Federal Agency:

20. Enter the name as listed on the card:

21. Enter the Alien Number (A#):

22. Enter the country of birth:

23. Enter the card expiration date:

24. Enter the Residence Since date:

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

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**Affidavit of Eligibility - Section B.4**

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

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

27. Enter the issuing foreign country:

28. Enter the Passport Number:

29. Enter the Visa Number:

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

31. Enter the Date of Entry:

32. Enter the Until Date:

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

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

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

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

35. Enter the issuing foreign country:

36. Enter the Passport Number:

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

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**Affidavit of Eligibility - Section C****Section C: Attestation**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 18-8-503 and 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

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

Kate Wilhoit Schneider

39. Please enter today's date below:

09/25/2013

## NURSING Renewal Questionnaire - Intro

### Renewal Questionnaire

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

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

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

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

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

**Board of Nursing**

**1560 Broadway, Suite 1350**

**Denver, CO 80202**

## NURSING Renewal Questionnaire - Denied

### Renewal Questionnaire

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

No

## NURSING Renewal Questionnaire - Denied if Yes

### Renewal Questionnaire

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

42. Provide the date of the event/offense:

43. Provide the location/court:

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

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

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

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

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

## **NURSING Renewal Questionnaire - Investigation**

### **Renewal Questionnaire**

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

No

## **NURSING Renewal Questionnaire - Investigation if Yes**

### **Renewal Questionnaire**

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

48. Provide the date of the event/offense:

49. Provide the location/court:

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

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

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

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

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

## **NURSING Renewal Questionnaire - Excluded Medicare**

### **Renewal Questionnaire**

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

No

## **NURSING Renewal Questionnaire - Excluded Medicare if Yes**

### **Renewal Questionnaire**

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

54. Provide the date of the event/offense:

55. Provide the location/court:

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

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

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

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

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

## **NURSING Renewal Questionnaire - DUI**

### **Renewal Questionnaire**

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

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

No

## **NURSING Renewal Questionnaire - DUI if Yes**

### **Renewal Questionnaire**

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

60. Provide the date of the event/offense:

61. Provide the location/court:

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

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

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

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

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

## **NURSING Renewal Questionnaire - Felony**

### **Renewal Questionnaire**

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

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

No

## **NURSING Renewal Questionnaire - Felony if Yes**

### **Renewal Questionnaire**

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

66. Provide the date of the event/offense:

67. Provide the location/court:

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

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

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

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

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

## **NURSING Renewal Questionnaire - Judgment**

### **Renewal Questionnaire**

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

No

## **NURSING Renewal Questionnaire - Judgment if Yes**

### **Renewal Questionnaire**

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

72. Provide the date of the event/offense:

73. Provide the location/court:

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

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

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

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

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

## **NURSING Renewal Questionnaire - Condition**

### **Renewal Questionnaire**

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

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



## **NURSING Renewal Questionnaire - Condition if Yes**

### **Renewal Questionnaire**

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

78. Provide the date of onset:

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

80. Provide the current status of the condition:

## **NURSING Renewal Questionnaire - Drugs/Alcohol**

### **Renewal Questionnaire**

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

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



## **NURSING Renewal Questionnaire - Drugs/Alcohol if Yes**

### **Renewal Questionnaire**

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

83. Provide the date of onset:

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

85. Provide the current status of the condition:

## **NURSING Renewal Questionnaire - Terminated**

### **Renewal Questionnaire**

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

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



## **NURSING Renewal Questionnaire - Terminated if Yes**

### **Renewal Questionnaire**

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

88. Provide the date of the event/offense:

89. Provide the location/court:

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

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

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

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

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

## NURSING Renewal Questionnaire - Arrested Drug/Alcohol

### Renewal Questionnaire

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

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

No

## NURSING Renewal Questionnaire - Arrested Drug/Alcohol if Yes

### Renewal Questionnaire

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

94. Provide the date of the event/offense:

95. Provide the location/court:

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

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

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

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

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

## NURSING Renewal Questionnaire - Attestation

### Renewal Questionnaire

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

## NURSING Renewal Primary State of Residence

### Primary State of Residence Designation

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

98. Add/Update your Nurse Licensure Compact Information:

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

Please enter the physical address of your Primary Residence in the fields below. Primary Residence is defined as the location of a person's declared fixed, permanent and principal home for legal purposes; domicile.

99. Street Address:  
2256 Bellwether Lane

100. City:  
Fort Collins

101. State:  
Colorado

102. Zip:  
80521

## HPPP Renewal Reminder

### Healthcare Professions Profile Program

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

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

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

## RN Nursing Renewal Reminders 2013

### Compact licenses:

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

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

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

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

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

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

## Review

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

**Renewal - RN.0166716**

Name	Kate Wilhoit Schneider
Credential	RN.0166716

**Fee Details**

Renewal Fee	\$2.00
Renewal Fee	\$87.00
Renewal Fee	\$23.00
	<b>\$112.00</b>

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

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

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

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

-OR-

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

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

Yes

**Affidavit of Eligibility****AFFIDAVIT OF ELIGIBILITY**

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

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

3. Please enter your Full Legal Name

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

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

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

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

These include:

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

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

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

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**Affidavit of Eligibility - Section B.2****Section B: SECURE AND VERIFIABLE DOCUMENTS**

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

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**Affidavit of Eligibility - Section B.2 if Yes****Section B: SECURE AND VERIFIABLE DOCUMENTS**

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

---

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

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

**Affidavit of Eligibility - Section B.3 if Yes**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

21. Enter the issuing Federal Agency:

22. Enter the name as listed on the card:

23. Enter the Alien Number (A#):

24. Enter the country of birth:

25. Enter the card expiration date:

26. Enter the Residence Since date:

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

**Affidavit of Eligibility - Section B.4**

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

**Affidavit of Eligibility - Section B.4 if Yes**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

29. Enter the issuing foreign country:

30. Enter the Passport Number:

31. Enter the Visa Number:

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

33. Enter the Date of Entry:

34. Enter the Until Date:

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

**Affidavit of Eligibility - Section B.5**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

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

**Affidavit of Eligibility - Section B.5 if Yes**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

37. Enter the issuing foreign country:

38. Enter the Passport Number:

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

## Affidavit of Eligibility - Section C

### Section C: Attestation

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

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

41. Please enter today's date below:

## NURSING Renewal Questionnaire - Intro

### Renewal Questionnaire

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

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

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

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

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

**Board of Nursing**

**1560 Broadway, Suite 1350**

**Denver, CO 80202**

**DORA\_NursingRenewals@state.co.us**

## NURSING Renewal Questionnaire - Denied

### Renewal Questionnaire

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

No

## NURSING Renewal Questionnaire - Denied if Yes

**Renewal Questionnaire**

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

44. Provide the date of the event/offense:

45. Provide the location/court:

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

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

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

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

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

**NURSING Renewal Questionnaire - Felony****Renewal Questionnaire**

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

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

No

**NURSING Renewal Questionnaire - Felony if Yes****Renewal Questionnaire**

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

50. Provide the date of the event/offense:

51. Provide the location/court:

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

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

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

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

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

**NURSING Renewal Questionnaire - Condition****Renewal Questionnaire**

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

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

No

## NURSING Renewal Questionnaire - Condition if Yes

### Renewal Questionnaire

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

56. Provide the date of onset:

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

58. Provide the current status of the condition:

## NURSING Renewal Questionnaire - Drugs/Alcohol

### Renewal Questionnaire

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

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

## NURSING Renewal Questionnaire - Drugs/Alcohol if Yes

### Renewal Questionnaire

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

61. Provide the date of onset:

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

63. Provide the current status of the condition:

## NURSING Renewal Primary State of Residence

### Primary State of Residence Designation

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

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

64. Add/Update your Nurse Licensure Compact Information:

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

Please enter the physical address of your Primary Residence in the fields below. Primary Residence is defined as the location of a person's declared fixed, permanent and principal home for legal purposes; domicile.

65. Street Address:

629 N Sunset St

66. City:  
Fort Collins

67. State:  
Colorado

68. Zip:  
80521

## **NURSING Renewal Questionnaire - Attestation**

### **Renewal Questionnaire**

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

## **GLOBAL HPPP Renewal Attestation**

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

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

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

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

You may NOT change your status through online renewal. For information regarding a status change, please contact the renewal desk at 303-894-7800 or [dora\\_dpo\\_renewalline@state.co.us](mailto:dora_dpo_renewalline@state.co.us).

Click next to proceed.

## **RN / PN Nursing Renewal Reminders**

### **Compact licenses:**

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

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

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

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

## **Review**

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

**Renewal - RN.0166716**

Name	Kate Wilhoit Schneider
Credential	RN.0166716

**Fee Details**

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

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

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

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

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

-OR-

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

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

Yes

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

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

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

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

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

**RN / PN Nursing Renewal Reminders**

Compact licenses:

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

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

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

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

### Nursing Renewal Attestations by status

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

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

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

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

Click Next to proceed.

### Nursing Renewal Attestation - Condition / Habit Forming Drug

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

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

AND

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

OR

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

If you need to report please send a written statement regarding the event(s) and any related documents to [DORA\\_nursingrenewals@state.co.us](mailto:DORA_nursingrenewals@state.co.us)

Click Next to proceed.

### Nursing Renewal Attestation - Adverse Action

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

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

OR

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

If you need to report please send a written statement regarding the event(s) and any related documents to [DORA\\_nursingrenewals@state.co.us](mailto:DORA_nursingrenewals@state.co.us)

Click Next to proceed.

### HPPP - RN Introduction

#### Healthcare Professions Profile

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

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

## HPPP GLOBAL - Location of Practice

### Location of Practice

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

Yes

## HPPP GLOBAL - Location of Practice If Yes

### Location of Practice

51. Practice Locations:

Address	City	State	Zip Code	Phone Number
1024 S LEMAY	FORT COLLINS	Colorado	80524	(970) 495-8283

## HPPP - NURSING Education and Training

### Education and Training

52. School or Education Level:

Bachelors Degree

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

2003

## HPPP GLOBAL - Other Licenses

### Other Licenses

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

No

## HPPP GLOBAL - Business Ownership

### Business Ownership

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

No

## HPPP GLOBAL - Employer

### Employer

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

Yes

## HPPP GLOBAL - Employer if Yes

### Employer

59. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
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PVHS	1024 S LEMAY	FORT COLLINS	Colorado	80524	(970) 495-7000
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**HPPP GLOBAL - Employment Contracts****Employment Contracts**

60. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

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**HPPP GLOBAL - Disciplinary Actions****Disciplinary Actions**

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

No

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**HPPP GLOBAL - Restrictions and Suspensions****Restrictions and Suspensions**

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

No

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**HPPP GLOBAL - Termination of Employment****Termination of Employment**

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

No

---

**HPPP GLOBAL - Convictions****Convictions**

68. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

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**HPPP GLOBAL - Malpractice Claims****Malpractice Claims**

70. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

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**HPPP GLOBAL - Malpractice Carrier Refusal****Malpractice Carrier Refusal**

72. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

**HPPP GLOBAL - Optional Narrative**

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**Optional Narrative**

74. Optional Narrative:

**HPPP GLOBAL - Attestation**

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**Attestation**

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

- You are the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

75. Submission Date:

09/18/2017

**Review**

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

**Renewal - RN.0166716**

Name	Kate Wilhoit Schneider
Credential	RN.0166716

**Fee Details**

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

**NURSING Renewal Primary State of Residence Reminder**

Have you changed your Primary State of Residence in the last two years?

If your Primary State of Residence has changed, you must complete [the Designation of Primary State of Residence form on our webpage](#), along with the requirements for Colorado residency, if applicable. Once complete, you can email the form to [DORA\\_NursingBoard@state.co.us](mailto:DORA_NursingBoard@state.co.us).

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

Click Next to proceed.

**PN\_RN Renewal Reminders**

Compact licenses:

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

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

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

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

Click Next to Proceed.

**NURSING Renewal Attestations by status**

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

NOTE: you cannot change status through online renewal. Please contact the renewal desk at 303-894-7800 or [Dora\\_DPO\\_Licensing@state.co.us](mailto:Dora_DPO_Licensing@state.co.us) for additional information.

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

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

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

Select "Next" to proceed.

**NURSING Renewal Attestations Conduct & Behaviors**

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at [DORA\\_NursingBoard@state.co.us](mailto:DORA_NursingBoard@state.co.us) or 303-894-2458.

I have not engaged in any conduct or exhibited any behaviors that resulted in any of the following:

- Arrest, discipline, sanction, or warning
- Loss or suspension of any license
- Termination or suspension from school or employment
- Endangerment of the safety of others
- Breach of fiduciary obligations

- Violation of workplace or academic conduct rules
- Impairment of your ability to practice in a safe, competent, ethical, and professional manner?
- Abuse or excessive use of any habit-forming drug, including alcohol, or any illegal or controlled substance resulting in discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently
- Claims that illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner?

Click Next to Proceed

## **NURSING Renewal Attestations**

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at DORA\_NursingBoard@state.co.us or 303-894-2458.

I have not had any inquiry, investigation, or administrative/judicial proceeding by one or more of the following:

- A licensing authority other than a Colorado State Board or Program.
- A government agency.
- A court.
- An employer.
- An educational institution.
- A professional organization.
- In connection with an employment disciplinary or termination procedure.

I have not had any of the following occur:

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience.
- Had my staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended.

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

Click Next to Proceed

## **AoE Renewal Update**

### **Affidavit of Eligibility | Renewal Update of Information**

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

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

No

## **Healthcare Profile - Registered Nurse Introduction**

### **Healthcare Professions Profile | Introduction**

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

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

## **Healthcare Profile - Location of Practice**

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

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

Yes

## **Healthcare Profile - Location of Practice if Yes**

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

98. Practice Locations:

Address	City	State	Zip Code	Phone Number
1024 S LEMAY	FORT COLLINS	Colorado	80524	(970) 495-8283

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

99. School or Education Level:

Bachelors Degree

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

2003

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

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

Yes

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

102. Other Licenses:

State	License Status	Year Originally Issued
Pennsylvania	Active	2018

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

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

No

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

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

Yes

**Healthcare Profile - Employer if Yes****Healthcare Professions Profile | Employer**

106. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
PVHS	1024 S LEMAY	FORT COLLINS	Colorado	80524	(970) 495-7000

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

107. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

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### Healthcare Profile - Disciplinary Actions

#### Healthcare Professions Profile | Disciplinary Actions

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

No

---

### Healthcare Profile - Restrictions and Suspensions

#### Healthcare Professions Profile | Restrictions and Suspensions

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

No

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### Healthcare Profile - Termination of Employment

#### Healthcare Professions Profile | Termination of Employment

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

No

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### Healthcare Profile - Convictions

#### Healthcare Professions Profile | Convictions

115. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

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### Healthcare Profile - Malpractice Claims

#### Healthcare Professions Profile | Malpractice Claims

117. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

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### Healthcare Profile - Malpractice Carrier Refusal

#### Healthcare Professions Profile | Malpractice Carrier Refusal

119. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

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### Healthcare Profile - Optional Narrative

#### Healthcare Professions Profile | Optional Narrative

121. Optional Narrative:  
none

## Healthcare Profile - Attestation

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### Healthcare Professions Profile | Attestation

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

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

122. Submission Date:  
08/29/2019

## Review

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

**Renewal - RN.0166716**

Name	Kate Wilhoit Schneider
Credential	RN.0166716

**Fee Details**

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

**NURSING Renewal Primary State of Residence Reminder**

Have you changed your Primary State of Residence in the last two years?

If your Primary State of Residence has changed, you must complete the [Designation of Primary State of Residence form on our webpage](#)

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

Click Next to proceed.

**PN\_RN Renewal Reminders**

Compact licenses:

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

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

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Click Next to Proceed.

**NURSING Renewal Attestations by status**

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

NOTE: you cannot change status through online renewal. Please contact the renewal desk at 303-894-7800 or [Dora\\_DPO\\_Licensing@state.co.us](mailto:Dora_DPO_Licensing@state.co.us) for additional information.

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

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

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

Select "Next" to proceed.

**NURSING Renewal Attestations Conduct & Behaviors**

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at [DORA\\_NursingBoard@state.co.us](mailto:DORA_NursingBoard@state.co.us) or 303-894-2458.

I have not engaged in any conduct or exhibited any behaviors that resulted in any of the following:

- Arrest, discipline, sanction, or warning
- Loss or suspension of any license
- Termination or suspension from school or employment
- Endangerment of the safety of others
- Breach of fiduciary obligations
- Violation of workplace or academic conduct rules

- Impairment of my ability to practice in a safe, competent, ethical, and professional manner
- Abuse or excessive use of any habit-forming drug, including alcohol, or any illegal or controlled substance resulting in discipline for misconduct, failure to meet professional responsibilities, or affecting my ability to practice safely and competently
- Claims that illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs my ability to practice in a safe, competent, ethical, and professional manner

Click Next to Proceed

## NURSING Renewal Attestations

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at DORA\_NursingBoard@state.co.us or 303-894-2458.

I have not had any inquiry, investigation, or administrative/judicial proceeding by one or more of the following:

- A licensing authority other than a Colorado State Board or Program.
- A government agency.
- A court.
- An employer.
- An educational institution.
- A professional organization.
- In connection with an employment disciplinary or termination procedure.

I have not had any of the following occur:

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience.
- Had my staff membership or clinical privileges at any hospital or healthcare facility, or my DEA registration reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended.

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

Click Next to Proceed

## Healthcare Profile - Registered Nurse Introduction

### Healthcare Professions Profile | Introduction

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

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

## Healthcare Profile - Location of Practice

### Healthcare Professions Profile | Location of Practice

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

Yes

## Healthcare Profile - Location of Practice if Yes

### Healthcare Professions Profile | Location of Practice

2. Practice Locations:

Address	City	State	Zip Code	Phone Number
3487 W 10th St Unit B	Greeley	Colorado	80634	(970) 352-4762

## Healthcare Profile - Nursing Education and Training

### Healthcare Professions Profile | Education and Training

3. School or Education Level:

Bachelors Degree

4. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*  
2003

### Healthcare Profile - Other Licenses

#### Healthcare Professions Profile | Other Licenses

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

### Healthcare Profile - Other Licenses if Yes

#### Healthcare Professions Profile | Other Licenses

6. Other Licenses:

State	License Status	Year Originally Issued
Pennsylvania	Active	2018

### Healthcare Profile - Business Ownership

#### Healthcare Professions Profile | Business Ownership

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

### Healthcare Profile - Employer

#### Healthcare Professions Profile | Employer

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

### Healthcare Profile - Employer if Yes

#### Healthcare Professions Profile | Employer

10. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
PPRM	3487 W 10th St, Unit B	Greeley	Colorado	80634	(970) 352-4762

### Healthcare Profile - Employment Contracts

#### Healthcare Professions Profile | Employment Contracts

11. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?  
No

### Healthcare Profile - Disciplinary Actions

#### Healthcare Professions Profile | Disciplinary Actions

13. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?  
No

**Healthcare Profile - Restrictions and Suspensions**

---

**Healthcare Professions Profile | Restrictions and Suspensions**

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

No

**Healthcare Profile - Termination of Employment**

---

**Healthcare Professions Profile | Termination of Employment**

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

No

**Healthcare Profile - Convictions**

---

**Healthcare Professions Profile | Convictions**

19. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

**Healthcare Profile - Malpractice Claims**

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**Healthcare Professions Profile | Malpractice Claims**

21. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

**Healthcare Profile - Malpractice Carrier Refusal**

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**Healthcare Professions Profile | Malpractice Carrier Refusal**

23. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

**Healthcare Profile - Optional Narrative**

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**Healthcare Professions Profile | Optional Narrative**

25. Optional Narrative:

none

**Healthcare Profile - Attestation**

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**Healthcare Professions Profile | Attestation**

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

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

26. Submission Date:  
08/25/2021

## Review

---

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

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

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

**Renewal - RN.0166716**

Name	Kate Wilhoit Schneider
Credential	RN.0166716

**Fee Details**

RN - Legal Defense Fund	\$2.00
RN - Peer Fee	\$40.00
RN - Portal Fee	\$2.00
	<b>\$44.00</b>

**NURSING Renewal Primary State of Residence Reminder**

Have you changed your Primary State of Residence in the last two years?

If your Primary State of Residence has changed, you must complete the [Designation of Primary State of Residence form on our webpage](#)

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

Click Next to proceed.

**PN\_RN Renewal Reminders**

Compact licenses:

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

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

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

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

Click Next to Proceed.

**NURSING Renewal Attestations by status**

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

NOTE: you cannot change status through online renewal. Please contact the renewal desk at 303-894-7800 or [Dora\\_DPO\\_Licensing@state.co.us](mailto:Dora_DPO_Licensing@state.co.us) for additional information.

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

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

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

Select "Next" to proceed.

**NURSING Renewal Attestations Conduct & Behaviors**

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at [DORA\\_NursingBoard@state.co.us](mailto:DORA_NursingBoard@state.co.us) or 303-894-2458.

I have not engaged in any conduct or exhibited any behaviors that resulted in any of the following:

- Arrest, discipline, sanction, or warning
- Loss or suspension of any license
- Termination or suspension from school or employment
- Endangerment of the safety of others
- Breach of fiduciary obligations
- Violation of workplace or academic conduct rules
- Impairment of my ability to practice in a safe, competent, ethical, and professional manner
- Abuse or excessive use of any habit-forming drug, including alcohol, or any illegal or controlled substance resulting in discipline for misconduct, failure to meet professional responsibilities, or affecting my ability to practice safely and competently

- Claims that illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs my ability to practice in a safe, competent, ethical, and professional manner

Click Next to Proceed

## NURSING Renewal Attestations

By renewing my license, I attest to the following OR that I have reported, or will report this information within 30 days to the Colorado Board of Nursing at DORA\_NursingBoard@state.co.us or 303-894-2458.

I have not had any inquiry, investigation, or administrative/judicial proceeding by one or more of the following:

- A licensing authority other than a Colorado State Board or Program.
- A government agency.
- A court.
- An employer.
- An educational institution.
- A professional organization.
- In connection with an employment disciplinary or termination procedure.

I have not had any of the following occur:

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience.
- Had my staff membership or clinical privileges at any hospital or healthcare facility, or my DEA registration reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended.

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

Click Next to Proceed

## Healthcare Profile - Registered Nurse Introduction

### Healthcare Professions Profile | Introduction

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

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## Healthcare Profile - Location of Practice

### Healthcare Professions Profile | Location of Practice

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

Yes

## Healthcare Profile - Location of Practice if Yes

### Healthcare Professions Profile | Location of Practice

2. Practice Locations:

Address	City	State	Zip Code	Phone Number
7155 E 38th Ave	Denver	Colorado	80207	(303) 321-2458

## Healthcare Profile - Nursing Education and Training

### Healthcare Professions Profile | Education and Training

3. School or Education Level:

Masters Degree

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

2003

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

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

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

6. Other Licenses:

State	License Status	Year Originally Issued
Pennsylvania	Active	2018
Wyoming	Inactive	2020

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

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

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

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

**Healthcare Profile - Employer if Yes****Healthcare Professions Profile | Employer**

10. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
PPRM	7155 E 38th Ave	Denver	Colorado	80207	(303) 321-2458

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

11. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?  
No

**Healthcare Profile - Disciplinary Actions****Healthcare Professions Profile | Disciplinary Actions**

13. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?  
No

**Healthcare Profile - Restrictions and Suspensions**

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**Healthcare Professions Profile | Restrictions and Suspensions**

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

No

**Healthcare Profile - Termination of Employment**

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**Healthcare Professions Profile | Termination of Employment**

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

No

**Healthcare Profile - Convictions**

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**Healthcare Professions Profile | Convictions**

19. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

**Healthcare Profile - Malpractice Claims**

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**Healthcare Professions Profile | Malpractice Claims**

21. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

**Healthcare Profile - Malpractice Carrier Refusal**

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**Healthcare Professions Profile | Malpractice Carrier Refusal**

23. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

**Healthcare Profile - Optional Narrative**

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**Healthcare Professions Profile | Optional Narrative**

25. Optional Narrative:

none

**Healthcare Profile - Attestation**

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**Healthcare Professions Profile | Attestation**

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

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

26. Submission Date:

08/31/2023

**Review**

---

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

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- After printing, close the Print Review browser tab.

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

**Renewal - RXN.0104957-NP**

Name	Kate Wilhoit Schneider
Credential	RXN.0104957-NP

**Fee Details**

NP - PDMP Fee	\$14.00
NP - Portal Fee	\$2.00
NP - Renewal Fee Active RXN	\$15.00
	<b>\$31.00</b>

**RXN Renewal Reminder**

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

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

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

**C-RXN\_RXN Certification Attestation**

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

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

Select 'Next' to proceed.

**RXN/C-RXN Substance Training Attestation**

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

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

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

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

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

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

**PDMP Renewal Attestation**

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

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

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

You must select one of the options below:

I attest that my license is not in Active status and/or I do not maintain a DEA registration.

If I obtain a DEA Registration, I will register and maintain an account with the PDMP

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

**Review**

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

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

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

**Renewal - RXN.0104957-NP**

Name	Kate Wilhoit Schneider
Credential	RXN.0104957-NP

**Fee Details**

NP - PDMP Fee	\$22.00
NP - Portal Fee	\$2.00
	<b>\$24.00</b>

**RXN Renewal Reminder**

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

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

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

**C-RXN RXN Certification Attestation**

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

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

Select 'Next' to proceed.

**RXN/C-RXN Substance Training Attestation**

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

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

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

OR

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

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

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

**PDMP Renewal Attestation**

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

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

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

You must select one of the options below:

I attest that I do not have an active DEA registration. If I obtain a DEA registration, I will register and maintain an account with the Colorado PDMP

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

**Review**

---

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

- Select the "Print Review" button in the upper right hand corner of this page
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- After printing, close the Print Review browser tab.

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

CREDENTIAL STATUS HISTORY SUMMARY

**Name:** Kate Wilhoit Schneider

**License:** Nurse Practitioner - APN APN.0995816-NP

**License Status:** Active

**License Status Reason:** CURRENT

**First Issuance date:** 08/27/2020

**License expiration date:** 09/30/2025

**Date:** 2/29/2024

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

Status	Reason	Date Changed	User
Active	CURRENT	08/31/2023	Automated
Active in Renewal	ACTIVE	08/31/2023	Automated
Active	CURRENT	08/25/2021	Automated
Active in Renewal	ACTIVE	08/24/2021	Automated
Active	CURRENT	08/27/2020	Automated
Pending	QUALITY ASSURANCE	08/27/2020	Automated
Pending	INTERNAL CONTROL APPROVAL	08/27/2020	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License



## CREDENTIAL STATUS HISTORY SUMMARY

**Name:** Kate Wilhoit Schneider**Date:** 2/29/2024**License:** Registered Nurse RN.0166716**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 02/19/2004**License expiration date:** 09/30/2025

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

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Status	Reason	Date Changed	User
Active	CURRENT	08/31/2023	Automated
Active in Renewal	ACTIVE	08/30/2023	Automated
Active	CURRENT	08/25/2021	Automated
Active in Renewal	ACTIVE	08/24/2021	Automated
Active	CURRENT	08/29/2019	Automated
Active in Renewal	ACTIVE	08/27/2019	Automated
Active	CURRENT	09/18/2017	Automated
Active in Renewal	ACTIVE	08/24/2017	Automated
Active	CURRENT	09/01/2015	Automated
Approved	READY TO PRINT	09/01/2015	Automated
Active in Renewal	ACTIVE	08/05/2015	Automated
Active	CURRENT	09/25/2013	Automated
Approved	READY TO PRINT	09/25/2013	Automated
Active in Renewal	ACTIVE	08/21/2013	Automated
Active	CURRENT	02/19/2004	



## CREDENTIAL STATUS HISTORY SUMMARY

**Name:** Kate Wilhoit Schneider**Date:** 2/29/2024**License:** Nurse Practitioner - RXN RXN.0104957-NP**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 08/28/2020**License expiration date:** 09/30/2025

---

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

---

Status	Reason	Date Changed	User
Active	CURRENT	08/31/2023	Automated
Active in Renewal	ACTIVE	08/31/2023	Automated
Active	CURRENT	08/11/2022	Stephanie Hay
Active - Provisional	ACTIVE - PROVISIONAL	08/28/2020	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	08/28/2020	Automated
Pending Specialist Secondary Review	PENDING SPECIALIST SECONDARY REVIEW	08/28/2020	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

